

#### 3:00 PM

#### CALL TO ORDER

1. ZOOM REGISTRATION HERE

**ROLL CALL** 

SALUTE TO FLAG

#### **PUBLIC COMMENT PERIOD / 15 MINUTES**

**PRESENTATION(S):** 

EXECUTIVE SESSION:

#### **CONSENT AGENDA**

- 1. Approve of Use of Insurance Reserve Resolution #7
- 2. Approve Budget Amendments Insurance Reserve #7
- 3. Approve Budget Amendments Insurance
- 4. Budget Amendments Regular (Increases)
- 5. Approve Budget Transfers Capital
- 6. Approve Budget Transfers Debt Service
- 7. Approve Budget Transfers Insurance
- 8. Budget Transfers Regular
- 9. Approve Payroll 12/18/2020 \$542,185.56
- 10. Approve Payroll 12/25/20 \$548,057.74
- 11. Approve Mid-Warrant 2020 20MWDEC3

#### MAYOR'S DEPARTMENT

1. Discussion and Vote: Accept Christmas Wish Grant for Camp Saradac - \$750.00

#### ACCOUNTS DEPARTMENT

- 1. Discussion and Vote: Authorization for Mayor to Sign Addendum #4 with GAR Associates
- 2. Discussion and Vote: Authorization for Mayor to Sign Contract with eScribers for Transcription Services

#### FINANCE DEPARTMENT

- 1. Discussion and Vote: Capital Program and Budget Amendment (Proj 1277): New York Power Authority (NYPA) for the Energy Efficient Program - Street Lights
- 2. Discussion and Vote: Authorization for the Mayor to sign an Authorization to Proceed (ATP) with the New York Power Authority (NYPA) for the Energy Efficient Program LED Street Lights
- 3. Discussion and Vote: Authorization for the Mayor to sign Addendum One with Fiscal Advisors and Marketing for Fiscal Advisement
- 4. Discussion and Vote: Authorization for Mayor to sign Addendum One with Walsh and Walsh as City Bond Counsel
- 5. Discussion and Vote: Budget Transfers Benefits
- 6. Discussion and Vote: Budget Transfers Payroll
- 7. Announcement: Thank You for the Cell Phone Donation Wellspring

#### PUBLIC WORKS DEPARTMENT

#### PUBLIC SAFETY DEPARTMENT

#### **SUPERVISORS**

**ADJOURN** 

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

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 out of pocket deductible expense for the Department of Public Safety's automobile property damage claim FNU4466.

NOW, THEREFORE, BE IT RESOLVED, that payment of the above-mentioned expenditures not to exceed the amount of Fifteen Thousand Two Dollars and Fifty Five Cents (\$15,002.55) is hereby approved as authorized as in accordance with the INSURANCE Reserve Fund to be placed in A3041934-54775.

Ayes: \_\_\_\_ Nays: \_\_\_\_ Dated: *December 29, 2020* 

Director Risk and Safety Request/Date: Commissioner of Accounts John P Franck Approval/Date: 12/16/2020 City Attorney Approval/Date: 19/19/2020

### FNU 4466

## CCC NE MARKET VALUATION REPORT



#### **CLAIM INFORMATION**

#### Owner

Loss Unit

Loss Unit Type

Loss Incident Date

Claim Reported

City Of Saratoga Springs, Unknown Saratoga Springs, NY 12866 Police 2017 Ford EXPLORER 4X4 POLICE 6cyl. 3.7I Sport Utility Vehicle SPECIALTY VEHICLES 11/26/2020 12/10/2020

+\$10.00

\$ 17,518.41

The CCC ONE® Market Valuation Report reflects CCC Information Services Inc.'s opinion as to the value of the loss unit, based on information provided to CCC by TRAVELERS.

Prepared for TRAVELERS

#### INSURANCE INFORMATION

Report Reference Number Claim Reference Adjuster Odometer Last Updated 99869416 FNU4466001 Verissimo, Flavia 85,396 12/10/2020 02:19 PM



# Base Value\$ 16,363.00Adjusted Value\$ 16,363.00Tax (7%)+ \$ 1,145.41Tax reflects applicable state, county and municipal<br/>taxes

taxes. DMV

### Total

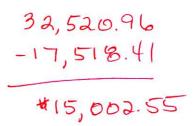
The total may not represent the total of the settlement as other factors (e.g. license and fees) may need to be taken into account.

BASE VALUE

This is derived from comparable unit(s) available or recently available in the marketplace at the time of valuation, per our valuation methodology described on the next page.

Inside the Report

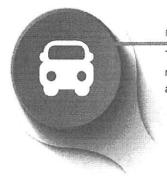
| Valuation Methodology    | 2 |
|--------------------------|---|
| Loss Unit Information    | 3 |
| Comparable Units         | 6 |
| Valuation Notes          | 8 |
| Supplemental Information | 9 |



#### CCCSONE MARKET VALUATION REPORT

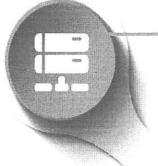
### VALUATION METHODOLOGY

#### How was the valuation determined?



#### CLAIM INSPECTION

TRAVELERS has provided CCC with the zip code where the loss unit is garaged, loss unit VIN, mileage/hours, options and additional equipment, as well as loss unit condition, which is used to assist in determining the value of the loss unit.



#### DATABASE REVIEW

CCC maintains an extensive database of units that currently are or recently were available for sale in the U.S. This database includes units advertised for sale by dealerships or private parties. All of these sources are updated regularly.

#### SEARCH FOR COMPARABLES

When a valuation is created the database is searched and comparable units are selected. On current year units, new units for sale at the time of the valuation may have been used. The zip code where the loss unit is garaged determines the starting point for the search. Comparable units are similar to the loss unit based on relevant factors. If a sufficient number of comparable units cannot be located, CCC may also obtain dealer quotations for a unit with attributes as reported by the insurer.



#### CALCULATE VALUATION

Adjustments to the price of the selected comparable units are made to reflect differences in attributes, including mileage/hours, options, additional equipment, refurbishments, after factory equipment, and condition. Dollar adjustments are based upon market research. Finally, the Base Value is the straight average of the adjusted values of the comparable units. Due to the unique nature of the loss units valued in the Commercial and Recreational Vehicle division, a valuation specialist handles each request individually.



Claim: FNU4466001

Unknown

Owner: City Of Saratoga Springs,

#### CCCSONE MARKET VALUATION REPORT

### COSS UNIT INFORMATION

#### LOSS UNIT DETAILS

| Location   | Saratoga Springs, NY 12866 |
|------------|----------------------------|
| VIN        | 1FM5K8AR9HGC56969          |
| Year       | 2017                       |
| Make       | Ford                       |
| Model      | EXPLORER 4X4 POLICE        |
| Drivetrain | 4X4                        |

#### LOSS UNIT CONDITION

**Overall Rating** 

Condition Average Owner: City Of Saratoga Springs, Unknown Claim: FNU4466001

Vehicles sold in the United States are required to have a manufacturer assigned Vehicle Identification Number(VIN). This number provides certain specifications of the vehicles.

Please review the information in the Loss Unit Information Section to confirm the reported mileage and condition, and to verify that the information accurately reflects the options, additional equipment, refurbishments or other aspects of the loss unit that may impact the value.

TRAVELERS uses condition inspection guidelines to determine the condition of the loss unit prior to the loss. The guidelines describe physical characteristics for the loss unit, for the condition selected based upon age. Inspection Notes reflect observations from the appraiser regarding the loss unit's condition.

#### CCCSONE. MARKET VALUATION REPORT

#### LOSS UNIT EQUIPMENT

| CT - Transmission   | AUTOMATIC TRANSMISSION           | <b>v</b>     |
|---------------------|----------------------------------|--------------|
|                     | 4 WHEEL DRIVE                    | <b>V</b>     |
| PO - Power          | POWER STEERING                   | $\checkmark$ |
|                     | POWER BRAKES                     | 4            |
|                     | POWER WINDOWS                    | ∢            |
|                     | POWER LOCKS                      | 4            |
|                     | POWER MIRRORS                    | $\checkmark$ |
|                     | POWER DRIVER SEAT                | V            |
|                     | POWER ADJUSTABLE PEDALS          | <b>√</b>     |
| IS - Seats/Interior | BUCKET SEATS                     | <b>v</b>     |
|                     | CLOTH SEATS                      | <b>V</b>     |
|                     | RECLINING/LOUNGE SEATS           | <b>√</b>     |
| CS - Convenience    | AIR CONDITIONING                 | <b>v</b>     |
|                     | DUAL MIRRORS                     | <b>V</b>     |
|                     | INTERMITTENT WIPERS              | $\checkmark$ |
|                     | TILT WHEEL                       | <b>V</b>     |
|                     | CRUISE CONTROL                   | ~            |
|                     | REAR DEFOGGER                    | ✓            |
|                     | MESSAGE CENTER                   | 4            |
|                     | STEERING WHEEL TOUCH<br>CONTROLS |              |
|                     | REAR WINDOW WIPER                | ✓            |
|                     | OVERHEAD CONSOLE                 | <b>V</b>     |
| CR - Radio          | AM RADIO                         | 4            |
|                     | FM RADIO                         | ✓            |
|                     | STEREO                           | ✓            |
|                     | SEARCH/SEEK                      | <b>V</b>     |
|                     | CD PLAYER                        | ✓            |
|                     | AUXILIARY AUDIO CONNECTION       | ✓            |
| CW - Wheels         | STYLED STEEL WHEELS              | $\checkmark$ |
| SS - Safety         | AIR BAG (DRIVER ONLY)            | ✓            |
|                     | PASSENGER AIR BAG                | 4            |
|                     | ANTI-LOCK BRAKES (4)             | $\checkmark$ |
|                     | 4-WHEEL DISC BRAKES              | ✓            |
|                     | TRACTION CONTROL                 | ✓            |
|                     |                                  |              |

Owner: City Of Saratoga Springs, Unknown Claim: FNU4466001

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To the left is the equipment of the loss unit that TRAVELERS provided to CCC.

### CCC SONE. MARKET VALUATION REPORT

Owner: City Of Saratoga Springs, Unknown Claim: FNU4466001

L

#### LOSS UNIT EQUIPMENT

| STABILITY CONTROL          | ¥ |
|----------------------------|---|
| FRONT SIDE IMPACT AIR BAGS | ✓ |
| HEAD/CURTAIN AIR BAGS      | < |
| BACKUP CAMERA              | 4 |
| PRIVACY GLASS              | ∢ |
| REAR SPOILER               |   |
| CLEARCOAT PAINT            | ✓ |
| REAR STEP BUMPER           | ∢ |
| CALIFORNIA EMISSIONS       | ✓ |
|                            |   |

OP - Other

#### CCC SONE. MARKET VALUATION REPORT

## COMPARABLE UNITS

|   | Loss Unit                                       | Comp 1  | Comp 2  | Comp 3  |
|---|---|---|---|---|
| Price   |   | \$17,495  | \$16,495  | \$16,795  |
| Year/Make/Model   | 2017 Ford<br>EXPLORER<br>4X4 POLICE             | 2017 Ford<br>EXPLORER 4X4<br>POLICE             | 2017 Ford<br>EXPLORER 4X4<br>POLICE   | 2017 Ford<br>EXPLORER 4X4<br>POLICE             |
| Odometer  | 85,396  | 72,988  | 79,432  | 68,194  |
| Configuration   |   |   |   |   |
| Engine Cylinder<br>Model Description<br>Body Type<br>Drivetrain   | 6<br>3.7L<br>SPORT<br>UTILITY<br>VEHICLE<br>4X4 | 6<br>3.7L<br>SPORT<br>UTILITY<br>VEHICLE<br>4X4 | 6<br>3.7L<br>SPORT<br>UTILITY<br>VEHICLE<br>4X4   | 6<br>3.7L<br>SPORT<br>UTILITY<br>VEHICLE<br>4X4 |
| Options   |   |   |   |   |
| RG - Passenger Air Bag<br>BS - Bucket Seats<br>4W - 4 Wheel Drive<br>RD - Rear Defogger<br>DT - Privacy Glass<br>M3 - Auxiliary Audio Connection<br>RL - Reclining/Lounge Seats<br>TQ - Steering Wheel Touch<br>Controls<br>DM - Dual Mirrors | * * * * * * *                                   | シャトトトト  | * * * * * * * *   | ~ ~ ~ ~ ~ ~ ~ ~ ~                               |
| ST - Stereo   | ¥.  | ¥.  | <b>v</b>  | v<br>v  |
| XG - Front Side Impact Air Bags<br>SY - Styled Steel Wheels<br>DG - Head/Curtain Air Bags<br>FM - FM Radio<br>MC - Message Center   | シャシン  | シャンシン   | 2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2 | *<br>*<br>*<br>*                                |
| HF - Hands Free   | X   | <b>√</b>  | V   | ×   |
| AT - Automatic Transmission<br>WP - Rear Window Wiper<br>SE - Search/Seek<br>CS - Cloth Seats<br>IP - Clearcoat Paint<br>SL - Rear Spoiler  | * * * * *                                       | * * * * *                                       | * * * * *   | ><br>><br>><br>><br>><br>><br>><br>>            |
| DB - 4-Wheel Disc Brakes  | V   | $\checkmark$                                    | ✓   | ✓   |

Owner: City Of Saratoga Springs, Unknown Claim: FNU4466001

Updated Date: 12/10/2020 Comp 1 2017 Ford EXPLORER 4X4 POLICE VIN 1FM5K8AR7HGD13590 Dealership METROWEST AUTO SALES Location Worcester, MA Telephone (508) 556-7129 Source Dealer Ad Stock # D13590 Updated Date: 09/26/2020 Comp 2 2017 Ford EXPLORER 4X4 POLICE VIN 1FM5K8ARXHGA13283 Dealership International Auto S Location Marlborough, MA Telephone (508) 251-8694 Source Dealer Ad Stock # B3283 Updated Date: 10/20/2020 Comp 3 2017 Ford EXPLORER 4X4 POLICE VIN 1FM5K8AR4HGA77495 **Dealership** International Auto S Location Brockton, MA Telephone (508) 436-2276 Source Dealer Ad Stock # B7495 Comparables used in the determination of the Base Value are not intended to be replacement units but are reflective of the market value, and may no longer be available for sale.

Price is the amount that the dealership will accept to sell the unit, though a lower price may be obtainable through negotiation.

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### CCC SONE MARKET VALUATION REPORT

Owner: City Of Saratoga Springs, Unknown Claim: FNU4466001

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# COMPARABLE UNITS

|                              | Loss Unit                 | Comp 1          | Comp 2         | Comp 3           |
|------------------------------|---------------------------|-----------------|----------------|------------------|
| SP - Power Driver Seat       | s.                        | s.              | 4              | $\checkmark$     |
| T1 - Stability Control       | V.                        | ~               | 1              | nd"              |
| IW - Intermittent Wipers     | V                         | V               | $\checkmark$   | N.               |
| PL - Power Locks             | $\checkmark$              | $\checkmark$    | Ň              | $\checkmark$     |
| AC - Air Conditioning        | 4                         | 4               | $\checkmark$   | $\sqrt{2}$       |
| PM - Power Mirrors           | N                         | V               | V              | N.               |
| AB - Anti-Lock Brakes (4)    | V                         | s.              | Ŵ              | N <sup>P</sup>   |
| EM - California Emissions    | NP.                       | ×               | ×              | ×                |
| PW - Power Windows           | 4                         | $\sqrt{r}$      | V              | $\checkmark$     |
| AG - Drivers Side Air Bag    | N.                        | s⊌ <sup>₽</sup> | W.             | 1. A.            |
| PP - Power Adjustable Pedals | Ń                         | N               | W              | $\checkmark$     |
| CC - Cruise Control          | $\checkmark$              | e de            | N.             | N.               |
| PS - Power Steering          | V                         | V               | $\checkmark$   | w.               |
| CD - CD Player               | S.                        | ~               | $\checkmark$   | $\sim$           |
| TX - Traction Control        | 1                         | $\checkmark$    | $\checkmark$   | $\checkmark$     |
| CO - Overhead Console        | 1                         | N.              | S.             | $\sim$           |
| PX - Backup Camera           | $\langle \varphi^{\beta}$ | N <sup>3</sup>  | V <sup>1</sup> | 1                |
| AM - AM Radio                | NP.                       | set.            | V              | -s#              |
| TW - Tilt Wheel              | V                         | V               | V              | 100              |
| PB - Power Brakes            | V.                        | S.              | A.             | 4.1 <sup>4</sup> |
| SB - Rear Step Bumper        | s.                        | Ń               | V              | N <sup>2</sup>   |
| Additional Equipment         |                           |                 |                |                  |
| Push Bumper                  | ×                         | ×               | x              | 1                |
| Condition                    | Average                   | Average         | Average        | Average          |
| Adjustments:                 |                           |                 |                |                  |
| Additional Equipment         |                           |                 |                |                  |
| Push Bumper                  |                           |                 |                | - \$ 211         |
| Options                      |                           |                 |                |                  |
| HF - Hands Free              |                           | - \$ 100        | - \$ 100       |                  |
| Odometer                     |                           | - \$ 442        | - \$ 199       | - \$ 643         |
| Condition                    |                           |                 |                |                  |
| Adjusted Comparable Value    |                           | \$16,953        | \$16,196       | \$15,941         |

#### CCC SONE MARKET VALUATION REPORT

## VALUATION NOTES

12/10/2020 14:19 - The valuation described above was the best available method to determine the value of the loss vehicle, as provided in New York Regulation 64, Section  $216.7 \otimes (1)(v)$ .

12/10/2020 14:10 - Loss Vehicle Average Mileage: 51464

12/10/2020 14:10 - STANDARD EQUIPMENT: 4W, AB, AC, AG, AM, AT, BS, CC, CD, CO, CS, DB, DG, DM, DT, FM, IP, IW, MC, PB, PL, PM, PP, PS, PW, PX, RD, RG, RL, SB, SE, SL, SP, ST, SY, T1, TQ, TW, TX, WP, XG, M3

This Market Valuation Report has been prepared exclusively for use by TRAVELERS, and no other person or entity is entitled to or should rely upon this Market Valuation Report and/or any of its contents. CCC is one source of valuations, and there are other valuation sources available.

Owner: City Of Saratoga Springs, Unknown Claim: FNU4466001

# SUPPLEMENTAL INFORMATION

Owner: City Of Saratoga Springs, Unknown Claim: FNU4466001

L

### LOSS UNIT HISTORY INFORMATION

#### VINguard®

VINguard® Message: VINguard has decoded this VIN without any errors

### CCCSONE MARKET VALUATION REPORT SUPPLEMENTAL INFORMATION



#### **EXPERIAN® AUTOCHECK® VEHICLE HISTORY REPORT**

#### **TITLE CHECK**

| Abandoned   |
|-------------|
| Damaged     |
| Fire Damage |
| Grey Market |
| Hail Damage |
|             |

#### Insurance Loss

- Junk
- Rebuilt
- Salvage

#### **EVENT CHECK**

NHTSA Crash Test Vehicle Frame Damage Major Damage Incident Manufacturer Buyback/Lemon **Odometer Problem** Recycled **Branded Title Auction** Water Damage

#### **VEHICLE INFORMATION**

| Accident                    |
|-----------------------------|
| Corrected Title             |
| Driver Education            |
| Duplicate Title             |
| Emissions Safety Inspection |
| Fire Damage Incident        |
| Lease                       |
| Lien                        |
| Livery Use                  |
| Government Use              |
| Police Use                  |
| Fleet                       |
| Rental                      |
| Fleet and/or Lease          |
| Fleet and/or Rental         |
| Repossessed                 |
| Taxi use                    |
| Theft                       |

#### **RESULTS FOUND**

- 1 No Abandoned Record Found
- No Damaged Record Found
- 1 No Fire Damage Record Found
- No Grey Market Record Found
- No Hail Damage Record Found
- No Insurance Loss Record Found
- No Junk Record Found
- No Rebuilt Record Found
- No Salvage Record Found

#### **RESULTS FOUND**

- No NHTSA Crash Test Vehicle Record Found ð
- 4 No Frame Damage Record Found
- No Major Damage Incident Record Found 1
- V No Manufacturer Buyback/Lemon Record Found
- J No Odometer Problem Record Found
- J No Recycled Record Found
- No Branded Title Auction Record Found 1
- No Water Damage Record Found

#### **RESULTS FOUND**

- Accident Record Found V No Corrected Title Record Found 1 No Driver Education Record Found V No Duplicate Title Record Found No Emissions Safety Inspection Record Found ✓ V No Fire Damage Incident Record Found No Lease Record Found 1 No Lien Record Found No Livery Use Record Found 1 No Government Use Record Found No Police Use Record Found J No Fleet Record Found No Rental Record Found
  - No Fleet and/or Lease Record Found
  - No Fleet and/or Rental Record Found
  - No Repossessed Record Found
  - No Taxi use Record Found
  - No Theft Record Found

Owner: City Of Saratoga Springs, Unknown Claim: FNU4466001

**CCC provides TRAVELERS information** reported by Experian® regarding the 2017 Ford EXPLORER 4X4 POLICE 6cyl. 3.7I ( 1FM5K8AR9HGC56969 ). This data is provided for informational purposes. Unless otherwise noted in this Market Valuation Report, CCC does not adjust the value of the loss unit based upon this information.

#### **LEGEND:**

No Event Found Event Found

Information Needed

#### **TITLE CHECK**

THIS VEHICLE CHECKS OUT

AutoCheck's result for this loss unit show no significant title events. When found, events often indicate automotive damage or warnings associated with the unit.

#### EVENT CHECK

THIS VEHICLE CHECKS OUT

AutoCheck's result for this loss unit show no historical events that indicate a significant automotive problem. These problems can indicate past previous car damage, theft, or other significant problems.

#### **VEHICLE INFORMATION**

INFORMATION FOUND AutoCheck found additional information on this loss unit. These records will provide more history for this loss unit

#### **ODOMETER CHECK**

THIS VEHICLE CHECKS OUT AutoCheck's result for this loss unit show no indication of odometer rollback or tampering was found. AutoCheck determines odometer rollbacks by searching for records that indicate odometer readings less than a previously reported value. Other odometer events can report events of tampering, or possible odometer breakage.

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# SUPPLEMENTAL INFORMATION

#### FULL HISTORY REPORT RUN DATE: 12/10/2020

Below are the historical events for this vehicle listed in chronological order.

| EVENT<br>DATE | EVENT<br>LOCATION       | ODOMETER<br>READING | DATA<br>SOURCE      | EVENT<br>DETAIL                                  |
|---------------|-------------------------|---------------------|---------------------|--|
| 03/12/2017    |                         |                     | Independent Source  | VEHICLE<br>MANUFACTURED AND<br>SHIPPED TO DEALER |
| 05/15/2017    | SARATOGA<br>SPRINGS, NY | 8                   | Motor Vehicle Dept. | TITLE  |
| 05/25/2018    |                         |                     | Manufacturer        | MANUFACTURER<br>RECALL                           |
| 02/21/2019    |                         |                     | Manufacturer        | MANUFACTURER<br>RECALL                           |
| 11/26/2020    | SARATOGA<br>SPRINGS, NY |                     | Police Report       | ACCIDENT REPORTED                                |
| 11/26/2020    | NY                      |                     | Police Report       | VEHICLE WAS TOWED                                |

#### AUTOCHECK TERMS AND CONDITIONS:

Experian's Reports are compiled from multiple sources. It is not always possible for Experian to obtain complete discrepancy information on all vehicles; therefore, there may be other title brands, odometer readings or discrepancies that apply to a vehicle that are not reflected on that vehicle's Report. Experian searches data from additional sources where possible, but all discrepancies may not be reflected on the Report.

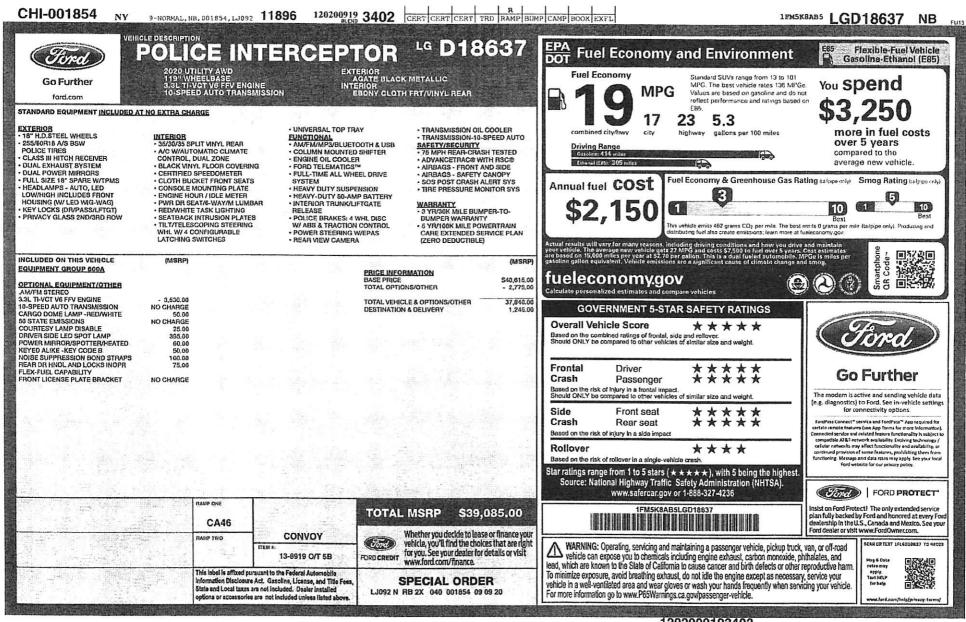
These Reports are based on information supplied to Experian by external sources believed to be reliable, BUT NO RESPONSIBILITY IS ASSUMED BY EXPERIAN OR ITS AGENTS FOR ERRORS, INACCURACIES OR OMISSIONS. THE REPORTS ARE PROVIDED STRICTLY ON AN "AS IS WHERE IS" BASIS, AND EXPERIAN FURTHER EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE REGARDING THIS REPORT.

YOU AGREE TO INDEMNIFY EXPERIAN FOR ANY CLAIMS OR LOSSES, INCLUDING COSTS, EXPENSES AND ATTORNEYS FEES, INCURRED BY EXPERIAN ARISING DIRECTLY OR INDIRECTLY FROM YOUR IMPROPER OR UNAUTHORIZED USE OF AUTOCHECK VEHICLE HISTORY REPORTS.

Experian shall not be liable for any delay or failure to provide an accurate report if and to the extent which such delay or failure is caused by events beyond the reasonable control of Experian, including, without limitation, "acts of God", terrorism, or public enemies, labor disputes, equipment malfunctions, material or component shortages, supplier failures, embargoes, rationing, acts of local, state or national governments, or public agencies, utility or communication failures or delays, fire, earthquakes, flood, epidemics, riots and strikes.

These terms and the relationship between you and Experian shall be governed by the laws of the State of Illinois (USA) without regard to its conflict of law provisions. You and Experian agree to submit to the personal and exclusive jurisdiction of the courts located within the county of Cook, Illinois.

## STOCK



12/15/2020

1202009193402

) INSTOCK SELL # 32,520.94

#### CITY OF SARATOGA SPRINGS BUDGET AMENDMENT REQUEST

| D                                   | EPARTMENT OF | Accoun                    | ts               |
|-------------------------------------|--------------|---------------------------|------------------|
| FOR THE CITY CO                     |              | 12/29/202                 | 20               |
| REVENUE<br>ORG/OBJECT               | AMOUNT       | EXPENDITURE<br>ORG/OBJECT | AMOUNT           |
| A012-40511                          | \$15,002.55  | A3041934-54775            | \$15,002.55      |
|                                     |              |                           |                  |
|                                     |              |                           |                  |
| TOTALS                              | \$15,002.55  |                           | \$15,002.55      |
| Approval Signature: Department Head | 1            | Spele                     | 12/16/20<br>Date |

In accordance with section 4.4.10 of the City Charter and the City's budget amendment policy, all amendments shall be accompanied by written justification, including the financing source. Please provide explanation on this form, or if necessary attach a separate sheet.

#### Explanation - Use additional sheets if necessary

Insurance Reserve Funding 2020 Deductibles for FNU4466. Rivers 12162020

•

|   |  |                                     | a tyler erp solution |
|---|--|-------------------------------------|----------------------|
|   | GA SPRINGS LIVE<br>NTS JOURNAL ENTRY PROOF           |                                     | P 1<br> bgamdent     |
| LN ORG OBJECT PROJ ORG DESCRIPTION<br>ACCOUNT LIN   | ACCOUNT DESCRIPTION<br>NE DESCRIPTION EFF DAT        | PREV BUDGET<br>IE BUDGET CHANGE     |                      |
| YEAR-PER JOURNAL         EFF-DATE         REF 1         REF 2         SRC           2020         12         192         12/29/2020         BUDGET         CCM         122920         BUDGET | C JNL-DESC ENTITY AMEND<br>A AMEND-INS7 1 2          |                                     |                      |
| 1 A012 40511 PROPERTY TAX<br>A -01-2-0000-0-40511 -   | USE OF RESTRICTED FUND BALANCE<br>INS RES DD FNU4466 | -712,177.50 -15,002.5<br>12/29/2020 | -727,180.05          |
| 2 A3041934 54775 MEDICAL AND CASUALTY IN<br>A -30-4-1930-4-54775 -  | NSURANCE<br>INS RES DD FNU4466                       | 57,774.01 15,002.5<br>12/29/2020    | 5 72,776.56          |
|   | ** JOURNAL TOTA                                      | AL 0.00                             |                      |



#### 12/24/2020 11:34 CITY OF SARATOGA SPRINGS LIVE u238 BUDGET AMENDMENT JOURNAL ENTRY PROOF

#### CLERK: u238

#### |P 2 |bgamdent

| YEAR PER JNL<br>SRC ACCOUNT<br>EFF DATE | JNL DESC                            | REF 1  | REF | 2      | REF 3 | ACCOUNT DESC<br>LINE DESC  | т ов   | DEBIT     | CREDIT    |
|---|-------------------------------------|--------|-----|--------|-------|--|--------|-----------|-----------|
| BUA A3041934-54                         | ) AMEND-INS7<br>775<br>) AMEND-INS7 |        |     |        |       | USE OF RESTRICTED FUND BALANCE<br>INS RES DD FNU4466<br>SELF INSURANCE<br>INS RES DD FNU4466 | 5<br>5 | 15,002.55 | 15,002.55 |
| 12/29/2020                              | AFIEND-INS/                         | BODGET | CCM | 122920 |       | INS KES UD FNOTTOO   | -      | .00       | .00       |
| BUA A-2960                              |                                     |        | aav | 100000 |       | APPROPRIATIONS   |        |           | 15,002.55 |
| BUA A-1510                              | ) AMEND-INS7<br>) AMEND-INS7        |        |     |        |       | ESTIMATED REVENUES   |        | 15,002.55 |           |
|   |                                     |        |     |        |       | SYSTEM GENERATED ENTRIES TOTAL   | _      | 15,002.55 | 15,002.55 |
|   |                                     |        |     |        |       | JOURNAL 2020/12/192 TOTAL  | _      | 15,002.55 | 15,002.55 |



P 3 |bgamdent

#### 12/24/2020 11:34 u238 CITY OF SARATOGA SPRINGS LIVE BUDGET AMENDMENT JOURNAL ENTRY PROOF

| FUND<br>ACCOUNT |                                  | YEAR PER | JNL EFF DATE<br>ACCOUNT DESCRIPTION |  |            | DEBIT     | CREDIT    |
|-----------------|----------------------------------|----------|-------------------------------------|--|------------|-----------|-----------|
| A               | GENERAL FUND<br>A-1510<br>A-2960 | 2020 12  | 192                                 | 12/29/2020<br>ESTIMATED REVENUES<br>APPROPRIATIONS |            | 15,002.55 | 15,002.55 |
|                 |                                  |          |                                     |  | FUND TOTAL | 15,002.55 | 15,002.55 |

\*\* END OF REPORT - Generated by Lynn Bachner \*\*

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|  | RATOGA SPRINGS LIVE<br>NDMENTS JOURNAL ENTRY PROOF |                        |                             | P 1<br> bgamdent      |
| LN ORG OBJECT PROJ ORG DESCRIPTION<br>ACCOUNT                                    | ACCOUNT DESCRIPTION<br>LINE DESCRIPTION            | PREV<br>EFF DATE BUDGE |                             | AMENDED<br>BUDGET ERR |
| YEAR-PER JOURNAL EFF-DATE REF 1 REF 2<br>2020 12 194 12/29/2020 BUDGET CCM 12292 | SRC JNL-DESC ENTITY AMEND                          |                        |                             |                       |
| 1 A094 42680 DPS SALE OF PROP &<br>A -09-4-0000-0-42680 -                        | COMP FOR LONSURANCE RECOVERY<br>TRAV REIMB F       |                        | .24 -23,585.23<br>2/29/2020 | -104,470.47           |
| 2 A3041934 54775 MEDICAL AND CASUAL<br>A -30-4-1930-4-54775 -                    | TY INSURANCE<br>TRAV REIMB FI                      |                        | .01 23,585.23<br>2/29/2020  | 81,359.24             |
|  | ** JO.   | URNAL TOTAL            | 0.00                        |                       |



#### 12/24/2020 11:36 CITY OF SARATOGA SPRINGS LIVE u238 BUDGET AMENDMENT JOURNAL ENTRY PROOF

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| YEAR PER JNL<br>SRC ACCOUNT<br>EFF DATE JNL DESC      | REF 1 REF 2       | REF 3 | ACCOUNT DESC<br>LINE DESC                | т ов  | DEBIT     | CREDIT    |
|---|-------------------|-------|--|-------|-----------|-----------|
| 2020 12 194<br>BUA A094-42680<br>12/29/2020 AMEND-INS | BUDGET CCM 122920 |       | INSURANCE RECOVERY<br>TRAV REIMB FNU4466 | 5     |           | 23,585.23 |
| BUA A3041934-54775<br>12/29/2020 AMEND-INS            | BUDGET CCM 122920 |       | SELF INSURANCE<br>TRAV REIMB FNU4466     | с<br> | 23,585.23 |           |
|   |                   |       |  |       | .00       | .00       |
| BUA A-2960<br>12/29/2020 AMEND-INS                    | BUDGET CCM 122920 |       | APPROPRIATIONS                           |       |           | 23,585.23 |
| BUA A-1510<br>12/29/2020 AMEND-INS                    |                   |       | ESTIMATED REVENUES                       |       | 23,585.23 |           |
|   |                   |       | SYSTEM GENERATED ENTRIES 7               | TOTAL | 23,585.23 | 23,585.23 |
|   |                   |       | JOURNAL 2020/12/194                      | TOTAL | 23,585.23 | 23,585.23 |



P 3 |bgamdent

#### 12/24/2020 11:36 u238 CITY OF SARATOGA SPRINGS LIVE BUDGET AMENDMENT JOURNAL ENTRY PROO

| BUDGET | AMENDMENT | JOURNAL | ENTRY | PROOF |
|--------|-----------|---------|-------|-------|
|        |           |         |       |       |
|        |           |         |       |       |

| FUI | ND<br>ACCOUNT                    | YEAR PER | JNL | EFF DATE<br>ACCOUNT DESCRIPTION                    |            | DEBIT     | CREDIT    |
|-----|----------------------------------|----------|-----|--|------------|-----------|-----------|
| A   | GENERAL FUND<br>A-1510<br>A-2960 | 2020 12  | 194 | 12/29/2020<br>ESTIMATED REVENUES<br>APPROPRIATIONS |            | 23,585.23 | 23,585.23 |
|     |                                  |          |     |  | FUND TOTAL | 23,585.23 | 23,585.23 |

\*\* END OF REPORT - Generated by Lynn Bachner \*\*

|   |                                  |                                 |              |                              |                  | a tyler erp       | nis <sup>®</sup><br>solution |
|---|----------------------------------|---------------------------------|--------------|------------------------------|------------------|-------------------|------------------------------|
| 2/24/2020 11:37CITY OF SARATOGA SPRINGS LIVE238BUDGET AMENDMENTS JOURNAL ENTRY PROOF  |                                  |                                 |              |                              |                  |                   |                              |
| LN ORG OBJECT PROJ ORG DESCRI<br>ACCOUNT  | PTION ACCOUNT I<br>LINE DESCRIPT | DESCRIPTION<br>FION             | EFF DATE     | PREV<br>BUDGET               | BUDGET<br>CHANGE | AMENDED<br>BUDGET | ERR                          |
| YEAR-PER JOURNAL EFF-DATE REF 1 R   |                                  | ENTITY AMEND                    |              |                              |                  |                   |                              |
| 2020 12 201 12/29/2020 BUDGET C<br>1 A106 42705 MISCELLANEC<br>A -10-6-0000-0-42705 - | OUS LOCAL SOURCES GIFTS          | S AND DONATIONS                 | CAMP SARADAC | -7,609.00<br>2021 12/29/2020 | -750.00          | -8,359.00         |                              |
| 2 A3567154 54500 SUMMER REC<br>A -35-6-7150-4-54500 -                                 | PROG CS PROG                     | RAMS & BUS TRIPS<br>810 WYG FOR | CAMP SARADAC | 7,521.00<br>2021 12/29/2020  | 750.00           | 8,271.00          |                              |
|   |                                  | ** JC                           | URNAL TOTAL  |                              | 0.00             |                   |                              |



#### 12/24/2020 11:37 CITY OF SARATOGA SPRINGS LIVE u238 BUDGET AMENDMENT JOURNAL ENTRY PROOF

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| YEAR PER JNL<br>SRC ACCOUNT<br>EFF DATE JNL DESC  | REF 1 REF 2      | REF 3 | ACCOUNT DESC<br>LINE DESC   | т ов | DEBIT  | CREDIT |
|---|------------------|-------|---|------|--------|--------|
| 2020 12 201<br>BUA A106-42705<br>12/29/2020 AMEND-REG<br>BUA A3567154-54500<br>12/29/2020 AMEND-REG |                  |       | GIFTS AND DONATIONS<br>810 WYG FOR CAMP SARADAC 2021<br>PROGRAMS & BUS TRIPS<br>810 WYG FOR CAMP SARADAC 2021 | 5    | 750.00 | 750.00 |
|   |                  |       |   |      | .00    | .00    |
| BUA A-2960<br>12/29/2020 AMEND-REG  | DIDCER COM 10000 |       | APPROPRIATIONS  |      |        | 750.00 |
| BUA A-1510<br>12/29/2020 AMEND-REG  |                  |       | ESTIMATED REVENUES  |      | 750.00 |        |
|   |                  |       | SYSTEM GENERATED ENTRIES TOTAL  |      | 750.00 | 750.00 |
|   |                  |       | JOURNAL 2020/12/201 TOTAL   |      | 750.00 | 750.00 |



P 3 |bgamdent

| FUI | ND<br>ACCOUNT                    | YEAR PER | JNL | EFF DATE<br>ACCOUNT DESCRIPTION                    | ī          | DEBIT  | CREDIT |
|-----|----------------------------------|----------|-----|--|------------|--------|--------|
| A   | GENERAL FUND<br>A-1510<br>A-2960 | 2020 12  | 201 | 12/29/2020<br>ESTIMATED REVENUES<br>APPROPRIATIONS |            | 750.00 | 750.00 |
|     |                                  |          |     |  | FUND TOTAL | 750.00 | 750.00 |

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|---|----------------------|------------------------------------|-------------------------------|--------------------------|---------------------------|------------------|-----------------------|
| 12/28/2020 14:25<br>u238                            |                      | OGA SPRINGS LIV<br>ENTS JOURNAL EN |                               |                          |                           |                  | P 1<br>bgamdent       |
| LN ORG OBJECT PROJ ORG<br>ACCOUNT                   | G DESCRIPTION        | ACCOUNT DESC                       |                               | EFF DATE                 | PREV<br>BUDGET            | BUDGET<br>CHANGE | AMENDED<br>BUDGET ERR |
| YEAR-PER JOURNAL EFF-DATE R                         | REF 1 REF 2 SP       | RC JNL-DESC E                      | ENTITY AMEND                  |                          |                           |                  |                       |
| 2020 12 289 12/29/2020 E                            | BUDGET CCM 122920 BU | JA TRANS-CAP                       | 1 1                           |                          |                           |                  |                       |
| 1 H3638121 58030 1276 PER<br>H -36-3-8120-1-58030 - |                      | CITY POF                           | RTION SOCIAL S<br>COVER COSTS | SECURITY<br>THRU YEAR EN | 508.84<br>D 12/29/202     |                  | 620.43                |
| 2 H3638122 52000 1276 SEW<br>H -36-3-8120-2-52000 - |                      | CAPITAL                            | PROJECT OUTLA<br>COVER COSTS  | AY<br>THRU YEAR EN       | 240,932.24<br>D 12/29/202 |                  | 240,820.65 B          |
| 3 H3638141 58030 1271 STO<br>H -36-3-8140-1-58030 - |                      | TURE PSCITY POF                    |                               | SECURITY<br>THRU YEAR EN | .00<br>D 12/29/202        |                  | 95.22                 |
| 4 H3638142 52000 1271 SOU<br>H -36-3-8140-2-52000 - |                      | GE IMP <b>ROA</b> PITAL            |                               |                          | 273,685.09<br>D 12/29/202 |                  | 273,589.87 B          |
|   |                      |                                    | ** JC                         | URNAL TOTAL              |                           | 0.00             |                       |



|P 2 |bgamdent

#### 12/28/2020 14:25 CITY OF SARATOGA SPRINGS LIVE u238 BUDGET AMENDMENT JOURNAL ENTRY PROOF

#### CLERK: u238

| YEAR PER JNL<br>SRC ACCOUNT<br>EFF DATE JNL DESC | REF 1 REF 2       | REF 3 | ACCOUNT DESC<br>LINE DESC    | т ов | DEBIT  | CREDIT |
|--|-------------------|-------|------------------------------|------|--------|--------|
| 2020 12 289                                      |                   |       |                              |      |        |        |
| BUA H3638121-58030-1276                          |                   |       | CITY PORTION SOCIAL SECURITY | 5    | 111.59 |        |
| 12/29/2020 TRANS-CAP                             | BUDGET CCM 122920 |       | COVER COSTS THRU YEAR END    |      |        |        |
| BUA H3638122-52000-1276                          |                   |       | CAPITAL PROJECT OUTLAY       | 5    |        | 111.59 |
| 12/29/2020 TRANS-CAP                             | BUDGET CCM 122920 |       | COVER COSTS THRU YEAR END    |      |        |        |
| BUA H3638141-58030-1271                          |                   |       | CITY PORTION SOCIAL SECURITY | 5    | 95.22  |        |
| 12/29/2020 TRANS-CAP                             | BUDGET CCM 122920 |       | COVER COSTS THRU YEAR END    |      |        |        |
| BUA H3638142-52000-1271                          |                   |       | CAPITAL PROJECT OUTLAY       | 5    |        | 95.22  |
| 12/29/2020 TRANS-CAP                             | BUDGET CCM 122920 |       | COVER COSTS THRU YEAR END    |      |        |        |
|  |                   |       | JOURNAL 2020/12/289 TOTAL    |      | .00    | .00    |

|                          |   | 000   | a tyler erp solution |
|--------------------------|---|-------|----------------------|
| 12/28/2020 14:25<br>u238 | CITY OF SARATOGA SPRINGS LIVE<br>BUDGET AMENDMENT JOURNAL ENTRY PROOF |       | P 3<br>bgamdent      |
| FUND<br>ACCOUNT          | YEAR PER JNL EFF DATE<br>ACCOUNT DESCRIPTION                          | DEBIT | CREDIT               |
|                          | FUND TOTAL  | .00   | .00                  |
|                          | ** END OF REPORT - Generated by Lynn Bachner **                       |       |                      |

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|--|--------------------------------|------------|------------------------------------|--------------|-----------------------|------------------|-------------------|------------|
| 12/28/2020 11:07<br>u238                         | CITY OF SARAT<br>BUDGET AMENDA |            | GS LIVE<br>NAL ENTRY PROOF         |              |                       |                  | P<br>bga          | 1<br>mdent |
| LN ORG OBJECT PROJ OF<br>ACCOUNT                 | RG DESCRIPTION                 | ACCOUN     | T DESCRIPTION<br>IPTION            | EFF DATE     | PREV<br>BUDGET        | BUDGET<br>CHANGE | AMENDED<br>BUDGET | ERR        |
|  |                                | SRC JNL-DE |                                    |              |                       |                  |                   |            |
|  | BUDGET CCM 122920 E            |            |                                    |              |                       | 0.0              |                   |            |
| 1 V3719717 57998 1200 DE<br>V -37-1-9710-7-57998 |                                | 20         | 14 BOND INTEREST<br>COVER THRU Y   | YEAR-END     | 6,223.57<br>12/29/20  |                  | 6,223.66          |            |
| 2 V3719717 57996 DE<br>V -37-1-9710-7-57996      | EBT SERVICE<br>-               | 12         | IWOODLAWN AVE PARK<br>COVER THRU Y |              | 59,214.18<br>12/29/20 | 09               | 59,214.09         |            |
| 3 P3426426 56330 SA<br>P -34-2-6420-6-56330      | AD DEBT SERVICE PRIN           | CIPAL PA   | RKING DECK<br>COVER THRU Y         | YEAR-END     | 15,425.00<br>12/29/20 |                  | 17,305.00         |            |
| 4 P3426424 54930 SA<br>P -34-2-6420-4-54930      | AD CONT SERV                   | SI         | PECIAL PROJECTS<br>COVER THRU Y    | YEAR-END     | 45,358.00<br>12/29/20 |                  | 43,478.00         |            |
|  |                                |            | )L **                              | OURNAL TOTAL |                       | 0.00             |                   |            |



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#### 12/28/2020 11:07 CITY OF SARATOGA SPRINGS LIVE u238 BUDGET AMENDMENT JOURNAL ENTRY PROOF

#### CLERK: u238

| YEAR PER JNL<br>SRC ACCOUNT<br>EFF DATE JNL DESC REF 1 REF 2 REF 3 | ACCOUNT DESC<br>LINE DESC   | т ов | DEBIT    | CREDIT   |
|--|-----------------------------|------|----------|----------|
| 2020 12 287  |                             |      |          |          |
| BUA V3719717-57998-1200  | 2014 BOND INTEREST          | 5    | .09      |          |
| 12/29/2020 TRANS-DSER BUDGET CCM 122920                            | COVER THRU YEAR-END         |      |          |          |
| BUA V3719717-57996   | 12IWOODLAWN AVE PARKING DEC | КС5  |          | .09      |
| 12/29/2020 TRANS-DSER BUDGET CCM 122920                            | COVER THRU YEAR-END         |      |          |          |
| BUA P3426426-56330   | PARKING DECK                | 5    | 1,880.00 |          |
| 12/29/2020 TRANS-DSER BUDGET CCM 122920                            | COVER THRU YEAR-END         |      |          |          |
| BUA P3426424-54930   | SPECIAL PROJECTS            | 5    |          | 1,880.00 |
| 12/29/2020 TRANS-DSER BUDGET CCM 122920                            | COVER THRU YEAR-END         |      |          |          |
|  | JOURNAL 2020/12/287 TOT     | AL   | .00      | .00      |

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| 12/28/2020 11:07<br>u238 | CITY OF SARATOGA SPRINGS LIVE<br>BUDGET AMENDMENT JOURNAL ENTRY PROOF |       | P 3<br>bgamdent      |
| FUND<br>ACCOUNT          | YEAR PER JNL EFF DATE<br>ACCOUNT DESCRIPTION                          | DEBIT | CREDIT               |
|                          | FUND TOTAL  | .00   | .00                  |
|                          | ** END OF REPORT - Generated by Lynn Bachner **                       |       |                      |

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| 12/28/2020 13:12<br>u238                            | CITY OF SARATOGA SPRINGS LIVE<br>BUDGET AMENDMENTS JOURNAL ENTRY PRO | OOF                                |                         |                  | P<br>bgai         | 1<br>mdent                   |
| LN ORG OBJECT PROJ ORG DES<br>ACCOUNT               | CRIPTION ACCOUNT DESCRIPTION<br>LINE DESCRIPTION                     | I<br>EFF DATE                      | PREV<br>BUDGET          | BUDGET<br>CHANGE | AMENDED<br>BUDGET | ERR                          |
| YEAR-PER JOURNAL EFF-DATE REF 1                     | REF 2 SRC JNL-DESC ENTITY A  | AMEND                              |                         |                  |                   |                              |
| 2020 12 297 12/29/2020 BUDGE                        | T CCM 122920 BUA TRANS-INS 1   | 1                                  |                         |                  |                   |                              |
| 1 A3051414 54573 COMM OF<br>A -30-5-1410-4-54573 -  |  |                                    | 19,675.41<br>12/29/202  |                  | 133,926.54        |                              |
| 2 A3031934 54775 MEDICAL<br>A -30-3-1930-4-54775 -  | AND CASUALTY INSURANCE   | R&S EXPENSES                       | 26,478.78<br>12/29/202  |                  | 112,227.65        |                              |
| 3 A3031914 54773 LIABILIT<br>A -30-3-1910-4-54773 - |  | RANCE 3<br>COSTS THRU YEAR-END     | 841,819.85<br>12/29/202 |                  | 343,092.27        |                              |
| 4 A3051414 54573 COMM OF<br>A -30-5-1410-4-54573 -  |  | DGRAMMING 1<br>COSTS THRU YEAR-END | 19,675.41<br>12/29/202  |                  | 118,402.99        |                              |
|   |  | ** JOURNAL TOTAL                   |                         | 0.00             |                   |                              |



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#### 12/28/202013:12CITY OF SARATOGA SPRINGS LIVEu238BUDGET AMENDMENT JOURNAL ENTRY PROOF

#### CLERK: u238

#### JNL YEAR PER SRC ACCOUNT ACCOUNT DESC т ов DEBIT CREDIT JNL DESC REF 1 REF 2 REF 3 EFF DATE LINE DESC 2020 12 297 BUA A3051414-54573 5 14,251.13 RISK-SAFETY PROGRAMMING 12/29/2020 TRANS-INS BUDGET CCM 122920 COVER R&S EXPENSES SELF INSURANCE 5 BUA A3031934-54775 14,251.13 12/29/2020 TRANS-INS BUDGET CCM 122920 COVER R&S EXPENSES 5 BUA A3031914-54773 LIABILITY INSURANCE 1,272.42 COVER COSTS THRU YEAR-END 12/29/2020 TRANS-INS BUDGET CCM 122920 5 BUA A3051414-54573 RISK-SAFETY PROGRAMMING 1,272.42 12/29/2020 TRANS-INS BUDGET CCM 122920 COVER COSTS THRU YEAR-END JOURNAL 2020/12/297 TOTAL .00 .00

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| 12/28/2020 13:12<br>u238 | CITY OF SARATOGA SPRINGS LIVE<br>BUDGET AMENDMENT JOURNAL ENTRY PROOF |       | P 3<br>bgamdent      |
| FUND<br>ACCOUNT          | YEAR PER JNL EFF DATE<br>ACCOUNT DESCRIPTION                          | DEBIT | CREDIT               |
|                          | FUND TOTAL  | .00   | .00                  |
|                          | ** END OF REPORT - Generated by Lynn Bachner **                       |       |                      |

