



CITY OF SARATOGA SPRINGS

City Council Meeting



January 25, 2017

City Council Room
Charter Commission & Budget
Amendments

 [Print](#)

4:00 PM

CALL TO ORDER

ROLL CALL

SALUTE TO FLAG

PUBLIC COMMENT PERIOD / 15 MINUTES

PRESENTATION(S):

EXECUTIVE SESSION:

CONSENT AGENDA

MAYOR'S DEPARTMENT

ACCOUNTS DEPARTMENT

FINANCE DEPARTMENT

1. Discussion and Vote: Budget Amendment - Use of fund balance for Charter Review Commission Administrative expenses
2. Discussion and Vote: Budget Amendment - Use of fund balance for Charter Review Commission Special Election expenses

PUBLIC WORKS DEPARTMENT

1. Discussion and Vote: Authorization for Mayor to sign application with NYS DEC for Electronic Recycling Grant

PUBLIC SAFETY DEPARTMENT

SUPERVISORS

ADJOURN

LN	ORG	ACCOUNT	OBJECT	PROJ	ORG DESCRIPTION	LINE DESCRIPTION	ACCOUNT DESCRIPTION	ENTITY	AMEND	EFF DATE	PREV BUDGET	BUDGET CHANGE	AMENDED BUDGET	ERR
YEAR-PER JOURNAL														
2017	01	205	01/25/2017	012517	012517SCCM	BUA	012517SCCM	1						
1	A012	40599	PROPERTY TAX				USE OF UNASSIGNED FUND BALANCE							
	A	-01-2-0000-0-40599	-				2017 CHARTER REVIEW BUDGET							
2	A3618061	51110	CHARTER REVIEW COMMISSION	PS			ASSISTANT CITY ATTORNEY							
	A	-36-1-8060-1-51110	-				2017 CHARTER REVIEW BUDGET							
3	A3618064	54720	CHARTER REVIEW COMMISSION	CS			SERVICE CONTRACTS - PROF SERV							
	A	-36-1-8060-4-54720	-				2017 CHARTER REVIEW BUDGET							
4	A3618064	54792	CHARTER REVIEW COMMISSION	CS			MISCELLANEOUS							
	A	-36-1-8060-4-54792	-				2017 CHARTER REVIEW BUDGET							
5	A3618061	51380	CHARTER REVIEW COMMISSION	PS			SENIOR STENOGRAPHER							
	A	-36-1-8060-1-51380	-				2017 CHARTER REVIEW BUDGET							

** JOURNAL TOTAL

0.00

FUND	ACCOUNT	YEAR	PER	JNL	EFF DATE	ACCOUNT DESCRIPTION	DEBIT	CREDIT
A	GENERAL FUND	2017	1	205	01/25/2017			
	A-1510					ESTIMATED REVENUES	46,000.00	
	A-2960					APPROPRIATIONS		46,000.00
						FUND TOTAL	46,000.00	46,000.00

** END OF REPORT - Generated by Christine Gilmnett-Brown **

LN	ORG	ACCOUNT	OBJECT	PROJ	ORG DESCRIPTION	LINE DESCRIPTION	ACCOUNT DESCRIPTION	ENTITY	AMEND	EFF DATE	PREV BUDGET	BUDGET CHANGE	AMENDED BUDGET	ERR
YEAR-PER JOURNAL														
2017	01		206	01/25/2017	012517	012517CRSE	BUA 012517SCSE	1						
1	A012		40599		PROPERTY TAX		USE OF UNASSIGNED FUND BALANCE				-541,111.81	-37,000.00	-578,111.81	
	A		-01-2-0000-0-40599	-			CHARTER REVIEW SPECIAL ELECTIO	01/25/2017						
2	A3618064		54803		CHARTER REVIEW COMMISSION	CS	CHARTER REVIEW SPECIAL ELECTIO				.00	37,000.00	37,000.00	
	A		-36-1-8060-4-54803	-			CHARTER REVIEW SPECIAL ELECTIO	01/25/2017						
											** JOURNAL TOTAL			
											0.00			

