

# CITY OF SARATOGA SPRINGS

## City Council Meeting



May 16, 2017

City Council Room

06:45 PM P.H. - SPA Housing Zoning Ordinance

06:50 PM P.H. - Amend Chapter 225 - Traffic Control Signals

06:55 PM P.H. - Amend Chapter 225 - Stop Intersections

 [Print](#)

**7:00 PM**

**CALL TO ORDER**

**ROLL CALL**

**SALUTE TO FLAG**

**PUBLIC COMMENT PERIOD / 15 MINUTES**

**PRESENTATION(S):**

1. Public WiFi Project for Congress Park

**EXECUTIVE SESSION:**

1. Proposed acquisition sale or lease of real property when publicity would substantially effect the value thereof

**CONSENT AGENDA**

1. Approval of 5/1/17 Pre-Agenda Meeting Minutes
2. Approval of 5/2/17 City Council Meeting Minutes
3. Approval of 5/4/17 SPA Housing Zoning Workshop Minutes
4. Approve Resolution for Use of Insurance Reserve #5
5. Approve Budget Transfers - Regular
6. Approve Budget Amendments - (Increase)
7. Approve Payroll 05/05/2017 \$460,652.56
8. Approve Payroll 05/12/2017 \$468,004.60
9. Approve Warrant: 2017 Mid -17MWMAY1 : \$786,886.47
10. Approve Warrant: 2017 - 17MAY2 \$478,932.43
11. Approve Budget Amendments - Insurance Reserve-#5

**MAYOR'S DEPARTMENT**

1. Set Public Hearing: To amend Capital Budget, add Saratoga County Farmland and Open Space Grant

2. Discussion and Vote: Authorization to pay Hadeka Stone Corp Invoice
  3. Discussion and Vote: Accept Camp Saradac Scholarships
  4. Announcement: Saratoga Springs Recreation Programs and Leagues
  5. Discussion and Vote: Authorization for the Mayor to sign Corporate Health Drug Testing Contract
  6. Announcement: 2016 Municipal Zero-emission Vehicle (ZEV) & ZEV Infrastructure Rebate Program Award
  7. Discussion and Vote: Approval to make \$2500 payment to Memorial Day Parade Committee
  8. Discussion: Formation of the City's ADA Employee Committee
  9. Announcement: Human Rights Town Hall Meeting in Music Hall on Monday May 22 at 7:30pm
  10. Announcement: Memorial Day Parade on Broadway Thursday May 25 at 6:30pm
  11. Announcement: Review Council Meeting Schedule Exceptions
- 

## **ACCOUNTS DEPARTMENT**

1. Announcement: Grievance Day - May 23, 2017
- 

## **FINANCE DEPARTMENT**

1. Discussion and Vote: Resolution for City Council Support SSHA Affordable Housing Development Grant
  2. 1st Quarter 2017 Financial Report
  3. Discussion: Best Practice for Employee Upgrade
  4. Approve Budget Transfers - Payroll
  5. Approve Budget Transfer - Contingency
- 

## **PUBLIC WORKS DEPARTMENT**

1. Announcement: Update on the Chips Program
  2. Announcement: Update on Curbside Debris Pick-Up
- 

## **PUBLIC SAFETY DEPARTMENT**

1. Announcement: 2017 MADD Stop DWI Award Winner
  2. Discussion and Vote: Authorization for Mayor to sign contract with QPK Design
  3. Announcement: Nightclub District Update
  4. Announcement: Outstanding Service Award to Saratoga Springs Fire Department
  5. Announcement: Cities RISE Application
  6. Discussion: Bike Lanes on Lake Avenue
  7. Discussion and Vote: Authorization for Mayor to sign contract with Axon Enterprise Inc
  8. Discussion: White Supremecists fliers
- 

## **SUPERVISORS**

1. Matthew Veitch  
Veterans Committee  
2017 Fish Stocking Program  
Public Safety Building Update  
Law & Finance Committee

2. Peter Martin  
Report: Public Health  
Report: Equalization and Assessment  
Report: Social Programs  
Report: Board of Supervisors meeting
- 

**ADJOURN**



May 1, 2017

**CITY OF SARATOGA SPRINGS**  
**City Council Pre-Agenda Meeting**  
**9:30 AM**

**PRESENT:** Joanne Yepsen, Mayor  
Michele Madigan, Commissioner of Finance  
John Franck, Commissioner of Accounts  
Christian Mathiesen, Commissioner of DPS

**STAFF PRESENT:** Meg Kelly, Deputy Mayor  
Susan Armstrong, Deputy Commissioner, Finance  
Maire Masterson, Deputy Commissioner, Accounts  
Eileen Finneran, Deputy Commissioner, DPS

Vince DeLeonardis, City Attorney

Peter Martin, Supervisor

**EXCUSED:** Anthony Scirocco, Commissioner of DPW  
Frank Coppola, Jr., Deputy Commissioner, DPW  
Matthew Veitch, Supervisor

**CALL TO ORDER**

Mayor Yepsen called the meeting to order at 9:38 a.m.

**PUBLIC HEARINGS**

1. SPA Housing Zoning Ordinance

**PRESENTATION**

1. Loughberry Lake and Route 50 Dam Spillway Project – Schnabel Engineering: Tim Wales, city engineer, advised the engineers will be here to talk about the history of the dam and what the City is required to do.

**CONSENT AGENDA**

1. Approval Budget Transfers – Regular
2. Approval of 4/17/17 Pre-Agenda Meeting Minutes
3. Approval of 4/18/17 City Council Meeting Minutes
4. Approve Budget Amendments – (Increases)
5. Approve Payroll: 4/28/17 \$478,217.66
6. Approve Payroll: 4/21/17 \$510,632.43
7. Approve Resolution for Use of Insurance Reserve #4
8. Approve Warrant: 2017 – 17MAY1: \$160,439.30
9. Approve Warrant: 2017 Mid - 17MWARP2: \$11,634.53

No comments.



## **MAYOR'S DEPARTMENT**

### Discussion and Vote: Accept Donation of Property at 209 South Broadway Owned by Crown Oil #1 Company, Inc. Appraised at \$340,000

Mayor Yepsen advised the property owner has agreed to donate the property to the City. This went through the Open Space Advisory Committee.

Commissioner Mathiesen asked if there will be any use limitations.

Tony Izzo, assistant city attorney, advised the owner put one condition on donating the property; a plaque be put up in honor of his mother.

### Discussion and Vote: Community Development Citizen Advisory Committee's Recommendations to the City Council

Cindy Phillips of the Economic Development Department advised they advertised the public hearing and held the public hearing. She has not received any comments so they are ready for a vote.

### Discussion and Vote: SEQRA Negative Declaration – Loughberry Lake Purchase of Land

No comments.

### Announcement: DOT Grant Award: Downtown Connector

Tina Carton, sustainability coordinator, advised the City received a \$1.536 million grant to be used with the DEC grant.

Commissioner Madigan asked if there is a match required with this grant.

Tina advised there is a 30% match; we need to discuss to get the maximum.

### Announcement: Bikeshare Update

No comments.

## **ACCOUNTS DEPARTMENT**

### Announcement: Grievance Class – May 9, 2017

No comments.

### Announcement: Grievance Day – May 23, 2017

No comments.

### Award of Bid: Lake Avenue Fire Station Air Conditioning to Collins Mechanical

No comments.

### Award of Bid: Police Dispatch Architectural Services to QPK Design

No comments.

## **FINANCE DEPARTMENT**

### Announcement: Appointment of Deputy Commissioner of Finance

Commissioner Madigan advised she will be announcing the appointment of Susan Dugan-Armstrong as Deputy Commissioner of Finance.

### Presentation: 2016 Preliminary Year-End Financial Report

No comments.

### Presentation: Saratoga Smart City Website

Commissioner Madigan advised she will be moving this item up to the presentation section of the agenda.

### Discussion: Smart City Parking and Public WiFi

No comments.

### Discussion and Vote: Budget Transfers – Payroll

No comments.

Commissioner Madigan advised she is adding 2 items to her agenda: Announcement: National Grid Delivery Price Increases; Discussion: Adopted State Budget for 2018.

## **PUBLIC WORKS DEPARTMENT**

### Discussion and Vote: Authorization for the Mayor to Sign Agreement Addendum #1 with Creighton Manning Engineering for the Woodlawn Avenue Water Main Replacement

Tim Wales, city engineer, advised this is for extra inspection time and design changes/updates.

### Announcement: Update Night & Day Urns in Congress Park and the Pan Statue in the Italian Garden Congress Park

No comments.

## **PUBLIC SAFETY DEPARTMENT**

### Set Public Hearing: Amend Chapter 225 of the City Code Article IX, Schedules, Subsection 225-77, Schedule XII: Stop Intersections

No comments.

### Set Public Hearing: Amend Chapter 225 of the City Code Article IX, Schedules Subsection 225-66, Schedule I: Traffic Control Signals

No comments.

### Discussion and Vote: Authorization for Mayor to Sign Lease Agreement with WDC of Upstate New York, LLC

Commissioner Mathiesen stated this is for a short term lease to use a building in the Town of Wilton for the Police Department to engage in an active shooter exercise.

Discussion and Vote: Authorization for Mayor to Sign Contract with Collins Mechanical

No comments.

Announcement: City Council Workshop on SPA Housing Ordinance on May 4, 2017 at 1 p.m. in City Council Room

No comments.

Commissioner Mathiesen advised he will be adding an item: Discussion: Responses to Letter Sent to Union Avenue Property Owners.

**SUPERVISORS**

Matthew Veitch

1. Saratoga County Buildings and Grounds

Peter Martin

1. Senior Advisory Committee

**EXECUTIVE SESSION**

**Mayor Yepsen moved and Commissioner Mathiesen seconded to adjourn to executive session at 10:00 a.m. for the discussion of proposed acquisition sale or lease of real property when publicity would substantially effect the value thereof and a personnel matter.**

**Ayes – All**

Council returned at 11:08 a.m.

Mayor Yepsen advised nothing was resolved to report.

**ADJOURN**

Mayor Yepsen adjourned the meeting at 11:09 a.m.

Respectfully submitted,

Lisa Ribis  
Clerk

Approved:  
Vote:



May 2, 2017

## CITY OF SARATOGA SPRINGS

City Council Meeting

City Council Room

7:00 PM

6:55 PM P.H. – SPA Housing Zoning

**7:00 PM**

**CALL TO ORDER**

**ROLL CALL**

**SALUTE TO FLAG**

**PUBLIC COMMENT PERIOD / 15 MINUTES**

### **PRESENTATIONS**

1. Loughberry Lake and Route 50 Dam Spillway Project – Schnabel Engineering
2. 2016 Preliminary – Year End Financial Report

### **CONSENT AGENDA**

1. Approve Budget Transfers - Regular
2. Approval of 4/17/17 Pre-Agenda Meeting Minutes
3. Approval of 4/18/17 City Council Meeting Minutes
4. Approve Budget Amendments (Increases)
5. Approve Payroll: 4/28/17 \$478,217.66
6. Approve Payroll: 4/21/17 \$510,632.43
7. Approve Resolution for Use of Insurance Reserve #4
8. Approve Warrant: 2017 – 17MAY1: \$160,439.30
9. Approve Warrant: 2017 Mid – 17MWAPR2: \$11,634.53

### **MAYOR'S DEPARTMENT**

1. Discussion and Vote: Accept Donation of Property at 209 South Broadway Owned by Crown Oil #1 Company, Inc. Appraised at \$340,000
2. Discussion and Vote: Community Development Citizen Advisory Committee's Recommendations to the City Council
3. Discussion and Vote: SEQRA Negative Declaration – Loughberry Lake Purchase of Land
4. Announcement: DOT Grant Award: Downtown Connector
5. Announcement: Bikeshare Update
6. Legislative Update: Assemblywoman Carrie Woerner

### **ACCOUNTS DEPARTMENT**

1. Award of Bid: Lake Avenue Fire Station Air Conditioning to Collins Mechanical
2. Award of Bid: Police Dispatch Architectural Services to QPK Design
3. Announcement: Grievance Class – May 9, 2107
4. Announcement: Grievance Day – May 23, 2017

#### **FINANCE DEPARTMENT**

1. Announcement: Appointment of Deputy Commissioner of Finance, Susan Dugan-Armstrong
2. Announcement: National Grid Proposes New Delivery Prices Beginning April 2018
3. Discussion: 2018 Adopted State Budget Summary
4. Presentation: Saratoga Smart City Website – [www.saratogasmartcity.com](http://www.saratogasmartcity.com)
5. Discussion: Smart City Parking and Public WiFi
6. Discussion and Vote: Budget Transfers - Payroll

#### **PUBLIC WORKS DEPARTMENT**

1. Discussion and Vote: Authorization for the Mayor to Sign Agreement Addendum #1 with Creighton Manning Engineering for the Woodlawn Avenue Water Main Replacement
2. Announcement: Update Night & Day Urns in Congress Park and the Pan Statue in the Italian Garden Congress Park

#### **PUBLIC SAFETY DEPARTMENT**

1. Set Public Hearing: Amend Chapter 225 of the City Code Article IX, Schedules, Subsection 225-77, Schedule XII: Stop Intersections
2. Set Public Hearing: Amend Chapter 225 of the City Code Article IX, Schedules Subsection 225-26, Schedule I: Traffic Control Signals
3. Discussion and Vote: Authorization for Mayor to Sign Lease Agreement with WDC of Upstate New York, LLC
4. Discussion and Vote: Authorization for Mayor to Sign Contract with Collins Mechanical
5. Announcement: City Council Workshop on SPA Housing Ordinance on May 4, 2017 at 1 p.m. in City Council Room
6. Discussion: Responses to My Letter Dated April 6, 2017 Seeking Property for a Fire/EMS Facility

#### **SUPERVISORS**

Matt Veitch

1. Saratoga County Buildings and Grounds

Peter Martin

1. Senior Advisory Committee

#### **ADJOURN**



May 2, 2017

**CITY OF SARATOGA SPRINGS**  
**City Council Meeting**  
**City Council Room**  
**7:00 PM**

**PRESENT:** Joanne Yepsen, Mayor  
Michele Madigan, Commissioner of Finance  
John Franck, Commissioner of Accounts  
Anthony Scirocco, Commissioner of DPW  
Christian Mathiesen, Commissioner of DPS

**STAFF PRESENT:** Meg Kelly, Deputy Mayor  
Maire Masterson, Deputy Commissioner, Accounts  
Franck Coppola, Jr., Deputy Commissioner, DPW  
Susan Armstrong, Deputy Commissioner, Finance  
Eileen Finneran, Deputy Commissioner, DPS

Vincent DeLeonardis

Matthew Veitch, Supervisor  
Peter Martin, Supervisor

**RECORDING OF PROCEEDING**

The proceedings of this meeting were taped for the benefit of the secretary. Because the minutes are not a verbatim record of the proceedings, the minutes are not a word-for-word transcript.

**PUBLIC HEARING**

SPA Zoning Ordinance

Mayor Yepsen opened the public hearing at 6:58 p.m.

Commissioner Mathiesen stated this is a continuation of the public hearing opened a couple meetings back. There will be a workshop on Thursday for the Council to discuss this.

Darlene McGraw of Saratoga Springs stated she would like clarification of what is affordable.

Mayor Yepsen concluded the public hearing at 7:00 p.m. and kept it open.

**CALL TO ORDER**

Mayor Yepsen called the meeting to order at 7:00 p.m.

## **PUBLIC COMENT**

**Mayor Yepsen said the public comment period is limited to a total of 15 minutes and individuals are limited to two minutes.**

Mayor Yepsen opened the public comment period at 7:01 p.m.

Jane Weihe of Saratoga Springs stated she is here representing SUCCESS. The Charter Review Committee will be receiving \$20,000 to educate the residents; not to be used to advocate for the Charter change. At the last meeting the vice president handed out a list of things they will be doing to educate. They want to be sure the appropriate activities are done as education and paid for with these funds. She submitted a letter requesting the Council's plan to ensure the proper expenditure of public funds. (attachment)

Bonnie Sellers of Saratoga Springs stated she is here representing SUCCESS. She read some headings from articles in 2006 regarding the Charter Revision (attached). Taxpayer money cannot be used to advocate for changing our form of government. Problems can be avoided if the City Council establishes a process and rules.

Jay Portnoy of Saratoga Springs congratulated the Council on the financial ratings the City received from the 2 major rating agencies.

Joe Dalton of Saratoga Springs stated he would like to address funds for Charter change. Why \$20,000; just because the Committee asked for it? Let the Committee do what the opposition must do – invest private funds and time for their proposal. Charter change is a serious effect and people have the right to know both sides of the situation.

Darlene McGraw of Saratoga Springs stated she agrees things have to be fair. We don't need anything that is hidden. Also, parking at the Recreation Center does not provide for a fire truck to get through if needed.

Mayor Yepsen closed the public comment period at 7:13 p.m.

Commissioner Mathiesen stated they have looked at Worth Street and there are issues there. The fire chief has expressed concern and they are considering making some changes there. He also feels tax payer money should only be used to explain the proposal and the present form of city government is.

## **PRESENTATION**

### Loughberry Lake and Route 50 Dam Spillway Project – Schnabel Engineering

Commissioner Scirocco stated this presentation is being done by our engineers; Schnabel (Greg Daviero) and our city engineer, Tim Wales.

Tim Wales stated this project is directly related to the Loughberry Lake Dam. Rt. 50 goes right over our dam so we are responsible to make sure we take care of the integrity of the dam.

Greg Daviero of Schnabel Engineering covered topics such as the dam location, history of the dam, engineering assessment, and next steps. The dam was originally constructed as a railroad embankment and evolved over the years into a dam. The engineering assessment done reviewed historical records, inspected the condition of the dam, evaluated the impact if the dam failed, what the spillway capacity is, determination of how safely can the lake be lowered, stability of dam under required condition, and what needs to be done and the cost. The total cost of the project is \$7.3 million. The City can talk with DOT as

they have done some work on the dam in the past and may be able to help here. (copy of presentation attached)

### 2016 Preliminary – Year End Financial Report

Commissioner Madigan stated this report has been filed with the state, City Clerk's Office, and is on the City's website. The Finance Office is preparing the 2016 financial statements for an audit that will start on May 15, 2017. Once that audit has been completed, the audited figures will be released.

The General Fund Balance as of 12/31/16 is \$15,483,000 of which \$9,009,000 is unrestricted and unassigned; \$6,474,000 is restricted, assigned or non-spendable. The General Fund has a deficit of \$1,056,000. The unrestricted/unassigned fund balance is predicted to fall within the acceptable range of 10 – 25%. Sales tax increased from 2015 by 3.2% but was less than the 2016 adopted budget by \$292,000. Hotel room occupancy tax decreased by 1.2% from 2015 and was \$68,000 less than the 2016 adopted budget. Utilities gross receipt tax declined for the second consecutive year and was \$77,000 less than the 2016 adopted budget. Franchise fees increased by 4% in 2016 and exceeded the 2016 adopted budget by \$23,000. Ambulance fees increased in 2016 by \$123,000 and exceeded the 2016 budget by \$206,000. Admission tax decreased by 6% from 2015 but just missed the 2016 budgeted amount by \$1,000. The VLT Aid for 2016 was the same as 2015 and 2014. The City will receive the full amount of VLT Aid for 2017. Mortgage tax decreased by 3% from 2015 and did not meet the amount budgeted for 2016. Overall, the total general fund revenues in 2016 were less than 2015 and \$2.9 million less than budget for 2016. The City expected to have an operating deficit and finished with only a \$1 million dollar operating deficit.

Health insurance costs increased 3.75% from 2015 but were \$206,000 less than the revised budget. Retirement costs increase 6% for police and fire but decreased by 19% for other employees. The 2016 actual retirement expenses met the budgeted amount. Social security was more than 2015 but less than budgeted in 2016. Overtime costs decreased in 2016 by 14.7% and less than budgeted for 2016. Compensatory payments increased by 29% from 2015 but were less than budgeted for 2016. The total general fund expenses were \$607,000 more than in 2015 but \$3.2 million less than budgeted for 2016.

The water fund ended 2016 with a positive assigned unappropriated fund balance of \$2,906,000. This is the fifth consecutive year the water fund reported an operating surplus. The sewer fund assigned unappropriated balance for 2016 was \$1,831,000 and is the seventh consecutive year the fund reported an operating surplus. The City Center's fund balance as of December 31, 2015 was \$19,114,000 of which \$6,504,000 was restricted for capital projects and the remainder was restricted for City Center operations.

The City's debt limit was \$76,515,000 as of December 31, 2016 leaving \$39,766,000 available for future bonding. The City's cash balance as of December 31, 2016 in the General Fund was \$362,000 more than in 2015.

### **CONSENT AGENDA**

**Mayor Yepsen moved and Commissioner Franck seconded to accept the consent agenda as follows:**

1. Approve Budget Transfers - Regular
2. Approval of 4/17/17 Pre-Agenda Meeting Minutes
3. Approval of 4/18/17 City Council Meeting Minutes
4. Approve Budget Amendments (Increases)
5. Approve Payroll: 4/28/17 \$478,217.66
6. Approve Payroll: 4/21/17 \$510,632.43
7. Approve Resolution for Use of Insurance Reserve #4
8. Approve Warrant: 2017 – 17MAY1: \$160,439.30
9. Approve Warrant: 2017 Mid – 17MWAPR2: \$11,634.53



**Ayes – All**

**MAYOR'S DEPARTMENT**

Discussion and Vote: Accept Donation of Property at 209 South Broadway Owned by Crown Oil #1 Company, Inc. Appraised at \$340,000 (17-139)

Mayor Yepsen advised she would like to update the wording of this item to say Authorization for the Mayor to Sign the Memorandum of Understanding with the Crown Oil Company.

**Mayor Yepsen moved and Commissioner Franck seconded to authorize the mayor to sign the memorandum of understanding with the Crown Oil Company.**

Tony Izzo advised before the Council votes to accept the donation we want to look into the land since there was a gas station on that property at one time.

Matt Veitch, president of the Open Space Committee, advised it is not the purview of their Committee to decide how this piece of property should be used. They had ideas of it being a pocket park.

**Ayes – All**

Discussion and Vote: Community Development Citizen Advisory Committee's Recommendations to the City Council (17-140)

**Mayor Yepsen moved and Commissioner Madigan seconded to approve the Community Development Citizen Advisory Committee's recommendations.**

Richard Ferguson, chair of the Community Development Advisory Committee, advised they reviewed the applications very carefully. The final decision on the recommendations is the Council's.

**Ayes – All**

Discussion and Vote: SEQRA Negative Declaration – Loughberry Lake Purchase of Land (17-141)

Tony Izzo advised at the last meeting he neglected to ask the Council to issue a negative declaration for the parcels being purchased.

**Mayor Yepsen moved and Commissioner Franck seconded to approve SEQRA negative declaration Loughberry Lake purchase of land.**

**Ayes – All**

Announcement: DOT Grant Award: Downtown Connector

Mayor Yepsen announced the City has received the award of the DOT grant in the amount of \$1.5 million.

Announcement: Bikeshare Update

Mayor Yepsen announced the bikeshare program will be launched this summer.

Legislative Update: Assemblywoman Carrie Woerner

Mayor Yepsen introduced Assemblywoman Carrie Woerner.

Assemblywoman Woerner stated the state budget is \$163 billion dollars. About 1/3 of the money comes from the federal government. She advised VLT funding will be maintained at the same level for this coming year. The 3 funding priorities included education; water infrastructure; and housing. The City should see an increase in CHIPS funding. There is a new capital fund for small cultural institutions; monies for mental health facilities; and money for security updates. The middle class tax cut goes into effect this year. There was worker's compensation reform in the budget to bring down the cost in worker's compensation. The age for criminal responsibility was raised from 16 to 18. She also advised Uber is coming in July. There will not be any local regulations on this as DMV will be issuing the regulations. NYRA has been privatized and the new board is being formed.

## **ACCOUNTS DEPARTMENT**

Award of Bid: Lake Avenue Fire Station Air Conditioning to Collins Mechanical (17-142)

**Commissioner Franck moved and Commissioner Mathiesen seconded to award the bid for the Lake Avenue fire Station Air Conditioning to Collins Mechanical in the amount of \$113,000.**

Funding is lines: H3146952 / 52000 / 1186; H3146952 / 52000 / 1174; and A3143414 / 54610.

**Ayes – All**

Award of Bid: Police Dispatch Architectural Services to QPK Design (17-143)

**Commissioner Franck moved and Commissioner Mathiesen seconded to award the bid for the Police Dispatch Architectural Services to QPK Design in the amount of \$38,500.**

Funding is in line: H3146952 / 52000 / 1245.

**Ayes – All**

Announcement: Grievance Class – May 9, 2107

Commissioner Franck announced the grievance class will be held this year on Tuesday, May 9<sup>th</sup> at 5:30 p.m. in the City Council Room. Residents are invited to attend to learn how to correctly fill out the application to grieve their assessment and understand the process.

Announcement: Grievance Day – May 23, 2017

Commissioner Franck announced Grievance Day is Tuesday, May 23, 2017. There are 3 sessions in which grievances are heard: 9 am – noon; 1 pm – 4 pm; and 7 pm to 9 pm in the City Council Room. Questions can be directed to the Assessment Office.

## **FINANCE DEPARTMENT**

Announcement: Appointment of Deputy Commissioner of Finance, Susan Dugan-Armstrong

Commissioner Madigan announced the appointment of Susan Dugan-Armstrong to the position of Deputy Commissioner of Finance.

Commissioner Madigan thanked Lynn Bachner, former deputy commissioner, for all the work she did for the City and her.

Announcement: National Grid Proposes New Delivery Prices Beginning April 2018

Commissioner Madigan announced National Grid has filed a proposal to increase their delivery prices. Current rates will be frozen through May 31, 2018. They are doing this to update customer needs and area growth. A handout was presented to the Council and is attached.

Discussion: 2018 Adopted State Budget Summary

Commissioner Madigan advised most of this was covered previously. She was told CHIPS funding will remain at current year levels. VLT money will be funded at current year level as well.

Presentation: Saratoga Smart City Website – [www.saratogasmartcity.com](http://www.saratogasmartcity.com)

Commissioner Madigan stated the website is available for people to review. There is a section for news.

Discussion: Smart City Parking and Public WiFi

Commissioner Madigan advised Smart City Parking and Public WiFi are 2 initiatives the Smart City Commission is working on. A handout was provided regarding Smart City Street Parking and is attached. There are 1,300 on street parking spaces and 1,300 off street parking spaces. The parking issue has risen to a severe status. The Commission is working on a smart parking initiative and focusing on sensors and a parking ability application.

Commissioner Madigan introduced to the Council a Congress Park public WiFi project. The Casino is being looked at as a wide area network router. It shouldn't cost more than \$5,000 to have public WiFi in Congress Park.

Discussion and Vote: Budget Transfers – Payroll (17-144)

**Commissioner Madigan moved and Commissioner Franck seconded to approve the budget transfers – payroll which were distributed with the agenda.**

**Ayes - All**

**PUBLIC WORKS DEPARTMENT**

Discussion and Vote: Authorization for the Mayor to Sign Agreement Addendum #1 with Creighton Manning Engineering for the Woodlawn Avenue Water Main Replacement (17-145)

Commissioner Scirocco stated the addendum is for additional construction inspection time.

**Commissioner Scirocco moved and Commissioner Franck seconded to authorize the mayor to sign agreement addendum #1 for the Woodlawn Avenue water main replacement in the amount of \$21,400.**

**Ayes – All**

Announcement: Update Night & Day Urns in Congress Park and the Pan Statue in the Italian Garden Congress Park

Commissioner Scirocco announced the Day & Night urns and the Pan statue have been installed in Congress Park. DPW was able to restore the urns in house but the statue had to be sent out. The urns and the statue were damaged on 2 separate occasions of vandalism.

## **PUBLIC SAFETY DEPARTMENT**

Set Public Hearing: Amend Chapter 225 of the City Code Article IX, Schedules, Subsection 225-77, Schedule XII: Stop Intersections

Commissioner Mathiesen set a public hearing for Tuesday, May 16, 2017 at 6:55 p.m.

Set Public Hearing: Amend Chapter 225 of the City Code Article IX, Schedules Subsection 225-26, Schedule I: Traffic Control Signals

Commissioner Mathiesen set a public hearing for Tuesday, May 16, 2017 at 6:50 p.m.

Discussion and Vote: Authorization for Mayor to Sign Lease Agreement with WDC of Upstate New York, LLC (17-146)

Commissioner Mathiesen stated this is for a lease of a building in Wilton for the Police Department to do training.

**Commissioner Mathiesen moved and Commissioner Franck seconded to authorize the mayor to sign the lease agreement with WDC of Upstate New York, LLC.**

**Ayes – All**

Discussion and Vote: Authorization for Mayor to Sign Contract with Collins Mechanical (17-147)

**Commissioner Mathiesen moved and Commissioner Madigan seconded to authorize the mayor to sign a contract with Collins Mechanical in the amount of \$113,000.**

**Ayes – All**

Announcement: City Council Workshop on SPA Housing Ordinance on May 4, 2017 at 1 p.m. in City Council Room

Commissioner Mathiesen announced a workshop on the SPA Housing Ordinance will be held on May 4, 2017 at 1 p.m. in the City Council Room.

Discussion: Responses to My Letter Dated April 6, 2017 Seeking Property for a Fire/EMS Facility

Commissioner Mathiesen advised he sent a letter on April 6<sup>th</sup> to property owners asking if any of them had land they would be interested in selling for the purpose of a new fire/EMS facility for the east ridge. He has received 3 responses and scheduling meetings with those property owners.

## **SUPERVISORS**

Matt Veitch

Saratoga County Buildings and Grounds

Supervisor Veitch reported the County has been dealing with space needs within their buildings. The County has multiple buildings in various parts of the county. Facilities for most of the departments are becoming too small. They are looking at their overall space needs.

Peter Martin

Senior Advisory Committee

Supervisor Martin reported the annual senior luncheon will be held on May 19<sup>th</sup> at the City Center. The Senior Advisory Committee is putting together a forum where they will be able to meet with various officials to express their concerns.

**ADJOURNMENT**

There being no further business, Mayor Yepsen adjourned the meeting at 9:36 p.m.

Respectfully submitted,

Lisa Ribis  
Clerk

Approved:  
Vote:



May 4, 2017

**CITY OF SARATOGA SPRINGS**  
**SPA Housing Ordinance Workshop**  
**City Council Room**  
**1:00 PM**

**7:00 PM**

**CALL TO ORDER**

**ROLL CALL**

**SALUTE TO FLAG**

**PUBLIC COMMENT PERIOD / 15 MINUTES**

**CONSENT AGENDA**

1. Nothing at this time.

**MAYOR'S DEPARTMENT**

1. Nothing at this time.

**ACCOUNTS DEPARTMENT**

1. Nothing at this time.

**FINANCE DEPARTMENT**

1. Nothing at this time.

**PUBLIC WORKS DEPARTMENT**

1. Nothing at this time.

**PUBLIC SAFETY DEPARTMENT**

1. Discussion: Draft SPA Housing Ordinance

**SUPERVISORS**

1. Nothing at this time.

**ADJOURN**



May 4, 2017

**CITY OF SARATOGA SPRINGS**  
**SPA Housing Ordinance Workshop**  
**City Council Room**  
**1:00 PM**

**PRESENT:** Joanne Yepsen, Mayor  
Michele Madigan, Commissioner of Finance  
John Franck, Commissioner of Accounts  
Anthony Scirocco, Commissioner of DPW  
Christian Mathiesen, Commissioner of DPS

**STAFF PRESENT:** Meg Kelly, Deputy Mayor  
Maire Masterson, Deputy Commissioner, Accounts (arrived 2:35 PM)  
Susan Armstrong, Deputy Commissioner, Finance  
Eileen Finneran, Deputy Commissioner, DPS

Vincent DeLeonardis

**EXCUSED:** Franck Coppola, Jr., Deputy Commissioner, DPW

Matthew Veitch, Supervisor  
Peter Martin, Supervisor

**RECORDING OF PROCEEDING**

The proceedings of this meeting were taped for the benefit of the secretary. Because the minutes are not a verbatim record of the proceedings, the minutes are not a word-for-word transcript.

**CALL TO ORDER**

Mayor Yepsen called the meeting to order at 1:08 p.m.

**PUBLIC COMMENT**

**Mayor Yepsen said the public comment period is limited to a total of 15 minutes and individuals are limited to two minutes.**

Mayor Yepsen opened the public comment period at 1:09 p.m.

Dave Bronner of Saratoga Springs stated today's Times Union headline stated "Inclusionary Zoning Isn't At All Welcoming". He is not in favor of the inclusionary zoning but is in favor of workforce housing projects. Inclusionary zoning is not going to work in this city and probably won't find any bankers willing to finance it. In regards to the dam project, the City should revisit the County water system and close down Loughberry Lake.

John Witt, owner of Witt Construction, stated the National Association of Home Builders published that over the last 10 years the average builder in America's net profit before taxes is 4%. He doesn't see how then numbers work with inclusionary zoning. He is in favor of workforce housing.

Sonny Bonacio of Bonacio Construction stated he supports John's comments. He doesn't feel the for sale product is something should get into initially; but thinks they can make the rental side work. The City also shouldn't expect the builder to pay full tax for something they are being required to give subsidiary to. He would be happy to continue the conversation.

Reverend Joe Cleveland of 624 North Broadway reminded the Council of the core values we want to guide this City. Do we want to include or exclude people....we want to center values on inclusion.

Todd Shimkus of the Chamber of Commerce stated he hasn't had a chance to look at the new draft. The Chamber has proposed a site specific plan which they feel is inclusive. They are trying to find the fastest way for the City to move forward and construct housing units to appeal to people who work here and want to live here. Property for sale doesn't work; need to work on apartments.

Cheryl Perez of Veterans & Community Housing Coalition thanked Todd for the Chamber's support. Site specific projects are in the works. Inclusionary zoning provides integration and will continue to grow the number of affordable housing.

John Safford of Saratoga Springs stated this is an inclusionary city now. Don't need to do something that forces this especially on the builders.

Harry Moran of Sustainable Saratoga stated he sent a letter to the Council this morning. Their investigation has shown there is interest in home ownership.

Mark Hogan of Saratoga National Bank stated this is a great opportunity for people who work here to live here. From the lending side the program was difficult to find buyers who fit into the criteria. It was even more difficult when the owner wanted to sell the property; the owner could not get an understanding from the City regarding the criteria of how long they had to wait before being able to sell to someone who is not a workforce housing person.

Barry Potoker of the Saratoga Builders Association stated he was there to re-confirm their opposition to the inclusionary zoning as it stands and support the site specific proposal put forth by the Chamber.

Geoff Bornemann of Saratoga Springs stated they had a developer run numbers in 2006 and they worked. They have encouraged the developers to come forward with numbers that prove it doesn't work.

John Stafford asked why this was not part of the UDO.

Mayor Yepsen closed the public comment period at 1:29 p.m.

## **PUBLIC SAFETY DEPARTMENT**

### Discussion: Draft SPA Housing Ordinance

Commissioner Mathiesen stated this is the resurrection of inclusionary zoning that started in 2006. Most of the units built in the last 15 years in Saratoga Springs are not modern income units; they are for people of higher income. They are not doing a good job of serving needs of those with moderate income. A moderate income is considered to be \$45,000 - \$70,000. The City is losing diversity. He thanked all the people who have contributed to this ordinance. They believe inclusionary zoning has a role in remedying the problem; provide diversity, and changes to neighborhoods.



Mayor Yepsen thanked Commissioner Mathiesen for doing this workshop. They have been working closely with a number of developers from outside the area; possibly because the numbers don't work or the experience is elsewhere. The state will be looking at potential funding but community support is needed before that happens. We need to look at all options.

Commissioner Scirocco stated he would like to go through the document to get clarity on things in the draft.

Commissioner Madigan expressed concerns directly to Commissioner Mathiesen previously. Most of her concern deals with home ownership and the City having a deed interest in a home. She feels working through the red lines would be helpful.

Commissioner Mathiesen stated he would like to understand why there wouldn't be a greater number of future buyers of these units. Why are bankers financing the high end units when they are harder to sell and not financing the moderately priced units.

Commissioner Franck stated he does not understand the formula regarding what the seller makes on the sale of a unit. If there isn't money to be made, why buy a property. The same property can be rented. It appears we are pushing this to the banks and builders. He would also like to know when and how much money we are losing from HUD – Commissioner Madigan stated it is \$300,000. Rental units make more sense.

Commissioner Mathiesen stated they did speak with Tony Popolizio regarding the 581a which is a different way of calculating property tax for the inclusionary units compared to the market rate units. There should be a lessening of all local taxes – city, county, and school. Tony Popolizio informed him the City is not able to discount city tax for the inclusionary units.

Commissioner Franck and Commissioner Mathiesen continued discussion regarding how the formula works for the purchase of a unit.

Commissioner Madigan stated she questioned how this program going to be maintained. She is hearing the answer is the Housing Authority. Her concern is the expense to the City.

Commissioner Mathiesen advised if after 6 months there is no one on the list eligible and wanting to buy an inclusionary zoning unit, it no longer is an inclusionary zoning unit and anyone is eligible to purchase it. The list is going to be maintained by the Housing Authority. We will negotiate with the Housing Authority what their cost is and the City will reimburse them.

Commissioner Scirocco stated the rental units are a 'no brainer'. His concern is if a unit goes 6 months and the equity now increases, who gets the equity. He asked what the cost is going to be to the City for all this.

Commissioner Mathiesen stated they are taking a lot of the responsibility and giving it to the Housing Authority.

Brad Birge of the Planning Department stated this was designed a decade ago during the single family boom. They did analysis to determine what their role would be a decade ago. At that time they determined they would need a half a person. Including rental units will require continual monitoring.

Paul Feldman of the Housing Authority stated they collect applications for housing; determine eligibility; and verify income year round. They could fulfill the function of marketing this program, formulating a wait list, collecting applications, maintaining a data base, and formulating a waiting list. They could also perform the function Brad mentioned – re-verifying income.

Commissioner Madigan asked Paul if he has come up with a fee to do this.

Paul Feldman advised the first year would be in the \$18,000 - \$20,000 range. They would adjust the amount annually based upon the increase in units and number of hours needed to maintain the program.

Susan Cotner of the Affordable Housing Partnership stated they help to pre-qualify people. The average price of a home purchase was \$164,000. The banks have low interest rates and low down payment requirements for first time home buyers. They provide home buyer education counseling which results in a decrease in delinquencies.

Brad Birge stated it is a shared equity formula. At the time of original purchase, you establish the market rate and discount rate. That rate continues and the homeowner can recoup that rate. The homeowner will be able to collect the rate of the increased value. The City does not get any of the money. The builder gets a density bonus in exchange for offering an affordable rate.

Sonny Bonacio stated this should be revisited every year as our real estate market changes a lot. He requested someone create a sample closing statement. He stated the zoning needs to be changed to accommodate the density bonus. Something should be written strongly to avoid someone getting a win-fall by delaying the sale of a property.

Todd Schimkus suggested a sunset provision be added to the ordinance. There should also be an affirmative action by the Council to review this ordinance annually and make sure it is still working. If it is not working it should be done away with.

Brad Birge advised currently there is a provision for evaluation every 3 years.

Commissioner Madigan stated confusion is still out there regarding pilots and tax incentives. The language also has to be made stronger regarding density and how it may be used.

Commissioner Franck asked if there has been any research done on insurance that would put the banks at ease.

Mark Hogan of Saratoga National stated they have to service their whole community; there is a need to lend to everyone. The issue with the way the deed was written in the past made it difficult for a bank to foreclose on a property. Make sure lending attorneys are consulted with to make sure the banks are protected. Hopefully some of the problems from the past can be resolved and alleviated with this program.

John Witt stated he is not sure how much the need is there for the price point of sale units. He can't make those numbers work in the City.

Geoff Bornemann stated page 11 - b & c allows the Planning Board the flexibility for a percent reduction if the builder can't get the density bonus in or it is a high price project.

Commissioner Mathiesen stated there should be standards sizes for various units.

## **ADJOURNMENT**

There being no further business, Mayor Yepsen adjourned the meeting at 3:04 p.m.

Respectfully submitted,

Lisa Ribis  
Clerk

Approved:  
Vote:

**RESOLUTION**  
**(For Expenditure from the INSURANCE RESERVE FUND) #5**

WHEREAS, the City Council of the City of Saratoga Springs established the INSURANCE Reserve Fund on October 15, 2013 pursuant to New York State General Municipal Law § 6-n "to make expenditures for any loss, claim, action or judgment for which the City of Saratoga Springs is authorized or required to purchase or maintain insurance pursuant to said statute", and,

WHEREAS, certain property and casualty claims have been filed against the City, and said claims are below the City's property and casualty insurance deductible. Expenditures for said claims remain due and owing, and said claims are of a kind or type that may be lawfully paid from the City's INSURANCE Reserve Fund. The funds are needed to pay for Bill Number 000520569 - Travelers insurance deductible payments for claims from following accounts:

A3011934-54775	E4P9931	\$6,343.50
A3031934-54775	E7C0947	\$1,257.07

NOW, THEREFORE, BE IT RESOLVED, that payment of the above-mentioned expenditures not to exceed the amounts listed below are hereby approved as authorized as in accordance with the INSURANCE Reserve Fund to be placed in following accounts as listed:

A3011934-54775	E4P9931	\$6,343.50
A3031934-54775	E7C0947	\$1,257.07


Ayes: \_\_\_\_ Nays: \_\_\_\_

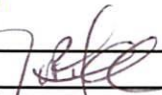
Dated: May 16, 2017

Director Risk and Safety Request/Date:

Commissioner of Accounts John P Franck Approval/Date:

City Attorney Approval/Date:

 5/18/17

 5/18/17

5/10/17

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CITY OF SARATOGA SPRINGS LIVE  
BUDGET AMENDMENTS JOURNAL ENTRY PROOF

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LN	ORG ACCOUNT	OBJECT PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION LINE DESCRIPTION	EFF DATE	PREV BUDGET	BUDGET CHANGE	AMENDED BUDGET	ERR
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY AMEND			
2017	05	128 05/16/2017	051617	051617	TRAN BUA 051617	TRAN 1			
1	H3133312 52021 H -31-3-3310-2-52021	75660	BALLSTON AVE	TRAFFIC LIGHT	MASTER DOT ACCOUNT	PMT TO CONSTRUCTION CONTRACTOR	44,862.55 05/16/2017	56,442.60	101,305.15
2	H3133312 52321 H -31-3-3310-2-52321	75660	BALLSTON AVE	TRAFFIC LIGHT	CONSTRUCTION DOT	PMT TO CONSTRUCTION CONTRACTOR	56,422.60 05/16/2017	-56,442.60	-20.00
5	E3577164 54201 E -35-7-7160-4-54201		CITY CENTER	AUTHORITY CS	BUSINESS EXPENSE/SALES	ANTICIPATED BUDGET EXPENSES	10,000.00 05/16/2017	3,000.00	13,000.00
6	E3577164 54140 E -35-7-7160-4-54140		CITY CENTER	AUTHORITY CS	JANITORIAL SUPPLIES	ANTICIPATED BUDGET EXPENSES	35,167.00 05/16/2017	-3,000.00	32,167.00
7	E3579787 57029 E -35-7-9789-7-57029		OTHER DEBT,	INTEREST	NON OPERATING INETERST EXPENSE	ANTICIPATED BUDGET EXPENSES	.00 05/16/2017	3,000.00	3,000.00
8	E3577181 51113 E -35-7-7182-1-51113		CITY CENTER	EXPANSION PS	CC PARKING STRUC CONST COOR PT	ANTICIPATED BUDGET EXPENSES	80,000.00 05/16/2017	-3,000.00	77,000.00
9	E3577184 54760 E -35-7-7182-4-54760		CITY CENTER	EXPANSION CS	LEGAL	ANTICIPATED BUDGET EXPENSES	67,500.00 05/16/2017	20,000.00	87,500.00
10	E3577181 51113 E -35-7-7182-1-51113		CITY CENTER	EXPANSION PS	CC PARKING STRUC CONST COOR PT	ANTICIPATED BUDGET EXPENSES	80,000.00 05/16/2017	-20,000.00	60,000.00
** JOURNAL TOTAL							0.00		

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CITY OF SARATOGA SPRINGS LIVE  
BUDGET AMENDMENT JOURNAL ENTRY PROOF

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YEAR PER	JNL					ACCOUNT DESC	T OB	DEBIT	CREDIT
SRC ACCOUNT	EFF DATE	JNL DESC	REF 1	REF 2	REF 3	LINE DESC			
2017 5 128									
BUA H3133312-52021-75660						MASTER DOT ACCOUNT	5	56,442.60	
05/16/2017 051617TRAN 051617 051617TRAN						T PMT TO CONSTRUCTION CONTRACTOR			
BUA H3133312-52321-75660						CONSTRUCTION DOT	5		56,442.60
05/16/2017 051617TRAN 051617 051617TRAN						T PMT TO CONSTRUCTION CONTRACTOR			
BUA E3577164-54201						BUSINESS EXPENSE/SALES	5	3,000.00	
05/16/2017 051617TRAN 051617 051617TRAN						T ANTICIPATED BUDGET EXPENSES			
BUA E3577164-54140						JANITORIAL SUPPLIES	5		3,000.00
05/16/2017 051617TRAN 051617 051617TRAN						T ANTICIPATED BUDGET EXPENSES			
BUA E3579787-57029						NON OPERATING INETERST EXPENSE	5	3,000.00	
05/16/2017 051617TRAN 051617 051617TRAN						T ANTICIPATED BUDGET EXPENSES			
BUA E3577181-51113						CC PARKING STRUC CONST COOR PT	5		3,000.00
05/16/2017 051617TRAN 051617 051617TRAN						T ANTICIPATED BUDGET EXPENSES			
BUA E3577184-54760						LEGAL	5	20,000.00	
05/16/2017 051617TRAN 051617 051617TRAN						T ANTICIPATED BUDGET EXPENSES			
BUA E3577181-51113						CC PARKING STRUC CONST COOR PT	5		20,000.00
05/16/2017 051617TRAN 051617 051617TRAN						T ANTICIPATED BUDGET EXPENSES			
JOURNAL 2017/05/128 TOTAL								.00	.00

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BUDGET AMENDMENT JOURNAL ENTRY PROOF

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FUND ACCOUNT	YEAR PER	JNL	EFF DATE	ACCOUNT DESCRIPTION	DEBIT	CREDIT
FUND TOTAL					.00	.00

\*\* END OF REPORT - Generated by Susan Dugan Armstrong \*\*

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CITY OF SARATOGA SPRINGS LIVE  
BUDGET AMENDMENTS JOURNAL ENTRY PROOF

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LN	ORG ACCOUNT	OBJECT	PROJ	ORG	DESCRIPTION	ACCOUNT DESCRIPTION	LINE	DESCRIPTION	EFF DATE	PREV BUDGET	BUDGET CHANGE	AMENDED BUDGET	ERR
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC	JNL-DESC	ENTITY	AMEND					
2017	05	127	05/16/2017	051617	051617	AMEN BUA	051617	AMEN	1				
1	A103	42701			MISCELLANEOUS LOCAL SOURCES	REFUND	CURRENT YEAR EXPENSE			-2,766.63	-470.00	-3,236.63	
	A	-10-3-0000-0-42701	-				RETURN PART, PAID OUT INVOICE		05/16/2017				
2	A3567142	52300	3000	RECREATION EXPENSES	EQ & CAP	MISCELLANEOUS EQUIPMENT				31,500.00	470.00	31,970.00	
	A	-35-6-7140-2-52300	-3000				RETURN PART, PAID OUT INVOICE		05/16/2017				
3	A124	44330		DPS FEDERAL AID		POLICE TRAFFIC SERVICES				.00	-1,294.64	-1,294.64	
	A	-12-4-0000-0-44330	-				REIMB FROM FBI CHILD EXPL TF		05/16/2017				
4	A3143121	51960		POLICE DEPARTMENT PS		OVERTIME				428,000.00	1,200.00	429,200.00	
	A	-31-4-3120-1-51960	-				REIMB FROM FBI CHILD EXPL TF		05/16/2017				
5	A3143121	58030		POLICE DEPARTMENT PS		CITY PORTION SOCIAL SECURITY				525,366.34	94.64	525,460.98	
	A	-31-4-3120-1-58030	-				REIMB FROM FBI CHILD EXPL TF		05/16/2017				
6	A124	43317		DPS FEDERAL AID		FBI CHILD EXPLOTATI TASK FORCE				.00	-1,945.48	-1,945.48	
	A	-12-4-0000-0-43317	-				REIMB FROM FBI CHILD EXPL OT		05/16/2017				
7	A3143121	51960		POLICE DEPARTMENT PS		OVERTIME				428,000.00	1,800.00	429,800.00	
	A	-31-4-3120-1-51960	-				REIMB FROM FBI CHILD EXPL OT		05/16/2017				
8	A3143121	58030		POLICE DEPARTMENT PS		CITY PORTION SOCIAL SECURITY				525,366.34	145.48	525,511.82	
	A	-31-4-3120-1-58030	-				REIMB FROM FBI CHILD EXPL OT		05/16/2017				
9	A114	43960		DPS STATE AID		STATE AID EMERGENCY RELIEF AID				.00	-1,945.20	-1,945.20	
	A	-11-4-0000-0-43960	-				REIMB FROM EMS STATE AID OT		05/16/2017				
10	A3143411	51960		FIRE DEPARTMENT PS		OVERTIME				130,000.00	1,800.00	131,800.00	
	A	-31-4-3410-1-51960	-				REIMB FROM EMS STATE AID OT		05/16/2017				
11	A3143411	58030		FIRE DEPARTMENT PS		CITY PORTION SOCIAL SECURITY				392,226.36	145.20	392,371.56	
	A	-31-4-3410-1-58030	-				REIMB FROM EMS STATE AID OT		05/16/2017				
12	A084	42620		DPS FINES AND FORFEITURES		CODE VIOLATION REIMBURSEMENT				.00	-2,400.00	-2,400.00	
	A	-08-4-0000-0-42620	-				REC REVENUE OVER BUDGETED AMTS		05/16/2017				
13	A3143624	54110		CODE ENFORCEMENT CS		OFFICE SUPPLIES				900.00	2,400.00	3,300.00	
	A	-31-4-3620-4-54110	-				REC REVENUE OVER BUDGETED AMTS		05/16/2017				
** JOURNAL TOTAL											0.00		

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CITY OF SARATOGA SPRINGS LIVE  
BUDGET AMENDMENT JOURNAL ENTRY PROOF

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YEAR PER SRC ACCOUNT	JNL EFF DATE	JNL DESC	REF 1	REF 2	REF 3	ACCOUNT DESC LINE DESC	T OB	DEBIT	CREDIT
2017 5	127								
BUA A103-42701	05/16/2017	051617AMEN	051617	051617AMEN		REFUND CURRENT YEAR EXPENSE	5		470.00
BUA A3567142-52300-3000	05/16/2017	051617AMEN	051617	051617AMEN		RETURN PART, PAID OUT INVOICE	5	470.00	
BUA A124-44330	05/16/2017	051617AMEN	051617	051617AMEN		MISCELLANEOUS EQUIPMENT	5		
BUA A3143121-51960	05/16/2017	051617AMEN	051617	051617AMEN		RETURN PART, PAID OUT INVOICE	5		1,294.64
BUA A3143121-58030	05/16/2017	051617AMEN	051617	051617AMEN		POLICE TRAFFIC SERVICES	5		
BUA A124-43317	05/16/2017	051617AMEN	051617	051617AMEN		REIMB FROM FBI CHILD EXPL TF	5	1,200.00	
BUA A3143121-51960	05/16/2017	051617AMEN	051617	051617AMEN		OVERTIME	5		
BUA A3143121-58030	05/16/2017	051617AMEN	051617	051617AMEN		REIMB FROM FBI CHILD EXPL TF	5	94.64	
BUA A124-43317	05/16/2017	051617AMEN	051617	051617AMEN		CITY PORTION SOCIAL SECURITY	5		1,945.48
BUA A3143121-51960	05/16/2017	051617AMEN	051617	051617AMEN		REIMB FROM FBI CHILD EXPL TF	5		
BUA A3143121-58030	05/16/2017	051617AMEN	051617	051617AMEN		FBI CHILD EXPLOTATI TASK FORCE	5		
BUA A114-43960	05/16/2017	051617AMEN	051617	051617AMEN		REIMB FROM FBI CHILD EXPL OT	5	1,800.00	
BUA A3143121-58030	05/16/2017	051617AMEN	051617	051617AMEN		OVERTIME	5		
BUA A3143121-58030	05/16/2017	051617AMEN	051617	051617AMEN		REIMB FROM FBI CHILD EXPL OT	5	145.48	
BUA A114-43960	05/16/2017	051617AMEN	051617	051617AMEN		CITY PORTION SOCIAL SECURITY	5		1,945.20
BUA A3143121-58030	05/16/2017	051617AMEN	051617	051617AMEN		REIMB FROM FBI CHILD EXPL OT	5		
BUA A084-42620	05/16/2017	051617AMEN	051617	051617AMEN		STATE AID EMERGENCY RELIEF AID	5		
BUA A3143411-51960	05/16/2017	051617AMEN	051617	051617AMEN		REIMB FROM EMS STATE AID OT	5	1,800.00	
BUA A3143411-58030	05/16/2017	051617AMEN	051617	051617AMEN		OVERTIME	5		
BUA A084-42620	05/16/2017	051617AMEN	051617	051617AMEN		REIMB FROM EMS STATE AID OT	5	145.20	
BUA A3143624-54110	05/16/2017	051617AMEN	051617	051617AMEN		CITY PORTION SOCIAL SECURITY	5		2,400.00
BUA A3143624-54110	05/16/2017	051617AMEN	051617	051617AMEN		REIMB FROM EMS STATE AID OT	5		
BUA A3143624-54110	05/16/2017	051617AMEN	051617	051617AMEN		CODE VIOLATION REIMBURSEMENT	5		
BUA A3143624-54110	05/16/2017	051617AMEN	051617	051617AMEN		REC REVENUE OVER BUDGETED AMTS	5	2,400.00	
BUA A3143624-54110	05/16/2017	051617AMEN	051617	051617AMEN		OFFICE SUPPLIES	5		
BUA A3143624-54110	05/16/2017	051617AMEN	051617	051617AMEN		REC REVENUE OVER BUDGETED AMTS	5		
								.00	.00
BUA A-2960	05/16/2017	051617AMEN	051617	051617AMEN		APPROPRIATIONS			8,055.32
BUA A-1510	05/16/2017	051617AMEN	051617	051617AMEN		ESTIMATED REVENUES		8,055.32	
SYSTEM GENERATED ENTRIES TOTAL								8,055.32	8,055.32
JOURNAL 2017/05/127 TOTAL								8,055.32	8,055.32



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CITY OF SARATOGA SPRINGS LIVE  
BUDGET AMENDMENT JOURNAL ENTRY PROOF

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FUND	YEAR	PER	JNL	EFF	DATE	ACCOUNT DESCRIPTION	DEBIT	CREDIT
ACCOUNT								
A GENERAL FUND	2017	5	127	05/16/2017				
A-1510					ESTIMATED REVENUES	8,055.32		
A-2960					APPROPRIATIONS			8,055.32
					FUND TOTAL	8,055.32		8,055.32

\*\* END OF REPORT - Generated by Susan Dugan Armstrong \*\*

05/08/2017 15:25  
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CITY OF SARATOGA SPRINGS LIVE  
PURCHASE ORDER LIQUIDATION/RECEIVING REPORT

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CLERK: u101 BATCH: 2662

PO	LN	VENDOR	QUANTITY ORDERED	PREVIOUS RECVD/CANC	CURRENT RECEIVED	REMAINING PO QTY	STA CD	DESCRIPTION
171217	001	TVC ALBANY, INC.	12.00	0.00	0.00	12.00	8	MONTHLY FIBER LEASE FOR 911 SYSTEM

NEW INVOICES

[illegible]

[illegible]

05/08/2017 15:25 | CITY OF SARATOGA SPRINGS LIVE  
u101 | 17MWMAY1

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apinvent

CLERK: u101 BATCH: 2662

NEW INVOICES

VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS	PO BY	PO BALANCE	CHK/WIRE	ERR
319	00001 NATIONAL GRID	156170 156170		156961	17MWMAY1	75,328.60		.00	.00		
CASH A	2017/05	INV 05/08/2017	SEP-CHK: N	DISC: .00		A3638184	54650		470.30	1099:	
ACCT 1200	DEPT 3000	DUE 05/10/2017	DESC:DPW			A3031634	54650		470.58	1099:	
P.O. BOX 4706	SYRACUSE NY 13221-4706					A3638194	54650		501.60	1099:	
						A3335654	54650		806.29	1099:	
						F3638324	54650		886.59	1099:	
						A3567144	54650	3000	1,176.44	1099:	
						G3638124	54650		1,484.67	1099:	
						G3638124	54650		1,638.17	1099:	
						A3567174	54650	3000	2,663.97	1099:	
						A3031654	54650		2,365.68	1099:	
						A3537114	54650		3,194.38	1099:	
						F3638334	54650		3,489.15	1099:	
						A3031624	54650		4,102.07	1099:	
						A3567194	54650	3000	15,607.84	1099:	
						A3335184	54750		36,470.87	1099:	
319	00001 NATIONAL GRID	156171 156171		156962	17MWMAY1	3,233.82		.00	.00		
CASH A	2017/05	INV 05/08/2017	SEP-CHK: N	DISC: .00		A3143314	54751		70.05	1099:	
ACCT 1200	DEPT 4000	DUE 05/10/2017	DESC:DPS			A3143124	54650		84.43	1099:	
P.O. BOX 4706	SYRACUSE NY 13221-4706					A3143314	54751		114.43	1099:	
						A3143314	54751		114.86	1099:	
						A3143314	54751		152.13	1099:	
						A3143314	54751		163.00	1099:	
						A3143314	54751		194.26	1099:	
						A3143314	54751		222.23	1099:	
						A3143314	54751		223.67	1099:	
						A3143314	54751		227.81	1099:	
						A3143314	54751		268.73	1099:	
						A3143314	54650		458.24	1099:	
						A3143414	54650		939.98	1099:	
319	00001 NATIONAL GRID	156172 156172		156963	17MWMAY1	4,602.09		.00	.00		
CASH A	2017/05	INV 05/08/2017	SEP-CHK: Y	DISC: .00		E3577164	54650		21.23	1099:	
ACCT 1200	DEPT 7000	DUE 05/10/2017	DESC:CITY CENTER			E3577164	54650		1,119.14	1099:	
P.O. BOX 4706	SYRACUSE NY 13221-4706					E3577164	54650		3,461.72	1099:	

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## NEW INVOICES

[illegible]

NEW INVOICES

[illegible]

NEW INVOICES

[illegible]



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NEW INVOICES

VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS PO BY	PO BALANCE	CHK/WIRE	ERR
1831	00001 VERIZON WIRELESS	156192 9784411624		156984	17MWMAY1	1,352.94	.00	.00		
CASH A	2017/05	INV 05/08/2017	SEP-CHK: N	DISC: .00						
ACCT 1200	DEPT 4000	DUE 05/10/2017	DESC:386851082-00001							
P O BOX 408	NEWARK NJ 07101-0408									
33 APPROVED UNPAID INVOICES				TOTAL		786,886.47				
33 INVOICE(S)				REPORT POST TOTAL		786,886.47				

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# ACCOUNT DISTRIBUTION SUMMARY

YR/PER	ORG	ACCOUNT	DESCRIPTION	AMOUNT	REMAINING BUDGET
2017 05	A3011474 A	-30-1-1431-4-54110 -	OFFICE SUPPLIES	24.44	521.35
	A3011474 A	-30-1-1431-4-54774 -	LIFE INSURANCE	8.00	32.00
	A3011478 A	-30-1-1431-8-58010 -	HOSPITALIZATION	1,818.42	13,177.36
	A3021384 A	-30-2-1391-4-54720 -	MORGAN ST PROF	24,150.00	48,300.00
	A3021694 A	-30-2-1681-4-54740 -	SERVICE CONTRAC	99.99	34,205.66
	A3031444 A	-30-3-1440-4-54670 -	PHONES	112.51	896.54
	A3031494 A	-30-3-1490-4-54670 -	PHONES	108.54	1,711.68
	A3031624 A	-30-3-1620-4-54650 -	UTILITIES	4,102.07	88,933.50
	A3031634 A	-30-3-1621-4-54650 -	UTILITIES	743.09	13,800.64
	A3031654 A	-30-3-1623-4-54650 -	UTILITIES	2,891.81	39,088.94
	A3031654 A	-30-3-1623-4-54670 -	PHONES	93.18	1,969.33
	A3051414 A	-30-5-1410-4-54573 -	RISK-SAFETY PRO	40.01	24,389.56
	A3051414 A	-30-5-1410-4-54671 -	PHONES & FAX	111.04	1,444.03
	A3113624 A	-31-1-3620-4-54670 -	PHONES	7.31	275.91
	A3143124 A	-31-4-3120-4-54650 -	UTILITIES	84.43	2,152.18
	A3143124 A	-31-4-3120-4-54670 -	PHONES	2,518.61	28,638.36
	A3143124 A	-31-4-3120-4-54720 -	SERVICE CONTRAC	1,192.06	40,789.44
	A3143124 A	-31-4-3120-4-54740 -	SERVICE CONTRAC	74.95	15,655.65
	A3143314 A	-31-4-3310-4-54650 -	UTILITIES	547.72	7,099.51
	A3143314 A	-31-4-3310-4-54751 -	UTILITIES TRAFF	1,751.17	23,996.98
	A3143414 A	-31-4-3410-4-54650 -	UTILITIES	2,001.27	18,311.59
	A3143414 A	-31-4-3410-4-54670 -	PHONES	902.73	14,150.67
	A3335014 A	-33-3-5010-4-54670 -	PHONES	344.45	2,420.25
	A3335184 A	-33-3-5182-4-54750 -	STREET LIGHTING	36,470.87	259,879.13
	A3335654 A	-33-3-5650-4-54650 -	UTILITIES	1,674.74	25,700.31
	A3537114 A	-35-3-7110-4-54650 -	UTILITIES	3,194.38	54,239.43
	A3537114 A	-35-3-7110-4-54670 -	PHONES	34.67	185.45
	A3567144 A	-35-6-7140-4-54650 -3000	UTILITIES	1,176.44	11,681.12
	A3567144 A	-35-6-7140-4-54670 -3000	PHONES	18.33	926.74
	A3567174 A	-35-6-7171-4-54650 -3000	UTILITIES	3,888.39	42,082.79
	A3567184 A	-35-6-7180-4-54650 -3000	UTILITIES	1,241.07	44,506.30
	A3567194 A	-35-6-7181-4-54650 -3000	UTILITIES	15,607.84	105,111.09
	A3567194 A	-35-6-7181-4-54720 -	SERVICE CONTRAC	500.00	4,300.00
	A3618684 A	-36-1-8687-4-54670 -	PHONES	7.30	74.43
	A3638184 A	-36-3-8180-4-54650 -	UTILITIES	470.30	2,699.57
	A3638194 A	-36-3-8185-4-54650 -	UTILITIES	501.60	1,211.32
	A3638194 A	-36-3-8185-4-54670 -	PHONES	18.33	245.05
	A3719044 A	-37-1-9045-4-54774 -	LIFE INSURANCE	72.00	560.00
	A3719068 A	-37-1-9060-8-58010 -	HOSPITALIZATION	22,954.80	179,742.47
	A3729044 A	-37-2-9045-4-54774 -	LIFE INSURANCE	40.00	312.00
	A3729068 A	-37-2-9060-8-58010 -	HOSPITALIZATION	15,160.58	124,790.76
	A3739044 A	-37-3-9045-4-54774 -	LIFE INSUARNE	300.26	2,444.48
	A3739068 A	-37-3-9060-8-58010 -	HOSPITALIZATION	148,500.06	1,141,120.09
	A3749044 A	-37-4-9045-4-54774 -	LIFE INSURANCE	336.80	2,865.60
	A3749068 A	-37-4-9060-8-58010 -	HOSPITALIZATION	377,315.10	2,714,376.06
	A3759044 A	-37-5-9045-4-54774 -	LIFE INSURANCE	36.00	396.00
	A3759068 A	-37-5-9060-8-58010 -	HOSPITALIZATION	15,876.60	119,204.15
	A3769044 A	-37-6-9045-4-54774 -	LIFE INSURANCE	24.00	156.00
	A3769044 A	-37-6-9045-4-54774 -3000	LIFE INSURANCE	40.00	356.00
	A3769068 A	-37-6-9060-8-58010 -	HOSPITALIZATION	7,827.05	47,037.78
	A3769068 A	-37-6-9060-8-58010 -3000	HOSPITALIZATION	15,337.93	111,143.33

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# ACCOUNT DISTRIBUTION SUMMARY

YR/PER	ORG	ACCOUNT	DESCRIPTION	AMOUNT	REMAINING BUDGET
E3577164	E	-35-7-7160-4-54650 -	UTILITIES	13,728.13	122,247.21
E3577164	E	-35-7-7160-4-54670 -	PHONES	643.57	5,700.27
E3577168	E	-35-7-7160-8-58010 -	HOSPITALIZATION	1,166.71	102,915.86
F3638314	F	-36-3-8310-4-54670 -	PHONES	34.67	1,074.31
F3638324	F	-36-3-8320-4-54650 -	UTILITIES	886.59	37,795.89
F3638334	F	-36-3-8330-4-54650 -	UTILITIES	3,597.49	339,337.17
F3638334	F	-36-3-8330-4-54670 -	PHONES	92.81	3,046.04
F3638344	F	-36-3-8340-4-54670 -	PHONES	18.33	426.74
F3739044	F	-37-3-9045-4-54774 -	LIFE INSURANCE	81.86	628.88
F3739068	F	-37-3-9060-8-58010 -	HOSPITALIZATION	34,431.21	237,347.65
G3638124	G	-36-3-8120-4-54650 -	UTILITIES	3,444.31	35,130.37
G3638124	G	-36-3-8120-4-54670 -	PHONES	49.66	415.72
G3739044	G	-37-3-9045-4-54774 -	LIFE INSURANCE	45.88	457.04
G3739068	G	-37-3-9060-8-58010 -	HOSPITALIZATION	16,304.71	135,778.66
Y3618684	Y	-36-1-8686-4-54670 -433	PHONES	7.30	-25.56
REPORT TOTALS				786,886.47	