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|------------------------------|------------------------|-------------------------|--------------------------------------|-------------------------------|-----------------------------|-------------------------|--------------------|-------------------|------------|
| 12/28/2020 13:18<br>u238     |                        |                         | ATOGA SPRINGS LI<br>DMENTS JOURNAL E |                               |                             |                         |                    | P<br>bga          | 1<br>mdent |
| LN ORG OBJ<br>ACCOUNT        | ECT PROJ OR            | RG DESCRIPTION          | ACCOUNT DES<br>LINE DESCRIPTIO       |                               | EFF DATE                    | PREV<br>BUDGET          | BUDGET<br>CHANGE   | AMENDED<br>BUDGET | ERR        |
| YEAR-PER JOURNAL             | EFF-DATE               | REF 1 REF 2             | SRC JNL-DESC                         | ENTITY AMEND                  |                             |                         |                    |                   |            |
| 2020 12 207                  | 12/29/2020             | BUDGET CCM 122920       | BUA TRANS-REG                        | 1 1                           |                             |                         |                    |                   |            |
| 1 A3051414 545<br>A -30-5-1  | 573 CON<br>410-4-54573 | MM OF ACCOUNTS CS       | RISK-SA                              |                               | ING<br>ERA-77TH STATU       |                         | 9,503.93<br>2020   | 129,179.34        |            |
|                              | 75 MEI<br>930-4-54775  | DICAL AND CASUALTY      | INSURANCEELF IN                      |                               | ERA-77TH STATU              |                         | -9,503.93<br>2020  | 48,270.08         |            |
|                              | .12 CON<br>410-4-54112 | MM OF ACCOUNTS CS<br>-  | TAXI LI                              | CENSING SUPPL<br>TO COVER TAX | IES<br>KI LIC SUPPLII       | .00<br>ES 12/29,        |                    | 210.00            |            |
|                              | -10 CON<br>410-4-54110 | MM OF ACCOUNTS CS<br>-  | OFFICE                               | SUPPLIES<br>TO COVER TAX      | KI LIC SUPPLI               | 30,552.17<br>ES 12/29,  |                    | 30,342.17         |            |
|                              | .10 MAX<br>210-4-54110 | YOR CONTRACTED SEP<br>- | RVICES OFFICE                        | SUPPLIES<br>SMARTSHETE 1      | LICENSE CONSO               |                         |                    | 9,150.50          |            |
| 6 A3113514 547<br>A -31-1-3  | 720 CN<br>510-4-54720  | TY ANIMAL SHELTER<br>-  | CONTR SERSERVICE                     | CONTRACTS - 1<br>SMARTSHETE 1 | PROF SERV<br>LICENSE CONSOI | 6,500.00<br>LID 12/29,  | -4,340.00<br>/2020 | 2,160.00          |            |
| 7 A3041934 547<br>A -30-4-1  | 75 MEI<br>930-4-54775  | DICAL AND CASUALTY      | INSURANCEELF IN                      |                               | CAR REPLACEM                | 57,774.01<br>ENT 12/29, |                    | 64,156.77         |            |
| 8 A3143124 545<br>A -31-4-3  | 570 POI<br>120-4-54570 | LICE DEPARTMENT CS      | G TRAININ                            |                               | CAR REPLACEM                |                         | -6,382.76<br>/2020 | 26,117.24         |            |
|                              | 510 CI<br>160-4-54610  | TY CENTER AUTHORIT      | TY CS REPAIRS                        | & MAINTENANC<br>COVER THROUG  |                             | 100,609.03<br>12/29,    | 4,000.00<br>/2020  | 104,609.03        |            |
|                              | 720 CII<br>160-4-54720 | TY CENTER AUTHORIT      | TY CS SERVICE                        | CONTRACTS - COVER THROUG      |                             | 129,000.00<br>12/29,    | 2,000.00<br>/2020  | 131,000.00        |            |
|                              | 202 CI<br>160-4-54202  | TY CENTER AUTHORIT      | TY CS CLIENT                         | EXPENSES<br>COVER THROUG      | GH YR-END                   | 11,500.00<br>12/29,     | -6,000.00<br>/2020 | 5,500.00          |            |
|                              | .20 CI<br>440-4-54120  | TY ENGINEER'S OFFI<br>- | CE CS POSTAGE                        | COVER THROUG                  | GH YR-END                   | 176.15<br>12/29,        | 27.15              | 203.30            |            |
| 13 A3031444 547<br>A -30-3-1 | 725 CI<br>440-4-54725  | TY ENGINEER'S OFFI<br>- | CE CS SERVICE                        | CONTRACTS EN<br>COVER THROU   |                             | 89,026.48<br>12/29,     |                    | 88,999.33         |            |
| 14 A3021314 547<br>A -30-2-1 | 720 CON<br>310-4-54720 | MM FINANCE CONTRAC      | TED SERVICE                          | CONTRACTS - COVER THROUG      |                             | 76,740.37<br>12/29,     | 1,090.00<br>2020   | 77,830.37         |            |
| 15 A3021694 547<br>A -30-2-1 | 720 DAT<br>681-4-54720 | TA PRCESSING NETWO      | ORK CS SERVICE                       | CONTRACTS - COVER THROUG      |                             | 166,155.58<br>12/29,    | -1,090.00<br>/2020 | 165,065.58        | В          |

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|   |  |                           | terror                        | a tyler erp solution |
|---|--|---------------------------|-------------------------------|----------------------|
|   | RATOGA SPRINGS LIVE<br>NDMENTS JOURNAL ENTRY PROOF |                           |                               | P 2<br>bgamdent      |
| LN ORG OBJECT PROJ ORG DESCRIPTION<br>ACCOUNT                   | ACCOUNT DESCRIPTION<br>LINE DESCRIPTION            | PF<br>EFF DATE BUI        | REV BUDGET<br>DGET CHANGE     | AMENDED<br>BUDGET    |
| YEAR-PER JOURNAL EFF-DATE REF 1 REF 2                           | SRC JNL-DESC ENTITY AMEND                          |                           |                               |                      |
| 2020 12 207 12/29/2020 BUDGET CCM 12292                         | 0 BUA TRANS-REG 1 1                                |                           |                               |                      |
| 16 A3567344 54781 SOCCER CS<br>A -35-6-7340-4-54781 -           | SUPERVISION<br>TO CORRECT A                        | –1,9<br>A 121520 TRANSFER |                               | -560.00              |
| 17 A3567174 54170 INDOOR RECREATION A -35-6-7171-4-54170 -      |  | 3,2<br>A 121520 TRANSFER  |                               | 1,800.00             |
| 18 A3567344 54170 SOCCER CS<br>A -35-6-7340-4-54170 -           | SPORTS SUPPLIES<br>TO CORRECT 2                    | 4,1<br>A 121520 TRANSFER  | 94.00 2,500.00 12/29/2020     | 6,694.00             |
| 19 A3567324 54170 BOYS BASKETBALL CS<br>A -35-6-7320-4-54170 -  | SPORTS SUPPLIES                                    |                           | 43.00 1,850.00                |                      |
| 20 A3567344 54781 SOCCER CS<br>A -35-6-7340-4-54781 -           | SUPERVISION<br>TO CORRECT 2                        | -1,9<br>A 121520 TRANSFER | 60.00 1,000.00<br>12/29/2020  | -960.00              |
| 21 A3567342 52500 SOCCER EQ<br>A -35-6-7340-2-52500 -           | SPORTS EQUIPMENT<br>TO CORRECT 2                   | 6,0<br>A 121520 TRANSFER  |                               | 3,500.00             |
| 22 A3567194 54170 ICE RINKS CS<br>A -35-6-7181-4-54170 -        | SPORTS SUPPLIES<br>TO CORRECT A                    | 8,5<br>A 121520 TRANSFER  | 17.00 -2,850.00<br>12/29/2020 | 5,667.00             |
| 23 A3113624 54110 BUILDING DEPARTMENT<br>A -31-1-3620-4-54110 - | I CONTRACT <b>EDF</b> FICE SUPPLIES<br>COVER COSTS | 3,0<br>THRU YEAR END      |                               | 3,700.00             |
| 24 A3113624 54250 BUILDING DEPARTMENT<br>A -31-1-3620-4-54250 - |  | ION 3,2<br>THRU YEAR END  |                               | 2,578.33             |
|   | )T **  | OURNAL TOTAL              | 0.00                          |                      |



P 3 bgamdent

#### 12/28/2020 13:18 u238 CITY OF SARATOGA SPRINGS LIVE BUDGET AMENDMENT JOURNAL ENTRY PROOF

#### CLERK: u238

| YEAR PER JNL<br>SRC ACCOUNT                |        |       |        |       | ACCOUNT DESC   | т ов | DEBIT    | CREDIT   |
|--|--------|-------|--------|-------|--|------|----------|----------|
| EFF DATE JNL DESC                          | REF 1  | REF   | 2      | REF 3 | LINE DESC  | I OB | DEBII    | CREDIT   |
| 2020 12 207                                |        |       |        |       |  |      |          |          |
| BUA A3051414-54573                         |        |       |        |       | RISK-SAFETY PROGRAMMING                                      | 5    | 9,503.93 |          |
| 12/29/2020 TRANS-REG                       | BUDGET | CCM   | 122920 |       | NEW SEC CAMERA-77TH STATUE CP                                |      | - ,      |          |
| BUA A3041934-54775                         |        |       |        |       | SELF INSURANCE   | 5    |          | 9,503.93 |
| 12/29/2020 TRANS-REG                       | BUDGET | CCM   | 122920 |       | NEW SEC CAMERA-77TH STATUE CP                                |      |          |          |
| BUA A3051414-54112                         |        |       |        |       | TAXI LICENSING SUPPLIES                                      | 5    | 210.00   |          |
| 12/29/2020 TRANS-REG                       | BUDGET | CCM   | 122920 |       | TO COVER TAXI LIC SUPPLIES                                   | _    |          |          |
| BUA A3051414-54110                         | DUDADE |       | 100000 |       | OFFICE SUPPLIES  | 5    |          | 210.00   |
| 12/29/2020 TRANS-REG                       | BUDGET | CCM   | 122920 |       | TO COVER TAXI LIC SUPPLIES                                   | -    | 1 240 00 |          |
| BUA A3011214-54110                         |        | aaw   | 10000  |       | OFFICE SUPPLIES  | 5    | 4,340.00 |          |
| 12/29/2020 TRANS-REG<br>BUA A3113514-54720 | BUDGET | CCM   | 122920 |       | SMARTSHETE LICENSE CONSOLID<br>SERVICE CONTRACTS - PROF SERV | 5    |          | 4,340.00 |
| 12/29/2020 TRANS-REG                       | BUDGET | CCM   | 122920 |       | SMARTSHETE LICENSE CONSOLID                                  | 5    |          | 4,340.00 |
| BUA A3041934-54775                         | BODGET | CCM   | 122920 |       | SELF INSURANCE   | 5    | 6,382.76 |          |
| 12/29/2020 TRANS-REG                       | BUDGET | CCM   | 122920 |       | FOR PATROLL CAR REPLACEMENT                                  | 5    | 0,002.,0 |          |
| BUA A3143124-54570                         | 202021 | 00    | 100/00 |       | TRAINING   | 5    |          | 6,382.76 |
| 12/29/2020 TRANS-REG                       | BUDGET | CCM   | 122920 |       | FOR PATROLL CAR REPLACEMENT                                  | -    |          | -,       |
| BUA E3577164-54610                         |        |       |        |       | REPAIRS & MAINTENANCE BUILDING                               | 5    | 4,000.00 |          |
| 12/29/2020 TRANS-REG                       | BUDGET | CCM   | 122920 |       | COVER THROUGH YR-END   |      |          |          |
| BUA E3577164-54720                         |        |       |        |       | SERVICE CONTRACTS - PROF SERV                                | 5    | 2,000.00 |          |
| 12/29/2020 TRANS-REG                       | BUDGET | CCM   | 122920 |       | COVER THROUGH YR-END   |      |          |          |
| BUA E3577164-54202                         |        |       |        |       | CLIENT EXPENSES  | 5    |          | 6,000.00 |
| 12/29/2020 TRANS-REG                       | BUDGET | CCM   | 122920 |       | COVER THROUGH YR-END   | -    |          |          |
| BUA A3031444-54120                         | DUDODD | aav   | 100000 |       | POSTAGE  | 5    | 27.15    |          |
| 12/29/2020 TRANS-REG                       | BUDGET | CCM   | 122920 |       | COVER THROUGH YR-END   | F    |          |          |
| BUA A3031444-54725<br>12/29/2020 TRANS-REG | BUDGET | CCM   | 122020 |       | SERVICE CONTRACTS ENGINEERING<br>COVER THROUGH YR-END        | 5    |          | 27.15    |
| BUA A3021314-54720                         | BODGEI | CCM   | 122920 |       | SERVICE CONTRACTS - PROF SERV                                | 5    | 1,090.00 |          |
| 12/29/2020 TRANS-REG                       | BUDGET | CCM   | 122920 |       | COVER THROUGH YR-END   | 5    | 1,000.00 |          |
| BUA A3021694-54720                         | DODGET | CON   | 122220 |       | SERVICE CONTRACTS - PROF SERV                                | 5    |          | 1,090.00 |
| 12/29/2020 TRANS-REG                       | BUDGET | CCM   | 122920 |       | COVER THROUGH YR-END   | -    |          | _,       |
| BUA A3567344-54781                         |        |       |        |       | SUPERVISION  | 5    | 1,400.00 |          |
| 12/29/2020 TRANS-REG                       | BUDGET | CCM   | 122920 |       | TO CORRECT A 121520 TRANSFER                                 |      |          |          |
| BUA A3567174-54170                         |        |       |        |       | SPORTS SUPPLIES  | 5    |          | 1,400.00 |
| 12/29/2020 TRANS-REG                       | BUDGET | CCM   | 122920 |       | TO CORRECT A 121520 TRANSFER                                 | _    |          |          |
| BUA A3567344-54170                         |        | ~ ~   | 100000 |       | SPORTS SUPPLIES  | 5    | 2,500.00 |          |
| 12/29/2020 TRANS-REG                       | BUDGET | CCM   | 122920 |       | TO CORRECT A 121520 TRANSFER                                 | F    | 1 050 00 |          |
| BUA A3567324-54170                         |        | aaw   | 10000  |       | SPORTS SUPPLIES  | 5    | 1,850.00 |          |
| 12/29/2020 TRANS-REG<br>BUA A3567344-54781 | BUDGET | CCM   | 122920 |       | TO CORRECT A 121520 TRANSFER<br>SUPERVISION                  | 5    | 1,000.00 |          |
| 12/29/2020 TRANS-REG                       | BUDGET | CCM   | 122920 |       | TO CORRECT A 121520 TRANSFER                                 | 5    | 1,000.00 |          |
| BUA A3567342-52500                         | BODGEI | CCM   | 122920 |       | SPORTS EQUIPMENT   | 5    |          | 2,500.00 |
| 12/29/2020 TRANS-REG                       | BUDGET | CCM   | 122920 |       | TO CORRECT A 121520 TRANSFER                                 | 5    |          | 2,500.00 |
| BUA A3567194-54170                         | 202021 | 0.011 |        |       | SPORTS SUPPLIES  | 5    |          | 2,850.00 |
| 12/29/2020 TRANS-REG                       | BUDGET | CCM   | 122920 |       | TO CORRECT A 121520 TRANSFER                                 |      |          | ,        |
| BUA A3113624-54110                         |        |       |        |       | OFFICE SUPPLIES  | 5    | 700.00   |          |
| 12/29/2020 TRANS-REG                       | BUDGET | CCM   | 122920 |       | COVER COSTS THRU YEAR END                                    |      |          |          |
| BUA A3113624-54250                         |        |       |        |       | CONFERENCE REGISTRATION                                      | 5    |          | 700.00   |
|  |        |       |        |       |  |      |          |          |



### 12/28/2020 13:18 CITY OF SARATOGA SPRINGS LIVE u238 BUDGET AMENDMENT JOURNAL ENTRY PROOF

### P 4 bgamdent

| YEAR PER JNL<br>SRC ACCOUNT<br>EFF DATE JNL DESC RE | EF 1 REF 2 REF 3 | ACCOUNT DESC<br>LINE DESC | т ов | DEBIT | CREDIT |
|---|------------------|---------------------------|------|-------|--------|
| 12/29/2020 TRANS-REG BU                             | JDGET CCM 122920 | COVER COSTS THRU YEAR END |      |       |        |
|   |                  | JOURNAL 2020/12/207 TOTAL |      | .00   | .00    |

|                          |   | 000   | a tyler erp solution |
|--------------------------|---|-------|----------------------|
| 12/28/2020 13:18<br>u238 | CITY OF SARATOGA SPRINGS LIVE<br>BUDGET AMENDMENT JOURNAL ENTRY PROOF |       | P 5<br>bgamdent      |
| FUND<br>ACCOUNT          | YEAR PER JNL EFF DATE<br>ACCOUNT DESCRIPTION                          | DEBIT | CREDIT               |
|                          | FUND TOTAL  | .00   | .00                  |
|                          | ** END OF REPORT - Generated by Lynn Bachner **                       |       |                      |

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| 12/22/2020 10:11<br>u101 | CITY OF SARA<br>PURCHASE ORD |                     | LIVE<br>DN/RECEIVING R | EPORT               |                     |           | P<br>aj                      | 1<br>pinvent |
|--------------------------|------------------------------|---------------------|------------------------|---------------------|---------------------|-----------|------------------------------|--------------|
| CLERK: u101 BA           |                              | QUANTITY<br>ORDERED | PREVIOUS<br>RECVD/CANC | CURRENT<br>RECEIVED | REMAINING<br>PO QTY | STA<br>CD | DESCRIPTION                  |              |
| 200017 001 TVC AL        | BANY, INC.                   | 1.00                | 0.00                   | 1.00                | 0.00                | 0         | CLOUD VIRTUAL MACHINE BACKUP | CCA 11       |

a tyler erp solution

| 12/22/2020 10:11  CITY OF SARATOGA SP<br>u101  20MWDEC3  | RINGS LIVE                                    |   |   | P<br> api  | 2<br>.nvent                          |
|--|---|---|---|--|--------------------------------------|
| CLERK: ul01 BATCH: 3290  | NEW INVOIC                                    | ES  |   |  |                                      |
| VENDOR REMIT NAME DOCUMENT<br>INVOICE  | PO VOUCHER WARRANT                            | NET AMOUNT EXCEEI   | DS PO BY PO   | BALANCE CHK/WIRE                                     | ERR                                  |
| APPROVED UNPAID INVOICES TO BE POSTED  |   |   |   |  |                                      |
| 50 00001 A T & T 181397<br>1173485544  | 182687 20MWDEC3                               | 29.62   | .00   | .00  |                                      |
| APPROVED UNPAID INVOICES TO BE POSTED<br>50 00001 A T & T 181397<br>1173485544<br>CASH A 2020/12 INV 12/21/2020<br>ACCT 1200 DEPT 2000 DUE 12/23/2020<br>P.O. BOX 5094 CAROL STREAM IL 60197-509 | SEP-CHK: N DISC: .00<br>DESC:10008102104<br>4 | A302169<br>A303144<br>A314341<br>A356714<br>A303165<br>A305141<br>A302169 | 34       54670         14       54670         14       54670         14       54671         54       54670         14       54671         54       54671         54       54671 | $\begin{array}{cccccccccccccccccccccccccccccccccccc$ | 099:<br>099:<br>099:<br>099:<br>099: |
| 7199 00001 CONSTELLATION EN 181398<br>181398   |   |   |   | .00  |                                      |
| CASH A2020/12INV 12/21/2020ACCT 1200DEPT 3000DUE 12/23/2020PO BOX 4640CAROL STREAM IL 60197-4640   | SEP-CHK: N DISC: .00<br>DESC:98088-16103      | A303162   | 24 54650  | 5,451.39 1   | 099:                                 |
| 6575 00003 DIRECT ENERGY BU 181399<br>181399   | 182689 20MWDEC3                               | 1,434.88  | .00   | .00  |                                      |
| CASH A 2020/12 INV 12/21/2020<br>ACCT 1200 DEPT 3000 DUE 12/23/2020<br>P.O. BOX 32179 NEW YORK NY 10087-2179   | SEP-CHK: N DISC: .00<br>DESC:90191-33020      | A356719   | 4 54650 3000  | 1,434.88 1   | 099:                                 |
| 6575 00000 DIRECT ENERGY BU 181400<br>2033700440   | 182690 20MWDEC3                               | 2,248.30  | .00   | .00  |                                      |
| CASH A 2020/12 INV 12/21/2020<br>ACCT 1200 DEPT 7000 DUE 12/23/2020<br>P.O. BOX 70220 PHILADELPHIA PA 19176-02   | SEP-CHK: Y DISC: .00<br>DESC:1277000<br>20    | E357716   | 54 54650  | 2,248.30 1   | 099:                                 |
| 6575 00003 DIRECT ENERGY BU 181401<br>181401   | 182691 20MWDEC3                               | 102.94  | .00   | .00  |                                      |
| CASH A 2020/12 INV 12/21/2020<br>ACCT 1200 DEPT 3000 DUE 12/23/2020<br>P.O. BOX 32179 NEW YORK NY 10087-2179   | SEP-CHK: N DISC: .00<br>DESC:61102-13106      | F363833   | 34 54650  | 102.94 1   | 099:                                 |
| 319 00001 NATIONAL GRID 181402<br>181402   | 182692 20MWDEC3                               | 142.48  | .00   | .00  |                                      |
| CASH A 2020/12 INV 12/21/2020<br>ACCT 1200 DEPT 3000 DUE 12/23/2020<br>P.O. BOX 4706 SYRACUSE NY 13221-4706  | SEP-CHK: N DISC: .00<br>DESC:11620-77000      | A333518   | 34 54750  | 142.48 1   | 099:                                 |

P 3 apinvent

12/22/2020 10:11 CITY OF SARATOGA SPRINGS LIVE 20MWDEC3

| CLERK: u101 BATCH: 3290  |                             | NEW INVOICES       |            |                |                         |
|--|-----------------------------|--------------------|------------|----------------|-------------------------|
| VENDOR REMIT NAME  | DOCUMENT<br>INVOICE PO      | VOUCHER WARRANT    | NET AMOUNT | EXCEEDS PO BY  | PO BALANCE CHK/WIRE ERR |
| 8385 00000 PRIMELINK, INC.   | 181403<br>12/10/2020        | 182693 20MWDEC3    | 282.99     | .00            | .00                     |
| ACCT 1200 DEPT 7000 DUE<br>PO BOX 783 CHAMPLAIN NY 1293                      | 12/23/2020 DESC:10305<br>19 | 5-2                |            |                | 282.99 1099:            |
| 223 00001 RICOH USA, INC   | 181404<br>5060903220        | 182694 20MWDEC3    | 13.14      | .00            | .00                     |
| CASH A 2020/12 INV<br>ACCT 1200 DEPT 4000 DUE<br>P O BOX 827577 PHILADELPHIA | 12/23/2020 DESC:46598       | N DISC: .00<br>357 |            | A3143014 54740 | 13.14 1099:             |
| 223 00001 RICOH USA, INC   | 181405<br>5060903769        | 182695 20MWDEC3    | 22.04      | .00            | .00                     |
| CASH A 2020/12 INV<br>ACCT 1200 DEPT 4000 DUE<br>P O BOX 827577 PHILADELPHIA | 12/23/2020 DESC:46811       | N DISC: .00<br>158 |            | A3143124 54740 | 22.04 1099:             |
| 223 00001 RICOH USA, INC   | 181406<br>5060961073        | 182696 20MWDEC3    | 65.32      | .00            | .00                     |
| CASH A 2020/12 INV<br>ACCT 1200 DEPT 4000 DUE<br>P O BOX 827577 PHILADELPHIA | 12/23/2020 DESC:46598       | N DISC: .00<br>357 |            | A3143124 54110 | 65.32 1099:             |
| 223 00001 RICOH USA, INC   | 181407<br>5060903273        | 182697 20MWDEC3    | 70.93      | .00            | .00                     |
| CASH A 2020/12 INV<br>ACCT 1200 DEPT 4000 DUE<br>P O BOX 827577 PHILADELPHIA | 12/23/2020 DESC:46599       | N DISC: .00<br>909 |            | A3143124 54720 | 70.93 1099:             |
| 223 00001 RICOH USA, INC   | 181408<br>5060873678        | 182698 20MWDEC3    | 174.81     | .00            | .00                     |
| CASH A 2020/12 INV<br>ACCT 1200 DEPT 4000 DUE<br>P O BOX 827577 PHILADELPHIA | 12/23/2020 DESC:46598       | N DISC: .00<br>357 |            | A3143124 54720 | 174.81 1099:            |
| 223 00001 RICOH USA, INC   | 181409<br>5060903637        | 182699 20MWDEC3    | 237.21     | .00            | .00                     |
| CASH A 2020/12 INV<br>ACCT 1200 DEPT 4000 DUE<br>P O BOX 827577 PHILADELPHIA | 12/23/2020 DESC:46811       | N DISC: .00<br>158 |            | A3143124 54720 | 237.21 1099:            |

12/22/2020 10:11 CITY OF SARATOGA SPRINGS LIVE 20MWDEC3

| CLERK: u101 BATCH: 3290   | DOGIMENT   | NEW INVOICES                 |            |                |                     |       |
|---|--|------------------------------|------------|----------------|---------------------|-------|
| VENDOR REMIT NAME   | DOCUMENT<br>INVOICE PO                                       | VOUCHER WARRANT              | NET AMOUNT | EXCEEDS PO BY  | PO BALANCE CHK/WIRI | E ERR |
| 364 00001 SARATOGA COUNTY   | 181410<br>181410   | 182700 20MWDEC3              | 60.00      | .00            | .00                 |       |
| CASH A 2020/12 INV<br>ACCT 1200 DEPT 5000 DUE<br>40 MCMASTERS STREET BALLSTON | 12/21/2020 SEP-CHK: N<br>12/23/2020 DESC:COMM                | N DISC: .00<br>. OF DEEDS    |            | A3051414 54110 | 60.00               | 1099: |
|   | 90454780111  | 182701 20MWDEC3              |            |                | .00                 |       |
| CASH A 2020/12 INV<br>ACCT 1200 DEPT 6000 DUE<br>PO BOX 4617 CAROL STREAM IL  | 12/21/2020 SEP-CHK: M<br>12/23/2020 DESC:202-9<br>60197-4617 | N DISC: .00<br>904547801-001 |            | A3567194 54720 | 500.00              | 1099: |
| 7001 00001 TIME WARNER CABL   | 181412<br>013887001120120                                    | 182702 20MWDEC3              | 99.99      | .00            | .00                 |       |
| CASH A 2020/12 INV<br>ACCT 1200 DEPT 4000 DUE<br>PO BOX 223085 PITTSBURGH PA  | 12/23/2020 DESC:01387  | N DISC: .00<br>787001        |            | A3143314 54740 | 99.99               | 1099: |
| 1699 00003 TIME WARNER CABI   | 181413<br>487086104120120                                    | 182703 20MWDEC3              | 244.24     | .00            | .00                 |       |
| CASH A 2020/12 INV<br>ACCT 1200 DEPT 7000 DUE<br>PO BOX 4617 CAROL STREAM IL  | 12/23/2020 DEDC-202 -  | Y DISC: .00<br>487086104-001 |            | E3577164 54670 | 244.24              | 1099: |
| 1699 00004 TIME WARNER CABL   | 181414<br>0209462011120120                                   | 182704 20MWDEC3              | 304.84     | .00            | .00                 |       |
| CASH A 2020/12 INV<br>ACCT 1200 DEPT 2000 DUE<br>PO BOX 223085 PITTSBURGH PA  | 12/23/2020 DESC:02094  | N DISC: .00<br>46201         |            | A3021694 54740 | 304.84              | 1099: |
| 7350 00000 TVC ALBANY, INC.   | 181416 200017<br>8255947                                     | 7 182706 20MWDEC3            | 1,305.00   | .00            | .00                 |       |
|   | 12/23/2020 DESC:37216  | N DISC: .00<br>6             |            | A3021694 54740 | 1,305.00            | 1099: |
| 1927 00001 VERIZON  | 181417<br>181417   | 182707 20MWDEC3              | 28.08      | .00            | .00                 |       |
| CASH A 2020/12 INV<br>ACCT 1200 DEPT 4000 DUE<br>P O BOX 15124 ALBANY NY 1221 | 12/23/2020 DESC:85175  | N DISC: .00<br>50523000172   |            | A3143314 54751 | 28.08               | 1099: |

|P 4 |apinvent 12/22/2020 10:11 CITY OF SARATOGA SPRINGS LIVE 20MWDEC3

| CLERK: u101 BATCH: 3290<br>DOCUMENT   | NEW INVOICES                                 |  |                            |
|---|--|--|----------------------------|
| VENDOR REMIT NAME INVOICE   | PO VOUCHER WARRANT                           | NET AMOUNT EXCEEDS PO BY   | PO BALANCE CHK/WIRE ERR    |
| 1927 00001 VERIZON 181418<br>181418   | 182708 20MWDEC3                              | 47.85 .00  | .00                        |
| CASH A 2020/12 INV 12/21/2020<br>ACCT 1200 DEPT 2000 DUE 12/23/2020<br>P O BOX 15124 ALBANY NY 12212-5124 | SEP-CHK: N DISC: .00<br>DESC:251750520000163 | A3021694 54670   | 47.85 1099:                |
| 1927 00001 VERIZON 181419<br>181419   | 182709 20MWDEC3                              | 97.88 .00  | .00                        |
| CASH A 2020/12 INV 12/21/2020<br>ACCT 1200 DEPT 4000 DUE 12/23/2020<br>P O BOX 15124 ALBANY NY 12212-5124 | SEP-CHK: N DISC: .00<br>DESC:651747380000123 | A3143414 54670   | 97.88 1099:                |
| 1927 00001 VERIZON 181420<br>181420   | 182710 20MWDEC3                              | 165.74 .00   | .00                        |
| CASH A 2020/12 INV 12/21/2020<br>ACCT 1200 DEPT 3000 DUE 12/23/2020<br>P O BOX 15124 ALBANY NY 12212-5124 | SEP-CHK: N DISC: .00<br>DESC:DPW             | F3638334 54670<br>A3031654 54670   | 82.25 1099:<br>83.49 1099: |
| 1927 00001 VERIZON 181421<br>181421   | 182711 20MWDEC3                              | 620.08 .00   | .00                        |
| CASH A 2020/12 INV 12/21/2020<br>ACCT 1200 DEPT 3000 DUE 12/23/2020<br>P O BOX 15124 ALBANY NY 12212-5124 |  | A3567174 54670<br>A3537114 54670<br>F3638334 54670<br>F3638334 54670<br>A3638184 54670<br>A3335654 54670<br>A3031654 54670 | 39.69 1099:                |
| 1831 00001 VERIZON WIRELESS 181422<br>9867735653  | 182712 20MWDEC3                              | 1,137.76 .00   | .00                        |
| CASH A2020/12INV 12/21/2020ACCT 1200DEPT 4000DUE 12/23/2020P O BOX 408NEWARK NJ 07101-0408                | SEP-CHK: N DISC: .00<br>DESC:842249443-00001 | A3143124 54670   | 1,137.76 1099:             |
| 1831 00001 VERIZON WIRELESS 181423<br>9865559898  | 182713 20MWDEC3                              | 79.90 .00  | .00                        |
| CASH A2020/12INV 12/21/2020ACCT 1200DEPT 2000DUE 12/23/2020P O BOX 408NEWARK NJ 07101-0408                | SEP-CHK: N DISC: .00<br>DESC:442028324-00001 | A3021694 54670   | 79.90 1099:                |

P 5 apinvent

a tyler erp solution

| 12/22/2020 10:11  CITY OF SARAT<br>u101  20MWDEC3   | IOGA SPRINGS LIVE   |                  |                |            |  | F<br>  a   | o 6<br>pinvent   |
|---|---|------------------|----------------|------------|--|--|--|
| CLERK: u101 BATCH: 3290   |   |                  | NEW INVOICES   |            |  |  |  |
| DOCU<br>VENDOR REMIT NAME INVO  | UMENT<br>DICE PO  | VOUCHER          | WARRANT        | NET AMOUNT | EXCEEDS PO BY  | PO BALANCE CHK/WIR   | E ERR  |
|   |   |                  |                |            |  |  |  |
| 1831 00001 VERIZON WIRELESS 1814<br>1814  | 424   |                  |                |            | .00  | .00  |  |
| CASH A 2020/12 INV 12/21<br>ACCT 1200 DEPT 1000 DUE 12/23<br>P O BOX 408 NEWARK NJ 07101-0408   | 1/2020 SEP-CHK: N<br>3/2020 DESC:842037                     | DIS<br>7333-0000 | C: .00<br>2    |            | A3011474 54671<br>A3011474 54671<br>A3011474 54671<br>A3011474 54671<br>A3011474 54671<br>A3011214 54670<br>A3011214 54670<br>A3011214 54670<br>A3011214 54670<br>A3011214 54670   | 94.89<br>94.89<br>98.50<br>116.89<br>121.28<br>30.99<br>30.99<br>29.19<br>34.99<br>44.32   | 1099:<br>1099:<br>1099:<br>1099:<br>1099:<br>1099:<br>1099:<br>1099:<br>1099:<br>1099:   |
| 1831 00001 VERIZON WIRELESS 1814  | 425   | 182715           | 20MWDEC3       | 878.68     | .00  | .00  |  |
| CASH A 2020/12 INV 12/21<br>ACCT 1200 DEPT 3000 DUE 12/23<br>P O BOX 408 NEWARK NJ 07101-0408   | 1/2020 SEP-CHK: N<br>3/2020 DESC:642000                     | DIS<br>0522-0000 | C: .00<br>1    |            | F3638344       54670         F3638344       54670         F3638344       54670         A3537114       54670         A3638194       54670         A3567174       54670         A3031654       54670         A3031494       54670         A3031444       54670         A3335014       54670 | $\begin{array}{c} 38.01\\ 31.47\\ 31.47\\ 31.47\\ 16.96\\ 0 & 31.47\\ 31.47\\ 31.47\\ 31.47\\ 31.47\\ 16.96\\ 31.47$ | 1099:<br>1099:<br>1099:<br>1099:<br>1099:<br>1099:<br>1099:<br>1099:<br>1099:<br>1099:<br>1099:<br>1099:<br>1099:<br>1099:<br>1099:<br>1099: |
| 16 00001 SARATOGA COUNTY 1814<br>1814   | 430   | 182720           | 20MWDEC3       | 989,585.75 | .00  | .00  |  |
| CASH A 2020/12 INV 12/21<br>ACCT 1200 DEPT 2000 DUE 12/23<br>40 MCMASTER STREET BLDG #1 BALLSTO | 1/2020 SEP-CHK: Y<br>3/2020 DESC:4TH QI<br>ON SPA NY 12020  | DIS<br>TR 2020 S | C: .00<br>EWER |            | G3638134 54731   | 989,585.75   | 1099:  |
| 2743 00000 WEST AVENUE SAD 1814<br>1814   |   | 182721           | 20MWDEC3       | 12,750.76  | .00  | .00  |  |
| CASH A 2020/12 INV 12/23<br>ACCT 1200 DEPT 2000 DUE 12/23<br>C/O FINANCE DEPARTMENT SARATOGA S  | 1/2020 SEP-CHK: Y<br>3/2020 DESC:4th qt<br>SPRINGS NY 12866 | DIS<br>2020      | C: .00         |            | A 2630   | 12,750.76  | 1099:  |

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12/22/2020 10:11 CITY OF SARATOGA SPRINGS LIVE 20MWDEC3

| CLERK: u101 BATCH: 3290    | DOGUMENT  |                     | NEW INVOICE        | S            |               |                     |       |
|----------------------------|---|---------------------|--------------------|--------------|---------------|---------------------|-------|
|                            | DOCUMENT<br>INVOICE PO  | VOUCHER             | WARRANT            | NET AMOUNT   | EXCEEDS PO BY | PO BALANCE CHK/WIRE | ERR   |
|                            | 181432<br>181432  | 182722              | 20MWDEC3           | 3,154,537.38 | .00           | .00                 |       |
|                            |   | Y DIS<br>QTR 2020 T | SC: .00<br>TAX PMT |              | A 2670        | 3,154,537.38        | 1099: |
| 739 00000 SPECIAL ASSESSME | 181434<br>181434  | 182724              | 20MWDEC3           | 31,024.77    | .00           | .00                 |       |
|                            | 2/21/2020 SEP-CHK:<br>2/23/2020 DESC:4TH<br>LL SARATOGA SPRINGS | QTR 2020            | SC: .00            |              | A 2630        | 31,024.77           | 1099: |
| 32 APPROVED UNPAID IN      | NVOICES   | TOTAL               |                    | 4,204,441.68 |               |                     |       |
| 32 INVOICE(S)              | R   | EPORT POST          | TOTAL              | 4,204,441.68 |               |                     |       |

| 12/22/2020 10:11<br>u101  | CITY OF SARATOGA SPRINGS LIV<br>20MWDEC3             | E  |   | P 8<br>apinvent   |
|---|--|--|---|---|
| CLERK: u101   | BATCH: 3290  | ACCOUNT DISTRIBUTION SUMMARY   |   |   |
| YR/PER ORG  | ACCOUNT  | DESCRIPTION  | AMOUNT  | REMAINING<br>BUDGET   |
| 2020 12 A<br>A<br>A3011214<br>A3011474<br>A3021694<br>A3021694<br>A3031494<br>A3031494<br>A3031624<br>A3031644<br>A3051414<br>A3143014<br>A3143014<br>A3143124<br>A3143124<br>A3143124<br>A3143124<br>A3143124<br>A3143124<br>A3143124<br>A3143124<br>A3143124<br>A3143124<br>A3143124<br>A3143124<br>A3143124<br>A3143124<br>A3143124<br>A3143124<br>A3143124<br>A3143124<br>A3143124<br>A3143124<br>A3143124<br>A3143124<br>A3567174<br>A3567174<br>A3567194<br>A3567194<br>A3567194<br>A3567194<br>A3567194<br>A35638134<br>F3638344<br>F3638344<br>F3638344<br>F3638344<br>F3638344<br>F3638344 | $\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$ | DUE TO OTHER FU<br>DUE TO COUNTY<br>PHONES<br>PHONES & FAX<br>PHONES<br>SERVICE CONTRAC<br>PHONES<br>UTILITIES<br>PHONES<br>UTILITIES<br>PHONES<br>OFFICE SUPPLIES<br>PHONES & FAX<br>SERVICE CONTRAC<br>OFFICE SUPPLIES<br>PHONES<br>SERVICE CONTRAC<br>SERVICE CONTRAC<br>SERVICE CONTRAC<br>SERVICE CONTRAC<br>UTILITIES TRAFF<br>PHONES<br>PHONES<br>PHONES<br>STREET LIGHTING<br>PHONES<br>PHONES<br>SERVICE CONTRAC<br>PHONES<br>SERVICE CONTRAC<br>PHONES<br>SERVICE CONTRAC<br>PHONES<br>UTILITIES<br>SERVICE CONTRAC<br>PHONES<br>UTILITIES<br>PHONES<br>UTILITIES<br>PHONES<br>UTILITIES<br>PHONES<br>UTILITIES<br>PHONES<br>UTILITIES<br>PHONES<br>UTILITIES<br>PHONES<br>UTILITIES<br>PHONES<br>UTILITIES<br>PHONES<br>UTILITIES<br>PHONES<br>UTILITIES<br>PHONES<br>UTILITIES<br>PHONES<br>UTILITIES<br>PHONES<br>UTILITIES<br>PHONES<br>UTILITIES<br>PHONES<br>UTILITIES<br>PHONES<br>UTILITIES<br>PHONES<br>UTILITIES<br>PHONES | $\begin{array}{c} 43,775.53\\ 3,154,537.38\\ 170.48\\ 526.45\\ 136.84\\ 209.58\\ 31.47\\ 5,451.39\\ 162.32\\ 60.00\\ 3.80\\ 13.14\\ 65.32\\ 1,137.76\\ 482.95\\ 22.04\\ 99.99\\ 28.08\\ 103.07\\ 429.11\\ 142.48\\ 148.53\\ 71.16\\ 3.94\\ 191.16\\ 1,434.88\\ 500.00\\ 34.77\\ 16.96\\ 2,248.30\\ 527.23\\ 102.94\\ 276.09\\ 100.95\\ 989,585.75\end{array}$ | BAL .00<br>BAL .00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00 |

REPORT TOTALS

4,204,441.68



### 12/22/2020 10:11 u101

0 10:11 CITY OF SARATOGA SPRINGS LIVE 20MWDEC3

CLERK: u101

| YEAR PER JNL<br>SRC ACCOUNT<br>EFF DATE JNL DESC REF 1 REF 2 | REF 3  | I THE BEAG  | T OB DEE | SIT CREDIT |
|--|--------|---|----------|------------|
| 2020 12 252  |        | PHONES<br>10008102104<br>PHONES<br>10008102104<br>PHONES<br>10008102104<br>PHONES<br>10008102104<br>PHONES<br>10008102104<br>PHONES<br>10008102104<br>PHONES<br>10008102104<br>UTILITIES<br>98088-16103<br>UTILITIES<br>90191-33020<br>UTILITIES<br>1277000<br>UTILITIES<br>61102-13106<br>STREET LIGHTING<br>11620-77000<br>PHONES<br>10305-2<br>SERVICE CONTRACTS - EQUIPMENT<br>4659857<br>SERVICE CONTRACTS - EQUIPMENT |          |            |
| ADT A3021694-54670   |        | PHONES  | 5.       | 30         |
| 12/23/2020 W 20MWDEC3 000050                                 | 181397 | 10008102104   |          |            |
| API A3031444-54670<br>12/23/2020 W 20MWDEC3 000050           | 101207 | PHONES  | 3.       | 80         |
|  |        | DHONES  | 5        | 19         |
| 12/23/2020 W 20MWDEC3 000050                                 | 181397 | 10008102104   | 5.       | 19         |
| ADT A3567144-54671   |        | PHONES & FAX  | 3.       | 94         |
| 12/23/2020 W 20MWDEC3 000050                                 | 181397 | 10008102104   | 2        |            |
| API A3031654-54670<br>12/23/2020 W 20MWDEC3 000050           | 101207 | PHONES  | 3.       | 80         |
|  |        | PHONES & FAX  | 3.       | 80         |
| 12/23/2020 W 20MWDEC3 000050                                 | 181397 | 10008102104   |          |            |
|  |        | PHONES  | 3.       | 79         |
| API A3021694-54670<br>12/23/2020 W 20MWDEC3 000050           | 181397 | 10008102104   |          | 20         |
| API A3031624-54650<br>12/23/2020 W 20MWDEC3 007199           | 181398 | 98088-16103   | 5,451.   | 39         |
|  |        | UTILITIES   | 1,434.   | 88         |
| 12/23/2020 W 20MWDEC3 006575                                 | 181399 | 90191-33020   | ,        |            |
|  |        | UTILITIES   | 2,248.   | 30         |
| 12/23/2020 W 20MWDEC3 006575<br>API F3638334-54650           | 181400 |   | 102.     | 0.1        |
| 12/23/2020 W 20MWDEC3 006575                                 | 181401 | 61102-13106   | 102.     | 54         |
|  |        | STREET LIGHTING   | 142.     | 48         |
| API A3335184-54750<br>12/23/2020 W 20MWDEC3 000319           | 181402 | 11620-77000   |          |            |
| API E3577164-54670<br>12/23/2020 W 20MWDEC3 008385           |        | PHONES  | 282.     | 99         |
|  |        |   | 13.      | 11         |
| 12/23/2020 W 20MWDEC3 000223<br>API A3143124-54740           | 181404 | 4659857   | 13.      | 7.7        |
| API A3143124-54740   | 202101 | SERVICE CONTRACTS - EQUIPMENT   | 22.      | 04         |
| 12/23/2020 W 20MWDEC3 000223                                 | 181405 | 4681158   |          |            |
| API A3143124-54110<br>12/23/2020 W 20MWDEC3 000223           | 101406 | 4659857<br>SERVICE CONTRACTS - EQUIPMENT<br>4681158<br>OFFICE SUPPLIES<br>4659857   | 65.      | 32         |
|  |        | 4659857<br>SERVICE CONTRACTS - PROF SERV  | 70.      | 03         |
| 12/23/2020 W 20MWDEC3 000223                                 | 181407 | 4659909   |          | 25         |
| ADT A3143124-54720   |        | SERVICE CONTRACTS - PROF SERV   | 174.     | 81         |
| 12/23/2020 W 20MWDEC3 000223                                 | 181408 | 4659857   | 0.2.5    | 21         |
| API A3143124-54720<br>12/23/2020 W 20MWDEC3 000223           | 101400 | SERVICE CONTRACTS - PROF SERV   | 237.     | 21         |
| API A3051414-54110   | 101409 | OFFICE SUPPLIES   | 60.      | 0.0        |
| API A3051414-54110<br>12/23/2020 W 20MWDEC3 000364           | 181410 | COMM. OF DEEDS  |          |            |
|  |        | SERVICE CONTRACTS - PROF SERV   | 500.     | 00         |
| API A356/194-54/20<br>12/23/2020 W 20MWDEC3 005997           |        | SERVICE CONTRACTS - PROF SERV<br>4681158<br>OFFICE SUPPLIES<br>COMM. OF DEEDS<br>SERVICE CONTRACTS - PROF SERV<br>202-904547801-001<br>SERVICE CONTRACTS - EQUIPMENT<br>0138787001<br>DUONES  |          | 0.0        |
| API A3143314-54740<br>12/23/2020 W 20MWDEC3 007001           | 181412 | SERVICE CONTRACTS - EQUIPMENT<br>0138787001   | 99.      | 22         |
|  |        | PHONES  | 244.     | 24         |
| 12/23/2020 W 20MWDEC3 001699                                 | 181413 | 202-487086104-001   |          |            |
| API A3021694-54740   |        | SERVICE CONTRACTS - EQUIPMENT   | 304.     | 84         |
|  |        |   |          |            |

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P 10 apinvent

### 12/22/2020 10:11 CITY OF SARATOGA SPRINGS LIVE ul01 20MWDEC3

| YEAR PER JNL                                |        |        |        | ACCOUNT DECC                               | т ов |          | CREDIT   |
|---|--------|--------|--------|--|------|----------|----------|
| SRC ACCOUNT<br>EFF DATE JNL DESC            | REF 1  | REF 2  | REF 3  | ACCOUNT DESC<br>LINE DESC                  | I UB | DEBIT    | CREDIT   |
| 12/23/2020 W 20MWDEC3<br>API A3021694-54740 |        |        | 181414 | 020946201<br>SERVICE CONTRACTS - EQUIPMENT |      | 1,305.00 |          |
| 12/23/2020 W 20MWDEC3<br>POL A3021694-54740 | 007350 | 200017 | 181416 | 37216<br>SERVICE CONTRACTS - EOUIPMENT     | 4    |          | 1,305.00 |
| 12/23/2020 LIQ/INV<br>API A3143314-54751    | 007350 | 200017 | 181416 | 37216 20<br>UTILITIES TRAFFIC LIGHTS       | 20   | 28.08    |          |
| 12/23/2020 W 20MWDEC3                       | 001927 |        | 181417 | 851750523000172                            |      | 47.85    |          |
| API A3021694-54670<br>12/23/2020 W 20MWDEC3 | 001927 |        | 181418 | PHONES<br>251750520000163                  |      |          |          |
| API A3143414-54670<br>12/23/2020 W 20MWDEC3 | 001927 |        | 181419 | PHONES<br>651747380000123                  |      | 97.88    |          |
| API F3638334-54670<br>12/23/2020 W 20MWDEC3 | 001927 |        | 181420 | PHONES<br>DPW                              |      | 82.25    |          |
| API A3031654-54670<br>12/23/2020 W 20MWDEC3 |        |        | 181420 | PHONES<br>DPW                              |      | 83.49    |          |
| API A3567174-54670-3000                     |        |        |        | PHONES                                     |      | 159.69   |          |
| 12/23/2020 W 20MWDEC3<br>API A3537114-54670 |        |        | 181421 | DPW<br>PHONES                              |      | 39.69    |          |
| 12/23/2020 W 20MWDEC3<br>API F3638334-54670 |        |        | 181421 | DPW<br>PHONES                              |      | 83.72    |          |
| 12/23/2020 W 20MWDEC3<br>API F3638334-54670 | 001927 |        | 181421 | DPW<br>PHONES                              |      | 110.12   |          |
| 12/23/2020 W 20MWDEC3<br>API A3638184-54670 | 001927 |        | 181421 | DPW<br>PHONES                              | Y    | 34.77    |          |
| 12/23/2020 W 20MWDEC3<br>API A3335654-54670 | 001927 |        | 181421 | DPW<br>PHONES                              | Ŧ    | 148.53   |          |
| 12/23/2020 W 20MWDEC3                       | 001927 |        | 181421 | DPW  |      |          |          |
| API A3031654-54670<br>12/23/2020 W 20MWDEC3 | 001927 |        | 181421 | PHONES<br>DPW                              |      | 43.56    |          |
| API A3143124-54670<br>12/23/2020 W 20MWDEC3 | 001831 |        | 181422 | PHONES<br>842249443-00001                  |      | 1,137.76 |          |
| API A3021694-54670<br>12/23/2020 W 20MWDEC3 |        |        |        | PHONES<br>442028324-00001                  |      | 79.90    |          |
| API A3011474-54671                          |        |        |        | PHONES & FAX                               |      | 94.89    |          |
| 12/23/2020 W 20MWDEC3<br>API A3011474-54671 |        |        |        | 842037333-00002<br>PHONES & FAX            |      | 94.89    |          |
| 12/23/2020 W 20MWDEC3<br>API A3011474-54671 |        |        |        | 842037333-00002<br>PHONES & FAX            |      | 98.50    |          |
| 12/23/2020 W 20MWDEC3<br>API A3011474-54671 | 001831 |        | 181424 | 842037333-00002<br>PHONES & FAX            |      | 116.89   |          |
| 12/23/2020 W 20MWDEC3<br>API A3011474-54671 | 001831 |        | 181424 | 842037333-00002<br>PHONES & FAX            |      | 121.28   |          |
| 12/23/2020 W 20MWDEC3                       | 001831 |        | 181424 | 842037333-00002                            |      |          |          |
| API A3011214-54670<br>12/23/2020 W 20MWDEC3 | 001831 |        | 181424 | PHONES<br>842037333-00002                  |      | 30.99    |          |
| API A3011214-54670<br>12/23/2020 W 20MWDEC3 | 001831 |        | 181424 | PHONES<br>842037333-00002                  |      | 30.99    |          |
| API A3011214-54670<br>12/23/2020 W 20MWDEC3 | 001831 |        | 181424 | PHONES<br>842037333-00002                  |      | 29.19    |          |
|   |        |        |        |  |      |          |          |

# 12/22/2020 10:11 CITY OF SARATOGA SPRINGS LIVE 20MWDEC3

| YEAR PER JNL<br>SRC ACCOUNT                             |        | ACCOUNT DESC                               | I OB DEBIT   | CREDIT |
|---|--------|--|--------------|--------|
| EFF DATE JNL DESC REF 1 REF 2                           | REF 3  | LINE DESC                                  | I OB DEBII   | CREDIT |
| API A3011214-54670                                      |        | PHONES                                     | 34.99        |        |
| 12/23/2020 W 20MWDEC3 001831<br>API A3011214-54670      | 181424 | 842037333-00002<br>PHONES                  | 44.32        |        |
| 12/23/2020 W 20MWDEC3 001831<br>API F3638344-54670      | 181424 | 842037333-00002<br>PHONES                  | 38.01        |        |
| 12/23/2020 W 20MWDEC3 001831                            | 181425 | 642000522-00001                            |              |        |
| API F3638344-54670<br>12/23/2020 W 20MWDEC3 001831      | 181425 | PHONES<br>642000522-00001                  | 31.47        |        |
| API F3638344-54670<br>12/23/2020 W 20MWDEC3 001831      | 181425 | PHONES<br>642000522-00001                  | 31.47        |        |
| API A3537114-54670                                      |        | PHONES                                     | 31.47        |        |
| 12/23/2020 W 20MWDEC3 001831<br>API A3638194-54670      | 181425 | 642000522-00001<br>PHONES                  | 16.96        |        |
| 12/23/2020 W 20MWDEC3 001831<br>API A3567174-54670-3000 | 181425 | 642000522-00001<br>PHONES                  | 31.47        |        |
| 12/23/2020 W 20MWDEC3 001831<br>API A3031654-54670      | 181425 | 642000522-00001<br>PHONES                  | 31.47        |        |
| 12/23/2020 W 20MWDEC3 001831                            | 181425 | 642000522-00001                            |              |        |
| API A3031494-54670<br>12/23/2020 W 20MWDEC3 001831      | 181425 | PHONES<br>642000522-00001                  | 31.47        |        |
| API A3031444-54670<br>12/23/2020 W 20MWDEC3 001831      | 181425 | PHONES<br>642000522-00001                  | 31.47        |        |
| API A3031444-54670<br>12/23/2020 W 20MWDEC3 001831      | 181425 | PHONES<br>642000522-00001                  | 16.96        |        |
| API A3031444-54670                                      |        | PHONES                                     | 31.47        |        |
| 12/23/2020 W 20MWDEC3 001831<br>API A3031444-54670      | 181425 | 642000522-00001<br>PHONES                  | 31.47        |        |
| 12/23/2020 W 20MWDEC3 001831<br>API A3031444-54670      | 181425 | 642000522-00001<br>PHONES                  | 31.47        |        |
| 12/23/2020 W 20MWDEC3 001831<br>API A3031444-54670      | 181425 | 642000522-00001                            | 31.47        |        |
| 12/23/2020 W 20MWDEC3 001831                            | 181425 | PHONES<br>642000522-00001                  |              |        |
| API A3031444-54670<br>12/23/2020 W 20MWDEC3 001831      | 181425 | PHONES<br>642000522-00001                  | 31.47        |        |
| API A3335014-54670<br>12/23/2020 W 20MWDEC3 001831      | 181425 | PHONES<br>642000522-00001                  | 429.11       |        |
| API G3638134-54731<br>12/23/2020 W 20MWDEC3 000016      | 181430 | CURRENT CHARGES                            | 989,585.75   |        |
| API A-2630  |        | 4TH QTR 2020 SEWER<br>DUE TO OTHER FUNDS   | 12,750.76    |        |
| 12/23/2020 W 20MWDEC3 002743<br>API A-2670              | 181431 | 4th qtr 2020<br>DUE TO COUNTY              | 3,154,537.38 |        |
| 12/23/2020 W 20MWDEC3 000016<br>API A-2630              | 181432 | 4TH QTR 2020 TAX PMT<br>DUE TO OTHER FUNDS | 31,024.77    |        |
| 12/23/2020 W 20MWDEC3 000739                            | 181434 | 4TH QTR 2020                               | 51,021.77    |        |
|   |        | GENERAL LEDGER TOTAL                       | 4,204,441.68 | .00    |

API A-2600

### ACCOUNTS PAYABLE

3,211,600.42

P 11 apinvent

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| 12/22/2020 10:11 | CITY OF SARATOGA SPRINGS LIVE |
|------------------|-------------------------------|
| u101             | 20MWDEC3                      |

| P     | 12  |
|-------|-----|
| apinv | ent |

| YEAR PER JNL<br>SRC ACCOUNT<br>EFF DATE JNL DESC REF 1 REF 2 REF 3   | ACCOUNT DESC T OB<br>LINE DESC T OB  | DEBIT              | CREDIT                 |
|--|--------------------------------------|--------------------|------------------------|
| 12/23/2020 W 20MWDEC3 B 3290<br>API E-2600<br>12/23/2020 W 20MWDEC3 B 3290<br>API F-2600<br>12/23/2020 W 20MWDEC3 B 3290 | ACCOUNTS PAYABLE<br>ACCOUNTS PAYABLE |                    | 2,775.53<br>479.98     |
| API G-2600<br>12/23/2020 W 20MWDEC3 B 3290<br>POL A-1521   | ACCOUNTS PAYABLE<br>ENCUMBRANCES     |                    | 989,585.75<br>1,305.00 |
| 12/23/2020 W 20MWDEC3 B 3290<br>POL A-2963<br>12/23/2020 W 20MWDEC3 B 3290   | BUDGETARY FUND BALANCE RES ENC       | 1,305.00           |                        |
|  | SYSTEM GENERATED ENTRIES TOTAL       | 1,305.00           | 4,205,746.68           |
| 2020 12 252<br>API A-1522<br>12/23/2020 W 20MWDEC3 B 3290  | EXPENDITURES                         | 13,287.51          | -,                     |
| API E-1522<br>12/23/2020 W 20MWDEC3 B 3290<br>API F-1522   | EXPENDITURES<br>EXPENDITURES         | 2,775.53<br>479.98 |                        |
| 12/23/2020 W 20MWDEC3 B 3290<br>API G-1522   | EXPENDITURES                         | 989,585.75         |                        |

12/23/2020 W 20MWDEC3 B 3290



12/22/2020 10:11 CITY OF SARATOGA SPRINGS LIVE 20MWDEC3

| FUI | ID<br>ACCOUNT  | YEAR PER | JNL | EFF DATE<br>ACCOUNT DESCRIPTIO  | N          | DEBIT  | CREDIT                   |
|-----|--|----------|-----|---|------------|--|--------------------------|
| A   | GENERAL FUND<br>A-1521<br>A-1522<br>A-2600<br>A-2630<br>A-2670<br>A-2963 | 2020 12  | 252 | 12/23/2020<br>ENCUMBRANCES<br>EXPENDITURES<br>ACCOUNTS PAYABLE<br>DUE TO OTHER FUNDS<br>DUE TO COUNTY<br>BUDGETARY FUND BAL |            | 13,287.51<br>43,775.53<br>3,154,537.38<br>1,305.00 | 1,305.00<br>3,211,600.42 |
|     |  |          |     |   | FUND TOTAL | 3,212,905.42                                       | 3,212,905.42             |
| E   | CITY CENTER AUTHORITY<br>E-1522<br>E-2600                                | 2020 12  | 252 | 12/23/2020<br>EXPENDITURES<br>ACCOUNTS PAYABLE  |            | 2,775.53   | 2,775.53                 |
|     |  |          |     |   | FUND TOTAL | 2,775.53   | 2,775.53                 |
| F   | WATER FUND<br>F-1522<br>F-2600   | 2020 12  | 252 | 12/23/2020<br>EXPENDITURES<br>ACCOUNTS PAYABLE  |            | 479.98   | 479.98                   |
|     |  |          |     |   | FUND TOTAL | 479.98   | 479.98                   |
| G   | SEWER FUND<br>G-1522<br>G-2600   | 2020 12  | 252 | 12/23/2020<br>EXPENDITURES<br>ACCOUNTS PAYABLE  |            | 989,585.75   | 989,585.75               |
|     |  |          |     |   | FUND TOTAL | 989,585.75   | 989,585.75               |

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

P 13 apinvent



December 8, 2020 John Hirliman Saratoga Springs Recreation Department 15 Vanderbilt Avenue Saratoga Springs, NY 12866

Dear John,

On behalf of everyone here at WGY, our listeners, and Curtis Lumber, we are pleased to inform you that your organization has been awarded a 2019/2020 Christmas Wish Grant in the amount of \$750. Christmas Wish has been a long-standing tradition at WGY that provides grants to organizations that support needy children in the Capital Region.