FUND	ACCOUNT	YEAR	PER	JNL	EFF DATE	ACCOUNT DESCRIPTION	DEBIT	CREDIT
A	GENERAL FUND	2017	1	206	01/25/2017			
	A-1510					ESTIMATED REVENUES	37,000.00	
	A-2960					APPROPRIATIONS		37,000.00
						FUND TOTAL	37,000.00	37,000.00

** END OF REPORT - Generated by Christine Gillmet-Brown **

**Discussion and Vote: Authorization for Mayor to sign application with NYS DEC
for Electronic Recycling Grant**

We recently became aware that the NYS DEC is providing grants to municipalities to process electronic items for recycling. The grant reimburses the municipality for 50% of the recycling costs. This is a service that has been requested by many Saratoga Springs residents, and DPW would be making it available beginning in March to City residents only on scheduled dates and times. We believe this is a good opportunity to provide a service that has been demanded by residents for years.

I move to authorize the Mayor to sign the Electronic Recycling Grant application with the NYS DEC, together with any and all supplemental documents to receive the grant. That is my motion.



Household Hazardous Waste State Assistance Program

Application Supplement – Electronic Waste Assistance Grants

CERTIFICATION: I do hereby certify that the information in this application rider, and other supporting statements, and exhibits is true, correct and complete to the best of my knowledge and belief.

(Date)

(Signature of the Applicant's Authorized Representative)

Applicant:		County:		DEC Region:	
Applicant's E-waste Collection Site Registration Number(s), if applicable					

Covered e-waste Collection Information:

"Pounds collected" is the weight of covered electronic waste collected during each calendar quarter listed. Note that weight information is required for January–March 2016 as justification for the estimated time periods, but this is not subject to grant reimbursement.

"Cost Paid to Recycler" is the amount paid to a recycler for covered e-waste. The applicant must provide documentation of actual incurred expenses within the time periods April 1, 2016 – June 30, 2016 and July 1, 2016 - September 30, 2016. Documentation includes vendor invoices, applicant's purchase orders, and cancelled checks or other proof of payment. Estimated amounts must be consistent with documented actual amounts.

Time Period	Pounds Collected	Cost Paid to Recycler	Name of Recycler
Jan. – March 2016 (actual)			
April – June 2016 (actual)		\$	
July – Sept. 2016 (actual)		\$	
Oct. – Dec. 2016 (estimate)		\$	
Jan. – March 2017 (estimate)		\$	
Total Costs: April 1, 2016 – March 31, 2017:		\$	
AMOUNT RECEIVED from charges to generators or from user fees paid by residents:		\$	
AMOUNT RECEIVED from other sources or sponsors - Describe sources on next page:		\$	
NET TOTAL COSTS		\$	
Total Costs minus Amounts Received:		\$	
Grant Amount Requested: (50% of Net Total Amount)		\$	

Name and Address of Electronic Waste Recycler(s) utilized for covered e-waste during April 1, 2016 – March 31, 2017	
---------------------------------------------------------------------------------------------------------------------	--

Household Hazardous Waste State Assistance Program Application Supplement – Electronic Waste Assistance Grants

Additional Information:

Does your e-waste collection program, including collection of covered electronic equipment as a registered collector, through collection events and pick up of abandoned waste meet all applicable state, federal and local laws and regulations?

<input type="checkbox"/>	YES
--------------------------	-----

<input type="checkbox"/>	NO (please explain below)
--------------------------	---------------------------

What efforts has the applicant made to obtain outside financial assistance for the e-waste program? (Legislative initiatives, corporate sponsorships, other federal, state or private grants, etc.) Please indicate whether efforts were successful.

HHW APPLICATION STATUS: Place a mark (X) in the box that applies

<input type="checkbox"/>	This E-Waste Grant Application Supplement is a component of a HHW State assistance program grant application.
<input type="checkbox"/>	Applicant does not conduct HHW collection. This is a stand-alone application. If so, additional documents will be requested if this grant request is approved, including MWBE plan, insurance documents and Vendor Responsibility Questionnaire.

Project Manager

This person should be someone with specific knowledge about the e-waste program

Name:			
Title:			
Address: City, Zip:			
Email:		Phone:	

DEPARTMENT OF ENVIRONMENTAL CONSERVATION USE ONLY

Project No.		Date Received	
-------------	--	---------------	--