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YEAR PER	JNL						ACCOUNT DESC	T OB	DEBIT	CREDIT
SRC ACCOUNT							LINE DESC			
EFF DATE	JNL	DESC	REF 1	REF 2	REF 3					
2017 5 88										
API A3011478-58010							HOSPITALIZATION		1,818.42	
05/10/2017 W	17MWMAY1	006950			156160		78621			
API A3719068-58010							HOSPITALIZATION		22,954.80	
05/10/2017 W	17MWMAY1	006950			156160		78621			
API A3729068-58010							HOSPITALIZATION		15,160.58	
05/10/2017 W	17MWMAY1	006950			156160		78621			
API A3739068-58010							HOSPITALIZATION		148,500.06	
05/10/2017 W	17MWMAY1	006950			156160		78621			
API A3749068-58010							HOSPITALIZATION		377,315.10	
05/10/2017 W	17MWMAY1	006950			156160		78621			
API A3759068-58010							HOSPITALIZATION		15,876.60	
05/10/2017 W	17MWMAY1	006950			156160		78621			
API A3769068-58010							HOSPITALIZATION		7,827.05	
05/10/2017 W	17MWMAY1	006950			156160		78621			
API A3769068-58010-3000							HOSPITALIZATION		15,337.93	
05/10/2017 W	17MWMAY1	006950			156160		78621			
API E3577168-58010							HOSPITALIZATION		1,166.71	
05/10/2017 W	17MWMAY1	006950			156160		78621			
API F3739068-58010							HOSPITALIZATION		34,431.21	
05/10/2017 W	17MWMAY1	006950			156160		78621			
API G3739068-58010							HOSPITALIZATION		16,304.71	
05/10/2017 W	17MWMAY1	006950			156160		78621			
API A3143124-54670							PHONES		57.95	
05/10/2017 W	17MWMAY1	004947			156161		1639			
API E3577164-54670							PHONES		269.17	
05/10/2017 W	17MWMAY1	004947			156162		5000394			
API A3335654-54650							UTILITIES		868.45	
05/10/2017 W	17MWMAY1	006575			156163		DPW			
API A3143414-54650							UTILITIES		569.61	
05/10/2017 W	17MWMAY1	006575			156164		DPS			
API G3638124-54650							UTILITIES		321.47	
05/10/2017 W	17MWMAY1	006575			156165		DPW			
API A3031634-54650							UTILITIES		272.51	
05/10/2017 W	17MWMAY1	006575			156165		DPW			
API A3031654-54650							UTILITIES		24.27	
05/10/2017 W	17MWMAY1	006575			156165		DPW			
API A3031654-54650							UTILITIES		501.86	
05/10/2017 W	17MWMAY1	006575			156165		DPW			
API A3567174-54650-3000							UTILITIES		71.02	
05/10/2017 W	17MWMAY1	006575			156165		DPW			
API A3567174-54650-3000							UTILITIES		1,153.40	
05/10/2017 W	17MWMAY1	006575			156165		DPW			
API A3567184-54650-3000							UTILITIES		1,241.07	
05/10/2017 W	17MWMAY1	006575			156165		DPW			
API F3638334-54650							UTILITIES		106.17	
05/10/2017 W	17MWMAY1	006575			156165		DPW			
API F3638334-54650							UTILITIES		2.17	

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YEAR PER JNL										
SRC ACCOUNT	EFF DATE	JNL DESC	REF 1	REF 2	REF 3	ACCOUNT DESC LINE DESC	T OB	DEBIT	CREDIT	
API E3577164-54650	05/10/2017 W	17MWMAY1	006575		156165	DPW				
API A3143414-54650	05/10/2017 W	17MWMAY1	006575		156166	UTILITIES CITY CENTER		5,350.65		
API A3143414-54650	05/10/2017 W	17MWMAY1	006575		156167	UTILITIES DPS		63.76		
API A3143414-54650	05/10/2017 W	17MWMAY1	006575		156167	UTILITIES DPS		427.92		
API A3143314-54650	05/10/2017 W	17MWMAY1	006575		156167	UTILITIES DPS		89.48		
API E3577164-54650	05/10/2017 W	17MWMAY1	006575		156168	UTILITIES CITY CENTER		3,775.39		
API A3021384-54720	05/10/2017 W	17MWMAY1	001418		156169	MORGAN ST PROF SERV 2017 2ND QTR		24,150.00		
API A3638184-54650	05/10/2017 W	17MWMAY1	000319		156170	UTILITIES DPW		470.30		
API A3031634-54650	05/10/2017 W	17MWMAY1	000319		156170	UTILITIES DPW		470.58		
API A3638194-54650	05/10/2017 W	17MWMAY1	000319		156170	UTILITIES DPW		501.60		
API A3335654-54650	05/10/2017 W	17MWMAY1	000319		156170	UTILITIES DPW		806.29		
API F3638324-54650	05/10/2017 W	17MWMAY1	000319		156170	UTILITIES DPW		886.59		
API A3567144-54650-3000	05/10/2017 W	17MWMAY1	000319		156170	UTILITIES DPW		1,176.44		
API G3638124-54650	05/10/2017 W	17MWMAY1	000319		156170	UTILITIES DPW		1,484.67		
API G3638124-54650	05/10/2017 W	17MWMAY1	000319		156170	UTILITIES DPW		1,638.17		
API A3567174-54650-3000	05/10/2017 W	17MWMAY1	000319		156170	UTILITIES DPW		2,663.97		
API A3031654-54650	05/10/2017 W	17MWMAY1	000319		156170	UTILITIES DPW		2,365.68		
API A3537114-54650	05/10/2017 W	17MWMAY1	000319		156170	UTILITIES DPW		3,194.38		
API F3638334-54650	05/10/2017 W	17MWMAY1	000319		156170	UTILITIES DPW		3,489.15		
API A3031624-54650	05/10/2017 W	17MWMAY1	000319		156170	UTILITIES DPW		4,102.07		
API A3567194-54650-3000	05/10/2017 W	17MWMAY1	000319		156170	UTILITIES DPW		15,607.84		
API A3335184-54750	05/10/2017 W	17MWMAY1	000319		156170	STREET LIGHTING DPW		36,470.87		
API A3143314-54751	05/10/2017 W	17MWMAY1	000319		156171	UTILITIES TRAFFIC LIGHTS DPS		70.05		
API A3143124-54650	05/10/2017 W	17MWMAY1	000319		156171	UTILITIES TRAFFIC LIGHTS DPS		84.43		
API A3143314-54751	05/10/2017 W	17MWMAY1	000319		156171	UTILITIES TRAFFIC LIGHTS DPS		114.43		

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YEAR PER JNL	SRC ACCOUNT	JNL	DESC	REF 1	REF 2	REF 3	ACCOUNT DESC	T OB	DEBIT	CREDIT
EFF DATE							LINE DESC			
API A3143314-54751							UTILITIES TRAFFIC LIGHTS		114.86	
05/10/2017 W		17MWMAY1	000319			156171	DPS			
API A3143314-54751							UTILITIES TRAFFIC LIGHTS		152.13	
05/10/2017 W		17MWMAY1	000319			156171	DPS			
API A3143314-54751							UTILITIES TRAFFIC LIGHTS		163.00	
05/10/2017 W		17MWMAY1	000319			156171	DPS			
API A3143314-54751							UTILITIES TRAFFIC LIGHTS		194.26	
05/10/2017 W		17MWMAY1	000319			156171	DPS			
API A3143314-54751							UTILITIES TRAFFIC LIGHTS		222.23	
05/10/2017 W		17MWMAY1	000319			156171	DPS			
API A3143314-54751							UTILITIES TRAFFIC LIGHTS		223.67	
05/10/2017 W		17MWMAY1	000319			156171	DPS			
API A3143314-54751							UTILITIES TRAFFIC LIGHTS		227.81	
05/10/2017 W		17MWMAY1	000319			156171	DPS			
API A3143314-54751							UTILITIES TRAFFIC LIGHTS		268.73	
05/10/2017 W		17MWMAY1	000319			156171	DPS			
API A3143314-54650							UTILITIES		458.24	
05/10/2017 W		17MWMAY1	000319			156171	DPS			
API A3143414-54650							UTILITIES		939.98	
05/10/2017 W		17MWMAY1	000319			156171	DPS			
API E3577164-54650							UTILITIES		21.23	
05/10/2017 W		17MWMAY1	000319			156172	CITY CENTER			
API E3577164-54650							UTILITIES		1,119.14	
05/10/2017 W		17MWMAY1	000319			156172	CITY CENTER			
API E3577164-54650							UTILITIES		3,461.72	
05/10/2017 W		17MWMAY1	000319			156172	CITY CENTER			
API A3011474-54774							LIFE INSURANCE		8.00	
05/10/2017 W		17MWMAY1	000200			156173	000040370001-6			
API A3719044-54774							LIFE INSURANCE		72.00	
05/10/2017 W		17MWMAY1	000200			156173	000040370001-6			
API A3729044-54774							LIFE INSURANCE		40.00	
05/10/2017 W		17MWMAY1	000200			156173	000040370001-6			
API A3739044-54774							LIFE INSURANCE		300.26	
05/10/2017 W		17MWMAY1	000200			156173	000040370001-6			
API F3739044-54774							LIFE INSURANCE		81.86	
05/10/2017 W		17MWMAY1	000200			156173	000040370001-6			
API G3739044-54774							LIFE INSURANCE		45.88	
05/10/2017 W		17MWMAY1	000200			156173	000040370001-6			
API A3749044-54774							LIFE INSURANCE		336.80	
05/10/2017 W		17MWMAY1	000200			156173	000040370001-6			
API A3759044-54774							LIFE INSURANCE		36.00	
05/10/2017 W		17MWMAY1	000200			156173	000040370001-6			
API A3769044-54774							LIFE INSURANCE		24.00	
05/10/2017 W		17MWMAY1	000200			156173	000040370001-6			
API A3769044-54774-3000							LIFE INSURANCE		40.00	
05/10/2017 W		17MWMAY1	000200			156173	000040370001-6			
API A3143124-54740							SERVICE CONTRACTS - EQUIPMENT		74.95	
05/10/2017 W		17MWMAY1	007001			156174	202-866296301-001			
API E3577164-54670							PHONES		84.96	

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YEAR PER JNL	SRC ACCOUNT	EFF DATE	JNL DESC	REF 1	REF 2	REF 3	ACCOUNT DESC LINE DESC	T OB	DEBIT	CREDIT
		05/10/2017	W 17MWMAY1	001699		156175	202-485526901-001			
API	A3021694-54740						SERVICE CONTRACTS - EQUIPMENT		99.99	
		05/10/2017	W 17MWMAY1	005997		156176	202-489463802-001			
API	A3567194-54720						SERVICE CONTRACTS - PROF SERV		500.00	
		05/10/2017	W 17MWMAY1	005997		156177	202-904547801-001			
API	A3143124-54720						SERVICE CONTRACTS - PROF SERV		1,192.06	
		05/10/2017	W 17MWMAY1	007350	171217	156178	0000036454			
POL	A3143124-54720						SERVICE CONTRACTS - PROF SERV 4			1,192.06
		05/10/2017	LIQ/INV	007350	171217	156178	0000036454 2017			
API	A3011474-54110						OFFICE SUPPLIES		24.44	
		05/10/2017	W 17MWMAY1	001927		156179	5185873968839247			
API	A3031444-54670						PHONES		7.31	
		05/10/2017	W 17MWMAY1	001927		156180	5185809480728245			
API	A3113624-54670						PHONES		7.31	
		05/10/2017	W 17MWMAY1	001927		156180	5185809480728245			
API	A3618684-54670						PHONES		7.30	
		05/10/2017	W 17MWMAY1	001927		156180	5185809480728245			
API	Y3618684-54670-433						PHONES	Y	7.30	
		05/10/2017	W 17MWMAY1	001927		156180	5185809480728245			
API	A3143124-54670						PHONES		35.23	
		05/10/2017	W 17MWMAY1	001927		156181	5185840661828249			
API	A3143124-54670						PHONES		35.29	
		05/10/2017	W 17MWMAY1	001927		156182	5185846400685246			
API	A3143124-54670						PHONES		50.70	
		05/10/2017	W 17MWMAY1	001927		156183	5185818707789245			
API	F3638334-54670						PHONES		74.48	
		05/10/2017	W 17MWMAY1	001927		156184	518Q720140071243			
API	A3031654-54670						PHONES		93.18	
		05/10/2017	W 17MWMAY1	001927		156185	518Q720139070248			
API	A3143414-54670						PHONES		219.04	
		05/10/2017	W 17MWMAY1	001927		156186	518Q700655072248			
API	A3051414-54671						PHONES & FAX		60.33	
		05/10/2017	W 17MWMAY1	001831		156187	ACCOUNTS			
API	A3051414-54671						PHONES & FAX		50.71	
		05/10/2017	W 17MWMAY1	001831		156187	ACCOUNTS			
API	A3051414-54573						RISK-SAFETY PROGRAMMING		40.01	
		05/10/2017	W 17MWMAY1	001831		156187	ACCOUNTS			
API	E3577164-54670						PHONES		289.44	
		05/10/2017	W 17MWMAY1	001831		156188	480169107-00001			
API	A3143414-54670						PHONES		683.69	
		05/10/2017	W 17MWMAY1	001831		156189	486851008-00001			
API	A3031444-54670						PHONES		105.20	
		05/10/2017	W 17MWMAY1	001831		156190	642000522-00001			
API	A3031494-54670						PHONES		108.54	
		05/10/2017	W 17MWMAY1	001831		156190	642000522-00001			
API	A3335014-54670						PHONES		344.45	
		05/10/2017	W 17MWMAY1	001831		156190	642000522-00001			
API	A3537114-54670						PHONES		34.67	
		05/10/2017	W 17MWMAY1	001831		156190	642000522-00001			

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YEAR PER JNL	SRC ACCOUNT	EFF DATE	JNL DESC	REF 1	REF 2	REF 3	ACCOUNT DESC LINE DESC	T OB	DEBIT	CREDIT
API	A3567144-54670-3000						PHONES		18.33	
	05/10/2017 W	17MWMAY1	001831			156190	642000522-00001			
API	A3638194-54670						PHONES		18.33	
	05/10/2017 W	17MWMAY1	001831			156190	642000522-00001			
API	F3638314-54670						PHONES		34.67	
	05/10/2017 W	17MWMAY1	001831			156190	642000522-00001			
API	F3638334-54670						PHONES		18.33	
	05/10/2017 W	17MWMAY1	001831			156190	642000522-00001			
API	F3638344-54670						PHONES		18.33	
	05/10/2017 W	17MWMAY1	001831			156190	642000522-00001			
API	G3638124-54670						PHONES		49.66	
	05/10/2017 W	17MWMAY1	001831			156190	642000522-00001			
API	A3143124-54670						PHONES		986.50	
	05/10/2017 W	17MWMAY1	001831			156191	242016471-00001			
API	A3143124-54670						PHONES		1,352.94	
	05/10/2017 W	17MWMAY1	001831			156192	386851082-00001			
GENERAL LEDGER TOTAL									786,886.47	.00
API	A-2600						ACCOUNTS PAYABLE			712,353.24
	05/10/2017 W	17MWMAY1	B 2662							
API	E-2600						ACCOUNTS PAYABLE			15,538.41
	05/10/2017 W	17MWMAY1	B 2662							
API	F-2600						ACCOUNTS PAYABLE			39,142.96
	05/10/2017 W	17MWMAY1	B 2662							
API	G-2600						ACCOUNTS PAYABLE			19,844.56
	05/10/2017 W	17MWMAY1	B 2662							
API	Y-2600						ACCOUNTS PAYABLE			7.30
	05/10/2017 W	17MWMAY1	B 2662							
POL	A-1521						ENCUMBRANCES			1,192.06
	05/10/2017 W	17MWMAY1	B 2662							
POL	A-2963						BUDGETARY FUND BALANCE RES ENC		1,192.06	
	05/10/2017 W	17MWMAY1	B 2662							
SYSTEM GENERATED ENTRIES TOTAL									1,192.06	788,078.53
JOURNAL 2017/05/88 TOTAL									788,078.53	788,078.53
2017	5	88								
API	A-1522						EXPENDITURES		712,353.24	
	05/10/2017 W	17MWMAY1	B 2662							
API	E-1522						EXPENDITURES		15,538.41	
	05/10/2017 W	17MWMAY1	B 2662							
API	F-1522						EXPENDITURES		39,142.96	
	05/10/2017 W	17MWMAY1	B 2662							
API	G-1522						EXPENDITURES		19,844.56	
	05/10/2017 W	17MWMAY1	B 2662							



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YEAR PER	JNL								
SRC ACCOUNT									
EFF DATE	JNL DESC	REF 1	REF 2	REF 3	ACCOUNT DESC LINE DESC	T OB	DEBIT	CREDIT	
API Y-1522					EXPENDITURES		7.30		
05/10/2017	W 17MWMAY1 B 2662								

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FUND	ACCOUNT	YEAR	PER	JNL	EFF DATE	ACCOUNT DESCRIPTION	DEBIT	CREDIT
A	GENERAL FUND	2017	5	88	05/10/2017			
	A-1521					ENCUMBRANCES		1,192.06
	A-1522					EXPENDITURES	712,353.24	
	A-2600					ACCOUNTS PAYABLE		712,353.24
	A-2963					BUDGETARY FUND BALANCE RES ENC	1,192.06	
						FUND TOTAL	713,545.30	713,545.30
E	CITY CENTER AUTHORITY	2017	5	88	05/10/2017			
	E-1522					EXPENDITURES	15,538.41	
	E-2600					ACCOUNTS PAYABLE		15,538.41
						FUND TOTAL	15,538.41	15,538.41
F	WATER FUND	2017	5	88	05/10/2017			
	F-1522					EXPENDITURES	39,142.96	
	F-2600					ACCOUNTS PAYABLE		39,142.96
						FUND TOTAL	39,142.96	39,142.96
G	SEWER FUND	2017	5	88	05/10/2017			
	G-1522					EXPENDITURES	19,844.56	
	G-2600					ACCOUNTS PAYABLE		19,844.56
						FUND TOTAL	19,844.56	19,844.56
Y	COMMUNITY DEVELOPMENT FUND	2017	5	88	05/10/2017			
	Y-1522					EXPENDITURES	7.30	
	Y-2600					ACCOUNTS PAYABLE		7.30
						FUND TOTAL	7.30	7.30

\*\* END OF REPORT - Generated by Stefanie Richards \*\*

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PO	LN	VENDOR	QUANTITY ORDERED	PREVIOUS RECVD/CANC	CURRENT RECEIVED	REMAINING PO QTY	STA CD	DESCRIPTION
	140770	001 BRETTFORD MANUFACTURI	1.00	0.00	1.00	0.00	0	AS FOLLOWS:
	150023	001 FITZGERALD MORRIS BA	1.00	0.00	0.00	1.00	9	CCA 12/16/14 FOR 2015
	160373	001 STONE INDUSTRIES	1.00	0.00	0.00	1.00	9	VARIOUS PORTA JOHNS RACINO, NORTHSI
	160661	001 FORT MILLER FAB3 COR	1.00	1.00	0.00	0.00	8	EXTENSION OF IFB 2015-20 CCA 5/17/16
	160662	001 HOLLAND CO INC	1.00	1.00	0.00	0.00	9	POLYALUMINUM CHLORIDE EXTENSION OF
	160876	001 PHYSIO-CONTROL, INC.	1.00	0.00	0.00	1.00	9	LIFEPAK 15 MONITOR/DEFIB PER QUOTE
	160927	001 MESICK COHEN WILSON	1.00	0.00	0.00	1.00	9	PLASTER INVESTIGATION, PH 2, ADDENDU
	160929	001 GALLS INC	1.00	0.00	1.00	0.00	0	PER QUOTE 7030928
	160932	001 GALLS INC	1.00	0.00	1.00	0.00	0	PER 7057477
	160960	001 SARATOGA HOSPITAL	1.00	0.00	0.00	1.00	9	AS FOLLOWS:
	161091	001 GAR ASSOCIATES	1.00	0.00	0.00	1.00	9	APPRAISAL SERVICES THRU 12/17/17
	171007	001 CASELLA WASTE SERVIC	1.00	0.00	0.00	1.00	8	AS PER BID 2016-34 TIPPING AND TRANS
	171008	001 UNION METAL	1.00	0.00	1.00	0.00	0	CAST ORNAMENTAL COLUMBIAN BASE PER Q
	171019	001 SARATOGA HOSPITAL	61.00	0.00	0.00	61.00	8	ANNUAL OSHA PHYSICAL INCLUDES: PHYS
	171023	001 US SECURITY ASSOCIAT	1.00	0.00	0.00	1.00	8	2017 SECURITY SERVICES 1/1/17-12/31/
	171041	001 SCHICHELTS NURSERY	1.00	0.00	1.00	0.00	0	AS FOLLOWS:
	171160	001 HENRY SCHEIN, INC.	1.00	0.00	0.00	1.00	8	MEDICAL SUPPLIES CCA 3/1/16 IFB 201
	171161	001 BOUND TREE MEDICAL L	1.00	0.00	0.00	1.00	8	MEDICAL SUPPLIES CCA 3/1/16 IFB 201
	171164	001 COMPLUS DATA INNOVAT	1.00	0.00	0.00	1.00	8	2017 PARKING TICKET MAINTENANCE SYST
	171189	001 RICOH USA, INC	1.00	0.00	0.00	1.00	8	LEASE OF COPIER
	171190	001 METRO FORD SALES	2.00	0.00	2.00	0.00	0	2017 FORD TAURUS PER NYS MINI BID
	171191	001 BPI MECHANICAL SERVI	1.00	0.00	0.00	1.00	8	PLUNBING SERVICES DPS RFP 2017-13
		001 BPI MECHANICAL SERVI	1.00	0.00	0.00	1.00		PLUNBING SERVICES DPS RFP 2017-13
	171192	001 GALLS INC	1.00	0.00	0.00	1.00	8	AS FOLLOWS:
	171193	001 GALLS INC	1.00	0.00	0.00	1.00	8	AS FOLLOWS:
		001 GALLS INC	1.00	0.00	0.00	1.00		AS FOLLOWS:

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PO	LN	VENDOR	QUANTITY ORDERED	PREVIOUS RECVD/CANC	CURRENT RECEIVED	REMAINING PO QTY	STA CD	DESCRIPTION
	171196	001 US ELECTRICAL SERVIC	2.00	0.00	2.00	0.00	0	STRN PT-D650SRLED-5T- 4AR22T5-MDL03-
	171200	001 ALLERDICE BUILDING S	1.00	0.00	1.00	0.00	0	DOOR REPLACEMENT
	171201	001 WEHRAN LFG SERVICES,	1.00	0.00	0.00	1.00	8	2017 LANDFILL O & M ADDENDUM #2 CCA
	171213	001 HONEYWELL LAW FIRM,	1.00	0.00	0.00	1.00	8	PER ADDENDUM #2 FOR MATTERS OPENED I
	171215	001 MOTOROLA SOLUTIONS I	12.00	0.00	0.00	12.00	8	SERVICE AND REPAIR OF RADIOS CCA 3/
	171224	001 SPORTS SUPPLY GROUP	1.00	0.00	0.00	1.00	8	AS FOLLOWS:
	171231	001 GALLS INC	1.00	0.00	0.00	1.00	8	AS FOLLOWS:
	171238	001 UPSTATE NY PLOW AND	1.00	0.00	0.00	1.00	8	APPARATUS MAINTENANCE AND SERVICE TH
		001 UPSTATE NY PLOW AND	1.00	0.00	0.00	1.00		APPARATUS MAINTENANCE AND SERVICE TH
	171239	001 ADIRONDACK TRUCK REP	1.00	0.00	0.00	1.00	8	APPARATUS MAINTENANCE AND SERVICE TH
	171247	001 SPRING ELECTRIC INC.	1.00	0.00	1.00	0.00	0	UPGRADE ELECTRICAL SERVICE EAST SIDE
	171250	001 MAHONEY NOTIFY PLUS	1.00	0.00	0.00	1.00	8	SEWER LEVEL MONITORING NOT TO EXCEE
	171254	001 PARTAC PEAT CORP	23.00	0.00	23.00	0.00	0	TONS OF BEAM CLAY BASEBALL MIX-ORIGI
	171266	001 CDW GOVERNMENT INC	1.00	0.00	1.00	0.00	0	PER QUOTE 1BQRC8Q NYS PT66616
	171268	001 STANLEY ACCESS TECHN	1.00	0.00	1.00	0.00	0	INSTALLATION AND HARDWARE FOR HANDIC
	171274	001 FUSION GRAPHIX INC.	1.00	0.00	1.00	0.00	0	AS FOLLOWS:
	171287	001 PRECISION INDUSTRIAL	1.00	0.00	0.00	1.00	8	REMOVAL OF HAZAROUS MATERIAL AS OUTL
	171288	001 ENNIS PAINT, INC.	200.00	0.00	200.00	0.00	0	50 LB BAG TYPE I GLASS SPHERES (WITH
	171289	001 ENNIS PAINT, INC.	1.00	0.00	1.00	0.00	0	AS FOLLOWS:
	171291	001 S & J ENTERPRISES	1.00	0.00	1.00	0.00	0	AS FOLLOWS:
	171292	001 GENERAL CODE PUBLISH	1.00	0.00	0.00	1.00	8	CITY CODE BOOK UPDATES AND PRINTING
	171293	001 AMREX CHEMICAL CO.,	1.00	0.00	1.00	0.00	0	80 CWT SODIUMSILICO FLOURIDE
	171297	001 NYNE EQUIPMENT,INC	1.00	0.00	1.00	0.00	0	HANDHELD REMOTE #HG6000 TUB GRINDER
	171299	001 SOMES UNIFORMS INC	1.00	0.00	1.00	0.00	0	AS FOLLOWS:
	171303	001 ROBERT H FINKE & SON	1.00	0.00	0.00	1.00	8	EQUIPMENT RENTAL PER NYS CONTRACT 2
	171305	001 E A MORSE & CO INC	1.00	0.00	1.00	0.00	0	PRO 28" EDGE RIDER SCRUBBER W/3 12V

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PO	LN	VENDOR	QUANTITY ORDERED	PREVIOUS RECVD/CANC	CURRENT RECEIVED	REMAINING PO QTY	STA CD	DESCRIPTION
171306	001	PALLETTE STONE CORP	1.00	0.00	0.00	1.00	8	RUBBLE/BLACKTOP SARATOGA COUNTY 15-
171308	001	FERGUSON WATERWORKS	1.00	0.00	0.00	1.00	8	PER BID 2017-19 CCA 4/18/17
	001	FERGUSON WATERWORKS	1.00	0.00	0.00	1.00		PER BID 2017-19 CCA 4/18/17
171310	001	MATTS SERVICE CENTER	1.00	0.00	1.00	0.00	0	2013 RAM C/V TRADESMAN VAN 4D
171312	001	ATLANTIC TACTICAL	1.00	0.00	0.00	1.00	8	AS FOLLOWS:
171356	001	GAR ASSOCIATES	1.00	0.00	1.00	0.00	0	APPRAISAL OF ALLEY- MITCHELL & GEORG

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NEW INVOICES

VENDOR REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS PO BY	PO BALANCE	CHK/WIRE	ERR
APPROVED UNPAID INVOICES TO BE POSTED									
3203 00001 CRYSTAL ROCK LLC	156247 156247		156247	17MAY2	43.89	.00	.00		
CASH A 2017/05 INV 05/10/2017 SEP-CHK: N DISC: .00 ACCT 1200 DEPT 5000 DUE 05/16/2017 DESC:51284317 P O BOX 10028 WATERBURY CT 06725-0028						A3051414 54110	43.89	1099:	
5400 00001 AIRGAS EAST	156193 156193		156985	17MAY2	185.85	.00	.00		
CASH A 2017/05 INV 05/10/2017 SEP-CHK: N DISC: .00 ACCT 1200 DEPT 4000 DUE 05/16/2017 DESC:2581569 P O BOX 802576 CHICAGO IL 60680-2576						A3143314 54390	185.85	1099:	
5044 00000 ALL SEASONS TEXT	156194 740185		156986	17MAY2	66.00	.00	.00		
CASH A 2017/05 INV 05/10/2017 SEP-CHK: Y DISC: .00 ACCT 1200 DEPT 7000 DUE 05/16/2017 DESC:023980 9 TAYLOR AVENUE P O BOX 222 CLINTON NY 13323						E3577164 54720	66.00	1099:	
31 00001 ALLERDICE BUILDI	156195 1704-075184		156987	17MAY2	59.66	.00	.00		
CASH A 2017/05 INV 05/10/2017 SEP-CHK: Y DISC: .00 ACCT 1200 DEPT 7000 DUE 05/16/2017 DESC:662 BLUE TARP FINANCIAL PO BOX 105525 ATLANTA GA 30348-5525						E3577164 54140	59.66	1099:	
31 00001 ALLERDICE BUILDI	156196 1704-051577		156988	17MAY2	83.26	.00	.00		
CASH A 2017/05 INV 05/10/2017 SEP-CHK: N DISC: .00 ACCT 1200 DEPT 3000 DUE 05/16/2017 DESC:271 BLUE TARP FINANCIAL PO BOX 105525 ATLANTA GA 30348-5525						F3638344 54180	83.26	1099:	
31 00001 ALLERDICE BUILDI	156197 1704-074850		156989	17MAY2	97.85	.00	.00		
CASH A 2017/05 INV 05/10/2017 SEP-CHK: N DISC: .00 ACCT 1200 DEPT 3000 DUE 05/16/2017 DESC:271 BLUE TARP FINANCIAL PO BOX 105525 ATLANTA GA 30348-5525						A3537114 54610	97.85	1099:	

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NEW INVOICES

VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS	PO BY	PO BALANCE	CHK/WIRE	ERR
31	00001 ALLERDICE BUILDI	156198 156198		156990	17MAY2	128.17		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3143124	54180		41.15	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:2288			A3143124	54180		15.00	1099:	
BLUE TARP FINANCIAL PO BOX 105525 ATLANTA GA 30348-5525						A3143414	54200		32.77	1099:	
						A3143414	54200		24.28	1099:	
						A3143414	54200		11.49	1099:	
						A3143414	54610		3.48	1099:	
31	00001 ALLERDICE BUILDI	156199 1704-068350		156991	17MAY2	340.69		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3537114	54610		125.35	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:1704-058980			A3638144	54180		215.34	1099:	
BLUE TARP FINANCIAL PO BOX 105525 ATLANTA GA 30348-5525											
31	00001 ALLERDICE BUILDI	156200 1702-003544		156992	17MAY2	1,273.02		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3335014	54400		1,273.02	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:271								
BLUE TARP FINANCIAL PO BOX 105525 ATLANTA GA 30348-5525											
31	00001 ALLERDICE BUILDI	156201 1704-078950	171200	156993	17MAY2	9,932.00		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		H3638332	52000 1237		9,932.00	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:271								
BLUE TARP FINANCIAL PO BOX 105525 ATLANTA GA 30348-5525											
63	00000 AFSCO FENCE SUPP	156202 17-22998-1		156994	17MAY2	720.00		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3567144	54180 3000		720.00	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:CITYOF7								
P O BOX 98 185 TROY SCHENECTADY ROAD LATHAM NY 12110											
33	00002 TRAK EQUIPMENT R	156203 77023		156995	17MAY2	76.49		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3567144	54180 3000		76.49	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:271								
221 WEST CIRCULAR STREET SARATOGA SPRINGS NY 12866											
33	00002 TRAK EQUIPMENT R	156206 77110		156999	17MAY2	393.96		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3335014	54180		393.96	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:271								

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## NEW INVOICES

VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS	PO BY	PO BALANCE	CHK/WIRE	ERR
221 WEST CIRCULAR STREET SARATOGA SPRINGS NY 12866											
33	00001 ALLERDICE RENT A	156207 77376		157000	17MAY2	602.94		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		F3638354	54180		602.94	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:271								
221 W. CIRCULAR STREET SARATOGA SPRINGS NY 12866											
7575	00000 AMREX CHEMICAL C	156208 176001	171293	157001	17MAY2	4,640.00		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		F3638334	54141		4,640.00	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:CIT00048								
117 EAST FREDERICK STREET BINGHAMTON NY 13904											
7263	00000 APRIL FRESH CLEA	156209 5434		157002	17MAY2	240.00		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: Y	DISC: .00		E3577164	54720		240.00	1099:	
ACCT 1200	DEPT 7000	DUE 05/16/2017	DESC:4/30/17								
480 BROADWAY, STE LL-11 SARATOGA SPRINGS NY 12866											
210	00001 A H HARRIS & SON	156210 3785626-00		157003	17MAY2	1,434.20		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3335014	54180		1,434.20	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:268900								
P O BOX 418827 BOSTON MA 02241-8827											
4140	00000 ACCURATE PEST CO	156211 98874		157004	17MAY2	60.00		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: Y	DISC: .00		E3577164	54720		60.00	1099:	
ACCT 1200	DEPT 7000	DUE 05/16/2017	DESC:1418								
1161 CURRY ROAD SCHENECTADY NY 12306											
2785	00001 ADIRONDACK TIRE	156212 0762031		157005	17MAY2	22.00		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3335014	54510		22.00	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:S1100								
240 WASHINGTON STREET SARATOGA SPRINGS NY 12866											
2785	00001 ADIRONDACK TIRE	156213 0761867		157006	17MAY2	315.20		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3143124	54510		315.20	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:S8575								
240 WASHINGTON STREET SARATOGA SPRINGS NY 12866											



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## NEW INVOICES

VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS	PO BY	PO BALANCE	CHK/WIRE	ERR
2785	00001 ADIRONDACK TIRE	156214 0762051		157007	17MAY2	469.68		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3143124	54510		469.68	1099:
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:S1100								
240 WASHINGTON STREET SARATOGA SPRINGS NY 12866											
4012	00000 ADIRONDACK TRUST	156215 78421		157008	17MAY2	759.00		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: Y	DISC: .00			E3577164	54778		759.00	1099:
ACCT 1200	DEPT 7000	DUE 05/16/2017	DESC:4/11/17								
31 CHURCH STREET SARATOGA SPRINGS NY 12866											
70	00000 ADVANTAGE PRESS	156216 40737		157009	17MAY2	19.50		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3143124	54160		19.50	1099:
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:4/16/17								
74 WARREN STREET SARATOGA SPRINGS NY 12866											
70	00000 ADVANTAGE PRESS	156217 40723		157010	17MAY2	95.00		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3031444	54110		95.00	1099:
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:4/18/17								
74 WARREN STREET SARATOGA SPRINGS NY 12866											
70	00000 ADVANTAGE PRESS	156218 40765		157011	17MAY2	190.00		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3021314	54110		190.00	1099:
ACCT 1200	DEPT 2000	DUE 05/16/2017	DESC:4/27/17								
74 WARREN STREET SARATOGA SPRINGS NY 12866											
93	00001 BENSON'S PET CEN	156219 106111/1		157012	17MAY2	128.94		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3143124	54970		128.94	1099:
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:4/28/17								
3083 ROUTE 50 SARATOGA SPRINGS NY 12866											
4542	00001 BOUND TREE MEDIC	156220 82488596	171161	157013	17MAY2	27.98		.00	3,043.22		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3143414	54150		27.98	1099:
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:205698								
23537 NETWORK PLACE CHICAGO IL 60673-1235											



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NEW INVOICES

VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS	PO BY	PO BALANCE	CHK/WIRE	ERR
7426	00000 BPI MECHANICAL S	156229 3531		157022	17MAY2	1,318.54		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3567194	54610	3000	1,318.54	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:3519								
95 HUDSON RIVER ROAD	WATERFORD NY 12188										
7426	00000 BPI MECHANICAL S	156230 3562		157023	17MAY2	1,406.21		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3567194	54610	3000	1,406.21	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:3514								
95 HUDSON RIVER ROAD	WATERFORD NY 12188										
7587	00001 BRETTFORD MANUFAC	156231 17087897 RI	140770	157024	17MAY2	2,101.07		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3567172	52200		2,101.07	1099:	
ACCT 1200	DEPT 6000	DUE 05/16/2017	DESC:28945								
PO BOX 92170	ELK GROVE IL 60009										
1292	00000 SEAN BRISCOE	156232 156232		157025	17MAY2	860.00		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3143124	54971		860.00	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:TUTION REIMB								
4 LAKEVIEW DRIVE	GANSEVOORT NY 12831										
764	00001 SPORTS SUPPLY GR	156233 98922695	171224	157026	17MAY2	763.56		.00	3,712.71		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		H3567142	52000	1008	763.56	1099:	
ACCT 1200	DEPT 6000	DUE 05/16/2017	DESC:1015209								
P O BOX 660176	DALLAS TX 75266-0176										
139	00001 CAPITOL DISTRICT	156234 S1902581.001		157027	17MAY2	7.48		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3031644	54612		7.48	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:3691								
252 WASHINGTON STREET	SARATOGA SPRINGS NY 12866										
139	00001 CAPITOL DISTRICT	156235 156235		157028	17MAY2	654.27		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3335014	54180		55.83	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:3691			A3335014	54180		59.12	1099:	
252 WASHINGTON STREET	SARATOGA SPRINGS NY 12866					A3537114	54610		438.55	1099:	
						A3567174	54180	3000	55.34	1099:	
						A3638184	54610		45.43	1099:	



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NEW INVOICES

VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS	PO BY	PO BALANCE	CHK/WIRE	ERR
5027	00000 COMPLUS DATA INN	156243 34952	171164	157036	17MAY2	5,733.27		.00	43,238.35		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3143014	54802	5,733.27	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC: SARATOGASPR								
120 WHITE PLAINS ROAD	TARRYTOWN NY 10591										
4871	00000 SHANE CROOKS	156244 156244		157037	17MAY2	1,385.85		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3143124	54971	1,385.85	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC: TUTION REIMB								
S S P D	SARATOGA SPRINGS NY 12866										
3203	00001 CRYSTAL ROCK LLC	156245 156245		157038	17MAY2	15.96		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3011474	54110	15.96	1099:	
ACCT 1200	DEPT 1000	DUE 05/16/2017	DESC: 51284314								
P O BOX 10028	WATERBURY CT 06725-0028										
3203	00001 CRYSTAL ROCK LLC	156246 156246		157039	17MAY2	39.90		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3031444	54110	9.98	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC: 51284315				A3113624	54110	9.98	1099:	
P O BOX 10028	WATERBURY CT 06725-0028						A3618684	54110	9.97	1099:	
							Y3618684	54110 433	9.97	1099:	
3203	00001 CRYSTAL ROCK LLC	156248 156248		157041	17MAY2	392.76		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3143014	54110	13.47	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC: 51284309				A3143014	54110	13.47	1099:	
P O BOX 10028	WATERBURY CT 06725-0028						A3143124	54180	53.88	1099:	
							A3143124	54180	34.99	1099:	
							A3143124	54180	58.37	1099:	
							A3143414	54200	26.94	1099:	
							A3143414	54200	44.90	1099:	
							A3143414	54200	44.90	1099:	
							A3143414	54200	71.84	1099:	
							A3143414	54200	30.00	1099:	
3203	00001 CRYSTAL ROCK LLC	156249 156249		157042	17MAY2	687.39		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3031624	54180	35.91	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC: 51284311				A3031654	54180	217.16	1099:	
P O BOX 10028	WATERBURY CT 06725-0028						A3537114	54180	3.99	1099:	
							A3567194	54180 3000	418.36	1099:	



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VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS PO BY	PO BALANCE	CHK/WIRE	ERR
2858	00001 DIG SAFELY NEW Y	156258 17040068		157051	17MAY2	434.48	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3335184 54750		414.48	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:4/30/17			F3638354 54180		20.00	1099:	
5063	BRITTONFIELD PARKWAY	SYRACUSE NY 13057								
6575	00003 DIRECT ENERGY BU	156259 156259		157052	17MAY2	819.66	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3031624 54650		819.66	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:DPW							
P.O. BOX 32179	NEW YORK NY 10087-2179									
2196	00000 DUNKIN DONUTS	156260 156260		157053	17MAY2	189.80	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3143124 54850		189.80	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:MARCH 2017							
207	SOUTH BROADWAY	SARATOGA SPRINGS NY 12866								
4218	00001 E A MORSE & CO I	156261 637339	171305	157054	17MAY2	9,894.60	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		E3577162 52101		9,894.60	1099:	
ACCT 1200	DEPT 7000	DUE 05/16/2017	DESC:4/30/17							
P.O. BOX 728	MIDDLETOWN NY 10940									
5678	00000 ENNIS PAINT, INC	156262 324902	171288	157055	17MAY2	3,100.00	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3143314 54713		3,100.00	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:35635							
P.O. BOX 603518	CHARLOTTE NC 28260-3518									
5678	00000 ENNIS PAINT, INC	156263 325163	171289	157056	17MAY2	9,867.57	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3143314 54713		9,867.57	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:35635							
P.O. BOX 603518	CHARLOTTE NC 28260-3518									
5903	00000 EVIDENT, INC	156264 11893A		157057	17MAY2	290.50	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3143124 54180		290.50	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:9745							
739	BROOKS MILL ROAD	UNION HALL VA 24176								

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VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS	PO BY	PO BALANCE	CHK/WIRE	ERR
4899	00000 FITZGERALD MORRI	156272 65298	150023	157065	17MAY2	765.00		.00	11,013.80		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3051354	54720		765.00	1099:7
ACCT 1200	DEPT 5000	DUE 05/16/2017	DESC:10258-0013								
16 PEARL STREET P.O. BOX 2017 GLENS FALLS NY 12801											
7279	00000 FORT MILLER FAB3	156274 131398	160661	157067	17MAY2	2,763.00		.00	5,737.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3335014	54180		2,763.00	1099:
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:131362								
PO BOX 98 SCHUYLERVILLE NY 12871											
7560	00000 FUSION GRAPHIX I	156275 601969	171274	157068	17MAY2	2,761.00		218.50	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3567344	54170		2,542.50	1099:
ACCT 1200	DEPT 6000	DUE 05/16/2017	DESC:SHIRTS				A3567344	54170		218.50	1099:
1130 STATE ROUTE 17K MONTGOMERY NY 12549											
198	00000 GALLS INC	156276 007438012	171193	157069	17MAY2	17.50		.00	100.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3143124	54160		17.50	1099:
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:1001581618								
P.O. BOX 71628 CHICAGO IL 60694-1628											
198	00000 GALLS INC	156277 007304950		157070	17MAY2	25.00		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3143124	54160		25.00	1099:
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:1001581618								
P.O. BOX 71628 CHICAGO IL 60694-1628											
198	00000 GALLS INC	156278 007437924	160932	157071	17MAY2	29.98		6.99	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3143124	54160		22.99	1099:
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:1001581618				A3143124	54160		6.99	1099:
P.O. BOX 71628 CHICAGO IL 60694-1628											
198	00000 GALLS INC	156279 007437926	160929	157072	17MAY2	44.39		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3143124	54160		44.39	1099:
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:1001581618								
P.O. BOX 71628 CHICAGO IL 60694-1628											

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VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS PO BY	PO BALANCE	CHK/WIRE	ERR
199	00001 HACH COMPANY	156294 10433144		157087	17MAY2	9.48	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		F3638334 54330		9.48	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:015432							
2207	COLLECTIONS CENTER DRIVE	CHICAGO IL 60693								
199	00001 HACH COMPANY	156295 10419973		157088	17MAY2	509.34	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		F3638334 54180		509.34	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:015432							
2207	COLLECTIONS CENTER DRIVE	CHICAGO IL 60693								
6100	00001 HENRY SCHEIN, IN	156296 41292400	171160	157089	17MAY2	97.88	.00	8,430.18		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3143414 54150		97.88	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:2534048							
P.O. BOX 371952	PITTSBURGH PA 15250-7952									
202	00000 HOLLAND CO INC	156297 3511	160662	157090	17MAY2	4,505.76	.00	951.64		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		F3638334 54141		4,505.76	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:984							
153	HOWLAND AVENUE	ADAMS MA 01220								
2439	00006 HOME DEPOT/MAINT	156298 156298		157091	17MAY2	41.91	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3335014 54180		41.91	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:6035322404016258							
DEPT. 32-2504016258	PO BOX 78047 PHOENIX AZ 85062-8047									
2439	00007 HOME DEPOT/MAINT	156299 156299		157092	17MAY2	341.61	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3143124 54180		29.97	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:6035322538801519			A3143124 54180		39.88	1099:	
DEPT. 32-2538801519	PO BOX 78047 PHOENIX AZ 85062-8047					A3143124 54330		271.76	1099:	
7080	00001 HONEYWELL LAW FI	156300 1572	171213	157093	17MAY2	756.00	.00	5,302.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3011424 54720		756.00	1099:	
ACCT 1200	DEPT 1000	DUE 05/16/2017	DESC:121.01							
111	WINNERS CIRCLE SUITE 200	ALBANY NY 12205								

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## NEW INVOICES

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VENDOR	REMIT NAME		DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS	PO BY	PO BALANCE	CHK/WIRE	ERR
7584	00000 CHIP LAWRENCE		156308 156308		157101	17MAY2	135.00		.00	.00		
CASH A	2017/05	INV	05/10/2017	SEP-CHK: N	DISC: .00		A046 42001			135.00	1099:	
ACCT 1200	DEPT 6000	DUE	05/16/2017	DESC:SOC CER REFUND								
210 REGENT STREET SARATOGA SPRINGS NY 12866												
6439	00000 LINCOLN ELECTRIC		156309 36041		157102	17MAY2	967.20		.00	.00		
CASH A	2017/05	INV	05/10/2017	SEP-CHK: N	DISC: .00		A3537114	54610		967.20	1099:7	
ACCT 1200	DEPT 3000	DUE	05/16/2017	DESC:4/26/17								
20 ROBERTS LANE SARATOGA SPRINGS NY 12866												
7430	00000 SPENCER MACY		156310 156310		157103	17MAY2	270.00		.00	.00		
CASH A	2017/05	INV	05/10/2017	SEP-CHK: N	DISC: .00		A3143124	54160		270.00	1099:	
ACCT 1200	DEPT 4000	DUE	05/16/2017	DESC:CLOTHING REIMB								
SSPD												
290	00001 JOSEPH P MANGION		156311 1-217959		157104	17MAY2	22.93		.00	.00		
CASH A	2017/05	INV	05/10/2017	SEP-CHK: N	DISC: .00		A3335014	54510		10.18	1099:	
ACCT 1200	DEPT 3000	DUE	05/16/2017	DESC:1-217955			G3638124	54180		12.75	1099:	
187-189 FOURTH STREET TROY NY 12180												
270	00000 MAHONEY NOTIFY P		156312 0500731-IN		157105	17MAY2	63.50		.00	.00		
CASH A	2017/05	INV	05/10/2017	SEP-CHK: N	DISC: .00		A3537114	54610		25.00	1099:	
ACCT 1200	DEPT 3000	DUE	05/16/2017	DESC:00248251-IN			A3537214	54610		38.50	1099:	
P O BOX 767 15 COOPER STREET GLENS FALLS NY 12801												
270	00000 MAHONEY NOTIFY P		156313 248247-IN		157106	17MAY2	68.50		.00	.00		
CASH A	2017/05	INV	05/10/2017	SEP-CHK: N	DISC: .00		A3567194	54610 3000		68.50	1099:	
ACCT 1200	DEPT 3000	DUE	05/16/2017	DESC:0019117								
P O BOX 767 15 COOPER STREET GLENS FALLS NY 12801												
270	00000 MAHONEY NOTIFY P		156314 0249251-IN	171250	157107	17MAY2	1,037.50		.00	10,375.00		
CASH A	2017/05	INV	05/10/2017	SEP-CHK: N	DISC: .00		G3638124	54331		1,037.50	1099:	
ACCT 1200	DEPT 3000	DUE	05/16/2017	DESC:0019118								
P O BOX 767 15 COOPER STREET GLENS FALLS NY 12801												

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NEW INVOICES

VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS PO BY	PO BALANCE	CHK/WIRE	ERR
270	00000 MAHONEY NOTIFY P	156315 0500753-IN		157108	17MAY2	1,438.75	.00	.00		
CASH A	2017/05 INV	05/10/2017	SEP-CHK: N	DISC: .00		A3031624 54610		153.75	1099:	
ACCT 1200	DEPT 3000 DUE	05/16/2017	DESC:0248991-IN			A3031634 54610		1,285.00	1099:	
P O BOX 767 15	COOPER STREET	GLENS FALLS NY 12801								
1733	00000 MAIN CARE ENERGY	156316 892229		157109	17MAY2	348.44	.00	.00		
CASH A	2017/05 INV	05/10/2017	SEP-CHK: N	DISC: .00		A3638194 54520		348.44	1099:	
ACCT 1200	DEPT 3000 DUE	05/16/2017	DESC:7003318							
P O BOX 314	CANAJOHARIE NY	13317								
1733	00000 MAIN CARE ENERGY	156317 892228		157110	17MAY2	5,498.31	.00	.00		
CASH A	2017/05 INV	05/10/2017	SEP-CHK: N	DISC: .00		A3143124 54520		28.94	1099:	
ACCT 1200	DEPT 3000 DUE	05/16/2017	DESC:7003317			A3143414 54520		861.30	1099:	
P O BOX 314	CANAJOHARIE NY	13317				A3335014 54520		2,221.12	1099:	
						A3335124 54520		949.67	1099:	
						A3567144 54520	3000	171.61	1099:	
						A3638564 54520		511.39	1099:	
						F3638354 54520		517.99	1099:	
						G3638124 54520		236.29	1099:	
7592	00000 MALTA MED EMERGE	156318 156318		157111	17MAY2	133.90	.00	.00		
CASH A	2017/05 INV	05/10/2017	SEP-CHK: N	DISC: .00		A3011474 54290		133.90	1099:	
ACCT 1200	DEPT 1000 DUE	05/16/2017	DESC:12/19/16							
PO BOX 5148	SARATOGA SPRINGS NY	12866								
5786	00000 MANGINO BUICK GM	156319 55650		157112	17MAY2	244.36	.00	.00		
CASH A	2017/05 INV	05/10/2017	SEP-CHK: N	DISC: .00		A3335014 54510		244.36	1099:	
ACCT 1200	DEPT 3000 DUE	05/16/2017	DESC:4/18/17							
1484 SARATOGA	ROAD P.O. BOX	562 BALLSTON SPA NY 12020								
290	00001 JOSEPH P MANGION	156320 1-218333		157113	17MAY2	72.50	.00	.00		
CASH A	2017/05 INV	05/10/2017	SEP-CHK: N	DISC: .00		H3141622 52000 1230		72.50	1099:	
ACCT 1200	DEPT 5000 DUE	05/16/2017	DESC:COS101							
187-189	FOURTH STREET	TROY NY 12180								

VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS	PO BY	PO BALANCE	CHK/WIRE	ERR
290	00001 JOSEPH P MANGION	156321 1-218202		157114	17MAY2	276.59		.00	.00		
CASH A	2017/05 INV 05/10/2017	SEP-CHK: N	DISC: .00			A3567144	54180	3000		276.59	1099:
ACCT 1200	DEPT 3000 DUE 05/16/2017	DESC: COS101									
187-189 FOURTH STREET TROY NY 12180											
3272	00000 MASTERMANS LLP	156322 156322		157115	17MAY2	378.78		.00	.00		
CASH A	2017/05 INV 05/10/2017	SEP-CHK: N	DISC: .00			A3335014	54160			378.78	1099:
ACCT 1200	DEPT 3000 DUE 05/16/2017	DESC: 96797									
P O BOX 411 AUBURN MA 01501-0411											
7591	00000 MAIRE MASTERSON	156323 5/4/17		157116	17MAY2	10.00		.00	.00		
CASH A	2017/05 INV 05/10/2017	SEP-CHK: N	DISC: .00			A3051414	54250			10.00	1099:
ACCT 1200	DEPT 5000 DUE 05/16/2017	DESC: PARKING									
271	00000 MATTS SERVICE CE	156324 1703039		157117	17MAY2	65.00		.00	.00		
CASH A	2017/05 INV 05/10/2017	SEP-CHK: N	DISC: .00			A3143124	54720			65.00	1099:
ACCT 1200	DEPT 4000 DUE 05/16/2017	DESC: 4/12/17									
300 MAPLE AVENUE SARATOGA SPRINGS NY 12866											
271	00000 MATTS SERVICE CE	156325 17030150		157118	17MAY2	370.00		.00	.00		
CASH A	2017/05 INV 05/10/2017	SEP-CHK: N	DISC: .00			A3335014	54510			85.00	1099:
ACCT 1200	DEPT 3000 DUE 05/16/2017	DESC: 1702548/A3122				A3335124	54510			85.00	1099:
300 MAPLE AVENUE SARATOGA SPRINGS NY 12866											
						A3335124	54510			200.00	1099:
271	00000 MATTS SERVICE CE	156326 CS10166	171310	157119	17MAY2	11,450.00		.00	.00		
CASH A	2017/05 INV 05/10/2017	SEP-CHK: N	DISC: .00			A3335012	52400			11,450.00	1099:
ACCT 1200	DEPT 3000 DUE 05/16/2017	DESC: TRUCK									
300 MAPLE AVENUE SARATOGA SPRINGS NY 12866											
6414	00000 TYLER MCINTOSH	156327 156327		157120	17MAY2	69.99		.00	.00		
CASH A	2017/05 INV 05/10/2017	SEP-CHK: N	DISC: .00			A3143124	54160			69.99	1099:
ACCT 1200	DEPT 4000 DUE 05/16/2017	DESC: CLOTHING REIMB									
SSPD SARATOGA SPRINGS NY 12866											



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VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS PO BY	PO BALANCE	CHK/WIRE	ERR
5250	00000 MESICK COHEN WIL	156328 1612.1702	160927	157121	17MAY2	12,935.00	.00	6,355.35		
CASH A	2017/05 INV 05/10/2017	SEP-CHK: N	DISC: .00				H3537112 52000 1165	12,935.00	1099:	
ACCT 1200	DEPT 3000 DUE 05/16/2017	DESC:ADDENDUM #1								
388 BROADWAY	ALBANY NY 12207									
4676	00000 METRO FORD SALES	156329 57123	171190	157122	17MAY2	41,432.60	.00	.00		
CASH A	2017/05 INV 05/10/2017	SEP-CHK: N	DISC: .00				A3143122 52400	41,432.60	1099:	
ACCT 1200	DEPT 4000 DUE 05/16/2017	DESC:57124								
3601 STATE STREET	SCHENECTADY NY 12304									
7601	00000 MISE EIRE IRISH	156330 156330		157123	17MAY2	100.00	.00	.00		
CASH A	2017/05 INV 05/10/2017	SEP-CHK: N	DISC: .00				A063 42411	100.00	1099:	
ACCT 1200	DEPT 3000 DUE 05/16/2017	DESC:MUSIC HALL REFUND								
PO BIX 4506	SARATOGA SPRINGS NY 12866									
277	00001 MOFFETT TURF EQU	156331 01-175242		157124	17MAY2	386.08	.00	.00		
CASH A	2017/05 INV 05/10/2017	SEP-CHK: N	DISC: .00				A3537114 54510	386.08	1099:	
ACCT 1200	DEPT 3000 DUE 05/16/2017	DESC:686200								
33 THRUWAY PARK DRIVE	WEST HENRIETTA NY 14586									
288	00001 MOORE MEDICAL LL	156332 832629861		157125	17MAY2	307.51	.00	.00		
CASH A	2017/05 INV 05/10/2017	SEP-CHK: N	DISC: .00				A3143124 54180	307.51	1099:	
ACCT 1200	DEPT 4000 DUE 05/16/2017	DESC:2035867								
P O BOX 99718	CHICAGO IL 60696									
6512	00000 NATIONAL BUSINES	156334 IN180349		157127	17MAY2	66.10	.00	.00		
CASH A	2017/05 INV 05/10/2017	SEP-CHK: Y	DISC: .00				E3577164 54670	66.10	1099:	
ACCT 1200	DEPT 7000 DUE 05/16/2017	DESC:SS14								
505 BRADFORD STREET	ALBANY NY 12206									
319	00001 NATIONAL GRID	156335 156335		157128	17MAY2	16,848.47	.00	.00		
CASH A	2017/05 INV 05/10/2017	SEP-CHK: N	DISC: .00				A3416314 54650	286.31	1099:	
ACCT 1200	DEPT 3000 DUE 05/16/2017	DESC:DPW					A3567144 54650 3000	27.25	1099:	
P.O. BOX 4706	SYRACUSE NY 13221-4706						F3638334 54650	16,534.91	1099:	

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VENDOR	REMIT NAME		DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS PO BY	PO BALANCE	CHK/WIRE	ERR
828	00001 NEVCO SCOREBOARD		156336 0000164530		157129	17MAY2	363.31	.00	.00		
CASH A	2017/05 INV	05/10/2017	SEP-CHK: N	DISC:	.00	H3567142	52000	1008		363.31	1099:
ACCT 1200	DEPT 6000 DUE	05/16/2017	DESC:001964	P O BOX 650 EDWARDSVILLE IL 62025							
1152	00000 NEW COUNTRY FORD		156337 183313F		157130	17MAY2	171.08	.00	.00		
CASH A	2017/05 INV	05/10/2017	SEP-CHK: N	DISC:	.00	A3335014	54510			171.08	1099:
ACCT 1200	DEPT 3000 DUE	05/16/2017	DESC:5873550	3002 ROUTE 50 P.O. BOX 382 SARATOGA SPRINGS NY 12866							
6736	00000 NEW YORK TRUCK A		156338 6913		157131	17MAY2	1,292.04	.00	.00		
CASH A	2017/05 INV	05/10/2017	SEP-CHK: N	DISC:	.00	A3335014	54510			1,292.04	1099:
ACCT 1200	DEPT 3000 DUE	05/16/2017	DESC:6012	280 CORINTH ROAD QUEENSBURY NY 12804							
6455	00000 NORTHEAST COMMER		156339 159780		157132	17MAY2	1,027.88	.00	.00		
CASH A	2017/05 INV	05/10/2017	SEP-CHK: Y	DISC:	.00	E3577164	54330			1,027.88	1099:
ACCT 1200	DEPT 7000 DUE	05/16/2017	DESC:159781	949 TROY-SCHENECTADY ROAD LATHAM NY 12110							
446	00001 NYNE EQUIPMENT,I		156340 P25283	171297	157134	17MAY2	1,731.28	9.30	.00		
CASH A	2017/05 INV	05/10/2017	SEP-CHK: N	DISC:	.00	A3638194	54510			1,731.28	1099:
ACCT 1200	DEPT 3000 DUE	05/16/2017	DESC:CITYO001	DBA VEMEER NORTHEAST 1235 ROUTE 9 CASTLETON NY 12033							
6398	00000 LEANNE OLSEN		156341 156341		157135	17MAY2	100.00	.00	.00		
CASH A	2017/05 INV	05/10/2017	SEP-CHK: N	DISC:	.00	A046	42024			100.00	1099:
ACCT 1200	DEPT 6000 DUE	05/16/2017	DESC:JR. SLUGGERS REFUND	8 SOUTHEAST STREET SARATOGA SPRINGS NY 12866							
7573	00000 STEPHANIE OSTRAN		156342 156342		157136	17MAY2	101.06	.00	.00		
CASH A	2017/05 INV	05/10/2017	SEP-CHK: N	DISC:	.00	A3143124	54160			101.06	1099:
ACCT 1200	DEPT 4000 DUE	05/16/2017	DESC:CLOTHING REIMB	SSPD							

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VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS	PO BY	PO BALANCE	CHK/WIRE	ERR
6294	00001 MOTOROLA SOLUTIO	156350 58631	171215	157144	17MAY2	665.00		.00	6,650.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3143124	54740		665.00	1099:
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:SARAT,SP								
C/O PITTSFIELD COMMUNICATIONS 1502 W HOUSATONIC ST PITTSFIELD MA 01201											
6798	00000 PRECISION INDUST	156351 1001	171287	157145	17MAY2	17,342.50		.00	5,187.50		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3031964	54779		17,342.50	1099:
ACCT 1200	DEPT 5000	DUE 05/16/2017	DESC:CITSARA								
1710 ERIE BLVD SCHENECTADY NY 12308											
5176	00000 PROPET DISTRIBUT	156352 116445		157146	17MAY2	1,242.95		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3335014	54180		414.32	1099:
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:2/20/17				A3537114	54180		414.31	1099:
2100 PRINCIPAL ROW STE.405 ORLANDO FL 32837											
							A3537224	54180		414.32	1099:
223	00001 RICOH USA, INC	156353 5048158374		157148	17MAY2	9.50		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3143414	54110		9.50	1099:
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:4659857								
P O BOX 827577 PHILADELPHIA PA 19182-7577											
223	00001 RICOH USA, INC	156354 5048298536		157149	17MAY2	15.54		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3143014	54740		15.54	1099:
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:4659857								
P O BOX 827577 PHILADELPHIA PA 19182-7577											
223	00001 RICOH USA, INC	156355 5048198318		157150	17MAY2	20.50		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3143124	54740		20.50	1099:
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:4659857								
P O BOX 827577 PHILADELPHIA PA 19182-7577											
223	00001 RICOH USA, INC	156356 5048375206		157151	17MAY2	28.40		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3143124	54740		28.40	1099:
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:4659857								
P O BOX 827577 PHILADELPHIA PA 19182-7577											

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VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS PO BY	PO BALANCE	CHK/WIRE	ERR
223	00001 RICOH USA, INC	156357 5048375332		157152	17MAY2	71.94	.00	.00		
	CASH A 2017/05 INV 05/10/2017 SEP-CHK: N DISC: .00 ACCT 1200 DEPT 4000 DUE 05/16/2017 DESC:4659857 P O BOX 827577 PHILADELPHIA PA 19182-7577						A3143124 54740		71.94	1099:
223	00001 RICOH USA, INC	156358 5048401538	171189	157153	17MAY2	29.01	.00	2,317.87		
	CASH A 2017/05 INV 05/10/2017 SEP-CHK: N DISC: .00 ACCT 1200 DEPT 5000 DUE 05/16/2017 DESC:4659857 P O BOX 827577 PHILADELPHIA PA 19182-7577						A3051414 54740		29.01	1099:
223	00002 RICOH USA, INC	156359 98731634		157154	17MAY2	108.68	.00	.00		
	CASH A 2017/05 INV 05/10/2017 SEP-CHK: N DISC: .00 ACCT 1200 DEPT 4000 DUE 05/16/2017 DESC:323252-1023244A3 P O BOX 41564 PHILADELPHIA PA 19101-1564						A3143124 54740		108.68	1099:
223	00002 RICOH USA, INC	156361 98573298		157156	17MAY2	119.16	.00	.00		
	CASH A 2017/05 INV 05/10/2017 SEP-CHK: N DISC: .00 ACCT 1200 DEPT 4000 DUE 05/16/2017 DESC:323252-1023244A3 P O BOX 41564 PHILADELPHIA PA 19101-1564						A3143124 54740		119.16	1099:
223	00001 RICOH USA, INC	156362 5048158386		157157	17MAY2	128.99	.00	.00		
	CASH A 2017/05 INV 05/10/2017 SEP-CHK: N DISC: .00 ACCT 1200 DEPT 4000 DUE 05/16/2017 DESC:4659909 P O BOX 827577 PHILADELPHIA PA 19182-7577						A3143124 54740		128.99	1099:
509	00000 ROBERT H FINKE &	156363 G13135	171303	157158	17MAY2	1,811.00	.00	18,189.00		
	CASH A 2017/05 INV 05/10/2017 SEP-CHK: N DISC: .00 ACCT 1200 DEPT 3000 DUE 05/16/2017 DESC:SARAT001 P O BOX 127 ROUTE 9 W SELKIRK NY 12158						A3335134 54530		1,811.00	1099:
7074	00000 LAUREN ROWLAND	156364 156364		157159	17MAY2	51.49	.00	.00		
	CASH A 2017/05 INV 05/10/2017 SEP-CHK: Y DISC: .00 ACCT 1200 DEPT 7000 DUE 05/16/2017 DESC:APR EXPENSES CITY CENTER						E3577164 54201		51.49	1099:



CASH A	2017/05	INV 05/10/2017	SEP-CHK: Y	DISC: .00	E3577164 54201	920.00	1099:
ACCT 1200	DEPT 7000	DUE 05/16/2017	DESC:ESSAS				
60 RAILROAD PLACE SUITE 301 SARATOGA SPRINGS NY 12866							

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NEW INVOICES

VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS PO BY	PO BALANCE	CHK/WIRE	ERR
3052	00000 SARATOGA SPRINGS	156379 156379		157174	17MAY2	4,688.00	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			Y3616234 54720 9997	4,688.00	1099:	
ACCT 1200	DEPT 1000	DUE 05/16/2017	DESC:MAY 2017							
1 SOUTH FEDERAL STREET	SARATOGA SPRINGS	NY 12866								
399	00001 SARATOGA VETERIN	156380 194191		157175	17MAY2	523.32	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3143124 54970	523.32	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:194159,194194							
693 ROUTE 9	GANSEVOORT NY	12831								
3147	00000 SARATOGA WILTON	156381 156381		157176	17MAY2	250.00	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: Y	DISC: .00			E3577164 54201	250.00	1099:	
ACCT 1200	DEPT 7000	DUE 05/16/2017	DESC:FLAG DAY PARADE							
P.O. BOX 311	SARATOGA SPRINGS	NY 12866								
374	00005 SARATOGIAN LLC	156382 156382		157177	17MAY2	224.54	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3051414 54490	224.54	1099:	
ACCT 1200	DEPT 5000	DUE 05/16/2017	DESC:19397							
PO BOX 650064	DALLAS TX	75265-0064								
4236	00001 SCHICHTELS NURSE	156383 1916801	171041	157178	17MAY2	3,173.00	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3638562 52700	3,173.00	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:0004590-00							
7420 PETERS ROAD	SPRINGVILLE NY	14141								
2787	00001 SCHINDLER ELEVAT	156384 8104530451		157179	17MAY2	2,026.65	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: Y	DISC: .00			E3577164 54720	2,026.65	1099:	
ACCT 1200	DEPT 7000	DUE 05/16/2017	DESC:1039997							
P O BOX 93050	CHICAGO IL	60673-3050								
3430	00000 SECURITY PLUMBIN	156385 S4480318.001		157180	17MAY2	24.65	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3567144 54330 3000	24.65	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:23329							
196 MAPLE AVENUE	SELKIRK NY	12158								