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Thank you for all of your work/helping kids.

Best wishes to you in this holiday season!

Sincerely,

Kristen Delaney

Kristen Delaney President iHeartMedia – Albany, NY



## Agreement Addendum Four Between City of Saratoga Springs, NY and GAR Associates LLC Original Contract, November 20, 2012

This Agreement Addendum No. 4, between **GAR Associates LLC** with offices at 5500 Main Street Suite 347, Williamsville, New York 14221 ("Consultant") and **the City of Saratoga Springs ("City")**, **474 Broadway, Saratoga Springs, NY 12866** entered into between the above referenced parties on the effective date of November 20, 2012 is hereby added to the original Agreement dated September 7, 2012. The original Agreement had a total Contract sum of Twenty Thousand Dollars (\$20,000). Addendum No 1 added a Contract sum of Fifty Thousand Dollars (\$50,000), Addendum No 2 has an additional Contract Sum of Twenty Thousand Dollars (\$20,000), Addendum No 3 has an additional Contract Sum of Twenty Thousand Dollars (\$20,000), Addendum No 4 has an additional Contract Sum of Six Thousand Five Hundred Dollars (\$6,500) bringing the total authorized Contract sum and authorized amount Contact sum to One Hundred Twenty Six Thousand Five Hundred Dollars (\$126,500).

Additional Services Provided: Consultant shall provide additional professional services as described in the proposal titles **Commercial Real Estate Valuation Concept Plan City of Saratoga Springs** dated 12/18/2018 for a total of Twenty Thousand Dollars (\$20,000) a copy of which is hereto attached. The Consultant represents that the company providing this service is qualified to perform the type and scope of work to be done.

Accordingly, this Agreement Addendum brings the Total Authorized Contact Amount to: One Hundred Twenty Six Thousand Five Hundred Dollars (\$126,500). Section 15 of the original November 20, 2012 contract with regard to Insurance is replaced in its entirety as follows:

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 Consultant represents that it has all necessary governmental licenses to perform the services described herein.

The Consultant shall procure and maintain during the term of this contract, at the Consultant's expense, the insurance policies listed with limits equal to or greater than the enumerated limits. The Consultant 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 Consultant. Every required coverage type shall be "occurrence basis" with the exception of Professional Errors and Omissions Coverage which may be "claims made" coverage. The Consultant 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 Consultant 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 contract; (2) withholding any/all payment(s) due under this contract or any other contract it has with the vendor (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 Consultant.

The City of Saratoga Springs requires the Consultant 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: Three Million Dollars per Occurrence Aggregate;
- Professional Errors and Omissions Insurance: Two Million per Claim 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 Consultant 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 Consultant 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 Consultant 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 Consultant utilizes a Sub-Consultant for any portion of the services outlined within the scope of its activities, the Sub-Consultant shall provide insurance of the same type or types and to the same extent of coverage as that provided by the Consultant. All insurance required of the Sub-Consultant shall name the City of Saratoga Springs as an **Additional Insured on a primary and non-contributory** basis for the same coverage all those activities performed within its contracted activities for the contact as executed.

The Consultant, to the fullest extent provided by law, shall defend, 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 Consultant or its employees or anyone for whom the Consultant is legally liable or Sub-Consultants. 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 Consultant, as aforesaid.

The Consultant 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 Consultant 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 Consultant. Upon request accommodation will be provided to allow individuals with disabilities to participate in all services, programs and activities.

The Consultant will provide his or her own equipment and materials as necessary to perform the work except as identified within the Contract Documents. 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 Consultant's staff as the agents, representatives or employees of the City for any purpose in any manner whatsoever. The Consultant and its staff are to be and shall remain an independent Consultant with respect to all services performed under this Agreement. The Consultant 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 Consultant or other persons, while engaged

in the performance of any work or services required by the Consultant 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 Consultant, its officers, agents, Consultants or employees shall in no way be the responsibility of the City; and the Consultant 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

City of Saratoga Springs, New York APPENDIX A all City Contracts and Agreements is hereby incorporated as part of this Addendum and the original contract.

All other terms and conditions of the original Agreement remain the same.

The parties, having agreed to the terms and the recital set forth herein, and in relying thereon, herein, sign this agreement.

| CITY        | CONSULTANT  |
|-------------|-------------|
| Signature:  | Signature:  |
| Date:       | Date:       |
| Print Name: | Print Name: |
| Title:      | Title:      |
|             |             |

City Council Approval Date: \_\_\_\_\_

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|----|--------------|----|
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JNOWAK

|                     | CORD  |                                |                          |   | LIABILITY INSURANCE DATE (MM/DD/YY)<br>9/1/2020                            |  |   |                   |                             |
|---------------------|---|--------------------------------|--------------------------|---|--|--|---|-------------------|-----------------------------|
| CI<br>BI<br>RI      | HIS CERTIFICATE IS ISSUED AS<br>ERTIFICATE DOES NOT AFFIRM<br>ELOW. THIS CERTIFICATE OF<br>EPRESENTATIVE OR PRODUCER              | ATIVEL<br>INSUR/<br>AND T      | Y OF<br>ANCE<br>HE C     | R NEGATIVELY AMEND,<br>DOES NOT CONSTITUT<br>ERTIFICATE HOLDER.                                 | EXTEND OR ALT  | ER THE CO<br>BETWEEN                       | OVERAGE AFFORDED<br>THE ISSUING INSUREI                         | BY TH<br>R(S), Al | UTHORIZED                   |
| lf<br>th            | PORTANT: If the certificate ho<br>SUBROGATION IS WAIVED, sui<br>his certificate does not confer right                             | niect to                       | the                      | terms and conditions of t<br>ificate holder in lieu of suc                                      | he policy, certain p<br>ch endorsement(s)                                  | policies may                               | NAL INSURED provision require an endorseme                      | nsorb<br>nt.As    | e endorsed.<br>tatement on  |
| Law<br>361          | DUCER License # BR-1009544<br>ley Agency, LLC<br>Delaware Avenue<br>lalo, NY 14202  |                                |                          |   | CONTACT<br>NAME:<br>PHONE<br>(A/C, No, Ext): (716) 8<br>E-MAIL<br>ADDRESS: | 49-8618                                    | FAX<br>(A/C, No   | ;(716)            | 849-8291                    |
| Buii                | alo, NT 14202   |                                |                          | -   |  | URER(S) AFFOR                              |   |                   | NAIC #                      |
|                     |   |                                |                          |   |  |  | e Company of Minne  | sota              | 31003                       |
| INSU                | RED   |                                |                          |   | INSURER B : Acadia   |  |   |                   | 31325                       |
|                     | GAR Associates, LLC   |                                |                          |   | INSURER C : Hartfor  |  |   |                   | 19682<br>35378              |
|                     | 5500 Main St<br>Williamsville, NY 14221   |                                |                          |   | INSURER D : Evansto  |  |   |                   | 37540                       |
|                     |   |                                |                          |   | INSURER F :  | mourance                                   | oompany, me   |                   |                             |
| <u> </u>            | VERAGES C   | ERTIFI                         | CATE                     | E NUMBER:   |  |  | <b>REVISION NUMBER:</b>   |                   |                             |
| TH                  | HIS IS TO CERTIFY THAT THE POL<br>IDICATED. NOTWITHSTANDING AN<br>ERTIFICATE MAY BE ISSUED OR N<br>XCLUSIONS AND CONDITIONS OF SU | ICIES C                        |                          | SURANCE LISTED BELOW H<br>ENT, TERM OR CONDITION<br>THE INSURANCE AFFORD                        | I OF ANY CONTRA<br>DED BY THE POLIC  | LES DESCRIB                                |   |                   |                             |
|                     |   | ADD                            |                          | POLICY NUMBER   | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY)                 | LIN   | ITS               |                             |
| A                   | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR   | x                              |                          | ADV5330804  | 1/1/2020   | 1/1/2021                                   | EACH OCCURRENCE<br>DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | s<br>s            | 2,000,000<br>300,000        |
|                     |   | _                              |                          |   |  |  | MED EXP (Any one person)  | \$                | 10,000                      |
|                     |   |                                |                          |   |  |  | PERSONAL & ADV INJURY   | s                 | 2,000,000                   |
|                     | GEN'L AGGREGATE LIMIT APPLIES PER:  |                                |                          |   |  |  | GENERAL AGGREGATE   | S                 | 4,000,000                   |
|                     | X POLICY PRO-<br>JECT LOC   |                                |                          |   |  |  | PRODUCTS - COMP/OP AGO  |                   | 2.000.000                   |
| A                   | OTHER:  |                                |                          |   |  |  | COMBINED SINGLE LIMIT   | \$                | 2,000,000                   |
| ~                   |   |                                |                          | ADV5330804  | 1/1/2020   | 1/1/2021                                   | (Ea accident)<br>BODILY INJURY (Per person)                     |                   |                             |
|                     | OWNED AUTOS ONLY AUTOS  |                                |                          |   |  |  | BODILY INJURY (Per accider                                      |                   |                             |
|                     | X AUTOS ONLY X NON-OWNED<br>AUTOS ONLY X AUTOS ONLY   |                                |                          |   |  |  | PROPERTY DAMAGE<br>(Per accident)                               | \$<br>\$          |                             |
| В                   | X UMBRELLA LIAB X OCCUR   |                                |                          |   |  |  | EACH OCCURRENCE   | \$                | 5,000,000                   |
|                     | EXCESS LIAB CLAIMS-M  |                                |                          | CUA5330942  | 1/1/2020   | 1/1/2021                                   | AGGREGATE   | \$                | 5,000,000                   |
|                     | DED X RETENTION \$ 10,0   | 000                            |                          |   |  |  |   | \$                |                             |
| С                   | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  | / N                            |                          | 01WECAB9W9P   | 10/1/2020  | 10/1/2021                                  | X PER OTH-  |                   | 500,000                     |
|                     | ANY PROPRIETOR/PARTNER/EXECUTIVE<br>OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)   | N//                            | 1                        |   |  |  | E.L. EACH ACCIDENT  | S<br>FF 6         | 500,000                     |
|                     | (Mandatory in NH)<br>If yes, describe under<br>DESCRIFTION OF OPERATIONS below  |                                |                          |   |  |  | E.L. DISEASE - EA EMPLOY  |                   | 500,000                     |
| D                   | Professional Liabili  |                                | 1                        | MKLV1PEO000152  | 1/1/2020   | 1/1/2021                                   | Each Claim  |                   | 2,000,000                   |
| E                   | Cyber Liability Plus  |                                |                          | V21273200301  | 1/1/2020   | 1/1/2021                                   | Each Claim  |                   | 2,000,000                   |
| DES<br>City<br>Liab | CRIPTION OF OPERATIONS / LOCATIONS / V<br>of Saratoga Springs is listed as adu<br>pility Ultra Plus Endorsement # CG 0            | HICLES<br>litional<br>4 93, or | (ACOR<br>insure<br>a Pri | D 101, Additional Remarks Schedu<br>ed under the general liabilit<br>imary Non-Contributory Bas | le, may be attached if mo<br>y if required by con<br>sis form #CL CG 01    | re space is requi<br>tract or agree<br>14. | red)<br>ement to the extent prov                                | rided by          | the General                 |
|                     |   |                                |                          |   |  |  |   |                   |                             |
|                     |   |                                |                          |   |  |  |   |                   |                             |
| CE                  | RTIFICATE HOLDER  | -                              |                          |   | CANCELLATION   |  |   |                   |                             |
|                     | City of Saratoga Springs<br>474 Broadway  |                                |                          |   | SHOULD ANY OF<br>THE EXPIRATIO<br>ACCORDANCE W                             | N DATE TI                                  | DESCRIBED POLICIES BE<br>HEREOF, NOTICE WILL<br>CY PROVISIONS.  | CANCE<br>Be D     | LLED BEFÖRE<br>DELIVERED IN |
|                     | Saratoga Springs, NY 12   | 000                            |                          |   | AUTHORIZED REPRESENTATIVE  |  |   |                   |                             |

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### City of Saratoga Springs, NY Contract

| City Project Number:                          | City Project Name: Transcription      |                           |
|---|---------------------------------------|---------------------------|
| City Department: Accounts                     | Department Contact Person: Lisa Ribis | City Ext. 2560            |
| Company Name: eScribers                       |                                       |                           |
| Company Address: 7227 N.16th Street, Su       | ite 207, Phoenix, AZ 85020            |                           |
| Company Telephone No.: (800) 257-0885_        | Company Fax                           |                           |
| Vendor and/or Service Provider Primary C      | Contact: Jason GottliebTitle:         | Director of Transcription |
| Primary Contact Email: _operations@esc        | ribers.net                            |                           |
| Service to be Provided: transcription service |                                       |                           |
| Remit Name (If different from above):         |                                       |                           |
| Remit Address: 7227 N. 16th Street, Suite     | 207, Phoenix, AZ 85020                |                           |

- 1. <u>Scope of Agreement</u>: In response to a request for a pricing proposal requested by the City for <u>transcription services</u>, the Vendor and/or Service Provider submitted proposals dated <u>12/3/2020</u> (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. <u>Term of Agreement</u>: 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 <u>12/31/2021</u>. 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 shall be so liable even when the Vendor and/or Service Provider shall be so liable even when the Vendor and/or Service Provider shall be so liable even when the Vendor and/or Service Provider notice and written approval of the City. The Vendor and/or Service Provider shall be so liable even when the Vendor and/or Service Provider shall be so liable even when the Vendor and/or Service Provider shall be so liable even when the Vendor and/or service provider shall be so liable even and/or service and written approval of the City. The Vendor and/or Service Provider shall be not be permitted only with prior written notice and written approval of the City. The Vendor and/or Service Provider will provide 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 Service Provider and/or Service Provider and/or Service Provider shall be so liable even 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. <u>Terms of Payment</u>: 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 <u>\$10,000</u>, 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. <u>Notice</u>: 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/<u>Commissioner of Accounts</u> is the designated Project Manager for this Agreement, 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 <u>Lisa Ribis</u>. Any notice, request, demand or other communication required or provided for in this Agreement 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 Accounts, 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: eScribers
- <u>Conflicts of Interest</u>: 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. <u>Citv Property</u>: 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 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 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 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 advic

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.

- Retention of Records: The Vendor and/or Service Provider shall make available to the City all information pertinent to the project, 7 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.
- Independent Vendor and/or Service Provider Status: It is agreed that nothing herein contained is intended or should be construed in 8 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.
- Insurance: The City of Saratoga Springs herein requires the following terms and conditions regarding the agreement for the provision of 9. 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 whose total value is between Zero and \$100,000:
  - 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: One Million Dollars per Occurrence 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.
- For projects whose total value is between \$100,000 and \$500,000: B
  - 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: Three Million Dollars per Occurrence 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.
- C. For projects whose total value is between \$500,000 and \$1,000,000:
  - 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; 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.

- D. For projects involving the provision of professional services:
  - 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: Three Million Dollars per Occurrence Aggregate;
  - Professional Errors and Omissions: Two Million Dollars per Claim 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.
- E. For projects involving any form of pollution risk or exposure, environmental hazard, asbestos or special circumstances:
  - Commercial General Liability Including Completed Products and Operations and Personal Liability Insurance: One Million Dollars per Occurrence with Two Million Dollars Aggregate;
    - Pollution Liability Insurance including Coverage for Asbestos Abatement: One Million Dollars Each Occurrence;
    - 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: Two Million Dollars per Claim 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. If the project in question involves any form of pollution risk or exposure, environmental hazard, asbestos or special circumstances, please contact the Office of Risk and Safety for a determination of insurance limits needed for your contract.
- F. For software and technology projects:
  - 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;
  - Cyber /Privacy Liability Insurance: Five Million Dollars per occurrence aggregate. This insurance shall include coverage for Privacy Notification Expenses, Third Party claims including regulatory defense & payment of fines or penalties, and First Party claims including Data Recovery Costs, Cyber Extortion, and data in the care, custody and control of the insured;
  - Excess Insurance: Five Million Dollars per Occurrence Aggregate;
  - Technology Errors and Omissions: Two Million Dollars per Claim 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 If the project in question involves any form of pollution risk or exposure, environmental hazard, asbestos or special circumstances, please contact the Office of Risk and Safety for a determination of insurance limits needed for your contract.

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* <u>prior</u> to the commencement of any work or use of City facilities. The failure to object to the contents of the Certificate of Insurance of 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 noncontributory* 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 defend, 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. <u>Compliance with Federal and State Regulations</u>: The Vendor, to the fullest extent provided by law, shall abide by the regulations which are hereto attached in Appendix A of this Agreement.
- 12. <u>NYS DOL Sexual Harassment Regulatory Requirements</u>: All employees have a legal right to a workplace free from sexual harassment, and the City of Saratoga Springs is committed to maintaining a workplace free from sexual harassment. Per New York State Law, the City of Saratoga Springs has a sexual harassment prevention policy in place. This policy applies to all employees, paid or unpaid interns and non-employees in our workplace, regardless of immigration status.
- 13. <u>Safety</u>: 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.

14. <u>Vendor and/or Service Provider Code of Conduct</u>: 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 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.

- 15. <u>Governing Law</u>: 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.
- 16. <u>NYS Licensure for Professional Services</u>: 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.
- 17. <u>Non-Collusive Bidding Certification</u>: 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;
  - 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
  - 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.
- 18. <u>Iranian Energy Sector Divestment</u>: 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).
- 19. <u>Venue</u>: 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.
- 20. <u>Assignment</u>: 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 thereofore earned under such contract, except so much as may be required to pay his or her employees.

- 21. <u>Termination</u>: 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.
- 22. <u>Default</u>: 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.
- 23. 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.
- 24. 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.
- 25. <u>Severability</u>: 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.
- 26. Modification: This Agreement may be modified only by a writing signed by both parties.

Title: Mayor

27. 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: Rachell |        |
|---|--------|
| Print Name: Rachel May Weiser                     | Title: |
| City of Saratoga Springs' Signature:              | Date:  |

Print Name: Meg Kelly

City Council Approval Date:

### City of Saratoga Springs, New York APPENDIX A All City Contracts and Agreements

During the performance of this contract, the Consultant, Vendor and/or Service Provider, for itself, its assignees, and successors in interest (hereinafter referred to as the "contractor") agrees to comply with the following non-discrimination statutes and authorities; including but not limited to:

- Compliance with Regulations: The contractor (hereinafter includes consultants) will comply with the Acts and the Regulations relative 1. to Non-discrimination in Federally-assisted programs of the U.S. Department of Transportation, as they may be amended from time to time, which are herein incorporated by reference and made a part of this contract.
- Non-discrimination: The contractor, with regard to the work performed by it during the contract, will not discriminate on the grounds 2. of race, color, or national origin in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The contractor will not participate directly or indirectly in the discrimination prohibited by the Acts and the Regulations, including employment practices when the contract covers any activity, project, or program set forth in Appendix B of 49 CFR Part 21.
- Solicitations for Subcontracts, Including Procurements of Materials and Equipment: In all solicitations, either by competitive 3 bidding, or negotiation made by the contractor for work to be performed under a subcontract, including procurements of materials, or leases of equipment, each potential subcontractor or supplier will be notified by the contractor of the contractor's obligations under this contract and the Acts and the Regulations relative to Non-discrimination on the grounds of race, color, or national origin.
- Information and Reports: The contractor will provide all information and reports required by the Acts, the Regulations, and directives 4. issued pursuant thereto and will permit access to its books, records, accounts, other sources of information and its facilities as may be determined by the Recipient to be pertinent to ascertain compliance with such Acts, Regulations, and instructions. Where any information required of a contractor is in the exclusive possession of another who fails or refuses to furnish the information, the contractor will so certify to the Recipient, as appropriate, and will set forth what efforts it has made to obtain the information.
- Sanctions for Noncompliance: In the event of a contractor's noncompliance with the Nondiscrimination provisions of this contract. 5 the Recipient will impose such contract sanctions as it may determine to be appropriate, including, but not limited to:
  - withholding payments to the contractor under the contract until the contractor complies; and/or a.
  - cancelling, terminating, or suspending a contract, in whole or in part b
- Incorporation of Provisions: The contractor will include the provisions of paragraphs one through six in every subcontract, including 6 procurements of materials and leases of equipment, unless exempt by the Acts, the Regulations and directives issued pursuant thereto. The contractor will take action with respect to any subcontract or procurement as the Recipient may direct as a means of enforcing such provisions including sanctions for noncompliance. Provided, that if the contractor becomes involved in, or is threatened with litigation by a subcontractor, or supplier because of such direction, the contractor may request the Recipient to enter into any litigation to protect the interests of the Recipient. In addition, the contractor may request the United States to enter into the litigation to protect the interests of the United States.

### Pertinent Non-Discrimination Authorities:

- Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq., 78 stat. 252), (prohibits discrimination on the basis of race, color, national origin); and 49 CFR Part 21.
- The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, (42 U.S.C. § 4601), (prohibits unfair treatment of persons displaced or whose property has been acquired because of Federal or Federal-aid programs and projects);
- Federal-Aid Highway Act of 1973, (23 U.S.C. § 324 et seq.), (prohibits discrimination on the basis of sex);
- Section 504 of the Rehabilitation Act of 1973, (29 U.S.C. § 794 et seq.), as amended, (prohibits discrimination on the basis of disability); and 49 CFR Part 27;
- The Age Discrimination Act of 1975, as amended, (42 U.S.C. § 6101 *et seq.*), (prohibits discrimination on the basis of age); Airport and Airway Improvement Act of 1982, (49 USC § 471, Section 47123), as amended, (prohibits discrimination based on race, creed, color, national origin, or sex);
- The Civil Rights Restoration Act of 1987, (PL 100-209), (Broadened the scope, coverage and applicability of Title VI of the Civil Rights Act of 1964, The Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973, by expanding the definition of the terms "programs or activities" to include all of the programs or activities of the Federal-aid recipients, sub-recipients and contractors, whether such programs or activities are Federally funded or not);
- Titles II and III of the Americans with Disabilities Act, which prohibit discrimination on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 U.S.C. §§ 12131-12189) as implemented by Department of Transportation regulations at 49 C.P.R. parts 37 and 38;
- The Federal Aviation Administration's Non-discrimination statute (49 U.S.C. § 47123) (prohibits discrimination on the basis of race, color, national origin, and sex);
- Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, which ensures discrimination against minority populations by discouraging programs, policies, and activities with disproportionately high and adverse human health or environmental effects on minority and low-income populations;
- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination because of limited English proficiency (LEP). To ensure compliance with Title VI, you must take reasonable steps to ensure that LEP persons have meaningful access to your programs (70 Fed. Reg. at 74087 to 74100):
- Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating because of sex in education programs or activities (20 U .S.C. 1681 et seg). a . A 1 1

| Vendor and/or S | Service Provider Signature: (eScribers) | RachelMay | Verser        | Date:    | 12/15/2020 |  |
|-----------------|---|-----------|---------------|----------|------------|--|
|                 | Rachel May Weiser                       | Title:    | VP Business D | evelopme | ent        |  |

| ACORD |  |
|-------|--|
|       |  |

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

|   |                  |                  |  |                    |                            |                                   |   |                      | /18/2020      |
|---|------------------|------------------|--|--------------------|----------------------------|-----------------------------------|---|----------------------|---------------|
| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED |                  |                  |  |                    |                            |                                   |   |                      |               |
| REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.<br>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.   |                  |                  |  |                    |                            |                                   |   |                      |               |
| IMPORTANT: If the certificate holder is<br>If SUBROGATION IS WAIVED, subject to   |                  |                  |  |                    |                            |                                   |   |                      |               |
| this certificate does not confer rights to  |                  |                  |  |                    |                            | may require                       | an endorsement. A state                               |                      | 211           |
| PRODUCER  |                  | -                |  | CONTAC             |                            | niaht                             |   |                      |               |
| Securitas Insurance Partners, LLC   |                  |                  |  | NAME:<br>PHONE     | (484) 33                   |                                   | FAX   |                      |               |
| 7 Great Valley Parkway  |                  |                  |  | (A/C, No<br>E-MAIL | <u>, EXI):</u>             | securitasins.c                    | (A/C, No):  |                      |               |
| Suite 140   |                  |                  |  | ADDRES             | JJ                         |                                   |   |                      |               |
| Malvern   |                  |                  | PA 19355   |                    | O antinal                  | SURER(S) AFFOR                    |   |                      | NAIC #        |
| INSURED   |                  |                  | FA 19555   | INSURE             | Travalar                   | _                                 | urety Company of America                              |                      | 31194         |
| eScribers, LLC  |                  |                  |  | INSURE             | Tuin City                  | Fire Insuranc                     |   |                      | 29459         |
| ,   |                  |                  |  | INSURE             |                            |                                   |   |                      | 23433         |
| 7227 N. 16th Street   |                  |                  |  | INSURE             |                            |                                   |   |                      |               |
| Suite #207  |                  |                  | 47 95000   | INSURE             |                            | · · · ·                           |   |                      |               |
| Phoenix   |                  |                  | AZ 85020   | INSURE             | RF:                        |                                   |   |                      |               |
|   |                  |                  | NUMBER: CL202501120                                | 10.0.1.7.7         |                            |                                   | REVISION NUMBER:                                      |                      |               |
| THIS IS TO CERTIFY THAT THE POLICIES OF<br>INDICATED. NOTWITHSTANDING ANY REQU<br>CERTIFICATE MAY BE ISSUED OR MAY PERT<br>EXCLUSIONS AND CONDITIONS OF SUCH PO   | IREME<br>AIN, TI | NT, TE<br>HE INS | ERM OR CONDITION OF ANY<br>SURANCE AFFORDED BY THE | CONTRA<br>E POLICI | CT OR OTHER                | DOCUMENT<br>DHEREIN IS S<br>AIMS. | WITH RESPECT TO WHICH T                               | HIS                  |               |
| LTR TYPE OF INSURANCE   | ADDL             | SUBR<br>WVD      | POLICY NUMBER                                      |                    | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY)        | LIMIT   | s                    | ,             |
|   |                  |                  |  |                    |                            | <i>1</i> -                        | EACH OCCURRENCE                                       | \$ 2,00              | 0,000         |
| CLAIMS-MADE X OCCUR   | 1                |                  |  |                    |                            |                                   | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)          | \$ 1,00              | 0,000         |
|   |                  |                  |  |                    |                            |                                   | MED EXP (Any one person)                              | <mark>\$</mark> 10,0 | 00            |
| A   | Y                |                  | 44SBABA1930  |                    | 01/01/2020                 | 01/01/2021                        | PERSONAL & ADV INJURY                                 | s Excluded           |               |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |                  |                  |  |                    |                            |                                   | GENERAL AGGREGATE                                     | \$ 4,000,000         |               |
|   |                  |                  |  |                    |                            |                                   | PRODUCTS - COMP/OP AGG                                | \$ 4,000,000         |               |
|   |                  |                  |  |                    |                            |                                   |   | \$                   |               |
|   |                  |                  |  |                    |                            |                                   | COMBINED SINGLE LIMIT<br>(Ea accident)                | \$ 2,00              | 0,000         |
|   |                  |                  |  |                    |                            |                                   | BODILY INJURY (Per person)                            | s                    |               |
|   |                  |                  | 44SBABA1930  | 01/0               | 01/01/2020                 | 01/01/2021                        | BODILY INJURY (Per accident)                          | ) S                  |               |
| AUTOS ONLY<br>HIRED AUTOS   |                  |                  |  |                    |                            |                                   | PROPERTY DAMAGE                                       | \$                   |               |
|   |                  |                  |  |                    |                            |                                   | (Per accident)  | \$                   |               |
|   | +                |                  |  | -                  |                            |                                   | EACH OCCURRENCE                                       | s                    |               |
|   |                  |                  |  |                    |                            |                                   | AGGREGATE   | <u> </u>             |               |
|   |                  |                  |  |                    |                            |                                   | AGGREGATE   |                      |               |
| UED RETENTION \$  |                  |                  |  |                    |                            | -                                 | PER OTH-  | \$                   |               |
| AND EMPLOYERS' LIABILITY Y / N  |                  |                  |  |                    |                            |                                   | STATUTE ER  |                      |               |
| ANY PROPRIETOR/PARTNER/EXECUTIVE<br>OFFICER/MEMBER EXCLUDED?  | N/A              | 1                |  |                    |                            |                                   | E.L. EACH ACCIDENT                                    | \$                   |               |
| (Mandatory in NH)   |                  |                  |  |                    |                            |                                   | E.L. DISEASE - EA EMPLOYEE                            | 5                    |               |
| DÉSCRIPTION OF OPERATIONS below   |                  | <u> </u>         |  |                    |                            |                                   | E.L. DISEASE - POLICY LIMIT<br>Annual Aggregate Limit | \$<br>\$20           | 00,000.       |
| Errors & Omissions (Professional)   |                  |                  | 107207909  |                    | 01/16/2020                 | 01/16/2021                        | Each Claim Limit                                      |                      | 100,000.      |
| B Liability   |                  |                  | 107207908  |                    | 01/10/2020                 | 01/10/2021                        |   |                      | ,000.         |
|   |                  |                  |  |                    |                            | • • •                             | Retention   | φIU,                 |               |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL<br>C 3rd Party Data & Network Liability Policy #4  | •                |                  |  | -                  | -                          |                                   |   |                      |               |
| Retention per Claim.  |                  |                  |  |                    | ,                          |                                   |   |                      |               |
| The City of Saratoga Springs is included as Ad  | litiona          | Ineu             | red on a Primary & Non-Cont                        | ributon            | hasis as chow              | ahove se ree                      | nects work performed by the                           |                      |               |
| Named Insured as required by written contract   |                  |                  |  |                    |                            |                                   | poors work portorinou by the                          |                      |               |
|   |                  |                  |  |                    |                            |                                   |   |                      |               |
|   |                  |                  |  |                    |                            |                                   |   |                      |               |
|   |                  |                  |  |                    |                            |                                   |   |                      |               |
| CERTIFICATE HOLDER  |                  |                  |  |                    | ELLATION                   |                                   |   |                      |               |
|   |                  |                  |  | SHO                |                            | HE ABOVE DE                       | SCRIBED POLICIES BE CAN                               | CELLE                | BEFORE        |
|   |                  |                  |  | THE                | EXPIRATION D               | DATE THEREO                       | F, NOTICE WILL BE DELIVER                             |                      |               |
| City of Saratoga Springs  |                  |                  |  | ACC                | ORDANCE WI                 | TH THE POLIC                      | Y PROVISIONS.   |                      |               |
| Office of Risk Safety   |                  |                  |  |                    |                            |                                   |   |                      |               |
| 474 Broadway  |                  |                  |  |                    | RIZED REPRESEI             |                                   | 010 -   |                      |               |
| Saratoga Springs  |                  |                  | NY 12866   |                    |                            | m                                 | C. Kinton   |                      |               |
|   |                  |                  |  |                    |                            |                                   | - 0   |                      |               |
|   |                  |                  |  |                    |                            | © 1988-2015                       | ACORD CORPORATION.                                    | All ria              | hts reserved. |

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/22/2020

| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. |  |                      |                       |  |                |   |   |   |            |  |  |
|--|--|----------------------|-----------------------|--|----------------|---|---|---|------------|--|--|
| IM<br>If   | PORTANT: If the certificate holder<br>SUBROGATION IS WAIVED, subject<br>s certificate does not confer rights t                             | s an<br>to th        | ADD<br>ne tei         | ITIONAL INSURED, the prime and conditions of the                       | e polic        | cy, certain p                           | olicies may ı                             |   |            |  |  |
| _  | S Certificate does not comer rights t  | o ine                | cen                   | incate noticer in neu or st  | CONTA          |   | )   |   |            |  |  |
|  | g Jones  |                      |                       |  | NAME:<br>PHONE | (400) (                                 | FA 4477                                   | FAX   | 254 4000   |  |  |
|  | Artex Risk Solutions, Inc.   |                      |                       |  | (A/C. No       | p. Ext): (480) 9                        |   | FAX<br>(A/C, No): (480) \$                      | 351-4200   |  |  |
| 8840 E. Chaparral Rd.; Suite 275   |  |                      |                       |  |                | <u>ss:</u> SDL.B                        | SD.Certificate                            | es@artexrisk.com                                |            |  |  |
| Scottsdale, AZ 85250   |  |                      |                       |  |                | INS                                     | URER(S) AFFOR                             | DING COVERAGE                                   | NAIC #     |  |  |
|  |  |                      |                       |  | INSURE         | RA: America                             | n Zurich Insu                             | rance Company                                   | 40142      |  |  |
| INSU   | RED  |                      |                       |  | INSURE         | R 8 :                                   |   |   |            |  |  |
|  | s, a Paychex Company Labor Contractor, for   | co-er                | nploye                | ees of: ESCRIBERS, LLC   | INSURE         | RC.                                     |   |   |            |  |  |
|  | Vista Parkway Suite 300<br>t Palm Beach, FL 33411  |                      |                       |  | INSURE         |   |   |   |            |  |  |
|  |  |                      |                       |  |                |   |   |   |            |  |  |
|  |  |                      |                       |  | INSURE         |   |   |   |            |  |  |
|  |  | TIC1/                |                       |  | INSURE         | <u>RF:</u>                              |   |   |            |  |  |
|  |  |                      |                       | NUMBER: 20FL0758966  |                |   |   | REVISION NUMBER:                                |            |  |  |
| IN<br>CE   | IS IS TO CERTIFY THAT THE POLICIES<br>DICATED. NOTWITHSTANDING ANY RE<br>RTIFICATE MAY BE ISSUED OR MAY<br>CLUSIONS AND CONDITIONS OF SUCH | QUIF<br>PERT<br>POLI | REME<br>AIN,<br>CIES. | NT, TERM OR CONDITION<br>THE INSURANCE AFFORD<br>LIMITS SHOWN MAY HAVE | of an<br>Ed by | Y CONTRACT<br>THE POLICIE<br>REDUCED BY | OR OTHER I<br>S DESCRIBED<br>PAID CLAIMS. | DOCUMENT WITH RESPECT TO                        | WHICH THIS |  |  |
| INSR<br>LTR  | TYPE OF INSURANCE  |                      | SUBR<br>WVD           | POLICY NUMBER  |                | POLICY EFF<br>(MM/DD/YYYY)              | POLICY EXP                                | LIMITS  |            |  |  |
|  | COMMERCIAL GENERAL LIABILITY   |                      |                       |  |                |   |   | EACH OCCURRENCE \$                              |            |  |  |
|  |  |                      |                       |  |                |   |   | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) \$ |            |  |  |
|  |  |                      | 1                     |  |                |   |   |   |            |  |  |
|  |  |                      |                       |  |                |   |   |   |            |  |  |
|  |  |                      |                       |  |                |   |   | PERSONAL & ADV INJURY \$                        |            |  |  |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:   |                      |                       |  |                |   |   | GENERAL AGGREGATE \$                            |            |  |  |
|  |  |                      |                       |  |                |   |   | PRODUCTS - COMP/OP AGG \$                       |            |  |  |
|  | OTHER:   |                      |                       |  |                |   |   | \$  |            |  |  |
|  | AUTOMOBILE LIABILITY   |                      |                       |  |                |   |   | COMBINED SINGLE LIMIT<br>(Ea accident)          |            |  |  |
|  | ANY AUTO   |                      |                       |  |                |   |   | BODILY INJURY (Per person) \$                   |            |  |  |
|  |  |                      |                       |  |                |   |   | BODILY INJURY (Per accident) \$                 |            |  |  |
|  | AUTOS ONLY AUTOS<br>HIRED NON-OWNED  |                      |                       |  |                |   |   | PROPERTY DAMAGE \$                              |            |  |  |
|  | AUTOS ONLY AUTOS ONLY  |                      |                       |  |                |   |   | (Per accident) \$                               |            |  |  |
|  |  |                      |                       |  |                |   |   |   |            |  |  |
|  |  |                      |                       |  |                |   |   | EACH OCCURRENCE \$                              |            |  |  |
|  | EXCESS LIAB CLAIMS-MADE  |                      |                       |  |                |   |   | AGGREGATE \$                                    |            |  |  |
|  | DED RETENTION \$   |                      |                       |  |                |   |   | \$<br>  |            |  |  |
|  | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY   |                      | l                     |  |                |   |   | X PER OTH-<br>STATUTE ER                        |            |  |  |
|  | ANYPROPRIETOR/PARTNER/EXECUTIVE  | NIA                  |                       | WC 02-70-102-05  |                | 06/01/2020                              | 06/01/2021                                | E.L. EACH ACCIDENT \$                           | 1,000,000  |  |  |
| Α  | (Mandatory in NH)  | N/A                  |                       | WC 02-79-103-05  |                | 00/01/2020                              | 00/01/2021                                | E.L. DISEASE - EA EMPLOYEE \$                   | 1,000,000  |  |  |
|  | If yes, describe under<br>DESCRIPTION OF OPERATIONS below  |                      |                       |  |                |   |   | E.L. DISEASE - POLICY LIMIT \$                  | 1,000,000  |  |  |
|  |  |                      | 1                     |  |                |   |   |   |            |  |  |
|  |  |                      |                       | Location Coverage Peri   | od:            | 06/01/2020                              | 06/01/2021                                | Client# 14750-AZESCRIBER                        | S          |  |  |
| DESC   | RIPTION OF OPERATIONS / LOCATIONS / VEHIC  | LES (#               | CORE                  | 101, Additional Remarks Schedu   | ile, may b     | e attached if mor                       | e space is requir                         | 3d)   |            |  |  |
| Cove   | rage is provided for Z207 N 46TH ST ST   |                      |                       | 10   |                |   |   |   |            |  |  |
| only   | hose co-employees 7227 N 101H 31 31  |                      | 7&2                   | 13   |                |   |   |   |            |  |  |
|  | t not subcontractors PHOENIX, AZ 8502  | U                    |                       |  |                |   |   |   |            |  |  |
| ι0:  | to:  |                      |                       |  |                |   |   |   |            |  |  |
|  |  |                      |                       |  |                |   |   |   |            |  |  |
|  |  |                      |                       |  |                |   |   |   |            |  |  |
|  |  |                      |                       |  |                |   |   |   |            |  |  |
| CEF  | TIFICATE HOLDER  |                      |                       |  | CAN            | CELLATION                               |   |   |            |  |  |
|  |  |                      |                       |  |                |   |   |   |            |  |  |
|  | City of Saratoga Springs   |                      |                       |  |                |   |   |   |            |  |  |
|  | Office of Risk and Safety  |                      |                       |  |                |   |   | EREOF, NOTICE WILL BE DE                        | LIVERED IN |  |  |
|  | 474 Broadway   |                      |                       |  |                |   |   |   |            |  |  |
|  | Saratoga Springs, NY 12866   |                      |                       |  |                | RIZED REPRESE                           | NTATIVE                                   |   |            |  |  |
|  |  |                      |                       |  |                |   |   | 1.1   |            |  |  |
|  |  |                      |                       |  |                | (Ha                                     | yh 24                                     |   |            |  |  |
|  | 1  |                      |                       |  | 1              |   | r   |   |            |  |  |

VORK STATE Board

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier 1a. Legal Name & Address of Insured (use street address only) 1b. Business Telephone Number of Insured ESCRIBERS, LLC 561-227-6535 7227 N 16TH ST - STE 207 PHOENIX, AZ 85020 1c. Federal Employer Identification Number of Insured or Social Security Number Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy) 203656767 2. Name and Address of Entity Requesting Proof of 3a Name of Insurance Carrier Coverage (Entity Being Listed as the Certificate Holder) HARTFORD LIFE AND ACCIDENT Office of Risk and Safety 3b Policy Number of Entity Listed in Box "1a" City of Saratoga Springs LNY713877 474 Broadway Saratoga Springs, NY 12866 3c Policy effective period 03-01-2020 to 09-30-2020 4. Policy provides the following benefits: A. Both disability and paid family leave benefits. B. Disability benefits only. C. Paid family leave benefits only. 5. Policy covers: 🗹 A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. B. Only the following class or classes of employer's employees: 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 NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above. Date Signed 09-22-2020 Elízabeth Tello (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier) Telephone Number (212) 553-8074 Name and Title: Elizabeth Tello - Assistant Director, Statutory Services IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder. If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200. PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked) State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees. **Date Signed** B (Signature of Authorized NYS Workers' Compensation Board Employee) **Telephone Number** Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



## Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1 a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled 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 coverage indicated on this Certificate. (These notices my 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

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 Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or paid family leave benefits 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 NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

## DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

### §220. Subd. 8

(a) 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 employment as defined in this article, and not withstanding 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 the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. 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 disability benefits to any such employee if so employed.

(b) 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 employment as defined in this article and 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 the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.



DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

| 1a. Legal Name & Address of Insured (use street address only)       1b. Business Telephone Number of Insured         ESCRIBERS, LLC<br>7227 N161HS - STE 207<br>PHOENIX, A2 85020       561-227-6535         Work Location of Insured (Only medical if coverage is specifically<br>limited to certain locations in New York State, i.e., Wrap-Up Policy)       561-227-6535         2. Name and Address of Insured (Only medical if coverage is specifically<br>limited to certain locations in New York State, i.e., Wrap-Up Policy)       5805656767         2. Name and Address of Entity Requesting Proof of<br>Coverage (Entity Being Listed as the Certificate Holder)       58 a Name of Insurance Carrier<br>HARTFORD LIFE AND ACCIDENT         Office of Risk and Safety<br>City of Saratoga Springs, NY 12866       58 Policy effective period<br>10-01-2020 to 09-30-2021         4. Policy provides the following benefits:<br>B Disability benefits only.       5 Policy covers:<br>B Disability and tamily leave benefits.<br>B Disability and tamily leave benefits insurance<br>carrier referenced above and that the name<br>insured has NYS Disability and Paid Family Leave Benefits Law.<br>B Disability and Paid Family Leave Benefits Law.<br>B Disability and Paid Family Leave Benefits insurance carrier referenced above and that the name<br>insured has NYS Disability and Paid Family Leave Benefits Issurance carrier subnicited representative or licensed agent of the insurance carrier referenced above and that the name<br>insured has NYS Disability and Paid Family Leave Benefits insurance carrier subnicited representative or NYS<br>Licensed Insurance Agent of that carrier, this certificate is NOT COMPLETE. Mail 1 directly to the certificate holder.<br>If Box 48, 4C or 58 is checked, this certificate is NOT COMPLETE. Mail 1 directly to the certificate holder.<br>If Box   | PART 1. To be completed by Disability and Paid Family Leave B   | Benefits Carrier or Licensed Insurance Agent of that Carrier  |
|---|---|---|
| T227. NIGTH ST - STE 207       591-227-8535         PHOENIX, AZ 85020       E. Adard Employer Identification Number of Insured or Social Security Number         Work Location of Insured (Only required if coverage is specifically inder to extent locations in New York State, i.e., Wap-Up-Policy)       203656767         2. Name and Address of Entity Requesting Proof Coverage [Entity Being Listed as the Certificate Holder)       3a Name of Insurance Carrier         Coverage [Entity Being Listed as the Certificate Holder)       3a Name of Insurance Carrier         Office of Risk and Safety       3a Name of Insurance Carrier         City of Saratoga Springs       4ARTFORD LIFE AND ACCIDENT         Saratoga Springs, NY 12866       3b Policy Wimber of Entity Listed in Box "1a"         LNY713877       3c Policy greated and policy family leave benefits.         B. Disability benefits only.       5. Policy set family leave benefits only.         S. Policy of perjury, Leertify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and Paid Family Leave Benefits Insurance corriers as described above.         Date Signed       09-22-2020       EUgabeth Tello         (Signature of Insurance Agent of that Insurance Agent of that Insurance Agent of that Insurance Agent of that carrier, this certificate is NOT COMPLETE (no purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law, It must be mailed for completion to the Workers' Compensation Board   |   |   |
| Work Location of Insured (Only required if coverage is specifically insured or cattain locations in New York State, i.e., Whap-Up Policy)       Inc., Federal Employer Identification Number of Insurad or Social Security Number         2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)       3a Name of Insurance Carrier         Office of Risk and Safety       3b Policy Number of Entity Listed in Box "1a"         City of Saratoga Springs       47.4 Brroadway         Saratoga Springs, NY 12866       3c Policy effective period         C. Policy provides the following benefits:       A Soth disability and paid family leave benefits.         B. Obability benefits only.       C. Paid family leave benefits is         B. Obability benefits only.       C. Paid family leave benefits is         B. Obability and paid family leave benefits is surance coverage as described above.          Date Signed       0 pel/ury, Icertify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and Paid Family Leave Benefits insurance carrier as described above.         Date Signed       0 p-22-2020       EUgaboth Tables         Imported the Completed by the NYS Workers' Compensation Board (only if Soc 4C or SB of Part 1 has been checked, in this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that learance arrier's Compensation Board, Plans Acceptance Unit, PO Soc 5200, Binghamaton, NY 1380-2420. <td>7227 N 16TH ST - STE 207</td> <td>561-227-6535</td>  | 7227 N 16TH ST - STE 207  | 561-227-6535  |
| limited to certain locations in Neiw York State, i.e., Wrap-Up Policy)       203656767         2. Name and Address of Entity Requesting Proof of<br>Coverage (Entity Being Listed as the Certificate Holder)       as Name of Insurance Carrier         A. All of Saratoga Springs       HARTFORD LIFE AND ACCIDENT         3b Policy Number of Entity Listed in Box "1a"       LNY713877         2c Policy provides the following benefits:       A. Policy provides the following benefits:         B. Disability benefits only.       C. Policy provides the following benefits only.         S. Policy covers:       B. Disability leave benefits only.         B. Disability leave benefits only.       C. Policy of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insurance tarrier's authorized representative or Sicensed agent of the insurance carrier referenced above and that the named insurance overage as described above.         Date Signed       09-22-2020         IMPORTANT:       If Box 4B, 4C or 5B is checked, and this form is signed by the insurance carrier's authorized representative or NYS Disability and Paid Family Leave Benefits Law. It must be maled for completion to the Workers' Compensation Board (Only if Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE. Mail it directly to the certificate holder.         If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be maled for completin to the Workers' Compensation Board (Inn), NY 13902-2300.   |   |   |
| Coverage (Entity Being Listed as the Certificate Holder)       In Kinton mutatation Contrast         Office of Risk and Safety       HARTFORD LIFE AND LIFE AND LIFE AND COLDENT         Staratoga Springs       A. Both disability and paid family leave benefits.         A. Both disability and paid family leave benefits.       INY713877         B. Disability benefits only.       INY713877         S. Policy provides the following benefits:       INY713877         B. Disability benefits only.       INY713877         S. Policy cervers:       INY Interference and the following class or classes of employer's employees:         Under penalty of perjury, Icertify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insurance and that the named insurance and that the named insurance agent of the insurance carrier's authorized representative or NYS Licensed hourses Agent of that insurance carrier's authorized representative or NYS Licensed hourses Agent of that insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is NOT COMPLETE Mail It directly to the certificate holder.         If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed neurance Agent of that carrier, this certificate is NOT COMPLETE Mail It directly to the certificate holder.         If Boxes 4A and 5A are checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It mustor completion to the Workers' Compensation Board (Only If Box 4C o   |   | 203656767   |
| Coverage (Entity Being Listed as the Certificate Holder)       In Kinton mutatation Contrast         Office of Risk and Safety       HARTFORD LIFE AND LIFE AND LIFE AND COLDENT         Staratoga Springs       A. Both disability and paid family leave benefits.         A. Both disability and paid family leave benefits.       INY713877         B. Disability benefits only.       INY713877         S. Policy provides the following benefits:       INY713877         B. Disability benefits only.       INY713877         S. Policy cervers:       INY Interference and the following class or classes of employer's employees:         Under penalty of perjury, Icertify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insurance and that the named insurance and that the named insurance agent of the insurance carrier's authorized representative or NYS Licensed hourses Agent of that insurance carrier's authorized representative or NYS Licensed hourses Agent of that insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is NOT COMPLETE Mail It directly to the certificate holder.         If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed neurance Agent of that carrier, this certificate is NOT COMPLETE Mail It directly to the certificate holder.         If Boxes 4A and 5A are checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It mustor completion to the Workers' Compensation Board (Only If Box 4C o   |   | the second second reaction of the second  |
| Office of Risk and Safety<br>City of Saratoga Springs       3b Policy Number of Entity Listed in Box "1a"<br>LNY713877         Saratoga Springs, NY 12866       LNY713877         a: Policy provides the following benefits:<br>B: Disability and paid family leave benefits.<br>B: Disability benefits only.<br>C: Paid family leave benefits only.<br>Disability benefits only.<br>B: Disability benefits only.<br>C: Paid family leave benefits only.<br>B: Only the following class or classes of employer's employees:<br>Date Signed       Image: Comparison of the complexity of the following class or classes of employer's employees:<br>Disability and or Paid Family Leave Benefits Issurance coverage as described above.<br>Date Signed         Under penalty of perjury, Icertify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insurance source as a described above.<br>Date Signed         (9-22-200)       EUCLEDED         (Signature of Insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.<br>If Box 48, 4C or 58 is checked, and this form is signed by the insurance carrier's authorized representation SO South and Paid Family Leave Benefits Law. It mus to be mailed for completion to the Workers' Compensation Board. Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.         PART 2, To be completed by the NYS Workers' Compensation Board (only if Box 4C or 58 of Part 1 has been checked)         State of New York         Workers' Compensation Board </td <td></td> <td></td>  |   |   |
| City of Saratoga Springs<br>474 Broadway       Instant of the one of the transported of the one of the transported of the one of the transported of the one of th | Office of Risk and Safety   |   |
| Saratoga Springs, NY 12866       3c Policy effective period<br>10-01-2020 to 09-30-2021         4. Policy provides the following benefits:  |   | an alternative of the second se |
|   |   | LNY713877   |
| A. Both disability and paid family leave benefits.  B. Disability benefits only. C. Paid family leave benefits only. C. Policy covers: B. Only the following class or classes of employee's employees: 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 NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above. Date Signed 09-22-2020 Elizabet Telibo (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier) Telephone Number (212) 553-8074 Name and Title: Elizabeth Telio – Assistant Director, Statutory Services IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is NOT COMPLETE. Mail it directly to the certificate holder. If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE. Mail it directly to the certificate holder. If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE. Mail it directly to the workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200. PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked) State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees. Date Signed By   | Saratoga Springs, NY 12866  |   |
| Date Signed       O9-22-2020       Eligabeth Tello         (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)         Telephone Number (212) 553-8074       Name and Title: Elizabeth Tello – Assistant Director, Statutory Services         IMPORTANT:       If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.         If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.         PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)         State of New York<br>Workers' Compensation Board         According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.         Date Signed       By         (Signature of Authorized NYS Workers' Compensation Board Employee)  | A. All of the employer's employees eligible under the NYS Di<br>B. Only the following class or classes of employer's employer<br>Under penalty of perjury, I certify that I am an authorized representative | ees:<br>or licensed agent of the insurance carrier referenced above and that the named  |
| (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)         Telephone Number (212) 553-8074       Name and Title: Elizabeth Tello – Assistant Director, Statutory Services         IMPORTANT:       If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.         If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.         PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)         State of New York         Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.         Date Signed       By         (Signature of Authorized NYS Workers' Compensation Board Employee)   |   |   |
| Telephone Number (212) 553-8074       Name and Title: Elizabeth Tello – Assistant Director, Statutory Services         IMPORTANT:       If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.         If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.         PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)         State of New York         Workers' Compensation Board         According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.         Date Signed       By         (Signature of Authorized NYS Workers' Compensation Board Employee)   | Date orgined  |   |
| IMPORTANT:       If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.         If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.         PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)         State of New York<br>Workers' Compensation Board         According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.         Date Signed       By         (Signature of Authorized NYS Workers' Compensation Board Employee)   |   |   |
| Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.<br>If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS<br>Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation<br>Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.<br>PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)<br>State of New York<br>Workers' Compensation Board<br>According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with<br>the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.<br>Date Signed By<br>(Signature of Authorized NYS Workers' Compensation Board Employee)   |   |   |
| Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation<br>Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.<br>PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)<br>State of New York<br>Workers' Compensation Board<br>According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with<br>the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.<br>Date Signed By<br>(Signature of Authorized NYS Workers' Compensation Board Employee)  |   |   |
| State of New York<br>Workers' Compensation Board         According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with<br>the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.         Date Signed       By         (Signature of Authorized NYS Workers' Compensation Board Employee)  | Disability and Paid Family Leave Benefits Lav   | v. It must be mailed for completion to the Workers' Compensation  |
| Workers' Compensation Board         According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.         Date Signed       By         (Signature of Authorized NYS Workers' Compensation Board Employee)  | PART 2. To be completed by the NYS Workers' Compen  | sation Board (Only if Box 4C or 5B of Part 1 has been checked)  |
| (Signature of Authorized NYS Workers' Compensation Board Employee)  | Workers' Co<br>According to information maintained by the NYS Workers' Cor<br>the NYS Disability and Paid Family Leave Benefits Law with re   | mpensation Board<br>npensation Board, the above-named employer has complied with  |
| Telephone Number Name and Title   |   | (Signature of Authorized NYS Workers' Compensation Board Employee)  |
|   | Telephone Number Name and Title   |   |

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

DB-120.1 (10-17)



## Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1 a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled 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 coverage indicated on this Certificate. (These notices my 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

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 Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or paid family leave benefits 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 NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

## DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

### §220. Subd. 8

(a) 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 employment as defined in this article, and not withstanding 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 the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. 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 disability benefits to any such employee if so employed.

(b) 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 employment as defined in this article and 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 the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

|   |  |                                |                      | a tyler erp solution  |
|---|--|--------------------------------|----------------------|-----------------------|
|   | ATOGA SPRINGS LIVE<br>DMENTS JOURNAL ENTRY PROOF |                                |                      | P 1<br> bgamdent      |
| LN ORG OBJECT PROJ ORG DESCRIPTION<br>ACCOUNT                                     | ACCOUNT DESCRIPTION<br>LINE DESCRIPTION          | PREV<br>EFF DATE BUDGET        | BUDGET<br>CHANGE     | AMENDED<br>BUDGET ERR |
| YEAR-PER JOURNAL EFF-DATE REF 1 REF 2<br>2020 12 288 12/29/2020 BUDGET CCM 122920 | SRC JNL-DESC ENTITY AMEND<br>BUA AMEND-CAP 1 2   |                                |                      |                       |
| 1 H143 45710 1277 INTERFUND REVENUE<br>H -14-3-0000-0-45710 -1277                 | GO BOND PROCEEDS                                 | .00<br>EFF-STREET LIGHTS 12/29 | -200,000.00<br>/2020 | -200,000.00           |
| 2 H3335182 52000 1277 STREET LIGHTING<br>H -33-3-5182-2-52000 -1277               | STREET LIGHTING PROJE<br>NYPA ENERGY             |                                | 200,000.00<br>/2020  | 200,000.00            |
|   | ** JO  | URNAL TOTAL                    | 0.00                 |                       |



### 12/28/2020 11:14 CITY OF SARATOGA SPRINGS LIVE u238 BUDGET AMENDMENT JOURNAL ENTRY PROOF

#### CLERK: u238

### |P 2 |bgamdent

| YEAR PER JNL<br>SRC ACCOUNT<br>EFF DATE JNL DESC  | REF 1 REF 2 REF                        |   | OB DEBIT   | CREDIT     |
|---|--|---|------------|------------|
| 2020 12 288<br>BUA H143-45710-1277<br>12/29/2020 AMEND-CAP<br>BUA H3335182-52000-1277<br>12/29/2020 AMEND-CAP | BUDGET CCM 122920<br>BUDGET CCM 122920 | GO BOND PROCEEDS 5<br>NYPA ENERGY EFF-STREET LIGHTS<br>STREET LIGHTING PROJECT 5<br>NYPA ENERGY EFF-STREET LIGHTS | 200,000.00 | 200,000.00 |
|   |  |   | .00        | .00        |
| BUA H-2960  | DIDGER COM 122020                      | APPROPRIATIONS  |            | 200,000.00 |
| 12/29/2020 AMEND-CAP<br>BUA H-1510<br>12/29/2020 AMEND-CAP  | BUDGET CCM 122920<br>BUDGET CCM 122920 | ESTIMATED REVENUES  | 200,000.00 |            |
|   |  | SYSTEM GENERATED ENTRIES TOTAL  | 200,000.00 | 200,000.00 |
|   |  | JOURNAL 2020/12/288 TOTAL   | 200,000.00 | 200,000.00 |



P 3 bgamdent

| FU | ND<br>ACCOUNT                             | YEAR PER | JNL | EFF DATE<br>ACCOUNT DESCRIPTION                    | DEBIT      | CREDIT     |
|----|---|----------|-----|--|------------|------------|
| Η  | CAPITAL PROJECTS FUND<br>H-1510<br>H-2960 | 2020 12  | 288 | 12/29/2020<br>ESTIMATED REVENUES<br>APPROPRIATIONS | 200,000.00 | 200,000.00 |
|    |   |          |     | FUND TOTAL   | 200,000.00 | 200,000.00 |

\*\* END OF REPORT - Generated by Lynn Bachner \*\*



ANDREW M. CUOMO Governor JOHN R. KOELMEL Chairman GIL C. QUINIONES President and Chief Executive Officer

December 9, 2020

Meg Kelly, Mayor City of Saratoga Springs 474 Broadwayy Saratoga Springs, NY 12866

RE: Energy Services Program Authorization to Proceed with turn-key street light project <u>City of Saratoga Springs – LED Street Lighting</u>

Dear Mayor Kelly,

The New York Power Authority (NYPA) is excited to support the City of Saratoga Springs in identifying and implementing a comprehensive street lighting upgrade. Improving the existing street lights is a widely used and effective strategy to achieve the goal of reducing energy consumption, lowering utility costs, and improving light quality throughout the community.

Consistent with the Master Cost Recovery Agreement, NYPA provides a turn-key solution to upgrade the City of Saratoga Springs' existing street lights to energy efficient LED technology. NYPA is pleased to offer these services to replace approximately 3,388 existing street light fixtures with new high efficient LED technology.

By signing below, the City of Saratoga Springs authorizes NYPA to proceed with the full turn-key solution of the LED street lighting project, which includes the final design report, conduct bids for materials and installation labor, provide construction management, and commission the final project. When the design and bidding is completed, you will receive an Initial Customer Installation Commitment (ICIC) for your review and signature. At this point, if you choose to proceed to project implementation all development costs will be rolled into the overall project. Conversely, should you decide not to proceed with the implementation of the project, the City of Saratoga Springs agrees to reimburse NYPA for all costs incurred up to the termination date for the development, design and bidding of the project. The cost of developing the design and for bidding the materials and labor will be determined during the next phase. NYPA will be fully transparent through this process and provide complete documentation as to how it determined all project costs.

By signing below, affirm that you agree to these conditions:



Authority

ANDREW M. CUOMO Governor

AUTHORIZATION TO PROCEED

JOHN R. KOELMEL Chairman GIL C. QUINIONES President and Chief Executive Officer

Joseph Rende

PAGE 2

(Name, printed)

Meg Kelly

(Name, printed)

#### Director, Customer Business Development

(Title)

(Signature)

(Date)

Mayor, City of Saratoga Springs

(Title)

(Signature)

(Date)

#### **Request for Certification of Sufficient Funds**

Submittal Date: 12.28.20

The Department of \_\_\_\_\_FINANCE\_\_\_ \_\_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):

New York State Power Authority (NYPA) Energy Services Program: City of Saratoga Springs – LED Street Lighting Authorization to Proceed (ATP)

**Appropriation – Current Budget Expense** 

| Org/Object/Proj(s): | H3335182-52000-1277 |
|---------------------|---------------------|
|---------------------|---------------------|

**Amount Requested for Approval:** \$200,000

**Current Amount Available:** \$ 0.00

Transfer/Amendment Pending: \$200,000

Transfer/Amendment Date: \_12/29/20\_

**Department Head Signature** 

**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. ocuSigned by

Michele D. Clark Madign 00CBE3FAAE9B4F8..

12/28/2020

**Commissioner of Finance** 

Approval Date

#### CITY OF SARATOGA SPRINGS BUDGET AMENDMENT REQUEST DEPARTMENT Finance

#### FOR THE CITY COUNCIL MEETING

12/29/2020

| REVENUE              |               |               | EXPENDITURE         |      |            |
|----------------------|---------------|---------------|---------------------|------|------------|
| ORG/OBJECT           |               | AMOUNT        | ORG/OBJECT          |      | MOUNT      |
| H143-45710-1277      |               | 200,000.00    | H3335182-52000-1277 |      | 200,000.00 |
| <b>Bond Proceeds</b> |               | -             |                     |      | -          |
|                      |               | -             |                     |      | -          |
|                      |               | -             |                     |      | -          |
|                      |               | -             |                     |      | -          |
|                      |               | -             |                     |      | -          |
|                      |               | -             |                     |      | -          |
|                      |               | -             |                     |      | -          |
| TOTALS               | \$            | 200,000.00    |                     | \$   | 200,000.00 |
|                      |               |               | _                   |      |            |
| APPROVED BY          | $\mathcal{R}$ | endu (        | Aven                | - La | dO         |
|                      |               | $\rightarrow$ |                     | / -  |            |

In accordance with section 4.4.10 of the City Charter and the City's budget amendment policy, all amendments shall be accompanied by written justifiaction, including the financing source. Please provide explanation on this form, or if necessary attach a separate sheet.

#### Explanation - Use additional sheets if necessary

To establish the capitl budget for the NYPA Energy Efficient Program - Street Lights

### ADDENDUM ONE TO AGREEMENT BETWEEN THE CITY OF SARATOGA SPRINGS, NY AND FISCAL ADVISORS & MARKETING, INC

Original Agreement approved January 5, 2016

THIS ADDENDUM ONE, by and between Fiscal Advisors & Marketing, Inc., with offices at 250 S. Clinton St., STE 502, Syracuse, NY 13202 ("Consultant") and the City of Saratoga Springs ("City"), 474 Broadway, Saratoga Springs, NY 12866 entered into between the above referenced parties on the effective date of 01/05/2016 is hereby added to the original Agreement of Financial Advisor Services.

#### WITNESSETH:

The City and the Consultant entered into an agreement, as approved by the City Council at its meeting on January 5, 2016, that the Consultant would provide the City with financial advisors services on an as needed basis for the period commencing on January 5, 2016 and ending on December 31, 2020. Fees under the original contract were established consistent with Exhibit A of the original agreement.

For this ADDENDUM ONE, the City and the Consultant agree to modify the prior agreement as follows:

<u>Section 4. Term of Agreement</u>. The term of the services provided in the agreement shall be extended to April 30, 2021.

All other terms and conditions of the original Agreement remain the same, including the fees in accordance with Exhibit A to the original agreement.

The parties, having agreed to the terms and the recitals set forth herein, and in relying thereon, herein sign this Agreement.

Fiscal Advisors & Marketing, Inc.

**CITY OF SARATOGA SPRINGS, NY** 

| By: (  | ea | nine | 5  | R.  | Ca   | rupo    |
|--------|----|------|----|-----|------|---------|
| Title? | CE | EOL  | m  | lin | ieno | Daditoo |
| Date:  | 12 | 18   | 13 | 00  | 20'  |         |

|       | By:          |  |
|-------|--------------|--|
|       |              |  |
|       | Title: Mayor |  |
| Date: |              |  |

City Council Approval Date: \_\_\_\_



City of Saratoga Springs, NY: Risk and Safety Agreement for Professional Services

| City Project Number:                  | City Project Name:      | Prevailing Wage Project No.:           |
|---------------------------------------|-------------------------|--|
| City Department:: Finance             | Department Contact Pers | son: Christine 6, Broom City Ext. 2564 |
| Company Name: - Fiscal Advi           | sors & Marke            | ting, Inc.                             |
| Company Address: 63 Putnar            | nSt., Suite 202,        | Saratoga Springs, NY 12866             |
| Company Telephone No.: (518)          | 541-3861                | Company Fax No.: (315) 752-0057        |
| Consultant Primary Contact for This P | roject: Jeanine R       | . Carvso Title: CEO/MUNICIPAL Advisor  |

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 Consultant represents that it has all necessary governmental licenses to perform the services described herein.

The Consultant shall procure and maintain during the term of this contract, at the Consultant's expense, the insurance policies listed with limits equal to or greater than the enumerated limits. The Consultant 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 (the "City"), its officers, or its employees, if any, shall be excess and not contributory insurance to that provided by the Consultant. Every required coverage type shall be "occurrence basis" with the exception of Professional Errors and Omissions Coverage which may be "claims made" coverage. The Consultant 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 and Safety must approve all insurance certificates. The City 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 Consultant fails to procure and maintain the required coverage(s) and minimum limits such failure shall constitute a material breach of contract, whereupon the City may exercise any rights it has in law or equity, including but not limited to the following: (1) immediate termination of the contract; (2) withholding any/all payment(s) due under this contract or any other contract it has with the vendor (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 shall be repaid upon demand, or at the City's option, may be offset against any monies due to the Consultant.

The City requires the Consultant name the City of Saratoga Springs 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: Three Million Dollars per Occurrence Aggregate;
- Professional Errors and Omissions Insurance: Two Million per Claim 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 Consultant 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 (2) 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 Consultant 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 Consultant 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 Consultant utilizes a Sub-Consultant for any portion of the services outlined within the scope of its activities, the Sub-Consultant shall provide insurance of the same type or types and to the same extent of

coverage as that provided by the Consultant. All insurance required of the Sub-Consultant shall name the City as an Additional Insured on a primary and non-contributory basis for the same coverage all those activities performed within its contracted activities for the contact as executed.

The Consultant, to the fullest extent provided by law, shall defend, indemnify and save harmless the City, its Agents and Employees 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 Consultant or its employees or anyone for whom the Consultant is legally liable or Sub-Consultants. 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 Consultant, as aforesaid.

The Consultant 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 Consultant 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 Consultant. Upon request accommodation will be provided to allow individuals with disabilities to participate in all services, programs and activities.

The Consultant will provide his or her own equipment and materials as necessary to perform the work except as identified within the RFP/RFQ/BID Documents. 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 Consultant's staff as the agents, representatives or employees of the City for any purpose in any manner whatsoever. The Consultant and its staff are to be and shall remain an independent Consultant with respect to all services performed under this Agreement. The Consultant 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 Consultant or other persons, while engaged in the performance of any work or services required by the Consultant 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 Consultant, its officers, agents, Consultants or employees shall in no way be the responsibility of the City; and the Consultant 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.

The City specifically reserves the right to suspend or terminate all work under this contract whenever Consultant and/or Consultant's employees or sub-consultants are proceeding in a manner that threatens the life, health or safety of any of Consultant's employees, sub-consultant's employees, City employees or member(s) of the general public on City property. This reservation of rights by the City in no way obligates the City to inspect the safety practices of the Consultant. If the City exercises its rights pursuant to this part, the Consultant shall be given three (3) days to cure the defect, unless the City in its sole and absolute discretion, determines that the service cannot be suspended for three (3) days due to the City's legal obligation to continuously provide Consultant's service to the public or the City's immediate need for completion of the Consultant's work. In such case, Consultant shall immediately cure the defect. If the Consultant fails to cure the identified defect(s), the City shall have the right to immediately terminate this contract. In the event that the City terminates this contract, any payments for work completed by the Consultant shall be reduced by the costs incurred by the City in re-bidding the work and/or by the increase in cost that results from using a different vendor.

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

| Consultant Signature: _ | Jeanine | R. Caruzo | Date: | 12/18/ | 2027 |
|-------------------------|---------|-----------|-------|--------|------|
|                         | 0       |           |       | / /    |      |

#### AGREEMENT BETWEEN CITY OF SARATOGA SPRINGS, NY AND

#### FISCAL ADVISORS AND MARKETING, INC.

*This Agreement* ("Agreement") is made by and between the City of Saratoga Springs, NY (the "City") with a place of business at 474 Broadway, Saratoga Springs, NY 12866, and FISCAL ADVISORS AND MARKETING, INC. (the "Consultant") with a place of business at 120 Walton Street, Suite 600, Syracuse, NY 13202.

#### WITNESSETH THAT:

WHEREAS, the City has requested a quotation for financial advisor services and the Consultant has submitted a proposal in response to RFP 2015-47; and the Consultant is trained and proficient in the field of financial advisor services,

NOW, THEREFORE, in consideration of the mutual promises, responsibilities and covenants set forth herein, the City and the Consultant hereby agree as follows:

#### 1. SCOPE OF AGREEMENT

In response to a request for a pricing proposal requested by the City for financial advisor services, the Consultant submitted a proposal dated December 17, 2015 (the "Proposal"), which are attached hereto as Exhibit A and made a part hereof. The Consultant shall provide to the City the services set forth therein for financial advisor services. The Consultant assumes full responsibility for the provision of the services made available in this Agreement. The Consultant shall be so liable even when the Consultant subcontracts the provision of a portion of the services. Subcontracting shall be permitted only with the prior written approval of the City.

#### 2. CONSULTANT RESPONSIBILITIES

The Consultant shall provide services as outlined in the proposals dated December 17, 2015 as marked.

#### 3. CONSULTANT DISCLOSURE

The requirements of New York State Finance Law Sections 8 and 163 regarding Consultant Disclosure are hereby incorporated into this Agreement.

#### 4. FEES

The costs, fees and disbursements associated with the provision of products and services by the Consultant shall be determined in accordance with the terms and provisions of Exhibit A. No City employee, including the Project Manager named in Section 8 has the authority to request that the Consultant perform any additional work beyond the work authorized or described herein or to incur additional expenses above the amount set forth in Exhibit A of this Agreement.

#### 5. TERM

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 and end on December 31, 2020. The Consultant 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 for any reason by mailing written notice to the Consultant at least thirty (30) days prior to such termination date.

The City reserves the right to terminate this Agreement in the event it is found that either of the certifications filed by the Consultant in accordance with New York State Finance Law Section 139-k was intentionally false or intentionally incomplete. Upon such finding, the City may exercise its termination right by providing written notification to the Consultant in accordance with the provisions of Section 8 herein.

The City shall not incur any costs if it terminates this Agreement, other than those otherwise due to the Consultant for products delivered and services rendered by the Consultant pursuant to the terms and provisions of this Agreement at the time of such termination. Upon any termination, the Consultant shall only be entitled to compensation for products delivered and services rendered up to the date of termination.

In addition, in the event of any violation by the Consultant of any of the terms of this Agreement, the City may terminate the Agreement without notice and with compensation to the Consultant for fees and expenses rendered only to the date of termination. Any breach of any of the terms of this Agreement by the Consultant will result in immediate and

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The requirements of New York State Finance Law Sections 8 and 163 regarding Consultant Disclosure are hereby incorporated into this Agreement.

#### 4. FEES

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### 5. TERM QRC 1/H 2016

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 and end on December 31, 2020. The Consultant 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 for any reason by mailing writish notice to the Consultant at least thirty (30) days prior to such termination date.

The City reserves the right to terminate this Agreement in the event it is found that either of the certifications filed by the Consultant in accordance with New York State Finance Law Section 139-k was intentionally false or intentionally incomplete. Upon such finding, the City may exercise its termination right by providing written notification to the Consultant in accordance with the provisions of Section 8 herein.

The City shall not incur any costs if it terminates this Agreement, other than those otherwise due to the Consultant for products delivered and services rendered by the Consultant pursuant to the terms and provisions of this Agreement at the time of such termination. Upon any termination, the Consultant shall only be entitled to compensation for products delivered and services rendered up to the date of termination.

In addition, In the event of any violation by the Consultant of any of the terms of this Agreement, the City may terminate the Agreement without notice and with compareation to the Consultant for fees and expenses rendered only to the date of termination. Any breach of any of the terms of this Agreement by the Consultant will result in Immediate and

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irreparable injury to the City and will authorize recourse to injunction and/or other specific performance as well as to all other legal or equitable remedies to which the City may be entitled.

#### 6. EFFECTIVE DATE

This Agreement shall have no force and effect until approved by the City Council of the City of Saratoga Springs, NY.

#### 7. BILLING

The Consultant shall provide itemized statements monthly to be reviewed and approved by the City. Invoices must be submitted to: City of Saratoga Springs, NY, Attn. Purchasing Agent, 474 Broadway, Saratoga Springs, NY 12866. Payment by the City will be made in accordance with the State Finance Law, upon receipt of such statements and upon approval by the City. No City employee, including the Project Manager named in Section 8 has the authority to request that the Consultant perform any additional work beyond the work authorized or described herein or to incur additional expenses above the amount set forth in Exhibit A of this Agreement.

#### 8. NOTICE

The Commissioner of Finance is the project manager and shall represent the City in all matters affecting the delivery of products and services. The project manager for the Consultant is Damon Hacker.

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 Finance<br>City of Saratoga Springs<br>474 Broadway, Saratoga Springs, NY 12866                        |
|-----------------|--|
| With a copy to: | Secretary to the City Council<br>City of Saratoga Springs<br>474 Broadway, Saratoga Springs, NY 12866                  |
| To Consultant:  | Jeanine Rodgers Caruso, CIPMA, MBA<br>FISCAL ADVISORS AND MARKETING, INC.<br>35 Ginger Terrace, Clifton Park, NY 12065 |

Either party may designate another or further address by notice given in accordance herewith.

#### 9. CONFIDENTIAL INFORMATION

In connection with the provision of products and/or services to the City by Consultant, the City may disclose to Consultant information that is proprietary or confidential information. Any and all City communications, records, documents, written, oral or electronic communication or other information of any kind shall be deemed and treated as confidential by the Consultant. The Consultant shall not copy, transmit, deliver or communicate in any way to any other person or entity any such communications and/or information without the prior written consent of the City. The Consultant agrees to use such confidential information solely for the purpose of performing services hereunder for the City.

The term "confidential information" does not include information that (i) is or becomes generally available to the public other than as a result of disclosure by the Consultant, (ii) is or becomes available to the Consultant on a nonconfidential basis from sources other than the City, provided that such source is not bound by a written confidentiality agreement with the City, or (iii) was lawfully within the Consultant's possession prior to its being furnished to the Consultant by the City, provided that the source of such information was not bound by a written confidentiality agreement with the City, or (iv) is required under applicable law or by deposition, interrogatory, request or demand for information or documents, subpoena, investigative demand, court order or other similar legal process. In such cases the Consultant shall provide the City with written notice that such information is not deemed confidential. Such notice shall provide the City sufficient time to seek a protective order or other legal remedy.

All written confidential information (and all copies, extracts or other reproductions in whole or in part thereof) obtained by the Consultant from the City shall be returned to the City and have the status of City work papers (or, with the City's written permission, shall be destroyed and such destruction certified in writing to the City by an authorized Consultant representative supervising such destruction). Except as set forth herein, no confidential information shall be retained by the Consultant. The Consultant shall be permitted to retain one copy of internal memoranda and other

documents, developed by the Consultant during the term of this Agreement, which contain or refer to confidential information, subject to the confidentiality provisions of this paragraph.

Nothing in this section shall be construed to alter the Consultant's responsibilities under any applicable State Law. Since monetary damages may not be a sufficient remedy with respect to any violation of this section, the City shall be entitled to specific performance and injunctive relief, in addition to any other remedy.

#### 10. CITY PROPERTY

All information and materials received hereunder by the Consultant from the City are and shall remain the sole and exclusive property of the City and the Consultant 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 Consultant. All intellectual property, created by the Consultant hereunder as a product or as a service to the City shall be the sole and exclusive property of the City. The Consultant hereby transfers and assigns to the City all proprietary and intellectual property rights in such property.

Effective upon their creation pursuant to Section 2 of this Agreement, the Consultant 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 Consultant 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 Consultant, its agents, employees, or subcontractors. Nothing herein shall preclude the Consultant from otherwise using the related or underlying general knowledge, skills, ideas, concepts, techniques and experience developed under this Agreement in the course of the Consultant's business.

The Consultant 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 Consultant under this Agreement. Any written reports, opinions and advice rendered by the Consultant shall become the sole and exclusive property of the City, and the Consultant 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 Consultant.

#### 11. **RETENTION OF RECORDS**

The Consultant 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 Consultant 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.

#### 12. CONFLICTS OF INTEREST

The Consultant represents and warrants that it has no conflict, actual or perceived, that would prevent it from performing its duties and responsibilities under the Agreement.

#### 13. PUBLICITY

The Consultant shall not prepare or release, or cause to be prepared or released, any public notice or announcement concerning this Agreement or performance hereunder. Public notice or announcement includes, but is not limited to, notices published on or in connection with the Consultant's website. The Consultant shall not plan, conduct, or cause to be planned or conducted, or take part in, any news or other conference concerning this Agreement, or work performed pursuant to it, without the City's prior written approval. The Consultant shall not make public or publicize its relation with the City, nor use the City's name, without the City's prior written approval.

#### 14. **RELATIONSHIP**

No staff member, officer, director or person employed by the Consultant in connection with this Agreement shall be considered or deemed to be an employee of the City of Saratoga Springs, NY or represent him or herself as an employee of the City of Saratoga Springs, NY.

#### 15. INSURANCE

All insurance policies required under this Agreement shall be issued by insurance companies authorized to conduct business under the laws of the State of New York. They shall be written for the benefit of the City of Saratoga Springs, NY; its elected and/or appointed officials, officers, agents, employees and for the Consultant. Said policies shall be effective until all work required or contemplated by the Agreement has been completed. Policies expiring on a fixed date before completion of the Consultant's duties under this Agreement must be renewed not less than 30 days before such expiration date. No policy shall be changed by endorsement without the knowledge and the written consent of the

City and, in particular, any notice of cancellation by the insurer shall not be effective until 30 days after the said notice is actually received by the City. Any notice addressed to the City shall be mailed via certified or registered mail to the address set forth herein. The Consultant acknowledges that failure to obtain such insurance on behalf of the City constitutes a material breach of contract and subjects it to liability for damages indemnification and all other legal remedies available to the City.

In the event the Consultant 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 Consultant. 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.

Before commencing work under this Agreement, the Consultant shall furnish to the City a certificate of insurance naming: the City of Saratoga Springs, NY; its elected and/or appointed officials, officers, agents and employees as an additional insured on a primary and non-contributory basis. 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 City. Such certificate shall be on forms acceptable to the City's Office of Risk and Safety Management showing that the Consultant has complied with these requirements. In addition, for policies expiring on a fixed date before completion of the Project, certificates showing renewal must be filed not less than 30 days before such expiration date.

It shall be an affirmative obligation of the Consultant to advise the City's Office of Risk and Safety at Fax No. 518.693.4070, e-mail Marilyn.Rivers@Saratoga-Springs.org or mail via 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 Consultant shall procure and maintain during the term of this contract, at the Consultant's expense, the insurance policies listed in Part II with limits equal to or greater than the enumerated limits. The Consultant 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 / 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 Consultant. Every required coverage type shall be "occurrence basis" with the exception of Professional Errors and Omissions Coverage which may be "claims made" coverage. The Consultant 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 Consultant fails to procure and maintein 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; immediate termination of the contract; withholding any/all payment(s) due under this contract or any other contract it has with the vendor (common law set-off); 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 Consultant.

#### Reguired Property and Casualty Insurance - Minimum coverage types and amounts:

- <u>Commercial General Liability Including Completed Products and Operations and Personal Liability Insurance</u>; One Million Dollars per Occurrence with Two Million Dollars Aggregate
- <u>Commercial Automobile Insurance:</u> One Million Dollars Combined Single Limit for Owned, Hired and Nonowned Vehicles
- Excess Liability Insurance: Three Million Dollars per Occurrence Aggregate
- Professional Liability Insurance: One Million per Claims with Two Million Aggregate

#### Required Workers Compensation Insurance - Minimum coverage types and amounts:

NYS Statutory Workers Compensation, Employer's Liability and Disability Insurance

#### 16. LIABILITY

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The Consultant assumes all risks in the performance of all its activities authorized by this Agreement. The Consultant hereby covenants and agrees to defend, indemnify and hold harmless the City of Saratoga Springs, NY; its elected and/or appointed officials, officers, agents, employees and assigns against all liabilities, claims, suits, actions, judgments, costs, expenses, demands, losses, damage or injury, arising out of this agreement, of whatsoever kind and nature including death or injury to person, damage or loss of property, all attorneys' fees and other costs of investigating and defending against such claims, liabilities, losses, damages, expenses, accidents or occurrences. The Consultant

shall be responsible for such liabilities that arise at any time prior to termination of this Agreement, whether direct or indirect, and whether caused or contributed to by the Consultant, its Consultants, subcontractors, agents, or employees. The Consultant's responsibility under this section shall not be limited to the required or available insurance coverage.

#### 17. 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.

#### 18. WAIVER

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No failure or delay on the part of the City in exercising any right, power or remedy hereunder shall operate as a waiver thereof. No single or partial exercise of any such right, power or remedy shall preclude any other or further exercise thereof or the exercise of any other right, power or remedy. The remedies provided for herein are cumulative and are not exclusive of any remedies that may be available to any party at law or in equity or otherwise.

#### **19. 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.

#### 20. BINDING AGREEMENT

The covenants and agreements contained in this Agreement shall be binding upon the parties hereto and upon their respective executors, administrators, legal representatives, heirs, successors, distributees and assigns. The rights or obligations granted or allocated to the Consultant herein may not be assigned without the prior written consent of the City.

#### 21. ASSIGNMENT

The Consultant shall not, without the prior written consent of the City, assign, transfer, convey, or otherwise dispose of this Agreement, or any part thereof, or of its right, title, or interest therein or its power to execute this Agreement or any amendment or modifications hereto to any other person, company, or corporation.

#### 22. SEVERABILITY

In the event any provision of this Agreement is determined to be contrary to law or unenforceable for any reason whatsoever, such determination shall not in any way affect the validity or enforceability of the balance of this Agreement or any other term or condition hereof.

#### 23. WAIVER OF IMMUNITY CLAUSE

Upon refusal of a representative of our firm, when called before a grand jury, to testify concerning any transaction or contract with the City of Saratoga Springs, NY or to sign a waiver of immunity against subsequent criminal prosecution or to answer any relevant question concerning such transactions or contracts: Such person, and any firm, partnership or corporation of which he is a member, partner, director or officer shall be disqualified from thereafter selling to or submitting bids to or receiving awards from or entering into any contracts with any municipal corporation or fire district, or any public department, agency or official thereof, for goods, work or services, for a period of five years after such refusal, and to provide also that; any and all contracts made with any municipal corporation or any public department, agency or official thereof, with any fire district or any agency or official thereof, by such person, and by any firm, partnership or corporation of which he is a member, partner, director or officer may be cancelled or terminated by the City without incurring any penalty or damages on account of such cancellation or termination, buy any monies owing by the City for goods delivered or work done prior to the cancellation or termination shall be paid.

#### 24. NON-COLLUSIVE BIDDING CERTIFICATION: Section 103-d of General Municipal Law

By submission of this quotation, the Consultant and each person signing on behalf of any Consultant certifies, and, in 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: The prices in this quotation 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 Consultant or with any competitor; and unless otherwise required by law, the prices which have been quoted in this quotation have not been knowingly disclosed by the Consultant and will not knowingly be disclosed by the Consultant prior to opening, directly or indirectly, to any other Consultant or to any competitor; and no attempt has been made or will be made by the Consultant to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

#### 25. APPENDICES

1.1.1.1

The Consultant, its subcontractors, vendors and agents shall comply with the terms of the following Exhibits which are attached to this Agreement are incorporated by reference herein and which shall be made a part of this Agreement:

Exhibit A: Vendor/Supplier Code of Conduct

The following are attached to this Agreement for reference purposes:

Exhibit A: Proposals dated December 17, 2015

#### 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.

<u>City Certification</u>: 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.

Consultant 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.

| CITY Signature: Marchan                      | Signature: Ranne R. Cause   |
|--|---|
| Date://@///@                                 | Date: (112/24/2015  |
| Print Name:and anne putchsen                 | Print Name: Jeanine R. Course   |
| Title:                                       | Title: President  |
| City Council Approval Date:                  | _   |
| CORPORATE ACKNOWLEDGMENT                     |   |
| STATE OF NEW YORK )                          |   |
| )  | SS:   |
| THAT HE/SHE RESIDES IN CITYON                | 12 20 2015 BEFORE ME PERSONALLY CAME<br>N, WHO BEING DULY SWORN, DID DEPOSE AND SAY |
| MARKETING, INC.                              | THE FISCAL ADVISORS 4   |
| EXECUTED THE FOREGOING INSTRUMENT; THAT HE   | THE CORPORATION DESCRIBED IN AND WHICH  |
| THE SEAL AFFIXED TO SAID INSTRUMENT WAS SUCH |   |
| ORDER OF THE BOARD OF DIRECTORS OF SAID CO   |   |
| THERETO BY LIKE ORDER.                       |   |
| Zantra I da                                  |   |
| NOTARY PUBLIC                                | 01000   |
| BI   | ARBARA L SIMON  |
|  | ublic - State of New York   |
|  | No. 01SI6159981   |

No. 01Si6159961 Qualified in Saratoga County My Commission Expires Jan. 29, 2019

# EXHIBIT A PROPOSAL TO THE CITY OF SARATOGA SPRINGS

## FOR FINANCIAL ADVISOR SERVICES



## RFP #: 2015-47-Financial Advisor Services RFP



December 17, 2015



## CITY OF SARATOGA SPRINGS REQUEST FOR PROPOSAL FOR FINANCIAL ADVISOR

1. Please include the names, mailing addresses, telephone number, facsimile number and electronic mail of the principal contact person for your firm and the principal author of the submission.

Principal contact person and principal author of submission:

Jeanine Rodgers Caruso, CIPMA, MBA President Fiscal Advisors & Marketing, Inc. 35 Ginger Terrace Clifton Park, New York 12065 (518) 383-3602 phone (518) 383-4071 fax e-mail: jcaruso@fiscaladvisors.com

Additional Members of financing team contact information: Back up Financial Advisor: Christine Crowley, CIPMA Fiscal Advisors & Marketing, Inc. 120 Walton Street, Suite 600 Syracuse, New York 13202 (315)752-0051 x324 phone (315)752-0057 fax e-mail: ccrowley@fiscaladvisors.com

<u>Client Administrator:</u> Natalie Mousaw, CIPMA Fiscal Advisors & Marketing, Inc. 120 Walton Street, Suite 600 Syracuse, New York 13202 (315)752-0051 x325 phone (315)752-0057 fax e-mail: <u>nmousaw@fiscaladvisors.com</u> 2. Provide brief resumes for the professional members of your firm who will be assigned to the City's financing on a priority basis.

# Jeanine Rodgers Caruso, CIPMA, MBA, President T: (518) 383-3602 jcaruso@fiscaladvisors.com Capital Region Office

Ms. Caruso is a Certified Independent Professional Municipal Advisor (CIPMA), President of Fiscal Advisors, and the immediate past president of the National Association of Municipal Advisors (NAMA). As the President of NAMA, Ms. Caruso frequently traveled to Washington, D.C. to meet with SEC, MSRB and legislative leaders regarding the regulation of municipal advisors. She has been a participant in the MSRB's "Municipal Market Roundtable" and frequently quoted in <u>The Bond Buyer</u>.

During her nearly thirty year career, Ms. Caruso has been personally involved in the planning and structuring of several billion dollars of financings. Prior to joining Fiscal Advisors in 1998, Ms. Caruso was Associate Vice President-Investment Banking at First Albany Corporation where she worked with municipalities, authorities, higher educational institutions, health care, not-for-profit and IDA clients to successfully underwrite their bond issues. In addition, she was a Senior Bond Analyst at Moody's Investors Service where she provided ratings for hundreds of municipalities, school districts and revenue bond issuers.

Ms. Caruso earned an MBA degree in Financial Management from the Lubin Graduate School of Business at Pace University (NYC) and a B.A. degree in Communications with minors in Business Administration and Computer Science from the State University of New York (Albany). Ms. Caruso is a member of the Government Finance Officers Association (GFOA), and both the Capital Region and Adirondack Chapters of the New York State Association of School Business Officials (NYSASBO).

# Christine M. Crowley, CIPMA, Municipal Advisor

#### T: (315) 752-0051 Ext. 326 cerowley@fiscaladvisors.com Corporate Headquarters

Ms. Crowley joined Fiscal Advisors & Marketing, Inc. in 1999 and is a Certified Independent Professional Municipal Advisor (CIPMA). She received her Bachelor of Science degree, in 1999, with a major in Finance and a concentration in Economics from the State University of New York at Oswego.

Since joining Fiscal Advisors & Marketing, Inc., Ms. Crowley has assisted in the issuance of over \$4 billion of municipal securities for over 175 municipalities, school districts and public authorities throughout New York State. As a representative of the Corporate Headquarters Office, she has structured and coordinated the marketing of a

considerable number of bond, note and lease issuances providing clients with capital project *and* cash flow financing. Ms. Crowley researches and compiles information necessary to provide refunding and qualitative analysis for the firm's clients. She has assisted over 100 clients with the issuance of advance and current refundings. Ms. Crowley has also worked with issuances related to pooled financings, revenue bonds and tax sale certificates.

Ms. Crowley coordinates the firm's Continuing Disclosure Department, which provides the dissemination of necessary documents on behalf of the firm's clients in order to satisfy the requirements implemented by the Securities & Exchange Commission (S.E.C.) in relation to Continuing Secondary Market Disclosure (S.E.C. Rule 15c2-12).

Ms. Crowley is a member of the Delaware-Chenango-Otsego and Central New York Chapters of the New York State Association of School Business Officials (ASBO), the Government Finance Officers Association (GFOA) and the National Association of Municipal Advisors (NAMA). Ms. Crowley has served on various committees through NAMA and currently serves as Secretary to the Association and serves on the Standards, Ethics and Certification Committee.

# Natalie Mousaw, CIPMA, Senior Analyst

T: (315) 752-0051, Ext. 325 nmousaw@fiscaladvisors.com Corporate Headquarters

Ms. Mousaw joined Fiscal Advisors & Marketing, Inc. in December 2003 and is a Certified Independent Professional Municipal Advisor (CIPMA), acting as a representative of the Corporate Headquarters Office. Prior to joining Fiscal Advisors Ms. Mousaw worked in the Security Servicing Department at The Bank of New York.

She currently assists with coordinating the preparation of Official Statements and marketing note and bond issues providing clients with capital project financing which includes finalization of bid proposals and delivery of proceeds. In addition, Ms. Mousaw analyzes cash flow statements and assists clients with cash flow financing. She also works with clients by analyzing outstanding bond issues to identify refunding opportunities in order to provide present value savings.

Ms. Mousaw also assists the Continuing Disclosure Department which provides the dissemination of necessary documents on behalf of the firm's clients in order to satisfy the requirements implemented by the Securities and Exchange Commission in relation to Continuing Secondary Market Disclosure Filing.

Ms. Mousaw is a member of the Central New York Chapter of the New York State Association of School Business Officials (ASBO), the Government Finance Officers Association (GFOA) and the National Association of Municipal Advisors (NAMA).

3

In 2002, Ms. Mousaw earned a Bachelor of Science degree from LeMoyne College in Syracuse, New York.

# 3. Describe your firm, including profile, experience and background, branch offices (if any), number of financial advisors specializing in municipal finance

**Fiscal Advisors & Marketing, Inc. ("FA")** is a registered independent municipal advisory firm working throughout New York State with a team of experienced professionals, including ten Municipal Advisors, each skilled in various aspects of New York State local government and school district finance. FA is ready to provide the City of Saratoga Springs with the expertise and commitment it deserves. As an independent municipal advisory firm FA has no affiliation with financial institutions which enables FA to serve only in the best interest of the clients it represents without any conflict of interest. FA is registered with the Securities and Exchange Commission (SEC) as a Municipal Advisory Firm and FA's Municipal Advisors are registered with the Municipal Securities Rulemaking Board (MSRB) as Municipal Advisors. These registrations are required to serve as Municipal Advisors to local governments in the United States. FA Municipal Advisors are members of the National Association of Municipal Advisors (NAMA). FA is a proud charter member of NAMA.

**FA** assists over 500 New York State municipalities, school districts and public authorities with various financial advisory services. Since its incorporation in 1967, FA has assisted in the issuance of over \$60 billion of project financing and financial management and is consistently ranked as one of the top ten firms nationally, both in dollar volume and number of issues brought to market.

With five offices across New York State, FA professionals are readily available to attend work sessions, public hearings and board meetings. FA's Corporate Headquarter's office is located in the Central New York Region (Syracuse metropolitan area) and the four regional offices are located in the **Capital Region (Clifton Park)**, Western New York region (LeRoy), Finger Lakes region (Canandaigua), and Long Island Region (Bethpage, Long Island).

**FA** has fostered an excellent reputation with all aspects of the market. both as a member of NAMA and from the frequency of issues brought to the market. FA's experience and dedication to excellence bring a sense of security to the banking and underwriting community. FA has earned a high degree of trust in our judgments and opinions from the rating agencies and municipal bond insurers. FA also has highly productive working relationships with many bond counsels, who prefer working with FA knowing that the process will be streamlined.

FA lends its expertise and assistance to municipalities and school districts in many areas including: financial planning and budget forecasting, capital planning and financing, bond and note financing including cash flow borrowings, impact analysis on taxpayers and users, feasibility studies, credit rating review and analysis, lease financings,

refunding analysis, continuing secondary market disclosure, state building aid filings, sewer exclusion applications and accounting services.

*FA* lends its expertise and assistance to municipalities and school districts for marketing obligations for many purposes including:

- BUILDING PROJECTS
- CASH FLOW BORROWINGS (Revenue Anticipation Notes, Tax Anticipation Notes)
- TAX SETTLEMENTS
- ENERGY PERFORMANCE CONTRACTS
- ADVANCE REFUNDINGS

The factors we believe the City should use in selecting the Financial Advisor should be focused on experience and efficiency. While these terms may seem broad, we will highlight the specific areas that we feel supports this statement and thus demonstrate the strength of our Proposal.

#### Experience

Due to FA's large staff of professionals we have the unique ability to offer a diverse and vast wealth of knowledge for which the City may draw upon for issues not only related to municipal financial matters but also on issues related to day to day accounting, capital improvement planning and financing, and cash flow borrowings. We have served the City as financial advisor since 2005 and have built a strong relationship with the finance staff and the bond counsel. In addition, our experience is helpful during the rating agency review process and the bond insurance process. In addition, we are able to speak with potential bond purchasers about the City's credit factors.

#### Efficiency

As the City will find, we assist all forms of local governments in bringing a diverse amount of financings to the municipal debt market. For a list of current financings, please visit our website, www.fiscaladvisors.com We have used this ability to assist our clients to gain efficiencies in the market place through reduced issuance costs, better credit enhancement and the best interest rates available in the market on any given day. Reduction in issuance cost benefits our clients by providing more monies to become available for other costs more important to running the daily operations of our clients. Also, other parties to the debt issuance realize our expertise and familiarity with financings and are therefore more apt to keep their fees reduced. Better credit enhancement is accomplished with our prior rating agency experience and therefore we can provide advice on measures to protect the City's credit rating and even offer suggestions on steps to take to upgrade the City's credit. This will in turn provide for lower interest rates on the borrowings. We therefore feel that the efficiencies we bring to the transaction together with the number of issues that our firm brings to market annually is a signal to the market that our assistance on financing can be trusted and relied upon, and thus investors in the City's obligations respond by providing lower borrowing costs.

4. Please provide a list of your financings of issuers and financings of similar size in New York State and Saratoga County. Please provide contact information for at least three references.

