

CITY OF SARATOGA SPRINGS

City Council Meeting



January 25, 2017

City Council Room Charter Commission & Budget Amendments



4:00 PM

CALL TO ORDER

ROLL CALL

SALUTE TO FLAG

PUBLIC COMMENT PERIOD / 15 MINUTES

PRESENTATION(S):

CONSENT AGENDA

EXECUTIVE SESSION:

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

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** END OF REPORT - Generated by Christine Gillmett-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 Representat	ive)
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	6 – March 31, 2017:	\$	
AMOUNT RECEIVE generators or from user feet	s paid by residents:	\$	
AMOUNT RECEIVED fro sponsors - Describe sou		\$:
Ni Total Costs minus A	ET TOTAL COSTS Amounts Received:	\$	
	nount Requested: f Net Total Amount	\$	

l	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 applicab	ıle
state, federal and local laws and regulations?	

		YES NO (please explain below)
(Legislat	ive init	s the applicant made to obtain outside financial assistance for the e-waste program? atives, corporate sponsorships, other federal, state or private grants, etc.) Please or efforts were successful.
HHW AI	PPLIC	ATION STATUS: Place a mark (X) in the box that applies
		This E-Waste Grant Application Supplement is a component of a HHW State assistance program grant application.
	ì	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.
	This	Project Manager 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