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NEW INVOICES

VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS PO BY	PO BALANCE	CHK/WIRE	ERR
378	00001 SHERWIN WILLIAMS	156386 9615-4		157181	17MAY2	9.95	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3335014	54180	9.95	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:5126-4937-7							
STORE 5101	226 WASHINGTON STREET	SARATOGA SPRINGS NY 12866-5907								
7453	00000 LISA SHIELDS	156387 156387		157182	17MAY2	43.50	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3011214	54120	43.50	1099:	
ACCT 1200	DEPT 1000	DUE 05/16/2017	DESC:FEDEX REIMB							
PAYROLL										
7309	00000 SITEONE	156388 79980245		157183	17MAY2	629.47	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3567144	54680 3000	629.47	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:182115							
24110	NETWORK PLACE	CHICAGO IL 60673								
7309	00000 SITEONE	156389 80018249		157184	17MAY2	1,461.60	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3567144	54680 3000	1,461.60	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:330254							
24110	NETWORK PLACE	CHICAGO IL 60673								
799	00001 SOMES UNIFORMS I	156390 V151581	171299	157185	17MAY2	377.00	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3143122	52620	377.00	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:11338							
P O BOX 68	HACKENSACK NJ 07602-4785									
1184	00000 SPA SEPTIC TANK	156391 APRIL 2017		157186	17MAY2	180.00	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3537114	54610	180.00	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:2717							
11 JONES ROAD	SARATOGA SPRINGS NY 12866									
7548	00000 SPRING ELECTRIC	156392 230	171247	157187	17MAY2	21,500.00	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		H3567142	52000 1008	21,500.00	1099:	
ACCT 1200	DEPT 6000	DUE 05/16/2017	DESC:4/30/17							
1408	RED MILL ROAD	RENSSELAER 12144								

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NEW INVOICES

VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS PO BY	PO BALANCE	CHK/WIRE	ERR
6755	00001 STANLEY ACCESS T	156393 904868568	171268	157188	17MAY2	13,245.00	.00	.00		
CASH A	2017/05 INV	05/10/2017	SEP-CHK: N	DISC: .00			H3517114 54720 1069	13,245.00	1099:	
ACCT 1200	DEPT 6000 DUE	05/16/2017	DESC:10561456							
P.O. BOX 0371595	PITTSBURGH PA	15251-7595								
407	00000 STANLEY PAPER CO	156394 551523-1		157189	17MAY2	80.12	.00	.00		
CASH A	2017/05 INV	05/10/2017	SEP-CHK: N	DISC: .00			A3537114 54140	80.12	1099:	
ACCT 1200	DEPT 3000 DUE	05/16/2017	DESC:551557,551566							
1 TERMINAL STREET	ALBANY NY	12206-1014								
407	00000 STANLEY PAPER CO	156395 550973		157190	17MAY2	285.72	.00	.00		
CASH A	2017/05 INV	05/10/2017	SEP-CHK: N	DISC: .00			A3567194 54610 3000	285.72	1099:	
ACCT 1200	DEPT 3000 DUE	05/16/2017	DESC:549218							
1 TERMINAL STREET	ALBANY NY	12206-1014								
407	00000 STANLEY PAPER CO	156396 551711		157191	17MAY2	436.38	.00	.00		
CASH A	2017/05 INV	05/10/2017	SEP-CHK: N	DISC: .00			A3031624 54140	436.38	1099:	
ACCT 1200	DEPT 3000 DUE	05/16/2017	DESC:551259							
1 TERMINAL STREET	ALBANY NY	12206-1014								
806	00000 STONE INDUSTRIES	156397 156397	160373	157192	17MAY2	1,100.57	.00	412.00		
CASH A	2017/05 INV	05/10/2017	SEP-CHK: N	DISC: .00			A3567144 54720 3000	1,100.57	1099:	
ACCT 1200	DEPT 3000 DUE	05/16/2017	DESC:28							
4305 ROUTE 50	SARATOGA SPRINGS NY	12866								
2237	00001 STAPLES BUSINESS	156398 33335326684		157193	17MAY2	28.48	.00	.00		
CASH A	2017/05 INV	05/10/2017	SEP-CHK: N	DISC: .00			A3011474 54110	28.48	1099:	
ACCT 1200	DEPT 1000 DUE	05/16/2017	DESC:RCH 1016990							
DEPT. ROC P O BOX 415256	BOSTON MA	02241-5256								
2237	00001 STAPLES BUSINESS	156399 156399		157194	17MAY2	354.42	.00	.00		
CASH A	2017/05 INV	05/10/2017	SEP-CHK: N	DISC: .00			A3143124 54110	354.42	1099:	
ACCT 1200	DEPT 4000 DUE	05/16/2017	DESC:RCH 1016990							
DEPT. ROC P O BOX 415256	BOSTON MA	02241-5256								

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VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS PO BY	PO BALANCE	CHK/WIRE	ERR
7061	00000 SUPPLY WORKS, IN	156400 399213248		157195	17MAY2	85.68	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3143124	54140	85.68	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:712642							
PO BOX 415133	BOSTON MA	02241-5133								
393	00001 SURPASS CHEMICAL	156401 308061		157196	17MAY2	770.00	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		F3638334	54141	770.00	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:219791							
1254 BROADWAY	ALBANY NY	12204-2623								
420	00000 T & T SALES INC	156402 33592		157197	17MAY2	1,395.20	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3335014	54510	522.50	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:33611,33592			A3335014	54510	350.20	1099:	
411 OLD NISKAYUNA ROAD	LATHAM NY	12110				A3335124	54510	522.50	1099:	
424	00000 TAYLOR WELDING S	156404 00745082		157199	17MAY2	154.95	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3031654	54210	154.95	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:00745281							
P O BOX 741 22	LOWER WARREN STREET	GLENS FALLS NY 12801								
2344	00000 THORPE ELECTRIC	156405 386640		157200	17MAY2	1,268.75	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3335184	54750	1,268.75	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:25200							
27 WASHINGTON STREET	RENSSELAER NY	12144-2821								
2344	00000 THORPE ELECTRIC	156406 386437		157201	17MAY2	1,436.00	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3335184	54750	1,436.00	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:25200							
27 WASHINGTON STREET	RENSSELAER NY	12144-2821								
7292	00001 TOSHIBA BUSINESS	156407 13593033		157202	17MAY2	205.84	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: Y	DISC: .00		A3011214	54740	205.84	1099:	
ACCT 1200	DEPT 1000	DUE 05/16/2017	DESC:TOBS6PA							
PO BOX 927	BUFFALO NY	14240-0927								

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VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS PO BY	PO BALANCE	CHK/WIRE	ERR
3723	00001 TRAVELERS	156408 000520569		157203	17MAY2	7,600.57	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3011934 54775		7,600.57	1099:	
ACCT 1200	DEPT 5000	DUE 05/16/2017	DESC:9874G9083							
13607	COLLECTIONS CENTER DR	CHICAGO IL 60693								
4146	00001 TYLER TECHNOLOGI	156409 045-185739		157204	17MAY2	1,000.00	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3021694 54720		1,000.00	1099:	
ACCT 1200	DEPT 2000	DUE 05/16/2017	DESC:2953							
MUNIS	DIVISION P O BOX 203556	DALLAS TX 75320-3556								
440	00002 US POSTAL SERVIC	156410 156410		157205	17MAY2	500.00	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		E3577164 54120		500.00	1099:	
ACCT 1200	DEPT 7000	DUE 05/16/2017	DESC:105000054251							
CMRS-FP	P O BOX 7247-0119	PHILADELPHIA PA 19170-0119								
7590	00000 UMR	156411 16-78594		157206	17MAY2	83.71	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A044 41640		83.71	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:D. HENRY							
3256	00000 UNIFIRST CORPORA	156412 156412		157207	17MAY2	89.37	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3567174 54610 3000		89.37	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:1269237							
157	TROY SCHENECTADY ROAD	WATERVLIET NY 12189								
3256	00000 UNIFIRST CORPORA	156413 156413		157208	17MAY2	112.05	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3031654 54160		34.52	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:1269237			A3031654 54160		34.52	1099:	
157	TROY SCHENECTADY ROAD	WATERVLIET NY 12189				A3031654 54210		14.40	1099:	
						A3031654 54210		14.40	1099:	
						A3031654 54610		14.21	1099:	

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VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS PO BY	PO BALANCE	CHK/WIRE	ERR
3256	00000 UNIFIRST CORPORA	156414 156414		157209	17MAY2	112.05	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3031654 54160		34.52	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:1269237			A3031654 54160		34.52	1099:	
157 TROY SCHENECTADY ROAD	WATERVLIET NY	12189				A3031654 54210		14.40	1099:	
						A3031654 54210		14.40	1099:	
						A3031654 54610		14.21	1099:	
3256	00000 UNIFIRST CORPORA	156415 156415		157210	17MAY2	112.18	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: Y	DISC: .00		A3143124 54720		112.18	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:1290931							
157 TROY SCHENECTADY ROAD	WATERVLIET NY	12189								
3256	00000 UNIFIRST CORPORA	156416 156416		157211	17MAY2	223.56	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3031624 54610		60.80	1099:	
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:126937			A3031624 54610		60.80	1099:	
157 TROY SCHENECTADY ROAD	WATERVLIET NY	12189				A3537114 54610		50.98	1099:	
						A3537114 54610		50.98	1099:	
4183	00002 UNION METAL	156418 633336	171008	157213	17MAY2	625.00	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3143314 54332		625.00	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:5/2/17							
P O BOX 73028	CLEVELAND OH	44193								
7589	00000 UNITED HEALTHCAR	156419 16-177691		157214	17MAY2	858.00	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A044 41640		858.00	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:S. THOMAS							
7223	00001 UPSTATE NY PLOW	156420 200583	171238	157215	17MAY2	4,973.68	.00	3,868.67		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3143414 54510		4,973.68	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:200605							
415 BIG BAY ROAD	QUEENSBURY NY	12804								
7223	00000 UPSTATE NY PLOW	156421 200664	171238	157216	17MAY2	656.65	.00	3,868.67		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00		A3143414 54510		656.65	1099:	
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:49894							

VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS	PO BY	PO BALANCE	CHK/WIRE	ERR
339 OLD LOUDEN RD. LATHAM NY 12110											
7533	00001 US ELECTRICAL SE	156422 S1074542664.001	171196	157217	17MAY2	5,279.60		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3335184	54750		5,279.60	1099:
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:246158								
PO BOX 787561 PHILADELPHIA PA 19178-7561											
7272	00001 US SECURITY ASSO	156423 156423	171023	157218	17MAY2	4,361.38		.00	24,319.40		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			E3577164	54720		4,361.38	1099:
ACCT 1200	DEPT 7000	DUE 05/16/2017	DESC:36656								
3 COMPUTER DRIVE WEST ALBANY NY 12205											
6775	00000 VALLEY VIEW SANI	156424 74K00206		157219	17MAY2	130.00		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3143414	54720		130.00	1099:
ACCT 1200	DEPT 4000	DUE 05/16/2017	DESC:118006								
P.O. BOX 267 BALLSTON SPA NY 12020											
4000	00001 VANTAGE EQUIPMEN	156425 P249183		157220	17MAY2	886.90		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3335014	54510		886.90	1099:7
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:2969								
5985 COURT STREET ROAD SYRACUSE NY 13206											
1927	00001 VERIZON	156426 156426		157221	17MAY2	24.24		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3031654	54670		24.24	1099:
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:5185818489927245								
P O BOX 15124 ALBANY NY 12212-5124											
1927	00001 VERIZON	156427 156427		157222	17MAY2	25.06		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3537114	54670		25.06	1099:
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:5185811510411248								
P O BOX 15124 ALBANY NY 12212-5124											
1927	00001 VERIZON	156428 156428		157223	17MAY2	25.64		.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: N	DISC: .00			A3537214	54670		25.64	1099:
ACCT 1200	DEPT 3000	DUE 05/16/2017	DESC:5185812395197241								
P O BOX 15124 ALBANY NY 12212-5124											





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VENDOR	REMIT NAME		DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS	PO BY	PO BALANCE	CHK/WIRE	ERR
7143	00000 WELLSRING		156451 156451		157247	17MAY2	1,730.50		.00	.00		
CASH A	2017/05	INV	05/10/2017	SEP-CHK: N	DISC:	.00		Y3618654	54973 425		1,730.50	1099:
ACCT 1200	DEPT 1000	DUE	05/16/2017	DESC:JAN-MAR 2017								
480 BROADWAY, LL20 SARATOGA SPRINGS NY 12866												
458	00000 WINCHIP DOOR CO		156452 46926		157248	17MAY2	420.00		.00	.00		
CASH A	2017/05	INV	05/10/2017	SEP-CHK: N	DISC:	.00		A3031654	54610		420.00	1099:
ACCT 1200	DEPT 3000	DUE	05/16/2017	DESC:4/17/17								
P O BOX 378 3 SWEET ROAD GLENS FALLS NY 12801												
1973	00000 WOLBERG ELECTRIC		156453 1800453		157249	17MAY2	6.15		.00	.00		
CASH A	2017/05	INV	05/10/2017	SEP-CHK: N	DISC:	.00		A3031634	54180		6.15	1099:
ACCT 1200	DEPT 3000	DUE	05/16/2017	DESC:13696								
35 INDUSTRIAL PARK ROAD P O BOX 6309 ALBANY NY 12206-0309												
1973	00000 WOLBERG ELECTRIC		156454 156454		157250	17MAY2	214.35		.00	.00		
CASH A	2017/05	INV	05/10/2017	SEP-CHK: N	DISC:	.00		A3537114	54610		9.00	1099:
ACCT 1200	DEPT 3000	DUE	05/16/2017	DESC:13696				A3537114	54610		64.95	1099:
35 INDUSTRIAL PARK ROAD P O BOX 6309 ALBANY NY 12206-0309												
								A3567174	54610 3000		140.40	1099:
1973	00000 WOLBERG ELECTRIC		156455 156455		157251	17MAY2	634.39		.00	.00		
CASH A	2017/05	INV	05/10/2017	SEP-CHK: N	DISC:	.00		A3031634	54610		24.60	1099:
ACCT 1200	DEPT 3000	DUE	05/16/2017	DESC:13696				A3567174	54610 3000		133.40	1099:
35 INDUSTRIAL PARK ROAD P O BOX 6309 ALBANY NY 12206-0309												
								A3567194	54610 3000		233.89	1099:
								A3567194	54610 3000		242.50	1099:
550	00000 MICHAEL E WOODCO		156456 156456		157252	17MAY2	30.00		.00	.00		
CASH A	2017/05	INV	05/10/2017	SEP-CHK: N	DISC:	.00		A3143414	54220		30.00	1099:
ACCT 1200	DEPT 4000	DUE	05/16/2017	DESC:HAZMAT TRAINING								
SSFD SARATOGA SPRINGS NY 12866												
7105	00000 ADIRONDACK TRUCK		156457 22940		171239 157254	17MAY2	286.97		.00	1,142.30		
CASH A	2017/05	INV	05/10/2017	SEP-CHK: N	DISC:	.00		A3143414	54510		286.97	1099:
ACCT 1200	DEPT 4000	DUE	05/16/2017	DESC:5/9/17								
375 BIG BAY ROAD QUEENSBURY NY 12804												

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VENDOR	REMIT NAME	DOCUMENT INVOICE	PO	VOUCHER	WARRANT	NET AMOUNT	EXCEEDS PO BY	PO BALANCE	CHK/WIRE	ERR
6290	00000 TRANE U.S. INC.	156464 37827856		157261	17MAY2	906.00	.00	.00		
CASH A	2017/05	INV 05/10/2017	SEP-CHK: Y	DISC: .00		E3577164 54610		906.00	1099:	
ACCT 1200	DEPT 7000	DUE 05/16/2017	DESC:37877155							
P.O. BOX 406469	ATLANTA GA 30384-6469									
261 APPROVED UNPAID INVOICES				TOTAL		478,932.43				
261 INVOICE(S)				REPORT POST TOTAL		478,932.43				

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ACCOUNT DISTRIBUTION SUMMARY

YR/PER	ORG	ACCOUNT	DESCRIPTION	AMOUNT	REMAINING BUDGET
2017 05	A044	A -04-4-0000-0-41640 -	AMBULANCE TRANS	941.71	REV .00
	A046	A -04-6-0000-0-42001 -	RECREATIONAL FE	135.00	REV .00
	A046	A -04-6-0000-0-42024 -	INDOOR REC FACI	100.00	REV .00
	A063	A -06-3-0000-0-42411 -	RENTAL CASINO,C	100.00	REV .00
	A3011214	A -30-1-1210-4-54120 -	POSTAGE	43.50	156.50
	A3011214	A -30-1-1210-4-54670 -	PHONES	72.36	1,363.94
	A3011214	A -30-1-1210-4-54720 -	SERVICE CONTRAC	2,500.00	.00
	A3011214	A -30-1-1210-4-54740 -	SERVICE CONTRAC	205.84	866.24
	A3011424	A -30-1-1420-4-54110 -	OFFICE SUPPLIES	116.49	217.02
	A3011424	A -30-1-1420-4-54671 -	PHONES & FAX	2.85	288.28
	A3011424	A -30-1-1420-4-54720 -	SERVICE CONTRAC	756.00	.00
	A3011474	A -30-1-1431-4-54110 -	OFFICE SUPPLIES	44.44	476.91
	A3011474	A -30-1-1431-4-54290 -	MEDICAL EXAMS	133.90	8,635.62
	A3011474	A -30-1-1431-4-54671 -	PHONES & FAX	2.43	288.66
	A3011478	A -30-1-1431-8-58011 -	VISION INSURANC	48.68	203.48
	A3011654	A -30-1-1650-4-54670 -	PHONES	3.47	25,210.81
	A3011654	A -30-1-1650-4-54730 -	SERVICE CONTRAC	1,298.90	9,345.60
	A3011934	A -30-1-1930-4-54775 -	SELF INSURANCE	7,600.57	-7,600.57
	A3021314	A -30-2-1310-4-54110 -	OFFICE SUPPLIES	190.00	6,315.63
	A3021314	A -30-2-1310-4-54220 -	TRAVEL	128.83	121.17
	A3021692	A -30-2-1681-2-52230 -	HARDWARE	752.57	33,327.03
	A3021694	A -30-2-1681-4-54670 -	PHONES	2.84	387.07
	A3021694	A -30-2-1681-4-54720 -	SERVICE CONTRAC	9,715.00	21,480.57
	A3031444	A -30-3-1440-4-54110 -	OFFICE SUPPLIES	104.98	670.44
	A3031444	A -30-3-1440-4-54670 -	PHONES	2.56	893.98
	A3031494	A -30-3-1490-4-54110 -	OFFICE SUPPLIES	298.27	2,734.77
	A3031624	A -30-3-1620-4-54140 -	JANITORIAL SUPP	436.38	2,829.48
	A3031624	A -30-3-1620-4-54180 -	OTHER SUPPLIES	35.91	2,409.53
	A3031624	A -30-3-1620-4-54610 -	REPAIRS & MAINT	275.35	22,197.66
	A3031624	A -30-3-1620-4-54650 -	UTILITIES	819.66	88,113.84
	A3031634	A -30-3-1621-4-54180 -	OTHER SUPPLIES	6.15	473.55
	A3031634	A -30-3-1621-4-54610 -	REPAIRS & MAINT	2,695.84	4,552.46
	A3031644	A -30-3-1622-4-54612 -	REPAIRS & MAINT	7.48	6,949.50
	A3031654	A -30-3-1623-4-54160 -	UNIFORMS	138.08	1,803.23
	A3031654	A -30-3-1623-4-54180 -	OTHER SUPPLIES	217.16	245.65
	A3031654	A -30-3-1623-4-54210 -	GARAGE SUPPLIES	212.55	115.46
	A3031654	A -30-3-1623-4-54610 -	REPAIRS & MAINT	448.42	1,061.34
	A3031654	A -30-3-1623-4-54670 -	PHONES	120.25	1,849.08
	A3031964	A -30-3-1932-4-54779 -	PROPERTY LOSS C	17,342.50	201,472.34
	A3051354	A -30-5-1355-4-54720 -	SERVICE CONTRAC	765.00	.00
	A3051354	A -30-5-1355-4-54721 -	SERVIEC CONTRAC	14,000.00	20,000.00
	A3051414	A -30-5-1410-4-54110 -	OFFICE SUPPLIES	43.89	3,856.92
	A3051414	A -30-5-1410-4-54250 -	CONFERENCE REGI	10.00	3.00
	A3051414	A -30-5-1410-4-54490 -	GENERAL ADVERTI	420.99	4,839.88
	A3051414	A -30-5-1410-4-54590 -	ZONING BOOKS	1,664.98	.00
	A3051414	A -30-5-1410-4-54671 -	PHONES & FAX	3.86	1,440.17
	A3051414	A -30-5-1410-4-54740 -	SERVICE CONTRAC	29.01	1,144.01
	A3113624	A -31-1-3620-4-54110 -	OFFICE SUPPLIES	9.98	757.01
	A3143014	A -31-4-3010-4-54110 -	OFFICE SUPPLIES	26.94	1,982.49
	A3143014	A -31-4-3010-4-54740 -	SERVICE CONTRAC	15.54	1,141.35
	A3143014	A -31-4-3010-4-54802 -	COMPLUS PARK TI	5,733.27	.00

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# ACCOUNT DISTRIBUTION SUMMARY

YR/PER	ORG	ACCOUNT	DESCRIPTION	AMOUNT	REMAINING BUDGET
	A3143122	A -31-4-3120-2-52205 -	BALLISTIC VESTS	11,865.00	5,620.61
	A3143122	A -31-4-3120-2-52400 -	VEHICLES	41,432.60	.40
	A3143122	A -31-4-3120-2-52620 -	POLICE EQUIPMEN	377.00	24,973.21
	A3143124	A -31-4-3120-4-54110 -	OFFICE SUPPLIES	387.91	6,484.15
	A3143124	A -31-4-3120-4-54140 -	JANITORIAL SUPP	85.68	2,223.26
	A3143124	A -31-4-3120-4-54160 -	UNIFORMS	1,798.01	56,001.35
	A3143124	A -31-4-3120-4-54180 -	OTHER SUPPLIES	964.75	2,564.25
	A3143124	A -31-4-3120-4-54330 -	REPAIRS & MAINT	271.76	663.35
	A3143124	A -31-4-3120-4-54510 -	REPAIRS & MAINT	3,543.89	47,418.99
	A3143124	A -31-4-3120-4-54520 -	GAS & OIL	4,929.18	80,335.61
	A3143124	A -31-4-3120-4-54610 -	REPAIRS & MAINT	1,682.18	112.12
	A3143124	A -31-4-3120-4-54670 -	PHONES	305.50	28,332.86
	A3143124	A -31-4-3120-4-54720 -	SERVICE CONTRAC	237.10	40,552.34
	A3143124	A -31-4-3120-4-54740 -	SERVICE CONTRAC	1,142.67	15,177.98
	A3143124	A -31-4-3120-4-54850 -	MEALS PRISONERS	189.80	1,070.76
	A3143124	A -31-4-3120-4-54970 -	K-9 CARE	652.26	26,564.75
	A3143124	A -31-4-3120-4-54971 -	TUITION REIMBUR	2,245.85	16,934.65
	A3143314	A -31-4-3310-4-54332 -	MATERIALS & REP	752.52	32,879.98
	A3143314	A -31-4-3310-4-54390 -	MAINTENANCE SUP	375.72	8,995.78
	A3143314	A -31-4-3310-4-54510 -	REPAIRS & MAINT	30.28	3,422.00
	A3143314	A -31-4-3310-4-54610 -	REPAIRS & MAINT	4.52	4,817.08
	A3143314	A -31-4-3310-4-54713 -	PAVEMENT MARKIN	12,967.57	41,086.73
	A3143414	A -31-4-3410-4-54110 -	OFFICE SUPPLIES	303.36	3,187.78
	A3143414	A -31-4-3410-4-54150 -	EMS SUPPLIES	125.86	11,159.06
	A3143414	A -31-4-3410-4-54200 -	HOUSE SUPPLIES	287.12	5,315.47
	A3143414	A -31-4-3410-4-54220 -	TRAVEL	30.00	1,311.00
	A3143414	A -31-4-3410-4-54510 -	REPAIRS & MAINT	6,713.53	14,006.36
	A3143414	A -31-4-3410-4-54520 -	GAS & OIL	1,597.33	13,636.26
	A3143414	A -31-4-3410-4-54610 -	REPAIRS & MAINT	3.48	9,563.08
	A3143414	A -31-4-3410-4-54670 -	PHONES	3.11	14,147.56
	A3143414	A -31-4-3410-4-54720 -	SERVICE CONTRAC	8,694.26	12,216.00
	A3143624	A -31-4-3620-4-54110 -	OFFICE SUPPLIES	135.00	123.45
	A3143632	A -31-4-3625-2-52100 -	EQUIPMENT	554.40	35,000.00
	A3143642	A -31-4-3640-2-52230 -	HARDWARE	1,401.12	640.97
	A3335012	A -33-3-5010-2-52400 -	VEHICLES	11,450.00	35,550.00
	A3335014	A -33-3-5010-4-54100 -	RUBBLE BLACKTOP	651.72	24,603.29
	A3335014	A -33-3-5010-4-54160 -	UNIFORMS	378.78	7,264.35
	A3335014	A -33-3-5010-4-54180 -	OTHER SUPPLIES	5,354.03	16,820.44
	A3335014	A -33-3-5010-4-54400 -	SALT & SAND	1,273.02	8,726.98
	A3335014	A -33-3-5010-4-54510 -	REPAIRS & MAINT	3,584.26	94,790.13
	A3335014	A -33-3-5010-4-54520 -	GAS & OIL	2,221.12	186,897.28
	A3335124	A -33-3-5111-4-54510 -	REPAIRS & MAINT	807.50	29,959.70
	A3335124	A -33-3-5111-4-54520 -	GAS & OIL	949.67	17,998.15
	A3335134	A -33-3-5112-4-54100 -	RUBBLE BLACKTOP	67,987.30	359,460.21
	A3335134	A -33-3-5112-4-54530 -	EQUIPMENT & VEH	1,811.00	90,000.00
	A3335184	A -33-3-5182-4-54750 -	STREET LIGHTING	8,398.83	256,759.90
	A3335654	A -33-3-5650-4-54180 -	OTHER SUPPLIES	59.17	2,367.06
	A3335654	A -33-3-5650-4-54670 -	PHONES	126.10	572.16
	A3416314	A -34-1-6310-4-54650 -	UTILITIES	286.31	2,879.96
	A3416314	A -34-1-6310-4-54720 -	SERVICE CONTRAC	526.02	15,973.98
	A3517514	A -35-1-7510-4-54670 -	PHONES	2.62	515.71

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# ACCOUNT DISTRIBUTION SUMMARY

YR/PER	ORG	ACCOUNT	DESCRIPTION	AMOUNT	REMAINING BUDGET
		A3537114 A	-35-3-7110-4-54140 -	JANITORIAL SUPP 80.12	5,569.75
		A3537114 A	-35-3-7110-4-54180 -	OTHER SUPPLIES 429.31	8,109.45
		A3537114 A	-35-3-7110-4-54510 -	REPAIRS & MAINT 386.08	1,613.92
		A3537114 A	-35-3-7110-4-54610 -	REPAIRS & MAINT 2,009.86	8,565.99
		A3537114 A	-35-3-7110-4-54670 -	PHONES 51.20	134.25
		A3537214 A	-35-3-7200-4-54610 -	REPAIRS & MAINT 38.50	4,746.00
		A3537214 A	-35-3-7200-4-54670 -	PHONES 25.64	247.18
		A3537224 A	-35-3-7113-4-54180 -	OTHER SUPPLIES 414.32	85.68
		A3567144 A	-35-6-7140-4-54110 -	OFFICE SUPPLIES 315.91	3,474.68
		A3567144 A	-35-6-7140-4-54120 -	POSTAGE 81.10	1,898.45
		A3567144 A	-35-6-7140-4-54160 -3000	UNIFORMS 285.89	1,284.12
		A3567144 A	-35-6-7140-4-54180 -3000	OTHER SUPPLIES 1,073.08	9,900.19
		A3567144 A	-35-6-7140-4-54330 -3000	REPAIRS & MAINT 24.65	2,474.76
		A3567144 A	-35-6-7140-4-54520 -3000	GAS & OIL 171.61	12,018.65
		A3567144 A	-35-6-7140-4-54650 -3000	UTILITIES 27.25	11,653.87
		A3567144 A	-35-6-7140-4-54671 -	PHONES & FAX 44.52	1,285.74
		A3567144 A	-35-6-7140-4-54680 -3000	LANDSCAPING 5,587.10	1,412.90
		A3567144 A	-35-6-7140-4-54720 -3000	SERVICE CONTRAC 1,100.57	10,000.00
		A3567144 A	-35-6-7140-4-54740 -	SERVICE CONTRAC 179.09	7,132.69
		A3567154 A	-35-6-7150-4-54110 -	OFFICE SUPPLIES 299.41	200.59
		A3567154 A	-35-6-7150-4-54600 -	ADVERTISING 330.00	842.50
		A3567172 A	-35-6-7171-2-52200 -	OFFICE EQUIPMEN 2,101.07	1,563.78
		A3567174 A	-35-6-7171-4-54180 -3000	OTHER SUPPLIES 55.34	1,513.54
		A3567174 A	-35-6-7171-4-54610 -3000	REPAIRS & MAINT 363.17	11,260.13
		A3567174 A	-35-6-7171-4-54670 -3000	PHONES 102.04	2,491.61
		A3567194 A	-35-6-7181-4-54140 -3000	JANITORIAL SUPP 397.60	3,811.82
		A3567194 A	-35-6-7181-4-54180 -3000	OTHER SUPPLIES 418.36	5,069.01
		A3567194 A	-35-6-7181-4-54610 -3000	REPAIRS & MAINT 3,555.36	10,065.71
		A3567244 A	-35-6-7240-4-54180 -3000	OTHER SUPPLIES 69.92	430.08
		A3567344 A	-35-6-7340-4-54170 -	SPORTS SUPPLIES 2,761.00	5,489.00
		A3618064 A	-36-1-8060-4-54720 -	SERVICE CONTRAC 750.00	9,250.00
		A3618684 A	-36-1-8687-4-54110 -	OFFICE SUPPLIES 9.97	948.57
		A3638144 A	-36-3-8140-4-54180 -	OTHER SUPPLIES 215.34	7,981.86
		A3638184 A	-36-3-8180-4-54180 -	OTHER SUPPLIES 135.27	113.10
		A3638184 A	-36-3-8180-4-54521 -	TIPPING FEES 1,061.50	700.00
		A3638184 A	-36-3-8180-4-54610 -	REPAIRS & MAINT 45.43	4,616.34
		A3638184 A	-36-3-8180-4-54670 -	PHONES 87.43	511.29
		A3638184 A	-36-3-8180-4-54700 -	TRANSPORTATION 372.00	6,260.00
		A3638184 A	-36-3-8180-4-54720 -	SERVICE CONTRAC 3,955.00	2,448.25
		A3638194 A	-36-3-8185-4-54510 -	REPAIRS & MAINT 1,731.28	2,924.03
		A3638194 A	-36-3-8185-4-54520 -	GAS & OIL 348.44	12,213.13
		A3638562 A	-36-3-8560-2-52700 -	TREES 3,173.00	10,007.00
		A3638564 A	-36-3-8560-4-54180 -	OTHER SUPPLIES 1,390.43	949.36
		A3638564 A	-36-3-8560-4-54520 -	GAS & OIL 511.39	.01
		A3719068 A	-37-1-9060-8-58011 -	VISION INSURANC 389.44	3,715.88
		A3729068 A	-37-2-9060-8-58011 -	VISION INSURANC 243.40	1,762.22
		A3739068 A	-37-3-9060-8-58011 -	VISION INSURANC 1,478.92	10,637.56
		A3749068 A	-37-4-9060-8-58011 -	VISION INSURANC 705.86	6,402.53
		A3759068 A	-37-5-9060-8-58011 -	VISION INSURANC 219.06	1,586.00
		A3769068 A	-37-6-9060-8-58011 -	VISION INSURANC 121.70	881.11
		A3769068 A	-37-6-9060-8-58011 -3000	VISION INSURANC 193.90	1,403.84



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# ACCOUNT DISTRIBUTION SUMMARY

YR/PER	ORG	ACCOUNT	DESCRIPTION	AMOUNT	REMAINING BUDGET
E3577162	E	-35-7-7160-2-52101	BUILDING EQUIPM	9,894.60	5,000.00
E3577164	E	-35-7-7160-4-54110	OFFICE SUPPLIES	59.99	1,541.44
E3577164	E	-35-7-7160-4-54120	POSTAGE	500.00	241.80
E3577164	E	-35-7-7160-4-54140	JANITORIAL SUPP	1,178.11	27,053.54
E3577164	E	-35-7-7160-4-54201	BUSINESS EXPENS	2,128.39	-1,066.97
E3577164	E	-35-7-7160-4-54330	REPAIRS & MAINT	1,027.88	2,510.94
E3577164	E	-35-7-7160-4-54510	REPAIRS & MAINT	22.00	1,822.23
E3577164	E	-35-7-7160-4-54520	GAS & OIL	93.28	695.94
E3577164	E	-35-7-7160-4-54610	REPAIRS & MAINT	1,086.00	28,404.68
E3577164	E	-35-7-7160-4-54650	UTILITIES	769.22	121,477.99
E3577164	E	-35-7-7160-4-54670	PHONES	66.10	5,634.17
E3577164	E	-35-7-7160-4-54720	SERVICE CONTRAC	7,310.71	41,350.06
E3577164	E	-35-7-7160-4-54778	INSURANCE WC,DI	759.00	6,438.69
E3577168	E	-35-7-7160-8-58010	HOSPITALIZATION	17,245.18	85,670.68
F3638314	F	-36-3-8310-4-54720	SERVICE CONTRAC	130.00	17,648.85
F3638334	F	-36-3-8330-4-54110	OFFICE SUPPLIES	5.99	628.36
F3638334	F	-36-3-8330-4-54141	CHEMICALS	9,915.76	130,090.00
F3638334	F	-36-3-8330-4-54180	OTHER SUPPLIES	509.34	7,858.18
F3638334	F	-36-3-8330-4-54330	REPAIRS & MAINT	355.19	29,903.83
F3638334	F	-36-3-8330-4-54610	REPAIRS & MAINT	24.44	2,926.72
F3638334	F	-36-3-8330-4-54650	UTILITIES	16,534.91	322,802.26
F3638334	F	-36-3-8330-4-54670	PHONES	52.76	2,993.28
F3638344	F	-36-3-8340-4-54180	OTHER SUPPLIES	83.26	254.64
F3638354	F	-36-3-8341-4-54180	OTHER SUPPLIES	2,046.88	16,490.14
F3638354	F	-36-3-8341-4-54520	GAS & OIL	517.99	16,756.68
F3739068	F	-37-3-9060-8-58011	VISION INSURANC	547.46	3,659.90
G3638124	G	-36-3-8120-4-54180	OTHER SUPPLIES	12.75	5,364.49
G3638124	G	-36-3-8120-4-54331	REPAIRS & MAINT	1,037.50	25,051.25
G3638124	G	-36-3-8120-4-54520	GAS & OIL	236.29	6,477.14
G3739068	G	-37-3-9060-8-58011	VISION INSURANC	260.38	1,907.14
H3141622	H	-31-4-1620-2-52000	SECURITY PROJEC	72.50	84,201.18
H3517114	H	-35-1-7110-4-54720	REC FACILITY DE	13,245.00	.00
H3537112	H	-35-3-7110-2-52000	CAPITAL PROJECT	12,935.00	330,869.16
H3567142	H	-35-6-7140-2-52000	SCHOOL CAP RECR	22,626.87	7,501.18
H3638332	H	-36-3-8330-2-52000	WATER PLANT SEC	9,932.00	70,961.86
Y3616234	Y	-36-1-6230-4-54720	SHELTER PLUS CA	4,688.00	-57,266.00
Y3616239	Y	-36-1-6230-9-59089	CONT TO CITY FO	4,990.00	-6,599.00
Y3618654	Y	-36-1-8676-4-54931	CATHOLIC FAMILY	769.08	-3,076.32
Y3618654	Y	-36-1-8676-4-54944	SARATOGA COUNTY	4,277.17	-4,277.17
Y3618654	Y	-36-1-8676-4-54973	DOMESTIC VIOLEN	1,730.50	-1,730.50
Y3618684	Y	-36-1-8686-4-54110	OFFICE SUPPLIES	9.97	-298.30
Y3618689	Y	-36-1-8686-9-59089	CONTRIBUTION TO	6,589.00	-28,003.00
REPORT TOTALS				478,932.43	

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YEAR PER SRC ACCOUNT	JNL	EFF DATE	JNL DESC	REF 1	REF 2	REF 3	ACCOUNT DESC LINE DESC	T OB	DEBIT	CREDIT
2017 5 134										
API A3051414-54110		05/16/2017 W	17MAY2	003203		156247	OFFICE SUPPLIES 51284317		43.89	
API A3143314-54390		05/16/2017 W	17MAY2	005400		156193	MAINTENANCE SUPPLIES 2581569		185.85	
API E3577164-54720		05/16/2017 W	17MAY2	005044		156194	SERVICE CONTRACTS - PROF SERV 023980		66.00	
API E3577164-54140		05/16/2017 W	17MAY2	000031		156195	JANITORIAL SUPPLIES 662		59.66	
API F3638344-54180		05/16/2017 W	17MAY2	000031		156196	OTHER SUPPLIES 271		83.26	
API A3537114-54610		05/16/2017 W	17MAY2	000031		156197	REPAIRS & MAINTENANCE BUILDING 271		97.85	
API A3143124-54180		05/16/2017 W	17MAY2	000031		156198	OTHER SUPPLIES 2288		41.15	
API A3143124-54180		05/16/2017 W	17MAY2	000031		156198	OTHER SUPPLIES 2288		15.00	
API A3143414-54200		05/16/2017 W	17MAY2	000031		156198	HOUSE SUPPLIES 2288		32.77	
API A3143414-54200		05/16/2017 W	17MAY2	000031		156198	HOUSE SUPPLIES 2288		24.28	
API A3143414-54200		05/16/2017 W	17MAY2	000031		156198	HOUSE SUPPLIES 2288		11.49	
API A3143414-54610		05/16/2017 W	17MAY2	000031		156198	REPAIRS & MAINTENANCE BUILDING 2288		3.48	
API A3537114-54610		05/16/2017 W	17MAY2	000031		156199	REPAIRS & MAINTENANCE BUILDING 1704-058980		125.35	
API A3638144-54180		05/16/2017 W	17MAY2	000031		156199	OTHER SUPPLIES 1704-058980		215.34	
API A3335014-54400		05/16/2017 W	17MAY2	000031		156200	SALT & SAND 271		1,273.02	
API H3638332-52000-1237		05/16/2017 W	17MAY2	000031	171200	156201	WATER PLANT SECURITY 271		9,932.00	
POL H3638332-52000-1237		05/16/2017 LIQ/INV		000031	171200	156201	WATER PLANT SECURITY 271	4 2017		9,932.00
API A3567144-54180-3000		05/16/2017 W	17MAY2	000063		156202	OTHER SUPPLIES CITYOF7		720.00	
API A3567144-54180-3000		05/16/2017 W	17MAY2	000033		156203	OTHER SUPPLIES 271		76.49	
API A3335014-54180		05/16/2017 W	17MAY2	000033		156206	OTHER SUPPLIES 271		393.96	
API F3638354-54180		05/16/2017 W	17MAY2	000033		156207	OTHER SUPPLIES 271		602.94	
API F3638334-54141		05/16/2017 W	17MAY2	007575	171293	156208	CHEMICALS CIT00048		4,640.00	
POL F3638334-54141		05/16/2017 LIQ/INV		007575	171293	156208	CHEMICALS CIT00048	4 2017		4,640.00
API E3577164-54720							SERVICE CONTRACTS - PROF SERV		240.00	

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		05/16/2017 W	17MAY2	007263		156209	4/30/17			
API	A3335014-54180						OTHER SUPPLIES		1,434.20	
		05/16/2017 W	17MAY2	000210		156210	268900			
API	E3577164-54720						SERVICE CONTRACTS - PROF SERV		60.00	
		05/16/2017 W	17MAY2	004140		156211	1418			
API	A3335014-54510						REPAIRS & MAINTENANCE VEHICLE		22.00	
		05/16/2017 W	17MAY2	002785		156212	S1100			
API	A3143124-54510						REPAIRS & MAINTENANCE VEHICLE		315.20	
		05/16/2017 W	17MAY2	002785		156213	S8575			
API	A3143124-54510						REPAIRS & MAINTENANCE VEHICLE		469.68	
		05/16/2017 W	17MAY2	002785		156214	S1100			
API	E3577164-54778						INSURANCE WC,DISAB, DO LIAB		759.00	
		05/16/2017 W	17MAY2	004012		156215	4/11/17			
API	A3143124-54160						UNIFORMS		19.50	
		05/16/2017 W	17MAY2	000070		156216	4/16/17			
API	A3031444-54110						OFFICE SUPPLIES		95.00	
		05/16/2017 W	17MAY2	000070		156217	4/18/17			
API	A3021314-54110						OFFICE SUPPLIES		190.00	
		05/16/2017 W	17MAY2	000070		156218	4/27/17			
API	A3143124-54970						K-9 CARE		128.94	
		05/16/2017 W	17MAY2	000093		156219	4/28/17			
API	A3143414-54150						EMS SUPPLIES		27.98	
		05/16/2017 W	17MAY2	004542	171161	156220	205698			
POL	A3143414-54150						EMS SUPPLIES	4		27.98
		05/16/2017 LIQ/INV		004542	171161	156220	205698	2017		
API	A3618064-54720						SERVICE CONTRACTS - PROF SERV		750.00	
		05/16/2017 W	17MAY2	007593		156221	CITY CENTER REIMB			
API	A3143124-54610						REPAIRS & MAINTENANCE BUILDING		172.00	
		05/16/2017 W	17MAY2	007426		156222	17-12665			
API	A3031634-54610						REPAIRS & MAINTENANCE BUILDING		252.00	
		05/16/2017 W	17MAY2	007426		156223	3/17/17			
API	A3416314-54720						SERVICE CONTRACTS - PROF SERV		526.02	
		05/16/2017 W	17MAY2	007426		156224	4/12/17			
API	A3143124-54610						REPAIRS & MAINTENANCE BUILDING		589.15	
		05/16/2017 W	17MAY2	007426	171191	156226	17-12640			
POL	A3143124-54610						REPAIRS & MAINTENANCE BUILDING	4		589.15
		05/16/2017 LIQ/INV		007426	171191	156226	17-12640	2017		
API	A3143124-54610						REPAIRS & MAINTENANCE BUILDING		921.03	
		05/16/2017 W	17MAY2	007426	171191	156227	3/16/17			
POL	A3143124-54610						REPAIRS & MAINTENANCE BUILDING	4		921.03
		05/16/2017 LIQ/INV		007426	171191	156227	3/16/17	2017		
API	A3031634-54610						REPAIRS & MAINTENANCE BUILDING		1,134.24	
		05/16/2017 W	17MAY2	007426		156228	3485			
API	A3567194-54610-3000						REPAIRS & MAINTENANCE BUILDING		1,318.54	
		05/16/2017 W	17MAY2	007426		156229	3519			
API	A3567194-54610-3000						REPAIRS & MAINTENANCE BUILDING		1,406.21	
		05/16/2017 W	17MAY2	007426		156230	3514			
API	A3567172-52200						OFFICE EQUIPMENT		2,101.07	
		05/16/2017 W	17MAY2	007587	140770	156231	28945			

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POL	A3567172-52200	05/16/2017	LIQ/INV	007587	140770	156231	OFFICE EQUIPMENT 28945	4 2014		2,164.85
API	A3143124-54971	05/16/2017	W 17MAY2	001292		156232	TUITION REIMBURSEMENT TUTION REIMB		860.00	
API	H3567142-52000-1008	05/16/2017	W 17MAY2	000764	171224	156233	SCHOOL CAP RECREATION IMP 1015209		763.56	
POL	H3567142-52000-1008	05/16/2017	LIQ/INV	000764	171224	156233	SCHOOL CAP RECREATION IMP 1015209	4 2017		763.56
API	A3031644-54612	05/16/2017	W 17MAY2	000139		156234	REPAIRS & MAINTENANCE 3691		7.48	
API	A3335014-54180	05/16/2017	W 17MAY2	000139		156235	OTHER SUPPLIES 3691		55.83	
API	A3335014-54180	05/16/2017	W 17MAY2	000139		156235	OTHER SUPPLIES 3691		59.12	
API	A3537114-54610	05/16/2017	W 17MAY2	000139		156235	REPAIRS & MAINTENANCE BUILDING 3691		438.55	
API	A3567174-54180-3000	05/16/2017	W 17MAY2	000139		156235	OTHER SUPPLIES 3691		55.34	
API	A3638184-54610	05/16/2017	W 17MAY2	000139		156235	REPAIRS & MAINTENANCE BUILDING 3691		45.43	
API	A3638184-54521	05/16/2017	W 17MAY2	000417	171007	156236	TIPPING FEES 28-34321 0		1,061.50	
API	A3638184-54700	05/16/2017	W 17MAY2	000417	171007	156236	TRANSPORTATION 28-34321 0		372.00	
POL	A3638184-54521	05/16/2017	LIQ/INV	000417	171007	156236	TIPPING FEES 28-34321 0	4 2017		1,061.50
POL	A3638184-54700	05/16/2017	LIQ/INV	000417	171007	156236	TRANSPORTATION 28-34321 0	4 2017		372.00
API	Y3618654-54931-427	05/16/2017	W 17MAY2	000129		156237	CATHOLIC FAMILY SERVICES APR 2017	Y	769.08	
API	A3143124-54160	05/16/2017	W 17MAY2	001852		156238	UNIFORMS CLOTHING REIMB		142.95	
API	A3021692-52230	05/16/2017	W 17MAY2	002948		156239	HARDWARE 6731216		752.57	
API	A3143642-52230	05/16/2017	W 17MAY2	002948	171266	156240	HARDWARE 6731216		647.23	
API	A3143642-52230	05/16/2017	W 17MAY2	002948		156240	HARDWARE 6731216	Y	753.89	
POL	A3143642-52230	05/16/2017	LIQ/INV	002948	171266	156240	HARDWARE 6731216	4 2017		647.23
API	E3577168-58010	05/16/2017	W 17MAY2	005598		156241	HOSPITALIZATION 10013542		17,245.18	
API	A3021694-54720	05/16/2017	W 17MAY2	007067		156242	SERVICE CONTRACTS - PROF SERV 4/29/17		8,715.00	
API	A3143014-54802	05/16/2017	W 17MAY2	005027	171164	156243	COMPLUS PARK TICKET COLL FEE SARATOGASPR		5,733.27	
POL	A3143014-54802	05/16/2017	LIQ/INV	005027	171164	156243	COMPLUS PARK TICKET COLL FEE SARATOGASPR	4 2017		5,733.27
API	A3143124-54971						TUITION REIMBURSEMENT		1,385.85	

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		05/16/2017 W	17MAY2	004871		156244	TUTION REIMB			
API	A3011474-54110						OFFICE SUPPLIES		15.96	
		05/16/2017 W	17MAY2	003203		156245	51284314			
API	A3031444-54110						OFFICE SUPPLIES		9.98	
		05/16/2017 W	17MAY2	003203		156246	51284315			
API	A3113624-54110						OFFICE SUPPLIES		9.98	
		05/16/2017 W	17MAY2	003203		156246	51284315			
API	A3618684-54110						OFFICE SUPPLIES		9.97	
		05/16/2017 W	17MAY2	003203		156246	51284315			
API	Y3618684-54110-433						OFFICE SUPPLIES	Y	9.97	
		05/16/2017 W	17MAY2	003203		156246	51284315			
API	A3143014-54110						OFFICE SUPPLIES		13.47	
		05/16/2017 W	17MAY2	003203		156248	51284309			
API	A3143014-54110						OFFICE SUPPLIES		13.47	
		05/16/2017 W	17MAY2	003203		156248	51284309			
API	A3143124-54180						OTHER SUPPLIES		53.88	
		05/16/2017 W	17MAY2	003203		156248	51284309			
API	A3143124-54180						OTHER SUPPLIES		34.99	
		05/16/2017 W	17MAY2	003203		156248	51284309			
API	A3143124-54180						OTHER SUPPLIES		58.37	
		05/16/2017 W	17MAY2	003203		156248	51284309			
API	A3143414-54200						HOUSE SUPPLIES		26.94	
		05/16/2017 W	17MAY2	003203		156248	51284309			
API	A3143414-54200						HOUSE SUPPLIES		44.90	
		05/16/2017 W	17MAY2	003203		156248	51284309			
API	A3143414-54200						HOUSE SUPPLIES		44.90	
		05/16/2017 W	17MAY2	003203		156248	51284309			
API	A3143414-54200						HOUSE SUPPLIES		71.84	
		05/16/2017 W	17MAY2	003203		156248	51284309			
API	A3143414-54200						HOUSE SUPPLIES		30.00	
		05/16/2017 W	17MAY2	003203		156248	51284309			
API	A3031624-54180						OTHER SUPPLIES		35.91	
		05/16/2017 W	17MAY2	003203		156249	51284311			
API	A3031654-54180						OTHER SUPPLIES		217.16	
		05/16/2017 W	17MAY2	003203		156249	51284311			
API	A3537114-54180						OTHER SUPPLIES		3.99	
		05/16/2017 W	17MAY2	003203		156249	51284311			
API	A3567194-54180-3000						OTHER SUPPLIES		418.36	
		05/16/2017 W	17MAY2	003203		156249	51284311			
API	A3638184-54180						OTHER SUPPLIES		11.97	
		05/16/2017 W	17MAY2	003203		156249	51284311			
API	A3739068-58011						VISION INSURANCE		1,182.79	
		05/16/2017 W	17MAY2	000003		156250	DPW #268			
API	A3769068-58011-3000						VISION INSURANCE		193.90	
		05/16/2017 W	17MAY2	000003		156250	DPW #268			
API	F3739068-58011						VISION INSURANCE		135.73	
		05/16/2017 W	17MAY2	000003		156250	DPW #268			
API	G3739068-58011						VISION INSURANCE		116.34	
		05/16/2017 W	17MAY2	000003		156250	DPW #268			

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API	A3011478-58011	05/16/2017 W	17MAY2	000003		156251	VISION INSURANCE NB365-CITY HALL/ADMIN		48.68	
API	A3719068-58011	05/16/2017 W	17MAY2	000003		156251	VISION INSURANCE NB365-CITY HALL/ADMIN		389.44	
API	A3729068-58011	05/16/2017 W	17MAY2	000003		156251	VISION INSURANCE NB365-CITY HALL/ADMIN		243.40	
API	A3739068-58011	05/16/2017 W	17MAY2	000003		156251	VISION INSURANCE NB365-CITY HALL/ADMIN		296.13	
API	A3749068-58011	05/16/2017 W	17MAY2	000003		156251	VISION INSURANCE NB365-CITY HALL/ADMIN		705.86	
API	A3759068-58011	05/16/2017 W	17MAY2	000003		156251	VISION INSURANCE NB365-CITY HALL/ADMIN		219.06	
API	A3769068-58011	05/16/2017 W	17MAY2	000003		156251	VISION INSURANCE NB365-CITY HALL/ADMIN		121.70	
API	F3739068-58011	05/16/2017 W	17MAY2	000003		156251	VISION INSURANCE NB365-CITY HALL/ADMIN		411.73	
API	G3739068-58011	05/16/2017 W	17MAY2	000003		156251	VISION INSURANCE NB365-CITY HALL/ADMIN		144.04	
API	A3567244-54180-3000	05/16/2017 W	17MAY2	000872		156252	OTHER SUPPLIES 4501		69.92	
API	A3638564-54180	05/16/2017 W	17MAY2	004623		156253	OTHER SUPPLIES 3/24/17		1,390.43	
API	A3143124-54160	05/16/2017 W	17MAY2	005060		156254	UNIFORMS CLOTHING REIMB		378.00	
API	A3143314-54390	05/16/2017 W	17MAY2	002858		156257	MAINTENANCE SUPPLIES 4/30/17		175.90	
API	A3335184-54750	05/16/2017 W	17MAY2	002858		156258	STREET LIGHTING 4/30/17		414.48	
API	F3638354-54180	05/16/2017 W	17MAY2	002858		156258	OTHER SUPPLIES 4/30/17		20.00	
API	A3031624-54650	05/16/2017 W	17MAY2	006575		156259	UTILITIES DPW		819.66	
API	A3143124-54850	05/16/2017 W	17MAY2	002196		156260	MEALS PRISONERS MARCH 2017		189.80	
API	E3577162-52101	05/16/2017 W	17MAY2	004218	171305	156261	BUILDING EQUIPMENT 4/30/17		9,894.60	
POL	E3577162-52101	05/16/2017 LIQ/INV		004218	171305	156261	BUILDING EQUIPMENT 4/30/17	4 2017		9,894.60
API	A3143314-54713	05/16/2017 W	17MAY2	005678	171288	156262	PAVEMENT MARKING MATERIALS 35635		3,100.00	
POL	A3143314-54713	05/16/2017 LIQ/INV		005678	171288	156262	PAVEMENT MARKING MATERIALS 35635	4 2017		3,100.00
API	A3143314-54713	05/16/2017 W	17MAY2	005678	171289	156263	PAVEMENT MARKING MATERIALS 35635		9,867.57	
POL	A3143314-54713	05/16/2017 LIQ/INV		005678	171289	156263	PAVEMENT MARKING MATERIALS 35635	4 2017		9,867.57
API	A3143124-54180	05/16/2017 W	17MAY2	005903		156264	OTHER SUPPLIES 9745		290.50	
API	F3638354-54180						OTHER SUPPLIES		439.28	

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		05/16/2017 W	17MAY2	005084	171308	156265	14480			
POL	F3638354-54180						OTHER SUPPLIES	4		439.28
		05/16/2017 LIQ/INV		005084	171308	156265	14480	2017		
API	F3638354-54180						OTHER SUPPLIES		984.66	
		05/16/2017 W	17MAY2	005084	171308	156266	14480			
POL	F3638354-54180						OTHER SUPPLIES	4		984.66
		05/16/2017 LIQ/INV		005084	171308	156266	14480	2017		
API	A3143124-54110						OFFICE SUPPLIES		33.49	
		05/16/2017 W	17MAY2	000001		156267	A. TEMPLE			
API	A3567144-54120						POSTAGE		81.10	
		05/16/2017 W	17MAY2	000001		156268	NEVCO MAILING			
API	E3577164-54650						UTILITIES		769.22	
		05/16/2017 W	17MAY2	000001		156269	010007			
API	Y3616239-59089-9997						CONT TO CITY FOR ADMIN SHELTER	Y	4,990.00	
		05/16/2017 W	17MAY2	000001		156270	FEB, MAR, APR 2017			
API	Y3618689-59089-433						CONTRIBUTION TO CITY FOR ADMIN	Y	6,589.00	
		05/16/2017 W	17MAY2	000001		156271	APRIL 2017			
API	A3051354-54720						SERVICE CONTRACTS - PROF SERV		765.00	
		05/16/2017 W	17MAY2	004899	150023	156272	10258-0013			
POL	A3051354-54720						SERVICE CONTRACTS - PROF SERV	4		765.00
		05/16/2017 LIQ/INV		004899	150023	156272	10258-0013	2015		
API	A3335014-54180						OTHER SUPPLIES		2,763.00	
		05/16/2017 W	17MAY2	007279	160661	156274	131362			
POL	A3335014-54180						OTHER SUPPLIES	4		2,763.00
		05/16/2017 LIQ/INV		007279	160661	156274	131362	2016		
API	A3567344-54170						SPORTS SUPPLIES		2,542.50	
		05/16/2017 W	17MAY2	007560	171274	156275	SHIRTS			
API	A3567344-54170						SPORTS SUPPLIES		218.50	
		05/16/2017 W	17MAY2	007560		156275	SHIRTS			
POL	A3567344-54170						SPORTS SUPPLIES	4		2,542.50
		05/16/2017 LIQ/INV		007560	171274	156275	SHIRTS	2017		
API	A3143124-54160						UNIFORMS		17.50	
		05/16/2017 W	17MAY2	000198	171193	156276	1001581618			
POL	A3143124-54160						UNIFORMS	4		17.50
		05/16/2017 LIQ/INV		000198	171193	156276	1001581618	2017		
API	A3143124-54160						UNIFORMS		25.00	
		05/16/2017 W	17MAY2	000198		156277	1001581618			
API	A3143124-54160						UNIFORMS		22.99	
		05/16/2017 W	17MAY2	000198	160932	156278	1001581618			
API	A3143124-54160						UNIFORMS		6.99	
		05/16/2017 W	17MAY2	000198		156278	1001581618			
POL	A3143124-54160						UNIFORMS	4		22.99
		05/16/2017 LIQ/INV		000198	160932	156278	1001581618	2016		
API	A3143124-54160						UNIFORMS		44.39	
		05/16/2017 W	17MAY2	000198	160929	156279	1001581618			
POL	A3143124-54160						UNIFORMS	4		49.56
		05/16/2017 LIQ/INV		000198	160929	156279	1001581618	2016		
API	A3143124-54160						UNIFORMS		105.00	
		05/16/2017 W	17MAY2	000198	171192	156280	4790676			



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POL	A3143124-54160	05/16/2017	LIQ/INV	000198	171192	156280	UNIFORMS 4790676	4 2017		105.00
API	A3143124-54160	05/16/2017	W 17MAY2	000198	171193	156281	UNIFORMS 1001581618		128.00	
POL	A3143124-54160	05/16/2017	LIQ/INV	000198	171193	156281	UNIFORMS 1001581618	4 2017		128.00
API	A3143124-54160	05/16/2017	W 17MAY2	000198	171231	156282	UNIFORMS 1001581618		156.50	
POL	A3143124-54160	05/16/2017	LIQ/INV	000198	171231	156282	UNIFORMS 1001581618	4 2017		156.50
API	A3051354-54721	05/16/2017	W 17MAY2	005577	161091	156283	SERVIEC CONTRACTS APPRAISAL APPRAISAL SERVICES		14,000.00	
POL	A3051354-54721	05/16/2017	LIQ/INV	005577	161091	156283	SERVIEC CONTRACTS APPRAISAL APPRAISAL SERVICES	4 2016		14,000.00
API	A3051414-54490	05/16/2017	W 17MAY2	000376		156284	GENERAL ADVERTISING 90122		59.63	
API	A3051414-54490	05/16/2017	W 17MAY2	000376		156285	GENERAL ADVERTISING 90122		136.82	
API	A3051414-54590	05/16/2017	W 17MAY2	000190	171292	156286	ZONING BOOKS SA0110		1,664.98	
POL	A3051414-54590	05/16/2017	LIQ/INV	000190	171292	156286	ZONING BOOKS SA0110	4 2017		1,664.98
API	A3143124-54510	05/16/2017	W 17MAY2	007119		156287	REPAIRS & MAINTENANCE VEHICLE F758		892.51	
API	A3021314-54220	05/16/2017	W 17MAY2	001741		156288	TRAVEL MILEAGE		128.83	
API	A3143124-54520	05/16/2017	W 17MAY2	006207		156289	GAS & OIL 1-02489244/90		4,900.24	
API	A3143414-54520	05/16/2017	W 17MAY2	006207		156289	GAS & OIL 1-02489244/90		712.03	
API	E3577164-54520	05/16/2017	W 17MAY2	006207		156289	GAS & OIL 1-02489244/90		93.28	
API	A3143314-54332	05/16/2017	W 17MAY2	000189		156290	MATERIALS & REPAIRS TRAFFIC LT 845177179		127.52	
API	A3335014-54180	05/16/2017	W 17MAY2	000189		156291	OTHER SUPPLIES 800013294		92.34	
API	A3335014-54180	05/16/2017	W 17MAY2	000189		156291	OTHER SUPPLIES 800013294		89.40	
API	A3537114-54180	05/16/2017	W 17MAY2	000189		156291	OTHER SUPPLIES 800013294		11.01	
API	A3638184-54180	05/16/2017	W 17MAY2	000189		156291	OTHER SUPPLIES 800013294		123.30	
API	A3567194-54140-3000	05/16/2017	W 17MAY2	000189		156292	JANITORIAL SUPPLIES 800013294		397.60	
API	A3567144-54680-3000	05/16/2017	W 17MAY2	000191		156293	LANDSCAPING 48300		715.00	
API	F3638334-54330	05/16/2017	W 17MAY2	000199		156294	REPAIRS & MAINTENANCE EQUIPMEN 015432		9.48	
API	F3638334-54180						OTHER SUPPLIES		509.34	



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	API	05/16/2017	W 17MAY2	000199		156295	015432 EMS SUPPLIES		97.88	
	POL	05/16/2017	W 17MAY2	006100	171160	156296	2534048 EMS SUPPLIES	4		97.88
	API	05/16/2017	LIQ/INV	006100	171160	156296	2534048 CHEMICALS	2017	4,505.76	
	POL	05/16/2017	W 17MAY2	000202	160662	156297	984 CHEMICALS	4		4,505.76
	API	05/16/2017	LIQ/INV	000202	160662	156297	984 OTHER SUPPLIES	2016	41.91	
	API	05/16/2017	W 17MAY2	002439		156298	6035322404016258 OTHER SUPPLIES		29.97	
	API	05/16/2017	W 17MAY2	002439		156299	6035322538801519 OTHER SUPPLIES		39.88	
	API	05/16/2017	W 17MAY2	002439		156299	6035322538801519 REPAIRS & MAINTENANCE EQUIPMEN		271.76	
	API	05/16/2017	W 17MAY2	002439		156299	6035322538801519 SERVICE CONTRACTS - PROF SERV		756.00	
	POL	05/16/2017	W 17MAY2	007080	171213	156300	121.01 SERVICE CONTRACTS - PROF SERV	4		756.00
	API	05/16/2017	LIQ/INV	007080	171213	156300	121.01 UNIFORMS	2017	310.14	
	API	05/16/2017	W 17MAY2	006931		156301	CLOTHING REIMB SERVICE CONTRACTS - PROF SERV		556.68	
	API	05/16/2017	W 17MAY2	002736		156302	15866 OFFICE SUPPLIES		135.00	
	API	05/16/2017	W 17MAY2	004583		156303	5077865 REPAIRS & MAINTENANCE EQUIPMEN		106.10	
	API	05/16/2017	W 17MAY2	000878		156304	2/24/17 REPAIRS & MAINTENANCE EQUIPMEN		148.97	
	API	05/16/2017	W 17MAY2	000878		156305	2/15/17 REPAIRS & MAINTENANCE VEHICLE		95.00	
	API	05/16/2017	W 17MAY2	007024		156306	4/18/17 REPAIRS & MAINTENANCE VEHICLE		280.20	
	API	05/16/2017	W 17MAY2	007024		156307	5653 RECREATIONAL FEES		135.00	
	API	05/16/2017	W 17MAY2	007584		156308	SOCCER REFUND REPAIRS & MAINTENANCE BUILDING		967.20	
	API	05/16/2017	W 17MAY2	006439		156309	4/26/17 UNIFORMS		270.00	
	API	05/16/2017	W 17MAY2	007430		156310	CLOTHING REIMB REPAIRS & MAINTENANCE VEHICLE		10.18	
	API	05/16/2017	W 17MAY2	000290		156311	1-217955 OTHER SUPPLIES		12.75	
	API	05/16/2017	W 17MAY2	000290		156311	1-217955 REPAIRS & MAINTENANCE BUILDING		25.00	
	API	05/16/2017	W 17MAY2	000270		156312	00248251-IN REPAIRS & MAINTENANCE BUILDING		38.50	
	API	05/16/2017	W 17MAY2	000270		156312	00248251-IN			