We have provided a list of our financings for the last three years (to date) in Appendix A, attached hereto. The chart below illustrates the clients in Saratoga County that we have served over the years as Financial Advisor.

| Ballston, Town of                      |  |
|--|--|
| Ballston Spa CSD                       |  |
| Burnt Hills-Ballston Lake CSD          |  |
| Charlton, Town of                      |  |
| Clifton Park, Town of                  |  |
| Clifton Park-Halfmoon Library District |  |
| Clifton Park Water Authority           |  |
| Corinth, V/O                           |  |
| Corinth CSD                            |  |
| Halfmoon Fire District                 |  |
| Halfmoon, Town of                      |  |
| Jonesville Fire District               |  |
| Malta, Town of                         |  |
| Mechanicville CSD                      |  |
| Northside Fire District                |  |
| Saratoga County                        |  |
| Saratoga County Sewer District         |  |
| Saratoga Springs                       |  |
| Saratoga, Town of                      |  |
| South Glens Falls CSD                  |  |
| Stillwater, Town of                    |  |
| Stillwater Fire District               |  |
| Vischer Ferry Fire District            |  |
| Wilton, Town of                        |  |
| Wilton Fire District                   |  |
|  |  |

We have provided three references below:

Mr. Albert B. Nolette County Treasurer County of Washington County Municipal Center 383 Broadway Fort Edward, New York 12828 Phone: 518-746-2220 Ms. Deborah DeGenova Commissioner of Finance & Administration City of Schenectady City Hall-Room 103 105 Jay Street Schenectady, New York 12305 Phone: 518-382-5011

Mr. Ken Bennett Deputy Comptroller City of Albany City Hall-Room 109 Albany, New York 12207 Phone: 518-434-5036

5. Describe your firm's access to sources of current market information to assist in pricing of negotiated sales and information to assist the City in planning and executing competitive sales.

Fiscal Advisors & Marketing, Inc. subscribes to The Bond Buyer which is a daily weekday publication. This contains all of the sale and market information that a municipality needs during the sale process. In addition, we have contacts at the large investment banking firm trading desks that are cooperative when we have questions or need market information throughout the sale process. There are also many helpful on-line resources like Bloomberg and Municipal Market Data.

6. Disclose your firm's affiliation or relationship with any broker-dealer.

Fiscal Advisors & Marketing, Inc. has no affiliation or relationship with any broker-dealer. In fact, we are members of the National Association of Municipal Advisors (NAMA), which prohibits us from affiliating with broker/dealers.

7. Disclose any finder's fees, fee splitting, payments to consultants, or other contractual arrangements of your firm that could present a real or perceived conflict of interest.

Fiscal Advisors & Marketing, Inc. does not receive finder's fees, engage in fee splitting, or make payments to consultants. However, there is one subsidiary of Fiscal Advisors & Marketing, Inc. that needs to be disclosed:

Fiscal Advisors & Marketing, Inc. owns a subsidiary, Premier Printing, which prints and distributes all of the Official Statements for Fiscal's clients. This

subsidiary was formed many years ago as an alternative to sending the Official Statements to the New York City printing firms who charged very high rates for printing.

## 8. Please discuss any other relevant factors that should be considered by the City.

We believe that it is important to outline the services we propose to provide the City if we are named Financial Advisor:

#### **BOND, TAX OR REVENUE ANTICIPATION NOTES:**

For the issuance of Bond Anticipation Notes, Tax Anticipation Notes or Revenue Anticipation Notes with an Official Statement and Notice of Sale, FA's responsibilities will include the following:

- Meet with appropriate officials to formulate and discuss the Financial Plan including the preparation of preliminary maturity schedules with an estimate of the interest cost and impact on tax rates.
- Provide a chronological Calendar of Events for necessary financial and legal items to be accomplished in conjunction with the financing.
- Provide advice on the implications of the Local Finance Law and the Tax Reform Act of 1986 as it relates to the structure and timing of the financing for the capital projects.
- Advise as to the maturity date of the Bond Anticipation Notes and the dollar size of the issue recognizing Federal and State Regulations and market conditions.
- Gather the information necessary to create a Preliminary Official Statement from annual reports and other documents, and by interviewing administrators, all in compliance with the Official Compilation of Codes, Rules and Regulations of the State of New York, the Local Finance Law and the Securities and Exchange Commission's Rule 15c2-12.
- Prepare the Notice of Sale in compliance with the Official Compilation of Codes, Rules and Regulations of the State of New York and the Local Finance Law and coordinate with Bond Counsel.
- Review overlapping/underlying debt of other units of local government and acquire pertinent information through requests to the governments and the office of the State Comptroller.
- Coordinate the activities of the proposed financing with Bond Counsel.

- Advise as to the condition of the financial market at such time as the bond anticipation notes are ready for sale.
- Update the Preliminary Official Statement on a current basis when the sale is scheduled. Distribute the Preliminary Official Statement and Notice of Sale to an extensive list of potential underwriters throughout New York State and the United States. Assist the printing firm to post the Preliminary Official Statement on the FA website.
- Act as a point of contact in the financial industry to clarify any potential uncertainties on the part of the potential underwriters.
- Recommend the date, time and location of the sale. Conduct the Sale and recommend acceptance or rejection of the bids based on compliance with the bidding instructions. Verify the net interest cost and provide advice on the award of the bid.
- Arrange all applicable details for the delivery of the issue, including the acquisition of CUSIP (Committee on Uniform Security Identification Procedures) numbers. Coordinate arrangements for delivery of book-entry-only issues with The Depository Trust Company (DTC). Alternative arrangements may be made for physical delivery locally. Coordinate the responsibilities at the time of closing among DTC, the purchasing underwriter(s), the City's bank and Bond Counsel. Provide written wire-transfer directions to the underwriter for depositing the proceeds into the City's local bank account on the day of closing.
- Review all applicable closing documents to support verification that they are properly executed. Confirm the accuracy of the Federal Funds Wire Transfer credit advice and the bank reference number of the wire transfer.
- Prepare the Final Official Statements for the underwriter for distribution in the secondary market as required by Securities and Exchange Commission Rule 15c2-12.
- Assist the printing firm to post the Final Official Statement on the FA website.
- Prepare comprehensive debt payment schedules tailored to the fiscal year of the City and distribute to appropriate parties.

#### **BOND ISSUES:**

# For issuance of Serial Bonds with an Official Statement, FA's responsibilities will include the following:

- Meet with appropriate officials to formulate and discuss the Financial Plan including the preparation of preliminary maturity schedules with an estimate of the interest cost and impact on tax rates.
- Provide a chronological Calendar of Events for necessary financial and legal items to be accomplished in conjunction with the financing.
- Provide advice on the implications of the Local Finance Law, and Tax Reform Act of 1986 as they relate to the structure and timing of the financing for the capital projects.
- Advise on the length of the maturity schedule for the serial bonds and the dollar size of the issue based on Federal and State Regulations and upon market conditions.
- Prepare, where appropriate, a consolidated maturity schedule for submission to both the City and Bond Counsel for approval.
- Gather the information necessary to create a Preliminary Official Statement from annual reports and other documents, and by interviewing administrators as necessary, in compliance with the Official Compilation of Codes, Rules and Regulations of the State of New York, the Local Finance Law and the Securities and Exchange Commission's Rule 15c2-12.
- Review overlapping/underlying debt of other units of local government for the Official Statement and acquire pertinent information through requests to the governments and the offices of the State Comptroller as required.
- Coordinate activities of the proposed financing with the School District, the City's Attorney and Bond Counsel.
- Submit required documentation to the Rating Agencies (Moody's and/or Standard & Poor's) and follow-up to support issuance of the best possible credit rating for the Serial Bond issue. Arrange and coordinate meetings with the Rating Agencies if necessary.
- Prepare the proper application for Municipal Bond Insurance.
- Advise as to the condition of financial market at such time as the Serial Bonds are ready for sale.

- Revise and update the Preliminary Official Statement on a current basis when the sale is scheduled. Distribute the Preliminary Official Statement and Notice of Sale to an extensive list of potential underwriters throughout New York State and the United States. Assist the printing firm to post the Preliminary Official Statement on the FA website.
- Act as a point of contact in the financial industry to clarify any potential uncertainties on the part of the potential underwriters.
- Prepare and file the executed Debt Statement with the New York State Comptroller's Office Department of Audit & Control.
- Arrange for the required legal advertisement of the Summary Notice of Bond Sale in the "The Bond Buyer" and the local newspaper in compliance with the Official Compilation of Codes, Rules and Regulations of the State of New York, the Local Finance Law and the Securities and Exchange Commission's Rule 15c2-12.
- Recommend the date and time of the sale. Conduct the Sale and recommend acceptance or rejection of the bids based on compliance with the bidding instructions. Verify the Net Interest Cost and advise on the award of the bid.
- Arrange all applicable details for the delivery of the issue, including the acquisition of CUSIP (Committee on Uniform Security Identification Procedures) numbers. Coordinate the arrangements of delivery for book-entry-only issues with The Depository Trust Company (DTC) or in physical form locally. Coordinate the responsibilities at the time of closing among DTC, the purchaser(s), the City's bank and Bond Counsel. Provide written wire-transfer directions to the underwriter for depositing the proceeds into the City's bank account on the day of closing.
- Confirm the accuracy of the Federal Funds wire transfer credit advice and the bank reference number of the wire transfer. Coordinate the deposit of the "Sure-Bid" good faith payment (2% of the Issue amount).
- Coordinate, where appropriate and requested by the City, the payoff of any Bond Anticipation Notes with the Serial Bond proceeds.
- Prepare Final Official Statements for distribution by the Underwriter in the secondary market as required by Securities and Exchange Commission Rule 15c2-12.
- Assist the printing firm to post the Final Official Statements on the FA website.

- Prepare comprehensive debt service schedules tailored to the fiscal year of the City and distribute to appropriate parties, and advise concerning the procedures for paying debt service, upon request.
- Provide the necessary information to Bond Counsel so they can prepare the necessary tax forms to be filed with the appropriate tax authorities relating to the debt issuance.

#### **CONTINUING DISCLOSURE:**

Continuing Annual Secondary Market Disclosure over the life of the bond issue to comply with CFR Title 17, Securities Exchange Act of 1934, as Amended, Section 240.15c2-12.

- The above-referenced Section 240.15c2-12 requires the City, as the issuer of \$1,000,000 or more, "to enter into a written agreement to provide certain event notices and/or annual financial information to specified Information Repositories." The regulation makes it unlawful for a broker or underwriter to purchase and reoffer the City's issue unless the broker has verified that the City has undertaken the above-referenced "written agreement or contract for the benefit of the bond holders." Services rendered for compliance will depend directly upon the amount and type of indebtedness incurred by the City.
- FULL DISCLOSURE The City is required to annually prepare and file a secondary market disclosure Official Statement (financial information and operating data); audited annual reports, if any; and Material Event Notices to all Information Repositories, if the City's total outstanding indebtedness, including the current issue, exceed \$10,000,000. The collection and verified filing of the required information would be accomplished by our firm, as annually required and as Event Notes are received from the City.
- LIMITED DISCLOSURE The City is required to provide financial information to anyone upon request, or at least annually file the financial information to the State Information Depository, if any. The City must also provide Material Event Notices to all Information Repositories. The collection and verified filing of the required information would be accomplished by our firm, as annually required and as Event Notices are received from the City, if the City's total outstanding indebtedness, including the current issue, is less than \$10,000,000.
- LIMITED DISCLOSURE EVENT NOTICES ONLY The City is required to file certain "Event Notices" to the specified Information Repositories. When "Events" occur during the life of the issue, the determination and filing of the "Event Notes" would be accomplished by our firm, after being notified by the City as "Events" occur.

9. Disclose any pending investigation of your firm or enforcement or disciplinary actions taken within the past three years by the SEC or other regulatory body.

There are no pending investigations of Fiscal Advisors & Marketing, Inc. nor any enforcement or disciplinary actions taken within the past three years by the SEC or other regulatory body.

10. Provide the level of malpractice insurance carried, including the deductible to cover errors and omissions, improper judgments, or negligence.

Fiscal Advisors & Marketing, Inc. carries \$1,000,000 of malpractice insurance, with a \$25,000 deductible.

11. Provide a fee proposal in dollars for a three-year and five year period. Provide a list of all fees associated with the proposal. Identify any fees that are a "not to exceed" basis, describe any condition attached to your fee and explicitly state which costs are included in the fee proposal and which costs are to be reimbursed. A list of reimbursable fees, including vendor name, address and fee, shall be submitted to the City at the time of scheduling the issue.

We have outlined our fees below for the various services we would expect to provide to the City. We are willing to commit to maintaining this fee schedule for the next five years. Please note that <u>FA will not charge for out-of-pocket expenses</u>.

# FISCAL ADVISORS & MARKETING, INC. FEE SCHEDULE <sup>(1) (2) (3) (4)</sup>

| SERVICE                                       | <u>FEES</u> |
|---|-------------|
| Bond Anticipation Note Issues                 |             |
| Under \$1,000,000 (Notice of Sale only)       | \$1,800     |
| \$1,000,001-\$10,000,000 (Official Statement) | \$5,500     |
| \$500 Per every million over \$10,000,000     |             |
| Bond Issues                                   |             |

| Under \$1,000,000 (Notice of Sale only)              | \$2,600                    |
|--|----------------------------|
| Bonds up to \$5,000,000 (Official Statement, rating) | \$8,200                    |
| (bond fee increases based on size - \$1,000 per \$1  | million above \$5 million) |

#### **Refunding Bond Issues**

| Up to \$5,000,000 | \$19,500 |
|-------------------|----------|
|-------------------|----------|

(bond fee increases based on size - \$1,500 per \$1 million above \$5 million)

#### **Continuing Disclosure**

| Annual Continuing Disclosure (when an Official |         |
|--|---------|
| Statement has been completed during that year) | \$1,200 |
| Material Event Filings (per occurrence)        | \$ 500  |
| Hourly Fee                                     | \$185   |

(Hourly fees are not generally charged as all coSts are part of the financings. Hourly fee included should any special projects arise).

(1) Actual Fees will be based on actual work performed: Fees may be affected by additional hourly fees charged for additional services specifically requested by the client

(2) This fee schedule is proprietary information provided to the client only; <u>it is not</u> for dissemination.

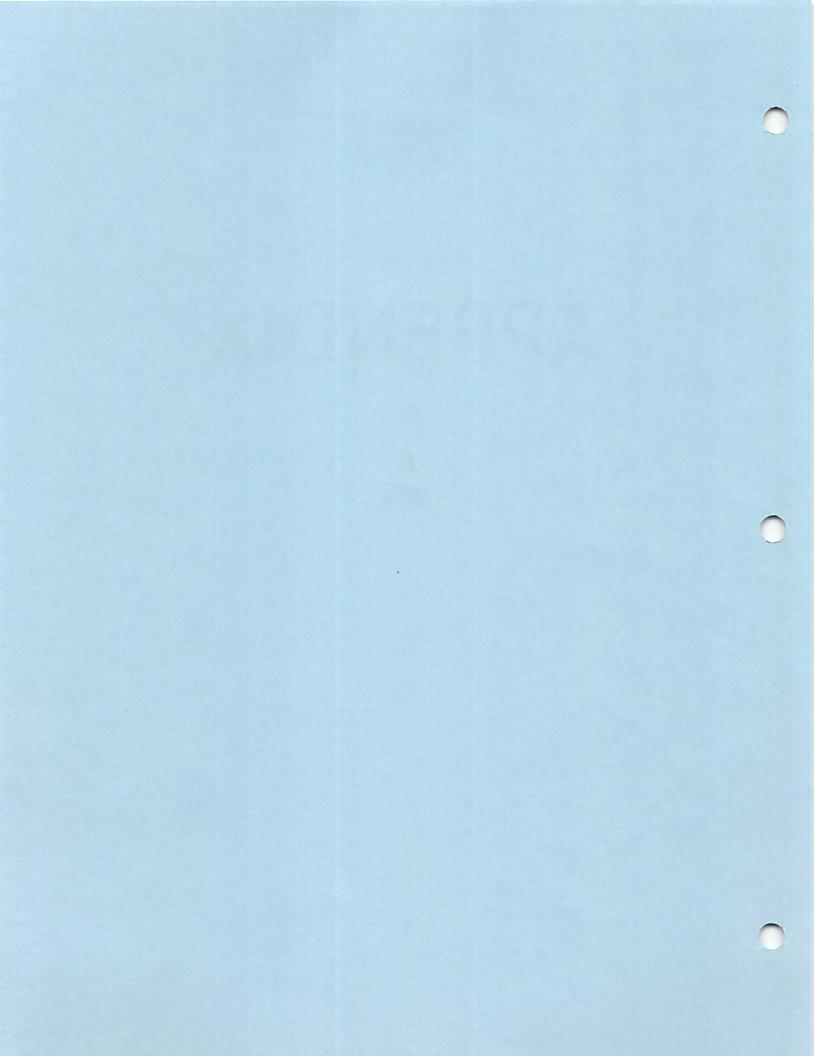
(3) The Client shall be responsible for the actual cost of printing and distribution of the Preliminary and Final Official Statements, Notices of Sale and Bid Forms. Rating Agency fees are also the City's responsibility.

(4) If the City did not do a bond issue during the calendar year, the Continuing Disclosure fee would be \$2,200.

#### **CERTIFICATIONS:**

The Certifications requested in Step One of the RFP are executed and attached as Appendix B.

# APPENDIX A



# FISCAL ADVISORS & MARKETING, INC. BOND ISSUES BETWEEN \$2 AND \$10 MILLION FOR THE LAST THREE YEARS

September 1, 2012 - November 25, 2015

|                               | ISSUE       | ТҮРЕ     | DATE             |
|-------------------------------|-------------|----------|------------------|
| CLIENT                        | AMOUNT      | ISSUE    | DATE<br>3/7/2013 |
| rondack CSD                   | \$3,645,000 | RF<br>RF | 4/11/2013        |
| Afton CSD                     | \$3,040,000 | 10.000   | 7/3/2013         |
| Albany C/O                    | \$9,890,000 | B        |                  |
| Albany C/O                    | \$4,545,000 | RF       | 5/21/2015        |
| Albany C/O                    | \$4,670,000 | RF       | 5/21/2015        |
| Albany CSD                    | \$2,983,177 | QSCB     | 12/12/2012       |
| Amsterdam CSD                 | \$9,065,000 | RF       | 3/18/2014        |
| Auburn C/O                    | \$3,610,000 | RF       | 11/1/2012        |
| Auburn C/O                    | \$2,414,800 | B        | 5/28/2015        |
| Auburn C/O                    | \$8,700,000 | B        | 8/27/2015        |
| Ausable Valley CSD            | \$4,335,000 | B        | 10/1/2013        |
| Ausable Valley CSD            | \$5,600,000 | RF       | 10/28/2015       |
| AuSable Valley CSD            | \$5,600,000 | RF       | 10/28/2015       |
| Averill Park CSD              | \$9,300,000 | RF       | 1/30/2013        |
| Baldwinsville CSD             | \$8,710,000 | B        | 6/10/2014        |
| Beekmantown CSD               | \$3,431,892 | В        | 7/5/2013         |
| Belleville-Henderson CSD      | \$4,630,000 | В        | 10/31/2012       |
| Belleville-Henderson CSD      | \$7,013,000 | В        | 6/27/2013        |
| Berne-Knox-Westerlo CSD       | \$9,980,000 | В        | 12/28/2012       |
| Bethlehem T/O                 | \$6,715,000 | RF       | 12/20/2012       |
| Bethlehem T/O                 | \$5,912,058 | В        | 5/28/2015        |
| Beukendaal FD                 | \$4,360,000 | В        | 3/12/2014        |
| Binghamton C/O                | \$9,885,000 | В        | 1/30/2014        |
| Binghamton C/O                | \$2,400,000 | RF       | 7/14/2015        |
| Binghamton CSD                | \$3,915,000 | RF       | 7/9/2013         |
| CES- Broome & Tioga Co        | \$6,065,000 | RF       | 3/20/2014        |
| CES- Madison & Oneida Co      | \$6,450,000 | RF       | 3/20/2014        |
| Boght Community FD            | \$5,360,000 | В        | 12/19/2013       |
| Bolton Point Water Commission | \$2,600,000 | В        | 10/5/2012        |
| Brasher Falls CSD             | \$8,365,000 | RF       | 3/5/2013         |
| Brasher Falls CSD             | \$7,220,000 | В        | 6/10/2015        |
| Brocton CSD                   | \$2,930,000 | RF       | 5/15/2013        |
| Brocton CSD                   | \$5,000,000 | QSCB     | 7/24/2013        |
| Brocton CSD                   | \$3,565,000 | RF       | 4/28/2015        |
| Brocton CSD                   | \$8,560,000 | В        | 6/10/2015        |
| Broome Co                     | \$5,655,000 | RF       | 4/24/2013        |
| Brushton-Moira CSD            | \$3,210,000 | В        | 6/26/2014        |
| Burnt Hills-Ballston Lake CSD | \$7,800,000 | RF       | 2/27/2013        |
| Byron-Bergen CSD              | \$4,575,000 | RF       | 3/26/2013        |
| C/O Rome                      | \$6,175,000 | RF       | 4/22/2015        |
| Camden CSD                    | \$9,990,000 | RF       | 12/23/2014       |
| Canajoharie CSD               | \$6,795,000 | В        | 10/31/2012       |
| Canaseraga CSD                | \$6,145,000 | В        | 6/25/2015        |
| Carmel CSD                    | \$4,690,000 | RF       | 11/14/2013       |
| Carmel CSD                    | \$5,642,000 | В        | 6/25/2014        |
| Cassadaga Valley CSD          | \$2,240,000 | RF       | 11/14/2012       |
| Catskill CSD                  | \$6,310,000 | RF       | 8/19/2014        |
| Cattaraugus Co                | \$6,160,165 | В        | 9/5/2012         |
| Cattaraugus Co                | \$7,210,000 | RF       | 1/23/2013        |
| Cattaraugus Co                | \$6,460,000 | В        | 3/4/2013         |
| Cattaraugus Co                | \$3,750,000 | В        | 4/15/2015        |
| Cazenovia CSD                 | \$2,290,000 | RF       | 3/26/2013        |
| ral Square CSD                | \$7,292,761 | B        | 9/20/2013        |
| Chautauqua Co                 | \$9,151,317 | B        | 9/25/2014        |
| Chemung Co                    | \$3,159,522 | B        | 10/25/2012       |
| Chemung Co                    | \$6,710,000 | RF       | 4/18/2013        |
| Chemung Co                    | \$5,771,477 | B        | 10/18/2013       |

|                               | ISSUE       | TYPE  |      |          |
|-------------------------------|-------------|-------|------|----------|
| CLIENT                        | AMOUNT      | ISSUE | D    | ATE      |
|                               | \$4,916,077 | В     | 12/1 | 18/2014  |
| Chenango Forks CSD            | \$5,850,000 | RF    | 4/2  | 9/2015   |
| Chittenango CSD               | \$7,930,000 | В     | 10/3 | 31/2012  |
| Chittenango CSD               | \$4,710,000 | RF    | 2/2  | 0/2013   |
| Clifton Park T/O              | \$8,035,000 | RF    | 3/   | 7/2013   |
| Clyde-Savannah CSD            | \$3,890,000 | В     | 6/1  | 0/2014   |
| Cobleskill-Richmondville CSD  | \$9,075,000 | В     | 10/3 | 31/2012  |
| Cobleskill-Richmondville CSD  | \$3,265,000 | RF    | 4/2  | 9/2015   |
| Coeymans Hollow FD            | \$2,350,000 | В     | 1/2  | 9/2015   |
| Cohoes C/O                    | \$3,765,000 | RF    | 11/  | 7/2013   |
| Cohoes C/O                    | \$2,000,000 | В     | 8/2  | 1/2014   |
| Colton-Pierrepont CSD         | \$6,690,000 | RF    | 2/1  | 4/2013   |
| Corinth CSD                   | \$2,225,000 | В     | 10/. | 31/2012  |
| Corinth V/O                   | \$4,890,000 | RF    | 3/2  | 1/2013   |
| Cortland Co                   | \$7,452,000 | В     | 2/2  | 7/2015   |
| Cortland Co                   | \$8,280,000 | RF    |      | 7/2015   |
| Coxsackie-Athens CSD          | \$5,095,000 | В     | 6/1  | 3/2013   |
| Coxsackie-Athens CSD          | \$4,005,000 | RF    | 3/3  | 31/2015  |
| Deerfield T/O                 | \$2,150,000 | В     | 7/2  | 2/2015   |
| Delaware Academy CSD at Delhi | \$6,780,000 | В     | 6/1  | 0/2015   |
| Delhi CSD                     | \$4,310,000 | RF    | 3/1  | 9/2013   |
| Deposit CSD                   | \$6,930,000 | В     | 6/1  | 0/2014   |
| DeRuyter CSD                  | \$3,960,000 | В     | 6/2  | 26/2013  |
| Dewitt FD                     | \$6,605,000 | RF    | 6/2  | 25/2015  |
| Dewitt T/O                    | \$3,420,000 | RF    | 12/  | 11/2014  |
| vitt T/O                      | \$2,990,000 | RF    | 10/  | 15/2015  |
| dee CSD                       | \$9,320,677 | В     | 6/1  | 7/2015   |
| East Bloomfield CSD           | \$2,971,000 | В     | 8/2  | 27/2015  |
| East Islip UFSD               | \$2,725,000 | RF    | 5/   | 7/2015   |
| East Ramapo CSD               | \$7,412,491 | BN    | 3/2  | 27/2013  |
| East Rochester UFSD           | \$4,045,000 | В     | 6/1  | 13/2013  |
| Eastchester UFSD              | \$9,966,725 | В     | 6/2  | 27/2013  |
| Edmeston CSD                  | \$2,665,000 | RF    | 12/  | 23/2014  |
| Edwards-Knox CSD              | \$5,225,000 | RF    |      | 26/2013  |
| Elmira C/O                    | \$3,865,000 | В     | 4/3  | 30/2013  |
| Elmira C/O                    | \$5,290,000 | RF    | 3/2  | 26/2014  |
| Elmira C/O                    | \$2,543,000 | В     | 4/1  | 10/2014  |
| Elmira C/O                    | \$3,436,294 | В     | 4/3  | 30/2015  |
| Endwell FD in the T/O Union   | \$2,560,000 | В     | 4/1  | 16/2015  |
| Essex Co                      | \$9,720,000 | В     | 11/  | 15/2013  |
| Fairport CSD                  | \$4,314,000 | В     | 12/  | 29/2014  |
| Fallsburg T/O                 | \$3,500,000 | В     | 10/  | 24/2012  |
| Fayetteville-Manlius CSD      | \$7,610,000 | В     | 6/   | 13/2013  |
| Fayetteville-Manlius CSD      | \$5,055,000 | RF    | 7/   | /2/2013  |
| Fonda-Fultonville CSD         | \$8,240,000 | RF    | 3/2  | 21/2013  |
| Fonda-Fultonville CSD         | \$2,480,000 | В     | 8/   | 15/2013  |
| Frankfort-Schuyler CSD        | \$6,675,000 | В     | 10/  | /31/2012 |
| Franklinville CSD             | \$4,385,000 | В     | 6/:  | 26/2014  |
| Franklinville CSD             | \$9,075,000 | В     |      | 24/2015  |
| Fulton C/O                    | \$6,623,800 | В     |      | 25/2014  |
| Fulton CSD                    | \$5,366,293 | В     |      | 20/2013  |
| Genesee Co                    | \$4,200,000 | В     |      | 26/2013  |
| esee Co                       | \$4,745,827 | В     |      | /23/2014 |
| Genesee Co                    | \$9,326,464 | В     |      | 27/2015  |
| Geneseo CSD                   | \$4,650,000 | RF    |      | 10/2013  |
| Geneseo CSD                   | \$9,395,000 | В     |      | 25/2013  |
| Geneva CSD                    | \$9,945,000 | В     | 6/   | 10/2015  |

|                            | ISSUE       | ТҮРЕ  | П   |            |
|----------------------------|-------------|-------|-----|------------|
| CLIENT                     | AMOUNT      | ISSUE |     | DATE       |
| Salls CSD                  | \$6,860,000 | RF    |     | 10/21/2015 |
| Glenville FD #2            | \$2,700,000 | В     |     | 10/30/2014 |
| Glenville T/O              | \$6,825,000 | RF    |     | 4/9/2013   |
| Gloversville CSD           | \$5,970,000 | В     | 1.1 | 10/31/2012 |
| Great Neck V/O             | \$2,240,000 | RF    |     | 8/21/2013  |
| Greene CSD                 | \$2,480,000 | RF    |     | 7/30/2014  |
| Greenport T/O              | \$5,826,800 | В     |     | 9/13/2012  |
| Guilderland CSD            | \$7,955,000 | RF    |     | 3/7/2013   |
| Guilderland FD             | \$3,821,276 | В     |     | 5/29/2014  |
| Hadley-Luzerne CSD         | \$2,355,000 | В     |     | 7/15/2014  |
| Halfmoon FD #1             | \$3,000,000 | В     |     | 6/18/2013  |
| Halfmoon T/O               | \$7,330,000 | RF    |     | 7/31/2014  |
| Hamilton V/O               | \$7,470,000 | В     |     | 5/7/2015   |
| Hannibal CSD               | \$3,660,000 | RF    |     | 7/30/2014  |
| Herkimer Co                | \$4,825,000 | RF    |     | 4/18/2013  |
| Herkimer CSD               | \$2,022,956 | В     |     | 4/23/2014  |
| Herkimer CSD               | \$6,530,000 | RF    |     | 5/21/2015  |
| Herkimer V/O               | \$2,487,000 | В     |     | 12/27/2012 |
| Horseheads V/O             | \$3,400,000 | В     |     | 1/9/2015   |
| Hudson C/O                 | \$2,572,175 | В     |     | 4/24/2014  |
| Hunter-Tannersville CSD    | \$5,440,000 | RF    |     | 10/14/2015 |
| Huntington FD              | \$4,500,000 | В     |     | 5/1/2013   |
| Irondequoit T/O            | \$4,485,000 | В     |     | 12/13/2012 |
| Ithaca C/O                 | \$3,044,137 | В     |     | 8/1/2013   |
| Ithaca C/O                 | \$9,945,000 | RF    |     | 9/3/2014   |
| u ca CSD                   | \$6,525,000 | В     |     | 7/1/2015   |
| a T/O                      | \$3,450,000 | В     |     | 8/15/2013  |
| Ithaca T/O                 | \$3,000,000 | В     |     | 12/30/2014 |
| Ithaca T/O                 | \$2,950,000 | В     |     | 11/13/2015 |
| Jamesville-Dewitt CSD      | \$6,460,000 | RF    |     | 3/6/2013   |
| Jefferson Co               | \$7,000,000 | В     |     | 6/3/2015   |
| Johnson City V/O           | \$6,985,000 | RF    |     | 1/29/2013  |
| Johnstown CSD              | \$6,325,000 | RF    |     | 10/20/2015 |
| LaFayette T/O              | \$3,173,000 | В     |     | 7/30/2015  |
| Lake George CSD            | \$2,300,000 | RF    |     | 11/20/2013 |
| Lansing CSD                | \$2,285,000 | В     |     | 6/13/2013  |
| Lansing CSD                | \$2,215,000 | В     |     | 6/10/2015  |
| Laurens CSD                | \$8,080,000 | RF    |     | 11/5/2015  |
| Lewis Co                   | \$4,795,000 | В     |     | 8/8/2013   |
| Lewis Co                   | \$3,100,000 | RF    |     | 11/25/2014 |
| Lewis Co                   | \$8,590,000 | RF    |     | 10/8/2015  |
| Little Falls CSD           | \$4,230,000 | RF    |     | 3/13/2013  |
| Liverpool CSD              | \$7,590,000 | RF    |     | 12/18/2014 |
| Maine-Endwell CSD          | \$5,645,000 | В     |     | 10/31/2012 |
| Maine-Endwell CSD          | \$7,610,000 | В     |     | 6/24/2015  |
| Malone CSD                 | \$8,496,497 | QZAB  |     | 5/15/2013  |
| Manchester-Shortsville CSD | \$2,410,000 | В     |     | 6/10/2015  |
| Marathon CSD               | \$5,549,552 | В     |     | 6/13/2013  |
| Massena CSD                | \$3,110,000 | RF    |     | 12/13/2012 |
| Massena CSD                | \$6,065,000 | RF    |     | 7/30/2015  |
| McGraw CSD                 | \$6,655,000 | В     |     | 6/25/2014  |
| Medina CSD                 | \$3,325,000 | В     |     | 10/31/2012 |
| ands V/O                   | \$2,775,000 | В     |     | 6/27/2013  |
| Mexico CSD                 | \$3,875,736 | В     |     | 9/25/2013  |
| Minisink Valley CSD        | \$2,663,937 | В     |     | 8/5/2015   |
| Minoa V/O                  | \$2,565,000 | RF    |     | 4/17/2013  |
| Montgomery Co              | \$6,150,000 | RF    |     | 8/27/2013  |

|                                     | ISSUE       | TYPE  | D. L TER   |
|-------------------------------------|-------------|-------|------------|
| CLIENT                              | AMOUNT      | ISSUE | DATE       |
| Intgomery Co                        | \$8,150,000 | B     | 3/17/2015  |
| Montgomery Co                       | \$3,450,000 | RF    | 11/4/2015  |
| Moravia CSD                         | \$2,225,000 | RF    | 12/16/2014 |
| Morrisonville FD                    | \$2,500,000 | В     | 8/28/2013  |
| New Hartford T/O                    | \$2,580,000 | B     | 6/27/2013  |
| Newark Valley CSD                   | \$8,730,000 | RF    | 3/20/2013  |
| Niskayuna CSD                       | \$3,200,000 | В     | 6/27/2013  |
| North Greenbush FD #1               | \$6,462,237 | B     | 3/5/2015   |
| North Rose-Wolcott CSD              | \$7,735,000 | RF    | 11/24/2015 |
| North Salem T/O                     | \$2,025,000 | В     | 7/8/2015   |
| OCM BOCES                           | \$5,890,000 | B     | 6/30/2015  |
| OCWA                                | \$8,390,000 | RF    | 3/5/2013   |
| OCWA                                | \$5,200,000 | В     | 4/22/2015  |
| Oneonta C/O                         | \$5,545,000 | В     | 2/6/2013   |
| Oneonta CSD                         | \$8,685,000 | RF    | 4/3/2013   |
| Oneonta CSD                         | \$4,025,000 | В     | 6/10/2015  |
| Orleans Co                          | \$3,600,000 | В     | 5/21/2013  |
| Orleans Co                          | \$8,003,000 | В     | 4/15/2015  |
| Oswego C/O                          | \$6,150,000 | В     | 10/23/2014 |
| Oswego CSD                          | \$6,853,601 | В     | 6/24/2014  |
| Otego-Unadilla CSD                  | \$8,540,000 | RF    | 9/19/2012  |
| Owego-Apalachin CSD                 | \$8,098,038 | В     | 6/18/2013  |
| Oyster Bay T/O                      | \$7,500,000 | В     | 4/22/2013  |
| Pavilion CSD                        | \$5,145,000 | RF    | 4/8/2015   |
| Penn Yan CSD                        | \$2,345,000 | RF    | 5/14/2014  |
| ipstown-North Highlands FD          | \$3,755,000 | RF    | 4/16/2015  |
| enix CSD                            | \$3,595,998 | В     | 6/18/2014  |
| Plattsburgh CSD                     | \$4,700,000 | RF    | 2/19/2013  |
| Pleasantville V/O                   | \$2,430,000 | RF    | 4/29/2014  |
| Pleasantville V/O                   | \$3,580,000 | RF    | 4/28/2015  |
| Pleasantville V/O                   | \$2,208,000 | В     | 8/20/2015  |
| Port Byron CSD                      | \$5,091,191 | В     | 7/2/2013   |
| Port Byron CSD                      | \$2,245,000 | RF    | 3/18/2015  |
| Princetown T/O                      | \$2,435,000 | RF    | 6/19/2013  |
| Putnam Co                           | \$6,446,535 | В     | 11/21/2012 |
| Putnam Co                           | \$3,113,000 | В     | 11/15/2013 |
| Putnam Co                           | \$3,478,274 | В     | 11/20/2014 |
| Putnam Valley CSD                   | \$4,850,000 | RF    | 4/16/2014  |
| Putnam Valley CSD                   | \$9,545,000 | RF    | 4/29/2015  |
| Queensbury UFSD                     | \$5,605,000 | В     | 10/31/2012 |
| Rome C/O                            | \$8,320,000 | RF    | 10/7/2015  |
| Rome CSD                            | \$5,450,000 | RF    | 3/21/2013  |
| Rome CSD                            | \$6,870,000 | В     | 6/10/2015  |
| Rome CSD                            | \$4,876,281 | В     | 8/5/2015   |
| Romulus CSD                         | \$3,735,000 | RF    | 3/11/2014  |
| Romulus CSD                         | \$4,470,000 | В     | 6/10/2015  |
| Roscoe CSD                          | \$2,050,000 | В     | 6/10/2015  |
| Rotterdam-Mohonasen CSD             | \$6,525,000 | В     | 10/31/2012 |
| Rotterdam-Mohonasen CSD             | \$4,020,000 | RF    | 2/18/2015  |
| Royalton-Hartland CSD               | \$3,750,000 | В     | 6/26/2014  |
| Sackets Harbor CSD                  | \$2,320,000 | В     | 10/31/2012 |
| Sackets Harbor V/O                  | \$2,045,000 | RF    | 5/27/2015  |
| ha T/O                              | \$3,515,000 | RF    | 9/12/2013  |
| Saranac CSD                         | \$4,960,000 | В     | 6/10/2014  |
| Saratoga Co<br>Saratoga Springs C/O | \$3,090,000 | RF    | 9/25/2012  |
|                                     | \$4,278,499 | B     | 6/27/2013  |