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API	A3567194-54610-3000	05/16/2017 W	17MAY2	000270		156313	REPAIRS & MAINTENANCE BUILDING 0019117		68.50	
API	G3638124-54331	05/16/2017 W	17MAY2	000270	171250	156314	REPAIRS & MAINTENANCE PUMPS 0019118		1,037.50	
POL	G3638124-54331	05/16/2017 LIQ/INV		000270	171250	156314	REPAIRS & MAINTENANCE PUMPS 4 0019118 2017			1,037.50
API	A3031624-54610	05/16/2017 W	17MAY2	000270		156315	REPAIRS & MAINTENANCE BUILDING 0248991-IN		153.75	
API	A3031634-54610	05/16/2017 W	17MAY2	000270		156315	REPAIRS & MAINTENANCE BUILDING 0248991-IN		1,285.00	
API	A3638194-54520	05/16/2017 W	17MAY2	001733		156316	GAS & OIL 7003318		348.44	
API	A3143124-54520	05/16/2017 W	17MAY2	001733		156317	GAS & OIL 7003317		28.94	
API	A3143414-54520	05/16/2017 W	17MAY2	001733		156317	GAS & OIL 7003317		861.30	
API	A3335014-54520	05/16/2017 W	17MAY2	001733		156317	GAS & OIL 7003317		2,221.12	
API	A3335124-54520	05/16/2017 W	17MAY2	001733		156317	GAS & OIL 7003317		949.67	
API	A3567144-54520-3000	05/16/2017 W	17MAY2	001733		156317	GAS & OIL 7003317		171.61	
API	A3638564-54520	05/16/2017 W	17MAY2	001733		156317	GAS & OIL 7003317		511.39	
API	F3638354-54520	05/16/2017 W	17MAY2	001733		156317	GAS & OIL 7003317		517.99	
API	G3638124-54520	05/16/2017 W	17MAY2	001733		156317	GAS & OIL 7003317		236.29	
API	A3011474-54290	05/16/2017 W	17MAY2	007592		156318	MEDICAL EXAMS 12/19/16		133.90	
API	A3335014-54510	05/16/2017 W	17MAY2	005786		156319	REPAIRS & MAINTENANCE VEHICLE 4/18/17		244.36	
API	H3141622-52000-1230	05/16/2017 W	17MAY2	000290		156320	SECURITY PROJECT CITY HALL COS101		72.50	
API	A3567144-54180-3000	05/16/2017 W	17MAY2	000290		156321	OTHER SUPPLIES COS101		276.59	
API	A3335014-54160	05/16/2017 W	17MAY2	003272		156322	UNIFORMS 96797		378.78	
API	A3051414-54250	05/16/2017 W	17MAY2	007591		156323	CONFERENCE REGISTRATION PARKING		10.00	
API	A3143124-54720	05/16/2017 W	17MAY2	000271		156324	SERVICE CONTRACTS - PROF SERV 4/12/17		65.00	
API	A3335014-54510	05/16/2017 W	17MAY2	000271		156325	REPAIRS & MAINTENANCE VEHICLE 1702548/A3122		85.00	
API	A3335124-54510	05/16/2017 W	17MAY2	000271		156325	REPAIRS & MAINTENANCE VEHICLE 1702548/A3122		85.00	
API	A3335124-54510	05/16/2017 W	17MAY2	000271		156325	REPAIRS & MAINTENANCE VEHICLE 1702548/A3122		200.00	
API	A3335012-52400						VEHICLES		11,450.00	

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		05/16/2017	W 17MAY2	000271	171310	156326	TRUCK			
POL	A3335012-52400						VEHICLES	4		11,450.00
		05/16/2017	LIQ/INV	000271	171310	156326	TRUCK	2017		
API	A3143124-54160						UNIFORMS		69.99	
		05/16/2017	W 17MAY2	006414		156327	CLOTHING REIMB			
API	H3537112-52000-1165						CAPITAL PROJECT OUTLAY		12,935.00	
		05/16/2017	W 17MAY2	005250	160927	156328	ADDENDUM #1			
POL	H3537112-52000-1165						CAPITAL PROJECT OUTLAY	4		12,935.00
		05/16/2017	LIQ/INV	005250	160927	156328	ADDENDUM #1	2016		
API	A3143122-52400						VEHICLES		41,432.60	
		05/16/2017	W 17MAY2	004676	171190	156329	57124			
POL	A3143122-52400						VEHICLES	4		41,432.60
		05/16/2017	LIQ/INV	004676	171190	156329	57124	2017		
API	A063-42411						RENTAL CASINO,CITY HALL, DRINK		100.00	
		05/16/2017	W 17MAY2	007601		156330	MUSIC HALL REFUND			
API	A3537114-54510						REPAIRS & MAINTENANCE VEHICLE		386.08	
		05/16/2017	W 17MAY2	000277		156331	686200			
API	A3143124-54180						OTHER SUPPLIES		307.51	
		05/16/2017	W 17MAY2	000288		156332	2035867			
API	E3577164-54670						PHONES		66.10	
		05/16/2017	W 17MAY2	006512		156334	SS14			
API	A3416314-54650						UTILITIES		286.31	
		05/16/2017	W 17MAY2	000319		156335	DPW			
API	A3567144-54650-3000						UTILITIES		27.25	
		05/16/2017	W 17MAY2	000319		156335	DPW			
API	F3638334-54650						UTILITIES		16,534.91	
		05/16/2017	W 17MAY2	000319		156335	DPW			
API	H3567142-52000-1008						SCHOOL CAP RECREATION IMP		363.31	
		05/16/2017	W 17MAY2	000828		156336	001964			
API	A3335014-54510						REPAIRS & MAINTENANCE VEHICLE		171.08	
		05/16/2017	W 17MAY2	001152		156337	5873550			
API	A3335014-54510						REPAIRS & MAINTENANCE VEHICLE		1,292.04	
		05/16/2017	W 17MAY2	006736		156338	6012			
API	E3577164-54330						REPAIRS & MAINTENANCE EQUIPMEN		1,027.88	
		05/16/2017	W 17MAY2	006455		156339	159781			
API	A3638194-54510						REPAIRS & MAINTENANCE VEHICLE		1,731.28	
		05/16/2017	W 17MAY2	000446	171297	156340	CITYO001			
POL	A3638194-54510						REPAIRS & MAINTENANCE VEHICLE	4		1,721.98
		05/16/2017	LIQ/INV	000446	171297	156340	CITYO001	2017		
API	A046-42024						INDOOR REC FACILITY RENT		100.00	
		05/16/2017	W 17MAY2	006398		156341	JR. SLUGGERS REFUND			
API	A3143124-54160						UNIFORMS		101.06	
		05/16/2017	W 17MAY2	007573		156342	CLOTHING REIMB			
API	E3577164-54610						REPAIRS & MAINTENANCE BUILDING		180.00	
		05/16/2017	W 17MAY2	000321		156343	4/24/17			
API	A3335014-54100						RUBBLE BLACKTOP STONE OIL		651.72	
		05/16/2017	W 17MAY2	000327		156344	19018			
API	A3335134-54100						RUBBLE BLACKTOP STONE OIL		67,987.30	
		05/16/2017	W 17MAY2	000327	171306	156345	19018			

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POL	A3335134-54100						RUBBLE BLACKTOP STONE OIL	4		67,987.30
	05/16/2017 LIQ/INV			000327	171306	156345	19018	2017		
API	A3567144-54680-3000						LANDSCAPING		1,879.00	
	05/16/2017 W 17MAY2			006196	171254	156346	CLAY			
API	A3567144-54680-3000						LANDSCAPING		902.03	
	05/16/2017 W 17MAY2			006196		156346	CLAY			
POL	A3567144-54680-3000						LANDSCAPING	4		1,879.00
	05/16/2017 LIQ/INV			006196	171254	156346	CLAY	2017		
API	F3638314-54720						SERVICE CONTRACTS - PROF SERV		130.00	
	05/16/2017 W 17MAY2			001816		156347	CIT008			
API	A3143124-54720						SERVICE CONTRACTS - PROF SERV		59.92	
	05/16/2017 W 17MAY2			003602		156348	4/1-5/1/17			
API	A3143632-52100						EQUIPMENT		554.40	
	05/16/2017 W 17MAY2			004070	160876	156349	10182401			
POL	A3143632-52100						EQUIPMENT	4		554.40
	05/16/2017 LIQ/INV			004070	160876	156349	10182401	2016		
API	A3143124-54740						SERVICE CONTRACTS - EQUIPMENT		665.00	
	05/16/2017 W 17MAY2			006294	171215	156350	SARAT,SP			
POL	A3143124-54740						SERVICE CONTRACTS - EQUIPMENT	4		665.00
	05/16/2017 LIQ/INV			006294	171215	156350	SARAT,SP	2017		
API	A3031964-54779						PROPERTY LOSS CITY GARAGE		17,342.50	
	05/16/2017 W 17MAY2			006798	171287	156351	CITSARA			
POL	A3031964-54779						PROPERTY LOSS CITY GARAGE	4		17,342.50
	05/16/2017 LIQ/INV			006798	171287	156351	CITSARA	2017		
API	A3335014-54180						OTHER SUPPLIES		414.32	
	05/16/2017 W 17MAY2			005176		156352	2/20/17			
API	A3537114-54180						OTHER SUPPLIES		414.31	
	05/16/2017 W 17MAY2			005176		156352	2/20/17			
API	A3537224-54180						OTHER SUPPLIES		414.32	
	05/16/2017 W 17MAY2			005176		156352	2/20/17			
API	A3143414-54110						OFFICE SUPPLIES		9.50	
	05/16/2017 W 17MAY2			000223		156353	4659857			
API	A3143014-54740						SERVICE CONTRACTS - EQUIPMENT		15.54	
	05/16/2017 W 17MAY2			000223		156354	4659857			
API	A3143124-54740						SERVICE CONTRACTS - EQUIPMENT		20.50	
	05/16/2017 W 17MAY2			000223		156355	4659857			
API	A3143124-54740						SERVICE CONTRACTS - EQUIPMENT		28.40	
	05/16/2017 W 17MAY2			000223		156356	4659857			
API	A3143124-54740						SERVICE CONTRACTS - EQUIPMENT		71.94	
	05/16/2017 W 17MAY2			000223		156357	4659857			
API	A3051414-54740						SERVICE CONTRACTS - EQUIPMENT		29.01	
	05/16/2017 W 17MAY2			000223	171189	156358	4659857			
POL	A3051414-54740						SERVICE CONTRACTS - EQUIPMENT	4		29.01
	05/16/2017 LIQ/INV			000223	171189	156358	4659857	2017		
API	A3143124-54740						SERVICE CONTRACTS - EQUIPMENT		108.68	
	05/16/2017 W 17MAY2			000223		156359	323252-1023244A3			
API	A3143124-54740						SERVICE CONTRACTS - EQUIPMENT		119.16	
	05/16/2017 W 17MAY2			000223		156361	323252-1023244A3			
API	A3143124-54740						SERVICE CONTRACTS - EQUIPMENT		128.99	

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		05/16/2017 W	17MAY2	000223		156362	4659909			
API	A3335134-54530	05/16/2017 W	17MAY2	000509	171303	156363	EQUIPMENT & VEHICLE RENTAL SARAT001		1,811.00	
POL	A3335134-54530	05/16/2017 LIQ/INV		000509	171303	156363	EQUIPMENT & VEHICLE RENTAL SARAT001	4 2017		1,811.00
API	E3577164-54201	05/16/2017 W	17MAY2	007074		156364	BUSINESS EXPENSE/SALES APR EXPENSES		51.49	
API	E3577164-54140	05/16/2017 W	17MAY2	000409	171291	156365	JANITORIAL SUPPLIES 4/17/17		1,118.45	
POL	E3577164-54140	05/16/2017 LIQ/INV		000409	171291	156365	JANITORIAL SUPPLIES 4/17/17	4 2017		1,118.45
API	F3638334-54330	05/16/2017 W	17MAY2	001857		156366	REPAIRS & MAINTENANCE EQUIPMEN 4/6/17		63.95	
API	A3567144-54160-3000	05/16/2017 W	17MAY2	001857		156367	UNIFORMS 4/19/17		285.89	
API	A3143414-54510	05/16/2017 W	17MAY2	006237		156368	REPAIRS & MAINTENANCE VEHICLE 6640		9.23	
API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		217.31	
API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		102.32	
API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		45.37	
API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		32.64	
API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		12.65	
API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		265.92	
API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		208.72	
API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		7.24	
API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		32.98	
API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		216.28	
API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		211.78	
API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		26.72	
API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		19.78	
API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		128.14	
API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		7.73	
API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		7.73	

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API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		17.78	
API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		15.91	
API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310			26.00
API	A3143314-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		12.32	
API	A3143314-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		17.96	
API	A3143414-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		70.73	
API	A3143414-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		305.10	
API	A3143414-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		3.92	
API	A3143414-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		98.97	
API	A3143414-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		28.08	
API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		208.95	
API	A3143124-54510	05/16/2017 W	17MAY2	006851		156369	REPAIRS & MAINTENANCE VEHICLE 4310		7.56	
API	A3143414-54520	05/16/2017 W	17MAY2	006851		156369	GAS & OIL 4310		24.00	
API	A3143124-54180	05/16/2017 W	17MAY2	006943		156370	OTHER SUPPLIES 50649		93.50	
API	E3577164-54201	05/16/2017 W	17MAY2	000497		156371	BUSINESS EXPENSE/SALES ESSAS		920.00	
API	Y3618654-54944-426	05/16/2017 W	17MAY2	000398		156372	SARATOGA COUNTY EOC 2016 CDBG	Y	4,277.17	
API	A3143414-54720	05/16/2017 W	17MAY2	000368	171019	156373	SERVICE CONTRACTS - PROF SERV OSHA PHYSICALS		7,064.26	
POL	A3143414-54720	05/16/2017 LIQ/INV		000368	171019	156373	SERVICE CONTRACTS - PROF SERV 4 OSHA PHYSICALS 2017			7,064.26
API	A3143414-54720	05/16/2017 W	17MAY2	000368	160960	156374	SERVICE CONTRACTS - PROF SERV FD BLOOD TEST		1,500.00	
POL	A3143414-54720	05/16/2017 LIQ/INV		000368	160960	156374	SERVICE CONTRACTS - PROF SERV 4 FD BLOOD TEST 2016			1,500.00
API	A3143314-54390	05/16/2017 W	17MAY2	000371		156375	MAINTENANCE SUPPLIES 4349		13.97	
API	A3143314-54610	05/16/2017 W	17MAY2	000371		156375	REPAIRS & MAINTENANCE BUILDING 4349		4.52	
API	A3143124-54510	05/16/2017 W	17MAY2	000371		156375	REPAIRS & MAINTENANCE VEHICLE 4349		3.99	
API	F3638334-54610	05/16/2017 W	17MAY2	000371		156376	REPAIRS & MAINTENANCE BUILDING 4345		24.44	
API	A3335654-54180						OTHER SUPPLIES		59.17	

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	API A3567154-54600	05/16/2017 W	17MAY2	000371		156377	4343 ADVERTISING		330.00	
	API Y3616234-54720-9997	05/16/2017 W	17MAY2	004701		156378	2529 SHELTER PLUS CARE - PROF SERV	Y	4,688.00	
	API A3143124-54970	05/16/2017 W	17MAY2	003052		156379	MAY 2017 K-9 CARE		523.32	
	API E3577164-54201	05/16/2017 W	17MAY2	000399		156380	194159,194194 BUSINESS EXPENSE/SALES	Y	250.00	
	API A3051414-54490	05/16/2017 W	17MAY2	003147		156381	FLAG DAY PARADE GENERAL ADVERTISING		224.54	
	API A3638562-52700	05/16/2017 W	17MAY2	000374		156382	19397 TREES		3,173.00	
	POL A3638562-52700	05/16/2017 LIQ/INV	17MAY2	004236	171041	156383	0004590-00 TREES	4 2017		3,173.00
	API E3577164-54720	05/16/2017 W	17MAY2	002787		156384	0004590-00 SERVICE CONTRACTS - PROF SERV		2,026.65	
	API A3567144-54330-3000	05/16/2017 W	17MAY2	003430		156385	1039997 REPAIRS & MAINTENANCE EQUIPMEN		24.65	
	API A3335014-54180	05/16/2017 W	17MAY2	000378		156386	23329 OTHER SUPPLIES		9.95	
	API A3011214-54120	05/16/2017 W	17MAY2	007453		156387	5126-4937-7 POSTAGE		43.50	
	API A3567144-54680-3000	05/16/2017 W	17MAY2	007309		156388	FEDEX REIMB LANDSCAPING		629.47	
	API A3567144-54680-3000	05/16/2017 W	17MAY2	007309		156389	182115 LANDSCAPING		1,461.60	
	API A3143122-52620	05/16/2017 W	17MAY2	000799	171299	156390	330254 POLICE EQUIPMENT		377.00	
	POL A3143122-52620	05/16/2017 LIQ/INV	17MAY2	000799	171299	156390	11338 POLICE EQUIPMENT	4 2017		377.00
	API A3537114-54610	05/16/2017 W	17MAY2	001184		156391	11338 REPAIRS & MAINTENANCE BUILDING		180.00	
	API H3567142-52000-1008	05/16/2017 W	17MAY2	007548	171247	156392	2717 SCHOOL CAP RECREATION IMP		21,500.00	
	POL H3567142-52000-1008	05/16/2017 LIQ/INV	17MAY2	007548	171247	156392	4/30/17 SCHOOL CAP RECREATION IMP	4 2017		22,500.00
	API H3517114-54720-1069	05/16/2017 W	17MAY2	006755	171268	156393	4/30/17 REC FACILITY DESIGN AND CONST		13,245.00	
	POL H3517114-54720-1069	05/16/2017 LIQ/INV	17MAY2	006755	171268	156393	10561456 REC FACILITY DESIGN AND CONST	4 2017		13,245.00
	API A3537114-54140	05/16/2017 W	17MAY2	000407		156394	10561456 JANITORIAL SUPPLIES		80.12	
	API A3567194-54610-3000	05/16/2017 W	17MAY2	000407		156395	551557,551566 REPAIRS & MAINTENANCE BUILDING		285.72	
	API A3031624-54140	05/16/2017 W	17MAY2	000407		156396	549218 JANITORIAL SUPPLIES		436.38	
	API A3567144-54720-3000	05/16/2017 W	17MAY2	000806	160373	156397	551259 SERVICE CONTRACTS - PROF SERV		1,100.57	
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POL	A3567144-54720-3000	05/16/2017	LIQ/INV	000806	160373	156397	SERVICE CONTRACTS - PROF SERV 4 28	2016		1,100.57
API	A3011474-54110	05/16/2017	W 17MAY2	002237		156398	OFFICE SUPPLIES RCH 1016990		28.48	
API	A3143124-54110	05/16/2017	W 17MAY2	002237		156399	OFFICE SUPPLIES RCH 1016990		354.42	
API	A3143124-54140	05/16/2017	W 17MAY2	007061		156400	JANITORIAL SUPPLIES 712642		85.68	
API	F3638334-54141	05/16/2017	W 17MAY2	000393		156401	CHEMICALS 219791		770.00	
API	A3335014-54510	05/16/2017	W 17MAY2	000420		156402	REPAIRS & MAINTENANCE VEHICLE 33611,33592		522.50	
API	A3335014-54510	05/16/2017	W 17MAY2	000420		156402	REPAIRS & MAINTENANCE VEHICLE 33611,33592		350.20	
API	A3335124-54510	05/16/2017	W 17MAY2	000420		156402	REPAIRS & MAINTENANCE VEHICLE 33611,33592		522.50	
API	A3031654-54210	05/16/2017	W 17MAY2	000424		156404	GARAGE SUPPLIES 00745281		154.95	
API	A3335184-54750	05/16/2017	W 17MAY2	002344		156405	STREET LIGHTING 25200		1,268.75	
API	A3335184-54750	05/16/2017	W 17MAY2	002344		156406	STREET LIGHTING 25200		1,436.00	
API	A3011214-54740	05/16/2017	W 17MAY2	007292		156407	SERVICE CONTRACTS - EQUIPMENT TOBS6PA		205.84	
API	A3011934-54775	05/16/2017	W 17MAY2	003723		156408	SELF INSURANCE 9874G9083	Y	7,600.57	
API	A3021694-54720	05/16/2017	W 17MAY2	004146		156409	SERVICE CONTRACTS - PROF SERV 2953		1,000.00	
API	E3577164-54120	05/16/2017	W 17MAY2	000440		156410	POSTAGE 105000054251		500.00	
API	A044-41640	05/16/2017	W 17MAY2	007590		156411	AMBULANCE TRANSPORT CHARGES D. HENRY		83.71	
API	A3567174-54610-3000	05/16/2017	W 17MAY2	003256		156412	REPAIRS & MAINTENANCE BUILDING 126937		89.37	
API	A3031654-54160	05/16/2017	W 17MAY2	003256		156413	UNIFORMS 1269237		34.52	
API	A3031654-54160	05/16/2017	W 17MAY2	003256		156413	UNIFORMS 1269237		34.52	
API	A3031654-54210	05/16/2017	W 17MAY2	003256		156413	GARAGE SUPPLIES 1269237		14.40	
API	A3031654-54210	05/16/2017	W 17MAY2	003256		156413	GARAGE SUPPLIES 1269237		14.40	
API	A3031654-54610	05/16/2017	W 17MAY2	003256		156413	REPAIRS & MAINTENANCE BUILDING 1269237		14.21	
API	A3031654-54160	05/16/2017	W 17MAY2	003256		156414	UNIFORMS 1269237		34.52	
API	A3031654-54160	05/16/2017	W 17MAY2	003256		156414	UNIFORMS 1269237		34.52	
API	A3031654-54210						GARAGE SUPPLIES		14.40	



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		05/16/2017 W	17MAY2	003256		156414	1269237			
API	A3031654-54210						GARAGE SUPPLIES		14.40	
		05/16/2017 W	17MAY2	003256		156414	1269237			
API	A3031654-54610						REPAIRS & MAINTENANCE BUILDING		14.21	
		05/16/2017 W	17MAY2	003256		156414	1269237			
API	A3143124-54720						SERVICE CONTRACTS - PROF SERV		112.18	
		05/16/2017 W	17MAY2	003256		156415	1290931			
API	A3031624-54610						REPAIRS & MAINTENANCE BUILDING		60.80	
		05/16/2017 W	17MAY2	003256		156416	126937			
API	A3031624-54610						REPAIRS & MAINTENANCE BUILDING		60.80	
		05/16/2017 W	17MAY2	003256		156416	126937			
API	A3537114-54610						REPAIRS & MAINTENANCE BUILDING		50.98	
		05/16/2017 W	17MAY2	003256		156416	126937			
API	A3537114-54610						REPAIRS & MAINTENANCE BUILDING		50.98	
		05/16/2017 W	17MAY2	003256		156416	126937			
API	A3143314-54332						MATERIALS & REPAIRS TRAFFIC LT		625.00	
		05/16/2017 W	17MAY2	004183	171008	156418	5/2/17			
POL	A3143314-54332						MATERIALS & REPAIRS TRAFFIC LT 4			625.00
		05/16/2017 LIQ/INV		004183	171008	156418	5/2/17			
API	A044-41640						AMBULANCE TRANSPORT CHARGES		858.00	
		05/16/2017 W	17MAY2	007589		156419	S. THOMAS			
API	A3143414-54510						REPAIRS & MAINTENANCE VEHICLE		4,973.68	
		05/16/2017 W	17MAY2	007223	171238	156420	200605			
POL	A3143414-54510						REPAIRS & MAINTENANCE VEHICLE 4			4,973.68
		05/16/2017 LIQ/INV		007223	171238	156420	200605			
API	A3143414-54510						REPAIRS & MAINTENANCE VEHICLE		656.65	
		05/16/2017 W	17MAY2	007223	171238	156421	49894			
POL	A3143414-54510						REPAIRS & MAINTENANCE VEHICLE 4			656.65
		05/16/2017 LIQ/INV		007223	171238	156421	49894			
API	A3335184-54750						STREET LIGHTING		5,279.60	
		05/16/2017 W	17MAY2	007533	171196	156422	246158			
POL	A3335184-54750						STREET LIGHTING	4		5,279.60
		05/16/2017 LIQ/INV		007533	171196	156422	246158	2017		
API	E3577164-54720						SERVICE CONTRACTS - PROF SERV		4,361.38	
		05/16/2017 W	17MAY2	007272	171023	156423	36656			
POL	E3577164-54720						SERVICE CONTRACTS - PROF SERV 4			4,361.38
		05/16/2017 LIQ/INV		007272	171023	156423	36656	2017		
API	A3143414-54720						SERVICE CONTRACTS - PROF SERV		130.00	
		05/16/2017 W	17MAY2	006775		156424	118006			
API	A3335014-54510						REPAIRS & MAINTENANCE VEHICLE		886.90	
		05/16/2017 W	17MAY2	004000		156425	2969			
API	A3031654-54670						PHONES		24.24	
		05/16/2017 W	17MAY2	001927		156426	5185818489927245			
API	A3537114-54670						PHONES		25.06	
		05/16/2017 W	17MAY2	001927		156427	5185811510411248			
API	A3537214-54670						PHONES		25.64	
		05/16/2017 W	17MAY2	001927		156428	5185812395197241			
API	A3638184-54670						PHONES		25.66	
		05/16/2017 W	17MAY2	001927		156429	5185843948429245			

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API	A3537114-54670	05/16/2017 W	17MAY2	001927		156430	PHONES 5185842137746245		26.14	
API	A3031654-54670	05/16/2017 W	17MAY2	001927		156431	PHONES 5185842536099246		39.38	
API	A3567144-54671	05/16/2017 W	17MAY2	001927		156432	PHONES & FAX 5185842462445249		41.68	
API	A3031654-54670	05/16/2017 W	17MAY2	001927		156434	PHONES 5185843356341247		51.12	
API	F3638334-54670	05/16/2017 W	17MAY2	001927		156435	PHONES 5185841803811242		52.76	
API	A3638184-54670	05/16/2017 W	17MAY2	001927		156436	PHONES 51858114309122242		61.77	
API	A3567174-54670-3000	05/16/2017 W	17MAY2	001927		156437	PHONES 5185841274537246		102.04	
API	A3335654-54670	05/16/2017 W	17MAY2	001927		156438	PHONES 5185842787871244		126.10	
API	A3143124-54670	05/16/2017 W	17MAY2	001927		156439	PHONES 5185843042705243		305.50	
API	A3011214-54670	05/16/2017 W	17MAY2	001831		156440	PHONES 842037333-0001		72.36	
API	E3577164-54201	05/16/2017 W	17MAY2	005585		156441	BUSINESS EXPENSE/SALES MILEAGE	Y	23.75	
API	E3577164-54510	05/16/2017 W	17MAY2	007528		156442	REPAIRS & MAINTENANCE VEHICLE 4121265990220290		22.00	
API	E3577164-54110	05/16/2017 W	17MAY2	007528		156443	OFFICE SUPPLIES 4121265990220290		59.99	
API	E3577164-54201	05/16/2017 W	17MAY2	007528		156443	BUSINESS EXPENSE/SALES 4121265990220290	Y	883.15	
API	F3638334-54330	05/16/2017 W	17MAY2	000453		156444	REPAIRS & MAINTENANCE EQUIPMEN 4/6/17		26.69	
API	F3638334-54110	05/16/2017 W	17MAY2	003346		156445	OFFICE SUPPLIES C1067550		5.99	
API	A3011424-54110	05/16/2017 W	17MAY2	003346		156446	OFFICE SUPPLIES C1067550		116.49	
API	A3143414-54110	05/16/2017 W	17MAY2	003346		156447	OFFICE SUPPLIES C1067550		293.86	
API	A3031494-54110	05/16/2017 W	17MAY2	003346		156448	OFFICE SUPPLIES C1067550		298.27	
API	A3567144-54110	05/16/2017 W	17MAY2	003346		156449	OFFICE SUPPLIES C1067550		315.91	
API	A3567154-54110	05/16/2017 W	17MAY2	003346		156449	OFFICE SUPPLIES C1067550		299.41	
API	A3638184-54720	05/16/2017 W	17MAY2	007388	171201	156450	SERVICE CONTRACTS - PROF SERV CSS008		3,955.00	
POL	A3638184-54720	05/16/2017 LIQ/INV		007388	171201	156450	SERVICE CONTRACTS - PROF SERV 4 CSS008 2017			3,955.00
API	Y3618654-54973-425	05/16/2017 W	17MAY2	007143		156451	DOMESTIC VIOLENCE RAPE CRISIS JAN-MAR 2017	Y	1,730.50	
API	A3031654-54610						REPAIRS & MAINTENANCE BUILDING		420.00	

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		05/16/2017 W	17MAY2	000458		156452	4/17/17			
API	A3031634-54180						OTHER SUPPLIES		6.15	
		05/16/2017 W	17MAY2	001973		156453	13696			
API	A3537114-54610						REPAIRS & MAINTENANCE BUILDING		9.00	
		05/16/2017 W	17MAY2	001973		156454	13696			
API	A3537114-54610						REPAIRS & MAINTENANCE BUILDING		64.95	
		05/16/2017 W	17MAY2	001973		156454	13696			
API	A3567174-54610-3000						REPAIRS & MAINTENANCE BUILDING		140.40	
		05/16/2017 W	17MAY2	001973		156454	13696			
API	A3031634-54610						REPAIRS & MAINTENANCE BUILDING		24.60	
		05/16/2017 W	17MAY2	001973		156455	13696			
API	A3567174-54610-3000						REPAIRS & MAINTENANCE BUILDING		133.40	
		05/16/2017 W	17MAY2	001973		156455	13696			
API	A3567194-54610-3000						REPAIRS & MAINTENANCE BUILDING		233.89	
		05/16/2017 W	17MAY2	001973		156455	13696			
API	A3567194-54610-3000						REPAIRS & MAINTENANCE BUILDING		242.50	
		05/16/2017 W	17MAY2	001973		156455	13696			
API	A3143414-54220						TRAVEL		30.00	
		05/16/2017 W	17MAY2	000550		156456	HAZMAT TRAINING			
API	A3143414-54510						REPAIRS & MAINTENANCE VEHICLE		286.97	
		05/16/2017 W	17MAY2	007105	171239	156457	5/9/17			
POL	A3143414-54510						REPAIRS & MAINTENANCE VEHICLE	4		286.97
		05/16/2017 LIQ/INV		007105	171239	156457	5/9/17	2017		
API	A3011654-54670						PHONES		3.47	
		05/16/2017 W	17MAY2	000050		156458	100-810-2104			
API	A3031444-54670						PHONES		2.56	
		05/16/2017 W	17MAY2	000050		156458	100-810-2104			
API	A3143414-54670						PHONES		3.11	
		05/16/2017 W	17MAY2	000050		156458	100-810-2104			
API	A3567144-54671						PHONES & FAX		2.84	
		05/16/2017 W	17MAY2	000050		156458	100-810-2104			
API	A3031654-54670						PHONES		5.51	
		05/16/2017 W	17MAY2	000050		156458	100-810-2104			
API	A3011424-54671						PHONES & FAX		2.85	
		05/16/2017 W	17MAY2	000050		156458	100-810-2104			
API	A3517514-54670						PHONES		2.62	
		05/16/2017 W	17MAY2	000050		156458	100-810-2104			
API	A3011474-54671						PHONES & FAX		2.43	
		05/16/2017 W	17MAY2	000050		156458	100-810-2104			
API	A3051414-54671						PHONES & FAX		3.86	
		05/16/2017 W	17MAY2	000050		156458	100-810-2104			
API	A3021694-54670						PHONES		2.84	
		05/16/2017 W	17MAY2	000050		156458	100-810-2104			
API	A3143122-52205						BALLISTIC VESTS		11,865.00	
		05/16/2017 W	17MAY2	005615	171312	156459	POLICE SUPPLIES			
POL	A3143122-52205						BALLISTIC VESTS	4		11,865.00
		05/16/2017 LIQ/INV		005615	171312	156459	POLICE SUPPLIES	2017		
API	A3011654-54730						SERVICE CONTRACTS MAINTENANCE		1,286.30	
		05/16/2017 W	17MAY2	005555		156460	55229			

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YEAR PER JNL	SRC ACCOUNT	EFF DATE	JNL DESC	REF 1	REF 2	REF 3	ACCOUNT DESC LINE DESC	T OB	DEBIT	CREDIT
API	A3011654-54730	05/16/2017 W	17MAY2	005555		156461	SERVICE CONTRACTS MAINTENANCE 102241		12.60	
API	A3567144-54740	05/16/2017 W	17MAY2	000172		156462	SERVICE CONTRACTS - EQUIPMENT SSCI15		179.09	
API	A3011214-54720	05/16/2017 W	17MAY2	005577	171356	156463	SERVICE CONTRACTS - PROF SERV CCSS0200		2,500.00	
POL	A3011214-54720	05/16/2017 LIQ/INV		005577	171356	156463	SERVICE CONTRACTS - PROF SERV 4 CCSS0200 2017			2,500.00
API	E3577164-54610	05/16/2017 W	17MAY2	006290		156464	REPAIRS & MAINTENANCE BUILDING 37877155		906.00	
GENERAL LEDGER TOTAL									478,958.43	26.00
API	A-2600	05/16/2017 W	17MAY2	B 2663			ACCOUNTS PAYABLE			322,655.98
API	E-2600	05/16/2017 W	17MAY2	B 2663			ACCOUNTS PAYABLE			42,140.46
API	F-2600	05/16/2017 W	17MAY2	B 2663			ACCOUNTS PAYABLE			30,723.98
API	G-2600	05/16/2017 W	17MAY2	B 2663			ACCOUNTS PAYABLE			1,546.92
API	H-2600	05/16/2017 W	17MAY2	B 2663			ACCOUNTS PAYABLE			58,811.37
API	Y-2600	05/16/2017 W	17MAY2	B 2663			ACCOUNTS PAYABLE			23,053.72
POL	A-1521	05/16/2017 W	17MAY2	B 2663			ENCUMBRANCES			235,783.01
POL	E-1521	05/16/2017 W	17MAY2	B 2663			ENCUMBRANCES			15,374.43
POL	F-1521	05/16/2017 W	17MAY2	B 2663			ENCUMBRANCES			10,569.70
POL	G-1521	05/16/2017 W	17MAY2	B 2663			ENCUMBRANCES			1,037.50
POL	H-1521	05/16/2017 W	17MAY2	B 2663			ENCUMBRANCES			59,375.56
POL	A-2963	05/16/2017 W	17MAY2	B 2663			BUDGETARY FUND BALANCE RES ENC		235,783.01	
POL	E-2963	05/16/2017 W	17MAY2	B 2663			BUDGETARY FUND BALANCE RES ENC		15,374.43	
POL	F-2963	05/16/2017 W	17MAY2	B 2663			BUDGETARY FUND BALANCE RES ENC		10,569.70	
POL	G-2963	05/16/2017 W	17MAY2	B 2663			BUDGETARY FUND BALANCE RES ENC		1,037.50	
POL	H-2963	05/16/2017 W	17MAY2	B 2663			BUDGETARY FUND BALANCE RES ENC		59,375.56	
SYSTEM GENERATED ENTRIES TOTAL									322,140.20	801,072.63

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CITY OF SARATOGA SPRINGS LIVE  
17MAY2

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YEAR PER JNL	SRC ACCOUNT	EFF DATE	JNL DESC	REF 1	REF 2	REF 3	ACCOUNT DESC LINE DESC	T OB	DEBIT	CREDIT
							JOURNAL 2017/05/134	TOTAL	801,098.63	801,098.63
2017 5 134	API A-1522	05/16/2017	W 17MAY2	B	2663		EXPENDITURES		321,379.27	
API E-1522	05/16/2017	W 17MAY2	B	2663			EXPENDITURES		42,140.46	
API F-1522	05/16/2017	W 17MAY2	B	2663			EXPENDITURES		30,723.98	
API G-1522	05/16/2017	W 17MAY2	B	2663			EXPENDITURES		1,546.92	
API H-1522	05/16/2017	W 17MAY2	B	2663			EXPENDITURES		58,811.37	
API Y-1522	05/16/2017	W 17MAY2	B	2663			EXPENDITURES		23,053.72	
API A-2980	05/16/2017	W 17MAY2	B	2663			REVENUES		1,276.71	

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CITY OF SARATOGA SPRINGS LIVE  
17MAY2

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FUND	YEAR	PER	JNL	EFF DATE	ACCOUNT DESCRIPTION	DEBIT	CREDIT
ACCOUNT							
A GENERAL FUND	2017	5	134	05/16/2017			
A-1521					ENCUMBRANCES		235,783.01
A-1522					EXPENDITURES	321,379.27	
A-2600					ACCOUNTS PAYABLE		322,655.98
A-2963					BUDGETARY FUND BALANCE RES ENC	235,783.01	
A-2980					REVENUES	1,276.71	
					FUND TOTAL	558,438.99	558,438.99
E CITY CENTER AUTHORITY	2017	5	134	05/16/2017			
E-1521					ENCUMBRANCES		15,374.43
E-1522					EXPENDITURES	42,140.46	
E-2600					ACCOUNTS PAYABLE		42,140.46
E-2963					BUDGETARY FUND BALANCE RES ENC	15,374.43	
					FUND TOTAL	57,514.89	57,514.89
F WATER FUND	2017	5	134	05/16/2017			
F-1521					ENCUMBRANCES		10,569.70
F-1522					EXPENDITURES	30,723.98	
F-2600					ACCOUNTS PAYABLE		30,723.98
F-2963					BUDGETARY FUND BALANCE RES ENC	10,569.70	
					FUND TOTAL	41,293.68	41,293.68
G SEWER FUND	2017	5	134	05/16/2017			
G-1521					ENCUMBRANCES		1,037.50
G-1522					EXPENDITURES	1,546.92	
G-2600					ACCOUNTS PAYABLE		1,546.92
G-2963					BUDGETARY FUND BALANCE RES ENC	1,037.50	
					FUND TOTAL	2,584.42	2,584.42
H CAPITAL PROJECTS FUND	2017	5	134	05/16/2017			
H-1521					ENCUMBRANCES		59,375.56
H-1522					EXPENDITURES	58,811.37	
H-2600					ACCOUNTS PAYABLE		58,811.37
H-2963					BUDGETARY FUND BALANCE RES ENC	59,375.56	
					FUND TOTAL	118,186.93	118,186.93
Y COMMUNITY DEVELOPMENT FUND	2017	5	134	05/16/2017			
Y-1522					EXPENDITURES	23,053.72	
Y-2600					ACCOUNTS PAYABLE		23,053.72
					FUND TOTAL	23,053.72	23,053.72

\*\* END OF REPORT - Generated by Stefanie Richards \*\*

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CITY OF SARATOGA SPRINGS LIVE  
BUDGET AMENDMENTS JOURNAL ENTRY PROOF

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LN	ORG ACCOUNT	OBJECT	PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION	PREV	BUDGET	AMENDED	
					LINE DESCRIPTION	EFF DATE	BUDGET	CHANGE	BUDGET ERR
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2017	05	141 05/16/2017	051617	051617	AMEN BUA 051617AMEN	1			
1	A012	40511		PROPERTY TAX	USE OF RESTRICTED FUND BALANCE	-1,368,670.38		-6,343.50	-1,375,013.88
	A	-01-2-0000-0-40511	-		INSURANCE RESERV TRAVELERS	05/16/2017			
2	A3011934	54775		MEDICAL AND CASUALTY INSURANCE	SELF INSURANCE	5,944.38		6,343.50	12,287.88
	A	-30-1-1930-4-54775	-		INSURANCE RESERV TRAVELERS	05/16/2017			
3	A012	40511		PROPERTY TAX	USE OF RESTRICTED FUND BALANCE	-1,368,670.38		-1,257.07	-1,369,927.45
	A	-01-2-0000-0-40511	-		INSURANCE RESERV TRAVELERS	05/16/2017			
4	A3031934	54775		MEDICAL AND CASUALTY INSURANCE	SELF INSURANCE	13,904.83		1,257.07	15,161.90
	A	-30-3-1930-4-54775	-		INSURANCE RESERV TRAVELERS	05/16/2017			
					** JOURNAL TOTAL			0.00	

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CITY OF SARATOGA SPRINGS LIVE  
BUDGET AMENDMENT JOURNAL ENTRY PROOF

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YEAR PER	JNL					ACCOUNT DESC	T OB	DEBIT	CREDIT
SRC ACCOUNT	EFF DATE	JNL DESC	REF 1	REF 2	REF 3	LINE DESC			
2017 5 141									
BUA A012-40511						USE OF RESTRICTED FUND BALANCE	5		6,343.50
05/16/2017	051617AMEN	051617	051617AMEN			T INSURANCE RESERV TRAVELERS			
BUA A3011934-54775						SELF INSURANCE	5	6,343.50	
05/16/2017	051617AMEN	051617	051617AMEN			T INSURANCE RESERV TRAVELERS			
BUA A012-40511						USE OF RESTRICTED FUND BALANCE	5		1,257.07
05/16/2017	051617AMEN	051617	051617AMEN			T INSURANCE RESERV TRAVELERS			
BUA A3031934-54775						SELF INSURANCE	5	1,257.07	
05/16/2017	051617AMEN	051617	051617AMEN			T INSURANCE RESERV TRAVELERS			
								.00	.00
BUA A-2960						APPROPRIATIONS			7,600.57
05/16/2017	051617AMEN	051617	051617AMEN						
BUA A-1510						ESTIMATED REVENUES		7,600.57	
05/16/2017	051617AMEN	051617	051617AMEN						
SYSTEM GENERATED ENTRIES TOTAL								7,600.57	7,600.57
JOURNAL 2017/05/141 TOTAL								7,600.57	7,600.57



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CITY OF SARATOGA SPRINGS LIVE  
BUDGET AMENDMENT JOURNAL ENTRY PROOF

P 3  
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FUND	ACCOUNT	YEAR	PER	JNL	EFF DATE	ACCOUNT DESCRIPTION	DEBIT	CREDIT
A	GENERAL FUND	2017	5	141	05/16/2017			
	A-1510					ESTIMATED REVENUES	7,600.57	
	A-2960					APPROPRIATIONS		7,600.57
						FUND TOTAL	7,600.57	7,600.57

\*\* END OF REPORT - Generated by Susan Dugan Armstrong \*\*

Sample Form COSF-2

Request for Certification of Sufficient Funds

Submittal Date:

The Department of Recreation requests certification that sufficient funds are or will be available to cover the claim to meet the following obligation when it becomes due and payable.

Obligation to be incurred, detailing vendor name, project description, Council approval, etc. (attach supporting documentation):

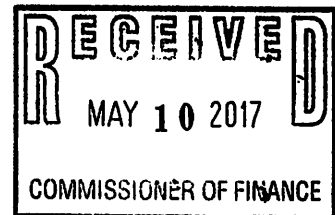
Red Diamond Baseball Mix for fields

Appropriation – Current Budget Expense Org/Object/Proj(s): A33567142 52510 ✓

Amount Requested for Approval: \$ 4,305.00 ✓

Current Amount Available: \$ 4,500.00 ✓

Transfer/Amendment Pending: \$



Transfer/Amendment Date: \_\_\_\_\_

Ms Kelly 5/9/17 John Hick  
Department Head Signature

5/9/2017  
Date

Certification of Sufficient Funds

The Commissioner of Finance hereby certifies that funds are or will be available to cover the claim to meet the above described obligation when it becomes due and payable.

Nicholas Clark Madigan  
Commissioner of Finance

5/10/17  
Approval Date

City of Saratoga Springs City Council

May 16, 2017

Please accept the following Recreation Department Camp Saradac Scholarships:

Rotary Club of Saratoga Springs, NY - \$500.00

George and Martha Parker - \$1,600.00

# Saratoga Springs Rec Department

## 2017 Spring and Summer Program Brochure



### Rec. Center Regular Hours

Monday - Friday.....8am-9pm  
Saturday.....8am-8pm  
Sunday.....11am-7pm

### Rec. Center Summer Hours

Monday - Friday.....8am-8pm  
Saturday.....11:30am-5pm  
*Summer hours: May 29-October 9*

*Closed Holidays: April 16, May 29, July 4, September 4  
Holiday Hours 11-7pm: January 16, February 20, October 9*

### 2017 Registration Dates

Spring Soccer:	Feb 6-Mar 27	Fall Soccer:	Jun 5-Aug 14
Spring Programs:	Feb 6-Feb 27	Fall Programs:	Aug 7–Sept 5
Camp Saradac City:	Feb 27-May 15	Intro to Ice	
Camp Saradac All:	Mar 20-May 15	& Basketball:	Sept 5-Oct 10
Summer Programs:	Apr 10-Jun 19	Winter Programs:	Nov 6-Dec 26

15 Vanderbilt Ave, Saratoga Springs, 12866 518-587-3550 x2300  
www.SaratogaRec.com recreservations@saratoga-springs.org

C=City Resident, S=School District Resident, N=Non School District Resident  
To Register: Visit Rec Center or Mail forms to 15 Vanderbilt Ave



## Rec Card & Registration Info

- The Rec Card is a two year agreement that allows participation in Saratoga Springs Recreation Department programs. All Rec Card holders enjoy a simpler registration and session participation process.
- Rec Cards expire at the end of two years. Please be prepared to bring proof of residency when you come to the Rec Center or Ice Rink to renew your Rec Card.
- City and School District Rec Card holders who show their Rec Card at registration time will receive program discounts.
- Go to [www.SaratogaRec.com](http://www.SaratogaRec.com) or to the Rec Center at 15 Vanderbilt Avenue for additional information and to obtain a Rec Card application.
- Registrations are accepted by mail or in person at the Rec Center. Cash or Check only.
- Please make sure you select the proper program when registering. No refunds or credits will be given unless the Recreation Department cancels or changes a program.
- All programs have min/max enrollments. Registrations will be accepted on a first come, first served basis. Fees must be paid in full when registering. The Recreation Department may cancel classes or adjust schedules when necessary.

## Contact Us

Recreation Department  
15 Vanderbilt Avenue  
Saratoga Springs, NY 12866

RecReservations@Saratoga-Springs.org  
[www.SaratogaRec.com](http://www.SaratogaRec.com)  
518-587-3550 x2300



Saratoga Springs Recreation Department



@TogaRecreation

## Spring Soccer

Early Bird Spring  
Soccer Registration:  
Feb 6-Mar 27  
Register Early and Save!

### Little Kickers: Pre-K

*Saturday or Sunday*

Dates: April 22-June 17

Times: 9am-10am

Early Bird Fees: C \$35 S \$60 N \$85  
After 3/27/17 C \$60 S \$85 N \$110

Little Kickers is a **Parent/Child introductory program** that teaches the basic soccer fundamentals through games and activities.

### Big Kickers: Grade K

*Saturday or Sunday*

Dates: April 22-June 17

Times: 10am-11am

Early Bird Fees: C \$35 S \$60 N \$85  
After 3/27/17 C \$60 S \$85 N \$110



Big Kickers is a program that have teams and coaches. Teams will practice skills with the coordinator for half of the session, and will play games the other half.

***This program is not successful without Volunteer Coaches***

### Youth Soccer League

Grade 1-2: Tue & Sat or Sun

Grade 3-4: Tue & Sat or Sun

Grade 5-6: Wed & Sat or Sun

Grade 7-12: T/W/Th & Sat or Sun

Dates: April 22-June 17

Times: Wk 5:30-7:30pm/Wknd 9-1pm

Location: The Saratoga Casino and  
Hotel (342 Jefferson St.)

Fees:

Early Bird Fees:

Grades 1-12 C \$50, S \$75, N \$100  
Add child C \$35, S \$60, N \$85

After Early Bird Fees:

Grades 1-12 C \$75, S \$100, N \$125  
Add child C \$60, S \$85, N \$110

Our soccer program is divided into grade appropriate divisions to expose players to skills based on level of play. All divisions play once during the week and once on the week-end. Divisions and schedules may change depending on

#### Applies to ALL

**Tee Shirt Included**

**Need:** Water, sneakers/cleats, shin guards,  
No Jewelry

**Weekend Dates:**

Sat 4/22, 4/29, 5/13, 6/3, 6/17

Sun 5/7, 5/21, 6/11

**Kickers Coordinator:** Stephanie Geller  
SSHS Soccer Coach

**Soccer Coordinator:** Jeff Geller  
FTFA Coordinator



### Volunteer Coaching

***Can't get enough soccer? Become a volunteer Coach! Two Volunteer Coaches are needed per team. Early Bird Registration Fee is waived on or before 3/27/2016 for the child of each coach. \$25 Registration fee will apply after 3/27/2016.***

***Interested in becoming a paid soccer referee? We try our best to have referees at our games to ensure safety, and to provide instruction of soccer rules and fundamentals. Please call 518-587-3550 x2307 for more info!***

# Spring Programs

Early Bird  
Spring Registration:  
Feb 6-Feb 27  
Register Early and Save!



## Jr. Sluggers Baseball

**Grades:** K-7  
**Dates:** March 7-April 11  
**Times:** K-3: Tues 5:30-6:30pm  
4-7: Tues 6:30-8pm  
**Fees:** C \$50, S \$50, N \$70  
**Location:** Recreation Center

Jr. Sluggers Baseball will help to teach the skills and fundamentals in order to get ready for the upcoming baseball season. Glove and sneakers required (no cleats) *Tee Shirt Included*

**Volunteers Needed**  
**Coordinator:** Wes Clark



## Tiny T-Ball

**Ages:** 3-4 and 4-5  
**Dates:** March 8-April 12  
**Times:** 3-4: Wed 4:00-4:30pm  
4-5: Wed 4:30-5:15pm  
**Location:** Recreation Center  
**Fees:** C \$50, S \$50, N \$70

This parent/child activity will separate its players into 3-4yr and 4-5yr old divisions. Basic hitting, fielding, throwing, and base running skills will be taught. Glove and sneakers required (no cleats) *Tee Shirt Included*

**Coordinator:** Wes Clark



## Zumba Fitness

**Ages:** 16+  
**Dates:** Session 1 March 1-April 19  
Session 2 April 26-June 14  
Summer Jun 28-Aug 16  
**Times:** Wednesdays 6:00- 7:00pm  
**Location:** Recreation Center  
**Fees:** Session: C \$44, S \$60, N \$76  
Drop In: C \$6, S \$8, N \$10

Zumba® Fitness classes are often called exercise in disguise. We take the "work" out of work-out, by mixing low-intensity and high-intensity moves for an interval-style, calorie-burning dance fitness party.

**Instructor:** Janine Hawthorne,  
Certified Instructor

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C=City Resident, S=School District Resident, N=Non School District Resident  
To Register: Visit Rec Center or Mail forms to 15 Vanderbilt Ave

# Summer Programs

Early Bird  
Summer Registration:  
April 10-June 19  
Register Early and Save!



## Summer Basketball League

**Grades:** 4th—8th  
**Dates:** July 3—August 7  
**Days:** Mondays and Wednesdays  
**Times:** 6:00-7:30pm  
**Location:** Recreation Center  
**Fees:** C \$75, S \$75, N \$95

A pick-up style league that is split into drills and scrimmages each session. The drills will help develop skills and scrimmages will reinforce them. *Jersey Included. Need water & sneakers*

**Volunteers Needed**  
**Coordinator:** Tom Reynolds



## Running Program

**Ages:** All Ages and 11yrs & older  
**Dates:** June 26—August 13  
**All Ages** **Days:** Mon and Wed  
**Times:** 6:00 pm  
**11yrs +** **Days:** Tue/Thu/Fri/ Sat/ Sun  
**Times:** 10:00am  
**Location:** Spa State Park (little theater)  
**Fees:** FREE

Run through the State Park this summer with Saratoga's most acclaimed coaches! The 11yrs old and up program will be divided into a boys and girls group. All Ages including families are welcome Mon and Wed. *Need water and running shoes*

**Coordinator:** Boys-Shane Zannetti & Tom Reilly  
Girls- Art & Linda Kranick



## Skating for Groms

**Ages:** 4-8 yrs old  
**Dates:** July 10—August 14  
**Days:** Mondays  
**Times:** 5:00-6:00pm  
**Location:** East Side Recreation  
**Fees:** C \$50, S \$50, N \$70

An introduction to skateboarding for children. Start developing fundamentals that will help your child be a safe and successful skateboarder. *Need water, helmet, pads, board*

**Volunteers Needed**  
**Coordinator:** Benj Gleeksman



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# Summer Youth Clinics

Early Bird  
Summer Registration:  
April 10-June 19  
Register Early and Save!

**Clinic Fees: C \$70, S \$70, N \$90 includes tee shirt \***



## Boys Basketball

**Ages:** 7-13  
**Dates:** Session 1 July 3-July 7 (4 days)  
**Times:** 8:30-12noon  
Session 2 Aug 7- Aug 11  
8:30-11:30am  
**Location:** East Side Rec

Learn the fundamentals and develop the skills necessary to be a successful basketball player. Drills and scrimmages will be utilized.  
*Need water and sneakers*  
**\*No Program July 4th\***  
**Coordinator:** Tony Devizzio



## Girls Basketball

**Ages:** 7-13  
**Dates:** July 10-July 14  
**Times:** 8:30-11:30am  
**Location:** East Side Rec

Drills and scrimmages will be used to help teach the fundamentals of basketball.  
*Need water and sneakers*  
**Coordinator:** Tony Devizzio



## Volleyball

**Ages:** 8-14 yrs old  
**Dates:** July 17-July 21  
**Times:** 5:30pm-8:00pm  
**Location:** Recreation Center

The Volleyball Clinic will help to develop skills and learn the rules and strategies of volleyball.  
*Need water and sneakers*  
**Coordinator:** Willie Davis and Keith Griffin



## Am. Legion Baseball

**Co-Sponsored w/Recreation Dept.**  
**Ages:** 5-14  
**Dates:** June 26-June 30  
**Times:** 8:30am-11:30am  
**Location:** East Side Rec

Join the Saratoga Rec Dept and American Legion Baseball for our co-sponsored clinic. Learn the sport alongside Legion Players!  
*Need water, sneakers/cleats, glove*  
**Coordinator:** Paul Mound, Saratoga Stampede, Head Coach Union College



## Field Hockey

**Ages:** 8-14  
**Dates:** July 10-July 14  
**Times:** 5:30pm-8:00pm  
**Location:** Recreation Center Field

This clinic will introduce participants to the game as well as develop the skills needed to be a successful field hockey player.  
*Need stick, water, shin guards, mouth guard*  
**Coordinator:** Jackie Danek, All American Hamilton College



## Tennis

**Ages:** 6-12  
**Dates:** July 24-July 28  
**Times:** 6-7yrs 9:00am-10:00am  
8-10yrs 10:00am-11:00am  
10-12yrs 11:00am-12:00am  
**Location:** East Side Rec

Develop skills and work on fundamentals to become a better tennis player. Register in specific age brackets to help facilitate drills and play levels.  
*Need racquet, water, and sneakers*  
**Coordinator:** John Capozzola

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C=City Resident, S=School District Resident, N=Non School District Resident  
To Register: Visit Rec Center or Mail forms to 15 Vanderbilt Ave

# Summer Youth Clinics

Early Bird  
Summer Registration:  
April 10-June 19  
Register Early and Save!

**Clinic Fees: C \$70, S \$70, N \$90 includes tee shirt \***



## Boxing Clinic \*NEW\*

**Ages:** 8-15  
**Dates:** July 17-July 21  
**Times:** 6:00-8:30pm  
**Location:** Youth Boxing Gym  
(Weibel Ice Rink 30 Weibel Ave)

Non contact to learn proper boxing techniques and conditioning. Light Contact for those who wish to take it to the next level. Full safety equipment and coaches approval required.  
*Need water, sneakers, towel*  
**Coordinator:** Youth Boxing Association



## Soccer

**Ages:** 4-12  
**Dates:** Session 1 July 31-Aug 4  
Session 2 Aug 7-Aug 11  
**Times:** 8:45am-11:45am  
**Location:** Veterans Mem Park (Geyser)

Get ready for our Fall Soccer program through fun games & activities which will provide a solid foundation of soccer skills. *Need shin pads, water, sneaker/cleats, no jewelry*  
**Coordinator:** Stephanie Geller, HS Coach



## Cheerleading

**Ages:** 5-13  
**Dates:** July 17-July 21  
**Times:** 8:30am-11:30am  
**Location:** Recreation Center

Like to Cheer? Want to learn how? Join our Cheerleading Clinic and learn the fundamentals of cheering.  
*Need water and sneakers*  
**Coordinators:** Samantha Trimboli



## Skate Park

**Ages:** 5-13  
**Dates:** August 21-August 25  
**Times:** 5:30pm-8:00pm  
**Location:** East Side Rec

Like to skateboard or want to learn how? Join our clinic and learn tricks and tips to become a better skateboarder.  
*Need water, helmet, pads, board*  
**Coordinator:** Benji Gleeksman



## Softball

**Ages:** 6-15  
**Dates:** August 14-August 18  
**Times:** 8:30am-11:30am  
**Location:** Veterans Mem. Park  
(Geyser)

Focusing on the fundamentals of Softball, this clinic will use drills to help develop the skills necessary to be a successful softball player.  
*Need water, sneaker/cleats, glove*  
**Coordinator:** Tony Devizzio

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# Ice Rink Information

**Early Bird Registrations:**  
 Spring: Feb 6-Feb 27  
 Summer: April 10-June 19  
 Register Early and Save!

## Intro to Ice Skating



### Spring Session

**Ages:** 3 and up (Adults included)  
**Dates:** Feb 28-Mar 21  
**Times:** Tues 10-11am, 5-6pm  
**Fees:** Early Bird After Feb 27th  
 City: \$ 25 \$ 50  
 Non-City: \$ 35 \$ 60

**Location:** Weibel Ice Rink

**Skate Rentals:** \$ 4/Class  
 \$ 25 Punch Card/Session

### Summer Session

**Ages:** 3 and up (Adults included)  
**Dates:** Jul 11-Aug 29  
**Times:** Tues 5-6:30pm  
**Fees:** Early Bird After June 19th  
 City: \$ 50 \$ 75  
 Non-City: \$ 70 \$ 95

**Location:** Weibel Ice Rink

**Skate Rental:** \$ 4/Class  
 \$ 25 Punch Card/Session

\*Days and Times subject to change\*

**Intro to Ice Skating** is designed to introduce participants to the exciting world of ice skating and build upon skills already learned. Our program prepares a skater for more specialized forms of ice skating. A strong foundation in skating can produce a lifetime of pleasure on the ice.

- Classes will be grouped by age and ability and will consist of 1/2 hour instruction and 1/2 hour practice.
- A responsible adult must accompany 3-6 yr olds on the ice. Adults do not need skates.
- Bike, Ski or Hockey helmets are mandatory for all children, whether they are on the ice or watching from a stroller.
- Skaters should wear snow or fleece pants, warm jacket and mittens or gloves.

**Coordinator:** Jill Ramos USFS Quad Gold Medalist  
 Over 15 years experience

#### Instructors:

Amanda Shelburne Regional and National Coach  
 PSA Master Rated  
 Pat Kenkel Regional and National Coach  
 Over 20 years experience  
 Kelsey Clechenko National Competitor

Visit [SaratogaRec.com](http://SaratogaRec.com) to view the monthly public ice skating schedule and for session details.

#### Open Public and Family Skate

(family skate 13 years or younger w/ parent)

**Fees:** C Adult \$4, C Child/Sr \$3,  
 N Adult \$5, N Child/Sr \$4 5 & under Free  
 Skate Rentals \$4, Sharpening \$4

#### Birthday Parties Available

See page 9 for details

#### 50+, Open Adult Hockey and Open Stick (hockey gear with full facemask needed)

**Fees:** C Adult \$10, C Child/Sr \$8,  
 N Adult \$12, N Child/Sr \$10, Coach \$5

#### Open Figure Skating

**Fees:** C Adult \$12, C Ch/Sr \$10,  
 N Adult \$14, N Ch/Sr \$12, Coach \$5

*Punch Cards are available for discounted rates.*

# Rec Center & Other Info

Visit [SaratogaRec.com](http://SaratogaRec.com) to view the Recreation Center's monthly schedule. The Rec Center's 4 courts can be converted for pickleball, basketball, volleyball and other activities. Must have Rec Card or proof of residency to receive discount.

### Open Gym

**Ages:** All  
**Dates:** Sept-June  
**Times:** [SaratogaRec.com](http://SaratogaRec.com)  
**Fees:** Free

### Adult Basketball

**Ages:** 18+  
**Dates:** Sept-June  
**Times:** Tues & Thur (chk website for times)  
**Fees:** C \$3 S \$3 N \$5

### Racquetball/Wallyball

**Ages:** All  
**Dates:** Sept-June  
**Times:** Racquet 1hr blocks/Wally 2 hr blocks  
**Fees:** C \$ 5 S \$ 5 N \$10  
 Seniors C \$ 3 S \$ 3 N \$ 8

### Pickleball

**Ages:** All  
**Dates:** Sept-May  
**Times:** M/W/F 9-11am Sun (varies)  
**Location:** Recreation Center  
**Fees:** C \$3 S \$3 N \$4



## Birthday Parties at the Saratoga Rec Center

Parties can be scheduled year round, call early to secure specific locations and times

- Can include MP Room, Game Room, Gym Time and/or Kitchen
- Check out our Party Packages and Themes!  
 10 Person party: City Res. \$150, Non City Res. \$175  
 11-20 person party: City Res. \$200, Non City Res. \$225  
 Choose from Basketball, Football, and Soccer themes

## Birthday Parties at the Ice Rinks

Parties are held during: Family Skate and Open Public

- Please Bring: Your own food, drink and decorations.
- The Ice Rink staff will set up a table for you in the lobby or locker room.
- Party cost includes price to skate and skate rentals





# Camp Saradac



Early Bird Camp  
Registration Ends  
May 15

## Registration Dates

City Residents: Feb 27-May 15  
All Residents: Mar 20-May 15



**Camp Saradac** at the Recreation Center is a summer Day Camp for children ages 5-15. Camp Saradac offers exciting new field trips, creative recreational and educational programs, arts & crafts, and weekly visits to the Peerless Pool. Camp activities are designed to promote fun and fitness while providing opportunities to grow!

## Camp Dates

June 26-August 18 Closed July 4th

## Camp Hours

Regular: 9:00am - 4:30pm  
Drop off: 8:45-9am Pickup: 4:30-4:45pm  
Before Care: 7:30am - 9:00am  
After Care: 4:30pm - 6:00pm

## Camp Fees

EB - Early Bird AEB - After Early Bird 5/15

	City	Non City
EB Weekly	\$ 170	\$ 235
EB Full 8 Wks	\$ 795	\$1085
AEB Weekly	\$ 195	\$ 260
AEB Full 8 Wks	\$ 820	\$1100
Before Care Wkly	\$ 30	\$ 40
After Care Wkly	\$ 30	\$ 40

### PAYMENT DUE DATES (if registered for full summer)

1ST PAYMENT DUE—At Registration

2ND PAYMENT DUE—May 22

3RD PAYMENT DUE—June 5

### Limited Scholarships Available!

To apply for a scholarship please complete and submit the scholarship application along with a registration form. **Verification of family-household income is required and must be attached.** The following are acceptable forms for verification.

1. Federal or State Income Tax Returns
2. Proof of residency i.e. property tax bill or renter's agreement- If relevant
3. Child support papers- if relevant
4. Social Services required paper work- if relevant
5. Housing Authority Letter— if relevant



### In order to register, parents MUST bring:

1. Child's immunization records— with out these we can not sign your child up for camp.
2. Registration and payment at the Rec Center
3. Proof of Residency or Rec Card:  
(City of Saratoga Springs property tax bill, S/B/L #, lease agreement or Water bill).

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C=City Resident, S=School District Resident, N=Non School District Resident  
To Register: Visit Rec Center or Mail forms to 15 Vanderbilt Ave

# Playground Program



New for 2017!

## Registration Dates

City Residents: Feb 27-May 15  
All Residents: Mar 20-May 15

## Fees

EB - Early Bird AEB - After Early Bird 5/15

**Hours**  
Regular: 9:15am-2:45pm  
Drop Off: 9-9:15am Pickup: 2:45-3pm

	City	Non City
EB Weekly	\$ 100	\$ 165
EB Full 7 Wks	\$ 450	\$ 515
AEB Weekly	\$ 125	\$ 190
AEB Full 7 Wks	\$ 475	\$ 540

## Dates

June 26-August 11 Closed July 4th

**Rain or Shine- No Field Trips/Pool**

The **Playground Program** is a 7 week program for ages 5-12 and designed to promote physical and mental well being through daily recreational activities and socialization. Located at Veterans Memorial Park, children will have the opportunity to participate in many new and familiar activities, cool off at the Interactive Spray Fountain, and explore the playground. Each day a new activity will keep children's minds sharp and encourage creativity!