| CLIENT         AMOUNT         ISSUE         DATE           Schalmont CSD         \$5,370,000         RF         1/3/201           Scharmont CSD         \$5,370,000         RF         1/3/201           Schenectady CSD         \$5,015,000         RF         1/3/201           Schenectady CSD         \$5,015,000         RF         1/1/201           Schontaric CSD         \$5,075,000         RF         3/28/201           Scotia-Glenville CSD         \$9,190,000         B         6/6/201           Scotia-Glenville CSD         \$9,190,000         B         6/24/201           Seneca Co         \$3,700,000         B         8/7/201           Seneca Falls CSD         \$2,185,000         B         6/10/201           Start Colonic CSD         \$4,155,000         RF         \$11/19/202           South Colonic CSD         \$4,3590,000         B         6/18/201           Start Rayer Colonic CSD         \$5,375,000         RF         \$21/201           Start Rayer Colonic CSD         \$5,353,000         RF         \$21/201           Start Rayer Colonic CSD         \$5,353,000         RF         \$21/201           Start Rayer Colonic CSD         \$5,353,000         RF         \$21/23/201   | [   | ISSUE   | TYPE  |            |
|--|---|---|---|------------|
|  | CLIENT  | AMOUNT  | ISSUE   | DATE       |
| Schalmont CSD         \$\$3,370,000         RF         11,31/201           Schenectady CSD         \$\$2,250,000         B         \$5/22/201           Schenectady CSD         \$\$5,075,000         RF         11/5/201           Schenectady CSD         \$\$5,075,000         RF         3/28/201           Scotia V/O         \$\$2,280,000         B         6/6/201           Scotia V/O         \$\$2,280,000         B         6/24/201           Scotia CO         \$\$3,700,000         B         87/7201           Scence Co         \$\$3,700,000         B         87/7201           Seneca Co         \$\$3,700,000         B         6/24/201           Seneca Falls CSD         \$\$2,185,000         B         6/26/201           Sherrill CSD         \$\$3,715,000         RF         11/1/920           South Colonic CSD         \$\$4,155,000         B         6/18/201           Souther Cayaga CSD         \$\$2,765,000         RF         4/23/201           Steuben Co         \$\$3,353,000         RF         2/17/201           Sultivan T/O         \$\$2,384,000         B         11/7/201           Sultar Cayaga CSD         \$\$2,384,000         B         11/7/201           Sultar Co         \$\$3,353,  |   | \$5,978,242   | В   | 6/23/2015  |
| Schenectady CSD         \$\$,015,000         RF         11/5/201           Schenectady CSD         \$\$,0719,768         B         7/1/201           Schoharic CSD         \$\$,075,000         RF         3/28/201           Scotia V/O         \$\$2,280,000         B         6/6/201           Scotia-Glenville CSD         \$\$9,190,000         B         6/6/201           Scotia-Glenville CSD         \$\$9,190,000         B         6/24/201           Seneca Co         \$\$3,700,000         B         8/7/201           Seneca Falls CSD         \$\$2,185,000         B         6/26/201           Scherrill CSD         \$\$2,185,000         B         6/26/201           South Colonic CSD         \$\$4,155,000         B         6/18/201           St. Lawrence-Lewis Boces         \$7,860,000         B         6/18/201           St. Lawrence-Lewis Boces         \$7,860,000         B         6/18/201           Stage Falls CSD         \$\$2,352,000         RF         4/23/201           Stupten Co         \$\$3,353,000         RF         2/17/201           Sultawar Co         \$\$3,353,000         RF         72/2/201           Thousand Islands CSD         \$\$2,165,000         B         8/2/8/201           <  |   | \$5,370,000   | RF  | 1/31/2013  |
| Schenetady CSD         \$6,719,768         B         7/1/201           Schoharie CSD         \$5,075,000         RF         328/201           Scotia V/O         \$2,280,000         B         6/6/201           Scotia Clenville CSD         \$9,100,000         B         6/6/201           Sencea Falls CSD         \$2,500,000         RF         11/1/920           Sencea Falls CSD         \$2,260,000         RF         11/1/920           Sherburne-Earlville CSD         \$2,185,000         B         6/6/201           South Colonie CSD         \$4,155,000         B         6/10/201           South Jefferson CSD         \$4,4590,000         B         6/18/201           St. Lawrence-Lewis Boces         \$7,860,000         B         6/12/201           Stuguehanna Valley CSD         \$4,531,000         B         6/12/201           Stuguehanna Valley CSD         \$2,165,000         B         6/12/201           Tioaderoga CSD         \$2,59,5000         RF         712/20  | Schenectady CSD   | \$2,250,000   | В   | 5/22/2014  |
| Schenectady CSD         \$6,719,768         B         7/1/201           Schoharie CSD         \$5,075,000         RF         3/28/201           Scotia V(O         \$2,280,000         B         6/6/201           Scotia -Glenville CSD         \$9,190,000         B         6/6/201           Scotia -Glenville CSD         \$9,100,000         B         6/2/201           Seneca Co         \$3,700,000         B         8/7/201           Seneca Falls CSD         \$2,2500,000         RF         11/19/20           Sherburne-Earlville CSD         \$2,185,000         B         6/26/201           South Colonie CSD         \$4,155,000         B         6/10/201           South Lefferson CSD         \$2,765,000         RF         8/18/201           St. Lawrence-Lewis Boces         \$7,860,000         B         6/5/201           St. Lawrence-Lewis Boces         \$7,850,000         RF         2/1/2101           Sullivan T/O         \$2,335,000         RF         2/1/2101           Sullivan T/O         \$2,355,000         RF         7/122/00           Sullivan T/O         \$2,355,000         RF         7/122/01           Sullivan T/O         \$2,355,000         RF         7/122/20   |   | \$5,015,000   | RF  | 11/5/2014  |
| Schoharie CSD         \$\$,075,000         RF         3/28/201           Scotia V/O         \$2,280,000         B         6/6/201           Scotia-Glenville CSD         \$9,190,000         B         10/31/201           Scotia-Glenville CSD         \$9,190,000         B         6/24/201           Seneca Falls CSD         \$2,500,000         RF         11/19/201           Sherburne-Earlville CSD         \$2,185,000         B         6/26/201           Sherburne-Earlville CSD         \$2,185,000         B         6/10/201           South Colonic CSD         \$4,155,000         B         6/10/201           South Colonic CSD         \$4,590,000         B         6/12/201           South Colonic CSD         \$2,765,000         B         6/12/201           South Colonic CSD         \$2,353,000         RF         \$11/17,200           St. Regis Falls CSD         \$2,353,000         RF         21/17,201           Sulivan T/O         \$2,334,000         B         6/18/201           Susquehanna Valley CSD         \$4,4531,000         B         6/18/201           Ticonderoga CSD         \$2,955,000         RF         71/22/201           Tioga Co         \$9,995,000         B         \$8/28/201   |   | \$6,719,768   | В   | 7/1/2015   |
| Sectia V/O $\$2,280,000$ B $666/201$ Scotia-Glenville CSD $\$9,190,000$ B $103/120$ Seneca Co $\$3,700,000$ B $87/201$ Seneca Falls CSD $\$2,500,000$ RF $11/19/20$ Sherburne-Earlylle CSD $\$2,185,000$ B $66/26/20$ Sherrill CSD $\$2,185,000$ B $66/26/20$ South Colonic CSD $\$4,155,000$ B $66/18/201$ South Colonic CSD $\$4,590,000$ B $66/18/201$ South Colonic CSD $\$4,590,000$ B $66/18/201$ St. Lawrence-Lewis Boces $\$7,860,000$ B $66/18/201$ Stueben Co $\$3,353,000$ RF $4/23/201$ Stueben Co $\$3,353,000$ RF $217/200$ Suguchanna Valley CSD $\$4,331,000$ B $66/18/201$ Thousand Islands CSD $\$2,2595,000$ RF $71/22/201$ Ticonderoga CSD $\$4,70,000$ B $71/52/00$ Tiompkins Co $\$3,705,500$ B  |   | \$5,075,000   | RF  | 3/28/2013  |
| Scotia-Glenville CSD $\$9,100,000$ B $6/24/201$ Seneca Co $\$3,700,000$ B $\$7/201$ Seneca Falls CSD $\$2,700,000$ RF $11/1920$ Sherburne-Earlville CSD $\$2,185,000$ RF $21/4/201$ South Colonic CSD $\$4,155,000$ R $6/10/201$ South Jefferson CSD $\$4,155,000$ R $6/10/201$ South Selferson CSD $\$4,155,000$ R $6/10/201$ South Selferson CSD $\$4,155,000$ R $6/10/201$ St. Regis Falls CSD $\$5,325,000$ RF $4/23/201$ St. Legis Falls CSD $\$5,325,000$ RF $4/23/201$ Stuguehanna Valley CSD $\$4,331,000$ B $6/18/201$ Thousand Islands CSD $\$2,165,000$ B $8/28/201$ Toonderoga CSD $\$2,165,000$ B $8/28/201$ Tompkins Co $\$4,170,000$ B $7/16/202$ $0,1000$ RF $11/26/20$ $9,95,000$ RF $11/22/20$ Tompkins  | Scotia V/O  |   | В   | 6/6/2013   |
| Scotia-Glenville CSD $\$9,100,000$ B $6/24/201$ Seneca Co $\$3,700,000$ B $\$7/201$ Seneca Falls CSD $\$2,700,000$ RF $11/1920$ Sherburne-Earlville CSD $\$2,185,000$ RF $21/4/201$ South Colonic CSD $\$4,155,000$ R $6/10/201$ South Jefferson CSD $\$4,155,000$ R $6/10/201$ South Selferson CSD $\$4,155,000$ R $6/10/201$ South Selferson CSD $\$4,155,000$ R $6/10/201$ St. Regis Falls CSD $\$5,325,000$ RF $4/23/201$ St. Legis Falls CSD $\$5,325,000$ RF $4/23/201$ Stuguehanna Valley CSD $\$4,331,000$ B $6/18/201$ Thousand Islands CSD $\$2,165,000$ B $8/28/201$ Toonderoga CSD $\$2,165,000$ B $8/28/201$ Tompkins Co $\$4,170,000$ B $7/16/202$ $0,1000$ RF $11/26/20$ $9,95,000$ RF $11/22/20$ Tompkins  | Scotia-Glenville CSD  | \$9,190,000   | В   | 10/31/2012 |
| Seneca Co         \$3,700,000         B         \$8/7/201           Seneca Falls CSD         \$2,500,000         RF         11/19/20           Sherburne-Earlville CSD         \$2,185,000         B         6/26/200           South Colonie CSD         \$4,155,000         B         6/18/201           South Colonie CSD         \$4,590,000         B         6/18/201           Souther Cayuga CSD         \$2,765,000         RF         4/18/201           St. Lawrence-Lewis Boces         \$7,860,000         B         6/18/201           St. Lawrence-Lewis Boces         \$7,860,000         B         10/21/23/201           Steuben Co         \$3,353,000         RF         4/132/201           Suguehanna Valley CSD         \$4,531,000         B         6/18/201           Suguehanna Valley CSD         \$2,165,000         B         6/18/201           Ticonderoga CSD         \$2,259,000         RF         11/22/20           Tompkins Co         \$8,935,000         RF         11/26/20           pkins Co         \$4,700,000         RF         11/26/20           pkins Co         \$3,368,500         RF         11/26/20           pkins Co         \$3,3710,000         B         11/26/20  |   | \$9,100,000   | В   | 6/24/2015  |
| Seneca Falls CSD         \$2,500,000         RF         11/19/20           Sherburne-Earlville CSD         \$2,185,000         B         6/26/201           South Colonic CSD         \$4,155,000         B         6/10/201           South Colonic CSD         \$4,155,000         B         6/10/201           South Colonic CSD         \$4,590,000         B         6/18/201           South Colonic CSD         \$2,765,000         RF         8/18/201           St. Lawrence-Lewis Boces         \$7,860,000         B         6/5/201           St. Regis Falls CSD         \$5,325,000         RF         4/23/201           Stauben Co         \$3,335,000         RF         11/7/201           Susquehanna Valley CSD         \$4,531,000         B         6/18/201           Thousand Islands CSD         \$2,165,000         B         7/12/200           Toomdriga Co         \$8,935,000         RF         11/26/20           Tompkins Co         \$4,700,000         B         7/15/201           Tompkins Co         \$3,3668,573         B         11/26/20           Tompkins Co         \$3,368,500         RF         3/11/20           Ulster Co         \$3,3851,300         B         11/25/20           U  |   |   | В   | 8/7/2014   |
| Sherburne-Earlville CSD         \$2,185,000         B         6/26/201           South Colonie CSD         \$3,715,000         RF         2/4/201           South Jefferson CSD         \$4,155,000         B         6/10/201           South Jefferson CSD         \$4,590,000         B         6/18/201           Southern Cayuga CSD         \$2,765,000         RF         8/18/201           St. Lawrence-Lewis Boces         \$7,860,000         B         6/12/201           St. Regis Falls CSD         \$5,325,000         RF         4/23/201           Studivan T/O         \$2,384,000         B         11/7/200           Suguchanna Valley CSD         \$4,531,000         B         6/18/201           Thousand Islands CSD         \$2,165,000         B         8/28/201           Ticonderoga CSD         \$2,595,000         B         8/28/201           Tompkins Co         \$4,170,000         B         7/15/201           Thousand Islands CSD         \$2,595,000         RF         11/26/20           Timpkins Co         \$4,700,000         RF         11/26/20           Thousand Islands CSD         \$2,695,000         B         7/15/201           Thousand Islands CSD         \$3,685,373         B         11/26/20  | Seneca Falls CSD  |   | RF  | 11/19/2014 |
| Sherrill CSD         \$3,715,000         RF         2/4/201           South Colonic CSD         \$4,155,000         B         6/10/201           South Jefferson CSD         \$4,590,000         B         6/18/201           Souther Cayuga CSD         \$2,765,000         RF         8/18/201           St. Lawrence-Lewis Boces         \$7,860,000         B         6/5/201           St. Lawrence-Lewis Boces         \$7,860,000         RF         4/23/201           Steuben Co         \$3,353,000         RF         2/17/201           Sullivan T/O         \$2,384,000         B         6/18/201           Susquehanna Valley CSD         \$4,531,000         B         6/18/201           Ticonderoga CSD         \$2,2595,000         RF         7/12/201           Tigaa Co         \$9,995,000         B         8/28/201           Tompkins Co         \$4,700,000         RF         11/6/201           Tompkins Co         \$3,368,733         B         11/12/202           Ulster Co         <   | the second se |   | В   | 6/26/2014  |
| South Colonie CSD         \$4,155,000         B         6/10/201           South Jefferson CSD         \$4,590,000         B         6/18/201           Suthern Cayuga CSD         \$2,765,000         RF         8/18/201           St. Lawrence-Lewis Boces         \$7,860,000         B         6/5/201           St. Lawrence-Lewis Boces         \$7,860,000         B         6/5/201           St. Lawrence-Lewis Boces         \$7,860,000         B         6/5/201           St. Lawrence-Lewis Boces         \$7,860,000         B         1/7/201           Suguehanna Valley CSD         \$4,351,000         B         6/18/201           Thousand Islands CSD         \$2,165,000         B         8/28/201           Tompkins Co         \$4,170,000         B         7/15/200           Tompkins Co         \$4,700,000         RF         11/6/201           Tompkins Co         \$4,700,000         RF         11/6/201           Tompkins Co         \$3,668,573         B         11/26/20           Ulster Co         \$3,318,500         B         11/26/20           Ulster Co         \$3,318,500         B         11/26/20           Ulster Co         \$3,318,500         B         11/26/20           Ul  |   |   | RF  | 2/4/2015   |
| South Jefferson CSD         \$4,590,000         B         6/18/201           Southern Cayuga CSD         \$2,765,000         RF         \$1/8/201           St. Lawrence-Lewis Boces         \$7,860,000         B         6/5/201           St. Regis Falls CSD         \$5,325,000         RF         4/23/201           Steuben Co         \$3,535,000         RF         2/17/201           Sullivan T/O         \$2,384,000         B         11/7/201           Suguchanna Valley CSD         \$4,531,000         B         6/25/201           Thousand Islands CSD         \$2,165,000         B         6/18/201           Ticonderoga CSD         \$2,595,000         RF         7/12/201           Tiga Co         \$9,995,000         B         8/28/201           Tompkins Co         \$4,170,000         B         7/15/201           Tompkins Co         \$4,700,000         RF         11/6/201           Tompkins Co         \$3,668,573         B         11/6/201           Tompkins Co         \$3,366,873         B         11/29/20           Ulster Co         \$3,318,500         B         11/29/20           Ulster Co         \$3,318,500         B         11/24/20           Ulster Co         \$3,3   |   |   | В   | 6/10/2014  |
| Southern Cayuga CSD         \$2,765,000         RF         \$4/18/201           St. Lawrence-Lewis Boces         \$7,860,000         B         6/5/201           St. Regis Falls CSD         \$5,325,000         RF         4/23/201           Steuben Co         \$3,355,000         RF         2/17/201           Sullivan T/O         \$2,384,000         B         11/17/201           Suguehanna Valley CSD         \$4,531,000         B         6/25/201           Thousand Islands CSD         \$2,595,000         RF         7/12/200           Toga Co         \$9,995,000         B         8/28/201           Tompkins Co         \$4,170,000         B         7/15/201           Typins Co         \$8,935,000         RF         11/26/20           pkins Co         \$4,700,000         RF         11/6/201           Tompkins Co         \$9,720,000         B         7/102/20           Ulster Co         \$3,318,500         B         11/26/20           Ulster Co         \$3,318,500         B         11/26/20           Ulster Co         \$3,318,500         B         11/25/20           Ulster Co         \$3,318,500         B         11/25/20           Ulster Co         \$3,385,31,300  |   |   | В   | 6/18/2015  |
| St. Lawrence-Lewis Boces         \$7,860,000         B         6/5/201           St. Regis Falls CSD         \$5,325,000         RF         4/123/201           Studiyan T/O         \$2,384,000         B         11/7/201           Sulivan T/O         \$2,384,000         B         11/7/201           Susquehanna Valley CSD         \$4,4531,000         B         6/25/201           Thousand Islands CSD         \$2,165,000         B         6/18/201           Ticonderoga CSD         \$2,595,000         RF         7/12/201           Tompkins Co         \$4,170,000         B         7/15/201           Tompkins Co         \$4,170,000         RF         11/6/201           Tompkins Co         \$4,700,000         RF         11/26/201           Tompkins Co         \$3,668,573         B         11/29/201           Ulster Co         \$3,318,500         B         11/15/201           Ulster Co         \$3,318,500         B         11/25/201           Ulster Co         \$3,318,500         B         11/25/201           Ulster Co         \$3,318,500         B         11/25/201           Unadilla Valley CSD         \$3,085,000         RF         12/18/201           Union T/O         \$  | Southern Cayuga CSD   |   | RF  | 8/18/2015  |
| St. Regis Falls CSD         \$\$5,325,000         RF $4/23/201$ Steuben Co         \$\$3,3535,000         RF $2/17/201$ Sullivan T/O         \$\$2,384,000         B $11/7/201$ Susquehanna Valley CSD         \$\$4,531,000         B $6/25/201$ Thousand Islands CSD         \$\$2,165,000         B $6/18/201$ Ticonderoga CSD         \$\$2,595,000         RF $7/122/201$ Toga Co         \$\$8,935,000         RF $11/26/201$ This Co         \$\$8,935,000         RF $11/26/201$ pkins Co         \$\$4,700,000         RF $11/26/201$ opkins Co         \$\$4,700,000         RF $11/26/201$ Tompkins Co         \$\$4,700,000         RF $11/26/201$ Ulster Co         \$\$3,318,500         B $11/25/201$ Ulster Co         \$\$3,318,500         B $11/12/202$ Ulster Co         \$\$3,813,300         B $11/12/202$ Ulster Co         \$\$3,815,000         RF $3/11/201$ Ulster Co         \$\$3,85,000         RF $9/9/201$ Union-Endic   |   |   |   | 6/5/2015   |
| Steuben Co\$3,535,000RF $2/17/201$ Sullivan T/O\$2,384,000B $11/7/201$ Susquchanna Valley CSD\$4,531,000B $6/25/201$ Thousand Islands CSD\$2,165,000B $6/18/201$ Ticonderoga CSD\$2,595,000RF $7/722/201$ Toga Co\$9,995,000B $8/28/201$ Tompkins Co\$4,170,000B $7/15/201$ Tompkins Co\$4,700,000RF $11/26/20$ .pkins Co\$4,700,000RF $11/6/201$ Tompkins Co\$4,700,000B $7/10/201$ Ulster Co\$3,3668,573B $11/6/201$ Ulster Co\$3,3668,573B $11/22/20$ Ulster Co\$3,368,5000RF $3/11/201$ Ulster Co\$3,368,000RF $3/11/201$ Ulster Co\$5,548,290B $11/24/200$ Unatilla Valley CSD\$3,085,000RF $12/18/200$ Union T/O\$2,026,693B $5/7/201$ Union-Endicott CSD\$8,575,000RF $9/9/201$ Utica C/O\$2,424,000B $8/21/200$ Valley CSD at Montgomery\$7,190,000B $2/19/200$ Valley CSD\$3,033,000RF $4/17/20$ Warwick Valley CSD\$5,513,000RF $4/17/20$ Warkick Valley CSD\$6,829,919B $6/27/200$ Warkick Valley CSD\$5,513,000RF $4/17/20$ Warkick Valley CSD\$5,513,000RF $4/17/20$ Warkick Valley CSD\$6,829  |   |   | RF  | 4/23/2015  |
| Sullivan T/O\$2,384,000B $11/7/201$ Susquehanna Valley CSD\$4,531,000B $6/25/201$ Thousand Islands CSD\$2,165,000B $6/18/201$ Ticonderoga CSD\$2,595,000RF $7/22/201$ Tioga Co\$9,995,000B $8/28/201$ Tompkins Co\$4,170,000B $7/15/201$ Tompkins Co\$8,935,000RF $11/6/201$ Tompkins Co\$8,935,000RF $11/6/201$ Tompkins Co\$9,720,000B $7/10/201$ Ulster Co\$3,668,573B $11/20/201$ Ulster Co\$3,368,573B $11/25/201$ Ulster Co\$3,368,573B $11/25/201$ Ulster Co\$3,688,573B $11/25/201$ Ulster Co\$3,688,573B $11/25/201$ Ulster Co\$3,688,5000RF $3/11/201$ Ulster Co\$5,548,290B $11/24/201$ Unadilla Valley CSD\$3,085,000RF $12/18/202$ Union T/O\$2,026,693B $5/7/2011$ Union-Endicott CSD\$9,920,000B $10/31/201$ Utica C/O\$2,424,000B $8/21/201$ Valley CSD at Montgomery\$7,190,000B $2/19/201$ Valley CSD\$6,829,919B $6/10/200$ Warwick Valley CSD\$5,53,000RF $4/17/200$ Warkick Valley CSD\$5,530,000RF $12/18/202$ Warkick Valley CSD\$5,295,000RF $12/18/202$ Warkick Valley CSD\$5,295,  | <u> </u>  |   | RF  | 2/17/2015  |
| Susquehanna Valley CSD $\$4,531,000$ B $6/25/201$ Thousand Islands CSD $\$2,165,000$ B $6/18/201$ Ticonderoga CSD $\$2,595,000$ RF $7/22/201$ Tioga Co $\$2,9995,000$ B $8/28/201$ Tompkins Co $\$4,170,000$ B $7/15/201$ pkins Co $\$4,170,000$ B $7/15/201$ pkins Co $\$4,170,000$ RF $11/26/20$ pkins Co $\$4,700,000$ RF $11/26/201$ Tompkins Co $\$4,700,000$ RF $11/6/201$ Tompkins Co $\$3,7705,500$ B $11/26/201$ Ulster Co $\$3,668,573$ B $11/29/201$ Ulster Co $\$3,318,500$ B $11/25/201$ Ulster Co $\$3,351,300$ B $11/25/201$ Ulster Co $\$5,505,000$ RF $3/11/201$ Ulster Co $\$5,548,290$ B $11/24/201$ Unadilla Valley CSD $\$3,085,000$ RF $11/24/201$ Union T/O $\$2,026,693$ B $5/7/2011$ Union-Endicott CSD $\$3,887,600$ B $8/21/201$ Utica C/O $\$2,295,000$ RF $4/17/2001$ Valley CSD at Montgomery $\$7,190,000$ B $2/19/201$ Warwick Valley CSD $\$3,030,000$ RF $4/17/2001$ Warwick Valley CSD $\$5,2805,000$ RF   |   |   |   | 11/7/2012  |
| Thousand Islands CSD $\$2,165,000$ B $6/18/201$ Ticonderoga CSD $\$2,595,000$ RF $7/22/201$ Tioga Co $\$9,995,000$ B $8/28/201$ Tompkins Co $\$4,170,000$ B $7/15/201$ Tykins Co $\$4,170,000$ RF $11/26/201$ Tompkins Co $\$4,700,000$ RF $11/26/201$ Tompkins Co $\$4,700,000$ RF $11/26/201$ Tompkins Co $\$7,705,500$ B $11/6/201$ Tompkins Co $\$7,705,500$ B $11/26/201$ Ulster Co $\$3,368,573$ B $11/29/201$ Ulster Co $\$3,368,573$ B $11/25/201$ Ulster Co $\$3,381,300$ B $11/25/201$ Ulster Co $\$3,385,000$ RF $3/11/201$ Ulster Co $\$5,505,000$ RF $3/11/201$ Ulster Co $\$5,505,000$ RF $11/28/201$ Unadilla Valley CSD $\$3,085,000$ RF $11/28/201$ Union-Endicott CSD $\$9,920,000$ B $10/31/201$ Union-Endicott CSD $\$3,887,5000$ RF $9/9/2011$ Utica C/O $\$2,295,000$ RF $4/17/2001$ Valley CSD at Montgomery $\$7,190,000$ B $2/19/2011$ Valley CSD $\$5,33,000$ RF $4/117/20019/2011$ Valley CSD $\$5,33,000$ RF $4/117/20019/2011112000$ Watton CSD $\$2,295,000$ RF $4/117/20019/2011120000$ Wattertown CSD $\$2,295,000$ RF $4/117/20019/20111200000$ Wattertown CSD $\$2,2$  |   |   |   | 6/25/2014  |
| Ticonderoga CSD $\$2,595,000$ RF $7/22/201$ Tioga Co $\$9,995,000$ B $\$/28/201$ Tompkins Co $\$4,170,000$ B $7/15/201$ pkins Co $\$4,170,000$ RF $11/26/201$ pkins Co $\$4,700,000$ RF $11/6/201$ Tompkins Co $\$7,705,500$ B $11/6/201$ Tompkins Co $\$7,705,500$ B $11/6/201$ Tompkins Co $\$3,668,573$ B $11/29/200$ Ulster Co $\$3,368,573$ B $11/29/200$ Ulster Co $\$3,318,500$ B $11/25/200$ Ulster Co $\$3,3851,300$ B $11/25/200$ Ulster Co $\$3,385,000$ RF $3/11/200$ Ulster Co $\$5,548,290$ B $11/24/200$ Unadilla Valley CSD $\$3,085,000$ RF $12/18/20$ Union T/O $\$2,026,693$ B $5/7/201$ Union-Endicott CSD $\$9,920,000$ B $10/31/20$ Union-Endicott CSD $\$3,387,500$ RF $9/9/201$ Utica C/O $\$2,259,000$ RF $4/17/20$ Valtar C/O $\$2,259,000$ RF $4/17/20$ Wattor CSD $\$3,030,000$ B $6/10/20$ Warwick Valley CSD $\$6,829,919$ B $6/27/20$ Warke Valley CSD $\$5,135,000$ RF $4/11/20$ Watertow CSD $\$2,805,000$ RF $4/11/20$ Watertow CSD $\$2,880,000$ RF $9/18/20$ Webster CSD $\$5,77,000$ RF $9/18/20$ Webster CSD $\$3,175,000$   |   |   |   | 6/18/2015  |
| Tioga Co $\$9,995,000$ B $\$/28/201$ Tompkins Co $\$4,170,000$ B $7/15/201$ pkins Co $\$8,935,000$ RF $11/26/20$ pkins Co $\$4,700,000$ RF $11/6/201$ Tompkins Co $\$7,705,500$ B $11/6/201$ Tompkins Co $\$7,705,500$ B $11/6/201$ Tompkins Co $\$3,720,000$ B $7/10/201$ Ulster Co $\$3,368,573$ B $11/25/201$ Ulster Co $\$3,38,500$ B $11/25/201$ Ulster Co $\$3,385,000$ RF $3/11/201$ Ulster Co $\$5,505,000$ RF $3/11/201$ Ulster Co $\$5,505,000$ RF $11/24/201$ Unadilla Valley CSD $\$3,085,000$ RF $11/24/201$ Union T/O $\$2,026,693$ B $10/31/201$ Union-Endicott CSD $\$3,920,000$ B $10/31/201$ Utica C/O $\$2,424,000$ B $\$2/1/201$ Valley CSD at Montgomery $\$7,190,000$ B $2/19/20$ Vestal T/O $\$2,595,000$ RF $4/17/20$ Warkick Valley CSD $\$3,030,000$ B $6/10/201$ Warkick Valley CSD $\$3,030,000$ B $6/10/201$ Warkick Valley CSD $\$3,030,000$ RF $12/15/201$  |   |   |   | 7/22/2014  |
| Tompkins Co         \$4,170,000         B         7/15/201           pkins Co         \$8,935,000         RF         11/26/20           pkins Co         \$4,700,000         RF         11/26/20           Tompkins Co         \$7,705,500         B         11/6/201           Tompkins Co         \$9,720,000         B         7/10/201           Ulster Co         \$3,3668,573         B         11/29/20           Ulster Co         \$3,318,500         B         11/25/20           Ulster Co         \$3,381,300         B         11/25/20           Ulster Co         \$5,505,000         RF         3/11/20           Ulster Co         \$5,505,000         RF         11/24/20           Unadilla Valley CSD         \$3,085,000         RF         12/18/20           Union T/O         \$2,026,693         B         5/7/201           Union-Endicott CSD         \$9,920,000         B         10/31/20           Utica C/O         \$2,2424,000         B         8/21/20           Valley CSD at Montgomery         \$7,190,000         B         2/19/20           Vestal T/O         \$2,2595,000         RF         4/17/20           Walton CSD         \$3,03,030,000         B <t< td=""><td></td><td></td><td>de la constante de la constante</td><td>8/28/2013</td></t<> |   |   | de la constante | 8/28/2013  |
| pkins Co         \$8,935,000         RF         11/26/20           pkins Co         \$4,700,000         RF         11/6/201           Tompkins Co         \$7,705,500         B         11/6/201           Tompkins Co         \$9,720,000         B         7/10/201           Ulster Co         \$3,668,573         B         11/29/20           Ulster Co         \$3,318,500         B         11/15/20           Ulster Co         \$3,3851,300         B         11/25/20           Ulster Co         \$3,3851,300         B         11/26/20           Ulster Co         \$3,3851,300         B         11/27/20           Ulster Co         \$5,505,000         RF         3/11/201           Unadilla Valley CSD         \$5,548,290         B         11/24/20           Union T/O         \$2,026,693         B         5/7/201           Union-Endicott CSD         \$9,920,000         B         10/31/201           Utica C/O         \$2,424,000         B         \$2/19/201           Utica C/O         \$3,887,600         B         \$2/19/201           Valley CSD at Montgomery         \$7,190,000         B         2/19/20           Vestal T/O         \$2,595,000         RF   |   |   |   | 7/15/2013  |
| pkins Co         \$4,700,000         RF         11/6/201           Tompkins Co         \$7,705,500         B         11/6/201           Tompkins Co         \$9,720,000         B         7/10/201           Ulster Co         \$3,668,573         B         11/29/20           Ulster Co         \$3,318,500         B         11/15/20           Ulster Co         \$3,318,500         B         11/25/20           Ulster Co         \$3,3851,300         B         11/25/20           Ulster Co         \$3,3851,300         B         11/25/20           Ulster Co         \$5,505,000         RF         3/11/201           Ulster Co         \$5,548,290         B         11/24/20           Union T/O         \$2,026,693         B         5/7/201           Union T/O         \$2,026,693         B         10/31/201           Union-Endicott CSD         \$9,920,000         B         10/31/201           Utica C/O         \$2,424,000         B         \$2/12/201           Utica C/O         \$2,424,000         B         \$2/19/201           Valley CSD at Montgomery         \$7,190,000         B         \$2/19/201           Vestal T/O         \$2,595,000         RF         \$4/17/20  |   |   |   | 11/26/2013 |
| Tompkins Co         \$7,705,500         B         11/6/201           Tompkins Co         \$9,720,000         B         7/10/201           Ulster Co         \$3,668,573         B         11/29/20           Ulster Co         \$3,318,500         B         11/15/20           Ulster Co         \$3,318,500         B         11/15/20           Ulster Co         \$3,318,500         B         11/25/20           Ulster Co         \$5,505,000         RF         3/11/20           Ulster Co         \$5,548,290         B         11/24/20           Unadilla Valley CSD         \$3,085,000         RF         12/18/20           Union T/O         \$2,026,693         B         5/7/201           Union-Endicott CSD         \$9,920,000         B         10/31/20           Union-Endicott CSD         \$8,575,000         RF         9/9/201           Utica C/O         \$2,424,000         B         8/21/200           Utica C/O         \$3,387,600         B         2/19/20           Valley CSD at Montgomery         \$7,190,000         B         2/19/20           Valley CSD         \$3,030,000         B         6/10/20           Warkic Valley CSD         \$5,135,000         RF  |   |   |   | 11/6/2014  |
| Tompkins Co         \$9,720,000         B         7/10/201           Ulster Co         \$3,668,573         B         11/29/20           Ulster Co         \$3,318,500         B         11/15/20           Ulster Co         \$3,318,500         B         11/15/20           Ulster Co         \$3,318,500         B         11/15/20           Ulster Co         \$3,851,300         B         11/25/20           Ulster Co         \$5,505,000         RF         3/11/20           Ulster Co         \$5,548,290         B         11/24/20           Unadilla Valley CSD         \$3,085,000         RF         12/18/20           Union T/O         \$2,026,693         B         5/7/201           Union-Endicott CSD         \$9,920,000         B         10/31/20           Utica C/O         \$2,424,000         B         8/21/200           Utica C/O         \$3,887,600         B         2/19/201           Valley CSD at Montgomery         \$7,190,000         B         2/19/201           Valley CSD at Montgomery         \$3,030,000         B         6/10/20           Warwick Valley CSD         \$6,829,919         B         6/27/20           Warwick Valley CSD         \$5,135,000         <   |   |   |   | 11/6/2014  |
| Ulster Co         \$3,668,573         B         11/29/20           Ulster Co         \$3,318,500         B         11/15/20           Ulster Co         \$3,318,500         B         11/15/20           Ulster Co         \$3,851,300         B         11/25/20           Ulster Co         \$5,505,000         RF         3/11/20           Ulster Co         \$5,548,290         B         11/24/20           Unadilla Valley CSD         \$3,085,000         RF         12/18/20           Union T/O         \$2,026,693         B         5/7/201           Union-Endicott CSD         \$9,920,000         B         10/31/20           Unica C/O         \$2,424,000         B         8/21/20           Utica C/O         \$3,887,600         B         5/6/201           Valley CSD at Montgomery         \$7,190,000         B         2/19/20           Vestal T/O         \$2,595,000         RF         4/17/20           Warwick Valley CSD         \$6,829,919         B         6/27/20           Warwick Valley CSD         \$5,135,000         RF         12/15/20           Washington Co         \$2,200,000         RF         5/20/20           Waterloo CSD         \$4,935,000         RF  |   |   |   | 7/10/2015  |
| Dister Co $$3,318,500$ B $$11/15/20$ Ulster Co $$3,851,300$ B $$11/25/20$ Ulster Co $$5,505,000$ RF $$3/11/20$ Ulster Co $$5,548,290$ B $$11/24/20$ Unadilla Valley CSD $$3,085,000$ RF $$12/18/20$ Union T/O $$2,026,693$ B $$5/7/201$ Union-Endicott CSD $$9,920,000$ B $$10/31/20$ Union-Endicott CSD $$8,575,000$ RF $$9/9/201$ Utica C/O $$2,424,000$ B $$8/21/200$ Utica C/O $$3,887,600$ B $$5/6/201$ Valley CSD at Montgomery $$7,190,000$ B $$2/19/200$ Vestal T/O $$22,595,000$ RF $$4/17/20$ Watton CSD $$3,030,000$ B $$6/10/200$ Warwick Valley CSD $$5,135,000$ RF $$12/15/200$ Warwick Valley CSD $$5,135,000$ RF $$12/15/200$ Washington Co $$22,995,000$ RF $$4/11/200$ Waterloo CSD $$4,935,000$ RF $$2/20/200$ Watertown CSD $$22,805,000$ B $$6/10/200$ Wayne CSD $$5,772,000$ RF $$9/18/200$ Webster CSD $$6,775,000$ RF $$2/3/201$ Webutuck CSD $$8,175,000$ RF $$12/13/200$ Webutuck CSD $$22,570,000$ RF $$12/30/200$ Webutuck CSD $$22,570,000$ RF $$12/30/200$   |   |   |   | 11/29/2012 |
| Ulster Co         \$3,851,300         B         11/25/20           Ulster Co         \$5,505,000         RF         3/11/20           Ulster Co         \$5,505,000         RF         3/11/20           Unadilla Valley CSD         \$5,548,290         B         11/24/20           Unadilla Valley CSD         \$3,085,000         RF         12/18/20           Union T/O         \$2,026,693         B         \$5/7/201           Union-Endicott CSD         \$9,920,000         B         10/31/20           Unica C/O         \$2,424,000         B         \$8/21/20           Utica C/O         \$3,887,600         B         \$2/19/20           Valley CSD at Montgomery         \$7,190,000         B         \$2/19/20           Vestal T/O         \$2,595,000         RF         \$4/17/20           Walton CSD         \$3,030,000         B         \$6/27/20           Warwick Valley CSD         \$6,829,919         B         \$6/27/20           Warwick Valley CSD         \$5,135,000         RF         \$1/11/20           Waterloo CSD         \$4,935,000         RF         \$1/21/5/20           Washington Co         \$2,805,000         B         \$6/10/20           Webster CSD         \$6,775,000 <td></td> <td></td> <td>17274</td> <td>11/15/2013</td>  |   |   | 17274   | 11/15/2013 |
| Ulster Co         \$5,505,000         RF         3/11/20           Ulster Co         \$5,548,290         B         11/24/20           Unadilla Valley CSD         \$3,085,000         RF         12/18/20           Union T/O         \$2,026,693         B         10/31/20           Union-Endicott CSD         \$9,920,000         B         10/31/20           Union-Endicott CSD         \$8,575,000         RF         9/9/201           Utica C/O         \$2,424,000         B         8/21/20           Utica C/O         \$3,887,600         B         2/19/20           Vestal T/O         \$2,595,000         RF         4/17/20           Walton CSD         \$3,030,000         B         6/27/20           Warwick Valley CSD         \$6,829,919         B         6/27/20           Warwick Valley CSD         \$5,135,000         RF         4/11/20           Waterloo CSD         \$2,805,000         B         6/10/20           Waterloo CSD         \$2,805,000         RF         4/11/20           Webster CSD         \$2,805,000         B         6/10/20           Webster CSD         \$6,775,000         RF         2/3/201           Webutuck CSD         \$8,175,000         RF   |   |   | 1852  | 11/25/2014 |
| Ulster Co         \$5,548,290         B         11/24/20           Unadilla Valley CSD         \$3,085,000         RF         12/18/20           Union T/O         \$2,026,693         B         5/7/201           Union-Endicott CSD         \$9,920,000         B         10/31/20           Union-Endicott CSD         \$8,575,000         RF         9/9/201           Utica C/O         \$2,424,000         B         8/21/20           Utica C/O         \$3,887,600         B         2/19/20           Valley CSD at Montgomery         \$7,190,000         B         2/19/20           Vestal T/O         \$2,595,000         RF         4/17/20           Walton CSD         \$3,030,000         B         6/27/20           Warwick Valley CSD         \$6,829,919         B         6/27/20           Warwick Valley CSD         \$5,135,000         RF         12/15/20           Washington Co         \$2,795,000         RF         5/20/20           Waterloo CSD         \$4,935,000         RF         5/20/20           Waterloo CSD         \$2,805,000         B         6/10/20           Wayne CSD         \$2,805,000         RF         9/18/20           Webster CSD         \$6,775,000  |   |   |   | 3/11/2015  |
| Unadilla Valley CSD         \$3,085,000         RF         12/18/20           Union T/O         \$2,026,693         B         5/7/201           Union-Endicott CSD         \$9,920,000         B         10/31/20           Union-Endicott CSD         \$8,575,000         RF         9/9/201           Utica C/O         \$2,424,000         B         8/21/200           Utica C/O         \$3,887,600         B         2/19/201           Valley CSD at Montgomery         \$7,190,000         B         2/19/201           Vestal T/O         \$2,595,000         RF         4/17/20           Walton CSD         \$3,030,000         B         6/27/20           Warwick Valley CSD         \$6,829,919         B         6/27/20           Warwick Valley CSD         \$5,135,000         RF         12/15/20           Washington Co         \$2,795,000         RF         12/15/20           Waterloo CSD         \$4,935,000         RF         5/20/20           Watertown CSD         \$2,805,000         B         6/10/20           Webster CSD         \$6,775,000         RF         9/18/20           Webster CSD         \$8,175,000         RF         12/30/20           Webutuck CSD         \$8,175,000<  |   |   |   | 11/24/2015 |
| Union T/O         \$2,026,693         B         5/7/201           Union-Endicott CSD         \$9,920,000         B         10/31/20           Union-Endicott CSD         \$8,575,000         RF         9/9/201           Utica C/O         \$2,424,000         B         8/21/201           Utica C/O         \$3,887,600         B         5/6/201           Valley CSD at Montgomery         \$7,190,000         B         2/19/200           Vestal T/O         \$2,595,000         RF         4/17/20           Walton CSD         \$3,030,000         B         6/10/200           Warwick Valley CSD         \$6,829,919         B         6/27/200           Warwick Valley CSD         \$5,135,000         RF         4/11/20           Waterloo CSD         \$4,935,000         RF         4/11/20           Watertown CSD         \$2,805,000         B         6/10/200           Webster CSD         \$6,775,000         RF         2/3/201           Webutuck CSD         \$8,175,000         RF         10/10/200           Webster CSD         \$8,175,000         RF         12/30/201           Webutuck CSD         \$8,175,000         RF         12/30/201           Webutuck CSD         \$2,570,000   |   |   | RF  | 12/18/2012 |
| Union-Endicott CSD         \$9,920,000         B         10/31/20           Union-Endicott CSD         \$8,575,000         RF         9/9/201           Utica C/O         \$2,424,000         B         8/21/201           Utica C/O         \$3,887,600         B         2/19/201           Valley CSD at Montgomery         \$7,190,000         B         2/19/201           Vestal T/O         \$2,595,000         RF         4/17/201           Walton CSD         \$3,030,000         B         6/27/201           Warwick Valley CSD         \$6,829,919         B         6/27/201           Warwick Valley CSD         \$5,135,000         RF         12/15/201           Washington Co         \$2,795,000         RF         4/11/201           Waterloo CSD         \$4,935,000         RF         5/20/201           Watertown CSD         \$2,805,000         B         6/10/201           Wayne CSD         \$6,775,000         RF         9/18/201           Webster CSD         \$6,775,000         RF         12/3/201           Webster CSD         \$8,175,000         RF         12/3/201           Webutuck CSD         \$2,570,000         RF         12/3/201  |   |   |   | 5/7/2015   |
| Union-Endicott CSD $\$8,575,000$ RF $9/9/201$ Utica C/O $\$2,424,000$ B $8/21/201$ Utica C/O $\$3,887,600$ B $5/6/201$ Valley CSD at Montgomery $\$7,190,000$ B $2/19/201$ Vestal T/O $\$2,595,000$ RF $4/17/200$ Walton CSD $\$3,030,000$ B $6/10/201$ Warwick Valley CSD $\$6,829,919$ B $6/27/201$ Warwick Valley CSD $\$5,135,000$ RF $12/15/201$ Washington Co $\$2,795,000$ RF $4/11/200$ Waterloo CSD $\$4,935,000$ RF $5/20/200$ Watertown CSD $\$4,935,000$ RF $9/18/201$ Webster CSD $\$6,775,000$ RF $2/3/201$ Webster CSD $\$6,775,000$ RF $2/3/201$ Webutuck CSD $\$8,175,000$ RF $10/10/200$ Weedsport CSD $\$2,570,000$ RF $12/30/201$  |   |   | 107.725   | 10/31/2012 |
| Utica C/O         \$2,424,000         B         \$2/1/20           Utica C/O         \$3,887,600         B         5/6/201           Valley CSD at Montgomery         \$7,190,000         B         2/19/20           Vestal T/O         \$2,595,000         RF         4/17/20           Walton CSD         \$3,030,000         B         6/10/20           Warwick Valley CSD         \$6,829,919         B         6/27/20           Warwick Valley CSD         \$5,135,000         RF         12/15/20           Washington Co         \$2,795,000         RF         4/11/20           Waterloo CSD         \$4,935,000         RF         5/20/20           Watertown CSD         \$4,935,000         RF         9/18/20           Webster CSD         \$6,775,000         RF         2/3/201           Webster CSD         \$8,175,000         RF         10/10/20           Weedsport CSD         \$2,570,000         RF         12/30/201   |   |   | 11000   | 9/9/2014   |
| Utica C/O         \$3,887,600         B         5/6/201           Valley CSD at Montgomery         \$7,190,000         B         2/19/201           Vestal T/O         \$2,595,000         RF         4/17/201           Walton CSD         \$3,030,000         B         6/10/201           Warwick Valley CSD         \$6,829,919         B         6/27/201           Warwick Valley CSD         \$5,135,000         RF         12/15/201           Washington Co         \$2,795,000         RF         4/11/200           Waterloo CSD         \$4,935,000         RF         5/20/200           Watertown CSD         \$2,805,000         B         6/10/200           Webster CSD         \$6,775,000         RF         2/3/201           Webster CSD         \$8,175,000         RF         10/10/200           Weedsport CSD         \$2,570,000         RF         12/30/201  |   |   | 20000   | 8/21/2014  |
| Valley CSD at Montgomery         \$7,190,000         B         2/19/20           Vestal T/O         \$2,595,000         RF         4/17/20           Walton CSD         \$3,030,000         B         6/10/20           Warwick Valley CSD         \$6,829,919         B         6/27/20           Warwick Valley CSD         \$5,135,000         RF         12/15/20           Washington Co         \$2,795,000         RF         4/11/20           Waterloo CSD         \$4,935,000         RF         5/20/20           Watertown CSD         \$2,805,000         B         6/10/20           Webster CSD         \$6,775,000         RF         2/3/201           Webster CSD         \$8,175,000         RF         10/10/20           Weedsport CSD         \$2,570,000         RF         12/30/20  |   |   |   | 5/6/2015   |
| Vestal T/O         \$2,595,000         RF         4/17/20           Walton CSD         \$3,030,000         B         6/10/20           Warwick Valley CSD         \$6,829,919         B         6/27/20           Warwick Valley CSD         \$5,135,000         RF         12/15/20           Washington Co         \$2,795,000         RF         4/11/20           Waterloo CSD         \$4,935,000         RF         5/20/20           Watertown CSD         \$2,805,000         B         6/10/20           Webster CSD         \$6,775,000         RF         2/3/201           Webster CSD         \$8,175,000         RF         10/10/20           Webutuck CSD         \$2,570,000         RF         12/30/20  |   |   |   | 2/19/2014  |
| Walton CSD         \$3,030,000         B         6/10/20           Warwick Valley CSD         \$6,829,919         B         6/27/20           Warwick Valley CSD         \$5,135,000         RF         12/15/20           Washington Co         \$2,795,000         RF         4/11/20           Waterloo CSD         \$4,935,000         RF         5/20/20           Watertown CSD         \$2,805,000         B         6/10/20           Webster CSD         \$6,775,000         RF         2/3/201           Webster CSD         \$8,175,000         RF         10/10/20           Webutuck CSD         \$2,570,000         RF         12/30/20  |   |   |   | 4/17/2013  |
| Warwick Valley CSD         \$6,829,919         B         6/27/20           Warwick Valley CSD         \$5,135,000         RF         12/15/20           Washington Co         \$2,795,000         RF         4/11/20           Waterloo CSD         \$4,935,000         RF         5/20/20           Watertown CSD         \$2,805,000         B         6/10/20           Wayne CSD         \$7,720,000         RF         9/18/20           Webster CSD         \$6,775,000         RF         10/10/20           Webutuck CSD         \$8,175,000         RF         10/10/20           Weedsport CSD         \$2,570,000         RF         12/30/20   |   |   | -   | 6/10/2014  |
| Warwick Valley CSD         \$5,135,000         RF         12/15/20           Washington Co         \$2,795,000         RF         4/11/20           Waterloo CSD         \$4,935,000         RF         5/20/20           Watertown CSD         \$2,805,000         B         6/10/20           Wayne CSD         \$7,720,000         RF         9/18/20           Webster CSD         \$6,775,000         RF         2/3/201           Webutuck CSD         \$8,175,000         RF         10/10/20           Weedsport CSD         \$2,570,000         RF         12/30/20   |   |   |   | 6/27/2013  |
| Washington Co         \$2,795,000         RF         4/11/20           Waterloo CSD         \$4,935,000         RF         5/20/20           Watertown CSD         \$2,805,000         B         6/10/20           Wayne CSD         \$7,720,000         RF         9/18/20           Webster CSD         \$6,775,000         RF         2/3/201           Webster CSD         \$8,175,000         RF         10/10/20           Webster CSD         \$2,570,000         RF         12/30/20   |   |   |   | 12/15/2014 |
| Waterloo CSD         \$4,935,000         RF         5/20/20           Waterlown CSD         \$2,805,000         B         6/10/20           Wayne CSD         \$7,720,000         RF         9/18/20           Webster CSD         \$6,775,000         RF         2/3/201           Webutuck CSD         \$8,175,000         RF         10/10/20           Weedsport CSD         \$2,570,000         RF         12/30/20   |   |   |   | 4/11/2013  |
| Watertown CSD         \$2,805,000         B         6/10/20           Wayne CSD         \$7,720,000         RF         9/18/20           Webster CSD         \$6,775,000         RF         2/3/201           Webutuck CSD         \$8,175,000         RF         10/10/20           Weedsport CSD         \$2,570,000         RF         12/30/20   |   |   |   | 5/20/2015  |
| Wayne CSD         \$7,720,000         RF         9/18/20           Webster CSD         \$6,775,000         RF         2/3/201           Webutuck CSD         \$8,175,000         RF         10/10/20           Weedsport CSD         \$2,570,000         RF         12/30/20   |   |   |   | 6/10/2014  |
| Webster CSD         \$6,775,000         RF         2/3/201           Webutuck CSD         \$8,175,000         RF         10/10/20           Weedsport CSD         \$2,570,000         RF         12/30/20  |   |   |   | 9/18/2012  |
| Webutuek CSD         \$8,175,000         RF         10/10/20           Weedsport CSD         \$2,570,000         RF         12/30/20   |   |   |   | 2/3/2015   |
| Weedsport CSD \$2,570,000 RF 12/30/20  |   |   |   | 10/10/2012 |
|  |   | and the second se |   | 12/30/2014 |
| t Genesee CSD I I \$4.060.000 I B I I 1 10/31/20   | t Genesee CSD   | \$4,060,000   | B   | 10/31/2012 |
|  |   |   |   | 2/7/2013   |
|  |   |   |   | 4/15/2015  |
|  |   |   |   | 4/18/2013  |
|  |   |   |   | 2/18/2015  |

|                  | ISSUE       | TYPE  |            |
|------------------|-------------|-------|------------|
| CLIENT           | AMOUNT      | ISSUE | DATE       |
| witney Point CSD | \$5,935,000 | В     | 6/24/2015  |
| Williamson CSD   | \$3,260,000 | RF    | 3/19/2013  |
| Williamson CSD   | \$3,255,000 | RF    | 4/2/2015   |
| Wyoming Co       | \$8,905,000 | В     | 11/15/2013 |
| Wyoming Co       | \$3,760,000 | В     | 6/17/2015  |
| Wyoming Co       | \$4,025,000 | RF    | 7/30/2015  |

Located in Saratoga County.

B - Bonds

QSCB - Qualified School Construction Bonds

**RF-Refunding** 

SIB - Statutory Installment Bonds

# APPENDIX B



Financial Advisor Services RFP 2015-47

The specification herein states the minimum requirements of the City. All bids must be regular in every respect. Unauthorized conditions, limitations, or provisions shall be cause for rejection. The City will consider as "irregular" or "non-responsive" any bid not prepared and submitted in accordance with the bid document and specification, or any bid lacking sufficient technical literature to enable the City to make a reasonable determination of compliance to the specification.

It shall be the bidder's responsibility to carefully examine each item of the specification. Failure to offer a completed bid or failure to respond to each section of the technical specification will cause the proposal to be rejected without review as "non-responsive". All variances, exceptions and/or deviations shall be fully described in the appropriate section.

| TOTAL BID IN FIGURES: \$ PLEASE SEE ATTACHED  |
|---|
| TOTAL BID WRITTEN: PLEASE SEE ATTACHED  |
| COMPANY NAME: FISCAL ADVISORS & MARKETING, INC  |
| ADDRESS: 35 GINGER TERRACE  |
| <u>CLIFTON PARK</u> <u>NY</u> 1 <u>2065</u> Phone No. (518) <u>383</u> - 3602<br>(City) (State) (Zip) |
| E-MAIL ADDRESS: jCanuso @ fiscaladvisors. com   |
| AUTHORIZED SIGNATURE: Jeanine R. Course   |
| PRINTED NAME: Jeanthe R. Caruso   |
| TITLE: President DATE: 12/16/2015   |

# FISCAL ADVISORS & MARKETING, INC. FEE SCHEDULE <sup>(1) (2) (3) (4)</sup>

| <u>SERVICE</u>   | <u>FEES</u>               |  |  |  |  |  |
|--|---------------------------|--|--|--|--|--|
| Bond Anticipation Note Issues  |                           |  |  |  |  |  |
| Under \$1,000,000 (Notice of Sale only)                                | \$1,800                   |  |  |  |  |  |
| \$1,000,001-\$10,000,000 (Official Statement)                          | \$5,500                   |  |  |  |  |  |
| \$500 Per every million over \$10,000,000                              |                           |  |  |  |  |  |
| Bond Issues  |                           |  |  |  |  |  |
| Under \$1,000,000 (Notice of Sale only)                                | \$2,600                   |  |  |  |  |  |
| Bonds up to \$5,000,000 (Official Statement, rating)                   | \$8,200                   |  |  |  |  |  |
| (bond fee increases based on size - \$1,000 per \$1 mi                 | illion above \$5 million) |  |  |  |  |  |
| Refunding Bond Issues  |                           |  |  |  |  |  |
| Up to \$5,000,000  | \$19,500                  |  |  |  |  |  |
| (bond fee increases based on size - \$1,500 per \$1 mi                 | illion above \$5 million) |  |  |  |  |  |
| Continuing Disclosure  |                           |  |  |  |  |  |
| Annual Continuing Disclosure (when an Official                         |                           |  |  |  |  |  |
| Statement has been completed during that year) \$1,200                 |                           |  |  |  |  |  |
| Material Event Filings (per occurrence) \$ 500                         |                           |  |  |  |  |  |
| Hourly Fee \$185   |                           |  |  |  |  |  |
| (House free are not concernily charged as all as Sta are part of the f | inancingo Hourby fee in   |  |  |  |  |  |

(Hourly fees are not generally charged as all coSts are part of the financings. Hourly fee included should any special projects arise).

(1) Actual Fees will be based on actual work performed: Fees may be affected by additional hourly fees charged for additional services specifically requested by the client

(2) This fee schedule is proprietary information provided to the client only; <u>It is not</u> <u>for dissemination.</u>

(3) The Client shall be responsible for the actual cost of printing and distribution of the Preliminary and Final Official Statements, Notices of Sale and Bid Forms. Rating Agency fees are also the City's responsibility.

(4) If the City did not do a bond issue during the calendar year, the Continuing Disclosure fee would be \$2,200.

RFP Opening: Thursday December 17, 2015 2:00 p.m.



#### Waiver of Immunity Clause Section §139(a) State Finance Law

Upon the refusal by a representative of your firm, when called before a grand jury to testify concerning any transaction or contract with the City of Saratoga Springs, New York, or to sign a waiver of immunity against subsequent criminal prosecution or to answer any relevant question concerning such transactions or contracts,

(a) such person, and any firm, partnership or corporation of which he is a member, partner, director or officer shall be disqualified from thereafter selling to or submitting bids to or receiving awards from or entering into any contracts with any municipal corporation or fire district, or any public department, agency or official thereof, for goods, work or services, for a period of five years after such refusal, and to provide also that

(b) any and all contracts made with any municipal corporation or fire district, or any public department, agency or official thereof, since the effective date of this law, by such person, and by any firm, partnership or corporation of which he is a member, partner, director or officer may be cancelled or terminated by the City without incurring any penalty or damages on account of such cancellation or termination, but any monies owing by the City for goods delivered or work done prior to the cancellation or termination shall be paid.

#### Non-Collusive Bidding Certification

Section §139(d) State Finance Law

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and, in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his knowledge and belief:

(1) 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,

(2) 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

(3) 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."

A bid shall not be considered for award nor shall any award be made where (1), (2), (3) above have not been complied with; provided however, that if in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefore.

| Signature: Jeanine R. Cause | Print Name: Jeanine R. Caniso                          |
|-----------------------------|--|
| Title: President            | Date: 12/16/2015                                       |
| Company: Fiscal Advisors4   | Address: 35 Ginger Terrace<br>Clifton Park, N.Y. 12065 |
| Marketing, Inc.             | Clifton Park, N.Y. 12065                               |

Subscribed to under penalty of perjury under the laws of the State of New York, this \_\_\_\_\_ day of \_\_\_\_\_ day of \_\_\_\_\_\_



### Vendor/Supplier 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 vendors/suppliers that the City conducts business with. The City requires that all vendors/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 vendors/suppliers. Vendors/suppliers agree to provide all information requested which is necessary to demonstrate compliance with this Code.

At a minimum, the City requires that all vendors/suppliers meet the following standards:

- Legal: Vendors/suppliers and their subcontractors agree to comply with all applicable local, state and federal laws, regulations and statutes.
- The City expects vendors/suppliers to respect the City's rules and procedures.
- Conflict of Interest: The vendor/supplier 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: Vendors/suppliers 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 vendor/supplier must comply with prevailing wage rates.
- Health & Safety: Vendors/suppliers and their subcontractors 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: Vendors/suppliers must treat all workers with respect and dignity and provide them with a safe and healthy environment.
- Right to organize: Employees of the vendor/supplier should have the right to decide whether they want collective bargaining.
- Subcontractors: Vendors/suppliers shall ensure that subcontractors shall operate in a manner consistent with this Code.
- Protection of the Environment: Vendors/suppliers shall comply with all applicable environmental laws and regulations. Vendors/suppliers 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, vendors/suppliers are to utilize technologies that do not adversely affect the environment and when such impact is unavoidable, to ensure that it is minimized.

#### Vendor Acknowledgement

The undersigned vendor/supplier hereby acknowledges that it has received the City of Saratoga Springs Vendor/Supplier Code of Conduct and agrees that any and all of its facilities and subcontractors doing business with the City will receive the Code and will abide by each and every term therein.

Vendor/supplier acknowledges that its failure to comply with any condition, requirement, policy or procedure may result in the termination of the business relationship. Vendor/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.

| Signature: Jennie R. Carus    | Printed name: Jeanine R. Canisa |
|-------------------------------|---------------------------------|
| Title: President              | Date: 13/16/3015                |
| Company Name: Fiscal Advisors | 4 Marketing, Inc.               |
|                               | Page 11 of 12                   |

City of Saratoga Springs, NY: Risk and Safety Agreement for Professional Services

| City Project Number: 2015-47 City Project Name: Financial Advisor Services RFP              |
|---|
| City Departments Deport of ACLOWAS Department Contact Person: Sie physics Kichards City Ext |
| Company Name: Fiscal Advisors & Macketina, Lac.   |
| Company Address: 35 Ginger Terrace Children Parts, New Vork 12065                           |
| Company Telephone No.: (518)383-3603 Company Fax No.: (618) 353-4071                        |
| Compliant Primary Contact for This Project: Jeanine K. Caruss Title President               |

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 Consultant shall procure and maintain during the term of this contract, at the Consultant's expense, the insurance policies listed with limits equal to or greater than the enumerated limits. The Consultant 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 Consultant. Every required coverage type shall be "occurrence basis" with the exception of Professional Errors and Omissions Coverage which may be "claims made" coverage. The Consultant 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 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 Consultant 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 termisation of the contract; (2) withholding any/all payment(s) due under this contract or any other contract it has with the vendor (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 of saratoga springs shall be to the for the consultant.

The City of Saratoga Springs requires the Consultant 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 (City is also an Additional Insured on a Primary and Non-contributory Basis for this coverage); Commercial Automobile Insurance: One Million Dollars Combined Single Limit for Owned, Hired and Non-owned Vehicles
- Excess Liability Insurance: Three Million Dollars per Occurrence Aggregate
- Professional Errors and Omissions Insurance: One Million per Occurrence with Two Million Aggregate
- NYS Statutory Workers Compensation, Employer's Liability and Disability Insurance

It shall be an affirmative obligation of the Consultant 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 Consultant 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 Consultant is to provide the City with a Certificate of Insurance naming the City as Additional Insurance on a primary and non-contributory basis <u>prior</u> to the commencement of any work or use of City facilities. The failure to object to the consultant utilizes a Subcontractor for any portion of the survices of the same type or types and to the same extent of coverage as that provided by the Consultant. All insurance required of the Subcontractor shall and the City of Saratoga Springs, and *non-contributory basis* for all those activities performed within its contracted activities for the contact as executed.

The Consultant, 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, attorncys' 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 consistion of Consultant or its employees or anyone for whom the Consultant 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, 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 Consultant, as aforesaid.

The City of Saratoga Springs specifically reserves the right to suspend or terminate all work under this contract whenever Consultant and/or Consultant's employees or subcontractors are proceeding in a manner that threatens the life, health or safety of any of Consultant'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 Consultant. If the City of Saratoga Springs exercises its rights pursuant to this part, the Consultant 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 Consultant's service to the public or the City of Saratoga Springs' immediate need for completion of the Consultant's work. In such case, Consultant shall immediately cure the defect. If the City of Saratoga Springs that have the right to immediately terminate this contract. In the event that the City of Saratoga Springs in reidentified defect(s), the City of Saratoga Springs shall have the right to immediately terminate this contract. In the City of Saratoga Springs in rebidding the work and/or by the increase in cost that results from using a different vendor.