## Summer Camp Employment Opportunities

Apply today to become a part of our Camp Saradac Team!  
Download an application at [www.SaratogaRec.com](http://www.SaratogaRec.com)

Camp Counselor	June – August (16 years and up)
Camp Counselor/Life Guard	June – August (16 years and up)
Head Counselor/Life Guard	June – August (19 years and up)
Assistant Camp Director	June – August Bachelor's Degree
Water Director	June – August (21 years and up)
Health Director (Nurse)	June – August LPN or higher



[www.SaratogaRec.com](http://www.SaratogaRec.com)



518-587-3550 x2300

[recreservations@saratoga-springs.org](mailto:recreservations@saratoga-springs.org)

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## Recreation Facilities

<b>Saratoga Springs Recreation Center</b>	15 Vanderbilt Ave
Multi-Purpose Room, Game Room, Racquetball Court, Multi-Purpose Gymnasium, Playground, Interactive Spray Fountain	
<b>East Side Rec.</b>	226 Lake Ave
Playgrounds, Interactive Spray Fountain, 3 Basketball Courts, 6 Tennis Courts, Handball Court, Skate Park, 1 Football Field, 6 Baseball Fields, Paved Track	
<b>West Side Rec.</b>	166 Division St
Playground, Interactive Spray Fountain, 3 Tennis Courts, 2 Basketball Courts, 3 Baseball Fields	
<b>North Side</b>	5 Clement Ave
Playground, 2 Lacrosse/Soccer Field	
<b>Veterans Memorial Park</b>	10 Adams Rd
Playground, Interactive Spray Fountain, Baseball Field, 4 Softball Fields, 2 Basketball Courts, 4 Tennis Courts, Jogging Path	
<b>East Side Skate Park</b>	226 Lake Ave
Ramps, Rails, 1/4 Pipe, Half-Pipe	
<b>Geyser Crest Courts</b>	26 Hathorn Blvd
2 Basketball Courts	
<b>Saratoga Springs Ice Rinks:</b>	
<b>Vernon Arena Ice Rink</b>	30 Weibel Ave
Regulation Sized Rink, Seats 500	
<b>Weibel Avenue Ice Rink</b>	30 Weibel Ave
Olympic Sized Rink, Seats 1500	
<b>Waterfront Park</b>	622-630 Crescent Ave
Picnic Area, Fishing, Non-Motorized Boat Launch	

## Employment

**Join our team!**

Download an application on our website  
[www.SaratogaRec.com](http://www.SaratogaRec.com)

- Summer Youth Parking
- Spring/Summer Sports Instructors
- Soccer Refs
- Rec Leaders
- Ice Rink Skate Guards



C=City Resident, S=School District Resident, N=Non School District Resident  
To Register: Visit Rec Center or Mail forms to 15 Vanderbilt Ave



# Saratoga Springs Recreation Department



## SUMMER CLINICS & PROGRAMS

Early Bird Registration April 10-June 19

Register by mail or in person at 15 Vanderbilt Avenue

Early Bird Clinic Fees: C \$70 S \$70 N \$ 90

Fees after June 19: C \$95 S \$95 N \$115

**Clinic fees include tee shirt**



## Summer Clinics



### Cheerleading

Ages: 5-13  
Dates: July 17-July 21  
Time: 8:30-11:30am  
Location: Recreation Center  
Coordinator: Samantha Trimboli  
Need: water, sneakers

### Girls Basketball

Ages: 7-13  
Dates: July 10-July 14  
Time: 8:30-11:30am  
Location: East Side Rec  
Coordinator: Tony Devizzio  
Need: water, sneakers

### Volleyball

Ages: 8-14  
Dates: July 17-July 21  
Time: 5:30-8:00pm  
Location: Recreation Center  
Coordinator: Willie Davis  
Need: water, sneakers

### American Legion Baseball

Ages: 5-14  
Dates: June 26-June 30  
Time: 8:30-11:30am  
Location: East Side Rec  
Coordinator: Paul Mound  
Need: water, sneakers/cleats, glove

### Field Hockey

Ages: 8-14  
Dates: July 10-July 14  
Time: 5:30-8:00pm  
Location: Rec Center Field  
Coordinator: Jackie Danek  
Need: stick, water, shin guards, mouth guard

### Tennis

Dates: July 24-July 28  
Ages/Time: 6-7 9:00-10am  
Ages/Time: 8-10 10:00-11am  
Ages/Time: 10-12 11:00-12noon  
Location: East Side Rec  
Coordinator: John Capozzola  
Need: racquet, water, sneakers

### Boxing \*New\*

Ages: 8-15  
Dates: July 17-July 21  
Time: 6:00-8:30pm  
Location: Youth Boxing Gym (Weibel Ice Rink)  
Coordinator: Youth Boxing Assoc.  
Need: Water, sneakers, towel

### Skate Park

Ages: 5-13  
Dates: Aug 21-Aug 25  
Time: 5:30-8:00pm  
Location: East Side Rec  
Coordinator: Benji Gleeksman  
Need: water, helmet, pads, board

### Softball

Ages: 6-15  
Dates: Aug 14-Aug 18  
Time: 8:30-11:30am  
Location: Veterans Mem Park (Geyser)  
Coordinator: Tony Devizzio  
Need: water, sneaker/cleats, glove

### Boys Basketball

Ages: 7-13  
Sess 1 Dates: July 3, July 5-7 (4 days)  
Sess 1 Time: 8:30-12noon  
Sess 2 Dates: Aug 7-Aug 11  
Sess 2 Time: 8:30-11:30am  
Location: East Side Rec  
Coordinator: Tony Devizzio  
Need: water, sneakers

### Soccer

Ages: 4-12  
Dates: Sess 1 July 31-Aug 4  
Sess 2 Aug 7-Aug 11  
Time: 8:45-11:45am  
Location: Vet Memorial Park (Geyser)  
Coordinator: Stephanie Geller  
Need: shin pads, water, sneakers/cleats \*no jewelry\*

Visit [SaratogaRec.com](http://SaratogaRec.com) and click on Rec Programs for the following information:

- Inclement weather information
- Other FAQs







# Saratoga Springs Recreation Department



**Program Fees Reflect Early Bird Discount**  
**Fees increase \$25 after June 19th**

## Summer Programs

### Intro to Ice Skating

Ages: 3 and up (Adults included)  
 Dates: July 11-Aug 29  
 Days: Tuesdays  
 Time: 5:00-6:00pm  
 Fee: C \$50 S \$70 N \$70  
 Location: Saratoga Springs Ice Rinks  
 Coordinator: Jill Ramos  
 Need: snow or fleece pants, jacket, mittens/gloves

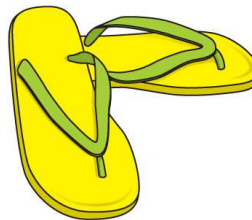


### Skating for Groms (skateboarding)

Ages: 4-8  
 Dates: July 11-Aug 15  
 Days: Mondays  
 Time: 5:00-6:00pm  
 Fee: C \$50 S \$50 N \$75  
 Location: East Side Rec  
 Coordinator: Benji Gleeksman  
 Need: water, helmet, pads, board

### Running Program (2 groups)

Dates: June 27-Aug 14  
 All Ages: M&W-6:00 pm  
 11 yrs & up: T/Th/F/S/S-10:00am  
 Fee: **FREE**  
 Location: Spa State Park (Little Theater)  
 Boys Coordinator: Shane Zanneti & Tom Reilly



### Summer Basketball

Grades: 4-8  
 Dates: July 3-Aug 7 (no July 4)  
 Days: Mon and Wed  
 Time: 6:00-7:30pm  
 Fee: C \$75 S \$75 N \$95  
 Location: Rec Center  
 Coordinator: Tom Reynolds  
 Need: water, sneakers

### Girls Coordinator:

Art & Linda Kranick  
 water, sneakers



### Zumba

Ages: 16+  
 Spring: April 16-June 14  
 Summer: June 28-Aug 16  
 Day/Time: Wed 6:00-7:00pm  
 Session Fees: C \$44 S \$60 N \$76  
 Drop In Fees: C \$ 6 S \$ 8 N \$10  
 Location: Rec Center  
 Coordinator: Janine Hawthorne  
 Need: water, sneakers

Register or mail forms to:

**Saratoga Springs Recreation Department**

15 Vanderbilt Ave Saratoga Springs, NY 12866

Cash or Check only

518-587-3550 ext 2300 [recreservations@saratoga-springs.org](mailto:recreservations@saratoga-springs.org)

Find Schedule, Information and Forms at: [SaratogaRec.com](http://SaratogaRec.com)



Join our  
mailing  
list!





# City of Saratoga Springs' Recreation Department

## Rec Card Application and Permission Agreement

New Primary Resident	_____
Renewal	_____

PRIMARY RESIDENT			
Last Name First		Male Female	D.O.B / /
Street Address		City	State Zip
Email		School District	
Cell ( )	Home ( )	Work ( )	

Office Use Only
Card Number

ADDITIONAL RESIDENTS (must reside in same household as primary resident)					
Last Name (indicate if different last name) First	M/F	D.O.B	Grade	School	
1.		/ /			
2.		/ /			
3.		/ /			
4.		/ /			
5.		/ /			
6.		/ /			

Office Use Only
Card Number

EMERGENCY CONTACTS			
Last Name First	Relationship	Cell Phone ( )	Home Phone ( )

MEDICAL AGREEMENT	
I fully understand and acknowledge that there are inherent risks and dangers in my participation and/or my child's participation in the city's recreational activities and that my participation and/or my child's participation in said activities and use of any equipment related to said activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or any other causes may result in risks and dangers and I hereby accept those risks. In the event of an emergency, I hereby authorize treatment by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Emergency Department Physician) and that I shall be responsible for the costs associated with that care. It is understood that reasonable efforts shall be made to contact the undersigned prior to rendering treatment, but that any treatments will not be withheld if the undersigned cannot be reached. I assume full responsibility for any medical treatment rendered.	
Primary Signature	Date
Secondary Signature (All additional residents 18 and Over must sign)	Date

RECREATION AGREEMENT	
Please consult your and/or your child's physician prior to you and/or your child's participation in any City of Saratoga Springs Recreation Program. If there are questions as to whether or not you or your child may be capable of participating in any activity sponsored by the City of Saratoga Springs Recreation Commission, please contact the City's Recreation Department at (518) 587-3550 extension 2300. In that you and/or your child have expressed a desire to participate in a City sponsored Recreation Program/Facilities, it is important that you and/or your child understand the goals and rules established for the Program. Each participant will have Rules of Conduct explained to him/her prior to the start of any activity. He/she must observe the rules as explained and accept the consequences of behavior modification if needed as outlined in the Recreation Handouts.	
In signing this agreement, I acknowledge that I fully understand there are inherent risks and dangers associated with my and/or my child's participation in Recreation sponsored activities. I also understand and acknowledge my and my Child's participation in these activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and hereby accept those risks. I understand that you and/or your child understand the goals and rules established for the Program. Each participant will have Rules of Conduct explained to him/her prior to the start of any activity. He/she must observe the rules as explained and accept the consequences of behavior modification if needed as outlined in the Recreation Handouts.	
I hereby agree that my child and I will participate in City sponsored Recreation Program activities in accordance with the City's rules and regulations and acknowledge no physical or emotional issue which would prohibit me or my child from participation. I agree to indemnify and save harmless the City of Saratoga Springs from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of my child and my participation in Recreation Commission sponsored events provided that any such claim, damage, loss or expense is not directly attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the negligent act or omission of the City, its agents or employees.	
Primary Signature	Date
Secondary Signature (18 and Over)	Date

OFFICE USE ONLY			
Circle Residency: City    School    Non School	List type of proof _____ (tax bill, s/b/l number, lease agreement*, water/sewer bill) *page number in city street book      City/School ONLY	Date:	Staff Initials:



## City of Saratoga Springs' Recreation Department

### ***Rec Card Application and Permission Agreement***

The **REC CARD** is a two year agreement that allows participation in the City of Saratoga Springs Recreation Department programs. Regardless of your residency, if you are registering for a program or participating in one of our daily programs, the **Rec Card** can benefit you!

#### **Why get a Rec Card?**

1. Program discounts for City and School district residents. Without a **REC CARD** or proof of residency at the time of registering or paying for a program you will be charged the highest rate.
2. Simpler registration and less paperwork for you. The **REC CARD** is good for two years and serves as your permission agreement for any recreation program. Simply include your **REC CARD** number on the registration form or show your **REC CARD** at the time of registration. This eliminates the necessity of completing permission agreement forms for every program you register for or are participating in.
3. Free Open Gym. **REC CARD** holders can participate in Free open gym. Non **REC CARD** holders must complete additional paperwork.

*All individuals who want to participate in Recreation Department programs, regardless of residency, should apply for a **REC CARD**.*

#### **How do I get a Rec Card?**

Bring your proof of residency, such as City or School tax bill, sewer/water bill, lease agreement, or any document with your section/block/lot number included on it, to the Recreation Center, 15 Vanderbilt Ave. Complete the **REC CARD** application at the front desk. Your picture will be taken and you will be given your new **REC CARD**. All individuals on the application will need to have a picture taken.

*If you live outside the School District, proof of residency is not needed but you should still obtain a **REC CARD** to participate in programming so you do not need to complete the additional paperwork each time you participate.*

#### **Where to use your Rec Card?**

1. **Programs**- When registering for a program (soccer, basketball, clinics) include your **Rec Card #** or show your card at the time of registration. You will not be required to complete the permission agreement forms and you will receive the appropriate discount. Participants without a **Rec Card** or proof of residency will be charged the highest rate.
2. **Daily Programs** (Adult Basketball, Racquetball, Drop-In Zumba, Pickleball)- All participants will be required to have a **Rec Card** to participate. All visitors and non **Rec Card** holders will be required to complete a permission agreement each visit and will be charged the highest rate unless proof of residency is provided each time.
3. **Ice Rink Programs** – Show your **Rec Card** at the window to receive the discount. All visitors and non **Rec Card** holders will be required to complete a permission agreement each time and will be charged the highest rate unless proof of residency is provided each time.
4. **Free Open Gym**- All participants will be required to have a **Rec Card** to participate. All visitors and non **Rec Card** holders will be required to complete a permission agreement each visit.

#### **How do I renew my Rec Card?**

All Rec Cards will expire two years after you receive your initial **Rec Card**. To renew your **Rec Card**, you will have to again show your proof of residency at the Recreation Center and complete the **Rec Card** application and permission agreement Form.

Saratoga Springs Recreation Department  
15 Vanderbilt Avenue, Saratoga Springs, New York 12866



# Saratoga Springs Recreation Department

## Summer Clinic/Program Registration

Please Print Clearly

Does the participant have a Rec Card? \_\_\_\_\_ Yes If **YES**, write Rec Card # \_\_\_\_\_ and complete this registration form.  
 \_\_\_\_\_ No If **NO**, please complete attached Rec Card application.

**If you do not have a Rec Card, you must provide proof of Residency with the registration to receive City/School District Rate.**

### PARTICIPANT INFORMATION

Circle one:		<b>City Resident (C)</b>	<b>School District Resident (S)</b>	<b>Non School District Resident (N)</b>		
Last Name	First	Male Female	Current Grade	School	Birth Date	Age
Address		City	State	Zip Code	Primary Phone (      )	
Parent / Guardian Name		First	Email			

Please list any allergies/medical problems, including those requiring maintenance medications. Attach additional sheets if necessary:

**Early Bird Registration ends June 19th**  
**Registration for each clinic/program will be an additional \$25 after June 19th**

### SUMMER CLINICS

Circle Tee Shirt Size: Youth: S M L Adult: S M L XL

Circle all applicable CODES					Circle all applicable CODES				
Date	Clinic	C \$70/\$95	S \$70/\$95	N \$90/\$115	Date	Clinic	C \$70/\$95	S \$70/\$95	N \$90/\$115
July 17-21	Boxing	6LXMCC	6LXMCS	6LXMEN	Aug 21-25	Skate Park	6L5MCC	6L5MCS	6L5MCN
July 3-7	Boys Basketball	6LBMCC	6LBMMS	6LBMEN	Aug 14-18	Softball	6L3MCC	6L3MCS	6L3MCN
Aug 7-11	Boys Basketball	6LBMCC	6LBMMS	6LBMEN	Jul 31-Aug 4	Soccer	6L8MCC	6L8MCS	6L8MCN
July 17-21	Cheerleading	6LCMCC	6LCMCS	6LCMCN	Aug 7-11	Soccer	6L8MCC	6L8MCS	6L8MCN
July 10-14	Field Hockey	6LFMCC	6LFMCS	6LFMCN	July 17-21	Volleyball	6LVMCC	6LVMCS	6LVMCN
July 10-14	Girls Basketball	6LBMFC	6LBMFS	6LBMFN					
Jun 26-Jun 30	Am. Legion Baseball	6L1MCC	6L1MCS	6L1MCN	Jul 24-Jul 28	Tennis	6LTMCC	6LTMCS	6LTMEN
					Tennis only circle age group: 6-7yrs 8-10yrs 10-12yrs				

### SUMMER PROGRAMS

Circle Shirt/Jersey Size: Youth: S M L Adult: S M L XL Circle all applicable CODES and FEES

Date	Program	C	S	N
Jul 11-Aug 29	Intro to Ice Skating Kids	6WKMCC \$ 50/\$75	6WKMCN \$70/\$95	6WKMCN \$70/\$95
Jul 11-Aug 29	Intro to Ice Skating Adults	6WSACC \$50/\$75	6WSACS \$70/\$95	6WSACN \$70/\$95
Jun 26-Aug 13	Running - ALL Ages M/W	6LDMCN Free	6LDMCN Free	6LDMCN Free
Jun 26-Aug 13	Running 11+yr T/Th/F/S/S	6LDMCN Free	6LDMCN Free	6LDMCN Free
Jul 10-Aug 14	Skating for Grooms	6L5MCC \$50/\$75	6L5MCS \$50/\$75	6L5MCN \$70/\$95
Jul 3-Aug 7	Summer Basketball Grades 4-8	6PBMMC \$ 75/\$100	6PBMMC \$75/\$100	6PBMMN \$95/\$120
Jun 28-Aug 16	Zumba (drop in also available)	6RZACC \$44 Drop In: \$ 6	6RZACS \$60 Drop In: \$ 8	6RZACN \$76 Drop In: \$10

### VOLUNTEERING

Shirt Adult: S M L XL XXL

Your Name

Program Volunteering For

- Must** complete Volunteer Application at registration time or pay registration fee.
- \$25 Fee for all volunteer coaches after June 19th

### OFFICE USE ONLY

City/School District Proof (tax bill, s/b/l number, water/sewer bill, lease agreement, Rec Card):

Cash Amount:	Check #:	Total Amount:	Date:	Batch #:	Circle Max Entered: Y N	Staff Initials:
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There will be no reminder phone calls about the clinics/programs, please keep the calendar of dates! Please make checks payable to the Commissioner of Finance.





Saratoga Springs Recreation Department

Early Bird Registration:  
April 10-June 19  
Register Early and Save!

# Intro to Ice Skating Summer 2017

Register at 15 Vanderbilt Avenue, Saratoga Springs  
Mon-Fri 9am-8pm Sat 8am-7pm Sun 12-6pm

"A strong foundation can produce a lifetime of pleasure on the ice"

Early Bird Fees:

C \$50 N \$70

Fees after Feb 27th:

C \$70 N \$95



**Ages:**

**3 and up (Adults Included)**

**Location:**

**Ice Rinks (Weibel and Vernon)**

**Dates:**

**Jul 11-Aug 29**

**Day:**

**Tuesday**

**Coordinator: Jill Ramos USFS Quad Gold**

**Time:**

**5-6pm**

**Over 15 years experience**

Intro to Ice Skating is designed to introduce participants to the exciting world of ice skating and to build upon skills already learned. Our instructors have many years of experience teaching and will emphasize fun and safety while providing proper technique in ice skating basics. Classes are grouped by age and ability, and will consist of 1/2 hour instruction and 1/2 hour practice.

- A responsible adult must accompany 3-6 yr olds on the ice and be available to assist instructors. Adults do not need to wear skates.
- Bike, Ski or Hockey helmets are mandatory for all children, whether they are on the ice participating or watching from a stroller.
- Use Single Blade Skates ONLY.
- Rental skates are available for \$4 per class or \$25 per session.
- Please dress accordingly with outdoor winter clothing (snow pants, jacket, mittens).

**Register early to secure a spot!**

**Attention all Skaters: Family Skate, Open Public, Open Stick, Open Adult Hockey, 50+ Hockey & Open Figure sessions also available!**

**Register or mail forms to:**

**Saratoga Springs Recreation Department**

15 Vanderbilt Ave Saratoga Springs, NY 12866

Cash or Check only

518-587-3550 ext 2300 [reservations@saratoga-springs.org](mailto:reservations@saratoga-springs.org)

**Find Schedule, Information and Forms at: [SaratogaRec.com](http://SaratogaRec.com)**



Join our  
mailing  
list!









# City of Saratoga Springs' Recreation Department

## Rec Card Application and Permission Agreement

New Primary Resident	_____
Renewal	_____

PRIMARY RESIDENT			
Last Name First		Male Female	D.O.B / /
Street Address		City	State Zip
Email		School District	
Cell ( )	Home ( )	Work ( )	

Office Use Only
Card Number

ADDITIONAL RESIDENTS (must reside in same household as primary resident)					
Last Name (indicate if different last name)	First	M/F	D.O.B	Grade	School
1.			/ /		
2.			/ /		
3.			/ /		
4.			/ /		
5.			/ /		
6.			/ /		

Office Use Only
Card Number

EMERGENCY CONTACTS			
Last Name First	Relationship	Cell Phone ( )	Home Phone ( )

MEDICAL AGREEMENT	
I fully understand and acknowledge that there are inherent risks and dangers in my participation and/or my child's participation in the city's recreational activities and that my participation and/or my child's participation in said activities and use of any equipment related to said activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or any other causes may result in risks and dangers and I hereby accept those risks. In the event of an emergency, I hereby authorize treatment by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Emergency Department Physician) and that I shall be responsible for the costs associated with that care. It is understood that reasonable efforts shall be made to contact the undersigned prior to rendering treatment, but that any treatments will not be withheld if the undersigned cannot be reached. I assume full responsibility for any medical treatment rendered.	
Primary Signature	Date
Secondary Signature (All additional residents 18 and Over must sign)	Date

RECREATION AGREEMENT	
Please consult your and/or your child's physician prior to you and/or your child's participation in any City of Saratoga Springs Recreation Program. If there are questions as to whether or not you or your child may be capable of participating in any activity sponsored by the City of Saratoga Springs Recreation Commission, please contact the City's Recreation Department at (518) 587-3550 extension 2300. In that you and/or your child have expressed a desire to participate in a City sponsored Recreation Program/Facilities, it is important that you and/or your child understand the goals and rules established for the Program. Each participant will have Rules of Conduct explained to him/her prior to the start of any activity. He/she must observe the rules as explained and accept the consequences of behavior modification if needed as outlined in the Recreation Handouts.	
In signing this agreement, I acknowledge that I fully understand there are inherent risks and dangers associated with my and/or my child's participation in Recreation sponsored activities. I also understand and acknowledge my and my Child's participation in these activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and hereby accept those risks. I understand that you and/or your child understand the goals and rules established for the Program. Each participant will have Rules of Conduct explained to him/her prior to the start of any activity. He/she must observe the rules as explained and accept the consequences of behavior modification if needed as outlined in the Recreation Handouts.	
I hereby agree that my child and I will participate in City sponsored Recreation Program activities in accordance with the City's rules and regulations and acknowledge no physical or emotional issue which would prohibit me or my child from participation. I agree to indemnify and save harmless the City of Saratoga Springs from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of my child and my participation in Recreation Commission sponsored events provided that any such claim, damage, loss or expense is not directly attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the negligent act or omission of the City, its agents or employees.	
Primary Signature	Date
Secondary Signature (18 and Over)	Date

OFFICE USE ONLY			
Circle Residency: City    School    Non School	List type of proof _____ (tax bill, s/b/l number, lease agreement*, water/sewer bill) *page number in city street book      City/School ONLY	Date:	Staff Initials:



## City of Saratoga Springs' Recreation Department

### ***Rec Card Application and Permission Agreement***

The **REC CARD** is a two year agreement that allows participation in the City of Saratoga Springs Recreation Department programs. Regardless of your residency, if you are registering for a program or participating in one of our daily programs, the **Rec Card** can benefit you!

#### **Why get a Rec Card?**

1. Program discounts for City and School district residents. Without a **REC CARD** or proof of residency at the time of registering or paying for a program you will be charged the highest rate.
2. Simpler registration and less paperwork for you. The **REC CARD** is good for two years and serves as your permission agreement for any recreation program. Simply include your **REC CARD** number on the registration form or show your **REC CARD** at the time of registration. This eliminates the necessity of completing permission agreement forms for every program you register for or are participating in.
3. Free Open Gym. **REC CARD** holders can participate in Free open gym. Non **REC CARD** holders must complete additional paperwork.

*All individuals who want to participate in Recreation Department programs, regardless of residency, should apply for a **REC CARD**.*

#### **How do I get a Rec Card?**

Bring your proof of residency, such as City or School tax bill, sewer/water bill, lease agreement, or any document with your section/block/lot number included on it, to the Recreation Center, 15 Vanderbilt Ave. Complete the **REC CARD** application at the front desk. Your picture will be taken and you will be given your new **REC CARD**. All individuals on the application will need to have a picture taken.

*If you live outside the School District, proof of residency is not needed but you should still obtain a **REC CARD** to participate in programming so you do not need to complete the additional paperwork each time you participate.*

#### **Where to use your Rec Card?**

1. **Programs**- When registering for a program (soccer, basketball, clinics) include your **Rec Card #** or show your card at the time of registration. You will not be required to complete the permission agreement forms and you will receive the appropriate discount. Participants without a **Rec Card** or proof of residency will be charged the highest rate.
2. **Daily Programs** (Adult Basketball, Racquetball, Drop-In Zumba, Pickleball)- All participants will be required to have a **Rec Card** to participate. All visitors and non **Rec Card** holders will be required to complete a permission agreement each visit and will be charged the highest rate unless proof of residency is provided each time.
3. **Ice Rink Programs** – Show your **Rec Card** at the window to receive the discount. All visitors and non **Rec Card** holders will be required to complete a permission agreement each time and will be charged the highest rate unless proof of residency is provided each time.
4. **Free Open Gym**- All participants will be required to have a **Rec Card** to participate. All visitors and non **Rec Card** holders will be required to complete a permission agreement each visit.

#### **How do I renew my Rec Card?**

All Rec Cards will expire two years after you receive your initial **Rec Card**. To renew your **Rec Card**, you will have to again show your proof of residency at the Recreation Center and complete the **Rec Card** application and permission agreement Form.

Saratoga Springs Recreation Department  
15 Vanderbilt Avenue, Saratoga Springs, New York 12866

# Skating Skills Checklist

Dear Parent/Skater:

Thank you for registering for the Saratoga Springs Recreation Department's Intro to Ice Skating program!

**If you or your child (children) have NOT been in our program before:**

Please place a check mark next to those skills you or your child (children) is (are) able to do.

This will help us place you or your child (children) in the appropriate class.

If you are unsure, place a ? next to the skill.

If you or your child (children) has (have) never skated before, please place a check mark here \_\_\_\_.

If you could email it to [jill.ramos@saratoga-springs.org](mailto:jill.ramos@saratoga-springs.org) I would appreciate it.

Thanks for your cooperation!

Jill Ramos

Program Coordinator

Saratoga Springs Recreation Department

Skater's Name: \_\_\_\_\_

\_\_\_\_ Sit and stand up with skates on - off ice

\_\_\_\_ Sit and stand up – on ice

\_\_\_\_ March in place

\_\_\_\_ March forward

\_\_\_\_ March, then glide on 2 feet

\_\_\_\_ Dip in place

\_\_\_\_ Dip while moving

\_\_\_\_ Forward pumps around circle

\_\_\_\_ Backward pumps around circle

\_\_\_\_ Forward outside edge, R & L

\_\_\_\_ Forward inside edge, R & L

\_\_\_\_ Forward crossovers

\_\_\_\_ Forward swizzles

\_\_\_\_ Backward wiggles

\_\_\_\_ Forward skating

\_\_\_\_ Snowplow stop

\_\_\_\_ Forward 1 foot glide

\_\_\_\_ Backward swizzles

\_\_\_\_ Forward slaloms in s straight line

\_\_\_\_ Backward crossovers

\_\_\_\_ 2-foot turn from forward to backward in place

\_\_\_\_ Moving forward 2-foot turn

\_\_\_\_ Forward outside 3-turn, R & L, from a stand still

\_\_\_\_ Forward inside 3-turn, R & L, from a stand still

( )

( )

( )

2

( )

( )

( )

1

3

3



# Saratoga Springs Recreation Department

## Summer Clinic/Program Registration

Please Print Clearly

Does the participant have a Rec Card? \_\_\_\_\_ Yes If **YES**, write Rec Card # \_\_\_\_\_ and complete this registration form.  
 \_\_\_\_\_ No If **NO**, please complete attached Rec Card application.

**If you do not have a Rec Card, you must provide proof of Residency with the registration to receive City/School District Rate.**

### PARTICIPANT INFORMATION

Circle one:		<b>City Resident (C)</b>	<b>School District Resident (S)</b>	<b>Non School District Resident (N)</b>		
Last Name	First	Male Female	Current Grade	School	Birth Date	Age
Address		City	State	Zip Code	Primary Phone (      )	
Parent / Guardian Name		First	Email			

Please list any allergies/medical problems, including those requiring maintenance medications. Attach additional sheets if necessary:

**Early Bird Registration ends June 19th**

**Registration for each clinic/program will be an additional \$25 after June 19th**

### SUMMER CLINICS

Circle Tee Shirt Size: Youth: S M L Adult: S M L XL

Circle all applicable CODES					Circle all applicable CODES				
Date	Clinic	C \$70/\$95	S \$70/\$95	N \$90/\$115	Date	Clinic	C \$70/\$95	S \$70/\$95	N \$90/\$115
July 17-21	Boxing	6LXMCC	6LXMCS	6LXMEN	Aug 21-25	Skate Park	6L5MCC	6L5MCS	6L5MCN
July 3-7	Boys Basketball	6LBMCC	6LBMMS	6LBMEN	Aug 14-18	Softball	6L3MCC	6L3MCS	6L3MCN
Aug 7-11	Boys Basketball	6LBMCC	6LBMMS	6LBMEN	Jul 31-Aug 4	Soccer	6L8MCC	6L8MCS	6L8MCN
July 17-21	Cheerleading	6LCMCC	6LCMCS	6LCMCN	Aug 7-11	Soccer	6L8MCC	6L8MCS	6L8MCN
July 10-14	Field Hockey	6LFMCC	6LFMCS	6LFMCN	July 17-21	Volleyball	6LVMCC	6LVMCS	6LVMCN
July 10-14	Girls Basketball	6LBMFC	6LBMFS	6LBMFN					
Jun 26-Jun 30	Am. Legion Baseball	6L1MCC	6L1MCS	6L1MCN	Jul 24-Jul 28	Tennis	6LTMCC	6LTMCS	6LTMEN
					Tennis only circle age group: 6-7yrs 8-10yrs 10-12yrs				

### SUMMER PROGRAMS

Circle Shirt/Jersey Size: Youth: S M L Adult: S M L XL Circle all applicable CODES and FEES

Date	Program	C	S	N
Jul 11-Aug 29	Intro to Ice Skating Kids	6WKMCC \$ 50/\$75	6WKMCN \$70/\$95	6WKMCN \$70/\$95
Jul 11-Aug 29	Intro to Ice Skating Adults	6WSACC \$50/\$75	6WSACS \$70/\$95	6WSACN \$70/\$95
Jun 26-Aug 13	Running - ALL Ages M/W	6LDMCN Free	6LDMCN Free	6LDMCN Free
Jun 26-Aug 13	Running 11+yr T/Th/F/S/S	6LDMCN Free	6LDMCN Free	6LDMCN Free
Jul 10-Aug 14	Skating for Grooms	6L5MCC \$50/\$75	6L5MCS \$50/\$75	6L5MCN \$70/\$95
Jul 3-Aug 7	Summer Basketball Grades 4-8	6PBMMC \$ 75/\$100	6PBMMC \$75/\$100	6PBMMN \$95/\$120
Jun 28-Aug 16	Zumba (drop in also available)	6RZACC \$44 Drop In: \$ 6	6RZACS \$60 Drop In: \$ 8	6RZACN \$76 Drop In: \$10

### VOLUNTEERING

Shirt Adult: S M L XL XXL

Your Name

Program Volunteering For

- Must** complete Volunteer Application at registration time or pay registration fee.
- \$25 Fee for all volunteer coaches after June 19th

### OFFICE USE ONLY

City/School District Proof (tax bill, s/b/l number, water/sewer bill, lease agreement, Rec Card):

Cash Amount:	Check #:	Total Amount:	Date:	Batch #:	Circle Max Entered: Y N	Staff Initials:
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There will be no reminder phone calls about the clinics/programs, please keep the calendar of dates! Please make checks payable to the Commissioner of Finance.

City of Saratoga Springs Recreation Department  
15 Vanderbilt Avenue  
Saratoga Springs, New York 12866-4914

Contact Number: (518) 587-3550 ext. 2300  
E-mail: [RecReservations@saratoga-springs.org](mailto:RecReservations@saratoga-springs.org)

The City of Saratoga Springs Recreation programs offer volunteer opportunities for interested participants to assist in coaching of various sports such as soccer, lacrosse, and basketball, also, volunteer timekeepers, volunteer refereeing, etc. Potential volunteer clerical opportunities may be available. All volunteers must go through a background check.

#### Soccer Referees and Coaching

Spring Soccer program runs April through June with games in May and June. The program runs throughout the week. Weeknight games generally begin at 5:00 p.m. or 5:30pm. Weekend games generally run between 9am-1pm. Participants are Age 3 through grade 12.

Fall Soccer program runs September through 1<sup>st</sup> weekend in November with games in September, October and the 1<sup>st</sup> weekend in November. The program runs throughout the week. Weeknight games generally begin at 5:00 p.m. or 5:30pm. Weekend games generally run between 9am-1pm. Participants are grades Pre-K through grade 12.

#### Lacrosse Coaches and Referees

Spring Lacrosse program runs April through June with games in May and June. The program runs throughout the week. Program runs on the weekdays and on the weekends. Participants are grades 2 through grade 12.

#### Sports Clinics Assistants

Volunteers help coordinators and instructors with one-week clinics and/or other programs throughout the Summer. The volunteer would need to be knowledgeable with the Sport that he/she would like to help in.

#### Basketball Coaches, Referees and Scorekeepers

Winter Basketball program runs October through March with games in December through March. Program runs on the weekdays and on the weekends. Participants are ages 7-12 or grades 2-9.

#### Saratoga Springs Recreation Center Volunteers

Opportunities include but are not limited to homework help, chaperone special events and/or nightly activities, & instructors of classes. The volunteer opportunities are endless and year round.

## City of Saratoga Springs Volunteer Application

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FULL LEGAL FIRST NAME MIDDLE NAME LAST NAME

PREVIOUS/CURRENT NAMES/NICKNAMES/ALIASES: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

ACTUAL ADDRESS (NO PO BOX) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE H \_\_\_\_\_ W \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

CURRENT EMPLOYMENT & EMPLOYER \_\_\_\_\_

PROFESSION \_\_\_\_\_

Have you been convicted of a felony within the past five years? YES NO

If YES, please explain:

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

IF YOU ARE UNDER 21, PLEASE COMPLETE THE FOLLOWING:

PARENT/LEGAL GUARDIAN'S NAME(S): \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT #: \_\_\_\_\_

Please provide two personal or professional references:

Name

Phone Number

Relationship

1. \_\_\_\_\_

2. \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

**Unless otherwise notified you will be assigned a team. If this application is not returned in a timely manner you will be billed for your child's Recreation fee.**

I affirm under penalties of perjury that all statements made on this application are true. I understand that my NY State driver license is subject to investigation and verification and that a misstatement may disqualify me from volunteering.

It is the parties intention that the Individual will be volunteer and not the City's employee for all purposes, including but not limited to, the application of the Fair Labor Standards Act, minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the Federal Unemployment Tax Act, the provisions of the Internal Revenue Code, the New York State Revenue and Taxation Law, the New York State Workers' Compensation Law and the New York State Unemployment Insurance Law.

The Individual shall indemnify and hold the City harmless from all losses, injuries or damages, and wages or overtime compensation due to the Individual or his/her employees in rendering services pursuant to this Agreement, including payment of reasonable attorneys' fees and costs in the defense of any claim made under the Fair Labor Standards Act or any other federal or state law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you have a disability, what accommodations would you need to do this volunteer position?

\_\_\_\_\_

Shirts are required for all coaches; please enter your shirt size \_\_\_\_\_

Sport:\_\_\_\_\_ Have you played this sport before?\_\_\_\_\_ # of years of Experience: \_\_\_\_\_

Child's Name Playing Sport: \_\_\_\_\_ Age:\_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name Playing Sport: \_\_\_\_\_ Age:\_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name Playing Sport: \_\_\_\_\_ Age:\_\_\_\_\_ Grade: \_\_\_\_\_

Any Special request (if you want to coach with someone else or request one other player to be on your team) \_\_\_\_\_

What position are you volunteering for? Coach \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Ass't Coach \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Recreation Center \_\_\_\_\_ Other(Specify) \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone number \_\_\_\_\_

Approved civil service \_\_\_\_\_ Scheduled \_\_\_\_\_ Orientation date \_\_\_\_\_

Assigned Supervisor: \_\_\_\_\_ Assigned Department: \_\_\_\_\_



## City of Saratoga Springs, NY Healthcare Services Agreement

City Project Number: \_\_\_\_\_ City Project Name: \_\_\_\_\_  
City Department: \_\_\_\_\_ Department Contact Person: \_\_\_\_\_ City Ext. \_\_\_\_\_  
Company Name: Corporate Health Services  
Company Address: 2388 Route 9, Mechanicville, NY 12118  
Company Telephone No.: 518-886-5412 Company Fax No.: 518-899-8068  
Healthcare Provider Primary Contact: Nancy Posinelli Title: Business Manager  
Primary Contact Email: npolsinelli@saratogacare.org  
Service to be Provided: vaccines, drug testing, physicals, fit for duty, OSHA Questionnaire review, visual testing, pulmonary function, EKGs, vital signs  
Remit Name (If different from above): \_\_\_\_\_  
Remit Address: \_\_\_\_\_

1. **Scope of Agreement:** In response to a request for a pricing proposal requested by the City of Saratoga, the Healthcare Provider submitted proposals dated 3/17/16 & 10/27/16 (the "Proposals"), which are attached hereto as Exhibit A. The Healthcare Provider shall provide to the City the products and/or services set forth therein. The Healthcare Provider assumes full responsibility for the provision of the products and/or services made available in this Agreement. The Healthcare Provider shall be so liable even when the Healthcare Provider subcontract the provision of a portion of the products and/or services. Subcontracting shall be permitted only with the prior written approval of the City, which approval shall not be unreasonably withheld.
2. **Term of Agreement:** This Agreement shall continue in force from the effective date until October 2019. Any modification of the work performed by the Healthcare Provider shall be made in writing and shall not be undertaken until the City agrees to the modification. The Healthcare Provider assume full responsibility for the provision of the products and/or services contracted for in this Agreement. The Healthcare Provider shall be so liable even when the Healthcare Provider subcontract the provision of a portion of the products and/or services. Subcontracting shall be permitted only with prior written notice and written approval of the City, which approval shall not be unreasonably withheld and in which there shall be a timely response to any such request. Any notices sent to the City under this Agreement will be effective five (5) days after the postmarked date of mailing by certified mail, return receipt requested: City of Saratoga Springs, City Attorney, 474 Broadway, Saratoga Springs, NY 12866. The Healthcare Provider will provide his or her own equipment and materials as necessary to perform the work.
3. **Terms of Payment:** The City shall pay the Healthcare Provider in accordance with the City Charter per the Purchasing Guidelines established by the City (a copy of the Purchasing Guidelines is attached). All work performed under this agreement must be in accordance with the NYS Department of Labor Prevailing Wage Regulations. The Costs, fees, and disbursements associated with the provisions of the products and/or services shall be determined in accordance with the proposal submitted not to exceed \$14,500 per year, a copy of which is annexed hereto and made a part hereof, subject to appropriations.
4. **Conflicts of Interest:** The Healthcare Provider represents and warrants that it has no conflict, actual or perceived, that would prevent it from performing its duties and responsibilities under the Agreement.
5. **Retention of Records:** The Healthcare Provider shall make available to the City all information pertinent to the project, including reports, studies, drawings, and any other data. All original records generated as a result of the project shall be maintained by the Healthcare Provider for a period of six (6) years after expiration of the Agreement. Upon request, copies of those records shall be provided to the City at no cost. Notwithstanding the foregoing, medical records and protected health information (as such term is defined by federal law) will not be made available to the City unless all provisions of state and federal law governing confidentiality and privacy of medical records and protected health information have been satisfied.
6. **Independent Contractor Status:** It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing the relationship of copartners between the parties hereto or as constituting the Healthcare Provider's staff as the agents, representatives or employees of the City for any purpose in any manner whatsoever. The Healthcare Provider and its staff are to be and shall remain an independent contractor with respect to all services performed under this Agreement. The Healthcare Provider represents that it has, or will secure at its own expense, all personnel required in performing services under this Agreement. Any and all personnel of the Healthcare Provider or other persons, while engaged in the performance of any work or services required by the Healthcare Provider under this Agreement, shall not be considered employees of the City, and any and all claims that may or might arise under the Workers' Compensation Laws of the State of New York on behalf of said personnel or other persons while so engaged, and any and all claims whatsoever on behalf of any such person or personnel arising out of employment or alleged employment including, without limitation, claims of discrimination against the Healthcare Provider, its officers, agents, Healthcare Providers or employees shall in no way be the responsibility of the City; and the Healthcare Provider shall defend, indemnify and hold the City, its officers, agents and employees harmless from any and all such claims regardless of any determination of any pertinent tribunal, agency, board, commission or court. Such personnel or other persons shall not require nor be entitled to any compensation, rights or benefits of any kind whatsoever from the City, including, without limitation, tenure rights, medical and hospital care, sick and vacation leave, Workers' Compensation, Unemployment Compensation, disability, and severance pay.
7. **Insurance:** The City of Saratoga Springs herein requires the following terms and conditions regarding the agreement for the provision of professional services as outlined above: The Healthcare Provider shall procure and maintain during the term of this Agreement, at the Healthcare Provider's expense, the insurance policies listed with limits equal to or greater than the enumerated limits. The Healthcare Provider shall be solely responsible for any self-insured retention or deductible losses under each of the required policies. Every required policy, including any required endorsements and any umbrella or excess policy, shall be primary insurance. Insurance carried by the City of Saratoga Springs, its officers, or its employees, if any, shall be excess and not contributory insurance to that provided by the Healthcare Provider. Every required coverage type shall be "occurrence basis" with the exception of Professional Errors and Omissions Coverage which may be "claims made" coverage. The Healthcare Provider may utilize umbrella/excess liability coverage to achieve the limits required hereunder; such coverage must be at least as broad as the primary coverage (follow form). The Office of Risk & Safety Management must approve all insurance certificates. The City of Saratoga Springs reserves its right to request certified copies of any policy or endorsement.

rights it has in law or equity, including but not limited to the following: (1) immediate termination of the Agreement; (2) withholding any/all payment(s) due under this Agreement or any other Agreement it has with the Healthcare Provider (common law set-off); OR (3) procuring or renewing any required coverage(s) or any extended reporting period thereto and paying any premiums in connection therewith. All monies so paid by the City of Saratoga Springs shall be repaid upon demand, or at the City's option, may be offset against any monies due to the Healthcare Provider.

The City of Saratoga Springs requires the Healthcare Provider name the City as a Certificate Holder for the following coverage for the work covered by this Agreement:

- **Professional Healthcare Liability Insurance:** One Million per Claim with Three Million Aggregate for the provision of professional healthcare services; and
- **NYS Statutory Workers' Compensation, Employer's Liability and Disability Insurance:** Failure to secure compensation for the benefit of, and keep insured during the life of this agreement, employees required in compliance with the provisions of Workers' Compensation Law shall make this Agreement void and of no effect.

It shall be an affirmative obligation of the Healthcare Provider to advise City's Office of Risk and Safety via mail to Office of Risk and Safety, City of Saratoga Springs, 474 Broadway, Saratoga Springs, NY 12866, within two days of the cancellation or substantive change of any insurance policy set out herein, and failure to do so shall be construed to be a breach of this Agreement. The Healthcare Provider acknowledges that failure to obtain such insurance on behalf of the municipality constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the City. The Healthcare Provider is to provide the City with a Certificate of Insurance naming the City as *Additional Insured on a primary and non-contributory basis prior* to the commencement of any work or use of City facilities. The failure to object to the contents of the Certificate of Insurance or the absence of same shall not be deemed a waiver of any and all rights held by the municipality. In the event the Healthcare Provider utilizes a Subcontractor for any portion of the services outlined within the scope of its activities, the Subcontractor shall provide insurance of the same type or types and to the same extent of coverage as that provided by the Healthcare Provider. All insurance required of the Subcontractor shall name the City of Saratoga Springs as an *Additional Insured on a primary and non-contributory basis* for all those activities performed within its contracted activities for the contract as executed.

8. **Indemnification:** The Healthcare Provider, to the fullest extent provided by law, shall indemnify and save harmless the City of Saratoga Springs, its Agents and Employees (hereinafter referred to as "City"), from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of or resulting from Healthcare Provider's performance under this Agreement, sustained by any person or persons, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the tortious act or negligent act or omission of Healthcare Provider or its employees or anyone for whom the Healthcare Provider is legally liable or Subcontractors. Without limiting the generality of the preceding paragraphs, the following shall be included in the indemnity hereunder: any and all such claims, etc., relating to personal injury, death, damage to property, or any actual or alleged violation of any applicable statute, ordinance, administrative order, executive order, rule or regulation, or decree of any court of competent jurisdiction in connection with, or arising directly or indirectly from, errors and/or negligent acts by the Healthcare Provider, as aforesaid.
9. **Americans with Disabilities Act:** The Healthcare Provider agrees to comply with the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973 and not discriminate on the basis of disability in the admission or access to, or treatment of employment in its services, programs, or activities. The Healthcare Provider agrees to hold harmless and indemnify the City from costs, including but not limited to damages, attorney's fees and staff time, in any action or proceeding brought alleging a violation of ADA and/or Section 504 caused by the Healthcare Provider. Upon request accommodation will be provided to allow individuals with disabilities to participate in all services, programs and activities.
10. **Safety:** The City of Saratoga Springs specifically reserves the right to suspend or terminate all work under this Agreement whenever Healthcare Provider, and/or Healthcare Provider's employees or subcontractors, are proceeding in a manner that threatens the life, health or safety of any of Healthcare Provider's employees, subcontractor's employees, City employees or member(s) of the general public on City property. This reservation of rights by the City of Saratoga Springs in no way obligates the City of Saratoga Springs to inspect the safety practices of the Healthcare Provider. If the City of Saratoga Springs exercises its rights pursuant to this part, the Healthcare Provider shall be given three days to cure the defect, unless the City of Saratoga Springs, in its sole and absolute discretion, determines that the service cannot be suspended for three days due to the City of Saratoga Springs' legal obligation to continuously provide Healthcare Provider's service to the public or the City of Saratoga Springs' immediate need for completion of the Healthcare Provider's work. In such case, Healthcare Provider shall immediately cure the defect. If the Healthcare Provider fails to cure the identified defect(s), the City of Saratoga Springs shall have the right to immediately terminate this Agreement. In the event that the City of Saratoga Springs terminates this Agreement, any payments for work completed by the Healthcare Provider shall be reduced by the costs incurred by the City of Saratoga Springs in re-bidding the work and/or by the increase in cost that results from using a different Healthcare Provider.
11. **Healthcare Provider Code of Conduct:** The City of Saratoga Springs is committed to conduct business in a lawful, ethical and moral manner and expects the same standards from Healthcare Providers that the City conducts business with. The City requires that all contractors abide by this Code of Conduct (set forth below). Failure to comply with this Code may be sufficient cause for the City to exercise its' rights to terminate its' business relationship with Healthcare Providers. Healthcare Providers agree to provide all information requested which is reasonably necessary to demonstrate compliance with this Code.

At a minimum, the City requires that all Healthcare Providers meet the following standards:

- **Legal:** Healthcare Providers and their sub-contractors agree to comply with all applicable local, state and federal laws, regulations and statutes.
- **The City expects Healthcare Providers to respect the City's rules and procedures.**
- **Conflict of Interest:** The Healthcare Provider represents and warrants that it has no conflict, actual or perceived, that would prevent it from doing business with the City of Saratoga Springs.
- **Wages & Benefits:** Healthcare Providers will set working hours, wages, and NYS statutory benefits and overtime pay in compliance with all applicable laws and regulations. Where applicable, as defined by NYS Labor Law, the Healthcare Provider must comply with prevailing wage rates.
- **Health & Safety:** Healthcare Providers and their sub-contractors shall provide workers with a safe and healthy work environment that

complies with local, state and federal health and safety laws.

- Discrimination: No person shall be subject to any discrimination in employment, including hiring, salary, benefits, advancement, discipline, termination or retirement on the basis of gender, race, religion, age, disability, sexual orientation, nationality, political opinion, party affiliation or social ethnic origin.
- Working conditions: Healthcare Providers must treat all workers with respect and dignity and provide them with a safe and healthy environment.
- Right to organize: Employees of the Healthcare Provider should have the right to decide whether they want collective bargaining.
- Sub-contractors: Healthcare Providers shall ensure that sub-contractors shall operate in a manner consistent with this Code.
- Protection of the Environment: Healthcare Providers shall comply with all applicable environmental laws and regulations. Healthcare Providers shall ensure that the resources and material they use are sustainable, are capable of being recycled and are used effectively and a minimum of waste. Where practicable, Healthcare Providers are to utilize technologies that do not adversely affect the environment and when such impact is unavoidable, to ensure that it is minimized.

The undersigned Healthcare Provider hereby acknowledges that it has received the City of Saratoga Springs Healthcare Provider Code of Conduct and agrees that any and all of its facilities and sub-contractors doing business with the City will receive the Code and will abide by each and every term therein.

Healthcare Provider acknowledges that its failure to comply with any condition, requirement, policy or procedure may result in the termination of the business relationship. Healthcare Provider reserves the right to terminate its agreement to abide by the Code of Conduct at any time for any reason upon ninety (90) days prior written notice to the City.

12. **Governing Law:** This Agreement shall be governed and construed under the laws of the State of New York, the location where this Agreement was accepted to by "Healthcare Provider". The Healthcare Provider agrees to comply with all applicable local, state and federal laws, rules and regulations in the performance of the duties of this Agreement.
13. **NYS Licensure for Professional Services:** Any and all professional services performed under this Agreement shall be completed by an individual licensed by the NYS Office of Professions - Education Department as applicable to the service provided including, but not limited to accounting, actuarial, engineering and architectural services. The Healthcare Provider represents that it has all necessary governmental licenses to perform the services described herein.
14. **Jurisdiction:** The City and the Healthcare Provider hereby irrevocably consents to the personal and subject matter jurisdiction of the federal and state courts of the State of New York.
15. **Assignment:** The Healthcare Provider is prohibited from assigning, conveying, subletting or otherwise disposing of the Healthcare Provider's right, title, or interest therein, or the Healthcare Provider's power to execute this agreement to any other person or corporation without the previous written consent of the City, which consent shall not be unreasonably withheld. If the Healthcare Provider assigns, conveys, sublets or otherwise disposes of the Healthcare Provider's right, title, or interest without prior written consent, the City shall revoke and annul this agreement, and the City shall be relieved and discharged from any and all liability growing out of this Agreement, and any person or corporation to whom the interest was assigned, transferred, conveyed, sublet or otherwise disposed of shall forfeit and lose all moneys theretofore earned under such contract, except so much as may be required to pay his or her employees.
16. **Termination:** Either party may terminate this Agreement for any reason upon giving thirty (30) days' advanced written notice to the other party. The City reserves the right to cancel this Agreement at any time in event of default or violation by the Healthcare Provider of any provision of this Agreement. The City may take whatever action at law or in equity that may appear necessary or desirable to collect damages arising from a default or violation or to enforce performance of this Agreement.
17. **Default:** Healthcare Provider's failure to perform its obligations and comply with its representations under this Agreement shall constitute a default under this Agreement. Upon Healthcare Provider's default, the City may cancel this Agreement and immediately stop payment of any fees to Healthcare Provider hereunder except for fees for services provided as of the date of cancellation. City shall also have any all additional rights and remedies under New York State Law as a result of Healthcare Provider's default.
18. **Force Majeure:** Neither party shall be held liable for failure to perform its part of this Agreement when such failure is due to fire, flood, or similar disaster; strikes or similar labor disturbances; industrial disturbances, war, riot, insurrection, and/or other causes beyond the control of the parties.
19. **Sole Agreement:** This Agreement is the only agreement between the parties and is in lieu of any and all previous understandings, representations or agreements, whether oral or written.
20. **Severability:** In the event that any portion of this Agreement may be adjudged invalid or unenforceable for any reason, adjudication shall in no manner affect the other portions of this Agreement which will remain in full force and effect as of the portions adjudged invalid or unenforceable were not originally a part thereof.
21. **Modification:** This Agreement may be modified only by a writing signed by both parties.

All Parties, having agreed to the terms and the recitals set forth herein, and in relying thereon, herein signs this Agreement.

Healthcare Provider Signature: \_\_\_\_\_

Date: 10/15/2016

Print Name: Jeffrey Methven

Title: VP Ambulatory Services

City of Saratoga Springs' Signature: \_\_\_\_\_

Date: 11/15/16

Print Name: Janne D. Mepsen

Title: Mayor

City Council Approval Date: 11/15/16



**CORPORATE HEALTH SERVICES**  
A SERVICE OF SARATOGA HOSPITAL

3/16/15

**City of Saratoga Proposal 2016**

Thank you for reaching out to Corporate Health Services (CHS) to provide a proposal for the City of Saratoga. Enclosed are CHS pricing components.

Drug Screen 5 panel NonDOT (Pre-placement, Random, Reasonable Suspicion)- \$37.50  
Random Program Administrative Fee - \$100/year  
Hepatitis B Vaccine - \$55/each (series of 3 shots)  
Hepatitis B titer - \$10.00/each  
PPD placement/read - \$16  
Pre-placement Exam - \$75  
Flu Shot - \$27  
Biometric Screening - \$50/each  
RN Onsite (hourly rate) - \$50  
Hepatitis B titer - \$10.00/each  
PPD placement/read - \$16  
Pre-placement Exam - \$75  
Flu Shot - \$27  
Biometric Screening - \$50/each  
RN Onsite (hourly rate) - \$50

SCBA Interior Firefighter Exam - \$125/each  
OSHA questionnaire review (done on each participant annually)  
Vital signs (done on each participant annually)  
Physical examination by MD, PA or NP\*  
Urine dipstick\*  
Visual acuity testing (Snellen)  
Pulmonary Function Testing  
EKGs at 40 years old and every five years thereafter\*  
Fit Testing

\*These components are done at least:

- Annually for participants over 40 years old
- Every other year for participants 30-40 years old
- Every third year for participants under 30 years old
- And may be done more frequently if indicated by medical history or OSHA questionnaire review.

2388 Route 9  
Mechanicville, NY 12118  
(518)886-5412  
Fax – (518)899-8068



## CORPORATE HEALTH SERVICES

A SERVICE OF SARATOGA HOSPITAL

Page 2

At the completion of our evaluation, we will provide you with a written recommendation regarding the use of SCBA, and whether or not the participant may participate in interior firefighting duties.

Corporate Health Services offers a wide range of job related medical services, including firefighter physicals, pre-placement physicals, biometric screening, injury treatment, DOT exams and travel medicine, to meet the needs of the workers and employers in our community.

For questions, please call me directly.

Nancy Polsinelli  
Business Manager, Corporate Health Services  
(518)886-5417  
[npolsinelli@saratogacare.org](mailto:npolsinelli@saratogacare.org)

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3/16/15

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Pulmonary Function Testing

EKGs at 40 years old and every five years thereafter\*

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## **Exhibit A: Department of Public Works Drug Testing Protocols**

The Drug Testing Program for the Department of Public Works shall follow the terms and conditions of the City of Saratoga Springs Department of Public Works Unit CSEA, Local 1000, AFSCME, AFL-CIO, Saratoga Springs DPW Unit #8457 Collective Bargaining Unit.

Any City of Saratoga Springs Department of Public Works Unit CSEA, Local 1000, AFSCME, AFL-CIO employee who possesses a New York State Commercial Drivers License is deemed to have given consent to a chemical test of one or more of the following: breath, blood, urine or saliva, for the purposes of determining the alcoholic and/or drug content of the blood. Drug Testing of NYS CDL drivers shall be governed by the terms and conditions of the drug testing protocols established by OTETA – the Omnibus Transportation Employee Testing Act as required by the New York State Department of Motor Vehicles.

Per the New York State Driver's Manual Section 1.6.2, a CDL Operator will lose their CLP and/or CDL for at least one year for a first offense for refusing to undergo a blood alcohol test.

The Department of Public Works (DPW) Testing Protocol shall be as follows:

1. The City shall be responsible for providing a complete list of DPW employees governed under the collective bargaining agreement outlined herein on a quarterly basis. The City shall also provide a separate complete list of all DPW CDL Operators on a quarterly basis.
2. The Vendor shall utilize each of the lists to conduct random drug testing with each of the employees being selected at least once in any three (3) year period.
3. The Vendor shall notify the Human Resource Administrator of the employees to be tested for the quarter in question. A separate list will be generated for CDL employees governed by OTETA.
4. The Human Resource Administrator shall contact the Deputy Commissioner of Public Works on the morning of the next available business day to inform him/her of the employees to be tested.
5. The Deputy Commissioner of Public Works shall immediately direct the randomly picked employees to proceed to the Vendor's Testing facility to take the drug test required.
6. The Vendor shall immediately notify the Human Resource Administrator via email of any employee who refuses to take the test required by the random selection.
7. If an employee is absent on the day in question, the employee shall be required to take the drug test on his/her first day back at work.
8. The Vendor shall generate an email informing the Human Resource Administrator of the drug testing results.
9. Human Resources shall contact the Deputy Commissioner of Public Works with the results of the drug testing for both random lists of employees tested.
10. In the event an employee tests positive, the Vendor shall send an email to the Human Resources informing his/her that an employee has tested positive.
11. Human Resources shall immediately contact the Deputy Commissioner of Public Works informing his/her of any positive drug test result and prepare the necessary administrative referral to the City's EAP Program.
12. Human Resources shall notify Risk and Safety of any positive drug test result to determine driving privileges as they relate to the employee's job duties.
13. Human Resources shall be responsible for ensuring that the employee having tested positive for drug testing completes the required EAP Administrative Programming in compliance with the City's policies and federal and state regulations.



## **EXHIBIT B: PBA**

### **DRUG AND ALCOHOL TESTING POLICY (3-5-15)**

#### **I. INTRODUCTION**

##### **A. BACKGROUND**

The City of Saratoga Springs ("Employer" or "City") and the Saratoga Springs Police Protective and Benevolent Association ("PBA") recognize the importance of a safe, efficient and healthy work environment for all employees represented by the PBA. This means that all employees must be able to work in a drug and alcohol free environment.

Due to the particular importance of assuring that police officers are free of the effects of prohibited drug and alcohol use in the workplace, and to assure safe and healthy operations, the Employer and the PBA adopt this testing policy.

##### **B. GOALS AND PURPOSE**

This policy is designed to:

1. Protect employees and the public from injury and economic loss caused by employees affected by prohibited drugs and alcohol.
2. Help create and maintain an environment that discourages the use of prohibited drugs and reporting to duty under the influence of alcohol.
3. Provide education and training on the effects and indicators of prohibited drug and alcohol use.
4. Ensure that employees understand that there is an Employee Assistance Program available to them, in which they may confidentially request assistance and/or rehabilitation for alcohol and drug use.
5. Encourage employees needing assistance to consult the Employee Assistance Program prior to being identified as testing positive for the use of drugs or alcohol under the terms of this Policy.
6. Provide for disciplinary action procedures and rehabilitation where appropriate for employees who fail a verified drug or alcohol test.
7. Provide for disciplinary action and rehabilitation programs for

employees who fail to pass alcohol tests so that they may qualify for return to duty.

## **II. DEFINITIONS**

**COVERED EMPLOYEES:** All PBA Bargaining unit members.

**MEDICAL REVIEW OFFICER (MRO):** A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by this drug testing program who has knowledge of the substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result, together with his/her medical history and any other biomedical information.

**SUBSTANCE ABUSE PROFESSIONAL (SAP):** A licensed physician (medical doctor or doctor of osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission) with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders.

**DESIGNATED EMPLOYER REPRESENTATIVE (DER):** The Employer or individual(s) identified by the Employer as able to receive confidential communications and test results directly from the Medical Review Officer, BATs, screening test technicians, collectors, and substance abuse professionals, and who is authorized to take immediate actions to remove employees from safety-sensitive duties and to make required decisions in the testing and evaluation processes.

**ADULTERATED SPECIMEN:** A urine specimen into which the employee has introduced a foreign substance.

**DILUTED SPECIMEN:** A urine specimen whose creatinine and specific gravity values are diminished by the employee through the introduction of fluid (usually water) into the specimen either directly or through excessive consumption of fluids.

**SUBSTITUTED SPECIMEN:** A specimen that has been submitted by the employee in place of his/her own urine.

**BLOOD ALCOHOL CONCENTRATION (BAC):** The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test.

**EVIDENTIAL BREATH TESTING DEVICE (EBT):** An EBT approved by the National Highway Traffic Safety Administration (NHTA) for the evidential testing of breath and placed on NHTA's "Conforming Products List of Evidential Breath Measurement Devices" (CPL).

**BREATH ALCOHOL TECHNICIAN (BAT):** An individual who instructs and assists individuals in the Alcohol testing process and operates an EBT.

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES (SAMHS):** A branch of the United States Department of Health and Human Services that is charged with improving the quality and availability of prevention, treatment and rehabilitative services in order to reduce illness, death, disability and cost to society resulting from substance abuse and mental illnesses.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS):** A department of the United State Government with the goal of protecting the health of all Americans and providing essential human services.

**NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH):** The New York State agency responsible for public health.

### **III. EMPLOYEE ASSISTANCE PROGRAM (EAP) –**

#### **CITY TO INSERT DETAILS OF PROGRAM**

### **IV. PROHIBITIONS**

#### **A. ALCOHOL PROHIBITIONS**

Employees must not:

1. Report for duty or remain on duty while having a Blood Alcohol Concentration (BAC) of 0.02% or higher.
2. Refuse to submit to a test administered pursuant to this policy for the purpose of determining BAC.

#### **B. CONTROLLED SUBSTANCE PROHIBITIONS**

Employees must not:

1. Use illegal drugs or prescription drugs in an improper fashion which impairs their ability to perform their duties.
2. Refuse to submit to a test administered pursuant to this policy for the purpose of determining controlled substance use.
3. Adulterate, substitute or dilute any required specimen.

### **V. CIRCUMSTANCES OF TESTING**

#### A. PRE-EMPLOYMENT

Conducted before applicants are hired.

#### B. RANDOM

Conducted on a random unannounced basis.

- \* Tests must be unannounced and spread throughout the calendar year. Random selection could result in an employee being selected for testing more than once in a calendar year.

#### C. REASONABLE SUSPICION

Conducted when an employee's behavior or appearance is observed and that behavior is characteristic of alcohol misuse or the influence of drugs which may or may not be controlled substances. The City will require that one (1) trained supervisor or department official verify and document the behavior. All reasonable suspicion drug and alcohol tests shall comply with Appendix "B".

#### D. RETURN TO DUTY

Conducted prior to a return to duty after an individual who has engaged in prohibited conduct regarding drug use and/or alcohol misuse; the employee shall undergo a "Return to Duty" drug test and/or alcohol test with a verified negative result, after completion of any recommended treatment program or action.

#### E. FOLLOW-UP

Following a positive test and subsequent return to work, unannounced follow-up alcohol and/or drug testing will be required. A minimum of six (6) random follow-up drug and/or alcohol tests will be administered in the first twelve (12) months. An employee may be subject to follow-up random testing for up to twenty-four (24) months after return to duty upon the recommendation made by the Substance Abuse Professional.

### VI. TESTING PROTOCOL

Testing for drugs will be conducted by urinalysis. A breath alcohol technician (BAT) using an approved breath-testing device will conduct testing for alcohol. If the employee tests positive, the MRO will provide the employee with a copy of that test result.

An independent qualified contractor will perform all drug and alcohol collections.

Except as provided below, the cost and expense of testing shall be fully paid by the

City without any cost or charge back to the employee or PBA.

All testing shall be conducted during the employee's work shift or an extension thereof during which times the employee shall be considered "on duty".

## **VII. DRUG TESTING**

### **A. DRUG TESTING ADMINISTRATION**

1. All testing shall be administered by a third-party private testing facility which is independent of the City.
2. Testing shall be by random selection or if applicable by reasonable suspicion.
3. A random testing list will be compiled by the testing facility and sent to the City by certified mail, return receipt requested. The list will be active for seventeen (17) calendar days from the postmark date. At 0800 on the eighteenth (18<sup>th</sup>) day, the list expires. The Chief or his/her designee shall provide notice to the Union President of the date a list is received and the date it expires within five days after the date of expiration.
4. No more than fifty percent of the total number of bargaining unit members shall be tested each year by random selection. The fifty percent of the unit number may include a member being randomly tested more than once.

### **B. COLLECTION PROCESS**

1. Drug testing will be conducted by analyzing an employee's urine specimen. The analysis will be performed by laboratories certified and monitored by the NYSDOH, SAMHSA and/or DHHS.
2. The employee will provide a urine specimen in a location that affords privacy.
3. The contractor performing the collection will seal and label the specimen, complete a custody and control form (CCF) and prepare the specimen and accompanying paperwork for shipment to a drug testing laboratory in the presence of the employee. All specimens will be sealed and identified by an anonymous control tracking number established by the collector in the presence of the employee tested. The specimen collection procedures and chain of custody will ensure that the specimen's security, proper identification and integrity are not compromised.
4. Drug testing will include split specimen procedures. Each urine specimen will be subdivided into two (2) bottles labeled as a "primary" and a



"split" specimen. Both bottles will be sent to a laboratory. If the analysis of the primary specimen confirms the presence of illegal or controlled substances, the employee has ten (10) calendar days (i.e., excluding weekends and holidays designated as such in the Collective Bargaining Agreement) from being notified of a positive test to request the split specimen be sent to another laboratory certified by the NYSDOH, SAMHSA and/or DHHS for analysis at the employee's expense. If the split specimen proves to be negative, the City will pay the expense. If the split specimen proves to be positive, the employee shall bear this expense. This split specimen procedure essentially provides the employee with an opportunity for a "second opinion."

#### C. THE MEDICAL REVIEW OFFICER (MRO)

The MRO is responsible for the Notification Procedure upon a positive test. The MRO must comply with the procedures set forth in Appendix A.

#### D. TESTING STANDARDS

The designated laboratory will only test for the drugs listed below. Concentrations of a drug at or above the following levels shall be considered a positive test result when using the initial drug screening test.

	<b><u>Initial Test Level (ng/ml)</u></b>
Marijuana Metabolite	100 or 50*
Cocaine Metabolite	300
Opiate Metabolites	300**
Phencyclidine	25
Amphetamines	1000

\* Dependent upon laboratory set-up

\*\* 15 ng/ml if immunoassay specific for free morphine

Concentration of drug at or above the following levels shall be considered a positive test result when performing a confirmatory GMIMS test on a urine specimen that tested positive using a technologically different initial screening method:

	<b><u>Confirmatory Test Level (ng/ml)</u></b>
Marijuana Metabolite	15(1)

Cocaine Metabolite	150(2)
Opiates:	
Morphine	300
Codeine	300
Phencyclidine	25
Amphetamines:	
Amphetamine	500
1) Delta-9-tetrahydrocannabinol-9-carboxylic acid	
2) Benzoylcegonine	

- E. All test results shall be treated with the same confidentiality as other employee medical records and shall not be released to any person other than the Chief of Police and the Mayor.
- F. Testing shall be conducted in the manner to ensure that the employee's legal drug use does not affect the test results.
- G. No employee shall be required to divulge his/her lawful use of drugs/medication (over-the-counter or prescription based) to the City. To the extent the employee must provide information to the laboratory and/or MRO regarding his lawful use of drugs/medication in order to ensure that the employee's legal drug use does not affect the test results, such information is only to be divulged to the laboratory/MRO and is and shall remain confidential between the employee and the laboratory/MRO; such information shall not be provided to the City. The City shall provide a copy of the policy to the laboratory and MRO to ensure confidentiality.
- H. The employee shall have access to information on the testing procedure and methods. A copy of the test result shall be provided to the employee.

## VIII. ALCOHOL TESTING

- A. The City shall only test for alcohol use if it has reasonable suspicion that an employee has reported for duty or is on duty under the influence of alcohol (There shall be no "random testing" for alcohol) (See **Appendix "B-1"**). In addition, to do so, the person claiming to have the reasonable suspicion shall fill out the "Reasonable Cause Drug and Alcohol Testing Checklist" (copy attached hereto as **Appendix "B-2"**). No employee may be tested without such form being completed by the Chief, or his/her duly designated representative (e.g. another supervisor of the employee who is not in the bargaining unit represented by the PBA) and such employee shall be provided with a copy.

- B. Preliminary screening tests shall be conducted by using approved instruments for administering field sobriety tests to licensed motor vehicle operators.
- C. Two breath tests (in addition to a preliminary screening test, if used) are required to determine if a person has a prohibited alcohol concentration. A screening test is conducted first. A test result indicating less than 0.02% alcohol concentration is considered a "negative" test. If the alcohol concentration is 0.02% or greater, a confirmation test must be conducted (not less than 10 minutes or more than 20 minutes after the first screening test). The employee and the breath alcohol technician (BAT) must complete the alcohol testing form to ensure that the results are properly recorded. The confirmation test, if required, must be conducted using an EBT that prints out the results, date and time, a sequential test number and the name and serial number of the EBT to ensure the reliability of the results.
- D. Any employee who, after the Reasonable Cause Drug and Alcohol Testing Checklist is filled out and provided to him or her, refuses to subject himself/herself to the alcohol tests, shall be considered insubordinate and subject to punishment therefor.

## **IX. TESTING PROCEDURES**

### **A. RANDOM DRUG TESTING**

- 1. Employees will be tested at a designated testing facility or location designated for such testing in the City.
- 2. Upon receipt of a positive test result from the Medical Review Officer (MRO), the employee will be transported home and remain there until a recommendation is made by the Substance Abuse Professional (SAP). Before returning to work the employee must successfully complete the recommended course of treatment. Upon successful completion of this treatment the employee must submit to a "Return to Duty" test with a verified negative result.

### **B. REASONABLE SUSPICION TESTING**

The "Reasonable Cause Drug and Alcohol Testing Checklist" (**Appendix "B"**) is incorporated by reference. If the test result is positive, the form will be included in the employee's personnel file. If the test result is negative the form will be discarded. Upon written request, a covered employee may obtain copies of any records pertaining to the covered employee's use of alcohol or controlled substances, including any records pertaining to his/her alcohol or controlled substance tests.



## 1. Drug Testing

Employee must be transported to the testing facility/location. Upon completion of the testing the employee will be transported home until the results are received by the (DER). The employee will be placed on paid administrative leave pending receipt of the test results.

Upon receipt of a negative test result the employee will return to work without suffering a loss of wages or benefits.

Upon receipt of a positive test result from the Medical Review Officer (MRO), the employee will be evaluated by the Substance Abuse Professional (SAP) and a recommendation will be made. Before returning to work the employee must successfully complete the recommended course of treatment. Upon successful completion of this treatment, the employee must submit to a "Return to Duty" test with a verified negative result.

## 2. Alcohol Testing

The City will be responsible for transporting the employee to the collection facility/location and to the employee's home, if necessary. The employee shall be placed on paid administrative leave pending receipt of the test results.

Upon receipt of a negative test result (under .02%), the employee will return to work without suffering a loss of wages or benefits.

Upon receipt of a positive test result (.02% and above) from the Breath Alcohol Technician (BAT), the employee will be transported home.

## C. FOLLOW UP

Positive test results require the employee to submit to a minimum of six (6) unannounced follow-up tests for drug and/or alcohol use during the first 12 months following the initial positive test result. The Substance Abuse Professional (SAP) may also require unannounced follow-up tests up to 60 months after return to duty.

## D. TEST RESULTS

All records are considered confidential and will not be shared with any person or agency not part of this procedure, or as may otherwise be required by law. Test results and other confidential information will only be released to the

Designated Employer Representative (DER), Medical Review Officer (MRO), and the Substance Abuse Professional (SAP) who evaluates the extent of the problem. However, the covered employee is entitled to obtain copies of any records concerning his/her use of drugs or alcohol, including any test records. If a covered employee initiates a grievance, hearing, lawsuit, or other action, the City may release this information to the relevant parties.

## **X. CONSEQUENCES FOR REFUSAL OR A POSITIVE TEST RESULT**

All covered employees must submit to drug and alcohol testing as set forth in this policy

### **A. REFUSAL**

1. **REFUSAL** to submit to testing is prohibited. The consequences for a refusal are therefore the same as if the person had submitted to testing and had a positive test result.
2. The following actions may also constitute a refusal:
  - Failure to show up for any test within a reasonable time after being directed to do so by the employer.
  - Refusal to sign the certification provided by the Technicians.
  - Deliberate failure or refusal to provide adequate breath or urine sample. If the employee is unable to provide an adequate breath or urine sample, the City shall direct the employee to obtain an evaluation from a licensed physician, acceptable to the City, as soon as practical to determine the employee's medical ability to provide an adequate breath and/or urine sample. If the physician determines that a medical condition did (or could have) prevent the employee from providing an adequate sample the failure shall not constitute a refusal. However, if the physician is unable to make such a determination, the employee's failure shall constitute a refusal.
  - Engaging in conduct that clearly obstructs the testing process, e.g., adulteration or dilution of specimen.
  - Claiming illness after notification of testing.

### **B. ALCOHOL TEST CONSEQUENCES**

1. A test measurement of less than or equal to .019 alcohol concentration will allow the employee to return to work.

2. A test measurement of 0.020 to 0.049 alcohol concentration will cause the employee to be suspended without pay for that tour. The employee will be allowed to return to work at the next assigned tour upon the condition that the employee is tested immediately prior to returning to work and the results of such testing indicate the employee has a 0.00 concentration. Any employee who tests positive twice within these parameters (0.020 to 0.049) during a twenty-four month period shall be immediately suspended without pay for thirty (30) calendar days and disciplinary procedures commenced against him/her, if a resolution cannot be agreed upon.
3. A test measurement of 0.0501 or greater will cause the employee to be suspended immediately without pay for thirty (30) calendar days and disciplinary procedures commenced against him/her, if a resolution cannot be agreed upon.
4. Any employee who refuses an alcohol test shall be treated as testing positive with an alcohol content of 0.051.
5. If an employee is unable to return to work after the suspension period due to treatment prescribed by a certified alcohol counselor (who determined he/she had an alcoholic illness), that member shall be eligible for paid sick leave following the conditions of sick leave procedures as outlined in the Collective Bargaining Agreement. In addition, disciplinary procedures against him/her may be implemented, if a resolution cannot be agreed upon.
6. Following completion of the suspension period, the employee must pass an alcohol test (0.00) prior to having the suspension without pay lifted and returning to work.

#### C. DRUG TEST CONSEQUENCES

A positive drug test for a prohibited substance, which is not subject to a medical exception will result in the immediate suspension without pay for thirty (30) calendar day and disciplinary procedures commenced against him/her, if a resolution cannot be agreed upon.

All issues relating to the implementation and application of this Policy shall be subject to the Grievance Procedure set forth in the Collective Bargaining Agreement.



## APPENDIX A

The following procedure will be followed by the MRO when contacting a police officer following the receipt of a positive, adulterated, substituted or diluted drug test:

- 1) Contact the police officer directly, on a confidential basis, to determine whether the police officer wants to discuss the test results. The MRO must explain to the police officer that if said police officer declines to discuss the test result with the MRO, the MRO will verify the test result as positive or as a refusal to test because of adulteration, substitution, or dilution.
  - a. The MRO may have staff under his/her supervision conduct the initial contact limited to scheduling the discussion between the MRO and the police officer and telling the police officer the consequences of declining the discussion. If the police officer declines the discussion, the staff must document the police officer's decision, including the date and time.
- 2) The MRO and his/her staff must make reasonable efforts to reach the police officer at the day and evening telephone numbers listed on the CCF. Reasonable efforts include, as a minimum, three (3) attempts, spaced reasonably over a 24-hour period, to reach the police officer at the day and evening telephone numbers listed on the CCF. If the MRO and his/her staff cannot reach the police officer directly after making these efforts, the MRO or his/her staff must take the following steps:
  - a. Document the efforts made to contact the police officer, including dates and times. If both phone numbers are incorrect, the MRO may take the actions listed in 2(b) of this Appendix without waiting the full 24-hour period.
  - b. Contact the DER, instructing the DER to contact the police officer.
    - i. The MRO must only tell the DER to inform the police officer to contact the MRO.
    - ii. MRO cannot inform the DER that the police officer has a confirmed positive, adulterated, substituted or diluted test result
    - iii. MRO must document the dates and times of your attempts to contact the DER and the MRO must document the name of the DER contacted and the date and time of the contact.
- 3) The DER must attempt to contact the police officer immediately, using procedures that protect, as much as possible, the confidentiality of the MRO's request that the police officer contact the MRO. If the DER successfully contacts the police officer, the DER must document the date and time of the contact and inform the MRO. The DER must order the police officer to contact the MRO immediately. The DER must also inform the police officer of the consequences of failing to contact the MRO within the next seventy-two (72) hours.
  - a. The DER must not inform anyone else working for the City that he or she is seeking to contact the police officer on behalf of the MRO.
  - b. If the DER has made all reasonable efforts to contact the police officer but failed to do so, the DER may place the police officer on temporary medically unqualified status or medical leave. Reasonable efforts include, as a minimum,

three (3) attempts, spaced reasonably over a 24-hour period, to reach the police officer at the date and evening telephone numbers listed on the CCF.

- i. The DER must document the dates and times of these efforts.
- ii. If the DER is unable to contact the police officer within this 24-hour period, the DER must leave a message for the police officer by any practicable means to contact the MRO and inform the MRO of the date and time of this attempt.

## **EXHIBIT "B"**

### **APPENDIX B -1**

A. If an employee while on duty exhibits a physical condition, conduct or pattern of erratic behavior which indicates that the employee is under the influence of an intoxicating substance (e.g drugs or alcohol), and the employee's supervisor has reasonable cause to believe, based on direct observation of use or based on observation of the employee's conduct, performance or behavior which indicates that the employee is under the influence of an intoxicating substance, or if the supervisor is provided with information from a reliable and credible source which is independently corroborated that the employee is engaging in use of or is under the influence of intoxicating substances while on duty or that the employee is engaging in illegal use, possession, distribution, or sale of a controlled substance or drug or alcohol on duty, the supervisor shall make an oral report to the Police Chief (or his designee).

B. The Police Chief (or his designee) shall decide whether there is reason to investigate for purposes of ascertaining if available facts objectively indicate reasonable suspicion exists to pursue the inquiry, which may include meeting with the employee for purposes of providing the employee an opportunity to explain the conduct, performance or behavior. In the event such a meeting is going to be held, the PBA President (or if the President is not readily able to be contacted, another PBA representative) shall be advised and granted the opportunity to confer with the employee (and counsel if desired) prior to any meeting with or questioning by the Police Chief (or

his designee), but in no event shall the meeting be delayed for more than two (2) hours to accommodate the PBA representation. The employee may then request that the PBA representative and/or legal counsel attend the meeting. The investigation of the employee's behavior shall be confidential with due consideration for the dignity and privacy of the employee.

C. If the Police Chief (or his designee) decides that the employee should be referred for drug and/or alcohol testing, the following procedure shall be followed.

The Police Chief (or his designee) shall complete the "reasonable suspicion" checklist form, and sign it. The "reasonable suspicion" checklist which shall be used is attached hereto as APPENDIX B-2 and made a part hereof. In the event that the Police Chief (or his designee) believe there is a reasonable suspicion and has signed the reasonable suspicion checklist indicating the belief that the employee is under the influence of alcohol or drugs, the PBA President (or his designee) shall be contacted and advised immediately. The PBA (and counsel if desired) shall be given the opportunity to be present and consult privately with the member who may thereafter be ordered to submit to a drug and/or alcohol test and at the same time the employee and the PBA shall be given a brief verbal statement of the basis for reasonable suspicion and a copy of the signed reasonable suspicion checklist. Refusal to

submit to the test shall be deemed a positive test. Refusal to cooperate during the testing procedure shall constitute grounds for disciplinary action.

D. The employee shall have the right to have a PBA representative and counsel present for collection of the sample. In no event shall collection be delayed for more than two (2) hours to accommodate the presence of a PBA official and counsel.



**APPENDIX B -2**  
**Reasonable Cause - Drug and Alcohol Testing Checklist**

**SECTION ONE** (To be completed by Police Chief or his designee)

Name of Employee: \_\_\_\_\_

Rank: \_\_\_\_\_

Nature of incident/cause of suspicion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Behavioral indications noted, if any \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical signs or symptoms noted, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses, corroboration, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the employee taken any medication(s) in the past four weeks? \_\_\_\_\_

If yes, list medication(s), quantity, and last date taken: \_\_\_\_\_

\_\_\_\_\_

Signature of Police Chief or designee: \_\_\_\_\_

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

# **EXHIBIT C: FIREFIGHTERS LOCAL 343**

## **APPENDIX G**

### **DRUG AND ALCOHOL TESTING POLICY**

#### **I. INTRODUCTION**

##### **A. BACKGROUND**

The City of Saratoga Springs ("Employer" or "City") and the City of Saratoga Springs Firefighters Union Local 343 I.A.F.F., AFL-CIO ("Firefighters Union") recognize the importance of a safe, efficient and healthy work environment for all employees represented by the Firefighters Union. This means that all employees must be able to work in a drug and alcohol free environment.

Due to the particular importance of assuring that firefighters and fire officers are free of the effects of prohibited drug and alcohol use in the workplace, and to assure safe and healthy operations, the Employer and the Firefighters Union adopt this testing policy.

##### **B. GOALS AND PURPOSE**

This policy is designed to:

1. Protect employees and the public from injury and economic loss caused by employees affected by prohibited drugs and alcohol.
2. Help create and maintain an environment that discourages the use of prohibited drugs and reporting to duty under the influence of alcohol.
3. Provide education and training on the effects and indicators of prohibited drug and alcohol use.
4. Ensure that employees understand that there is an Employee Assistance Program available to them, in which they may confidentially request assistance and/or rehabilitation for alcohol and drug use.
5. Encourage employees needing assistance to consult the Employee Assistance Program prior to being identified as testing positive for the use of drugs or alcohol under the terms of this Policy.
6. Provide for disciplinary action procedures and rehabilitation where appropriate for employees who fail a verified drug or alcohol test.
7. Provide for disciplinary action and rehabilitation programs for employees who fail to pass alcohol tests so that they may qualify for return to duty.

## **II. DEFINITIONS**

**COVERED EMPLOYEES:** All Firefighter Union Bargaining unit members.

**MEDICAL REVIEW OFFICER (MRO):** A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by this drug testing program who has knowledge of the substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result, together with his/her medical history and any other biomedical information.

**SUBSTANCE ABUSE PROFESSIONAL (SAP):** A licensed physician (medical doctor or doctor of osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission) with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders.

**DESIGNATED EMPLOYER REPRESENTATIVE (DER):** The Employer or individual(s) identified by the Employer as able to receive confidential communications and test results directly from the Medical Review Officer, BATs, screening test technicians, collectors, and substance abuse professionals, and who is authorized to take immediate actions to remove employees from safety-sensitive duties and to make required decisions in the testing and evaluation processes.

**ADULTERATED SPECIMEN:** A urine specimen into which the employee has introduced a foreign substance.

**DILUTED SPECIMEN:** A urine specimen whose creatinine and specific gravity values are diminished by the employee through the introduction of fluid (usually water) into the specimen either directly or through excessive consumption of fluids.

**SUBSTITUTED SPECIMEN:** A specimen that has been submitted by the employee in place of his/her own urine.

**BLOOD ALCOHOL CONCENTRATION (BAC):** The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test.

**EVIDENTIAL BREATH TESTING DEVICE (EBT):** An EBT approved by the National Highway Traffic Safety Administration (NHTA) for the evidential testing of breath and placed on NHTA's "Conforming Products List of Evidential Breath Measurement Devices" (CPL).

**BREATH ALCOHOL TECHNICIAN (BAT):** An individual who instructs and assists individuals in the Alcohol testing process and operates an EBT.

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES (SAMHS):** A branch of the United States Department of Health and Human Services that is charged with improving the

quality and availability of prevention, treatment and rehabilitative services in order to reduce illness, death, disability and cost to society resulting from substance abuse and mental illnesses.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS):** A department of the United State Government with the goal of protecting the health of all Americans and providing essential human services.

**NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH):** The New York State agency responsible for public health.

### **III. EMPLOYEE ASSISTANCE PROGRAM (EAP)**

Pursuant to the City of Saratoga Springs Employee Handbook, the City offers an Employee Assistance Plan (EAP) to full-time City employees and their immediate family members and dependents up to age 26. The purpose of this program is to assist employees and eligible family members with those personal challenges and difficulties that they may experience which impact their work or personal lives. The intent of offering the EAP program is to encourage employees to voluntarily seek assistance from qualified professional counseling services for such issues as depression, grief, substance abuse, etc. that are impacting their lives. Because such services include counseling and assistance with drug or alcohol issues, it is important that members are aware of this service and seek it when needed. To encourage members to seek assistance voluntarily, the member's participation in such services is confidential except to the extent required by law (e.g. threats of harm to self or others). The City presently contracts with Public Safety EAP (a division of ESI) to provide its EAP services. Members may contact the EAP at 1-888-327-1060 or [www.PublicSafetyEAP.com](http://www.PublicSafetyEAP.com) to discuss benefits and seek assistance. The City liaison for the Program is the City's Human Resources Administrator.

### **IV. PROHIBITIONS**

#### **A. ALCOHOL PROHIBITIONS**

Employees must not:

1. Report for duty or remain on duty while having a Blood Alcohol Concentration (BAC) of 0.02% or higher.
2. Refuse to submit to a test administered pursuant to this policy for the purpose of determining BAC.

#### **B. CONTROLLED SUBSTANCE PROHIBITIONS**

Employees must not:

1. Use illegal drugs or prescription drugs in an improper fashion which impairs their ability to perform their duties.

2. Refuse to submit to a test administered pursuant to this policy for the purpose of determining controlled substance use.
3. Adulterate, substitute or dilute any required specimen.

## **V. CIRCUMSTANCES OF TESTING**

### **A. PRE-EMPLOYMENT**

Conducted before applicants are hired.

### **B. RANDOM**

Conducted on a random unannounced basis.

- \* Tests must be unannounced and spread throughout the calendar year. Random selection could result in an employee being selected for testing more than once in a calendar year.

### **C. REASONABLE SUSPICION**

Conducted when an employee's behavior or appearance is observed and that behavior is characteristic of alcohol misuse or the influence of drugs which may or may not be controlled substances. The City will require that one (1) trained supervisor or department official verify and document the behavior. All reasonable suspicion drug and alcohol tests shall comply with Appendix "B".

### **D. RETURN TO DUTY**

Conducted prior to a return to duty after an individual who has engaged in prohibited conduct regarding drug use and/or alcohol misuse; the employee shall undergo a "Return to Duty" drug test and/or alcohol test with a verified negative result, after completion of any recommended treatment program or action.

### **E. FOLLOW-UP**

Following a positive test and subsequent return to work, unannounced follow-up alcohol and/or drug testing will be required. A minimum of six (6) random follow-up drug and/or alcohol tests will be administered in the first twelve (12) months. An employee may be subject to follow-up random testing for up to twenty-four (24) months after return to duty upon the recommendation made by the Substance Abuse Professional.

## **VI. TESTING PROTOCOL**

Testing for drugs will be conducted by urinalysis. An independent qualified contractor will perform all specimen collections for drug testing. A breath alcohol technician (BAT) or duly trained Saratoga Springs Fire Department supervisor not in the Firefighters Union bargaining unit using



an approved breath-testing device will conduct testing for alcohol. If the employee tests positive, the MRO will provide the employee with a copy of that test result.

Except as provided below, the cost and expense of testing shall be fully paid by the City without any cost or charge back to the employee or Firefighters Union.

All testing shall be conducted during the employee's work shift or an extension thereof during which times the employee shall be considered "on duty".

## **VII. DRUG TESTING**

### **A. DRUG TESTING ADMINISTRATION**

1. All testing shall be administered by a third-party private testing facility which is independent of the City.
2. Testing shall be by random selection or if applicable by reasonable suspicion.
3. A random testing list will be compiled by the testing facility and sent to the City by certified mail, return receipt requested. The list will be active for seventeen (17) calendar days from the postmark date. At 0800 on the eighteenth (18<sup>th</sup>) day, the list expires. The Chief or his/her designee shall provide notice to the Union President of the date a list is received and the date it expires within five days after the date of expiration.
4. No more than fifty percent of the total number of bargaining unit members shall be tested each year by random selection. The fifty percent of the unit number may include a member being randomly tested more than once.

### **B. COLLECTION PROCESS**

1. Drug testing will be conducted by analyzing an employee's urine specimen. The analysis will be performed by laboratories certified and monitored by the NYSDOH, SAMHSA and/or DHHS.
2. The employee will provide a urine specimen in a location that affords privacy.
3. The contractor performing the collection will seal and label the specimen, complete a custody and control form (CCF) and prepare the specimen and accompanying paperwork for shipment to a drug testing laboratory in the presence of the employee. All specimens will be sealed and identified by an anonymous control tracking number established by the collector in the presence of the employee tested. The specimen collection procedures and chain of custody will ensure that the specimen's security, proper identification and integrity are not compromised.

4. Drug testing will include split specimen procedures. Each urine specimen will be subdivided into two (2) bottles labeled as a "primary" and a "split" specimen. Both bottles will be sent to a laboratory. If the analysis of the primary specimen confirms the presence of illegal or controlled substances, the employee has ten (10) calendar days (i.e., excluding weekends and holidays designated as such in the Collective Bargaining Agreement) from being notified of a positive test to request the split specimen be sent to another laboratory certified by the NYSDOH, SAMHSA and/or DHHS for analysis at the employee's expense. If the split specimen proves to be negative, the City will pay the expense. If the split specimen proves to be positive, the employee shall bear this expense. This split specimen procedure essentially provides the employee with an opportunity for a "second opinion."

**C. THE MEDICAL REVIEW OFFICER (MRO)**

The MRO is responsible for the Notification Procedure upon a positive test. The MRO must comply with the procedures set forth in Appendix A. Following completion of such procedures, the MRO shall report any positive test to the Fire Chief, or his/her designee, the Mayor, and Commissioner of Public Safety as the DER.

**D. TESTING STANDARDS**

The designated laboratory will only test for the drugs listed below. Concentrations of a drug at or above the following levels shall be considered a positive test result when using the initial drug screening test.

**Initial Test Level (ng/ml)**

Marijuana Metabolite	100 or 50*
Cocaine Metabolite	300
Opiate Metabolites	300**
Phencyclidine	25
Amphetamines	1000

\* Dependent upon laboratory set-up

\*\* 15 ng/ml if immunoassay specific for free morphine

Concentration of drug at or above the following levels shall be considered a positive test result when performing a confirmatory GMIMS test on a urine specimen that tested positive using a technologically different initial screening method:

**Confirmatory Test Level (ng/ml)**

Marijuana Metabolite	15(1)
----------------------	-------

Cocaine Metabolite	150(2)
Opiates:	
Morphine	300
Codeine	300
Phencyclidine	25
Amphetamines:	
Amphetamine	500
1) Delta-9-tetrahydrocannabinol-9-carboxylic acid	
2) Benzoyllecgonine	

- A. All test results shall be treated with the same confidentiality as other employee medical records and shall not be released to any person other than the Fire Chief and the Mayor or Commissioner of Public Safety.
- B. Testing shall be conducted in the manner to ensure that the employee's legal drug use does not affect the test results.
- C. No employee shall be required to divulge his/her lawful use of drugs/medication (over-the-counter or prescription based) to the City. To the extent the employee must provide information to the laboratory and/or MRO regarding his lawful use of drugs/medication in order to ensure that the employee's legal drug use does not affect the test results, such information is only to be divulged to the laboratory/MRO and is and shall remain confidential between the employee and the laboratory/MRO; such information shall not be provided to the City. The City shall provide a copy of the policy to the laboratory and MRO to ensure confidentiality.
- D. The employee shall have access to information on the testing procedure and methods. A copy of the test result shall be provided to the employee.

## VIII. ALCHOL TESTING

- A. The City shall only test for alcohol use if it has reasonable suspicion that an employee has reported for duty or is on duty under the influence of alcohol (There shall be no "random testing" for alcohol) (See **Appendix "B-1"**). In addition, to do so, the person claiming to have the reasonable suspicion shall fill out the "Reasonable Cause Drug and Alcohol Testing Checklist" (copy attached hereto as **Appendix "B-2"**). No employee may be tested without such form being completed by the Fire Chief, or his/her duly designated representative (e.g. another supervisor of the employee who is not in the bargaining unit represented by the Firefighters Union and such employee shall be provided with a copy.
- B. Testing for alcohol shall be performed by any duly trained third-party private testing facility which is independent of the City or a sworn member of the Saratoga Springs



Fire Department who is not in the bargaining unit represented by the Firefighters Union.

- C. Preliminary screening tests shall be conducted by using approved instruments for administering field sobriety tests to licensed motor vehicle operators.
- D. Two breath tests are required to determine if a person has a prohibited alcohol concentration. A screening test is conducted first. A test result indicating less than 0.02% alcohol concentration is considered a "negative" test. If the alcohol concentration is 0.02% or greater, a confirmation test must be conducted (not less than 10 minutes or more than 20 minutes after the first screening test). The employee and the breath alcohol technician (BAT) must complete the alcohol testing form to ensure that the results are properly recorded. The confirmation test, if required, must be conducted using an EBT that prints out the results, date and time, a sequential test number and the name and serial number of the EBT to ensure the reliability of the results.
- E. Any employee who, after the Reasonable Cause Drug and Alcohol Testing Checklist is filled out and provided to him or her, refuses an order to subject himself/herself to the alcohol tests, shall be considered insubordinate and subject to punishment therefor.

## **IX. TESTING PROCEDURES**

### **A. RANDOM DRUG TESTING**

- 1. Employees will be tested at a designated testing facility or location designated for such testing in the City.
- 2. Upon receipt of a positive test result from the Medical Review Officer (MRO), the employee will be transported home and remain there until a recommendation is made by the Substance Abuse Professional (SAP). Before returning to work the employee must successfully complete the recommended course of treatment. Upon successful completion of this treatment the employee must submit to a "Return to Duty" test with a verified negative result.

### **B. REASONABLE SUSPICION TESTING**

The "Reasonable Cause Drug and Alcohol Testing Checklist" (**Appendix "B"**) is incorporated by reference. If the test result is positive, the form will be included in the employee's personnel file. If the test result is negative the form will be discarded. Upon written request, a covered employee may obtain copies of any records pertaining to the covered employee's use of alcohol or controlled substances, including any records pertaining to his/her alcohol or controlled substance tests.

## 1. Drug Testing

Employee must be transported to the testing facility/location. Upon completion of the testing the employee will be transported home until the results are received by the (DER). The employee will be placed on paid administrative leave pending receipt of the test results.

Upon receipt of a negative test result the employee will return to work without suffering a loss of wages or benefits.

Upon receipt of a positive test result from the Medical Review Officer (MRO), the employee will be evaluated by the Substance Abuse Professional (SAP) and a recommendation will be made. Before returning to work the employee must successfully complete the recommended course of treatment. Upon successful completion of this treatment, the employee must submit to a "Return to Duty" test with a verified negative result.

## 2. Alcohol Testing

The City will be responsible for transporting the employee to the collection facility/location and to the employee's home, if necessary. The employee shall be placed on paid administrative leave pending receipt of the test results.

Upon receipt of a negative test result (under .02%), the employee will return to work without suffering a loss of wages or benefits.

Upon receipt of a positive test result (.02% and above) from the Breath Alcohol Technician (BAT), the employee will be transported home.

## C. FOLLOW UP

Positive test results require the employee to submit to a minimum of six (6) unannounced follow-up tests for drug and/or alcohol use during the first 12 months following the initial positive test result. The Substance Abuse Professional (SAP) may also require unannounced follow-up tests up to 60 months after return to duty.

## D. TEST RESULTS

All records are considered confidential and will not be shared with any person or agency not part of this procedure, or as may otherwise be required by law. Test results and other confidential information will only be released to the Designated Employer Representative (DER), Medical Review Officer (MRO), and the Substance Abuse Professional (SAP) who evaluates the extent of the problem. However, the covered employee is entitled to obtain copies of any records concerning his/her use of drugs or alcohol, including any test records. If a covered employee initiates a

grievance, hearing, lawsuit, or other action, the City may release this information to the relevant parties.

## **X. CONSEQUENCES FOR REFUSAL OR A POSITIVE TEST RESULT**

All covered employees must submit to drug and alcohol testing as set forth in this policy

### **A. REFUSAL**

1. **REFUSAL** to submit to testing is prohibited. The consequences for a refusal are therefore the same as if the person had submitted to testing and had a positive test result.
2. The following actions may also constitute a refusal:
  - Failure to show up for any test within a reasonable time after being directed to do so by the employer.
  - Refusal to sign the certification provided by the Technicians.
  - Deliberate failure or refusal to provide adequate breath or urine sample. If the employee is unable to provide an adequate breath or urine sample, the City shall direct the employee to obtain an evaluation from a licensed physician, acceptable to the City, as soon as practical to determine the employee's medical ability to provide an adequate breath and/or urine sample. If the physician determines that a medical condition did (or could have) prevent the employee from providing an adequate sample the failure shall not constitute a refusal. However, if the physician is unable to make such a determination, the employee's failure shall constitute a refusal.
  - Engaging in conduct that clearly obstructs the testing process, e.g., adulteration or dilution of specimen.
  - Claiming illness after notification of testing.

### **B. ALCOHOL TEST CONSEQUENCES**

1. A test measurement of less than or equal to .019 alcohol concentration will allow the employee to return to work.
2. A test measurement of 0.020 to 0.049 alcohol concentration will cause the employee to be suspended without pay for that tour. The employee will be allowed to return to work at the next assigned tour upon the condition that the employee is tested immediately prior to returning to work and the results of such testing indicate the employee has a 0.00 concentration. Any employee who tests

positive twice within these parameters (0.020 to 0.049) during a twenty-four month period shall be immediately suspended without pay for thirty (30) calendar days and disciplinary procedures commenced against him/her, if a resolution cannot be agreed upon.

3. A test measurement of 0.0501 or greater will cause the employee to be suspended immediately without pay for thirty (30) calendar days and disciplinary procedures commenced against him/her, if a resolution cannot be agreed upon.
4. Any employee who refuses an alcohol test shall be treated as testing positive with an alcohol content of 0.051.
5. If an employee is unable to return to work after the suspension period due to treatment prescribed by a certified alcohol counselor (who determined he/she had an alcoholic illness), that member shall be eligible for paid sick leave following the conditions of sick leave procedures as outlined in the Collective Bargaining Agreement. In addition, disciplinary procedures against him/her may be implemented, if a resolution cannot be agreed upon.
6. Following completion of the suspension period, the employee must pass an alcohol test (0.00) prior to having the suspension without pay lifted and returning to work.

#### C. DRUG TEST CONSEQUENCES

A positive drug test for a prohibited substance, which is not subject to a medical exception will result in the immediate suspension without pay for thirty (30) calendar day and disciplinary procedures commenced against him/her, if a resolution cannot be agreed upon.

All issues relating to the implementation and application of this Policy shall be subject to the Grievance Procedure set forth in the Collective Bargaining Agreement.



## APPENDIX A

The following procedure will be followed by the MRO when contacting a firefighter or fire officer following the receipt of a positive, adulterated, substituted or diluted drug test:

- 1) Contact the firefighter or fire officer directly, on a confidential basis, to determine whether the firefighter or fire officer wants to discuss the test results. The MRO must explain to the firefighter or fire officer that if said firefighter or fire officer declines to discuss the test result with the MRO, the MRO will verify the test result as positive or as a refusal to test because of adulteration, substitution, or dilution.
  - a. The MRO may have staff under his/her supervision conduct the initial contact limited to scheduling the discussion between the MRO and the firefighter or fire officer and telling the firefighter or fire officer the consequences of declining the discussion. If the firefighter or fire officer declines the discussion, the staff must document the firefighter's or fire officer's decision, including the date and time.
- 2) The MRO and his/her staff must make reasonable efforts to reach the firefighter or fire officer at the day and evening telephone numbers listed on the CCF. Reasonable efforts include, as a minimum, three (3) attempts, spaced reasonably over a 24-hour period, to reach the firefighter or fire officer at the day and evening telephone numbers listed on the CCF. If the MRO and his/her staff cannot reach the firefighter or fire officer directly after making these efforts, the MRO or his/her staff must take the following steps:
  - a. Document the efforts made to contact the firefighter or fire officer, including dates and times. If both phone numbers are incorrect, the MRO may take the actions listed in 2(b) of this Appendix without waiting the full 24-hour period.
  - b. Contact the DER, instructing the DER to contact the firefighter or fire officer.
    - i. The MRO must only tell the DER to inform the firefighter or fire officer to contact the MRO.
    - ii. MRO cannot inform the DER that the firefighter or fire officer has a confirmed positive, adulterated, substituted or diluted test result
    - iii. MRO must document the dates and times of your attempts to contact the DER and the MRO must document the name of the DER contacted and the date and time of the contact.
- 3) The DER must attempt to contact the firefighter or fire officer immediately, using procedures that protect, as much as possible, the confidentiality of the MRO's request that the firefighter or fire officer contact the MRO. If the DER successfully contacts the firefighter or fire officer, the DER must document the date and time of the contact and inform the MRO. The DER must order the firefighter or fire officer to contact the MRO immediately. The DER must also inform the firefighter or fire officer of the consequences of failing to contact the MRO within the next seventy-two (72) hours.

- a. The DER must not inform anyone else working for the City that he or she is seeking to contact the firefighter or fire officer on behalf of the MRO.
- b. If the DER has made all reasonable efforts to contact the firefighter or fire officer but failed to do so, the DER may place the firefighter or fire officer on temporary medically unqualified status or medical leave. Reasonable efforts include, as a minimum, three (3) attempts, spaced reasonably over a 24-hour period, to reach the firefighter or fire officer at the date and evening telephone numbers listed on the CCF.
  - i. The DER must document the dates and times of these efforts.
  - ii. If the DER is unable to contact the firefighter or fire officer within this 24-hour period, the DER must leave a message for the firefighter or fire officer by any practicable means to contact the MRO and inform the MRO of the date and time of this attempt.

## **EXHIBIT "B"**

### **APPENDIX B -1**

- A. If an employee while on duty exhibits a physical condition, conduct or pattern of erratic behavior which indicates that the employee is under the influence of an intoxicating substance (e.g. drugs or alcohol), and the employee's supervisor has reasonable cause to believe, based on direct observation of use or based on observation of the employee's conduct, performance or behavior which indicates that the employee is under the influence of an intoxicating substance, or if the supervisor is provided with information from a reliable and credible source which is independently corroborated that the employee is engaging in use of or is under the influence of intoxicating substances while on duty or that the employee is engaging in illegal use, possession, distribution, or sale of a controlled substance or drug or alcohol on duty, the supervisor shall make an oral report to the Fire Chief (or his designee).
- B. The Fire Chief (or his designee) shall decide whether there is reason to investigate for purposes of ascertaining if available facts objectively indicate reasonable suspicion exists to pursue the inquiry, which may include meeting with the employee for purposes of providing the employee an opportunity to explain the conduct, performance or behavior. In the event such a meeting is going to be held, the Firefighter Union President (or if the President is not readily able to be contacted, another Firefighter Union representative) shall be advised and granted the opportunity to confer with the employee (and counsel if desired) prior to any meeting with or questioning by the Fire Chief (or his designee), but in no event shall the meeting be delayed for more than two (2) hours to accommodate the Firefighter Union representation. The employee may then request that the Firefighter Union representative and/or legal counsel attend the meeting. The investigation of the employee's behavior shall be confidential with due consideration for the dignity and privacy of the employee.
- C. If the Fire Chief (or his designee) decides that the employee should be referred for drug and/or alcohol testing, the following procedure shall be followed.

The Fire Chief (or his designee) shall complete the "reasonable suspicion" checklist form, and sign it. The "reasonable suspicion" checklist which shall be used is attached hereto as APPENDIX B-2 and made a part hereof. In the event that the Fire Chief (or his designee) believe there is a reasonable suspicion and has signed the reasonable suspicion checklist indicating the belief that the employee is under the influence of alcohol or drugs, the Firefighter Union President (or his designee) shall be contacted and advised immediately. The Firefighter Union (and counsel if desired) shall be given the opportunity to be present and consult privately with the member who may thereafter be ordered to submit to a drug and/or alcohol test and at the same time

the employee and the Firefighter Union shall be given a brief verbal statement of the basis for reasonable suspicion and a copy of the signed reasonable suspicion checklist. Refusal to submit to the test shall be deemed a positive test. Refusal to cooperate during the testing procedure shall constitute grounds for disciplinary action.

- D. The employee shall have the right to have a Firefighter Union representative and counsel present for collection of the sample. In no event shall collection be delayed for more than two (2) hours to accommodate the presence of a Firefighter Union official and counsel.



**APPENDIX B -2**  
**Reasonable Cause - Drug and Alcohol Testing Checklist**

(To be completed by Fire Chief or his designee)

Name of Employee: \_\_\_\_\_

Rank: \_\_\_\_\_

Nature of incident/cause of suspicion: \_\_\_\_\_

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

Behavioral indications noted, if any \_\_\_\_\_

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

Physical signs or symptoms noted, if any: \_\_\_\_\_

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

Witnesses, corroboration, etc.: \_\_\_\_\_

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

Has the employee taken any medication(s) in the past four weeks? \_\_\_\_\_

If yes, list medication(s), quantity, and last date taken: \_\_\_\_\_

\_\_\_\_\_

Signature of Fire Chief or designee: \_\_\_\_\_

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

# EXHIBIT D: POLICE ADMINISTRATIVE OFFICERS UNIT

## SCHEDULE A DRUG AND ALCOHOL TESTING POLICY

### I. INTRODUCTION

#### A. BACKGROUND

The City of Saratoga Springs ("Employer" or "City") and the Saratoga Springs Police Administrative Officers Unit ("A.O.U.") recognize the importance of a safe, efficient and healthy work environment for all employees represented by the A.O.U. This means that all employees must be able to work in a drug and alcohol free environment.

Due to the particular importance of assuring that police officers are free of the effects of prohibited drug and alcohol use in the workplace, and to assure safe and healthy operations, the Employer and the A.O.U. adopt this testing policy.

#### B. GOALS AND PURPOSE

This policy is designed to:

1. Protect employees and the public from injury and economic loss caused by employees affected by prohibited drugs and alcohol.
2. Help create and maintain an environment that discourages the use of prohibited drugs and reporting to duty under the influence of alcohol.
3. Provide education and training on the effects and indicators of prohibited drug and alcohol use.
4. Ensure that employees understand that there is an Employee Assistance Program available to them, in which they may confidentially request assistance and/or rehabilitation for alcohol and drug use.
5. Encourage employees needing assistance to consult the Employee Assistance Program prior to being identified as testing positive for the use of drugs or alcohol under the terms of this Policy.
6. Provide for disciplinary action procedures and rehabilitation where appropriate for employees who fail a verified drug or alcohol test.
7. Provide for disciplinary action and rehabilitation programs for employees who fail to pass alcohol tests so that they may qualify for return to duty.

## **II. DEFINITIONS**

**COVERED EMPLOYEES:** All A.O.U. Bargaining unit members.

**MEDICAL REVIEW OFFICER (MRO):** A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by this drug testing program who has knowledge of the substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result, together with his/her medical history and any other biomedical information.

**SUBSTANCE ABUSE PROFESSIONAL (SAP):** A licensed physician (medical doctor or doctor of osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission) with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders.

**DESIGNATED EMPLOYER REPRESENTATIVE (DER):** The Employer or individual(s) identified by the Employer as able to receive confidential communications and test results directly from the Medical Review Officer, BATs, screening test technicians, collectors, and substance abuse professionals, and who is authorized to take immediate actions to remove employees from safety-sensitive duties and to make required decisions in the testing and evaluation processes.

**ADULTERATED SPECIMEN:** A urine specimen into which the employee has introduced a foreign substance.

**DILUTED SPECIMEN:** A urine specimen whose creatinine and specific gravity values are diminished by the employee through the introduction of fluid (usually water) into the specimen either directly or through excessive consumption of fluids.

**SUBSTITUTED SPECIMEN:** A specimen that has been submitted by the employee in place of his/her own urine.

**BLOOD ALCOHOL CONCENTRATION (BAC):** The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test.

**EVIDENTIAL BREATH TESTING DEVICE (EBT):** An EBT approved by the National Highway Traffic Safety Administration (NHTA) for the evidential testing of breath and placed on NHTA's "Conforming Products List of Evidential Breath Measurement Devices" (CPL).

**BREATH ALCOHOL TECHNICIAN (BAT):** An individual who instructs and assists individuals in the Alcohol testing process and operates an EBT.

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES (SAMHS):** A branch of the United States Department of Health and Human Services that is charged with

improving the quality and availability of prevention, treatment and rehabilitative services in order to reduce illness, death, disability and cost to society resulting from substance abuse and mental illnesses.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS):** A department of the United State Government with the goal of protecting the health of all Americans and providing essential human services.

**NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH):** The New York State agency responsible for public health.

### **III. EMPLOYEE ASSISTANCE PROGRAM (EAP) –**

Pursuant to the City of Saratoga Springs Employee Handbook, the City offers an Employee Assistance Plan (EAP) to full-time City employees and their immediate family members and dependents up to age 26. The purpose of this program is to assist employees and eligible family members with those personal challenges and difficulties that they may experience which impact their work or personal lives. The intent of offering the EAP program is to encourage employees to voluntarily seek assistance from qualified professional counseling services for such issues as depression, grief, substance abuse, etc. that are impacting their lives. Because such services include counseling and assistance with drug or alcohol issues, it is important that members are aware of this service and seek it when needed. To encourage members to seek assistance voluntarily, the member's participation in such services is confidential except to the extent required by law (e.g. threats of harm to self or others). The City presently contracts with Public Safety EAP (a division of ESI) to provide its EAP services. Members may contact the EAP at 1-888-327-1060 or [www.PublicSafetyEAP.com](http://www.PublicSafetyEAP.com) to discuss benefits and seek assistance. The City liaison for the Program is the City's Human Resources Administrator.

### **IV. PROHIBITIONS**

#### **A. ALCOHOL PROHIBITIONS**

Employees must not:

1. Report for duty or remain on duty while having a Blood Alcohol Concentration (BAC) of 0.02% or higher.
2. Refuse to submit to a test administered pursuant to this policy for the purpose of determining BAC.

#### **B. CONTROLLED SUBSTANCE PROHIBITIONS**

Employees must not:

1. Use illegal drugs or prescription drugs in an improper fashion which impairs their ability to perform their duties.



2. Refuse to submit to a test administered pursuant to this policy for the purpose of determining controlled substance use.
3. Adulterate, substitute or dilute any required specimen.

## **V. CIRCUMSTANCES OF TESTING**

### **A. PRE-EMPLOYMENT**

Conducted before applicants are hired.

### **B. RANDOM**

Conducted on a random unannounced basis.

- \* Tests must be unannounced and spread throughout the calendar year. Random selection could result in an employee being selected for testing more than once in a calendar year.

### **C. REASONABLE SUSPICION**

Conducted when an employee's behavior or appearance is observed and that behavior is characteristic of alcohol misuse or the influence of drugs which may or may not be controlled substances. The City will require that one (1) trained supervisor or department official verify and document the behavior. All reasonable suspicion drug and alcohol tests shall comply with Appendix "B".

### **D. RETURN TO DUTY**

Conducted prior to a return to duty after an individual who has engaged in prohibited conduct regarding drug use and/or alcohol misuse; the employee shall undergo a "Return to Duty" drug test and/or alcohol test with a verified negative result, after completion of any recommended treatment program or action.

### **E. FOLLOW-UP**

Following a positive test and subsequent return to work, unannounced follow-up alcohol and/or drug testing will be required. A minimum of six (6) random follow-up drug and/or alcohol tests will be administered in the first twelve (12) months. An employee may be subject to follow-up random testing for up to twenty-four (24) months after return to duty upon the recommendation made by the Substance Abuse Professional.

## **VI. TESTING PROTOCOL**

Testing for drugs will be conducted by urinalysis. An independent qualified contractor will perform all specimen collections for drug testing. A breath alcohol technician (BAT) using an approved breath-testing device will conduct testing for alcohol. If the

employee tests positive, the MRO will provide the employee with a copy of that test result. Breath-testing of A.O.U. bargaining members cannot be done by subordinates. It is the responsibility of the Commissioner or Deputy Commissioner of Public Safety to administer a breath-test screen if a certified (BAT) technician is not available.

Except as provided below, the cost and expense of testing shall be fully paid by the City without any cost or charge back to the employee or A.O.U.

All testing shall be conducted during the employee's work shift or an extension thereof during which times the employee shall be considered "on duty".

## **VII. DRUG TESTING**

### **A. DRUG TESTING ADMINISTRATION**

1. All testing shall be administered by a third-party private testing facility which is independent of the City.
2. Testing shall be by random selection or if applicable by reasonable suspicion.
3. A random testing list will be compiled by the testing facility and sent to the City by certified mail or secure email, return receipt requested. The list will be active for seventeen (17) calendar days from the postmark date. At 0800 on the eighteenth (18<sup>th</sup>) day, the list expires. The Chief or his/her designee shall provide notice to the Union President of the date a list is received and the date it expires within five days after the date of expiration.
4. No more than fifty percent of the total number of bargaining unit members shall be tested each year by random selection. The fifty percent of the unit number may include a member being randomly tested more than once. The testing pool shall be made up of PBA Members, Lieutenant's PBA and the A.O.U.

### **B. COLLECTION PROCESS**

1. Drug testing will be conducted by analyzing an employee's urine specimen. The analysis will be performed by laboratories certified and monitored by the NYSDOH, SAMHSA and/or DHHS.
2. The employee will provide a urine specimen in a location that affords privacy.
3. The contractor performing the collection will seal and label the specimen, complete a custody and control form (CCF) and prepare the specimen and accompanying paperwork for shipment to a drug testing laboratory in the presence of the employee. All specimens will be sealed and identified by an anonymous control tracking number established by the collector in the presence of the employee tested. The specimen collection

procedures and chain of custody will ensure that the specimen's security, proper identification and integrity are not compromised.

4. Drug testing will include split specimen procedures. Each urine specimen will be subdivided into two (2) bottles labeled as a "primary" and a "split" specimen. Both bottles will be sent to a laboratory. If the analysis of the primary specimen confirms the presence of illegal or controlled substances, the employee has ten (10) calendar days (i.e., excluding weekends and holidays designated as such in the Collective Bargaining Agreement) from being notified of a positive test to request the split specimen be sent to another laboratory certified by the NYSDOH, SAMHSA and/or DHHS for analysis at the employee's expense. If the split specimen proves to be negative, the City will pay the expense. If the split specimen proves to be positive, the employee shall bear this expense. This split specimen procedure essentially provides the employee with an opportunity for a "second opinion."

#### C. THE MEDICAL REVIEW OFFICER (MRO)

The MRO is responsible for the Notification Procedure upon a positive test. The MRO must comply with the procedures set forth in Appendix A. Following completion of such procedures, the MRO shall report any positive test to the Director of Human Resources, who shall notify the Commissioner of Public Safety. All test results are to be kept in the secured personnel files and are to be kept confidential, to the extent permitted by law, and shall not be disclosed except as necessary for disciplinary action and/or rehabilitation purposes. If the City does not have a Human Resource Director, the Civil Service Administrator shall fill that role. Absent those positions, all results will go directly to the Commissioner of Public Safety or his/her designee.

#### D. TESTING STANDARDS

The designated laboratory will only test for the drugs listed below. Concentrations of a drug at or above the following levels shall be considered a positive test result when using the initial drug screening test.

<u>Initial Test Level (ng/ml)</u>	
Marijuana Metabolite	100 or 50*
Cocaine Metabolite	300
Opiate Metabolites	300**
Phencyclidine	25
Amphetamines	1000

\* Dependent upon laboratory set-up

\*\* 15 ng/ml if immunoassay specific for free morphine



Concentration of drug at or above the following levels shall be considered a positive test result when performing a confirmatory GMIMS test on a urine specimen that tested positive using a technologically different initial screening method:

	<b>Confirmatory Test Level (ng/ml)</b>
Marijuana Metabolite	15(1)
Cocaine Metabolite	150(2)
Opiates:	
Morphine	300
Codeine	300
Phencyclidine	25
Amphetamines:	
Amphetamine	500
1) Delta-9-tetrahydrocannabinol-9-carboxylic acid	
2) Benzoyllecgonine	

- E. All test results shall be treated with the same confidentiality as other employee medical records and shall not be released to any person other than the Human Resource Director who shall notify the Commissioner of Public Safety. All test results are to be kept in the secured personnel files and are to be kept confidential, to the extent permitted by law, and shall not be disclosed except as necessary for disciplinary action and/or rehabilitation purposes. If the City does not have a Human Resource Director, the Civil Service Administrator shall fill that role. Absent those positions, all results will go directly to the Commissioner of Public Safety or his/her designee.
- F. Testing shall be conducted in the manner to ensure that the employee's legal drug use does not affect the test results.
- G. No employee shall be required to divulge his/her lawful use of drugs/medication (over-the-counter or prescription based) to the City. To the extent the employee must provide information to the laboratory and/or MRO regarding his lawful use of drugs/medication in order to ensure that the employee's legal drug use does not affect the test results, such information is only to be divulged to the laboratory/MRO and is and shall remain confidential between the employee and the laboratory/MRO; such information shall not be provided to the City. The City shall provide a copy of the policy to the laboratory and MRO to ensure confidentiality.
- H. The employee shall have access to information on the testing procedure and methods. A copy of the test result shall be provided to the employee.

## **VIII. ALCHOL TESTING**

- IX.** The City shall only test for alcohol use if it has reasonable suspicion that an employee has reported for duty or is on duty under the influence of alcohol (There shall be no "random testing" for alcohol) (See **Appendix "B-1"**). In addition, to do so, the person claiming to have the reasonable suspicion shall fill out the "Reasonable Cause Drug and Alcohol Testing Checklist" (copy attached hereto as **Appendix "B-2"**). No A.O.U. employee may be tested without such form being completed by the Commissioner or Deputy Commissioner of Public Safety first for A.O.U. bargaining members and such employee shall be provided with a copy.
- X.** Testing for alcohol shall be performed by any duly trained third-party private testing facility which is independent of the City or the Commissioner or Deputy Commissioner of Public Safety for A.O.U. bargaining members absent a trained third-party private testing facility.
- XI.** Preliminary screening tests shall be conducted by using approved instruments for administering field sobriety tests to licensed motor vehicle operators.
- XII.** Two breath tests are required to determine if a person has a prohibited alcohol concentration. A screening test is conducted first. A test result indicating less than 0.02% alcohol concentration is considered a "negative" test. If the alcohol concentration is 0.02% or greater, a confirmation test must be conducted (not less than 10 minutes or more than 20 minutes after the first screening test). The employee and the breath alcohol technician (BAT) must complete the alcohol testing form to ensure that the results are properly recorded. The confirmation test, if required, must be conducted using an EBT that prints out the results, date and time, a sequential test number and the name and serial number of the EBT to ensure the reliability of the results.
- XIII.** Any employee who, after the Reasonable Cause Drug and Alcohol Testing Checklist is filled out and provided to him or her, refuses an order to subject himself/herself to the alcohol tests, shall be considered insubordinate and subject to punishment therefore.

## **XIV. TESTING PROCEDURES**

### **A. RANDOM DRUG TESTING**

- 1. Employees will be tested at a designated testing facility or location designated for such testing in the City or agreed upon by the City and the A.O.U. The testing pool shall be made up of members of the PBA, Lieutenants PBA and A.O.U.
- 2. Upon receipt of a positive test result from the Medical Review Officer (MRO), the employee will be transported home and remain there until a recommendation is made by the Substance Abuse Professional (SAP).

Before returning to work the employee must successfully complete the recommended course of treatment. Upon successful completion of this treatment the employee must submit to a "Return to Duty" test with a verified negative result.

## B. REASONABLE SUSPICION TESTING

The "Reasonable Cause Drug and Alcohol Testing Checklist" (**Appendix "B"**) is incorporated by reference. If the test result is positive, the form will be included in the employee's personnel file. If the test result is negative the form will be discarded. Upon written request, a covered employee may obtain copies of any records pertaining to the covered employee's use of alcohol or controlled substances, including any records pertaining to his/her alcohol or controlled substance tests.

### 1. Drug Testing

Employee must be transported to the testing facility/location. Upon completion of the testing the employee will be transported home until the results are received by the (DER). The employee will be placed on paid administrative leave pending receipt of the test results.

Upon receipt of a negative test result the employee will return to work without suffering a loss of wages or benefits.

Upon receipt of a positive test result from the Medical Review Officer (MRO), the employee will be evaluated by the Substance Abuse Professional (SAP) and a recommendation will be made. Before returning to work the employee must successfully complete the recommended course of treatment. Upon successful completion of this treatment, the employee must submit to a "Return to Duty" test with a verified negative result.

### 2. Alcohol Testing

The City will be responsible for transporting the employee to the collection facility/location and to the employee's home, if necessary. The employee shall be placed on paid administrative leave pending receipt of the test results.

Upon receipt of a negative test result (under .02%), the employee will return to work without suffering a loss of wages or benefits.

Upon receipt of a positive test result (.02% and above) from the Breath Alcohol Technician (BAT), the employee will be transported home.



### C. FOLLOW UP

Positive test results require the employee to submit to a minimum of six (6) unannounced follow-up tests for drug and/or alcohol use during the first 12 months following the initial positive test result. The Substance Abuse Professional (SAP) may also require unannounced follow-up tests up to 60 months after return to duty.

### D. TEST RESULTS

All records are considered confidential and will not be shared with any person or agency not part of this procedure, or as may otherwise be required by law. Test results and other confidential information will only be released to the Designated Employer Representative (DER), Medical Review Officer (MRO), and the Substance Abuse Professional (SAP) who evaluates the extent of the problem. However, the covered employee is entitled to obtain copies of any records concerning his/her use of drugs or alcohol, including any test records. If a covered employee initiates a grievance, hearing, lawsuit, or other action, the City may release this information to the relevant parties.

## XV. CONSEQUENCES FOR REFUSAL OR A POSITIVE TEST RESULT

All covered employees must submit to drug and alcohol testing as set forth in this policy

### A. REFUSAL

1. **REFUSAL** to submit to testing is prohibited. The consequences for a refusal are therefore the same as if the person had submitted to testing and had a positive test result.
2. The following actions may also constitute a refusal:
  - Failure to show up for any test within a reasonable time after being directed to do so by the employer.
  - Refusal to sign the certification provided by the Technicians.
  - Deliberate failure or refusal to provide adequate breath or urine sample. If the employee is unable to provide an adequate breath or urine sample, the City shall direct the employee to obtain an evaluation from a licensed physician, acceptable to the City, as soon as practical to determine the employee's medical ability to provide an adequate breath and/or urine sample. If the physician determines that a medical condition did (or could have) prevent the employee from providing an adequate sample the failure shall not constitute a refusal. However, if the physician is unable to make such a determination, the employee's failure

shall constitute a refusal.

- Engaging in conduct that clearly obstructs the testing process, e.g., adulteration or dilution of specimen.
- Claiming illness after notification of testing.

#### B. ALCOHOL TEST CONSEQUENCES

1. A test measurement of less than or equal to .019 alcohol concentration will allow the employee to return to work.
2. A test measurement of 0.020 to 0.049 alcohol concentration will cause the employee to be suspended without pay for that tour. The employee will be allowed to return to work at the next assigned tour upon the condition that the employee is tested immediately prior to returning to work and the results of such testing indicate the employee has a 0.00 concentration. Any employee who tests positive twice within these parameters (0.020 to 0.049) during a twenty-four month period shall be immediately suspended without pay for thirty (30) calendar days and disciplinary procedures commenced against him/her, if a resolution cannot be agreed upon.
3. A test measurement of 0.0501 or greater will cause the employee to be suspended immediately without pay for thirty (30) calendar days and disciplinary procedures commenced against him/her, if a resolution cannot be agreed upon.
4. Any employee who refuses an alcohol test shall be treated as testing positive with an alcohol content of 0.051.
5. If an employee is unable to return to work after the suspension period due to treatment prescribed by a certified alcohol counselor (who determined he/she had an alcoholic illness), that member shall be eligible for paid sick leave following the conditions of sick leave procedures as outlined in the Collective Bargaining Agreement. In addition, disciplinary procedures against him/her may be implemented, if a resolution cannot be agreed upon.
6. Following completion of the suspension period, the employee must pass an alcohol test (0.00) prior to having the suspension without pay lifted and returning to work.

#### C. DRUG TEST CONSEQUENCES

A positive drug test for a prohibited substance, which is not subject to a medical exception, will result in the immediate suspension without pay for

thirty (30) calendar day and disciplinary procedures commenced against him/her, if a resolution cannot be agreed upon.

All issues relating to the implementation and application of this Policy shall be subject to the Grievance Procedure set forth in the Collective Bargaining Agreement.

## APPENDIX A

The following procedure will be followed by the MRO when contacting a police officer following the receipt of a positive, adulterated, substituted or diluted drug test:

- 1) Contact the police officer directly, on a confidential basis, to determine whether the police officer wants to discuss the test results. The MRO must explain to the police officer that if said police officer declines to discuss the test result with the MRO, the MRO will verify the test result as positive or as a refusal to test because of adulteration, substitution, or dilution.
  - a. The MRO may have staff under his/her supervision conduct the initial contact limited to scheduling the discussion between the MRO and the police officer and telling the police officer the consequences of declining the discussion. If the police officer declines the discussion, the staff must document the police officer's decision, including the date and time.
- 2) The MRO and his/her staff must make reasonable efforts to reach the police officer at the day and evening telephone numbers listed on the CCF. Reasonable efforts include, as a minimum, three (3) attempts, spaced reasonably over a 24-hour period, to reach the police officer at the day and evening telephone numbers listed on the CCF. If the MRO and his/her staff cannot reach the police officer directly after making these efforts, the MRO or his/her staff must take the following steps:
  - a. Document the efforts made to contact the police officer, including dates and times. If both phone numbers are incorrect, the MRO may take the actions listed in 2(b) of this Appendix without waiting the full 24-hour period.
  - b. Contact the DER, instructing the DER to contact the police officer.
    - i. The MRO must only tell the DER to inform the police officer to contact the MRO.
    - ii. MRO cannot inform the DER that the police officer has a confirmed positive, adulterated, substituted or diluted test result
    - iii. MRO must document the dates and times of your attempts to contact the DER and the MRO must document the name of the DER contacted and the date and time of the contact.
- 3) The DER must attempt to contact the police officer immediately, using procedures that protect, as much as possible, and the confidentiality of the MRO's request that the police officer contact the MRO. If the DER successfully contacts the police officer, the DER must document the date and time of the contact and inform the MRO. The DER must order the police officer to contact the MRO immediately. The DER must also inform the police officer of the consequences of failing to contact the MRO within the next seventy-two (72) hours.
  - a. The DER must not inform anyone else working for the City that he or she is seeking to contact the police officer on behalf of the MRO.
  - b. If the DER has made all reasonable efforts to contact the police officer but failed to do so, the DER may place the police officer on temporary medically unqualified status or medical leave. Reasonable efforts include, as a minimum,



three (3) attempts, spaced reasonably over a 24-hour period, to reach the police officer at the date and evening telephone numbers listed on the CCF.

- i. The DER must document the dates and times of these efforts.
- ii. If the DER is unable to contact the police officer within this 24-hour period, the DER must leave a message for the police officer by any practicable means to contact the MRO and inform the MRO of the date and time of this attempt.

## **EXHIBIT "B"**

### **APPENDIX B -1**

A. If an employee while on duty exhibits a physical condition, conduct or pattern of erratic behavior which indicates that the employee is under the influence of an intoxicating substance (e.g drugs or alcohol), and the employee's supervisor has reasonable cause to believe, based on direct observation of use or based on observation of the employee's conduct, performance or behavior which indicates that the employee is under the influence of an intoxicating substance, or if the supervisor is provided with information from a reliable and credible source which is independently corroborated that the employee is engaging in use of or is under the influence of intoxicating substances while on duty or that the employee is engaging in illegal use, possession, distribution, or sale of a controlled substance or drug or alcohol on duty, the supervisor shall make an oral report to the Commissioner of Public Safety (or his designee).

B. The Commissioner of Public Safety (or his designee) shall decide whether there is reason to investigate for purposes of ascertaining if available facts objectively indicate reasonable suspicion exists to pursue the inquiry, which may include meeting with the employee for purposes of providing the employee an opportunity to explain the conduct, performance or behavior. In the event such a meeting is going to be held, an A.O.U. representative shall be advised and granted the opportunity to confer with the employee (and counsel if desired) prior to any meeting with or questioning by the Commissioner of Public Safety (or his designee), but in no event shall the meeting be delayed for more than two (2) hours to accommodate the PBA representation. The employee may then request that the A.O.U representative and/or legal counsel attend the meeting. The investigation of the employee's behavior shall be confidential with due consideration for the dignity and privacy of the employee. The Commissioner or Deputy Commissioner of Public Safety shall decide and conduct any investigation or interviews if deemed necessary for A.O.U. bargaining members.

C. If the Commissioner of Public Safety (or his designee) decides that the employee should be referred for drug and/or alcohol testing, the following procedure shall be followed.

The Commissioner of Public Safety (or his designee) shall complete the "reasonable suspicion" checklist form, and sign it. The "reasonable suspicion" checklist which shall be used is attached hereto as APPENDIX B-2 and made a part hereof. In the event that the Commissioner of Public Safety (or his designee) believe there is a reasonable suspicion and has signed the reasonable suspicion checklist indicating the belief that the employee is under the influence of alcohol or drugs, the highest ranking A.O.U. member not involved shall be contacted and advised immediately. The A.O.U. (and counsel if desired) shall be given the opportunity to be present and consult privately with the member who may thereafter be ordered to submit to a drug and/or alcohol test and at the same time the employee and the A.O.U. shall be given a brief verbal statement of the basis for reasonable suspicion and a copy of the signed reasonable suspicion checklist. Refusal to submit to the test shall be deemed a positive test. Refusal to cooperate during the testing procedure shall constitute grounds for disciplinary action. The "reasonable suspicion" checklist form shall be completed by the Commissioner or Deputy Commissioner of Public Safety for A.O.U bargaining members as it pertains to this section.

D. The employee shall have the right to have a (A.O.U.) representative and counsel present for collection of the sample. In no event shall collection be delayed for more than two (2) hours to accommodate the presence of an (A.O.U.) official and counsel.

**APPENDIX B -2**

**Reasonable Cause - Drug and Alcohol Testing Checklist**

(To be completed by Commissioner or Deputy Commissioner of Public Safety for A.O.U. members.)

Name of Employee: \_\_\_\_\_

Rank: \_\_\_\_\_

Nature of incident/cause of suspicion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Behavioral indications noted, if any \_\_\_\_\_

\_\_\_\_\_

Physical signs or symptoms noted, if any: \_\_\_\_\_

\_\_\_\_\_

Witnesses, corroboration, etc.: \_\_\_\_\_

\_\_\_\_\_

Has the employee taken any medication(s) in the past four weeks? \_\_\_\_\_

If yes, list medication(s), quantity, and last date taken: \_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_

Commissioner or Deputy Commissioner of Public Safety (A.O.U. members)

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

**CERTIFICATE OF INSURANCE****INSURER: Medical Liability Mutual Insurance Company****SERVICING OFFICE: 8 British American Blvd • Latham, New York 12110 • (518)786-2700 • (800)635-0666**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

**NAMED INSURED:**

**The Saratoga Hospital  
211 Church Street  
Saratoga Springs, NY 12866**

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITH STANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
<b>PROFESSIONAL LIABILITY</b>	AH1002063	08/01/2016	08/01/2017	EACH MEDICAL INCIDENT	\$ 2,000,000
<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE				AGGREGATE	\$ 6,000,000
<b>GENERAL LIABILITY</b>				EACH OCCURRENCE	\$
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PERSONAL & ADV INJURY	\$
<input type="checkbox"/> OCCURRENCE				DAMAGE TO PREMISES RENTED TO YOU (Any one premises)	\$
<input type="checkbox"/> Owner's & Contractor's Prot				MED EXP (Any one person)	\$
<input type="checkbox"/>				GENERAL AGGREGATE	\$
<input type="checkbox"/>				PRODUCTS-COMP/OP AGGREGATE	\$
<b>EXCESS LIABILITY</b>				EACH PERSON/EVENT	\$
<input type="checkbox"/> UMBRELLA FORM				TOTAL	\$
<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

Coverage is provided subject to the terms and conditions of the above referenced policy for the Certificate Holder as additional insured as per NYP0101 07/03. RE; Contracted Services

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, BUT THE MAILING OR THE FAILURE TO MAIL NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES AND IT IS UNDERSTOOD THAT THE NAMED CERTIFICATE HOLDER EXPRESSLY CONSENTS TO THE SAME.