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

Consultant Signature: Jean R. Couse Date: 12/16/2015



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (M&/DD/YYYY)

|  |   |                         | •••                  |   |                |   |  |   | 12/    | 22/2015    |
|--|---|-------------------------|----------------------|---|----------------|---|--|---|--------|------------|
| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. |   |                         |                      |   |                |   |  |   |        |            |
| IMPORTANT: If t<br>the terms and co  | iMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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). |                         |                      |   |                |   |  |   |        |            |
| PRODUCER   |   |                         |                      |   | CONTA          | ст                                      |  | · · · · · · · · · · · · · · · · · · ·           |        |            |
| Grimsley   | Agency  |                         |                      |   | NAME:<br>PHONE | 346.4                                   | 52.0123                                  | FAX   |        |            |
| 5320 W 1   | faft Rd   |                         |                      |   | E-MAIL         | p. Ext): 315-4                          | 2-0120                                   | (AIC. No):                                      |        |            |
| N Syracı   | ise NY 13212  |                         |                      |   | ADDRE          | 39:                                     |  |   | · · ·  | 1          |
| Ť  |   |                         |                      |   |                |   |  | IDING COVERAGE                                  |        | NAIC #     |
|  |   |                         |                      |   | INSURE         | RA: I ravele                            | ers Casualt                              | y Ins Co of America                             |        | 19038      |
| INSURED Fiscal A   | ivisors & Marketin  | g Inc                   | . &                  |   | INSURE         | RB:                                     |  |   |        | _          |
| Premier  | Printing, Inc.  |                         |                      |   | INSURE         | RC:                                     |  |   |        |            |
| 120 Walt   | on St Ste 600   |                         |                      |   | INSURE         | LR D :                                  |  |   |        |            |
| Svracus  | 9 NY 13202  |                         |                      |   | INSURE         | ERE:                                    |  |   | •      |            |
| • · · · ·  |   |                         |                      |   | INSURE         | ir F :                                  |  |   |        |            |
| COVERAGES  | CER   | TIFIC                   | ATE                  | NUMBER:   | 3114,277       |   |  | <b>REVISION NUMBER:</b>                         |        |            |
|  |   |                         |                      | RANCE LISTED BELOW HAV  | ve bee         | N ISSUED TO                             |  |   | HE POI | ICY PERIOD |
| INDICATED. NOTV<br>CERTIFICATE MAY<br>EXCLUSIONS AND   | MTHSTANDING ANY RI<br>BE ISSUED OR MAY  | Equir<br>Perta<br>Polic | EME<br>AIN,<br>CIES. | NT, TERM OR CONDITION<br>THE INSURANCE AFFORDI<br>LIMITS SHOWN MAY HAVE | of an<br>Ed by | Y CONTRACT<br>THE POLICIE<br>REDUCED BY | OR OTHER I<br>S DESCRIBEI<br>PAID CLAIMS | Document with Respect<br>D Herein is subject to | CT TO  | WHICH THIS |
| INSR<br>LTR TYPE C   | F INSURANCE   | ADDL                    | SUBR                 | POLICY NUMBER   |                | POLICY EFF                              | POLICY EXP<br>MM/DD/YYYY)                | LIMIT   | 8      |            |
|  |   | $\square$               |                      | 680 6B99059A-ACJ-14   | 4              | 05/11/2015                              |  | EACH OCCURRENCE                                 | -      | 00,000     |
|  |   |                         |                      |   |                |   |  | PREMISES (En occurrence)                        |        |            |
|  |   |                         |                      |   |                |   |  | MED EXP (Any one person)                        | \$ 5,0 |            |
| │  |   |                         |                      |   |                |   |  | PERSONAL & ADV INJURY                           |        | 00,000     |
| GENL AGGREGATE   | UMIT APPLIES PER:   | 1                       |                      |   |                | 1                                       |  | GENERAL AGGREGATE                               |        | 00,000     |
|  |   | 1                       |                      |   |                | 1                                       |  | PRODUCTS - COMP/OP AGG                          | \$ 4,0 | 00,000     |
| OTHER:   |   |                         |                      |   |                |   |  |   | \$     |            |
| A AUTOMOBILE LIAB  | LITY  |                         |                      | BA 7B000269-14  |                | 05/11/2015                              | 05/11/2016                               | COMBINED SINGLE LIMIT<br>(En accident)          | \$ 1,0 | 00,000     |
|  |   |                         |                      |   |                |   |  | BODILY INJURY (Per person)                      | \$     |            |
| ALL OWNED<br>AUTOS   | SCHEDULED<br>AUTOS  |                         |                      |   |                |   |  | BODILY INJURY (Per accident)                    | \$     |            |
| HIRED AUTOS  | Z NON-OWNED   |                         |                      |   |                | l –                                     |  | PROPERTY DAMAGE                                 | \$     |            |
|  |   |                         |                      |   |                |   |  | (Per accident)                                  | s      |            |
| A 🗸 UMBRELLA LL  |   |                         |                      | CUP 7B001985-14   |                | 05/11/2015                              | 05/11/2018                               | EACH OCCURRENCE                                 |        | 00,000     |
| EXCESS LIAB  |   |                         | س                    |   |                |   |  |   |        | 00,000     |
|  | CLAIMS-MADE   |                         |                      |   |                |   |  | AGGREGATE                                       | \$ 3,0 |            |
| DED V R  |   |                         | <b></b>              |   |                |   |  | PER OTH-  | \$     |            |
| AND EMPLOYERS' L   | IABILITY VIN  |                         |                      |   |                |   |  | STATUTE OTH-                                    |        |            |
| ANY PROPRIETOR/P   | ARTNER/EXECUTIVE  | N/A                     |                      |   |                |   |  | E.L. EACH ACCIDENT                              | \$     |            |
| I (Mandatory in NH)  |   |                         |                      |   |                |   |  | E.L. DISEASE - EA EMPLOYEE                      | \$     |            |
| If yes, describe under<br>DESCRIPTION OF O   | PERATIONS below   |                         |                      |   |                |   |  | E.L. DISEASE - POLICY LINIT                     | 5      |            |
|  |   |                         |                      |   |                |   |  |   |        |            |
|  |   |                         |                      | 1   |                |   | ľ  |   |        |            |
|  |   |                         |                      |   |                |   |  | 1   |        |            |
| DESCRIPTION OF OPERA   | TIONS / LOCATIONS / VEHIC   | LES (A                  | COR                  | )<br>D 101, Additional Remarks Schedu                                   | ilo, mav i     | be attached if me                       | ro spaco is roaul                        | red)  |        |            |
|  |   |                         |                      | ted officials, officers, age  |                |   |  |   | na     |            |
|  | • •   | •                       |                      | al agreement on the Gene  |                |   |  |   |        |            |
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|  |   |                         |                      |   |                |   |  |   |        |            |
|  |   |                         |                      |   |                | -                                       |  |   |        |            |
| CERTIFICATE HO   | DER   |                         |                      |   | CAN            | CELLATION                               |  |   |        |            |
| City of Saratoga   | Soringe   |                         |                      |   |                |   |  |   |        |            |
| • -  | opnnga  |                         |                      |   |                |   |  | ESCRIBED POLICIES BE C                          |        |            |
| 474 Broadway   |   |                         |                      |   |                |   |  | ereof, notice will (<br>Cyprovisions.           | RF DE  | LIVERED IN |
| Attn: Risk & Safe  | -   |                         |                      |   |                | VURNE T                                 | nn me polk                               |   |        |            |
| Saratoga Springs   | Saratoga Springs, NY 12866-2296   |                         |                      |   |                | RIZED REPRESE                           | INTATIVE                                 |   |        |            |
|  |   |                         |                      |   | Č,             | S_A                                     | 0.0000                                   | 00.   |        |            |
|  |   |                         |                      |   | 10             | re son                                  |  | 0   |        |            |
| Sue Schenos  |   |                         |                      |   | <u> </u>       |   |  |   |        |            |

ACORD 25 (2014/01)

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| ACORD |  |
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# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYY)

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|   |  |   |              |   |  |                        | ICATE OF LIA   | DILI  |  | UKANU                                     |  | 12/22/ | 2015                                  |
|---|--|---|--------------|---|--|------------------------|--|---|--|---|--|--------|---------------------------------------|
| CI  | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. |   |              |   |  |                        |  |   |  |   |  |        |                                       |
| IN<br>th  | IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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).  |   |              |   |  |                        |  |   |  |   |  |        |                                       |
| PRO   | DUCE   | R   |              |   |  |                        | -  | CONTA<br>NAME:                                | <sup>ст</sup> Heather                    | Parker                                    | · · ·  |        |                                       |
| Hay   | or,  | Freyer & Coc  | n, Ir        | IC.   |  |                        |  |   | Ext): 315-70                             |   | FAX  | 315-7  | 03-8173                               |
| 231<br>P.O.   | Sali   | ina Meadows   | Par          | kway  |  |                        |  | E-MAIL  | ss. hparker@                             | haylor.com                                |  |        |                                       |
|   |  | 45<br>88 NY 13221                                   |              |   |  |                        |  | HUNKE   |  |   | DING COVERAGE                                |        | NAIC #                                |
|   |  |   |              |   |  |                        |  | (1)91100                                      | RA:Lloyds o                              |   |  |        | 85202                                 |
| เทรบ  | RED  |   |              |   |  |                        |  | INSURE  |  |   |  |        |                                       |
|   |  | dvisors & Ma  | rket         | ina, Inc.                                       |  |                        |  | INSURE  |  |   |  |        | <b> </b>                              |
| 120   | Wa   | Iton St, Suite                                      |              |   |  |                        |  | INSURE  |  |   |  |        | 1                                     |
| Syra  | acus   | e NY 13202  |              |   |  |                        |  | INSURE  |  |   |  |        | i                                     |
|   |  |   |              |   |  |                        |  | INSURE  |  |   |  |        | 1                                     |
| 00  | /FP  | AGES  |              | CED   | TIFIC  |                        | NUMBER: 1834784511   |   | 475 4 <u>7</u> 4                         | 1   | REVISION NUMBER:                             |        | 1                                     |
| TI  | (IS I  | S TO CERTIFY  |              | t the policies                                  | OFI  | NSUF                   | ANCE LISTED BELOW HAV  | VE BEE  |  | THE INSURE                                | D NAMED ABOVE FOR 1                          |        |                                       |
| IN<br>CI<br>E)  | DIC/   | ATED. NOTWIT<br>FICATE MAY B                        | hst.<br>E is | anding any re<br>Sued or may (<br>Tions of Such | QUIR<br>PERT<br>POLI   | iemei<br>Ain,<br>Cies. | NT, TERM OR CONDITION<br>THE INSURANCE AFFORD<br>LIMITS SHOWN MAY HAVE | OF AN'<br>ED BY                               | Y CONTRACT<br>THE POLICIES<br>REDUCED BY | OR OTHER E<br>S DESCRIBED<br>PAID CLAIMS. | OCUMENT WITH RESPE                           | CT TO  | WHICH THIS                            |
| INSR<br>I.TR  |  | TYPE OF U   | NSUF         | ANCE  | ADDL   | SUBR                   | POLICY NUMBER  |   | POLICY EFF<br>(MM/DD/YYY)                | POLICY EXP                                | LIN  | TS     |                                       |
|   |  | COMMERCIAL GE                                       | INER         |   |  |                        |  |   |  |   | EACH OCCURRENCE                              | \$     |                                       |
|   |  | CLAIMS-MAD  | ≫ [          | OCCUR   |  |                        |  |   |  |   | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$     |                                       |
|   |  |   |              |   |  |                        |  |   |  |   | MED EXP (Any one person)                     | \$     |                                       |
|   |  |   |              |   |  |                        |  |   |  |   | PERSONAL & ADV INJURY                        | \$     |                                       |
|   | GE   | IL AGGREGATE LI                                     | MIT A        | PPLIES PER:                                     |  |                        |  |   |  |   | GENERAL AGGREGATE                            | ŝ      |                                       |
|   |  |   | ю-<br>Ст     |   |  |                        |  |   |  |   | PRODUCTS - COMP/OP AGG                       | 1      | · · · ·                               |
|   |  | OTHER   |              |   | ļ  |                        |  |   |  |   |  | \$     |                                       |
|   | AU   | OMOBILE LIABILI                                     | TY .         |   |  | <u> </u>               |  |   |  |   | COMBINED SINGLE LIMIT<br>(En accident)       | \$     |                                       |
|   |  | ANY AUTO  |              |   |  |                        |  |   |  |   | BODILY INJURY (Per person)                   | 5      |                                       |
|   |  | ALL OWNED<br>AUTOS                                  |              | SCHEDULED<br>AUTOS<br>NON-OWNED                 |  |                        |  |   |  |   | BODILY INJURY (Per accidant                  | > \$   |                                       |
|   | <u> </u>   | HIRED AUTOS   |              | NON-CHINED<br>AUTOS                             |  |                        |  |   |  |   | PROPERTY DAMAGE<br>(Per accident)            | \$     |                                       |
|   |  |   |              | A0100   |  |                        |  |   |  | ļ l                                       | 7. of consult []                             | \$     |                                       |
|   |  | UNBRELLA LIAB                                       | <u> </u>     | OCCUR   |  |                        |  |   |  |   | EACH OCCURRENCE                              | \$     |                                       |
|   | <u> </u>   | EXCESS LIAB   | ŀ            |   |  |                        |  |   |  |   | AGGREGATE                                    | 5      |                                       |
|   | <u> </u>   |   | ENTK         | 1000000   | 1  | 1                      |  |   |  |   |  | 5      | · · · · · · · · · · · · · · · · · · · |
|   | wo   | KERS COMPENSA                                       | TION         | }   |  |                        | · · · · · ·  |   |  |   | STATUTE ER                                   | 1      |                                       |
|   |  | EMPLOYERS' LIAS                                     |              |   |  |                        |  |   |  |   | EL EACH ACCIDENT                             | s      |                                       |
|   | OFF  | PROPRIETOR/PAR<br>ICERMEMBER EXC<br>Indutory in NH) | LUDE         | D7  | N/A  |                        |  |   |  |   | E.L. DISEASE . EA EMPLOYE                    | 1      |                                       |
|   | lii ve   | s, dascribe under                                   | DA 74        |   |  |                        |  |   |  |   | E.L. DISEASE - POLICY LIMI                   | 1      |                                       |
| A   | A Errors & Omissions<br>Claims Made<br>Retro: 01/01/2003   |   |              |   |  | 10/31/2015             |  | <u>\$1,000,000</u><br>\$3,000,000<br>\$25,000 | Each C<br>Aggreg<br>Deduct               | ate                                       |  |        |                                       |
| DES   | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached (f more space to required)   |   |              |   |  |                        |  |   |  |   |  |        |                                       |
|   |  |   |              |   |  |                        |  |   |  |   |  |        |                                       |
|   |  |   |              |   |  |                        |  |   |  |   |  |        |                                       |
| CE  | RTI  | FICATE HOLD   | ER           |   |  |                        |  | CAN   | CELLATION                                |   |  |        |                                       |
| City of Saratoga Springs<br>474 Broadway<br>Attn: Risk and Safety |  |   |              |   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |                        |  |   |  |   |  |        |                                       |
| Saratoga Springs NY 12866-2298                                    |  |   |              |   | Lo D Freyn , k   |                        |  |   |  |   |  |        |                                       |

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NYSIF New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914 1045 SEVENTH NORTH STREET, LIVERPOOL, NEW YORK 13088-6186 Phone: (315) 453-6513

#### CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

^ ^ ^ ^ ^ 010730758

FISCAL ADVISORS & MARKETING INC(A DELAWARE CORP) 120 WALTON STREET STE 600 SYRACUSE NY 132021231

| POLICYHOLDER<br>FISCAL ADVISORS &<br>DELAWARE CORP)<br>120 WALTON STREET<br>SYRACUSE NY 13202 | STE 600            | CERTIFICATE HOLDER<br>CITY OF SARATOGA SPRINGS<br>474 BROADWAY<br>ATTN: RISK AND SAFTY<br>SARATOGA SPRINGS NY 12866-2296 |
|---|--------------------|--|
| POLICY NUMBER   | CERTIFICATE NUMBER | PERIOD COVERED BY THIS CERTIFICATE DATE  |
| S1060 780-2   | 166658             | 12/08/2015 TO 12/08/2016 12/22/2015  |

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1060 780-2 UNTIL 12/08/2016, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 12/08/2016 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING This certificate can be validated on our web site at https://www.nysif.com/cert/certval.asp or by calling (888) 875-5790

VALIDATION NUMBER: 229528456

#### STATE OF NEW YORK WORKERS' COMPENSATION BOARD

#### CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

| La Legal Name and Address of Insured (Use street address only)       Ib. Business Telephone Number of Insured         PISCAL ADVISORS AND MARKETING INC<br>120 WALTON ST STE 600       Ib. Business Telephone Number of Insured         SYRACUSE, NY 13202       Ib. Business Telephone Number of Insured         2. Name and Address of the Entity Requesting Proof<br>of Coverage (Entity Being Listed as the Certificate Holder)       Ib. Business Telephone Number of Insured or<br>Social Security Number         City of Saratoga Springs<br>474 Broadway<br>Atta: Risk and Safety<br>Saratoga Springs, NY 12886       3a. Name of Insurance Carrier         WESCO INSURANCE COMPANY<br>3b. Policy Number of entity listed in box "1a.":<br>0195655<br>3c. Policy offective period:<br>1222/2015 to 1231/2016         4. Policy covers:<br>a. G All of the employer's employees eligible under the New York Disability Benefits Law<br>b. Only the following class or classes of the employer's employees:<br>Date Signed         Date Signed       1222/2015         By <u>MMMACUAC</u><br>(Signature of insurance carrier's authorized representative or VIS Liceared Insurance carrier         Telephone Number 800-535-2711       Tite         UMORTANT:       If box "is signed by the insurance carrier's authorized representative or NYS Liceared Insurance Agent of that insurance<br>Agent of that carrier, its certificate is COMPLETE Mail is directly the carrifer and holder.<br>In the subalid for completions to the Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)         State of New York<br>Workers' Compensation Board       State Street, Scheneciady,<br>NY 12005.         <   | PART 1. To be co  | ompleted by Disability Be                        | enefits Carrier or Licensed Ins          | surance Agent of that Carrier  |  |  |  |
|--|---|--|--|--|--|--|--|
| 120 WALTON ST STE 600<br>SYRACUSE, NY 13202       Number of Insured         1d. Federal Employer Identification Number of Insured or<br>Social Security Number<br>of Coverage (Entity Being Listed as the Certificate Holder)       3a. Name of Insured         2. Name and Address of the Entity Requesting Proof<br>of Coverage (Entity Being Listed as the Certificate Holder)       3a. Name of Insured Carrier         City of Stratogs Springs<br>474 Broadway       3b. Policy Number of Entity listed in box "1a.":<br>0195655       3b. Policy Number of entity listed in box "1a.":<br>0195655         3c. Policy Covers:<br>a. Ed All of the employer's employees eligible under the New York Disability Benefits Law<br>b. D Only the following class or classes of the employer's employees:       12/22/2015 to 12/31/2016         4. Policy covers:<br>a. Ed All of the employer's employees a described above.       12/22/2015 to 12/31/2016         4. Policy of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the<br>named nared has NYS Disability Benefits insurance coverage as described above.         Date Signed       12/22/2015       By         I/box 4W <sup>+</sup> is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance<br>Agent of flat carrier, this certificate is COMPLETE Mail it directes holder.<br>If box 4W <sup>+</sup> is checked, and this form is signed by the insurance carrier's 200, March 200, State of New York<br>Workers' Compensation Board         According to information mutipationed by the NYS Workers' Compensation Board       6 Section 220, Stude 10, 6 State of New York<br>Workers' Compensation Board  | la. Legal Name a  | nd Address of Insured (Us                        | e street address only)                   | 1b. Business Telephone Number of Insured   |  |  |  |
| A coording to information maintained by Number of Insufed of Social Security Number (01-0730758) 2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) City of Saratoga Springs, VY 12886 3a. Name of Insurance Carrier WESCO INSURANCE COMPANY 3b. Policy Number of entity listed in box "1a.": 0195655 3c. Policy offective period: 12/22/2015 to 12/31/2016 4. Policy covers: a. G. All of the employer's employees eligible under the New York Disability Benefits Law b. Only the following class or classes of the employer's employees: Under penalty of periury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits insurance coverage as described above. Date Signed 12/22/2015 By Kigenaure of insurance carrier's subhrided representative or NYS Licensed Insurance carrier I to w <sup>4</sup> /a" is checked, this certificate is OOMPLETE Mail it directly to the certificate Insurance carrier's Compensation Board (Only If box "4a" is checked, in certificate is COMPLETE Mail it directly to the certificate in State Street, Schenectady, NY 1/2305. PART 2. To be completed by NYS Workers' Compensation Board (Only If box "4b" of Part 1 has been checked) State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board (Only If box "4b" of Part 1 has been checked) Carrier Signed  | 120 WALTON  | N ST STE 600                                     | <b>FING INC</b>                          |  |  |  |  |
| 2. Name and Address of the Entity Requesting Proof<br>of Coverage (Entity Being Listed as the Certificate Holder)<br>of Stratoga Springs<br>474 Broadway<br>Ath: Risk and Safety<br>Saratoga Springs, NY 12886       3a. Name of Insurance Carrier<br>WESCO INSURANCE COMPANY<br>3b. Policy Number of entity listed in box "la.":<br>0195655<br>3c. Policy effective period:<br>12/22/2015 to 12/31/2016         4. Policy covers:<br>b. □ Outy the following class or classes of the employer's employees:<br>b. □ Outy the following class or classes of the employer's employees:<br>Dudy the following class or classes of the employer's employees:<br>Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the<br>named insurance has NYS Disability Benefits insurance coverage as described above.         Date Signed       12/22/2015       By       IMMEMALE.         IMPORTANT: If box "4s" is checked, and this form is signed by the insurance carrife's authorized representative or NYS Licensed Insurance Agent of the insurance Agent of the completent of the NYS Disability Benefits Law. It<br>my to complete the NYS Workers' Compensation Board (Daly If box "4b" of Part 1 has been checked)         State of New York<br>Workers' Compensation Board       State of New York<br>Workers' Compensation Board         According to information maintained by the NYS Workers' Compensation Board (D  | SYRACUSE,   | NY 13202   |  | 1d. Federal Employer Identification Number of Insured or<br>Social Security Number |  |  |  |
| of Coverage (Entity Being Listed is the Certificate Holder) City of Saratoga Springs 474 Broadway Atth: Risk and Safety Saratoga Springs, NY 12886 B. □ Olicy Mumber of entity listed in box "la.": 0195655 3.e. Policy Covers: a. El All of the employer's employees eligible under the New York Disability Benefits Law b. □ Only the following class or classes of the employer's employees: Under penalty of perjury. I certify that I am an authorized representative or NYS Licensed lasurance carrier's entering as described above. Date Signed 12/22/2015 By LiuMun Alua (Signature of insurance carrier's authorized representative or NYS Licensed lasurance carrier) Telephone Number 800-535-2711 Title Vice President IMPORTANT: If how "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier) Telephone Number 800-535-2711 Title Vice President IMPORTANT: If how "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of the Disability Benefits Law. If bow "4b" is checked, du dis certificate is NOT COMPLETE that in directly to the certificate holder. PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked) State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board According |   |  |  | 01-0730758   |  |  |  |
| City of Saratoga Springs<br>474 Broadway<br>Artn: Risk and Safety<br>Saratoga Springs, NY 12886       WESCO INSURANCE COMPANY         3b. Policy Number of entity listed in box "1a.":<br>0195655       3c. Policy Outpet of entity listed in box "1a.":<br>0195655         4. Policy covers:<br>a. B All of the employer's employees eligible under the New York Disability Benefits Law<br>b. Only the following class or classes of the employer's employees:       0         Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the<br>named insured has NYS Disability Benefits insurance coverage as described above.       Date Signed       12/22/2015         By       Hollwark Labo       Labo         Date Signed       12/22/2015       By       Labo         Gisgnature of insurance carrier's authorized representative or NYS Licensed Insurance carrier)       Telephone Number 800-535-2711       Title       Vice President         DMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance<br>Agent of that trainer, this certificate is COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It<br>must be malled for completion to the Workers' Compensation Board (Only If box "4b" of Part 1 has been checked)         PART 2. To be completed by NYS Workers' Compensation Board       State of New York<br>Workers' Compensation Board         Merefits Law with respect to all of his/her employees.       Compensation Board, the above-named employer has complied with the NYS Disability<br>Benefits Law wit   | 2. Name and Add   | ress of the Entity Requesting Listed as the Corr | ng Proof<br>ificate Halder)              | 3a. Name of Insurance Carrier  |  |  |  |
| 474 Broadway       35. Policy Number of entity listed in box "la.":         Atm: Risk and Safety       0195655         Saratoga Springs, NY 12886       0195655         3c. Policy covers:       a. & All of the employer's employees eligible under the New York Disability Benefits Law         b. □ Only the following class or classes of the employer's employees:       12/22/2015 to 12/31/2016         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 NYS Disability Benefits insurance coverage as described above.         Date Signed       12/22/2015       By       IMMU Lada         (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)       Telephone Number 800-535-2711       Title         MPORTANT:       If box "44" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is OND COMPLETE Kail it directly to the certificate holder.         If box "44" is checked, the certificate is ONT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, NY 12305.         PART 2. To be completed by NYS Workers' Compensation Board       According to information maintained by the NYS Workers' Compensation Board         According to information maintained by the NYS Workers' Compensation Board, the   | • •   |  | incale fibriet)                          | WESCO INSURANCE COMPANY  |  |  |  |
| Saratoga Springs, NY 12886       3c. Policy effective period:<br>12/22/2015 to 12/31/2016         4. Policy covers:       a. Ø All of the employer's employees eligible under the New York Disability Benefits Law<br>b. □ Only the following class or classes of the employer's employees:         Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the<br>named insured has NYS Disability Benefits insurance coverage as described above.         Date Signed       12/22/2015         By       Hull Mark 2002         (Signature of insurance coverage as described above.         Date Signed       12/22/2015         By       Kill Mark 2002         (Signature of insurance carrier's authorized representative or NYS Licensed Insurance carrier)         Telephone Number 800-535-2711       Title         IMPORTANT:       If box "4b" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that narrance Agent of that carrier, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, NY 12305.         PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)         State of New Y ork       Workers' Compensation Board         Meoreting to information maintained by the NYS Workers' Compensation Board, the above-named employer has compl   | 474 Broadway  | <br>V  |  | 3b. Policy Number of entity listed in box "1a.":                                   |  |  |  |
| 3c. Policy effective period:         12/22/2015 to 12/31/2016         4. Policy covers:         a. Ø All of the employer's employees eligible under the New York Disability Benefits Law         b. □ Only the following class or classes of the employer's employees:         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 NYS Disability Benefits insurance coverage as described above.         Date Signed       12/22/2015         By       BMMark Main         (Signature of insurance carrier's suthorized representative or NYS Licensed Insurance carrier)         Telephone Number <u>800-535-2711</u> Title         IMPORTANT: If hox "4a" is checked, and this form is signed by the insurance carrier's suthorized representative or NYS Licensed Insurance Agent of that carrier, his certificate is OOM ELETE Mail it directly to the certificate holder.<br>If hox "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It runst be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, NY 12305.         PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)         State of New York         Workers' Compensation Board         According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees. <td></td> <td></td> <td></td> <td>0195655</td>   |   |  |  | 0195655  |  |  |  |
| 4. Policy covers:       a. ⊠ All of the employer's employees eligible under the New York Disability Benefits Law         b. □ Only the following class or classes of the employer's employees:       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 NYS Disability Benefits insurance coverage as described above.         Date Signed       12/22/2015       By       Bullow Mule         (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)       Telephone Number 800-535-2711       Title   | Saratoga Spru   | igs, in I 12880                                  |  | 3c. Policy effective period:   |  |  |  |
| a. All of the employer's employees eligible under the New York Disability Benefits Law     b. Only the following class or classes of the employer's employees: 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 NYS Disability Benefits insurance coverage as described above. Date Signed 12/22/2015 By  |   |  |  |  |  |  |  |
| (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)         Telephone Number 800-535-2711       Tite       Vice President         IMPORTANT:       If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.       If box "4a" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, NY 12305.         PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)         State of New York         Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)         State of New York         Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)         State of New York         Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)         State of New York         Workers' Compensation Board         Date Signed       By         (Signature of NYS Workers' Compensation Board Employee)         Telephone Number       Title         Telephone Convice State   | Under penalty of named insured ha   | s NYS Disability Benefits                        | insurance coverage as described          | l above.   |  |  |  |
| (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)         Telephone Number 800-535-2711       Tite       Vice President         IMPORTANT:       If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.       If box "4a" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, NY 12305.         PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)         State of New York         Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)         State of New York         Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)         State of New York         Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)         State of New York         Workers' Compensation Board         Date Signed       By         (Signature of NYS Workers' Compensation Board Employee)         Telephone Number       Title         Telephone Convice State   |   | -  | -  |  |  |  |  |
| (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)         Telephone Number 800-535-2711       Tite       Vice President         IMPORTANT:       If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.       If box "4a" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, NY 12305.         PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)         State of New York         Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)         State of New York         Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)         State of New York         Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)         State of New York         Workers' Compensation Board         Date Signed       By         (Signature of NYS Workers' Compensation Board Employee)         Telephone Number       Title         Telephone Convice State   | Date Signed   | 12/22/2015 By                                    | <u></u>                                  | KUMUEn Kella   |  |  |  |
| IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance<br>Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.<br>If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It<br>must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady,<br>NY 12305.<br>PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)<br>State of New York<br>Workers' Compensation Board<br>According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability<br>Benefits Law with respect to all of his/her employees.<br>Date Signed   |   | (Si  | mature of insurance carrier's authorized | representative or NYS Licensed Insurance Agent of that insurance carrier)          |  |  |  |
| Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.<br>If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, NY 12305.<br>PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)<br>State of New York<br>Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)<br>According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.<br>Date Signed By<br>(Signature of NYS Workers' Compensation Board Employee)<br>Telephone Number Title<br>Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those   | Telephone Nu  | mber 800-535-2711                                | _ Title                                  | Vice President   |  |  |  |
| State of New York<br>Workers' Compensation Board         According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability<br>Benefits Law with respect to all of his/her employees.         Date Signed       By         (Signature of NYS Workers' Compensation Board Employee)         Telephone Number       Title         Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those  | IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance<br>Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.<br>If box "4b" is checked, this certificate is NOT COMPLETB for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It<br>must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, |  |  |  |  |  |  |
| Workers' Compensation Board         According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.         Date Signed       By         (Signature of NYS Workers' Compensation Board Employee)         Telephone Number       Title         Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those  | PART 2. To be   | completed by NYS V                               | orkers' Compensation Bo                  | oard (Only if box "4b" of Part 1 has been checked)                                 |  |  |  |
| Benefits Law with respect to all of his/her employees. Date Signed By (Signature of NYS Workers' Compensation Board Employee) Telephone Number Title Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those  |   |  |  |  |  |  |  |
| (Signature of NYS Workers' Compensation Board Employee) Telephone Number Title Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those  | According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability   |  |  |  |  |  |  |
| (Signature of NYS Workers' Compensation Board Employee) Telephone Number Title Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those  | Date Signed   | Ву   |  |  |  |  |  |
| Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those   |   |  | (Signature of N                          | YS Workers' Compensation Board Employee)   |  |  |  |
| Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those   | Telephone Number Title  |  |  |  |  |  |  |
|  | Please Note: Only   | insurance carriers license                       | d to write NYS disability benef          | its insurance policies and NYS licensed insurance agents of those                  |  |  |  |

DB-120.1 (12-13)

#### Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "la" for disability benefits under the New York State Disability Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2". This Certificate is valid for the earlier of one year after this form is approved by the insurance carrier or its licensed agent, or the policy expiration date listed in box "3c".

Please Note: Upon the cancellation of the disability benefits 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 NYS Disability Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability Benefits Law.

#### DISABILITY BENEFITS LAW

#### §220. Subd. 8

(a) 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 employment as defined in this article, and not withstanding 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 the payment of disability benefits for all employees has been secured as provided by this article. 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 disability benefits to any such employee if so employed.

(b) 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 employment as defined in this article, and 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 the payment of disability benefits for all employees has been secured as provided by this article.

| Ą   | CORD  | ER                        | TIF           |  | BILI              |  | URANC                                     | E   | •                       | MM/DD/YYYY)<br>17/2020 |
|---|---|---------------------------|---------------|--|-------------------|--|---|---|-------------------------|------------------------|
| CI<br>BI<br>RI  | 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. |                           |               |  |                   |  |   |   |                         |                        |
| lf  | IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.<br>If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on<br>this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).                 |                           |               |  |                   |  |   |   |                         |                        |
| Hay   | oucer<br>Nor, Freyer & Coon, Inc.   |                           |               |  |                   | <sup>CT</sup> Diane Stal<br>(5, Ext): 607-30 |   | FAX<br>(A/C, No):   | 315-36                  | 2-5736                 |
|   | 0. Box 4743<br>acuse NY 13221   |                           |               |  | C_MAB             | ss: dstahl@h                                 | aylor.com                                 |   |                         | ,,                     |
| INSU  | PED   |                           |               | FISCALADVI   |                   | RA: Lloyds o                                 |   | DING COVERAGE   |                         | NAIC#<br>85202         |
| Fise  | cal Advisors & Marketing, Inc.  |                           |               | 1 BOALADVI   | INSURE            |  |   |   |                         |                        |
| Ste   | . 502<br>acuse NY 13202   |                           |               |  | INSURE            |  |   |   |                         |                        |
|   | • • • • • • • • • • • • • • • • • • •   |                           |               |  | INSURE            |  | · · · · ·                                 |   |                         |                        |
|   | /ERAGES C<br>IIS IS TO CERTIFY THAT THE POLIC   |                           |               | E NUMBER: 1630315346   |                   |  |   | REVISION NUMBER:  |                         |                        |
| IN<br>CE<br>EX  | IS TO CERTIFY THAT THE FOLD<br>DICATED. NOTWITHSTANDING ANY<br>RTIFICATE MAY BE ISSUED OR M<br>(CLUSIONS AND CONDITIONS OF SU   | requi<br>Y Per<br>Xh Poli | REME<br>TAIN, | NT, TERM OR CONDITION<br>THE INSURANCE AFFORD<br>LIMITS SHOWN MAY HAVE | of an'<br>Ed by   | Y CONTRACT<br>THE POLICIE<br>REDUCED BY      | OR OTHER I<br>S DESCRIBEI<br>PAID CLAIMS. | DOCUMENT WITH RESPE   | CT TO V                 | VHICH THIS             |
| INSR<br>LTR   | TYPE OF INSURANCE   | INSE                      | WVD           | POLICY NUMBER  |                   | POLICY EFF<br>(MM/DD/YYYY)                   | (MM/DD/YYYY)                              | LIMIT   | I                       |                        |
|   | CLAIMS-MADE OCCUR   |                           |               |  |                   |  |   | EACH OCCURRENCE<br>DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$<br>\$                |                        |
| ·   |   |                           |               |  |                   |  |   | MED EXP (Any one person)  | \$                      |                        |
|   | J<br>GEN'L AGGREGATE LIMIT APPLIES PER:   | -                         |               |  |                   |  |   | PERSONAL & ADV INJURY<br>GENERAL AGGREGATE                      | \$<br>\$                |                        |
|   |   |                           |               |  |                   |  |   | PRODUCTS - COMP/OP AGG  | \$                      |                        |
|   |   |                           |               |  |                   |  |   | COMBINED SINGLE LIMIT   | \$<br>\$                |                        |
|   |   |                           |               |  |                   |  |   | (Ea accident)<br>BODILY INJURY (Per person)                     | э<br>\$                 |                        |
|   | OWNED SCHEDULED AUTOS   |                           |               |  |                   |  |   | BODILY INJURY (Per accident)                                    | \$                      |                        |
|   | HIRED AUTOS ONLY AUTOS ONLY   |                           |               |  |                   |  |   | PROPERTY DAMAGE<br>(Per accident)                               | \$<br>\$                |                        |
|   | UMBRELLA LIAB OCCUR   | ·                         |               |  |                   |  |   | EACHOCCURRENCE  | \$                      |                        |
|   | EXCESS LIAB CLAIMS-MA   | DE                        |               |  |                   |  |   | AGGREGATE   | \$                      |                        |
|   | DED RETENTION \$  | _                         |               |  |                   |  |   | IPER L LOTH.  | \$                      |                        |
|   | AND ENDLOYEDS! LIADILITY  | N                         |               |  |                   |  |   |   | •                       |                        |
|   | OFFICER/MEMBEREXCLUDED?   | N/A                       |               |  |                   |  |   | E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE                | \$                      |                        |
|   | If yes, describe under<br>DESCRIPTION OF OPERATIONS below   |                           |               |  |                   |  |   | E.L. DISEASE - POLICY LIMIT                                     | \$                      |                        |
| A   | Professional Liability<br>Claims Made<br>Retroactive 1/1/03   |                           |               | HMPL190444   |                   | 10/31/2020                                   | 10/31/2021                                | Ded   | 1,000<br>3,000<br>25,00 | 000                    |
| DESC  | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  |                           |               |  |                   |  |   |   |                         |                        |
|   |   |                           |               |  |                   |  |   |   |                         |                        |
| CEF   |   |                           |               |  | CANC              |  |   |   |                         |                        |
| City of Saratoga Springs<br>Office of Risk and Safety |   |                           |               |  | SHO<br>THE<br>ACC | ULD ANY OF<br>EXPIRATION<br>ORDANCE WI       | I DATE THE<br>TH THE POLIC                | ESCRIBED POLICIES BE C.<br>REOF, NOTICE WILL E<br>Y PROVISIONS. |                         |                        |

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| ACORD |
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|       |

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

|  | 12/18/2020   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. |  |  |  |  |  |  |  |
| IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.<br>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 o  |  |  |  |  |  |  |  |
| PRODUCER<br>Haylor, Freyer & Coon, Inc.  | CONTACT<br>NAME: Diane Stahl   |  |  |  |  |  |  |
| P.O. Box 4743  | PHONE<br>(A/C, No, Ext): 607-304-9767 FAX<br>(A/C, No): 315-362-5736   |  |  |  |  |  |  |
| Syracuse NY 13221  | E-MAIL<br>ADDRESS: dstahl@haylor.com   |  |  |  |  |  |  |
|  | INSURER(S) AFFORDING COVERAGE NAIC #   |  |  |  |  |  |  |
|  | INSURER A : Lloyds of London 85202   |  |  |  |  |  |  |
| INSURED FISCALA  |  |  |  |  |  |  |  |
| Fiscal Advisors & Marketing, Inc.  |  |  |  |  |  |  |  |
| 250 South Clinton St.  | INSURER C :  |  |  |  |  |  |  |
| Ste. 502<br>Syracuse NY 13202  | INSURER D :  |  |  |  |  |  |  |
|  | INSURER E :  |  |  |  |  |  |  |
|  | INSURER F :  |  |  |  |  |  |  |
| COVERAGES CERTIFICATE NUMBER: 11687721   |  |  |  |  |  |  |  |
| INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIC<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFO<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HA  |  |  |  |  |  |  |  |
| INSR<br>LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER   | POLICY EFF POLICY EXP<br>(MM/DD/YYYY) (MM/DD/YYYY) LIMITS  |  |  |  |  |  |  |
| COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE OCCUR  | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$  |  |  |  |  |  |  |
|  | MED EXP (Any one person) \$  |  |  |  |  |  |  |
|  | PERSONAL & ADV INJURY \$   |  |  |  |  |  |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:   | GENERAL AGGREGATE \$   |  |  |  |  |  |  |
| POLICY PRO-<br>JECT LOC  | PRODUCTS - COMP/OP AGG \$  |  |  |  |  |  |  |
|  | \$   |  |  |  |  |  |  |
| AUTOMOBILE LIABILITY   | COMBINED SINGLE LIMIT \$   |  |  |  |  |  |  |
| ANY AUTO   | (Ea accident)<br>BODILY INJURY (Per person) \$   |  |  |  |  |  |  |
| OWNED SCHEDULED  |  |  |  |  |  |  |  |
| AUTOS ONLY AUTOS<br>HIRED NON-OWNED  |  |  |  |  |  |  |  |
| AUTOS ONLY AUTOS ONLY  | (Per accident)   |  |  |  |  |  |  |
|  | \$   |  |  |  |  |  |  |
| UMBRELLA LIAB OCCUR  | EACH OCCURRENCE \$   |  |  |  |  |  |  |
| EXCESS LIAB CLAIMS-MADE  | AGGREGATE \$   |  |  |  |  |  |  |
| DED RETENTION \$   | \$   |  |  |  |  |  |  |
| WORKERS COMPENSATION   | PER OTH-<br>STATUTE ER   |  |  |  |  |  |  |
|  | E.I., EACH ACCIDENT \$   |  |  |  |  |  |  |
| OFFICER/MEMBEREXCLUDED?  | E.I. DISEASE - EA EMPLOYEE \$  |  |  |  |  |  |  |
| If yes, describe under   |  |  |  |  |  |  |  |
| A Professional Liability HMPL190444  | E.I., DISEASE - POLICY LIMIT \$  |  |  |  |  |  |  |
| A Professional Liability<br>B Cyber & Data Breach V24F02200301   | 10/31/2020 10/31/2021 1,000,000 3,000,000<br>10/19/2020 10/19/2021 1,000,000 1,000,000   |  |  |  |  |  |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)   |  |  |  |  |  |  |  |
| CERTIFICATE HOLDER   | CANCELLATION   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| City of Saratoga Springs<br>Office of Risk and Safety<br>474 Broadway  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |  |  |  |  |  |  |
| Saratoga Springs NY 12866  | Len D Freyer, la   |  |  |  |  |  |  |
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# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.   |          |   |         |      |                    |                           |  |              |   |          |           |  |
|--|----------|---|---------|------|--------------------|---------------------------|--|--------------|---|----------|-----------|--|
| IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.<br>If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on<br>this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).  |          |   |         |      |                    |                           |  |              |   |          |           |  |
| PODIJCEP CONTACT David Ortinalay   |          |   |         |      |                    |                           |  |              |   |          |           |  |
| Grimsley Agency of NY LLC  |          |   |         |      |                    |                           | PHONE<br>CAIC, No, Ext): 315-452-0123 (A/C, No): 315-458-4734  |              |   |          |           |  |
| 5320 West Taft Rd  |          |   |         |      |                    |                           | E-MAIL<br>ADDRESS: grimsleyagencydavid@yahoo.com   |              |   |          |           |  |
| North Syracuse, Ny 13212<br>License #: PC-1097969  |          |   |         |      |                    |                           | INSURER(S) AFFORDING COVERAGE  |              |   |          |           |  |
| LICENSE #. FO-109/303  |          |   |         |      |                    |                           | INSURER A: Travelers   |              |   |          | 19046     |  |
| INSURED Fiscal Advisors & Marketing Inc  |          |   |         |      |                    |                           | INSURER B: Travelers   |              |   |          | 25658     |  |
|  |          | DBA & Premier Printin                             | g, Inc. |      |                    | INSURER C :               |  |              |   |          |           |  |
|  |          | 250 S Clinton St                                  |         |      |                    | INSURER D :               |  |              |   |          |           |  |
|  |          | Ste 502   |         |      |                    | INSURER E :               |  |              |   |          |           |  |
|  |          | Syracuse, NY 13202                                |         |      |                    | INSURER F :               |  |              |   |          |           |  |
| COV  | 'ER      | AGES C  | ERTIFI  | CATE | NUMBER: 00000677-1 | 527146                    | 3  |              | REVISION NUMBER:                            | 15       |           |  |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD<br>INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |          |   |         |      |                    |                           |  |              |   |          |           |  |
| INSR<br>LTR  |          |   |         | WVD  | POLICY NUMBER      |                           | POLICY EFF<br>(MM/DD/YYYY)   | (MM/DD/YYYY) | LIMIT                                       |          |           |  |
| A  | Χ        | COMMERCIAL GENERAL LIABILITY                      |         |      | 6806B99059A        |                           | 05/11/2020   | 05/11/2021   | EACH OCCURRENCE<br>DAMAGE TO RENTED         | \$       | 2,000,000 |  |
|  |          | CLAIMS-MADE X OCCUR                               |         |      |                    |                           |  |              | PREMISES (Ea occurrence)                    | \$       | 300,000   |  |
|  |          |   |         |      |                    |                           |  |              | MED EXP (Any one person)                    | \$       | 5,000     |  |
|  |          | J   | -       |      |                    |                           |  |              | PERSONAL & ADV INJURY                       | \$       | 2,000,000 |  |
|  |          | N'L AGGREGATE LIMIT APPLIES PER:                  |         |      |                    |                           |  |              | GENERAL AGGREGATE                           | \$       | 4,000,000 |  |
|  | Х        | POLICY PRO-<br>JECT LOC                           |         |      |                    |                           |  |              | PRODUCTS - COMP/OP AGG                      | \$<br>\$ | 4,000,000 |  |
|  |          | OTHER:  |         |      | 0000000000         |                           | 0714410000   | 054410004    | COMBINED SINGLE LIMIT<br>(Ea accident)      | \$<br>\$ | 0 000 000 |  |
| A  | AUI      |   |         |      | 6806B99059A        |                           | 05/11/2020   | 05/11/2021   | (Ea accident)<br>BODILY INJURY (Per person) | \$       | 2,000,000 |  |
|  |          | OWNED SCHEDULED                                   |         |      |                    |                           |  |              |   | \$       |           |  |
|  | ~        | AUTOS ONLY AUTOS                                  |         |      |                    |                           |  |              | PROPERTY DAMAGE                             | \$       |           |  |
|  | X        | AUTOS ONLY X AUTOS ONLY                           |         |      |                    |                           |  |              | (Per accident)                              | \$       |           |  |
| в  | Х        | UMBRELLA LIAB                                     |         |      | CUP7B001985        |                           | 05/11/2020   | 05/11/2021   | EACH OCCURRENCE                             | \$       | 3,000,000 |  |
|  | <u> </u> | EXCESS LIAB X CLAIMS-M                            | DE      |      | 00F/D001900        |                           | 03/11/2020   | 03/1 (/2021  | AGGREGATE                                   | \$       | 3,000,000 |  |
|  |          | DED X RETENTIONS 10000                            |         |      |                    |                           |  |              | Addreame                                    | \$       | 0,000,000 |  |
|  |          | RKERS COMPENSATION                                |         |      |                    |                           |  |              | PER OTH-<br>STATUTE ER                      | <u> </u> |           |  |
|  |          | EMPLOYERS' LIABILITY                              | / N     |      |                    |                           |  |              | E.L. EACH ACCIDENT                          | \$       |           |  |
|  | OFFI     | ICER/MEMBER EXCLUDED?                             | _  N /  | ·    |                    |                           |  |              | E.L. DISEASE - EA EMPLOYEE                  | -        |           |  |
|  |          | s, describe under<br>CRIPTION OF OPERATIONS below |         |      |                    |                           |  |              | E.L. DISEASE - POLICY LIMIT                 |          |           |  |
|  |          |   |         | 1    |                    |                           |  |              |   |          |           |  |
|  |          |   |         |      |                    |                           |  |              |   |          |           |  |
|  |          |   |         |      |                    |                           |  |              |   |          |           |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)<br>City of Saratoga Springs is named as an Additional Insured on a Primary and Non-Contributory Basis.  |          |   |         |      |                    |                           |  |              |   |          |           |  |
|  |          |   |         |      |                    | ~ • • • •                 |  |              |   |          | :         |  |
| CER  | TIF      | FICATE HOLDER                                     |         |      |                    |                           | CELLATION  |              |   |          |           |  |
| City of Saratoga Springs<br>Office of Risk & Safety<br>474 Broadway  |          |   |         |      |                    |                           | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |              |   |          |           |  |
| Saratoga Springs, NY 12866   |          |   |         |      |                    | AUTHORIZED REPRESENTATIVE |  |              |   |          |           |  |
|  |          |   |         |      |                    | (R. A (DDO)               |  |              |   |          |           |  |
| @ <del>1988-2</del> 015 ACORD CORPORATION. All rights rese   |          |   |         |      |                    |                           |  |              | (DPG)                                       |          |           |  |

The ACORD name and logo are registered marks of ACORD



## CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

| PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier   |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| 1a. Legal Name & Address of Insured (use street addr<br>FISCAL ADVISORS AND MARKETING INC  | ess only) 1b. Business Telephone Number of Insured 315-752-0051              |  |  |  |  |  |  |  |  |
| 250 S. CLINTON STREET, SUITE 502<br>SYRACUSE, NY 13202   |  |  |  |  |  |  |  |  |  |
| Work Location of Insured (Only required if coverage is spe<br>certain locations in New York State, i.e., Wrap-Up Policy)   | cclifically limited to 010730758   |  |  |  |  |  |  |  |  |
| <ol> <li>Name and Address of Entity Requesting Proof of Co<br/>(Entity Being Listed as the Certificate Holder)</li> </ol>  | overage 3a. Name of Insurance Carrier<br>ShelterPoint Life Insurance Company |  |  |  |  |  |  |  |  |
| Office of Risk and Safety  |  |  |  |  |  |  |  |  |  |
| City of Saratoga Springs   | 3b. Policy Number of Entity Listed in Box "1a"                               |  |  |  |  |  |  |  |  |
| 474 Broadway   | DBL582863  |  |  |  |  |  |  |  |  |
| Saratoga Springs, NY 12866   | 3c. Policy effective period  |  |  |  |  |  |  |  |  |
|  | 01/01/2020 to12/31/2021  |  |  |  |  |  |  |  |  |
| A. Both disability and paid family leave benefits. B. Disability benefits only. C. Paid family leave benefits only. 5. Policy covers: A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. B. Only the following class or classes of employer's employees: 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 NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above. Date Signed 12/18/2020 By (Signature of Insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier) Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder. |  |  |  |  |  |  |  |  |  |
| If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS<br>Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation<br>Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.  |  |  |  |  |  |  |  |  |  |
| PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)   |  |  |  |  |  |  |  |  |  |
| State of New York<br>Workers' Compensation Board<br>According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the<br>NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.  |  |  |  |  |  |  |  |  |  |
| Date Signed By   | (Signature of Authorized NYS Workers' Compensation Board Employee)           |  |  |  |  |  |  |  |  |
|  | (Signature of Authorized NYS Workers' Compensation Board Employee)           |  |  |  |  |  |  |  |  |
| Telephone Number   | Name and Title   |  |  |  |  |  |  |  |  |

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





1045 SEVENTH NORTH STREET, LIVERPOOL, NEW YORK 13088-6186 | nysif.com

## **CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

^^^^ 010730758

FISCAL ADVISORS & MARKETING INC(A DELAWARE CORP) 250 SOUTH CLINTON ST, STE 502 SYRACUSE NY 132021231



SCAN TO VALIDATE AND SUBSCRIBE

| POLICYHOLDER                      | CERTIFICATE HOLDER        |
|-----------------------------------|---------------------------|
| FISCAL ADVISORS & MARKETING INC(A | CITY OF SARATOGA SPRINGS  |
| DELAWARE CORP)                    | OFFICE OF RISK AND SAFTEY |
| 250 SOUTH CLINTON ST, STE 502     | 474 BROADWAY              |
| SYRACUSE NY 132021231             | SARATOGA SPRINGS NY 12866 |

| S1060 780-2 921453 12/08/2020 TO 12/08/2021 12/17/2020 | POLICY NUMBER | CERTIFICATE NUMBER | POLICY PERIOD            | DATE       |
|--|---------------|--------------------|--------------------------|------------|
|  | S1060 780-2   | 921453             | 12/08/2020 TO 12/08/2021 | 12/17/2020 |

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1060 780-2, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP. THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

#### AGREEMENT BETWEEN CITY OF SARATOGA SPRINGS, NY AND

#### WALSH AND WALSH, LLP

*This Agreement* ("Agreement") is made by and between the **City of Saratoga Springs**, **NY** (the "City") with a place of business at 474 Broadway, Saratoga Springs, NY 12866, and WALSH AND WALSH, LLP (the "Consultant") with a place of business at 42 Long Alley, Saratoga Springs, NY 12866.

#### WITNESSETH THAT:

WHEREAS, the City has requested a quotation for Bond Counsel Services and the Consultant has submitted a proposal in response to RFP 2015-46; and the Consultant is trained and proficient in the field of bond counsel services,

NOW, THEREFORE, in consideration of the mutual promises, responsibilities and covenants set forth herein, the City and the Consultant hereby agree as follows:

#### 1. SCOPE OF AGREEMENT

In response to a request for a pricing proposal requested by the City for bond counsel services, the Consultant submitted a proposal dated December 17, 2015 (the "Proposal"), which are attached hereto as Exhibit A and made a part hereof. The Consultant shall provide to the City the services set forth therein for bond counsel services. The Consultant assumes full responsibility for the provision of the services made available in this Agreement. The Consultant shall be so liable even when the Consultant subcontracts the provision of a portion of the services. Subcontracting shall be permitted only with the prior written approval of the City.

#### 2. CONSULTANT RESPONSIBILITIES

The Consultant shall provide services as outlined in the proposals dated December 17, 2015 as marked.

#### 3. CONSULTANT DISCLOSURE

The requirements of New York State Finance Law Sections 8 and 163 regarding Consultant Disclosure are hereby incorporated into this Agreement.

#### 4. FEES

The costs, fees and disbursements associated with the provision of products and services by the Consultant shall be determined in accordance with the terms and provisions of Exhibit A. No City employee, including the Project Manager named in Section 8 has the authority to request that the Consultant perform any additional work beyond the work authorized or described herein or to incur additional expenses above the amount set forth in Exhibit A of this Agreement.

#### 5. TERM

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 and end on December 31, 2020. The Consultant 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 for any reason by mailing written notice to the Consultant at least thirty (30) days prior to such termination date.

The City reserves the right to terminate this Agreement in the event it is found that either of the certifications filed by the Consultant in accordance with New York State Finance Law Section 139-k was intentionally false or intentionally incomplete. Upon such finding, the City may exercise its termination right by providing written notification to the Consultant in accordance with the provisions of Section 8 herein.

The City shall not incur any costs if it terminates this Agreement, other than those otherwise due to the Consultant for products delivered and services rendered by the Consultant pursuant to the terms and provisions of this Agreement at the time of such termination. Upon any termination, the Consultant shall only be entitled to compensation for products delivered and services rendered up to the date of termination.