**CERTIFICATE HOLDER**

**City of Saratoga Springs  
5 Lake Avenue, Room 5A  
Saratoga Springs, NY 12866**

AUTHORIZED REPRESENTATIVE



**Workers'  
Compensation  
Board**

**CERTIFICATE OF  
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<b>1a. Legal Name &amp; Address of Insured (use street address only)</b> Saratoga Hospital 211 Church Street Saratoga Springs, NY 12866  <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i>	<b>1b. Business Telephone Number of Insured</b> (518)583-8494  <b>1c. NYS Unemployment Insurance Employer Registration Number of Insured</b>  <b>1d. Federal Employer Identification Number of Insured or Social Security Number</b> 14-1338547
<b>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b> City of Saratoga Springs 474 Broadway Saratoga Springs, NY 12866	<b>3a. Name of Insurance Carrier</b> Pennsylvania Manufacturers Indemnity  <b>3b. Policy Number of Entity Listed in Box "1a"</b> 2016007635584  <b>3c. Policy effective period</b> 01/01/2016 to 01/01/2018  <b>3d. The Proprietor, Partners or Executive Officers are</b> <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

Will the carrier notify the certificate holder within 10 days of a policy being cancelled for non-payment of premium or within 30 days if cancelled for any other reason or if the insured is otherwise eliminated from the coverage indicated on this certificate prior to the end of the policy effective period? ☐ YES ☒ NO

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

**Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.**

**Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.**

Approved by: Gene Quirk  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Eugene J. Quirk  
(Signature) (Date)

Title: President, Adirondack Trust Insurance Agency

Telephone Number of authorized representative or licensed agent of insurance carrier: 518-584-5300

**Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.**

## **Workers' Compensation Law**

### **Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.**

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.





## City of Saratoga Springs, NY Vendor and/or Service Provider Contract

City Department: Mayor: Human Resources Department Contact Person: Deputy Mayor Meg Kelly City Ext.: 2520  
Company Name: Corporate Health Services  
Company Address: 2388 Route 9, Mechanicville, NY 12118  
Company Telephone No.: 518.886.5412 Company Fax No.: 518.889.8068  
Vendor and/or Service Provider Primary Contact: Nancy Poslinelli Title: Business Manager  
Primary Contact Email: npolsinelli@saratogacare.org  
Service to be Provided: Employee Drug Testing

1. **Scope of Agreement:** In response to a request for a pricing proposal requested by the City for employee drug testing, the Vendor and/or Service Provider submitted proposals dated 05/12/17 (the "Proposals/Statement of Work"), which are attached hereto as Attachment A. The Vendor and/or Service Provider shall provide to the City drug testing services per the protocols attached herein as Exhibit A: Department of Public Works Drug Testing Protocol; Exhibit B: PBA Drug and Alcohol Testing; Exhibit C: Firefighters Local 343 Drug and Alcohol Testing Policy; Exhibit D: Police Administrative Officers Unit; and Exhibit E: Fire Administrative Officers Unit.. The Vendor and/or Service Provider assumes full responsibility for the provision of the products and services made available in this Agreement. The Vendor and/or Service Provider shall be so liable even when the Vendor and/or Service Provider subcontract the provision of a portion of the products and services. Subcontracting shall be permitted only with the prior written approval of the City, which approval shall not be unreasonably withheld. The Vendor and/or Service Provider assumes all risks in the performance of all its activities authorized by this Agreement.
2. **Term of Agreement:** The term of this Agreement shall commence per the date of approval of this Agreement by the City Council of the City of Saratoga Springs. This Agreement shall continue in force from the effective date for a period of one (1) year. Any modification of the work performed by the Vendor and/or Service Provider shall be made in writing and shall not be undertaken until the City agrees to the modification. The Vendor and/or Service Provider assume full responsibility for the provision of the products and services contracted for in this Agreement. The Vendor and/or Service Provider shall be so liable even when the Vendor and/or Service Provider subcontract the provision of a portion of the products and services. Subcontracting shall be permitted only with prior written notice and written approval of the City, which approval shall not be unreasonably withheld. The Vendor and/or Service Provider will provide his or her own equipment and materials as necessary to perform the work except as identified within the RFP/RFQ/BID Documents. The Vendor and/or Service Provider assume all risks in the performance of all its activities authorized by this Agreement.
3. **Terms of Payment:** Vendor and/or Service Provider will invoice the City on a monthly basis and the City will pay all invoices within thirty (30) days of receipt of the invoice or as practicable. The City shall pay the Vendor and/or Service Provider in accordance with the City Charter per the Purchasing Guidelines established by the City (a copy of the Purchasing Guidelines is attached). All work performed under this agreement must be in accordance with the NYS Department of Labor Prevailing Wage Regulations. The Costs, fees, and disbursements associated with the provisions of the products and services shall be determined in accordance with the proposal submitted not to exceed the pricing listed in the proposal provided attached herein as Attachment A, a copy of which is annexed hereto and made a part hereof..
4. **Conflicts of Interest:** The Vendor and/or Service Provider represents and warrants that it has no conflict, actual or perceived, that would prevent it from performing its duties and responsibilities under the Agreement.
5. **Retention of Records:** The Vendor and/or Service Provider shall make available to the City all information pertinent to the project, including reports, studies, drawings, and any other data. All original records generated as a result of the project shall be maintained by the Vendor and/or Service Provider for a period of six (6) years after expiration of the Agreement. Upon request, copies of those records shall be provided to the City at no cost. Notwithstanding the foregoing, medical records and protected health information (as such term is defined by federal law) will not be made available to the City unless all provisions of state and federal law governing confidentiality and privacy of medical records and protected health information have been satisfied.
6. **Independent Contractor Status:** It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing the relationship of copartners between the parties hereto or as constituting the Vendor and/or Service Provider's staff as the agents, representatives or employees of the City for any purpose in any manner whatsoever. The Vendor and/or Service Provider and its staff are to be and shall remain an independent contractor with respect to all services performed under this Agreement. The Vendor and/or Service Provider represents that it has, or will secure at its own expense, all personnel required in performing services under this Agreement. Any and all personnel of the Vendor and/or Service Provider or other persons, while engaged in the performance of any work or services required by the Vendor and/or Service Provider under this Agreement, shall not be considered employees of the City, and any and all claims that may or might arise under the Workers' Compensation Laws of the State of New York on behalf of said personnel or other persons while so engaged, and any and all claims whatsoever on behalf of any such person or personnel arising out of employment or alleged employment including, without limitation, claims of discrimination against the Vendor and/or Service Provider, its officers, agents, Vendor and/or Service Providers or employees shall in no way be the responsibility of the City; and the Vendor and/or Service Provider shall defend, indemnify and hold the City, its officers, agents and employees harmless from any and all such claims regardless of any determination of any pertinent tribunal, agency, board, commission or court. Such personnel or other persons shall not require nor be entitled to any compensation, rights or benefits of any kind whatsoever from the City, including, without limitation, tenure rights, medical and hospital care, sick and vacation leave, Workers' Compensation, Unemployment Compensation, disability, and severance pay.
7. **Insurance:** The City of Saratoga Springs herein requires the following terms and conditions regarding the agreement for the provision of professional services as outlined above: The Vendor and/or Service Provider shall procure and maintain during the term of this Agreement, at the Vendor and/or Service Provider's expense, the insurance policies listed with limits equal to or greater than the enumerated limits. The Vendor and/or Service Provider shall be solely responsible for any self-insured retention or deductible losses under each of the required policies. Every required policy, including any required endorsements and any umbrella or excess policy, shall be primary insurance. Insurance carried by the City of Saratoga Springs, its officers, or its employees, if any, shall be excess and not contributory insurance to that provided by the Vendor and/or Service Provider. Every required coverage type shall be "occurrence basis" with the exception of Professional Errors and Omissions Coverage which may be "claims made" coverage. The Vendor and/or Service Provider



may utilize umbrella/excess liability coverage to achieve the limits required hereunder; such coverage must be at least as broad as the primary coverage (follow form). The Office of Risk & Safety Management must approve all insurance certificates. The City of Saratoga Springs reserves its right to request certified copies of any policy or endorsement thereto. All insurance shall be provided by insurance carriers licensed & admitted to do business in the State of New York and must be rated "A--:VII" or better by A.M. Best (Current Rate Guide). If the Vendor and/or Service Provider fails to procure and maintain the required coverage(s) and minimum limits such failure shall constitute a material breach of contract, whereupon the City of Saratoga Springs may exercise any rights it has in law or equity, including but not limited to the following: (1) immediate termination of the Agreement; (2) withholding any/all payment(s) due under this Agreement or any other Agreement it has with the Vendor and/or Service Provider (common law set-off); OR (3) procuring or renewing any required coverage(s) or any extended reporting period thereto and paying any premiums in connection therewith. All monies so paid by the City of Saratoga Springs shall be repaid upon demand, or at the City's option, may be offset against any monies due to the Vendor and/or Service Provider.

The City of Saratoga Springs requires the Vendor and/or Service Provider name the City as a Certificate Holder for the following coverage for the work covered by this Agreement:

For projects involving the provision of **professional services**:

- **Professional Healthcare Liability Insurance:** One Million Dollars per Claim with Three Million Dollars Aggregate; AND
- **NYS Statutory Workers Compensation, Employer's Liability and Disability Insurance:** Failure to secure compensation for the benefit of, and keep insured during the life of this agreement, employees required in compliance with the provisions of Workers' Compensation Law shall make this Agreement void and of no effect.

It shall be an affirmative obligation of the Vendor and/or Service Provider to advise City's Office of Risk and Safety via mail to Office of Risk and Safety, City of Saratoga Springs, 474 Broadway, Saratoga Springs, NY 12866, within two days of the cancellation or substantive change of any insurance policy set out herein, and failure to do so shall be construed to be a breach of this Agreement. The Vendor and/or Service Provider acknowledges that failure to obtain such insurance on behalf of the municipality constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the City. The Vendor and/or Service Provider is to provide the City with a Certificate of Insurance naming the City as **Additional Insured on a primary and non-contributory basis prior** to the commencement of any work or use of City facilities. The failure to object to the contents of the Certificate of Insurance or the absence of same shall not be deemed a waiver of any and all rights held by the municipality. In the event the Vendor and/or Service Provider utilizes a Subcontractor for any portion of the services outlined within the scope of its activities, the Subcontractor shall provide insurance of the same type or types and to the same extent of coverage as that provided by the Vendor and/or Service Provider. All insurance required of the Subcontractor shall name the City of Saratoga Springs as an **Additional Insured on a primary and non-contributory** basis for all those activities performed within its contracted activities for the contract as executed.

8. **Indemnification:** The Vendor and/or Service Provider, to the fullest extent provided by law, shall indemnify and save harmless the City of Saratoga Springs, its Agents and Employees (hereinafter referred to as "City"), from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of or resulting from the performance of the work or purchase of the services, sustained by any person or persons, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the tortious act or negligent act or omission of Vendor and/or Service Provider or its employees or anyone for whom the Vendor and/or Service Provider is legally liable or Subcontractors. Without limiting the generality of the preceding paragraphs, the following shall be included in the indemnity hereunder: any and all such claims, etc., relating to personal injury, death, damage to property, or any actual or alleged violation of any applicable statute, ordinance, administrative order, executive order, rule or regulation, or decree of any court of competent jurisdiction in connection with, or arising directly or indirectly from, errors and/or negligent acts by the Vendor and/or Service Provider, as aforesaid. The Vendor and/or Service Provider's responsibility under this section shall not be limited to the required or available insurance.
9. **Americans with Disabilities Act:** The Vendor and/or Service Provider agrees to comply with the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973 and not discriminate on the basis of disability in the admission or access to, or treatment of employment in its services, programs, or activities. The Vendor and/or Service Provider agrees to hold harmless and indemnify the City from costs, including but not limited to damages, attorney's fees and staff time, in any action or proceeding brought alleging a violation of ADA and/or Section 504 caused by the Vendor and/or Service Provider. Upon request accommodation will be provided to allow individuals with disabilities to participate in all services, programs and activities.
10. **Safety:** The City of Saratoga Springs specifically reserves the right to suspend or terminate all work under this Agreement whenever Vendor and/or Service Provider, and/or Vendor and/or Service Provider's employees or subcontractors, are proceeding in a manner that threatens the life, health or safety of any of Vendor and/or Service Provider's employees, subcontractor's employees, City employees or member(s) of the general public on City property. This reservation of rights by the City of Saratoga Springs in no way obligates the City of Saratoga Springs to inspect the safety practices of the Vendor and/or Service Provider. If the City of Saratoga Springs exercises its rights pursuant to this part, the Vendor and/or Service Provider shall be given three days to cure the defect, unless the City of Saratoga Springs, in its sole and absolute discretion, determines that the service cannot be suspended for three days due to the City of Saratoga Springs' legal obligation to continuously provide Vendor and/or Service Provider's service to the public or the City of Saratoga Springs' immediate need for completion of the Vendor and/or Service Provider's work. In such case, Vendor and/or Service Provider shall immediately cure the defect. If the Vendor and/or Service Provider fails to cure the identified defect(s), the City of Saratoga Springs shall have the right to immediately terminate this Agreement. In the event that the City of Saratoga Springs terminates this Agreement, any payments for work completed by the Vendor and/or Service Provider shall be reduced by the costs incurred by the City of Saratoga Springs in re-bidding the work and/or by the increase in cost that results from using a different Vendor and/or Service Provider.
11. **Vendor and/or Service Provider Code of Conduct:** The City of Saratoga Springs is committed to conduct business in a lawful and ethical manner and expects the same standards from Vendor and/or Service Providers/suppliers that the City conducts business with. The City requires that all Vendor and/or Service Providers/suppliers abide by this Code of Conduct. Failure to comply with this Code may be sufficient cause for the City to exercise its rights to terminate its' business relationship with Vendor and/or Service Providers/suppliers. Vendor and/or Service Providers/suppliers agree to provide all information requested which is necessary to demonstrate compliance with this Code.



At a minimum, the City requires that all Vendor and/or Service Providers/suppliers meet the following standards:

- Legal: Vendor and/or Service Providers/suppliers and their sub-contractors agree to comply with all applicable local, state and federal laws, regulations and statutes.
- Discrimination: No person shall be subject to any discrimination in employment, including hiring, salary, benefits, advancement, discipline, termination or retirement on the basis of gender, race, religion, age, disability, sexual orientation, nationality, political opinion, party affiliation or social ethnic origin.
- Right to organize: Employees of the Vendor and/or Service Provider/supplier should have the right to decide whether they want collective bargaining.
- Sub-contractors: Vendor and/or Service Providers/suppliers shall ensure that sub-contractors shall operate in a manner consistent with this Code.
- Protection of the Environment: Vendor and/or Service Providers/suppliers shall comply with all applicable environmental laws and regulations. Where practicable, Vendor and/or Service Providers/suppliers are to utilize technologies that do not adversely affect the environment and when such impact is unavoidable, to ensure that it is minimized.

The undersigned Vendor and/or Service Provider/supplier hereby acknowledges that it has received the City of Saratoga Springs Vendor and/or Service Provider/Supplier Code of Conduct and agrees that any and all of its facilities and sub-contractors doing business with the City will receive the Code and will abide by each and every term therein.

Vendor and/or Service Provider/supplier acknowledges that its failure to comply with any condition, requirement, policy or procedure may result in the termination of the business relationship. Vendor and/or Service Provider/supplier reserves the right to terminate its agreement to abide by the Code of Conduct at any time for any reason upon ninety (90) days prior written notice to the City.

12. **Governing Law:** This Agreement shall be governed and construed under the laws of the State of New York, the location where this Agreement was accepted to by Vendor and/or Service Provider. The Vendor and/or Service Provider agrees to comply with all applicable local, state and federal laws, rules and regulations in the performance of the duties of this Agreement.
13. **NYS Licensure for Professional Services:** Any and all professional services performed under this Agreement shall be completed by an individual licensed by the NYS Office of Professions - Education Department as applicable to the service provided including, but not limited to accounting, actuarial, engineering and architectural services. The Vendor and/or Service Provider represents that it has all necessary governmental licenses to perform the services described herein.
14. **Non-Collusive Bidding Certification:** Where applicable, upon the submission of a bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:
  - a. The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
  - b. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
  - c. No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.
15. **Venue:** The City and the Vendor and/or Service Provider hereby agree that any litigated matters shall be venued in the federal and state courts of the State of New York in the County of Saratoga.
16. **Assignment:** The Vendor and/or Service Provider is prohibited from assigning, conveying, subletting or otherwise disposing of the Vendor and/or Service Provider's right, title, or interest therein, or the Vendor and/or Service Provider's power to execute this agreement to any other person or corporation without the previous written consent of the City, which consent shall not be unreasonably withheld. If the Vendor and/or Service Provider assigns, conveys, sublets or otherwise disposes of the Vendor and/or Service Provider's right, title, or interest without prior written consent, the City shall revoke and annul this agreement, and the City shall be relieved and discharged from any and all liability growing out of this Agreement, and any person or corporation to whom the interest was assigned, transferred, conveyed, sublet or otherwise disposed of shall forfeit and lose all moneys theretofore earned under such contract, except so much as may be required to pay his or her employees.
17. **Termination:** The Vendor and/or Service Provider and the City may mutually agree, in writing, to terminate this Agreement at any time. The City may also terminate this Agreement at any time and on any reason by mailing written notice to the Vendor and/or Service Provider at least ten (10) business days prior to such termination date. The City reserves the right to cancel this Agreement at any time in event of default or violation by the Vendor and/or Service Provider of any provision of this Agreement. The City may take whatever action at law or in equity that may appear necessary or desirable to collect damages arising from a default or violation or to enforce performance of this Agreement. Upon termination, all fees shall be paid to the Vendor and/or Service Provider for services provided up to the date of termination.
18. **Default:** Vendor and/or Service Provider's failure to perform its obligations and comply with its representations under this Agreement shall constitute a default under this Agreement. Upon Vendor and/or Service Provider's default, the City may cancel this Agreement and immediately stop payment of any fees to Vendor and/or Service Provider hereunder. City shall also have any all additional rights and remedies under New York State Law as a result of Vendor and/or Service Provider's default.
19. **Force Majeure:** Neither party shall be held liable for failure to perform its part of this Agreement when such failure is due to fire, flood, or similar disaster; strikes or similar labor disturbances; industrial disturbances, war, riot, insurrection, and/or other causes beyond the control of the parties.
20. **Entire Agreement:** This Agreement sets forth the entire agreement and understanding of the parties relating to the subject matter contained herein except as to those matters or agreements expressly incorporated herein by reference. No covenant, representation or condition not expressed herein shall be effective to interpret, change or restrict the express provisions of this Agreement. This Agreement

supersedes any and all prior agreements, whether written or oral, relating to the subject matter contained herein. This Agreement shall not be amended, changed or otherwise modified except in writing, signed by both parties.

21. **Severability:** In the event that any portion of this Agreement may be adjudged invalid or unenforceable for any reason, adjudication shall in no manner affect the other portions of this Agreement which will remain in full force and effect as of the portions adjudged invalid or unenforceable were not originally a part thereof.
22. **Modification:** This Agreement may be modified only by a writing signed by both parties.
23. **Execution:** This Agreement shall constitute the Agreement of the parties

This Agreement may be executed in separate counterparts, which together shall constitute the Agreement of the parties, provided that all of the parties to this Agreement have executed their respective copy of this Agreement.

**City Certification:** In addition to the acceptance of this Agreement, I certify that original copies of this signature page will be attached to all other exact copies of this Agreement.

**Vendor and/or Service Provider Certification:** In addition to the acceptance of this Agreement, I certify that all information provided to the City with respect to New York State Finance Law Section 139-k is complete, true and accurate.

All Parties, having agreed to the terms and the recitals set forth herein, and in relying thereon, herein signs this Agreement.

Vendor and/or Service Provider Signature: Jeffrey M. Mathews Date: 5-12-17

Print Name: Jeffrey M. Mathews Title: Vice President

City of Saratoga Springs' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

City Council Approval Date: \_\_\_\_\_

# CITY OF SARATOGA SPRINGS - VOUCHER

474 Broadway Saratoga Springs, NY 12866

DEPARTMENT # 1000 DEPARTMENT Mayor

VENDOR # see attached VENDOR NAME Memorial Day Parade Committee

REMIT ADDRESS: American Legion Post #70, ATTN: Jim Coyne, 34 West Ave, Saratoga Springs, NY 12866

FINAL		PARTIAL		
INVOICE # and ACCOUNT #	ORG	OBJECT	PROJECT	\$ AMOUNT
Memorial Day Parade (PO #161070)	A3517554	54787		\$550.00
Memorial Day Parade	A3517554	54720		\$1,950.00
RECEIVED BY: Ids			TOTAL	\$2,500.00

I certify the articles or services were necessary and for sole use of City; have been received in good condition or properly performed.

Department Head or Deputy \_\_\_\_\_ Date \_\_\_\_\_

This claim is approved from the appropriation indicated above.

<b>Audited, i.e. this purchase is in conformity with appropriate standards and procedures.</b>
Commissioner of Accounts

Commissioner of Finance \_\_\_\_\_ Date \_\_\_\_\_

PAYEE CERTIFICATION: I certify that the above is just, true and correct, that no part thereof has been paid except as stated and that the balance is actually due and owing and that taxes from which state is exempt are excluded.

Vendor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature required for all vendors who cannot supply an invoice.

# Memorial Day Parade Committee

Saratoga Springs, NY 12866



Dear Community Partner,

The annual Saratoga Springs Memorial Day Parade and Ceremony are time-honored traditions to pay respect to the many men and women that have served and died for our country. Local veteran groups, color guard, scout organizations, police and firefighters will join several local marching bands in a parade down Broadway. The event will start at the north end of the city at 6:30pm on Thursday, May 25<sup>th</sup>, and finish at a ceremony in Congress Park.

In conjunction with the parade, the Committee will also provide flags to be placed at the Greenridge Cemetery. In order to help defray the cost of this event, the Memorial Day Parade Committee is seeking parade sponsors. Several levels of sponsorship are available, and all sponsors will be recognized in the program to be distributed to those attending the ceremony. Please address checks to Memorial Day Parade Committee. Sponsorships can be sent to American Legion Post #70, Attn: Jim Coyne, 34 West Ave., Saratoga Springs, NY 12866.

We are very appreciative of your support in this and all that you do for the city throughout the year. Thank you for your consideration.

Sincerely,

Joe Pennell, Coordinator, Disabled American Veterans Department of New York  
Memorial Day Parade Committee:

Joy King, Band and Entertainment Coordinator, Mary A. Carter Temple #362

Wayne Rodier, Veterans of Foreign Wars Gurtler Brothers Post #420

Sid Gordon, Disabled American Veterans Marcelle Nolan Chapter #158

Jim Coyne, American Legion Adirondack Post #70

David Snyder, City of Saratoga Springs

---

**YES!!!** I would like to help continue the tradition of the Saratoga Springs Memorial Day Parade and Ceremony. I can help at the level indicated:

_____ \$50	_____ \$100	_____ \$250
_____ \$500 (covers expenses for 1 marching band)	_____ \$1000	_____ Other amount:

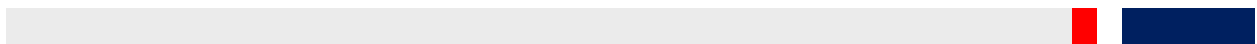
Please return bottom portion with sponsorship to:

American Legion Post #70

Attn: Jim Coyne, Memorial Day Parade Committee

34 West Ave.

Saratoga Springs, NY 12866





**RESOLUTION for City Council Support of SSHA Development**

Saratoga Springs Housing Authority (SSHA) Affordable Housing Development Project

**WHEREAS** the City of Saratoga Springs wishes to further the development of workforce housing to create a diverse population within the city while meeting the needs of the city's workforce; and

**WHEREAS** over the last decade there has been no new development for affordable workforce housing; and

**WHEREAS** the Saratoga Springs Housing Authority is applying for funds to develop 24 units of affordable housing through the New York State Homes and Community Renewal's "Small Development Project Initiative" (SRDI); and

**WHEREAS** the grant is extremely competitive and the scoring system will evaluate local municipal support and contributions for the project; and

**WHEREAS** the SSHA has requested the city to show its support and commitment to this project by providing "In Kind" funding by means of waiving the PILOT payments associated with the project for the first five years, and waiving building permit fees required by the project.

**NOW, THEREFORE BE IT RESOLVED**, the City Council of Saratoga Springs approves the waiving of the PILOT payment's and associated building permit costs pursuant to Article V of the Public Housing Finance Law to execute an exemption agreement on behalf of the Saratoga Springs Housing Authority's new 24-unit development at Jefferson/Vanderbilt Terrace for the duration of the program.

Ayes: \_\_\_\_\_ Nays: \_\_\_\_\_

Dated: May 16, 2017

Mayor of Saratoga Springs \_\_\_\_\_  
Commissioner of Accounts John P Frank Approval/Date: \_\_\_\_\_



**CITY OF SARATOGA SPRINGS  
OFFICE OF THE COMMISSIONER OF FINANCE  
QUARTERLY FINANCIAL REPORT  
FOR THE QUARTER ENDED  
MARCH 31, 2017**

I respectfully submit to the City Council the First Quarter Financial Report of 2017. Please note that this report is prepared on a cash basis and no adjustments have been made for receivables or payables.

**REVENUES:**

General Fund Revenues

Property taxes in the General Fund are recognized as revenue for the full amount levied at the time the tax roll is posted to the general ledger. The Finance Office has reviewed the payments made as of 03/31/17 and 53% has been collected or \$8,576,799. Last year at this time 51% was collected. You will recall that property taxes can be paid in four installments with the first installment due March 1. However, the City offers a discount of 2.25% if the full year is paid on or before March 1. This accounts for the greater than 25% collection rate after only the first due date has passed.

As of 03/31/17 the City has not received many of the larger revenue streams.

- Sales Tax figures include only one month since February and March collections are not distributed to the City from NYS Taxation and Finance until April and May, respectively.
- VLT Aid is paid in June.
- Hotel Occupancy Tax is paid to the City from the County on a quarterly basis. The first quarterly payment for 2017 will be received in April.
- County surplus distribution is paid on a quarterly basis too, with the first payment due in April.
- NYRA Admissions Tax is paid annually after the racing season has closed.
- The bulk of Franchise Tax is paid annually, in the last quarter of the year.
- State Aid Revenue sharing is distributed in two installments, September and December. The largest share is received in December.
- Mortgage Tax is paid semiannually in May and November.

Finance – When actual revenue is adjusted to reflect actual property tax receipts, then the Finance Office is at 24% collected.

Taking into consideration the property tax revenue recognition issues, approximately 26% of revenues were actually received as of 03/31/17. In 2016 the adjusted approximate revenue collected was 24%.

Water and Sewer Revenues

The first quarter water and sewer bills for 2017 are mailed in April for a May 15<sup>th</sup> due date.

#### Capital Revenues

The City will issue a General Obligation bond in June to finance the 2017 capital projects.

#### **EXPENSES:**

##### General Fund Expenses

Mayor's Office – Many contributions to outside organizations and events have been paid in full as of 03/31/17. Most other expenses are fairly consistent.

Finance Office – The Finance Office expenses are approximately 22% used as of 03/31. Discounts are taken if taxes are paid on or before March 1, however the expense is recorded by journal entry. In 2017 more taxpayers took advantage of the discount than ever before. As a result the appropriation is not sufficient a budget transfer from contingency must first be approved before the journal can be posted.

All – Liability insurance has been paid in full for the year. Additional expenses would be for claims or additional coverage. Most departments' expenses are running at about 25%, which is on target for 03/31/17 and is consistent with the first quarter of 2017. Variances are due to seasonal expenses and grants.

##### Capital Expenses

Capital expenses are usually larger in the months where weather is more conducive to construction. In addition, large vehicle purchases often take many months to be built according to bid specifications.

##### Community Development

Since the Community Development block grants are awarded on a different schedule than the City's fiscal year, no budget is established.

Submittal Date: May 15, 2017

Agenda Date: May 16, 2017

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CITY OF SARATOGA SPRINGS LIVE  
BUDGET AMENDMENTS JOURNAL ENTRY PROOF

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LN	ORG ACCOUNT	OBJECT PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION	EFF DATE	PREV BUDGET	BUDGET CHANGE	AMENDED BUDGET	ERR
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY AMEND			
2017	05	131 05/16/2017	051617	051617	TRAN BUA	051617TRAN	1		
1	A3729081	51990	SICK LEAVE	PS	SICK LEAVE		.00	2,616.00	2,616.00
	A	-37-2-9089-1-51990	-		LUMP SUM SICK PAYOUT		05/16/2017		
2	A3021691	51695	DATA PROCESING	PS	WEB CONTENT COORDINATOR PT		22,000.00	-2,616.00	19,384.00
	A	-30-2-1681-1-51695	-		LUMP SUM SICK PAYOUT		05/16/2017		
3	A3729081	58030	SICK LEAVE	PS	CITY PORTION SOCIAL SECURITY		.00	201.00	201.00
	A	-37-2-9089-1-58030	-		LUMP SUM SICK PAYOUT		05/16/2017		
4	A3021691	58030	DATA PROCESING	PS	CITY PORTION SOCIAL SECURITY		23,842.00	-201.00	23,641.00
	A	-30-2-1681-1-58030	-		LUMP SUM SICK PAYOUT		05/16/2017		
5	A3143011	51410	COMM PUBLIC SAFETY	PS	SENIOR ACCOUNT CLERK		.00	15,501.00	15,501.00
	A	-31-4-3010-1-51410	-		SEN ACC CLERK RE-ESTABLISHMENT		05/16/2017		
6	A3143011	51440	COMM PUBLIC SAFETY	PS	SENIOR CLERK		111,028.00	-15,501.00	95,527.00
	A	-31-4-3010-1-51440	-		SEN ACC CLERK RE-ESTABLISHMENT		05/16/2017		
7	A3143621	51262	CODE ENFORCEMENT	PS	CODE ENFORCEMENT TECHNICIAN		.00	25,369.00	25,369.00
	A	-31-4-3620-1-51262	-		CODE TECH POS TO FILL RETIREME		05/16/2017		
8	A3143621	51260	CODE ENFORCEMENT	PS	CODE ADMINISTRATOR		159,230.97	-25,369.00	133,861.97
	A	-31-4-3620-1-51260	-		CODE TECH POS TO FILL RETIREME		05/16/2017		
9	A3638141	51960	STORM WATER CARRIERS	PS	OVERTIME		750.00	750.00	1,500.00
	A	-36-3-8140-1-51960	-		TO COVER ANTICIPATED EXPENSES		05/16/2017		
10	A3335011	51900	STREETS	PS	LABORER		1,648,718.24	-750.00	1,647,968.24
	A	-33-3-5010-1-51900	-		TO COVER ANTICIPATED EXPENSES		05/16/2017		
					** JOURNAL TOTAL		0.00		

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CITY OF SARATOGA SPRINGS LIVE  
BUDGET AMENDMENT JOURNAL ENTRY PROOF

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CLERK: u200

YEAR PER	JNL					ACCOUNT DESC	T OB	DEBIT	CREDIT
SRC ACCOUNT	EFF DATE	JNL DESC	REF 1	REF 2	REF 3	LINE DESC			
2017 5 131									
BUA A3729081-51990	05/16/2017	051617TRAN	051617	051617TRAN		SICK LEAVE	5	2,616.00	
						LUMP SUM SICK PAYOUT			
BUA A3021691-51695	05/16/2017	051617TRAN	051617	051617TRAN		WEB CONTENT COORDINATOR PT	5		2,616.00
						LUMP SUM SICK PAYOUT			
BUA A3729081-58030	05/16/2017	051617TRAN	051617	051617TRAN		CITY PORTION SOCIAL SECURITY	5	201.00	
						LUMP SUM SICK PAYOUT			
BUA A3021691-58030	05/16/2017	051617TRAN	051617	051617TRAN		CITY PORTION SOCIAL SECURITY	5		201.00
						LUMP SUM SICK PAYOUT			
BUA A3143011-51410	05/16/2017	051617TRAN	051617	051617TRAN		SENIOR ACCOUNT CLERK	5	15,501.00	
						SEN ACC CLERK RE-ESTABLISHMENT			
BUA A3143011-51440	05/16/2017	051617TRAN	051617	051617TRAN		SENIOR CLERK	5		15,501.00
						SEN ACC CLERK RE-ESTABLISHMENT			
BUA A3143621-51262	05/16/2017	051617TRAN	051617	051617TRAN		CODE ENFORCEMENT TECHNICIAN	5	25,369.00	
						CODE TECH POS TO FILL RETIREME			
BUA A3143621-51260	05/16/2017	051617TRAN	051617	051617TRAN		CODE ADMINISTRATOR	5		25,369.00
						CODE TECH POS TO FILL RETIREME			
BUA A3638141-51960	05/16/2017	051617TRAN	051617	051617TRAN		OVERTIME	5	750.00	
						TO COVER ANTICIPATED EXPENSES			
BUA A3335011-51900	05/16/2017	051617TRAN	051617	051617TRAN		LABORER	5		750.00
						TO COVER ANTICIPATED EXPENSES			
JOURNAL 2017/05/131 TOTAL								.00	.00

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CITY OF SARATOGA SPRINGS LIVE  
BUDGET AMENDMENT JOURNAL ENTRY PROOF

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FUND ACCOUNT	YEAR PER	JNL	EFF DATE	ACCOUNT DESCRIPTION	DEBIT	CREDIT
FUND TOTAL					.00	.00

\*\* END OF REPORT - Generated by Susan Dugan Armstrong \*\*

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**CITY OF SARATOGA SPRINGS LIVE**  
**BUDGET AMENDMENTS JOURNAL ENTRY PROOF**

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LN	ORG	OBJECT	PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION	EFF DATE	PREV BUDGET	BUDGET CHANGE	AMENDED BUDGET	ERR
	ACCOUNT				LINE DESCRIPTION					
<hr/>										
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND			
2017	05	133	05/16/2017	051617	051617TRAN BUA	051617TRAN	1			
1	A3021374	54580			DISCOUNT ON TAXES CS	DISCOUNTS ISSUED	193,721.85	41,504.44	235,226.29	
	A	-30-2-1363-4-54580	-			CONT TO COVER DIS PROP TAX	05/16/2017			
2	A3829999	59010			CONTINGENCY	CONTINGENCY	200,000.00	-41,504.44	158,495.56	
	A	-38-2-9990-9-59010	-			CONT TO COVER DIS PROP TAX	05/16/2017			
** JOURNAL TOTAL								0.00		

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CITY OF SARATOGA SPRINGS LIVE  
BUDGET AMENDMENT JOURNAL ENTRY PROOF

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YEAR PER	JNL					ACCOUNT DESC	T OB	DEBIT	CREDIT
SRC ACCOUNT	EFF DATE	JNL DESC	REF 1	REF 2	REF 3	LINE DESC			
2017 5 133									
BUA A3021374-54580						DISCOUNTS ISSUED	5	41,504.44	
05/16/2017	051617TRAN	051617	051617TRAN			CONT TO COVER DIS PROP TAX	T		
BUA A3829999-59010						CONTINGENCY	5		41,504.44
05/16/2017	051617TRAN	051617	051617TRAN			CONT TO COVER DIS PROP TAX	T		
JOURNAL 2017/05/133 TOTAL								<u>.00</u>	<u>.00</u>



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CITY OF SARATOGA SPRINGS LIVE  
BUDGET AMENDMENT JOURNAL ENTRY PROOF

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FUND ACCOUNT	YEAR PER	JNL	EFF DATE	ACCOUNT DESCRIPTION	DEBIT	CREDIT
FUND TOTAL					.00	.00

\*\* END OF REPORT - Generated by Susan Dugan Armstrong \*\*



## City of Saratoga Springs, NY Contract

City Project Number: RFP 2017-21 City Project Name: Saratoga Springs Police Department Dispatch Architectural Services  
 City Department: Public Safety Department Contact Person: Assistant Chief John Catone City Ext. 3501  
 Company Name: QPK Design – Architecture Engineering Site and Planning  
 Company Address: 450 South Salina Street, 5<sup>th</sup> Floor, Syracuse, NY 13202  
 Company Telephone No.: 315.472.7806 Company Fax No.: 315.472.780  
 Vendor and/or Service Provider Primary Contact: Michael P. O'Shea Title: Partner  
 Primary Contact Email: \_\_\_\_\_  
 Service to be Provided: Architectural and Engineering Services

1. **Scope of Agreement:** In response to a request for a pricing proposal requested by the City for RFP 2017-21 Saratoga Springs Police Department Dispatch Architectural Services, the Vendor and/or Service Provider submitted proposals dated April 12, 2017 (the "Proposals/Statement of Work"), which are attached hereto as Exhibit A. The Vendor and/or Service Provider shall provide to the City the products and services set forth therein. The Vendor and/or Service Provider assumes full responsibility for the provision of the products and services made available in this Agreement. The Vendor and/or Service Provider shall be so liable even when the Vendor and/or Service Provider subcontract the provision of a portion of the products and services. Subcontracting shall be permitted only with the prior written approval of the City. The Vendor and/or Service Provider assumes all risks in the performance of all its activities authorized by this Agreement.
2. **Term of Agreement:** The term of this Agreement shall commence per the date of approval of this Agreement by the City Council of the City of Saratoga Springs. This Agreement shall continue in force from the effective date until the work provided as described herein is satisfactorily completed or by 11/18. Any modification of the work performed by the Vendor and/or Service Provider shall be made in writing and shall not be undertaken until the City agrees to the modification. The Vendor and/or Service Provider assume full responsibility for the provision of the products and services contracted for in this Agreement. The Vendor and/or Service Provider shall be so liable even when the Vendor and/or Service Provider subcontract the provision of a portion of the products and services. Subcontracting shall be permitted only with prior written notice and written approval of the City. The Vendor and/or Service Provider will provide his or her own equipment and materials as necessary to perform the work except as identified within the RFP/RFQ/BID Documents. The Vendor and/or Service Provider assume all risks in the performance of all its activities authorized by this Agreement.
3. **Terms of Payment:** Vendor and/or Service Provider will invoice the City on a monthly basis and the City will pay all invoices within thirty (30) days of receipt of the invoice or as practicable. The City shall pay the Vendor and/or Service Provider in accordance with the City Charter per the Purchasing Guidelines established by the City. All work performed under this agreement must be in accordance with the NYS Department of Labor Prevailing Wage Regulations. The Costs, fees, and disbursements associated with the provisions of the products and services shall be determined in accordance with the proposal submitted not to exceed Thirty Eight Thousand Five Hundred Dollars (\$38,500), a copy of which is annexed hereto and made a part hereof. Detailed original invoices not received within forty five (45) calendar days of the completed transaction could result in a delay of payment.
4. **Notice:** Any notices sent to the City under this Agreement will be effective five (5) business days after the postmarked date of mailing by certified mail, return receipt requested. The Commissioner of Public Safety is the designated Project Manager for this Agreement and shall represent the City in all matters and has the authority to affect the delivery of products and/or services. The Project Manager for the Vendor and/or Service Provider is Michael O'Shea. Any notice, request, demand or other communication required or provided for in this Agreement shall be in writing and shall be deemed to have been duly given if delivered in person or mailed in a sealed envelope, postage prepaid, addressed as follows:  
  
 To the City: Commissioner of Public Safety, City Saratoga Springs, 474 Broadway, Saratoga Springs, NY 12866  
  
 With a copy to: City Attorney, City Saratoga Springs, 474 Broadway, Saratoga Springs, NY 12866  
  
 To Vendor and/or Service Provider: QPK Design-Architecture Engineering Site and Planning, 450 South Salina St, 5<sup>th</sup> FL, Syracuse, NY 13202
5. **Conflicts of Interest:** The Vendor and/or Service Provider represents and warrants that it has no conflict, actual or perceived, that would prevent it from performing its duties and responsibilities under the Agreement.
6. **City Property:** All information and materials received hereunder by the Vendor and/or Service Provider from the City are and shall remain the sole and exclusive property of the City and the Vendor and/or Service Provider shall have no right, title, or interest in or to any such information or materials by virtue of their use or possession hereunder by the Vendor and/or Service Provider. All intellectual property, created by the Vendor and/or Service Provider hereunder as a product or as a service to the City shall be the sole and exclusive property of the City. Effective upon their creation pursuant to the terms of this Agreement, the Vendor and/or Service Provider conveys, assigns and transfers to the City the sole and exclusive rights, title and interest in all documents, electronic databases, and custom programs, whether preliminary, final or otherwise, including all trademarks and copyrights. The Vendor and/or Service Provider hereby agrees to take all necessary and appropriate steps to ensure that the custom products are protected against unauthorized copying, reproduction and marketing by or through the Vendor and/or Service Provider, its agents, employees, or subcontractors. Nothing herein shall preclude the Vendor and/or Service Provider from otherwise using the related or underlying general knowledge, skills, ideas, concepts, techniques and experience developed under this Agreement in the course of the Vendor and/or Service Provider's business. The Contractor grants to the City a perpetual, nonexclusive, royalty-free, unlimited use license to use, execute, reproduce, display, modify and distribute any pre-existing software, tools or techniques delivered by the Vendor and/or Service Provider under this Agreement. Any written reports, opinions and advice rendered by the Vendor and/or Service Provider shall become the sole and exclusive property of the City, and the Vendor and/or Service Provider shall have no right, title, or interest in or to any such information or materials by virtue of their use or possession hereunder by the Vendor and/or Service Provider.
7. **Retention of Records:** The Vendor and/or Service Provider shall make available to the City all information pertinent to the project, including reports, studies, drawings, and any other data. All original records generated as a result of the project shall be maintained by the Vendor and/or Service Provider for a period of six (6) years after expiration of the Agreement. Upon request, copies of those records shall be provided to the City at no cost.

8. **Independent Vendor and/or Service Provider Status:** It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing the relationship of copartners between the parties hereto or as constituting the Vendor and/or Service Provider's staff as the agents, representatives or employees of the City for any purpose in any manner whatsoever. The Vendor and/or Service Provider and its staff are to be and shall remain an independent Vendor and/or Service Provider with respect to all services performed under this Agreement. The Vendor and/or Service Provider represents that it has, or will secure at its own expense, all personnel required in performing services under this Agreement. Any and all personnel of the Vendor and/or Service Provider or other persons, while engaged in the performance of any work or services required by the Vendor and/or Service Provider under this Agreement, shall not be considered employees of the City, and any and all claims that may or might arise under the Workers' Compensation Laws of the State of New York on behalf of said personnel or other persons while so engaged, and any and all claims whatsoever on behalf of any such person or personnel arising out of employment or alleged employment including, without limitation, claims of discrimination against the Vendor and/or Service Provider, its officers, agents, Vendor and/or Service Providers or employees shall in no way be the responsibility of the City; and the Vendor and/or Service Provider shall defend, indemnify and hold the City, its officers, agents and employees harmless from any and all such claims regardless of any determination of any pertinent tribunal, agency, board, commission or court. Such personnel or other persons shall not require nor be entitled to any compensation, rights or benefits of any kind whatsoever from the City, including, without limitation, tenure rights, medical and hospital care, sick and vacation leave, Workers' Compensation, Unemployment Compensation, disability, and severance pay.
9. **Insurance:** The City of Saratoga Springs herein requires the following terms and conditions regarding the agreement for the provision of professional services as outlined above: The Vendor and/or Service Provider shall procure and maintain during the term of this Agreement, at the Vendor and/or Service Provider's expense, the insurance policies listed with limits equal to or greater than the enumerated limits. The Vendor and/or Service Provider shall be solely responsible for any self-insured retention or deductible losses under each of the required policies. Every required policy, including any required endorsements and any umbrella or excess policy, shall be primary insurance. Insurance carried by the City of Saratoga Springs, its officers, or its employees, if any, shall be excess and not contributory insurance to that provided by the Vendor and/or Service Provider. Every required coverage type shall be "occurrence basis" with the exception of Professional Errors and Omissions Coverage which may be "claims made" coverage. The Vendor and/or Service Provider may utilize umbrella/excess liability coverage to achieve the limits required hereunder; such coverage must be at least as broad as the primary coverage (follow form). The Office of Risk & Safety Management must approve all insurance certificates. The City of Saratoga Springs reserves its right to request certified copies of any policy or endorsement thereto. All insurance shall be provided by insurance carriers licensed & admitted to do business in the State of New York and must be rated "A-:VII" or better by A.M. Best (Current Rate Guide). If the Vendor and/or Service Provider fails to procure and maintain the required coverage(s) and minimum limits such failure shall constitute a material breach of contract, whereupon the City of Saratoga Springs may exercise any rights it has in law or equity, including but not limited to the following: (1) immediate termination of the Agreement; (2) withholding any/all payment(s) due under this Agreement or any other Agreement it has with the Vendor and/or Service Provider (common law set-off); OR (3) procuring or renewing any required coverage(s) or any extended reporting period thereto and paying any premiums in connection therewith. All monies so paid by the City of Saratoga Springs shall be repaid upon demand, or at the City's option, may be offset against any monies due to the Vendor and/or Service Provider.

The City of Saratoga Springs requires the Vendor and/or Service Provider name the City as a Certificate Holder for the following coverage for the work covered by this Agreement:

- **Commercial General Liability** Including Completed Products and Operations and Personal Liability Insurance: One Million Dollars per Occurrence with Two Million Dollars Aggregate;
- **Commercial Automobile Insurance:** One Million Dollars Combined Single Limit for Owned, Hired and Non-owned Vehicles;
- **Excess Insurance:** Five Million Dollars per Occurrence Aggregate;
- **Professional Errors and Omissions:** One Million Dollars per Claim with Two Million Dollars Aggregate; AND
- **NYS Statutory Workers Compensation, Employer's Liability and Disability Insurance:** Failure to secure compensation for the benefit of, and keep insured during the life of this agreement, employees required in compliance with the provisions of Workers' Compensation Law shall make this Agreement void and of no effect.

It shall be an affirmative obligation of the Vendor and/or Service Provider to advise City's Office of Risk and Safety via mail to Office of Risk and Safety, City of Saratoga Springs, 474 Broadway, Saratoga Springs, NY 12866, within two days of the cancellation or substantive change of any insurance policy set out herein, and failure to do so shall be construed to be a breach of this Agreement. The Vendor and/or Service Provider acknowledges that failure to obtain such insurance on behalf of the municipality constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the City. The Vendor and/or Service Provider is to provide the City with a Certificate of Insurance naming the City as **Additional Insured on a primary and non-contributory basis prior** to the commencement of any work or use of City facilities. The failure to object to the contents of the Certificate of Insurance or the absence of same shall not be deemed a waiver of any and all rights held by the municipality. In the event the Vendor and/or Service Provider utilizes a Subcontractor for any portion of the services outlined within the scope of its activities, the Subcontractor shall provide insurance of the same type or types and to the same extent of coverage as that provided by the Vendor and/or Service Provider. All insurance required of the Subcontractor shall name the City of Saratoga Springs as an **Additional Insured on a primary and non-contributory basis** for all those activities performed within its contracted activities for the contact as executed.

10. **Indemnification:** The Vendor and/or Service Provider, to the fullest extent provided by law, shall indemnify and save harmless the City of Saratoga Springs, its Agents and Employees (hereinafter referred to as "City"), from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of or resulting from the performance of the work or purchase of the services, sustained by any person or persons, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the tortious act or negligent act or omission of Vendor and/or Service Provider or its employees or anyone for whom the Vendor and/or Service Provider is legally liable or Subcontractors. Without limiting the generality of the preceding paragraphs, the following shall be included in the indemnity hereunder: any and all such claims, etc., relating to personal injury, death, damage to property, or any actual or alleged violation of any applicable statute, ordinance, administrative order, executive order, rule or regulation, or decree of any court of competent jurisdiction in connection with, or arising directly or indirectly from, errors and/or negligent acts by the Vendor and/or Service Provider, as aforesaid. The Vendor and/or Service Provider's responsibility under this section shall not be limited to the required or available insurance.
11. **Americans with Disabilities Act:** The Vendor and/or Service Provider agrees to comply with the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973 and not discriminate on the basis of disability in the admission or access to, or treatment of employment in its services, programs, or activities. The Vendor and/or Service Provider agrees to hold harmless and indemnify the City from costs, including but not limited to damages, attorney's fees and staff time, in any action or proceeding brought alleging a violation of ADA and/or Section 504 caused by the Vendor and/or Service Provider. Upon request accommodation will be provided to allow individuals with disabilities to participate in all services, programs and activities.

12. **Safety:** The City of Saratoga Springs specifically reserves the right to suspend or terminate all work under this Agreement whenever Vendor and/or Service Provider, and/or Vendor and/or Service Provider's employees or subcontractors, are proceeding in a manner that threatens the life, health or safety of any of Vendor and/or Service Provider's employees, subcontractor's employees, City employees or member(s) of the general public on City property. This reservation of rights by the City of Saratoga Springs in no way obligates the City of Saratoga Springs to inspect the safety practices of the Vendor and/or Service Provider. If the City of Saratoga Springs exercises its rights pursuant to this part, the Vendor and/or Service Provider shall be given three days to cure the defect, unless the City of Saratoga Springs, in its sole and absolute discretion, determines that the service cannot be suspended for three days due to the City of Saratoga Springs' legal obligation to continuously provide Vendor and/or Service Provider's service to the public or the City of Saratoga Springs' immediate need for completion of the Vendor and/or Service Provider's work. In such case, Vendor and/or Service Provider shall immediately cure the defect. If the Vendor and/or Service Provider fails to cure the identified defect(s), the City of Saratoga Springs shall have the right to immediately terminate this Agreement. In the event that the City of Saratoga Springs terminates this Agreement, any payments for work completed by the Vendor and/or Service Provider shall be reduced by the costs incurred by the City of Saratoga Springs in re-bidding the work and/or by the increase in cost that results from using a different Vendor and/or Service Provider.
13. **Vendor and/or Service Provider Code of Conduct:** The City of Saratoga Springs is committed to conduct business in a lawful and ethical manner and expects the same standards from Vendor and/or Service Providers/suppliers that the City conducts business with. The City requires that all Vendor and/or Service Providers/suppliers abide by this Code of Conduct. Failure to comply with this Code may be sufficient cause for the City to exercise its rights to terminate its' business relationship with Vendor and/or Service Providers/suppliers. Vendor and/or Service Providers/suppliers agree to provide all information requested which is necessary to demonstrate compliance with this Code.

At a minimum, the City requires that all Vendor and/or Service Providers/suppliers meet the following standards:

- Legal: Vendor and/or Service Providers/suppliers and their sub-contractors agree to comply with all applicable local, state and federal laws, regulations and statutes.
- Discrimination: No person shall be subject to any discrimination in employment, including hiring, salary, benefits, advancement, discipline, termination or retirement on the basis of gender, race, religion, age, disability, sexual orientation, nationality, political opinion, party affiliation or social ethnic origin.
- Right to organize: Employees of the Vendor and/or Service Provider/supplier should have the right to decide whether they want collective bargaining.
- Sub-contractors: Vendor and/or Service Providers/suppliers shall ensure that sub-contractors shall operate in a manner consistent with this Code.
- Protection of the Environment: Vendor and/or Service Providers/suppliers shall comply with all applicable environmental laws and regulations. Where practicable, Vendor and/or Service Providers/suppliers are to utilize technologies that do not adversely affect the environment and when such impact is unavoidable, to ensure that it is minimized.

The undersigned Vendor and/or Service Provider/supplier hereby acknowledges that it has received the City of Saratoga Springs Vendor and/or Service Provider/Supplier Code of Conduct and agrees that any and all of its facilities and sub-contractors doing business with the City will receive the Code and will abide by each and every term therein.

Vendor and/or Service Provider/supplier acknowledges that its failure to comply with any condition, requirement, policy or procedure may result in the termination of the business relationship. Vendor and/or Service Provider/supplier reserves the right to terminate its agreement to abide by the Code of Conduct at any time for any reason upon ninety (90) days prior written notice to the City.

14. **Governing Law:** This Agreement shall be governed and construed under the laws of the State of New York, the location where this Agreement was accepted to by Vendor and/or Service Provider. The Vendor and/or Service Provider agrees to comply with all applicable local, state and federal laws, rules and regulations in the performance of the duties of this Agreement.
15. **NYS Licensure for Professional Services:** Any and all professional services performed under this Agreement shall be completed by an individual licensed by the NYS Office of Professions - Education Department as applicable to the service provided including, but not limited to accounting, actuarial, engineering and architectural services. The Vendor and/or Service Provider represents that it has all necessary governmental licenses to perform the services described herein.
16. **Non-Collusive Bidding Certification:** Where applicable, upon the submission of a bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:
- a. The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
  - b. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
  - c. No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.
17. **Iranian Energy Sector Divestment:** Where applicable, upon the submission of a bid, each Vendor and/or Service Provider and each person signing on behalf of any Vendor and/or Service Provider certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of section 165-a of the state finance law (Iran Divestment).
18. **Venue:** The City and the Vendor and/or Service Provider hereby agree that any litigated matters shall be venued in the federal and state courts of the State of New York in the County of Saratoga.
19. **Assignment:** The Vendor and/or Service Provider is prohibited from assigning, conveying, subletting or otherwise disposing of the Vendor and/or Service Provider's right, title, or interest therein, or the Vendor and/or Service Provider's power to execute this agreement to any other person or corporation without the previous written consent of the City. If the Vendor and/or Service Provider assigns, conveys, sublets or otherwise disposes of the Vendor and/or Service Provider's right, title, or interest without prior written consent, the City shall revoke and annul this agreement, and the City shall be relieved and discharged from any and all liability growing out of this Agreement, and any person or corporation to whom the interest was assigned, transferred, conveyed, sublet or otherwise disposed of shall forfeit and lose all moneys theretofore earned under such contract, except so much as may be required to pay his or her employees.

20. **Termination:** The Vendor and/or Service Provider and the City may mutually agree, in writing, to terminate this Agreement at any time. The City may also terminate this Agreement at any time and or any reason by mailing written notice to the Vendor and/or Service Provider at least ten (10) business days prior to such termination date. The City reserves the right to cancel this Agreement at any time in event of default or violation by the Vendor and/or Service Provider of any provision of this Agreement. The City may take whatever action at law or in equity that may appear necessary or desirable to collect damages arising from a default or violation or to enforce performance of this Agreement.
21. **Default:** Vendor and/or Service Provider's failure to perform its obligations and comply with its representations under this Agreement shall constitute a default under this Agreement. Upon Vendor and/or Service Provider's default, the City may cancel this Agreement and immediately stop payment of any fees to Vendor and/or Service Provider hereunder. City shall also have any all additional rights and remedies under New York State Law as a result of Vendor and/or Service Provider's default.
22. **Force Majeure:** Neither party shall be held liable for failure to perform its part of this Agreement when such failure is due to fire, flood, or similar disaster; strikes or similar labor disturbances; industrial disturbances, war, riot, insurrection, and/or other causes beyond the control of the parties.
23. **Entire Agreement:** This Agreement sets forth the entire agreement and understanding of the parties relating to the subject matter contained herein except as to those matters or agreements expressly incorporated herein by reference. No covenant, representation or condition not expressed herein shall be effective to interpret, change or restrict the express provisions of this Agreement. This Agreement supersedes any and all prior agreements, whether written or oral, relating to the subject matter contained herein. This Agreement shall not be amended, changed or otherwise modified except in writing, signed by both parties.
24. **Severability:** In the event that any portion of this Agreement may be adjudged invalid or unenforceable for any reason, adjudication shall in no manner affect the other portions of this Agreement which will remain in full force and effect as of the portions adjudged invalid or unenforceable were not originally a part thereof.
25. **Modification:** This Agreement may be modified only by a writing signed by both parties.
26. **Execution:**

This Agreement may be executed in separate counterparts, which together shall constitute the Agreement of the parties, provided that all of the parties to this Agreement have executed their respective copy of this Agreement.

**City Certification:** In addition to the acceptance of this Agreement, I certify that original copies of this signature page will be attached to all other exact copies of this Agreement.

**Vendor and/or Service Provider Certification:** In addition to the acceptance of this Agreement, I certify that all information provided to the City with respect to New York State Finance Law Section 139-k is complete, true and accurate.

All Parties, having agreed to the terms and the recitals set forth herein, and in relying thereon, herein signs this Agreement.

Vendor and/or Service Provider Signature: Michael P. O'Shea Date: May 12, 2017

Print Name: Michael P. O'Shea Title: Partner

City of Saratoga Springs' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: Joanne Yepsen Title: Mayor City Council Approval Date: \_\_\_\_\_





**City of Saratoga Springs**  
**OFFICE OF COMMISSIONER OF ACCOUNTS**

474 Broadway - City Hall  
Saratoga Springs, New York 12866

Telephone 518-587-3550  
Fax 518-587-6512

JOHN P. FRANCK  
COMMISSIONER

MAIRE MASTERSON  
DEPUTY COMMISSIONER

# Award/Extension of Bid Sign-Off Form

## Award of Bid

Prior to an award of bid being placed on Commissioner Franck's agenda for a City Council meeting, this form **must** be completed and the following **must** occur:

- ☒ A memo from your department's commissioner/mayor requesting the award of bid be placed on Commissioner Franck's agenda; and
- ☒ A copy of the bid tabulation sheet with all vendors names, addresses, and contact person; and
  - ☐ the Assistant Purchasing Agent **must** review that the purchasing policy was followed in the selection of the vendor and indicate such by signing below; and
  - ☐ the Director of Risk and Safety **must** be provided a copy of the vendor's certificate of insurance (if applicable) for review and indicate by signing below that the vendor meets all insurance requirements for the City of Saratoga Springs; and
  - ☐ approved certification of funds by the Finance Department (if applicable) **must** be obtained and a copy **must** be attached to request an award of bid; and
  - ☐ budget line item **must** be identified and indicated below.

## Extension of Bid

Prior to an extension of bid being placed on Commissioner Franck's agenda for a City Council meeting, this form **must** be completed and the following **must** occur:

- ☐ A memo from your department's commissioner/mayor requesting the extension of bid be placed on Commissioner Franck's agenda; and
- ☐ A copy of the page from the previous year's bid showing the bid can be extended; and
- ☐ the Assistant Purchasing Agent **must** review that the purchasing policy was followed in the selection of the vendor and indicate such by signing below; and
- ☐ the Director of Risk and Safety **must** be provided a copy of the vendor's certificate of insurance (if applicable) for review and indicate by signing below that the vendor continues to meet all insurance requirements for the City of Saratoga Springs; and
- ☐ approved certification of funds by the Finance Department (if applicable) **must** be obtained and a copy **must** be attached to request an extension of bid; and
- ☐ budget line item **must** be identified and indicated below.

Department That Owns Award/Extension of Bid: Public Safety

Project or Item Being Awarded: 2017-21 Police Dept. Dispatch Architectural Services

Item Being Extended: \_\_\_\_\_

Vendor Who Won the Bid: QPK Design

Budget Line Item: H-31-4-6952 52000 1245

Budget Line Item: \_\_\_\_\_

Assistant Purchasing Agent: Purchasing policy has X / has not \_\_\_\_\_ been followed in the selection of the winner of the bid or bid extension.

Richards  
Assistant Purchasing Agent

4/27/17  
Date

Director of Risk and Safety: Vendor being awarded the bid or the bid being extended has ✓ / has not \_\_\_\_\_ met all insurance requirements of the City of Saratoga Springs and has provided a copy of their certificate of insurance for review by the Director of Risk and Safety.

[Signature]  
Director of Risk and Safety

4/28/17  
Date

**\*\*An award/extension of bid will not be placed on the Commissioner's agenda if any of the above is missing. The request to place the item on the agenda will be returned to the appropriate department.**



City of Saratoga Springs  
Department of Public Safety  
474 Broadway  
Saratoga Springs, NY 12866  
(518) 587-3550 x 2632

## Memorandum

**To:** Commissioner Franck  
**From:** Commissioner Mathiesen *cm*  
**Date:** April 27, 2017  
**Re:** RFP 2017-21 Police Dept Dispatch Architectural Services

---

The Department of Public Safety would like to award RFP 2017-21 Police Dept Dispatch Architectural Services to QPK Design.

Please place this on your agenda for the next City council meeting.

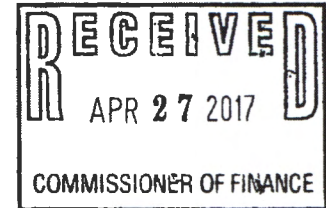
Thank you.

**Police Department Dispatch Architectural, Engineering and Management Services RFP 2017-21**  
**Bid Results**

	<b>Total Bid</b>	<b>Purchasing</b>	<b>Risk and Safety</b>
<b>QPK Design</b> Michael O'Shea 450 South Salina St., 5th Floor Syracuse, NY 13202 <a href="mailto:MOShea@qpkdesign.com">MOShea@qpkdesign.com</a>	\$38,500.00	Met requirements.	M & E Engineering-Need E & O All need- Additional Insured, primary and non contributory
<b>The Architectural Collaborative</b> Jon Primeau 15 Suffolk Lane Gansevoort, NY 12831 <a href="mailto:Jon@theArchCollaborative.com">Jon@theArchCollaborative.com</a>	\$42,000.00	Met requirements.	Architectural Collaborative- no E & O Erdman Anthony- no RSA wainshaft- No E & O, no RSA
<b>Folt-Albert Associates, Architecture, Engineering and Surveying, P. C.</b> Gregory Carballada 435 New Karner Road Albany, NY 12205 <a href="mailto:gcarballada@foit-albert.com">gcarballada@foit-albert.com</a>	\$52,000.00	Met requirements.	Missing insurance from Engineered Soutlions

Sample Form COSF-2

Request for Certification of Sufficient Funds



Submittal Date: April 27, 2017

The Department of Public Safety requests certification that sufficient funds are or will be available to cover the claim to meet the following obligation when it becomes due and payable.

Obligation to be incurred, detailing vendor name, project description, Council approval, etc. (attach supporting documentation):

Award of Bid 2017-21 Police Dept Dispatch Architectural Services to QPK Design for new dispatch area in the Police Department.

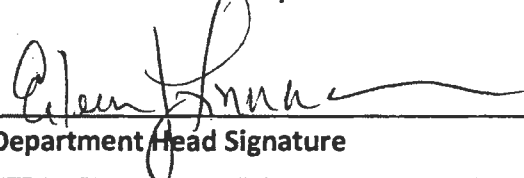
Appropriation – Current Budget Expense Org/Object/Proj(s): H-31-4-6952 / 52000 / 1245

Amount Requested for Approval: \$38,500.00 ✓

Current Amount Available: \$1,056,432.00 ✓

Transfer/Amendment Pending: \$

Transfer/Amendment Date: \_\_\_\_\_

  
\_\_\_\_\_

Department Head Signature

Date

Certification of Sufficient Funds

The Commissioner of Finance hereby certifies that funds are or will be available to cover the claim to meet the above described obligation when it becomes due and payable.

  
\_\_\_\_\_

Commissioner of Finance

4/27/17  
\_\_\_\_\_

Approval Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/28/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

<b>PRODUCER</b> Haylor, Freyer & Coon, Inc. 231 Salina Meadows Parkway P.O. Box 4743 Syracuse NY 13221-4743	<b>CONTACT NAME:</b> Sheila Corbett <b>PHONE (A/C, No, Ext):</b> 315 703-3235 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> scorbett@haylor.cpm																					
<b>INSURED</b> Quinlivan, Pierik & Krause - Architects/ Engineers/Landscape Architects, LLP DBA QPK Design - Architecture, Engineering, Site & Planning; PO Box 29 Syracuse NY 13201-0029	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Continental Casualty Company</td><td>20443</td></tr><tr><td>INSURER B:</td><td>Transportation Ins Co.</td><td></td></tr><tr><td>INSURER C:</td><td>Transportation Insurance Company</td><td>20494</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Continental Casualty Company	20443	INSURER B:	Transportation Ins Co.		INSURER C:	Transportation Insurance Company	20494	INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																						
INSURER E:																						
INSURER F:																						

**COVERAGES**

CERTIFICATE NUMBER: 930273664

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	B1022069107	6/24/2016	6/24/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	B1022069107	6/24/2016	6/24/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	Y	B2079854074	6/24/2016	6/24/2017	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y	WC2068817294	6/24/2016	6/24/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Employee Dishonesty			B1022069107	6/24/2016	6/24/2017	\$100,000 \$250 Ded.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Enclosed Forms:**

SB-300176-C31 (ed. 04/14) Architects, Engineers and Surveyors Liability Extension With Office Pollution Liability Coverage - New York

WC 00 03 13 (Ed. 4-84) Waiver of Our Right to Recover from Others Endorsement

G-15057-A (Ed. 10/89) Commercial Umbrella Plus Coverage Part

G-300429-A31 (Ed. 02/11) Changes - Other Insurance

C-105.2 (09/07) State of New York Workers' Compensation Board Certificate of NYS Workers' Compensation Insurance Coverage

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**City of Saratoga Springs  
Department of Accounts  
474 Broadway  
Saratoga Springs NY 12866

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Haylor, Freyer & Coon, Inc.		NAMED INSURED Quinlivan, Pierik & Krause - Architects/ Engineers/Landscape Architects, LLP DBA QPK Design - Architecture, Engineering, Site & Planning; PO Box 29 Syracuse NY 13201-0029
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

REGARDING: RFP #: 2017-21 City of Saratoga Springs, Police Department Dispatch Architectural Services, Engineering, Management Services



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ARCHITECTS, ENGINEERS AND SURVEYORS LIABILITY EXTENSION WITH  
OFFICE POLLUTION LIABILITY COVERAGE – NEW YORK**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM  
BUSINESSOWNERS COMMON POLICY CONDITIONS

**SCHEDULE OF LIMITS FOR OFFICE PREMISES LIMITED POLLUTION LIABILITY COVERAGE**

Each Pollution Incident Limit	\$1,000,000
Pollution Liability Aggregate Limit	\$2,000,000

(If no entries appear in the above Schedule, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**Table of Endorsement Contents**

**Item #    Topic Name**

**Changes to Section A. Coverages**

- 1. Enhanced Supplementary Payments**

**Changes to Section B. Exclusions**

- 2. Extended Property Damage Coverage**  
**3. Contractual Liability for Personal and Advertising Injury**

**Changes to Section C. Who Is An Insured**

- 4. Additional Insureds: State or Political Subdivisions – Permits, State or Political Subdivisions, Controlling Interest, Managers or Lessors of Premises, Mortgagee, Assignee or Receiver, Co-owner of Insured Premises, Lessor of Equipment**  
**5. Fellow Employee First Aid**  
**6. Retired Partners, Members, Directors, and Employees**  
**7. Participation in Professional Joint Ventures**  
**8. Blanket Additional Insured with Products-Completed Operations Coverage and Blanket Waiver of Subrogation**  
**9. Amendment – Aggregate Limits of Insurance (Per Project)**

**Changes to Section F. Definitions**

- 10. Extended Bodily Injury**  
**11. Contractual Liability – Railroads**  
**12. Office Premises - Limited Pollution Liability Coverage**  
**1. Enhanced Supplementary Payments**

The values shown in paragraph 1.f., Coverage Extension – Supplementary Payments, of Section A. Coverages are amended as follows:

- A.** The amount shown in paragraph (b) for bail bonds is amended from \$1,000 to \$3,000.  
**B.** The amount shown in paragraph (d) for actual loss of earnings because of time off work is amended from \$250. per day to \$300. per day.

- 2. Extended Property Damage**

Exclusion 1.a., Expected or Intended Injury, of **Section B. Exclusions Applicable to Business Liability Coverage**, is deleted and replaced with the following:

This insurance does not apply to:

- a. "Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

**3. Contractual Liability for Personal and Advertising Injury**

Exclusion 1.p.(5) of **Section B. Exclusions Applicable to Business Liability Coverage**, is deleted.

**4. Additional Insureds**

**Section C. Who Is An Insured** is amended to include the following additional insureds, subject to the provisions stated below:

**A. State or Political Subdivisions – Permits**

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.
2. This insurance does not apply to:
  - a. "Bodily injury," "property damage," "personal and advertising injury" arising out of operations performed for the state or municipality; or
  - b. "Bodily injury" or "property damage" included within the "products-competed operations hazard."

**B. State or Political Subdivisions**

A state or political subdivision subject to the following provisions:

1. This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with premises you own, rent, or control and to which this insurance applies:
  - a. The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoistaway openings, sidewalk vaults, street banners, or decorations and similar exposures; or
  - b. The construction, erection, or removal of elevators.
2. This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.

This insurance does not apply to "bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality.

**C. Controlling Interest**

Any persons or organizations with a controlling interest in you but only with respect to their liability arising out of:

1. Their financial control of you;
2. Premises they own, maintain or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for such additional insured.

**D. Managers or Lessors of Premises**

A manager or lessor of premises but only with respect to liability arising out of the ownership, maintenance or use of that specific part of the premises leased to you and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises; or
2. Structural alterations, new construction or demolition operations performed by or on behalf of such additional insured.





**E. Mortgagee, Assignee or Receiver**

A mortgagee, assignee or receiver but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of a premises by you.

This insurance does not apply to structural alterations, new construction or demolition operations performed by or for such additional insured.

**F. Co-owner of Insured Premises**

A co-owner of a premises co-owned by you and covered under this insurance but only with respect to the co-owners liability as co-owner of such premises.

**G. Lessor of Equipment**

Any person or organization from whom you lease equipment. Such person or organization are insureds only with respect to their liability arising out of the maintenance, operation or use by you of equipment leased to you by such person or organization. A person's or organization's status as an insured under this endorsement ends when their written contract or agreement with you for such leased equipment ends.

With respect to the insurance afforded, these additional insureds, the following additional exclusions apply:

This insurance does not apply:

1. To any "occurrence" which takes place after the equipment lease expires; or
2. To "bodily injury," "property damage" or "personal and advertising injury" arising out of the sole negligence of such additional insured.

Any insurance provided to an additional insured designated under paragraphs A. through G. above does not apply to "bodily injury" or "property damage" included within the "products-completed-operations hazard."

**5. Fellow Employee First Aid**

Paragraph 2.a.(1)(d) of Section C. Who Is An Insured is deleted and replaced with the following:

However none of these "employees" is an insured for:

- (d) "Bodily injury" or "personal and advertising injury" arising out of his or her providing or failing to provide professional health care services. However this restriction does not apply to first aid administered by an "employee" who is not an employed doctor or nurse.

**6. Retired Partners, Members, Directors, and Employees**

Paragraph 2. of Section C. Who Is An Insured is amended to include the following as insureds:

Individual persons who are retired partners, members, directors or employees are also insureds, but only for "bodily injury," "property damage," "personal and advertising injury" that results from services performed for you under your direct supervision.

**7. Participation in Professional Joint Ventures**

**A. The following paragraph 5. is added to Section C. Who Is An Insured:**

5. You are also an insured for your participation in a past or present joint venture that is not named on the Declarations, but only if such joint venture meets all of the following criteria:
  - a. Each and every one of your co-venturers are architectural, engineering or surveying firms;
  - b. The joint venture has no direct employees; and
  - c. The joint venture does not own, rent or lease any real or personal property.

However, you are insured only for the conduct of your business within such a joint venture. You are not insured for liability arising out of the acts or omissions of other co-venturers, nor of their partners, members or employees.

This insurance is excess over any other insurance available to such a joint venture, whether primary, excess, contingent, or on any other basis.

- B. The last paragraph of **Section C. Who Is An Insured** is deleted and replaced by the following:

Except as provided in 5. above, no person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

**8. Blanket Additional Insured with Products-Completed Operations Coverage and Blanket Waiver of Subrogation**

The following is added to **Section C., - Who is an Insured**:

- A. The Businessowners Liability Coverage form is amended to include as an insured, any person or organization whom you are required to add as an additional insured on this policy under a written contract or written agreement, but the written contract or written agreement must be:

1. Currently in effect or becoming effective during the term of this policy; and
2. Executed prior to the "bodily injury," "property damage," or "personal and advertising injury."

- B. The insurance provided to the additional insured is limited as follows:

1. That person or organization is an additional insured solely for liability due to your negligence specifically resulting from "your work" for the additional insured which is the subject of the written contract or written agreement. No coverage applies to liability resulting from the sole negligence of the additional insured.
2. The Limits of Insurance applicable to the additional insured are those specified in the written contract or written agreement or in the Declarations of this policy, whichever is less. These limits of Insurance are inclusive of, and not in addition to, the Limits of Insurance shown in the Declarations.
3. The coverage provided to the additional insured within this endorsement and section titled Liability and Medical Expenses Definitions – "Insured Contract" (Section F., item 9.), within the Businessowners Liability Coverage Form, does not apply to "bodily injury" or "property damage" arising out of the "products-completed operations hazard" unless required by the written contract or written agreement.
4. The insurance provided to the additional insured does not apply to "bodily injury," "property damage," "personal and advertising injury" arising out of an architect's, engineer's, or surveyor's rendering of or failure to render any professional services, including:
  - a. The preparing, approving, or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications by any architect, engineer or surveyor performing services on a project of which you serve as a construction manager; or
  - b. Inspection, supervision, quality control, engineering or architectural services done by you on a project of which you serve as construction manager.
5. This insurance does not apply to "bodily injury," "property damage," or "personal and advertising injury" arising out of:
  - a. The construction or demolition work while you are acting as a construction or demolition contractor. This exclusion does not apply to work done for or by you at your premises.

- C. **Businessowners General Liability Conditions – Duties in the Event of Occurrence, Offense, Claim or Suit (Section E.2.)** of the **Businessowners Liability Coverage Form** is amended to add the following:

An additional insured under this endorsement will as soon as practicable:

1. Give written notice of an occurrence or an offense to us which may result in a claim or "suit" under this insurance;
2. Tender the defense and indemnity of any claim or "suit" to us for a loss we cover under this Coverage Part;
3. Tender the defense and indemnity of any claim or "suit" to any other insurer which also has insurance for a loss we cover under this Coverage Part; and
4. Agree to make available any other insurance which the additional insured has for a loss we cover under this coverage part.

We have no duty to defend or indemnify an additional insured under this endorsement until we receive written notice of a claim or "suit" from the additional insured.



**D. Other Insurance (Section H.2. and H.3.) of the Businessowners Common Policy Conditions** are deleted and replaced with the following:

2. This insurance is excess over any other insurance naming the additional insured as an insured whether primary, excess, contingent or on any other basis unless a written contract or written agreement specifically requires that this insurance be either primary or primary and noncontributing to the additional insured's own coverage. This insurance is excess over any other insurance to which the additional insured has been added as an additional insured by endorsement.
3. When this insurance is excess, we will have no duty under Coverages A or B to defend the additional insured against any "suit" if any other insurer has a duty to defend the additional insured against that "suit" if no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured's rights against all those other insurers.

When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

- (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
- (b) The total of all deductible and self-insured amounts under all that other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

**E. Transfer of Rights of Recovery Against Others To Us (Section K.2.) of the Businessowners Common Policy Conditions** is deleted and replaced with the following:

2. We waive any right of recovery we may have against any person or organization against whom you have agreed to waive such right of recovery in a written contract or agreement because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included within the "products-completed operations hazard."

**9. Amendment- Aggregate Limits of Insurance (Per Project)**

- A. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under Coverage A.1., and for all medical expenses caused by accidents under Coverage A.2., which can be attributed only to ongoing operations at a single construction project:
  1. A separate Construction Project General Aggregate limit applies to each construction project. The Construction Project General Aggregate limit is equal to the amount of the General Aggregate limit shown in the Declarations.
  2. The Construction Project General Aggregate limit is the most we will pay for the sum of all damages payable under Coverage A.1., except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard," and for medical expenses payable under Coverage A.2. regardless of the number of:
    - a. Insureds;
    - b. Claims made or "suits" brought; or
    - c. Persons or organizations making claims or bringing "suits."
  3. Any payments made under Coverage A.1. for damages or under Coverage A.2. for medical expenses shall reduce the Construction Project General Aggregate limit for the applicable construction project. Such payments shall not reduce the General Aggregate limit shown in the Declarations nor shall they reduce any Construction Project General Aggregate limit applicable to other construction projects.
  4. The limits shown in the Declarations for Liability and Medical Expenses, Damage to Premises Rented to You, and Medical Expenses continue to apply. However, instead of being subject to the General Aggregate limit shown in the Declarations, such limits will be subject to the applicable Construction Project General Aggregate limit.

- B. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences," and for all medical expenses caused by accidents, which cannot be attributed only to ongoing operations at a single construction project:
1. Any payments made under Coverage **A.1.** for damages or under Coverage **A.2.** for medical expenses shall reduce the amount available under the General Aggregate limit or the Products/Completed Operations Aggregate limit, whichever is applicable; and
  2. Such payments shall not reduce any Construction Project General Aggregate limit.
- C. When coverage for liability arising out of the "products-completed operations hazard" is provided, any payments for damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard" will reduce the Products/Completed Operations Aggregate limit, and not reduce the General Aggregate limit nor any Construction Project General Aggregate limit.
- D. If a construction project has been abandoned, delayed, or abandoned and then restarted, or if the authorized contracting parties deviate from plans, blueprints, designs, specifications or timetables, the project will still be deemed to be the same construction project.
- E. The provisions of the Limits Of Insurance section not otherwise modified by this endorsement shall continue to apply as stipulated.

#### 10. Extended Bodily Injury

Definition 3. "**Bodily Injury**," of **Section F., Definitions**, is deleted and replaced with the following:

3. "**Bodily Injury**" means bodily injury, sickness or disease, mental injury or mental anguish sustained by a person, including death resulting from any of these.

#### 11. Contractual Liability – Railroads

With respect to operations performed within 50 feet of railroad property, the definition of "insured contract" in **Section F., – Definitions** is replaced by the following:

8. "**Insured Contract**" means:

- a. A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract";
- b. A sidetrack agreement;
- c. Any easement or license agreement;
- d. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;
- e. An elevator maintenance agreement;
- f. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality under which you assume the tort liability of another party to pay for "bodily injury" or "property damage" to a third person or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement.

Paragraph f. does not include that part of any contract or agreement:

- (1) That indemnifies an architect, engineer or surveyor for injury or damage arising out of:
  - a. Preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - b. Giving directions or instructions, or failing to give them, if that is the primary cause of the injury or damage.
- (2) Under which the insured, if an architect, engineer or surveyor, assumes liability for an injury or damage arising out of the insured's rendering or failure to render professional services, including those listed in paragraph (1) above and supervisory, inspection, architectural or engineering activities.





## 12. Office Premises Limited Pollution Coverage

This Office Premises Limited Pollution Coverage section of the Architects, Engineers and Surveyors Extension endorsement modifies several portions of the Businessowners Liability Coverage Form. These modifications apply only to the coverage provided by this section of the endorsement.

A. The following paragraph 3. is added to **SECTION A. COVERAGES**:

### 3. Office Premises Limited Pollution Coverage

#### a. Insuring Agreement

- (1) We will pay those sums that the insured becomes legally obligated to pay as damages because of "bodily injury" or "property damage" which directly results from a covered "pollution incident" to which this insurance applies. We will have the right and duty to defend any "suit" seeking those damages, even if any allegations of the "suit" are groundless, false or fraudulent. We may at our discretion investigate any "pollution incident" and settle any claim or "suit" that may result. But:

- (a) The amount we will pay for damages is limited as described in **SECTION D. Liability And Medical Expenses Limits Of Insurance** as amended by this endorsement; and
- (b) Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements.
- (c) We have no duty to defend "suits" seeking damages not covered by this endorsement.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under paragraph 1.e. **Coverage Extension – Supplementary Payments** of **SECTION A.** as amended by this section of the endorsement.

- (2) We will also reimburse you for "preventive remedial expense" that directly results from a covered "pollution incident" to which this insurance applies.

We will reimburse you up to \$25,000 per annual policy period for all "preventive remedial expense" directly resulting from all covered "pollution incidents," subject to a deductible of \$5,000 per covered "pollution incident." This annual limit is in addition to the per incident deductible, and is in addition to the Pollution Liability Aggregate Limit described in **SECTION D. Liability And Medical Expenses Limits Of Insurance** as amended by this endorsement.

This "preventive remedial expense" coverage does not apply to expenses that are covered by any other insurance available to the insured.

- (3) This insurance applies to "bodily injury," "property damage" or "preventive remedial expense" at, on or from "your office premises" only if:
- (a) The "bodily injury" directly results from a "pollution incident" that happens entirely above-ground at or from "your office premises"; or
  - (b) The "property damage" occurs off of "your office premises" and directly results from a "pollution incident" that happens entirely above-ground at or from "your office premises"; or
  - (c) The "preventive remedial expense" directly results from a "pollution incident" that happens entirely above-ground on "your office premises" and does not result in any covered "bodily injury" or "property damage"; and
  - (d) The "pollution incident":
    - (i) is demonstrable as commencing and ending within 72 hours;
    - (ii) is accidental;
    - (iii) "commences during the policy period"; and
    - (iv) happens in the "coverage territory."
- (4) "Commences during the policy period" means that the first emission, discharge, release or escape of the "pollutant" or "pollutants" from which the "bodily injury" or "property damage" arises is demonstrable as having occurred during this policy period.

- (5) All "bodily injury" or "property damage" resulting from one "pollution incident" shall be deemed to have occurred only at the commencement date of the covered "pollution incident."
- (6) The insured's responsibility to pay damages because of "bodily injury" or "property damage" must be determined in a "suit" on the merits in the "coverage territory" or in a settlement we agree to.
- (7) Damages because of "bodily injury" include damages claimed by any person or organization for care, loss of services, or death resulting from the "bodily injury."

**B. SECTION B. EXCLUSIONS** is deleted and replaced by the following:

This insurance does not apply to:

- a. "Bodily injury," "property damage" or "preventive remedial expense" expected or reasonably foreseeable from the standpoint of the insured.
- b. "Bodily injury," "property damage" or "preventive remedial expense" arising out of a "pollution incident" which is a repeat or resumption of a previous "pollution incident" involving the same pollutant from essentially the same source within the previous twelve (12) months, at the same premises.
- c. "Bodily injury" or "property damage" for which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the insured would have in the absence of the contract or agreement.
- d. Any obligation of the insured under a workers' compensation, disability benefits or unemployment compensation law or any similar law.
- e. "Bodily injury" to:
  - (1) An employee of the insured arising out of and in the course of:
    - (i) employment by the insured; or
    - (ii) performing duties related to the conduct of the insured's business.
  - (2) The spouse, child, parent, brother or sister of that employee as a consequence of (1) above.

This exclusion applies:

- (1) Whether the insured may be liable as an employer or in any other capacity; and
  - (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.
- f. "Property damage" to
    - (1) A "waste facility" to which waste from the operations of an insured is consigned;
    - (2) Property you own, rent, or occupy now or at any time in the past;
    - (3) Premises you sell, give away or abandon, if the "property damage" arises out of any part of those premises;
    - (4) Property loaned to an insured; or
    - (5) Personal property in care, custody or control of an insured.

Paragraph (2) of this exclusion f. does not apply to "preventive remedial expense" at property you own, rent or occupy now.
  - g. "Bodily injury" at or from a "waste facility" to which waste from the operation of an insured is consigned.
  - h. "Bodily injury," "property damage" or "preventive remedial expense" arising out of a "pollution incident" at or from a "waste facility" which is on "your office premises."
  - i. "Bodily injury" or "property damage" included within the "products-completed operations hazard."
  - j. "Bodily injury" or "property damage" arising out of the ownership or operation of any offshore facility as defined in the Outer Continental Shelf Lands Act Amendment of 1978 or the Clean Water Act of 1977 as



amended 1978 or any deepwater port as defined in the Deepwater Port Act of 1974 as amended or as may be amended.

- k. "Bodily injury" or "property damage" arising out of heat, smoke or fumes from a hostile fire at any premises, site or location which is or was at any time owned or occupied by or rented or loaned to any insured.

As used in this exclusion, a hostile fire means one which becomes uncontrollable or breaks out from where it was intended to be.

- l. "Bodily injury" or "property damage" arising out of the ownership, maintenance, use or entrustment to others of any aircraft, "auto," rolling stock or watercraft owned or operated by or rented or loaned to any insured. Use includes operation and "loading or unloading."

This exclusion does not apply to "bodily injury" or "property damage" arising out of parking an "auto" on, or on the ways next to, premises you own or rent, provided the "auto" is not owned by or rented or loaned to you or the insured.

- m. "Bodily injury" or "property damage" arising out of the emission, discharge, release or escape of drilling fluid, oil, gas or other fluids from any oil, gas, mineral, water or geothermal well.
- n. "Bodily injury," "property damage" or "preventive remedial expense" arising out of a "pollution incident" which results from or is directly or indirectly attributable to failure to comply with any applicable statute, regulation, ordinance, directive or order relating to the protection of the environment and promulgated by any governmental body, provided that failure to comply is a willful or deliberate act or omission of:

(1) The insured; or

(2) You or any of your members, partners, executive officers or managers of limited liability companies.

- o. "Bodily injury," "property damage" or "preventive remedial expense" arising out of acid rain.

- p. Any loss, cost or expense arising out of any request, demand or order by a governmental authority that any insured or others test for, monitor, clean-up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants" at any site which is included on an EPA or state environmental agency priority clean-up list prior to the "pollution incident."

- q. "Bodily injury," "property damage" or "preventive remedial expense" arising out of a "pollution incident" which results from failure of air or waste water pollution control equipment.

- r. "Bodily injury," "property damage" or "preventive remedial expense" resulting from the "hazardous properties" of "nuclear material."

As used in this exclusion:

"Hazardous properties" includes radioactive, toxic, or explosive properties;

"Nuclear material" means "source material," "special nuclear material," or "by-product material";

"Source material," "special nuclear material," and "by-product material" have the meanings given them in the Atomic Energy Act of 1954, or in any law amendatory thereof.

- s. "Bodily injury," "property damage" or "preventive remedial expense" arising out of a "pollution incident" from any insured's premises that was used by that insured for the storage, disposal, processing or treatment of waste materials and was:

(1) Sealed off, closed, abandoned or alienated prior to the effective date of this policy; or

(2) Sealed off or closed subject to statute, ordinance or governmental regulation or directive requiring maintenance or monitoring during or after sealing off or closure.

- t. "Bodily injury," "property damage" or "preventive remedial expense" arising out of waste derived from medical services, procedures, testing or research, and which could potentially transmit disease.

- u. Any multiple damages, "punitive or exemplary damages" or fines or penalties. However, if a "suit" is brought against the insured with respect to a claim for acts or alleged acts falling within the coverage hereof, seeking both compensatory and "punitive or exemplary" damages, then we will afford a defense to such action, without liability for such "punitive or exemplary damages."



- v. "Bodily injury," "property damage" or "preventive remedial expense" arising out of:
- (1) the actual, alleged or threatened exposure at any time to asbestos or any loss, cost, or expense that may be awarded or incurred by reason of a claim or "suit" for such injury or damage; or
  - (2) complying with a governmental direction or request to test for, monitor, clean-up, remove, contain, or dispose of asbestos.

Asbestos means the mineral in any form whether or not the asbestos was at any time:

- (1) Airborne as a fiber, particle, or dust;
- (2) Contained in or formed a part of a product, structure, or other real or personal property;
- (3) Carried on clothing;
- (4) Inhaled or ingested; or
- (5) Transmitted by any other means.

- w. "Bodily injury" or "property damage" arising out of:
- (1) The transportation of "mobile equipment" by "auto" owned or operated by or rented or loaned to any insured; or
  - (2) The use of "mobile equipment" in, or while in practice or preparation for, a prearranged racing, speed or demolition contest or in any stunting activity.
- x. Any loss, cost or expense arising out of any:
- (1) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants"; or
  - (2) Claim or suit by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of "pollutants."

However, this exclusion does not apply to liability for damages because of "property damage" that is not otherwise excluded by this coverage, **Office Premises Limited Pollution Coverage**, unless the request, demand, order or statutory or regulatory requirement or claim or "suit" is solely by or on behalf of a governmental authority.

- C. Paragraph 2.b.(1) of **Medical Expenses**, of **SECTION A. Coverages** is deleted and replaced by the following:
- (1) Expenses incurred by the insured for first aid to others at the time of a "pollution incident" for "bodily injury" to which this insurance applies.

- D. **SECTION C. WHO IS AN INSURED** is amended as follows:

1. The following subparagraph d. is added to paragraph 4. of **SECTION C. WHO IS AN INSURED**:
  - d. Coverage 4., **Office Premises Limited Pollution Coverage**, does not apply to "bodily injury" or "property damage" arising out of "pollution incidents" that occurred before you acquired or formed the organization.
2. The following additional paragraph is added at the end of **SECTION C. WHO IS AN INSURED**:

No person or organization identified as an insured on any endorsement now or hereafter attached to this Coverage Part is an insured with respect to **COVERAGE 4., Office Premises Limited Pollution Coverage**, unless that endorsement specifically references **Office Premises Limited Pollution Coverage** by name.

- E. **SECTION D. Liability And Medical Expenses Limits Of Insurance** is deleted and replaced by the following:

**LIMITS OF INSURANCE**

1. The Limits of Insurance described in this endorsement's Schedule of Limits for Office Premises Limited Pollution Coverage, and the rules below fix the most we will pay regardless of the number of:
  - a. Insureds;



- b. Claims made or "suits" brought; or
  - c. Persons or organizations making claims or bringing "suits."
- 2. The Pollution Liability Aggregate Limit is the most we will pay for all damages because of all "bodily injury" and "property damage" directly resulting from all "pollution incidents" to which **Office Premises Limited Pollution Coverage** applies.
  - 3. Subject to 2. above, the Each Pollution Incident Limit shown in the Schedule is the most we will pay for the sum of all damages because of "bodily injury" and "property damage" directly resulting from any one "pollution incident" to which **Office Premises Limited Pollution Coverage** applies.
  - 4. The Limits of Insurance of this **Office Premises Limited Pollution Coverage** apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the preceding period for purposes of determining the Limits of Insurance.
  - 5. The Limits of Insurance for this **Office Premises Limited Pollution Coverage** are separate from and not subject to the General Aggregate Limit for **COVERAGE 1. Business Liability**.
  - 6. The Limits of Insurance for this **Office Premises Limited Pollution Coverage** shall not be amended by any endorsement attached to this policy which does not specifically reference **Office Premises Limited Pollution Coverage**.
- F. **SECTION E. BUSINESSOWNERS GENERAL LIABILITY CONDITIONS** is amended as follows:
- 1. Condition 2.a. is replaced by the following:
    - 2. **Duties In The Event of Pollution Incident, Claim or Suit.**
      - a. You must see to it that we are notified as soon as practicable of a "pollution incident" that may result in a claim. To the extent possible, notice should include:
        - (1) How, when, and where the "pollution incident" took place;
        - (2) The names and addresses of any injured persons and witnesses; and
        - (3) The nature and location of any release, and of any injury or damage arising out of the "pollution incident."
  - 2. The following Condition is added:

**Remediation of Insured's Premises**

    - a. Except for "preventive remedial expense" as described in paragraph 4.a.(2) of **SECTION A. COVERAGES**, this policy's **Office Premises Limited Pollution Coverage** doesn't provide coverage for clean-up of "your premises." If a "pollution incident" happens on "your premises" that poses imminent and substantial danger of "bodily injury" or "property damage" to which this insurance applies, you must promptly take at your own expense all reasonable steps to curtail or prevent covered "bodily injury" or "property damage" from happening.
    - b. If, in defiance of the intent of this policy, we are ever compelled by court or governmental order to pay to clean up part or all of "your premises," you agree to reimburse us for all such costs.
- G. **SECTION H. OTHER INSURANCE** of the Businessowners Common Policy Conditions is amended to add the following paragraph 4.:
- 4. This condition does not apply to coverage afforded under Insuring Agreement a.(2) of Coverage 4. **Office Premises Limited Pollution Coverage**.
- H. **SECTION F. LIABILITY AND MEDICAL EXPENSES DEFINITIONS** is amended to include the following definitions:
- "Commences during the policy period" means that the first emission, discharge, release or escape of the "pollutant" or "pollutants" from which the "bodily injury" or "property damage" arises is demonstrable as having occurred during this policy period.

**"Pollution incident"** means the emission, discharge, release, or escape of "pollutants," provided that such emission, discharge, release, or escape results in the injurious presence of "pollutants" in or upon land, the atmosphere, interior of a building or any water course, body of water or ground water. A series of related emissions, discharges, releases or escapes of "pollutants" will be deemed to be one "pollution incident."

**"Pollutants"** means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

**"Preventive remedial expense"** means expenses incurred by you for the removal or neutralization of "pollutants" on "your office premises," directly resulting from a covered "pollution incident."

**"Punitive or exemplary damages"** means those damages imposed to punish a wrongdoer and to deter others from similar conduct.

**"Waste facility"** means any site to which waste is delivered for storage, disposal, processing or treatment, whether or not such site is licensed by a governmental authority to perform such storage, disposal, processing or treatment.

**"Your office premises"** means "locations" you own, rent or occupy for general office purposes. "Your office premises" does not mean storage yards, nor land held for speculation or development, even if such yards or land adjoin your office building. "Your office premises" does not mean premises you live in. For the purpose of this definition, "location" means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

All other terms and conditions of the Policy remain unchanged.

30020000710220691078811



**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

**Schedule**

ANY PERSON OR ORGANIZATION ON WHOSE BEHALF YOU ARE REQUIRED TO OBTAIN  
THIS WAIVER OF OUR RIGHT TO RECOVER FROM UNDER A WRITTEN CONTRACT  
OR AGREEMENT.

11020085488080001147030451155



This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 6/24/2016

Policy No. WC268817294

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by \_\_\_\_\_

## COMMERCIAL UMBRELLA PLUS COVERAGE PART

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations, and any other person or organization qualifying as a Named Insured under this policy. The words "we," "us" and "our" refer to the Company providing this insurance.

The word "insured" means any person or organization qualifying as such under **SECTION II – WHO IS AN INSURED**.

Other words and phrases that appear in quotation marks have special meaning. Refer to **SECTION V – DEFINITIONS**.

### SECTION I – COVERAGES

#### 1. Insuring Agreement

We will pay on behalf of the insured all sums that the insured becomes legally obligated to pay as "ultimate net loss" because of:

- a. "Bodily Injury";
- b. "Property Damage";
- c. "Personal Injury"; or
- d. "Advertising Injury",

caused by an "incident" which takes place during the policy period and in the policy territory.

#### 2. Exclusions

This Insurance does not apply to:

- a. "Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" resulting from the use of reasonable force to protect persons or property.
- b. "Advertising injury" arising out of:
  - (1) Breach of contract, other than misappropriation of advertising ideas under an implied contract;
  - (2) The failure of goods, products or services to conform with advertised quality or performance;
  - (3) The wrong description of the price of goods, products or services; or
  - (4) An offense committed by an insured whose business is advertising, broadcasting, publishing or telecasting.
- c. "Personal injury" or "advertising injury:"
  - (1) Arising out of oral or written publication of material, if done by or at the direction of the insured with knowledge of its falsity;

- (2) Arising out of oral or written publication of material whose first publication took place before the beginning of the policy period;

- (3) Arising out of the willful violation of a penal statute or ordinance committed by or with the consent of the insured; or

- (4) For which the insured has assumed liability in a contract or agreement. This exclusion does not apply to liability for damages that the insured would have in the absence of the contract or agreement.

#### d. Any obligation of the insured under a:

- (1) workers' compensation;
- (2) disability benefits; or
- (3) unemployment compensation,

law or any similar law. Paragraph (1) of this exclusion does not apply to liability of others assumed by the insured under a valid "insured contract" which is in force at the time of an injury.

#### e. "Bodily injury" to:

- (1) An employee of the insured arising out of and in the course of employment by the insured; or
- (2) The spouse, child, parent, brother or sister of that employee as a consequence of (1) above.

This exclusion applies:

- (1) Whether the insured may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

This exclusion does not apply to:

- (1) Liability assumed by the insured under an "insured contract"; or



- r. To any alleged or actual discrimination by you against a past, present or prospective employee and to discrimination committed intentionally against a person.
- s. (1) "Bodily Injury", "property damage", "personal injury" or "advertising injury" arising out of the actual, alleged or threatened exposure at any time to asbestos; or
- (2) Any loss, cost or expense that may be awarded or incurred:
  - (a) by reason of a claim or "suit" for any such injury or damage; or
  - (b) in complying with a governmental direction or request to test for, monitor, clean up, remove, contain or dispose of asbestos.

As used in this exclusion asbestos means the mineral in any form whether or not the asbestos was at any time:

- (1) airborne as a fiber, particle or dust;
- (2) contained in or formed a part of a product, structure or other real or personal property;
- (3) carried on clothing;
- (4) inhaled or ingested; or
- (5) transmitted by any other means.

## SECTION II - WHO IS AN INSURED

### 1. If you are designated in the Declarations as:

- a. An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.
- b. A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds, but only with respect to the conduct of your business.
- c. An organization other than a partnership or joint venture, you are an insured. Your executive officers and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.

### 2. Each of the following is also an insured:

- a. Your employees, other than your executive officers and directors, but only for acts within the scope of their employment by you. However, none of these employees is an insured for:
  - (1) "Bodily injury" or "personal injury" to you or to a co-employee while in the course of his or her employment; or

- (2) "Property damage" to property owned or occupied by or rented or loaned to that employee, any of your other employees, or any of your partners or members (if you are a partnership or joint venture).

- b. Your subsidiary companies in existence at policy inception.
- c. A person or organization for which you are required, by virtue of a written contract entered into prior to an "incident", to provide the insurance that is afforded by this policy. This insurance applies only with respect to operations by you or on your behalf or to facilities you own or use, but only to the extent of the limits of liability required by such contract, not to exceed the limits of liability in this policy.
- d. A corporation or organization, other than partnerships and joint ventures, that you form, acquire or gain control of during the policy period, but only with respect to "incidents" taking place after you form, acquire or gain control of such corporation or organization.
- e. Any other persons or organizations included as an insured under the provisions of the "scheduled underlying insurance" in Item 5. of the Declarations and then only for the same coverage, except for limits of liability, afforded under such "scheduled underlying insurance".

No person or organization is an insured with respect to the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.

If you are designated in the Declarations as an individual, this policy shall not apply to liability arising out of your domestic or non-business activities. This does not apply to the ownership, maintenance, use or "loading or unloading" of any "automobile", nor to the Personal Umbrella Liability Coverage Part.

## SECTION III - LIMITS OF INSURANCE

- 1. The Limits of Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:
  - a. Insureds;
  - b. Claims made or "suits" brought;
  - c. Persons or organizations making claims or bringing "suits".
  - d. "Automobiles", "aircraft" or "watercraft" to which this policy applies; or
  - e. Coverages under which loss is insured in this policy.
- 2. Our aggregate limit of liability will be the amount in Item 3. of the Declarations for "ultimate net loss" arising







**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CHANGES – OTHER INSURANCE**

This endorsement modifies insurance provided under the following:

**COMMERCIAL UMBRELLA PLUS COVERAGE PART**

Solely with respect to the coverage afforded under this insurance to any person or organization which qualifies as an additional insured pursuant to paragraph 2. c. or e. of **SECTION II – WHO IS AN INSURED**, the **Other Insurance Condition** of **SECTION IV – CONDITIONS** is deleted and replaced with the following:

**4. Other Insurance**

This insurance is excess over "scheduled underlying insurance" and any other valid and collectible insurance available to the additional

insured whether primary, excess, contingent or on any other basis. Provided, this insurance shall be either primary to, or primary to and noncontributing with, such other valid and collectible insurance available to the additional insured if so required by written contract or agreement with you. This condition does not apply to insurance purchased specifically to apply in excess of this insurance.

50020007420798540741243



STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

**CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<b>1a. Legal Name &amp; Address of Insured (Use street address only)</b> Quinlivan, Pierik & Krause - Architects/ Engineers/Landscape Architects, LLP DBA QPK Design - Architecture, Engineering, Site & Planning; PO Box 29 Syracuse NY 13201-0029  <b>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</b>	<b>1b. Business Telephone Number of Insured</b>  315-472-7806 <b>1c. NYS Unemployment Insurance Employer Registration Number of Insured</b>  310739610 <b>1d. Federal Employer Identification Number of Insured or Social Security Number</b>  150618183
<b>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b>  City of Saratoga Springs Department of Accounts 474 Broadway Saratoga Springs NY 12866	<b>3a. Name of Insurance Carrier</b>  Transportation Insurance Company <b>3b. Policy Number of entity listed in box "1a"</b>  WC2068817294 <b>3c. Policy effective period</b>  6/24/2016 to 6/24/2017  <b>3d. The Proprietor, Partners or Executive Officers are</b> <input checked="" type="checkbox"/> <b>included.</b> (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

*The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.*

**Please Note:** Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: James D. Freyer, Jr  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  3/28/2017  
(Signature) (Date)

Title: CEO

Telephone Number of authorized representative or licensed agent of insurance carrier: 315 703-3235

**Please Note:** Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are **NOT** authorized to issue it.

## **Workers' Compensation Law**

### **Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.**

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.





# CERTIFICATE OF LIABILITY INSURANCE

MEENGIN-01 SFANTAUZZO

DATE (MM/DD/YYYY)

4/26/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

<b>PRODUCER</b> Rose & Kiernan, Inc. 1163 Pittsford-Victor Road Suite 220 Pittsford, NY 14534	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (585) 264-0520	<b>FAX (A/C, No):</b> (585) 264-0828
<b>INSURED</b>  M/E Engineering, PC 433 State Street, Suite 410 Schenectady, NY 12305	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Valley Forge Insurance Company	
	<b>INSURER B:</b> Continental Casualty Company	
	<b>INSURER C:</b> Hartford Fire Ins Co	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

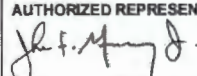
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	6011892488	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
	<input checked="" type="checkbox"/> Contractual Liab					MED EXP (Any one person) \$ 10,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000	
	OTHER:					PRODUCTS - COM/OP AGG \$ 2,000,000	
A	<b>AUTOMOBILE LIABILITY</b>	X	6011892488	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO					<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					<input type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					<input checked="" type="checkbox"/>	PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	X	6011894001	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 5,000,000	
	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 5,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$	
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y/N N/A	01WBGC1476	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

M/E Project # 173083 Saratoga Springs Project  
As required by written contract, QPK Design, LLP and City of Saratoga Springs are additional insureds per forms noted under the General Liability, Automobile and Umbrella Liability policies; insurance applies on a primary and non-contributory basis

## CERTIFICATE HOLDER

## CANCELLATION

QPK Design, LLP 450 S Salina Street Syracuse, NY 13202	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY <b>Rose &amp; Kiernan, Inc.</b>		NAMED INSURED <b>M/E Engineering, PC</b> 433 State Street, Suite 410 Schenectady, NY 12305	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Additional Insured Forms

## General Liability:

SB-146932-E31, 06/11 Blnkt Addl Insd-Liab Ext.: includes Primary &amp; Noncontributory

SB300176C31, 04/14 Architects, Engineers and Surveyors Liability Extension with Office Pollution Liability Coverage New York, Blanket Additional Insured; Primary &amp; Noncontributory; Waiver of Subrogation; On-going and Completed Operations Clauses, Per Proj

Umbrella Liability: Blanket Additional Insured, Primary Non-Contributory and Waiver of Subrogation clauses included in forms:

G15057A 10/89 Commercial Umbrella Plus Coverage Part

WC: WC000313, 04/84 Waiver Of Our Right To Recover From Others Endorsement





# CERTIFICATE OF LIABILITY INSURANCE

MEENG-1

OP ID: SM

DATE (MM/DD/YYYY)

05/02/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

<b>PRODUCER</b> Poole Professional - NY 1160F Pittsford-Victor Rd. Pittsford, NY 14534 Mary-Beth Rumble	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> 585-385-0428	<b>FAX (A/C, No):</b> 585-662-5755
<b>INSURED</b> M/E Engineering, P.C. Suite 410 433 State Street Schenectady, NY 12305	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A : XL Specialty Insurance Company</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
<b>INSURER F :</b>		
<b>NAIC #</b>		
37885		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<b>EXCESS LIAB</b>						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Prof. Liability			DPR9908830	12/31/2016	12/31/2017	PER CLAIM 5,000,000 AGGREGATE 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Police Department Dispatch Architectural Services  
Includes 30-day notice of cancellation

**CERTIFICATE HOLDER**

<b>CITYS19</b>
City of Saratoga Springs Office of Risk and Safety 474 Broadway, City Hall Saratoga Springs, NY 12866

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE <i>Mary Beth Rumble</i>

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## City of Saratoga Springs, NY Contract

City Project Number: NA City Project Name: N/A  
 City Department: DEPARTMENT OF PUBLIC SAFETY Department Contact Person: SGT. TYLER MCINTOSH City Ext. 518-584-1800  
 Company Name: AXON ENTERPRISE, INC.  
 Company Address: 17800 N 85<sup>TH</sup> STREET, SCOTTSDALE, ARIZONA 85255  
 Company Telephone No.: 800-978-2737 Company Fax No.:  
 Vendor and/or Service Provider Primary Contact: Caitlin Morgan Title: Contracts Manager  
 Primary Contact Email: contracts@axon.com  
 Service to be Provided: Unlimited Cartridge Plan for TASER products  
 Remit Name (If different from above):  
 Remit Address:

1. **Scope of Agreement:** In response to a request for a pricing proposal requested by the City for Unlimited Cartridge Supplies for TASER Products, the Vendor and/or Service Provider submitted proposals dated 4/26/2017 (the "Proposals/Statement of Work"), which are attached hereto as Exhibit A. The Vendor's Unlimited Cartridge Plan Terms and Conditions, are also incorporated into this Agreement, attached hereto as Exhibit B. The Vendor and/or Service Provider shall provide to the City the products and services set forth therein. The Vendor and/or Service Provider assumes full responsibility for the provision of the products and services made available in this Agreement. The Vendor and/or Service Provider shall be so liable even when the Vendor and/or Service Provider subcontract the provision of a portion of the products and services. Subcontracting shall be permitted only with the prior written approval of the City. The Vendor and/or Service Provider assumes all risks in the performance of all its activities authorized by this Agreement.
2. **Term of Agreement:** The term of this Agreement shall commence per the date of approval of this Agreement by the City Council of the City of Saratoga Springs. This Agreement shall continue in force from the effective date as per the 5-year contract (attached). Any modification of the work performed by the Vendor and/or Service Provider shall be made in writing and shall not be undertaken until the City agrees to the modification. The Vendor and/or Service Provider assume full responsibility for the provision of the products and services contracted for in this Agreement. The Vendor and/or Service Provider shall be so liable even when the Vendor and/or Service Provider subcontract the provision of a portion of the products and services. Subcontracting shall be permitted only with prior written notice and written approval of the City. The Vendor and/or Service Provider will provide his or her own equipment and materials as necessary to perform the work except as identified within the RFP/RFQ/BID Documents. The Vendor and/or Service Provider assume all risks in the performance of all its activities authorized by this Agreement.
3. **Terms of Payment:** Vendor and/or Service Provider will invoice the City on an annual basis and the City will pay all invoices within thirty (30) days of receipt of the invoice. The City shall pay the Vendor and/or Service Provider in accordance with the City Charter per the Purchasing Guidelines established by the City. All work performed under this agreement must be in accordance with the NYS Department of Labor Prevailing Wage Regulations. The Costs, fees, and disbursements associated with the provisions of the products and services shall be determined in accordance with the proposal submitted not to exceed \$7192.80 per year + estimated shipping and handling costs of \$431.67 for 5 years totalling \$36,395.57, a copy of which is annexed hereto and made a part hereof. Detailed original invoices not received within forty five (45) calendar days of the completed transaction could result in a delay of payment.
4. **Notice:** Any notices sent to the City under this Agreement will be effective five (5) business days after the postmarked date of mailing by certified mail, return receipt requested. The Mayor/Commissioner of Public Safety is the designated Project Manager for this Agreement and shall represent the City in all matters and has the authority to affect the delivery of products and/or services. The Contracts Manager for the Vendor and/or Service Provider is Caitlin Morgan. Any notice, request, demand or other communication required or provided for in this Agreement shall be in writing and shall be deemed to have been duly given if delivered in person or mailed in a sealed envelope, postage prepaid, addressed as follows:  
 To the City: Mayor/Commissioner of Public Safety, City Saratoga Springs, 474 Broadway, Saratoga Springs, NY 12866  
 With a copy to: City Attorney, City Saratoga Springs, 474 Broadway, Saratoga Springs, NY 12866  
 To Vendor and/or Service Provider: Caitlin Morgan, AXON Enterprise, Inc.
5. **Conflicts of Interest:** The Vendor and/or Service Provider represents and warrants that it has no conflict, actual or perceived, that would prevent it from performing its duties and responsibilities under the Agreement.
6. **City Property:** All information and materials received hereunder by the Vendor and/or Service Provider from the City are and shall remain the sole and exclusive property of the City and the Vendor and/or Service Provider shall have no right, title, or interest in or to any such information or materials by virtue of their use or possession hereunder by the Vendor and/or Service Provider. All intellectual property, created by the Vendor and/or Service Provider hereunder as a product or as a service to the City shall be the sole and exclusive property of the City, to the extent such Intellectual property was created for the sole and exclusive use of the City. The Vendor and/or Service Provider hereby agrees to take all necessary and appropriate steps to ensure that the custom products are protected against unauthorized copying, reproduction and marketing by or through the Vendor and/or Service Provider, its agents, employees, or subcontractors. Nothing herein shall preclude the Vendor and/or Service Provider from otherwise using the related or underlying general knowledge, skills, ideas, concepts, techniques and experience developed under this Agreement in the course of the Vendor and/or Service Provider's business. The Contractor grants to the City a perpetual, nonexclusive, royalty-free, unlimited use license to use, execute, reproduce, display, modify and distribute any pre-existing software, tools or techniques delivered by the Vendor and/or Service Provider under this Agreement, to the extent such software, tools or techniques were created for the sole and exclusive use of the City. Any written reports, opinions and advice rendered by the Vendor and/or Service Provider shall become the sole and exclusive property of the City, and the Vendor and/or Service Provider shall have no right, title, or interest in or to any such information or materials by virtue of their use or possession hereunder by the Vendor and/or Service Provider, to the extent such written reports, opinion and advice were created for the sole and exclusive use of the City.
7. **Retention of Records:** The Vendor and/or Service Provider shall make available to the City all information pertinent to the project, including reports, studies, drawings, and any other data. All original records generated as a result of the project shall be maintained by the

Vendor and/or Service Provider for a period of six (6) years after expiration of the Agreement. Upon request, copies of those records shall be provided to the City at no cost, subject to any confidentiality restrictions.

8. **Independent Vendor and/or Service Provider Status:** It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing the relationship of copartners between the parties hereto or as constituting the Vendor and/or Service Provider's staff as the agents, representatives or employees of the City for any purpose in any manner whatsoever. The Vendor and/or Service Provider and its staff are to be and shall remain an Independent Vendor and/or Service Provider with respect to all services performed under this Agreement. The Vendor and/or Service Provider represents that it has, or will secure at its own expense, all personnel required in performing services under this Agreement. Any and all personnel of the Vendor and/or Service Provider or other persons, while engaged in the performance of any work or services required by the Vendor and/or Service Provider under this Agreement, shall not be considered employees of the City, and any and all claims that may or might arise under the Workers' Compensation Laws of the State of New York on behalf of said personnel or other persons while so engaged, and any and all claims whatsoever on behalf of any such person or personnel arising out of employment or alleged employment including, without limitation, claims of discrimination against the Vendor and/or Service Provider, its officers, agents, Vendor and/or Service Providers or employees shall in no way be the responsibility of the City; and the Vendor and/or Service Provider shall defend, indemnify and hold the City, its officers, agents and employees harmless from any and all such claims regardless of any determination of any pertinent tribunal, agency, board, commission or court. Such personnel or other persons shall not require nor be entitled to any compensation, rights or benefits of any kind whatsoever from the City, including, without limitation, tenure rights, medical and hospital care, sick and vacation leave, Workers' Compensation, Unemployment Compensation, disability, and severance pay.
9. **Indemnification:** The Vendor and/or Service Provider, to the fullest extent provided by law, shall indemnify and save harmless the City of Saratoga Springs, its Agents and Employees (hereinafter referred to as "City"), from and against all claims, damages, losses and expense (including, but not limited to, reasonable attorneys' fees), arising out of or resulting from the performance of the work or purchase of the services, sustained by any person or persons, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the tortious act or negligent act or omission of Vendor and/or Service Provider or its employees or anyone for whom the Vendor and/or Service Provider is legally liable or Subcontractors. Without limiting the generality of the preceding paragraphs, the following shall be included in the indemnity hereunder: any and all such claims, etc., relating to personal injury, death, damage to property, or any actual or alleged violation of any applicable statute, ordinance, administrative order, executive order, rule or regulation, or decree of any court of competent jurisdiction in connection with, or arising directly or indirectly from, errors and/or negligent acts by the Vendor and/or Service Provider, as aforesaid.
10. **Americans with Disabilities Act:** The Vendor and/or Service Provider agrees to comply with the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973 and not discriminate on the basis of disability in the admission or access to, or treatment of employment in its services, programs, or activities. The Vendor and/or Service Provider agrees to hold harmless and indemnify the City from costs, including but not limited to damages, attorney's fees and staff time, in any action or proceeding brought alleging a violation of ADA and/or Section 504 caused by the Vendor and/or Service Provider. Upon request accommodation will be provided to allow individuals with disabilities to participate in all services, programs and activities.
11. **Safety:** The City of Saratoga Springs specifically reserves the right to suspend or terminate all work under this Agreement whenever Vendor and/or Service Provider, and/or Vendor and/or Service Provider's employees or subcontractors, are proceeding in a manner that threatens the life, health or safety of any of Vendor and/or Service Provider's employees, subcontractor's employees, City employees or member(s) of the general public on City property. This reservation of rights by the City of Saratoga Springs in no way obligates the City of Saratoga Springs to inspect the safety practices of the Vendor and/or Service Provider. If the City of Saratoga Springs exercises its rights pursuant to this part, the Vendor and/or Service Provider shall be given three days to cure the defect, unless the City of Saratoga Springs, in its sole and absolute discretion, determines that the service cannot be suspended for three days due to the City of Saratoga Springs' legal obligation to continuously provide Vendor and/or Service Provider's service to the public or the City of Saratoga Springs' immediate need for completion of the Vendor and/or Service Provider's work. In such case, Vendor and/or Service Provider shall immediately cure the defect. If the Vendor and/or Service Provider fails to cure the identified defect(s), the City of Saratoga Springs shall have the right to immediately terminate this Agreement. In the event that the City of Saratoga Springs terminates this Agreement, any payments for work completed by the Vendor and/or Service Provider shall be reduced by the costs incurred by the City of Saratoga Springs in re-bidding the work and/or by the increase in cost that results from using a different Vendor and/or Service Provider.
12. **Vendor and/or Service Provider Code of Conduct:** The City of Saratoga Springs is committed to conduct business in a lawful and ethical manner and expects the same standards from Vendor and/or Service Providers/suppliers that the City conducts business with. The City requires that all Vendor and/or Service Providers/suppliers abide by this Code of Conduct. Failure to comply with this Code may be sufficient cause for the City to exercise its rights to terminate its' business relationship with Vendor and/or Service Providers/suppliers. Vendor and/or Service Providers/suppliers agree to provide all information requested which is necessary to demonstrate compliance with this Code.

At a minimum, the City requires that all Vendor and/or Service Providers/suppliers meet the following standards:

- **Legal:** Vendor and/or Service Providers/suppliers and their sub-contractors agree to comply with all applicable local, state and federal laws, regulations and statutes.
- **Discrimination:** No person shall be subject to any discrimination in employment, including hiring, salary, benefits, advancement, discipline, termination or retirement on the basis of gender, race, religion, age, disability, sexual orientation, nationality, political opinion, party affiliation or social ethnic origin.
- **Right to organize:** Employees of the Vendor and/or Service Provider/supplier should have the right to decide whether they want collective bargaining.
- **Sub-contractors:** Vendor and/or Service Providers/suppliers shall ensure that sub-contractors shall operate in a manner consistent with this Code.
- **Protection of the Environment:** Vendor and/or Service Providers/suppliers shall comply with all applicable environmental laws and regulations. Where practicable, Vendor and/or Service Providers/suppliers are to utilize technologies that do not adversely affect the environment and when such impact is unavoidable, to ensure that it is minimized.

The undersigned Vendor and/or Service Provider/supplier hereby acknowledges that it has received the City of Saratoga Springs Vendor and/or Service Provider/Supplier Code of Conduct and agrees that any and all of its facilities and sub-contractors doing business with the City will receive the Code and will abide by each and every term therein.

Vendor and/or Service Provider/supplier acknowledges that its failure to comply with any condition, requirement, policy or procedure may result in the termination of the business relationship. Vendor and/or Service Provider/supplier reserves the right to terminate its agreement to abide by the Code of Conduct at any time for any reason upon ninety (90) days prior written notice to the City.

13. **Governing Law:** This Agreement shall be governed and construed under the laws of the State of New York, the location where this Agreement was accepted to by Vendor and/or Service Provider. The Vendor and/or Service Provider agrees to comply with all applicable local, state and federal laws, rules and regulations in the performance of the duties of this Agreement.
14. **NYS Licensure for Professional Services:** Any and all professional services performed under this Agreement shall be completed by an individual licensed by the NYS Office of Professions - Education Department as applicable to the service provided including, but not limited to accounting, actuarial, engineering and architectural services. The Vendor and/or Service Provider represents that it has all necessary governmental licenses to perform the services described herein.
15. **Non-Collusive Bidding Certification:** Where applicable, upon the submission of a bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:
  - a. The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
  - b. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
  - c. No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.
16. **Iranian Energy Sector Divestment:** Where applicable, upon the submission of a bid, each Vendor and/or Service Provider and each person signing on behalf of any Vendor and/or Service Provider certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of section 165-a of the state finance law (Iran Divestment).
17. **Venue:** The City and the Vendor and/or Service Provider hereby agree that any litigated matters shall be venued in the federal and state courts of the State of New York in the County of Saratoga.
18. **Assignment:** The Vendor and/or Service Provider is prohibited from assigning, conveying, subletting or otherwise disposing of the Vendor and/or Service Provider's right, title, or interest therein, or the Vendor and/or Service Provider's power to execute this agreement to any other person or corporation without the previous written consent of the City. If the Vendor and/or Service Provider assigns, conveys, sublets or otherwise disposes of the Vendor and/or Service Provider's right, title, or interest without prior written consent, the City shall revoke and annul this agreement, and the City shall be relieved and discharged from any and all liability growing out of this Agreement, and any person or corporation to whom the interest was assigned, transferred, conveyed, sublet or otherwise disposed of shall forfeit and lose all moneys theretofore earned under such contract, except so much as may be required to pay his or her employees.
19. **Termination:**
  - a. **By Either Party.** Either Party may terminate for cause upon 30 days advance notice to the other Party if there is any material default or breach of this Agreement by the other Party, unless the defaulting Party has cured the material default or breach within the 30-day notice period. In the event that the Agency terminates this Agreement under this Section and Axon fails to cure the material breach or default, Axon will issue a refund of any prepaid amounts on a prorated basis.
  - b. **By the Agency.** The Agency is obligated to pay the fees under this Agreement as may lawfully be made from funds budgeted and appropriated for that purpose during the then current fiscal year. In the event that sufficient funds will not be appropriated or are not otherwise legally available to pay the fees required under this Agreement, this Agreement may be terminated by the Agency. The Agency agrees to deliver notice of termination under this Section at least thirty (30) days prior to the end of the then current fiscal year. In the event the Agency terminates this Agreement after the Agency receives the PPM, the Agency will be invoiced and obligated to pay for the remainder of the MSRP for the PPM received before the termination date. In the case of termination for non-appropriations, Axon will not invoice the Agency if the Agency returns the PPM to Axon within 30 days of the date of termination.
  - c. **Effect of Termination.** Upon termination for any reason, Axon will discontinue shipments to the Agency on the effective date of termination.
  - d. The City may also terminate this Agreement at any time and for any reason by mailing written notice to the Vendor and/or Service Provider at least ten (10) business days prior to such termination date. The City reserves the right to cancel this Agreement at any time upon thirty (30) days' prior notice, in event of material default or violation by the Vendor and/or Service Provider of any provision of this Agreement, unless the Vendor and/or Service Provider has cured the material default or violation within the 30-day notice period. The City may take whatever action at law or in equity that may appear necessary or desirable to collect damages arising from a default or violation or to enforce performance of this Agreement.
  - e. If the City purchases Products for a value less than MSRP and this Agreement is terminated before the end of the term then the City will be invoiced for the remainder of the MSRP for the Products received and not already paid for.
20. **Default:** Vendor and/or Service Provider's failure to perform its obligations and comply with its representations under this Agreement shall constitute a default under this Agreement. Upon Vendor and/or Service Provider's default, the City may cancel this Agreement in accordance with Section 20 herein and stop payment of any fees to Vendor and/or Service Provider hereunder. City shall also have any all additional rights and remedies under New York State Law as a result of Vendor and/or Service Provider's default.
21. **Force Majeure:** Neither party shall be held liable for failure to perform its part of this Agreement when such failure is due to fire, flood, or similar disaster; strikes or similar labor disturbances; industrial disturbances, war, riot, insurrection, and/or other causes beyond the control of the parties.

22. **Entire Agreement:** This Agreement sets forth the entire agreement and understanding of the parties relating to the subject matter contained herein except as to those matters or agreements expressly incorporated herein by reference. No covenant, representation or condition not expressed herein shall be effective to interpret, change or restrict the express provisions of this Agreement. This Agreement supersedes any and all prior agreements, whether written or oral, relating to the subject matter contained herein. This Agreement shall not be amended, changed or otherwise modified except in writing, signed by both parties.
23. **Severability:** In the event that any portion of this Agreement may be adjudged invalid or unenforceable for any reason, adjudication shall in no manner affect the other portions of this Agreement which will remain in full force and effect as of the portions adjudged invalid or unenforceable were not originally a part thereof.
24. **Modification:** This Agreement may be modified only by a writing signed by both parties.
20. **Execution:** This Agreement shall constitute the Agreement of the parties.

This Agreement may be executed in separate counterparts, which together shall constitute the Agreement of the parties, provided that all of the parties to this Agreement have executed their respective copy of this Agreement.

**City Certification:** In addition to the acceptance of this Agreement, I certify that original copies of this signature page will be attached to all other exact copies of this Agreement.

**Vendor and/or Service Provider Certification:** In addition to the acceptance of this Agreement, I certify that all information provided to the City with respect to New York State Finance Law Section 139-k is complete, true and accurate.

All Parties, having agreed to the terms and the recitals set forth herein, and in relying thereon, herein signs this Agreement.

Vendor and/or Service Provider Signature: \_\_\_\_\_ Date: 5/11/17

Print Name: Josh Isner Title: EVP, Global Sales

City of Saratoga Springs' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: Joanne Yepsen Title: Mayor City Council Approval Date: \_\_\_\_\_



## Axon Enterprise, Inc.'s Unlimited Cartridge Plan Terms and Conditions

These Axon Enterprise, Inc. (Axon) Unlimited Cartridge Plan Terms and Conditions (Agreement) apply to your (Agency) purchase under the Axon Unlimited Cartridge Plan (UCP). In the initial delivery, and each year thereafter, the Agency will receive 3 training cartridges. For the initial delivery of duty cartridges, X26 users will receive 2 duty cartridges, while X2 users will receive 3 duty cartridges. One PPM battery per user will be delivered to the Agency in Year 3 of this Agreement, unless otherwise requested. In the event the Agency is purchasing UCP for use with TASER CAM, the Agency will not receive the PPM or a substitute.

1. **UCP Term.** The UCP Term start date is based upon the ship date of the initial delivery (Start Date) The UCP Term will end 5 years after the Start Date (Term).
2. **UCP Requirements.** In order to make a purchase under the UCP, the Agency must purchase the UCP for each TASER Conducted Electrical Weapon (CEW) user. A CEW user includes an officer that uses a CEW in the line of duty, as well as officers that only use a CEW for training purposes. The Agency may not resell cartridges or batteries received under the UCP. The Agency may only request additional PPMs and duty cartridges as PPMs and duty cartridges are consumed in the line of duty. Upon reasonable notice, Axon reserves the right to audit the Agency's use of force records, to the extent legally permitted, if the Agency is ordering more cartridges or batteries than is customary compared to an Agency of similar size. In the event the audit determines the Agency's use of force records do not support the Agency's reported cartridge and battery use, the Agency will pay the MSRP of each cartridge and battery delivered to the Agency beyond what was supported by the Agency's use of force records.-
3. **Payment Terms.** Axon invoices for the UCP on an annual basis. Agency will be invoiced upon the Start Date and then upon the anniversary of the Start Date for the remainder of the Term. Invoices are due to be paid within 30 days of the date of invoice.

Payment obligations are non-cancelable and fees paid are non-refundable and all amounts payable will be made without setoff, deduction, or withholding. Additional users may be added during the term. For users added in the middle of any annual cycle, the Agency will pay a true-up fee for those additional users. These additional licenses will be co-termed with the Agency's existing licenses. Additional users that are added before the third year payment will receive a PPM, while additional users that are added after the third year payment will not receive a PPM.

4. **Taxes.** Unless the Agency provides a valid and correct tax exemption certificate applicable to the purchase and ship-to location, the Agency is responsible for sales and other taxes associated with the order.
5. **Shipping; Title; Risk of Loss; Rejection.** Axon reserves the right to make partial shipments and products may ship from multiple locations. All shipments are FOB Destination-E-X-W-via-common-carrier and title and risk of loss pass to the Agency upon delivery to the Agency-common-carrier-by-Axon. The Agency is responsible for all freight charges. Any loss or damage that occurs during shipment is the Agency's responsibility. Shipping dates are estimates only.
6. **Returns.** All sales are final and no refunds or exchanges are allowed, except for warranty returns or as provided by state or federal law.
7. **Hardware Limited Warranty.** Axon warrants its law enforcement hardware products are free from defects in workmanship and materials for a period of ONE (1) YEAR from date of receipt. Extended warranties run from the date of purchase of the extended warranty through the balance of the 1-year limited warranty term plus the term of the extended warranty measured after the expiration of the 1-year limited warranty. CEW cartridges and Smart cartridges that are expended are deemed to have operated properly. Axon-Manufactured Accessories are covered under a limited 90-DAY warranty from the date of receipt. Non-Axon manufactured accessories are covered under the manufacturer's warranty. If Axon determines that a valid warranty claim is received within the warranty period, Axon agrees to repair or replace the Product. Axon's sole responsibility under this warranty is to either repair or replace with the same or like Product, at Axon's option.
8. **Warranty Limitations.**  
The warranties do not apply and Axon will not be responsible for any loss, damage, or other liabilities arising from: (a) damage from failure to follow instructions relating to the Product's use; (b) damage caused by use with non-Axon products or from the use of cartridges, batteries or other parts, components or accessories that are not manufactured or recommended by Axon; (c) damage caused by abuse, misuse, intentional or deliberate damage



## Axon Enterprise, Inc.'s Unlimited Cartridge Plan Terms and Conditions

to the product, or force majeure; (d) damage to a Product or part that has been repaired or modified by persons other than Axon authorized personnel or without the written permission of Axon; or (e) if any Axon serial number has been removed or defaced.

To the extent permitted by law, the warranties and remedies set forth above are exclusive and Axon disclaims all other warranties, remedies, and conditions, whether oral or written, statutory, or implied, as permitted by applicable law. If statutory or implied warranties cannot be lawfully disclaimed, then all such warranties are limited to the duration of the express warranty described above and limited by the other provisions contained in this Agreement.

Axon's cumulative liability to any Party for any loss or damage resulting from any claims, demands, or actions arising out of or relating to any Axon product will not exceed the purchase price paid to Axon for the product or if for services, the amount paid for such services over the prior 12 months preceding the claim unless such liability is directly related to a material defect with the product itself. In no event will either Party be liable for any direct, special, indirect, incidental, exemplary, punitive or consequential damages, however caused, whether for breach of warranty, breach of contract, negligence, strict liability, tort or under any other legal theory.

9. **Warranty Returns.** If a valid warranty claim is received by Axon within the warranty period, Axon agrees to repair or replace the Product which Axon determines in its sole discretion to be defective under normal use, as defined in the Product instructions. Axon's sole responsibility under this warranty is to either repair or replace with the same or like Product, at Axon's option. For warranty return and repair procedures, including troubleshooting guides, please go to Axon's website [www.axon.com/support](http://www.axon.com/support).

A replacement product will be new or like new and have the remaining warranty period of the original product or 90 days from the date of replacement or repair, whichever period is longer. Any replacement item becomes Purchaser's property and the replaced item becomes Axon's property.

10. **Product Warnings.** See our website at [www.axon.com](http://www.axon.com) for the most current product warnings.

11. **Design Changes.** Axon reserves the right to make changes in the design of any of Axon's products and services without incurring any obligation to notify the Agency or to make the same change to products and services previously purchased. TASER may replace end of life products with the next generation of that product without notifying the Agency

12. **UCP Termination.**

- a. ~~By Either Party.~~ Either Party may terminate for cause upon 30 days advance notice to the other Party if there is any material default or breach of this Agreement by the other Party, unless the defaulting Party has cured the material default or breach within the 30-day notice period. In the event that the Agency terminates this Agreement under this Section and Axon fails to cure the material breach or default, Axon will issue a refund of any prepaid amounts on a prorated basis.
- b. ~~By the Agency.~~ The Agency is obligated to pay the fees under this Agreement as may lawfully be made from funds budgeted and appropriated for that purpose during the then current fiscal year. In the event that sufficient funds will not be appropriated or are not otherwise legally available to pay the fees required under this Agreement, this Agreement may be terminated by the Agency. The Agency agrees to deliver notice of termination under this Section at least 90 days prior to the end of the then current fiscal year. In the event the Agency terminates this Agreement after the Agency receives the PPM, the Agency will be invoiced and obligated to pay for the remainder of the MSRP for the PPM received before the termination date. In the case of termination for non-appropriations, Axon will not invoice the Agency if the Agency returns the PPM to Axon within 30 days of the date of termination.
- c. ~~Effect of Termination.~~ Upon termination for any reason, Axon will discontinue shipments to the Agency on the effective date of termination.

13. **Excusable Delays.** Axon will use commercially reasonable efforts to deliver all products and services ordered as soon as reasonably practicable. In the event of interruption of any delivery due to causes beyond Axon's reasonable control Axon has the right to delay or terminate the delivery with reasonable notice.

14. **Proprietary Information.** The Agency agrees that Axon has and claims various proprietary rights in the hardware, firmware, software, and the integration of ancillary materials, knowledge, and designs that constitute Axon





## Axon Enterprise, Inc.'s Unlimited Cartridge Plan Terms and Conditions

products and services, and that the Agency will not directly or indirectly cause any proprietary rights to be violated.

15. Import and Export Compliance. In connection with this Agreement, each Party will comply with all applicable import, re-import, export, and re-export control laws and regulations.
16. Assignment. ~~The Agency may not may assign or otherwise transfer this Agreement without the prior written approval of Axon.~~
17. Severability. ~~This Agreement is contractual and not a mere recital. If any portion of this Agreement is held to be invalid or unenforceable, the remaining portions of this Agreement will remain in full force and effect.~~
18. Governing Law; Venue. ~~The laws of the state where the Agency is physically located, without reference to conflict of law rules, govern this Agreement and any dispute of any sort that might arise between the Parties. The United Nations Convention for the International Sale of Goods does not apply to this Agreement.~~
19. Entire Agreement. ~~This Agreement and the quote provided by Axon, represents the entire agreement between the Parties. This Agreement supersedes all prior or contemporaneous representations, understandings, agreements, or communications between the Parties, whether written or verbal, regarding the subject matter of this Agreement. No modification or amendment of any portion of this Agreement will be effective unless in writing and signed by the Parties to this Agreement.~~

▲, ▲ AXON, Axon, X2, X26, TASER CAM, and TASER are trademarks of Axon Enterprise, Inc., some of which are registered in the US and other countries. For more information, visit [www.axon.com/legal](http://www.axon.com/legal). All rights reserved. © 2017 Axon Enterprise, Inc.