In addition, in the event of any violation by the Consultant of any of the terms of this Agreement, the City may terminate the Agreement without notice and with compensation to the Consultant for fees and expenses rendered only to the date of termination. Any breach of any of the terms of this Agreement by the Consultant will result in immediate and irreparable injury to the City and will authorize recourse to injunction and/or other specific performance as well as to all other legal or equitable remedies to which the City may be entitled.

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#### AGREEMENT BETWEEN CITY OF SARATOGA SPRINGS, NY AND

#### WALSH AND WALSH, LLP

This Agreement ("Agreement") is made by and between the City of Saratoga Springs, NY (the "City") with a place of business at 474 Broadway, Saratoga Springs, NY 12866, and WALSH AND WALSH, LLP (the "Consultant") with a place of business at 42 Long Alley, Saratoga Springs, NY 12866.

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WHEREAS, the City has requested a quotation for Bond Counsel Services and the Consultant has submitted a proposal in response to RFP 2015-46; and the Consultant is trained and proficient in the field of bond counsel services,

NOW, THEREFORE, in consideration of the mutual promises, responsibilities and covenants set forth herein, the City and the Consultant hereby agree as follows:

#### 1. SCOPE OF AGREEMENT

In response to a request for a pricing proposal requested by the City for bond counsel services, the Consultant submitted a proposal dated December 17, 2015 (the "Proposal"), which are attached hereto as Exhibit A and made a part hereof. The Consultant shall provide to the City the services set forth therein for bond counsel services. The Consultant assumes full responsibility for the provision of the services made available in this Agreement. The Consultant shall be so liable even when the Consultant subcontracts the provision of a portion of the services. Subcontracting shall be permitted only with the prior written approval of the City.

#### 2. CONSULTANT RESPONSIBILITIES

The Consultant shall provide services as outlined in the proposals dated December 17, 2015 as marked.

#### 3. CONSULTANT DISCLOSURE

The requirements of New York State Finance Law Sections 8 and 163 regarding Consultant Disclosure are hereby incorporated into this Agreement.

#### 4. FEES

The costs, fees and disbursements associated with the provision of products and services by the Consultant shall be determined in accordance with the terms and provisions of Exhibit A. No City employee, including the Project Manager named in Section 8 has the authority to request that the Consultant perform any additional work beyond the work authorized or described herein or to incur additional expenses above the amount set forth in Exhibit A of this Agreement.

#### 5. TERM

The term of this Agreentent shall commence per the date of approval of this Agreement by the City Council of the City of Saratoga Springs and end on December 31, 2020. The Consultant 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 for any reason by mailing written notice to the Consultant at least thirty (30) days prior to such termination date.

The City reserves the right to terminate this Agreement in the event it is found that either of the certifications filed by the Consultant in accordance with New York State Finance Law Section 139-k was intentionally false or intentionally incomplete. Upon such finding, the City may exercise its termination right by providing written notification to the Consultant in accordance with the provisions of Section 8 herein.

The City shall not incur any costs if it terminates this Agreement, other than those otherwise due to the Consultant for products delivered and services rendered by the Consultant pursuant to the terms and provisions of this Agreement at the time of such termination. Upon any termination, the Consultant shall only be entitled to compensation for products delivered and services rendered up to the date of termination.

In addition, in the event of any violation by the Consultant of any of the terms of this Agreement, the City may terminate the Agreement without notice and with compensation to the Consultant for fees and expenses rendered only to the date of termination. Any breach of any of the terms of this Agreement by the Consultant will result in immediate and irreparable injury to the City and will authorize recourse to injunction and/or other specific performance as well as to all other legal or equitable remedies to which the City may be entitled.

#### 6. EFFECTIVE DATE

This Agreement shall have no force and effect until approved by the City Council of the City of Saratoga Springs, NY.

#### 7. BILLING

The Consultant shall provide itemized statements monthly to be reviewed and approved by the City. Invoices must be submitted to: City of Saratoga Springs, NY, Attn. Purchasing Agent, 474 Broadway, Saratoga Springs, NY 12866. Payment by the City will be made in accordance with the State Finance Law, upon receipt of such statements and upon approval by the City. No City employee, including the Project Manager named in Section 8 has the authority to request that the Consultant perform any additional work beyond the work authorized or described herein or to incur additional expenses above the amount set forth in Exhibit A of this Agreement.

#### 8. NOTICE

The Commissioner of Finance is the project manager and shall represent the City in all matters affecting the delivery of products and services. The project manager for the Consultant is Damon Hacker.

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 Finance<br>City of Saratoga Springs<br>474 Broadway, Saratoga Springs, NY 12866       |
|-----------------|---|
| With a copy to: | Secretary to the City Council<br>City of Saratoga Springs<br>474 Broadway, Saratoga Springs, NY 12866 |
| To Consultant:  | Marian Wait Walsh, Esq.<br>WALSH AND WALSH, LLP<br>42 Long Alley, Saratoga Springs, NY 12866-2116     |

Either party may designate another or further address by notice given in accordance herewith.

#### 9. CONFIDENTIAL INFORMATION

In connection with the provision of products and/or services to the City by Consultant, the City may disclose to Consultant information that is proprietary or confidential information. Any and all City communications, records, documents, written, oral or electronic communication or other information of any kind shall be deemed and treated as confidential by the Consultant. The Consultant shall not copy, transmit, deliver or communicate in any way to any other person or entity any such communications and/or information without the prior written consent of the City. The Consultant agrees to use such confidential information solely for the purpose of performing services hereunder for the City.

The term "confidential information" does not include information that (i) is or becomes generally available to the public other than as a result of disclosure by the Consultant, (ii) is or becomes available to the Consultant on a nonconfidential basis from sources other than the City, provided that such source is not bound by a written confidentiality agreement with the City, or (iii) was lawfully within the Consultant's possession prior to its being furnished to the Consultant by the City, provided that the source of such information was not bound by a written confidentiality agreement with the City, or (iv) is required under applicable law or by deposition, interrogatory, request or demand for information or documents, subpoena, investigative demand, court order or other similar legal process. In such cases the Consultant shall provide the City with written notice that such information is not deemed confidential. Such notice shall provide the City sufficient time to seek a protective order or other legal remedy.

All written confidential information (and all copies, extracts or other reproductions in whole or in part thereof) obtained by the Consultant from the City shall be returned to the City and have the status of City work papers (or, with the City's written permission, shall be destroyed and such destruction certified in writing to the City by an authorized Consultant representative supervising such destruction). Except as set forth herein, no confidential information shall be retained by the Consultant. The Consultant shall be permitted to retain one copy of internal memoranda and other documents, developed by the Consultant during the term of this Agreement, which contain or refer to confidential information, subject to the confidentiality provisions of this paragraph.

Nothing in this section shall be construed to alter the Consultant's responsibilities under any applicable State Law. Since monetary damages may not be a sufficient remedy with respect to any violation of this section, the City shall be entitled to specific performance and injunctive relief, in addition to any other remedy.

#### 10. CITY PROPERTY

All information and materials received hereunder by the Consultant from the City are and shall remain the sole and exclusive property of the City and the Consultant 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 Consultant. All intellectual property, created by the Consultant hereunder as a product or as a service to the City shall be the sole and exclusive property of the City. The Consultant hereby transfers and assigns to the City all proprietary and intellectual property rights in such property.

Effective upon their creation pursuant to Section 2 of this Agreement, the Consultant 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 Consultant 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 Consultant, its agents, employees, or subcontractors. Nothing herein shall preclude the Consultant from otherwise using the related or underlying general knowledge, skills, ideas, concepts, techniques and experience developed under this Agreement in the course of the Consultant's business.

The Consultant 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 Consultant under this Agreement. Any written reports, opinions and advice rendered by the Consultant shall become the sole and exclusive property of the City, and the Consultant 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 Consultant.

#### 11. RETENTION OF RECORDS

The Consultant 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 Consultant 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.

#### 12. CONFLICTS OF INTEREST

The Consultant represents and warrants that it has no conflict, actual or perceived, that would prevent it from performing its duties and responsibilities under the Agreement.

#### 13. PUBLICITY

The Consultant shall not prepare or release, or cause to be prepared or released, any public notice or announcement concerning this Agreement or performance hereunder. Public notice or announcement includes, but is not limited to, notices published on or in connection with the Consultant's website. The Consultant shall not plan, conduct, or cause to be planned or conducted, or take part in, any news or other conference concerning this Agreement, or work performed pursuant to it, without the City's prior written approval. The Consultant shall not make public or publicize its relation with the City, nor use the City's name, without the City's prior written approval.

#### 14. RELATIONSHIP

No staff member, officer, director or person employed by the Consultant in connection with this Agreement shall be considered or deemed to be an employee of the City of Saratoga Springs, NY or represent him or herself as an employee of the City of Saratoga Springs, NY.

#### 15. INSURANCE

All insurance policies required under this Agreement shall be issued by insurance companies authorized to conduct business under the laws of the State of New York. They shall be written for the benefit of the City of Saratoga Springs, NY; its elected and/or appointed officials, officers, agents, employees and for the Consultant. Said policies shall be effective until all work required or contemplated by the Agreement has been completed. Policies expiring on a fixed date before completion of the Consultant's duties under this Agreement must be renewed not less than 30 days before such expiration date. No policy shall be changed by endorsement without the knowledge and the written consent of the City and, in particular, any notice of cancellation by the insurer shall not be effective until 30 days after the said notice is actually received by the City. Any notice addressed to the City shall be mailed via certified or registered mail to the

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address set forth herein. The Consultant acknowledges that failure to obtain such insurance on behalf of the City constitutes a material breach of contract and subjects it to liability for damages indemnification and all other legal remedies available to the City.

In the event the Consultant 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 Consultant. 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.

Before commencing work under this Agreement, the Consultant shall furnish to the City a certificate of insurance naming: the City of Saratoga Springs, NY; its elected and/or appointed officials, officers, agents and employees as an additional insured on a primary and non-contributory basis. 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 City. Such certificate shall be on forms acceptable to the City's Office of Risk and Safety Management showing that the Consultant has complied with these requirements. In addition, for policies expiring on a fixed date before completion of the Project, certificates showing renewal must be filed not less than 30 days before such expiration date.

It shall be an affirmative obligation of the Consultant to advise the City's Office of Risk and Safety at Fax No. 518.693.4070, e-mail Marilyn.Rivers@Saratoga-Springs.org or mail via 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 Consultant shall procure and maintain during the term of this contract, at the Consultant's expense, the insurance policies listed in Part II with limits equal to or greater than the enumerated limits. The Consultant 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 / 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 Consultant. Every required coverage type shall be "occurrence basis" with the exception of Professional Errors and Omissions Coverage which may be "claims made" coverage. The Consultant 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 Consultant 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: immediate termination of the contract; withholding any/all payment(s) due under this contract or any other contract it has with the vendor (common law set-off): 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 Consultant.

Reguired Property and Casualty Insurance - Minimum coverage types and amounts:

- <u>Commercial General Liability Including Completed Products and Operations and Personal Liability Insurance</u>; One Million Dollars per Occurrence with Two Million Dollars Aggregate
- <u>Commercial Automobile Insurance</u>: One Million Dollars Combined Single Limit for Owned, Hired and Nonowned Vehicles
- <u>Excess Liability Insurance:</u> Three Million Dollars per Occurrence Aggregate
- Professional Liability Insurance: One Million per Claims with Two Million Aggregate

Required Workers Compensation Insurance - Minimum coverage types and amounts;

NYS Statutory Workers Compensation, Employer's Liability and Disability Insurance

#### 16. LIABILITY

The Consultant assumes all risks in the performance of all its activities authorized by this Agreement. The Consultant hereby covenants and agrees to defend, indemnify and hold harmless the City of Saratoga Springs, NY; its elected and/or appointed officials, officers, agents, employees and assigns against all liabilities, claims, suits, actions, judgments, costs, expenses, demands, losses, damage or injury, arising out of this agreement, of whatsoever kind and nature including death or injury to person, damage or loss of property, all attorneys' fees and other costs of investigating and defending against such claims, liabilities, losses, damages, expenses, accidents or occurrences. The Consultant shall be responsible for such liabilities that arise at any time prior to termination of this Agreement, whether direct or

indirect, and whether caused or contributed to by the Consultant, its Consultants, subcontractors, agents, or employees. The Consultant's responsibility under this section shall not be limited to the required or available insurance coverage.

#### 17. 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.

#### 18. WAIVER

No failure or delay on the part of the City in exercising any right, power or remedy hereunder shall operate as a waiver thereof. No single or partial exercise of any such right, power or remedy shall preclude any other or further exercise thereof or the exercise of any other right, power or remedy. The remedies provided for herein are cumulative and are not exclusive of any remedies that may be available to any party at law or in equity or otherwise.

#### **19. 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.

#### 20. BINDING AGREEMENT

The covenants and agreements contained in this Agreement shall be binding upon the parties hereto and upon their respective executors, administrators, legal representatives, heirs, successors, distributees and assigns. The rights or obligations granted or allocated to the Consultant herein may not be assigned without the prior written consent of the City.

#### 21. ASSIGNMENT

The Consultant shall not, without the prior written consent of the City, assign, transfer, convey, or otherwise dispose of this Agreement, or any part thereof, or of its right, title, or interest therein or its power to execute this Agreement or any amendment or modifications hereto to any other person, company, or corporation.

#### 22. SEVERABILITY

In the event any provision of this Agreement is determined to be contrary to law or unenforceable for any reason whatsoever, such determination shall not in any way affect the validity or enforceability of the balance of this Agreement or any other term or condition hereof.

#### 23. WAIVER OF IMMUNITY CLAUSE

Upon refusal of a representative of our firm, when called before a grand jury, to testify concerning any transaction or contract with the City of Saratoga Springs, NY or to sign a waiver of immunity against subsequent criminal prosecution or to answer any relevant question concerning such transactions or contracts: Such person, and any firm, partnership or corporation of which he is a member, partner, director or officer shall be disqualified from thereafter selling to or submitting bids to or receiving awards from or entering into any contracts with any municipal corporation or fire district, or any public department, agency or official thereof, for goods, work or services, for a period of five years after such refusal, and to provide also that; any and all contracts made with any municipal corporation or any public department, agency or official thereof, with any fire district or any agency or official thereof, by such person, and by any firm, partnership or corporation of which he is a member, partner, director or officer may be cancelled or terminated by the City without incurring any penalty or damages on account of such cancellation or termination, buy any monies owing by the City for goods delivered or work done prior to the cancellation or termination shall be paid.

#### 24. NON-COLLUSIVE BIDDING CERTIFICATION: Section 103-d of General Municipal Law

By submission of this quotation, the Consultant and each person signing on behalf of any Consultant certifies, and, in 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: The prices in this quotation 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 Consultant or with any competitor; and unless otherwise required by law, the prices which have been quoted in this quotation have not been knowingly disclosed by the Consultant and will not knowingly be disclosed by the Consultant prior to opening, directly or indirectly, to any other Consultant or to any competitor; and no attempt has been made or will be made by the Consultant to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

#### 25. APPENDICES

The Consultant, its subcontractors, vendors and agents shall comply with the terms of the following Exhibits which are attached to this Agreement are incorporated by reference herein and which shall be made a part of this Agreement:

Exhibit A: Vendor/Supplier Code of Conduct

The following are attached to this Agreement for reference purposes:

Exhibit A: Proposals dated December 17, 2015

#### 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.

<u>City Certification</u>: 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.

<u>Consultant Certification</u>: 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.

| CITY Marian                                    | CONSULTANT                                  |
|--|---|
| Signature: AD UPper                            | Signature:                                  |
| Date: // Ce/110                                | Date: Decumber 28, 2015                     |
| Print Name: Toanide Dileose                    | Print Name: MARIAN WRIT WALSH               |
| Title: Maytor (1983)                           | Title: Partier                              |
|  |   |
| City Council Approval Date: 1/5///6            | _   |
| , , ,  |   |
|  |   |
| CORPORATE ACKNOWLEDGMENT                       |   |
|  |   |
| STATE OF NEW YORK )                            |   |
| )  | SS:   |
| COUNTY OF SAMJARA                              |   |
| COUNTY OF Sarafoga )                           |   |
| ON THIS A 8th DAY OF Devembe                   | r 2015 BEFORE ME PERSONALLY CAME            |
|  | I, WHO BEING DULY SWORN, DID DEPOSE AND SAY |
| THAT HE/SHE RESIDES IN Sanatora                |   |
| partner OF                                     | THE Walsh & Walsh LLP                       |
|  | THE CORPORATION DESCRIBED IN AND WHICH      |
| EXECUTED THE FOREGOING INSTRUMENT: THAT HE/S   |   |
| THE SEAL AFFIXED TO SAID INSTRUMENT WAS SUCH O |   |
| ORDER OF THE BOARD OF DIRECTORS OF SAID CO     |   |
|  |   |

Th. more **Y PUBLIC** 

ELIZABETH M. MORO Notary Public, State of New York Qualified in Washington County No. 01MO6262166 My Commission Expires 05-21-20\_\_\_\_

## **EXHIBIT** A

## **RESPONSE TO**

## RFP #: 2015-46 - BOND COUNSEL RFP

## Name of Bidder: Walsh & Walsh, LLP

RFP Opening: Thursday, December 17, 2015 at 2:00 p.m.

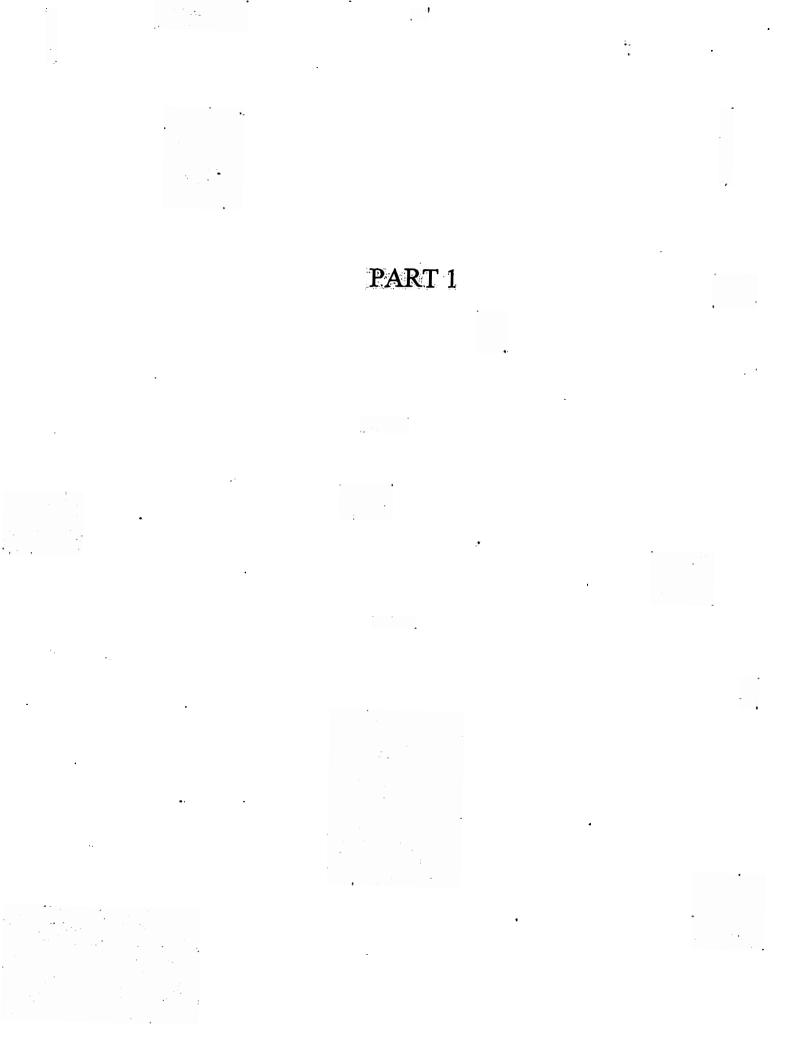
## WALSH & WALSH, LLP

42 Long Alley Saratoga Springs, New York 12866-2116 (518) 583-0171 wwwllp@spalaw2.com

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## <u>Part</u>



1. The principal contact person at Walsh & Walsh, LLP is as follows:

Marian Wait Walsh, Esq. 42 Long Alley Saratoga Springs, New York 12866-2116 Telephone: (518) 583-0171 Facsimile: (518) 583-1025 E-mail: marian@spalaw2.com

The principal author of this proposal is as follows:

Joan B. Bleikamp, Esq. 42 Long Alley Saratoga Springs, New York 12866-2116 Telephone: (518) 583-0171 Facsimile: (518) 583-1025 E-mail: jbleikamp@spalaw2.com

Brief resumes for the attorneys who will be assigned to the City's financings are as follows:

Joan B. Bleikamp concentrates her practice in the area of municipal finance. She has acted as bond counsel to the Dormitory Authority of the State of New York as well as to towns, villages, cities, counties, school districts, fire districts and other municipal corporations in New York State. She has extensive experience in acting as bond counsel to municipalities in connection with the New York Clean Water and Drinking Water State Revolving Fund loan programs administered by the New York State Environmental Facilities Corporation and various loan programs administered by the United States Department of Agriculture, Rural Development. She has also acted as bond counsel to several industrial development agencies in New York State and the Vermont Industrial Development Authority.

In addition to acting as bond counsel, Ms. Bleikamp has represented underwriters and trustees in municipal and public authority finance transactions in New York, Vermont, Maine, Georgia, Kansas and Missouri. She has participated in a wide variety of financing transactions, including letter of credit secured revenue debt structures, lower floaters and multimodal financings, as well as more traditional general obligation municipal finance transactions. She had lead drafting responsibility in the creation of a successful collateralized letter of credit program that has been used by two lending institutions in connection with both tax-exempt and taxable bond offerings.

Ms. Bleikamp has also acted as special counsel to several municipalities in New York State which have received funding for community development projects through the Canal Corridor Initiative, a program of the United States Department of Housing and Urban Development. Ms. Bleikamp has served as Secretary and a Director of the Saratoga Springs Preservation Foundation, as a member of the Saratoga County YMCA Membership Committee, as Chairman of the Town of Argyle Zoning Board of Appeals, as Treasurer and Recording Secretary of the Washington County Historical Society and as a member of the Washington County Advisory Council on Historic Preservation.

Ms. Bleikamp graduated <u>cum laude</u> from Albany Law School of Union University in 1983. She received a bachelor's degree with honors from Colorado State University in 1975 and a master's degree from The Pennsylvania State University in 1978. She is a member of the National Association of Bond Lawyers.

Joseph M. Walsh practices primarily in the areas of municipal finance, corporate, real estate, land use and environmental, commercial and real property litigation and community association law.

Mr. Walsh has acted as bond counsel to municipal and district corporation issuers for the financing of a variety of projects, including several public libraries and solid waste management facilities. He serves as a town attorney and has acted as special counsel for county solid waste management facilities and financing.

His real estate experience includes representing developers through the acquisition, financing, permitting, construction and sell-out phases of residential condominium and homeowner association developments and commercial projects. He has substantial litigation experience in the area of real property law and has represented a variety of commercial and residential lenders.

Mr. Walsh has been a member of the Executive Committee of the Real Property Law Section of the New York State Bar Association since 1994, was the State-wide Co-Chair of the Section's Condominiums and Cooperatives Committee from 1996 until 2006 and has been the Co-Chair of the Section's Continuing Legal Education Committee since 2006.

Mr. Walsh graduated from Albany Law School of Union University in 1980. He received a bachelor's degree from the University of Michigan in 1973 and master's degrees from the State University of New York at Albany in 1975 and Rensselaer Polytechnic Institute in 1976. He is a member of the American Bar Association, the New York State Bar Association and the Saratoga County Bar Association.

Marian Wait Walsh practices primarily in the areas of municipal finance, banking, commercial and project finance, real estate, estate planning and probate.

Mrs. Walsh has served as bond counsel to several area school district public libraries and is bond counsel to several towns.

As counsel to banks and borrowers, Mrs. Walsh has extensive experience in financing transactions from both the lender's and the borrower's perspectives. She has represented banks in construction loans and permanent financings for a variety of commercial, industrial and residential development projects, and has considerable experience in assetbased as well as credit-based financing. Projects with which she has been involved run the full gamut of commercial projects, both publicly and privately financed, and include the financing of several hydroelectric plants, the Saratoga YMCA, the Capital District YMCA and the Luther Forest Technology Campus Economic Development Corporation.

Mrs. Walsh served as a member of the Board of Directors of the Albany Medical Center in Albany, New York for six years, serving on the College Affairs Committee and Audit Committee, as a member of the OASIS (Not-For-Profit) Board of Directors for six years, as a member of the Saratoga County ARC Foundation Board of Directors for two years, as a member of the Cornell Agricultural College Committee for Planned Giving for two years and as a member of the Saratoga Rowing Association Board of Directors for four years, and is currently a member of the Board of Directors of Sustainable Saratoga, where she serves as Treasurer and as a member of the Executive and Governance Committees.

Mrs. Walsh graduated from Boston University School of Law in 1981. She received a bachelor's degree from Cornell University in 1971 and a master's degree from the State University of New York at Albany in 1975. She is a member of the New York State Bar Association and the Saratoga County Bar Association.

2. Walsh & Walsh, LLP is a general practice law firm with extensive experience in municipal finance.

Our municipal finance practice is primarily as bond counsel to towns, villages, cities, counties, school districts, fire districts and other municipal corporations in their traditional borrowings under the New York Local Finance Law. We also assist municipalities and public authorities in the development and finance of programs to meet their infrastructure needs. Walsh & Walsh, LLP is nationally recognized as municipal bond counsel and is listed in the municipal bond attorneys section of The Bond Buyer's Municipal Marketplace (the "Red Book").

The firm's attorneys also act as counsel to various municipalities and have represented them in litigation and in environmental and land use matters. The firm represents institutional and private lenders as well in a variety of finance transactions.

The firm has no branch offices. The firm's attorneys who concentrate their practices in municipal finance are Joan B. Bleikamp, Joseph M. Walsh and Marian Wait Walsh.

3. Attached as Exhibit A to this proposal is a listing of bond financings from January 1, 2011 to the present time in which Walsh & Walsh, LLP has represented municipal issuers.

Contact information for references is as follows:

(518) 523-9517

catherine@northelba.org

| Hon. Craig H. Randall                   | Mr. Leonard Sauers                  |
|---|-------------------------------------|
| Mayor                                   | Business Manager/Treasurer          |
| Village of Lake Placid                  | Lake Placid Central School District |
| 2693 Main Street                        | 50 Cummings Road                    |
| Lake Placid, New York 12946             | Lake Placid, New York 12946         |
| (518) 523-2597                          | (518) 523-2475                      |
| mayorrandall@villageoflakeplacid.ny.gov | <u>Isauers@lpcsd.org</u>            |
| Catherine Edman, CPA                    | Hon. Edward D. Kinowski             |
| Budget Officer                          | Supervisor                          |
| Town of North Elba                      | Town of Stillwater                  |
| 2693 Main Street                        | P.O. Box 700                        |
| Lake Placid, New York 12946             | Stillwater, New York 12170          |

(518) 664-6148

ekinowski@stillwaterny.org

4. There is no litigation, administrative proceedings or investigations in which Walsh & Walsh, LLP is currently involved or which is threatened against Walsh & Walsh, LLP.

- 5. There are no existing or potential conflicts of interest which Walsh & Walsh, LLP will have in the course of its performance of services requested. Our firm has a system for routinely checking for potential conflicts of interest between existing and former clients and among new, existing and former clients. On occasion, prospective new or existing clients indicate that they may have a possible dispute with or claim against the City. Walsh & Walsh, LLP declines representation in such instances due to its representation of the City as bond counsel, unless the clients give their informed consent to dual representation.
- 6. Walsh & Walsh, LLP has acted as bond counsel to the City since November 5, 1999.

Joan B. Bleikamp, Joseph M. Walsh and Marian Wait Walsh are all residents of the City and are familiar with the financing issues facing the City.

7. The level of malpractice insurance carried by Walsh & Walsh, LLP to cover errors and omissions, improper judgments or negligence is \$1,000,000 per occurrence with \$2,000,000 aggregate. The deductible is \$10,000.

8. Our fee proposal is as follows:

| Public sale of serial bonds   | \$4,500                                    |
|---|--|
| Private sale of serial bonds  | \$3,500                                    |
| Statutory installment bond issue  | \$2,700                                    |
| Bond anticipation note issue  | \$1,800                                    |
| Bond resolution   | \$ 150-\$450, depending upon<br>complexity |
| Tax anticipation note, revenue<br>anticipation note, capital note or budget<br>note issue (including resolutions) | \$1,500                                    |
| Application for sewer debt exclusion  | \$ 450                                     |
| Installment purchase contract (including resolutions)   | \$2,700-\$4,500, depending upon complexity |
| Advance refunding of serial bonds (including resolutions)   | \$7,500                                    |

There generally is no charge for written or oral responses to capital committee questions or other financing questions from the Director of Finance, the Deputy Commissioner of Finance or members of the City Council. There is no charge for our attorneys' attendance at finance meetings held by the City.

In addition to the above fees, Walsh & Walsh, LLP will expect to be reimbursed for all client charges made or incurred on behalf of the City, such as travel costs, photocopying, deliveries, telecopy charges, filing fees and other expenses.

The above fees will remain in effect for a five-year period.

### EXHIBIT A

## MUNICIPAL FINANCE TRANSACTIONS SINCE JANUARY 1, 2011 IN WHICH WALSH & WALSH, LLP HAS ACTED AS COUNSEL

| DATE OF<br> | ISSUER (STATE)              | TITLE OF OBLIGATIONS  | AMOUNT<br>(000'S) | ROLE         |
|-------------|-----------------------------|---|-------------------|--------------|
| 12/16/15    | Town of Wells (NY)          | Bond Anticipation Note for<br>Rehabilitation of Water Storage<br>Tank, 2015 (Renewal)     | \$ 110.0          | Bond Counsel |
| 12/15/15    | Village of Nassau (NY)      | Statutory Installment Bond<br>(Route 20 Water Main Project<br>Serial Bond – 2015)         | \$ 300.0          | Bond Counsel |
| 11/12/15    | Village of Walton (NY)      | Bond Anticipation Note for<br>Wastewater Treatment Plant<br>Press – 2015                  | \$ 260.0          | Bond Counsel |
| 11/10/15    | Village of Lake Placid (NY) | Bond Anticipation Note for<br>Various Purposes – 2015                                     | \$ 163.1          | Bond Counsel |
| 11/6/15     | Village of Walton (NY)      | Bond Anticipation Note for<br>Wastewater Treatment Plant<br>Improvements – 2015 (Renewal) | \$ 1,155.0        | Bond Counsel |
| 10/21/15    | Village of Whitehall (NY)   | Bond Anticipation Note for<br>Sewer System Improvements –<br>2015                         | \$ 1,950.0        | Bond Counsel |
| 9/30/15     | Town of Galway (NY)         | Statutory Installment Bond<br>(Highway Garage Refunding<br>Serial Bond – 2015)            | \$ 315.0          | Bond Counsel |
| 8/13/15     | Village of Lake Placid (NY) | Bond Anticipation Note for<br>Electric Department Projects –<br>2015                      | \$ 264.0          | Bond Counsel |
| 8/6/15      | Village of Lake Placid (NY) | Statutory Installment Bond<br>(Sewer Trunk Line Serial Bond –<br>2015)                    | \$ 3,122.6        | Bond Counsel |

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| DATE OF | ISSUER (STATE)                              | TITLE OF OBLIGATIONS  | AMOUNT<br>(000'S) | ROLE         |
|---------|---|---|-------------------|--------------|
| 7/29/15 | Town of Stillwater (NY)                     | Bond Anticipation Note for<br>Van Ness Road Reconstruction<br>Project and Brown's Beach<br>Acquisition – 2015 (Renewal) | \$ 5,445.0        | Bond Counsel |
| 6/25/15 | Town of Stillwater (NY)                     | Bond Anticipation Note for<br>Brown's Beach Improvements<br>and Luther Forest Connector<br>Road Project – 2015          | \$ 700.0          | Bond Counsel |
| 6/25/15 | Village of Whitehall (NY)                   | E.F.C. Clean Water Facility<br>Note – 2015 A  | \$ 1,340.0        | Bond Counsel |
| 6/23/15 | Village of Lake Placid (NY)                 | Bond Anticipation Note for<br>Various Purposes – 2015   | \$ 180.8          | Bond Counsel |
| 6/23/15 | City of Saratoga Springs (NY)               | Public Improvement (Serial)<br>Bonds, 2015  | \$ 5,978.2        | Bond Counsel |
| 5/29/15 | Town of Wells (NY)                          | Bond Anticipation Note for<br>Purchase of Plow Truck, 2015<br>(Renewal)   | \$ 59.9           | Bond Counsel |
| 5/1/15  | Town of North Elba (NY)                     | Statutory Installment Bond<br>(Various Capital Projects<br>Serial Bond – 2015)  | \$ 219.0          | Bond Counsel |
| 4/29/15 | Village of Walton (NY)                      | Bond Anticipation Note for<br>Biogas Anaerobic Digester<br>Project – 2015   | \$ 650.0          | Bond Counsel |
| 3/19/15 | Village of Lake Placid (NY)                 | Bond Anticipation Note for<br>Electric Department Projects – 2015   | \$ 140.0          | Bond Counsel |
| 1/30/15 | Lake Placid Central School<br>District (NY) | Energy Performance Contract,<br>2015  | \$ 835.0          | Bond Counsel |

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| DATE OF<br>ISSUE | ISSUER (STATE)                             | TITLE OF OBLIGATIONS  | AMOUNT<br>(000'S) | ROLE         |
|------------------|--|---|-------------------|--------------|
| 12/17/14         | Town of Wells (NY)                         | Bond Anticipation Note for<br>Rehabilitation of Water Storage<br>Tank, 2014 (Renewal)     | <b>\$</b> 120.0   | Bond Counsel |
| 12/3/14          | Village of Walton (NY)                     | Bond Anticipation Note for<br>Wastewater Treatment Plant<br>Improvements – 2014           | \$ 500.0          | Bond Counsel |
| 11/12/14         | Village of Lake Placid (NY)                | Bond Anticipation Note for<br>Various Purposes – 2014                                     | \$ 326.2          | Bond Counsel |
| 11/7/14          | Village of Walton (NY)                     | Bond Anticipation Note for<br>Wastewater Treatment Plant<br>Improvements – 2014 (Renewal) | \$ 1,200.0        | Bond Counsel |
| 10/22/14         | Village of Whitehall (NY)                  | Bond Anticipation Note for<br>Sewer System Improvements –<br>2014                         | \$ 1,920.0        | Bond Counsel |
| 10/15/14         | City of Saratoga Springs (NY)              | Public Improvement Refunding<br>(Serial) Bonds, 2014                                      | \$ 19,370.0       | Bond Counsel |
| 10/1/14          | Village of Lake Placid (NY)                | Bond Anticipation Note for<br>Various Purposes – 2014                                     | \$ 63.0           | Bond Counsel |
| 9/15/14          | Duanesburg Central School<br>District (NY) | School District (Serial)<br>Bonds, 2014   | \$ 225.0          | Bond Counsel |
| 9/11/14          | Town of Stillwater (NY)                    | Bond Anticipation Note for<br>Van Ness Road Reconstruction<br>Project – 2014 (Renewal)    | \$ 1,480.0        | Bond Counsel |
| 8/14/14          | Village of Lake Placid (NY)                | Bond Anticipation Note for<br>Electric Department Projects – 2014                         | \$ 352.0          | Bond Counsel |
| 7/30/14          | Town of Stillwater (NY)                    | Bond Anticipation Note for<br>Acquisition of Brown's Beach –<br>2014 (Renewal)            | \$ 4,100.0        | Bond Counsel |

| DATE OF  | ISSUER (STATE)                          | TITLE OF OBLIGATIONS  | AMOUNT<br>(000'S) | ROLE         |
|----------|---|---|-------------------|--------------|
| 6/26/14  | City of Saratoga Springs (NY)           | Public Improvement (Serial)<br>Bonds, 2014  | \$ 5,123.6        | Bond Counsel |
| 6/24/14  | Village of Lake Placid (NY)             | Bond Anticipation Note for<br>Various Purposes – 2014                                 | \$ 241.1          | Bond Counsel |
| 5/30/14  | Town of Wells (NY)                      | Bond Anticipation Note for<br>Purchase of Plow Truck, 2014<br>(Renewal)               | \$ 89.9           | Bond Counsel |
| 5/16/14  | Town of Deposit (NY)                    | Statutory Installment Bond<br>(Pickup Truck Serial Bond – 2014)                       | \$ 25.4           | Bond Counsel |
| 5/15/14  | Village of Castleton-on-<br>Hudson (NY) | Public Improvement (Serial)<br>Bonds, 2014  | \$ 925.0          | Bond Counsel |
| 3/20/14  | Village of Lake Placid (NY)             | Bond Anticipation Note for<br>Electric Department Projects – 2014                     | \$ 210.0          | Bond Counsel |
| 1/24/14  | Town of Gardiner (NY)                   | Statutory Installment Bond<br>(Transfer Station Serial Bond – 2014)                   | \$ 200.0          | Bond Counsel |
| 1/7/14   | Town of Deposit (NY)                    | Tax Anticipation Note – 2014  | \$ 31.9           | Bond Counsel |
| 1/2/14   | Town of North Elba (NY)                 | Statutory Installment Bond<br>(Dump Truck Serial Bond – 2014)                         | \$ 206.0          | Bond Counsel |
| 12/20/13 | Village of Walton (NY)                  | Water System (USDA) Bonds,<br>2013  | \$ 3,383.2        | Bond Counsel |
| 12/18/13 | Town of Wells (NY)                      | Bond Anticipation Note for<br>Rehabilitation of Water Storage<br>Tank, 2013 (Renewal) | \$ 130.0          | Bond Counsel |
| 12/3/13  | Keene Fire District (NY)                | Bond Anticipation Note, 2013A<br>(Renewal)  | \$ 60.0           | Bond Counsel |
| 11/18/13 | Berkshire Fire District (NY)            | Fire District (Serial) Bonds,<br>2013   | \$ 1,400.0        | Bond Counsel |

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| DATE OF  | ISSUER (STATE)                             | TITLE OF OBLIGATIONS   | AMOUNT<br>(000'S) | ROLE         |
|----------|--|--|-------------------|--------------|
| 11/13/13 | Village of Lake Placid (NY)                | Bond Anticipation Note for<br>Various Purposes – 2013                                  | \$ 489.3          | Bond Counsel |
| 11/8/13  | Village of Walton (NY)                     | Bond Anticipation Note for<br>Wastewater Treatment Plant<br>Improvements – 2013        | \$ 1,200.0        | Bond Counsel |
| 10/31/13 | Town of Gardiner (NY)                      | Revenue Anticipation Note –<br>2013 (Renewal)  | \$ 136.6          | Bond Counsel |
| 10/23/13 | Village of Whitehall (NY)                  | Bond Anticipation Note for<br>Sewer System Improvements –<br>2013                      | \$ 1,990.0        | Bond Counsel |
| 10/17/13 | Town of Deposit (NY)                       | Public Improvement Serial<br>Bonds, 2013   | \$ 715.0          | Bond Counsel |
| 10/2/13  | Village of Lake Placid (NY)                | Bond Anticipation Note for<br>Various Purposes - 2013                                  | \$ 126.0          | Bond Counsel |
| 9/24/13  | Duanesburg Central School<br>District (NY) | School District (Serial)<br>Bonds, 2013  | \$ 789.0          | Bond Counsel |
| 9/12/13  | Village of Lake Placid (NY)                | E.F.C. Clean Water Facility<br>Notes – 2013 A and 2013 B                               | \$ 3,837.9        | Bond Counsel |
| 9/12/13  | Town of Stillwater (NY)                    | Bond Anticipation Note for<br>Van Ness Road Reconstruction<br>Project – 2013 (Renewal) | \$ 1,550.0        | Bond Counsel |
| 8/15/13  | Village of Lake Placid (NY)                | Bond Anticipation Note for<br>Electric Department Projects –<br>2013                   | \$ 440.0          | Bond Counsel |
| 8/13/13  | Town of Delhi (NY)                         | Bond Anticipation Note for<br>Construction of Bridges – 2013<br>(Renewal)              | \$ 413.1          | Bond Counsel |

| DATE OF<br>_ISSUE_ | ISSUER (STATE)                             | TITLE OF OBLIGATIONS   | AMOUNT<br>(000'S) | ROLE         |
|--------------------|--|--|-------------------|--------------|
| 7/31/13            | Town of Stillwater (NY)                    | Bond Anticipation Note for<br>Acquisition of Brown's Beach –<br>2013                     | \$ 4,100.0        | Bond Counsel |
| 7/12/13            | Town of Deposit (NY)                       | Bond Anticipation Note for<br>New Highway Garage – 2013                                  | \$ 65.0           | Bond Counsel |
| 6/27/13            | City of Saratoga Springs (NY)              | Public Improvement (Serial)<br>Bonds, 2013   | \$ 4,278.4        | Bond Counsel |
| 6/25/13            | Village of Lake Placid (NY)                | Bond Anticipation Note for<br>Various Purposes – 2013                                    | \$ 301.3          | Bond Counsel |
| 6/10/13            | Town of Gardiner (NY)                      | Statutory Installment Bond<br>(Highway Department Projects<br>Serial Bond – 2013)        | \$ 400.0          | Bond Counsel |
| 5/31/13            | Town of Wells (NY)                         | Bond Anticipation Note for<br>Purchase of Plow Truck, 2013<br>(Renewal)                  | \$ 119.9          | Bond Counsel |
| 5/28/13            | Village of Walton (NY)                     | Public Improvement (Seriał)<br>Bonds, 2013   | \$ 450.0          | Bond Counsel |
| 5/17/13            | Town of Gardiner (NY)                      | Revenue Anticipation Note –<br>2013  | \$ 953.0          | Bond Counsel |
| 4/26/13            | Town of Gardiner (NY)                      | Bond Anticipation Note 2013  | \$ 27.4           | Bond Counsel |
| 4/26/13            | Village of Walton (NY)                     | Bond Anticipation Note for<br>Park Street Retaining Wall<br>Replacement – 2013 (Renewal) | \$ 450.0          | Bond Counsel |
| 4/9/13             | Duanesburg Central School<br>District (NY) | School District (Serial)<br>Bonds, 2013  | \$ 454.5          | Bond Counsel |
| 3/21/13            | Village of Lake Placid (NY)                | Bond Anticipation Note for<br>Electric Department Projects –<br>2013                     | \$ 355.0          | Bond Counsel |

| DATE OF<br>ISSUE | ISSUER (STATE)                             | TITLE OF OBLIGATIONS  | AMOUNT<br><u>(000'S)</u> | ROLE         |
|------------------|--|---|--------------------------|--------------|
| 1/25/13          | Town of Gardiner (NY)                      | Bond Anticipation Note for<br>Reconstruction of Transfer<br>Station – 2013 (Renewal)  | \$ 240.0                 | Bond Counsel |
| 12/19/12         | Town of Wells (NY)                         | Bond Anticipation Note for<br>Rehabilitation of Water Storage<br>Tank, 2012 (Renewal) | \$ 140.0                 | Bond Counsel |
| 12/14/12         | City of Saratoga Springs (NY)              | Statutory Installment Bond<br>(Public Improvement Serial<br>Bond, 2012)               | \$ 555.3                 | Bond Counsel |
| 11/20/12         | Berkshire Fire District (NY)               | Bond Anticipation Notes, 2012   | \$ 1,700.0               | Bond Counsel |
| 11/14/12         | Village of Lake Placid (NY)                | Bond Anticipation Note for<br>Various Purposes – 2012                                 | \$ 652.4                 | Bond Counsel |
| 10/24/12         | Village of Whitehall (NY)                  | Bond Anticipation Note for<br>Sewer System Improvements –<br>2012 (Renewal)           | \$ 2,000.0               | Bond Counsel |
| 10/18/12         | Town of Deposit (NY)                       | Bond Anticipation Notes,<br>2012  | \$ 650.0                 | Bond Counsel |
| 10/3/12          | Village of Lake Placid (NY)                | Bond Anticipation Note for<br>Various Purposes – 2012                                 | \$ 189.0                 | Bond Counsel |
| 9/13/12          | Town of Stillwater (NY)                    | Bond Anticipation Note for<br>Van Ness Road Reconstruction<br>Project – 2012          | \$ 1,550.0               | Bond Counsel |
| 8/14/12          | Town of Delhi (NY)                         | Bond Anticipation Note for<br>Construction of Bridges – 2012<br>(Renewal)             | \$ 466.8                 | Bond Counsel |
| 7/19/12          | Duanesburg Central School<br>District (NY) | School District Refunding<br>(Serial) Bonds, 2012                                     | \$ 5,410.0               | Bond Counsel |

| DATE OF<br>ISSUE | ISSUER (STATE)                             | TITLE OF OBLIGATIONS  | AMOUNT<br>(000'S) | ROLE         |
|------------------|--|---|-------------------|--------------|
| 7/17/12          | Town of North Elba (NY)                    | Bond Anticipation Note for<br>Construction of Soccer Fields –<br>2012 (Renewal)             | \$ 30.0           | Bond Counsel |
| 6/1/12           | Town of Wells (NY)                         | Bond Anticipation Note for<br>Purchase of Cab and Chassis<br>and Plow Truck, 2012 (Renewal) | \$ 150.7          | Bond Counsel |
| 5/25/12          | Village of Lake Placid (NY)                | Public Improvement (Serial)<br>Bonds, 2012  | \$ 925.0          | Bond Counsel |
| 5/23/12          | City of Saratoga Springs (NY)              | Public Improvement (Serial)<br>Bonds, 2012  | \$ 6,645.3        | Bond Counsel |
| 5/15/12          | Town of North Elba (NY)                    | Statutory Installment Bond<br>(Tahawus Way Serial Bond –<br>2012)                           | \$ 39.0           | Bond Counsel |
| 4/27/12          | Town of Gardiner (NY)                      | Bond Anticipation Note 2012   | \$ 54.8           | Bond Counsel |
| 4/27/12          | Village of Walton (NY)                     | Bond Anticipation Note for<br>Park Street Retaining Wall<br>Replacement – 2012              | \$ 600.0          | Bond Counsel |
| 4/12/12          | Duanesburg Central School<br>District (NY) | Bond Anticipation Note for<br>Purchase of School Buses –<br>2012                            | \$ 288.1          | Bond Counsel |
| 3/22/12          | Village of Lake Placid (NY)                | Bond Anticipation Note for<br>Electric Department Projects –<br>2012                        | \$ 500.0          | Bond Counsel |
| 3/16/12          | Village of Lake Placid (NY)                | Bond Anticipation Note for<br>Various Purposes – 2012                                       | \$ 27.2           | Bond Counsel |
| 2/22/12          | Village of Walton (NY)                     | Statutory Installment Bond<br>(Police Station Serial Bond –<br>2012)                        | \$ 350.0          | Bond Counsel |

| DATE OF<br>ISSUE | ISSUER (STATE)                          | TITLE OF OBLIGATIONS  | AMOUNT<br>(000'S) | ROLE         |
|------------------|---|---|-------------------|--------------|
| 2/1/12           | Town of Malone (NY)                     | Statutory Installment Bond<br>(Hydrant Bolts Serial Bond –<br>2012)                   | \$ 40.0           | Bond Counsel |
| 1/27/12          | Town of Gardiner (NY)                   | Bond Anticipation Note for<br>Reconstruction of Transfer<br>Station – 2012 (Renewal)  | \$ 280.0          | Bond Counsel |
| 1/20/12          | Town of Deposit (NY)                    | Bond Anticipation Note for<br>Reconstruction of Roadways –<br>2012                    | \$ 375.0          | Bond Counsel |
| 12/20/11         | Town of Wells (NY)                      | Bond Anticipation Note for<br>Rehabilitation of Water Storage<br>Tank, 2011           | <b>\$</b> 150.0   | Bond Counsel |
| 11/15/11         | Village of Lake Placid (NY)             | Bond Anticipation Note for<br>Various Purposes – 2011                                 | \$ 815.6          | Bond Counsel |
| 10/25/11         | Town of North Elba (NY)                 | Public Improvement (Serial)<br>Bonds, 2011  | \$ 750.0          | Bond Counsel |
| 10/25/11         | Village of Whitehall (NY)               | Bond Anticipation Note for<br>Sewer System Improvements –<br>2011 (Renewal)           | \$ 1,970.0        | Bond Counsel |
| 10/5/11          | Village of Walton (NY)                  | Bond Anticipation Note for<br>Construction of Police Station –<br>2011                | \$ 50.0           | Bond Counsel |
| 10/4/11          | Village of Lake Placid (NY)             | Bond Anticipation Note for<br>Various Purposes – 2011                                 | \$ 252.0          | Bond Counsel |
| 8/25/11          | Village of Castleton-on-<br>Hudson (NY) | Statutory Installment Bond<br>(Ultraviolet Disinfection<br>System Serial Bond – 2011) | \$ 73.6           | Bond Counsel |

| DATE OF<br>ISSUE | ISSUER (STATE)                             | TITLE OF OBLIGATIONS  | AMOUNT<br>(000'S) | ROLE         |
|------------------|--|---|-------------------|--------------|
| 8/15/11          | Town of Delhi (NY)                         | Bond Anticipation Note for<br>Construction of Bridges – 2011<br>(Renewal)       | \$ 502.6          | Bond Counsel |
| 8/1/11           | Village of Lake Placid (NY)                | Bond Anticipation Note for<br>Various Purposes – 2011                           | \$ 167.6          | Bond Counsel |
| 7/18/11          | Town of North Elba (NY)                    | Bond Anticipation Note for<br>Construction of Soccer Fields –<br>2011 (Renewal) | \$ 60.0           | Bond Counsel |
| 7/15/11          | Village of Walton (NY)                     | Bond Anticipation Note for<br>Construction of Police Station –<br>2011          | \$ 100.0          | Bond Counsel |
| 6/3/11           | Town of Wells (NY)                         | Bond Anticipation Note for<br>Purchase of Cab and Chassis,<br>2011 (Renewal)    | \$ 40.7           | Bond Counsel |
| 4/28/11          | Town of Gardiner (NY)                      | Bond Anticipation Note 2011   | \$ 82.3           | Bond Counsel |
| 4/7/11           | Village of Walton (NY)                     | E.F.C. Drinking Water<br>Facility Note – 2011 A                                 | \$ 3,423.2        | Bond Counsel |
| 4/5/11           | City of Saratoga Springs (NY)              | Statutory Installment Bond<br>(Public Improvement Serial<br>Bond, 2011)         | \$ 2,151.2        | Bond Counsel |
| 4/1/11           | Village of Waterford (NY)                  | Bond Anticipation Note, 2011  | \$ 60.0           | Bond Counsel |
| 3/31/11          | Duanesburg Central School<br>District (NY) | Statutory Installment Bond<br>(School Buses Serial Bond –<br>2011)              | \$ 183.9          | Bond Counsel |
| 3/23/11          | Village of Lake Placid (NY)                | Bond Anticipation Note for<br>Remanufacture of Transformer –<br>2011            | \$ 225.0          | Bond Counsel |

| DATE OF<br>ISSUE | ISSUER (STATE)                | TITLE OF OBLIGATIONS   | AMOUNT<br>(000'S) | ROLE         |
|------------------|-------------------------------|--|-------------------|--------------|
| 3/17/11          | Village of Lake Placid (NY)   | Bond Anticipation Note for<br>Various Purposes – 2011                                | \$ 54.4           | Bond Counsel |
| 2/23/11          | Village of Walton (NY)        | Bond Anticipation Note for<br>Construction of Police Station –<br>2011               | \$ 200.0          | Bond Counsel |
| 1/28/11          | Town of Stillwater (NY)       | Bond Anticipation Note for<br>Reconstruction of Transfer<br>Station – 2011 (Renewal) | \$ 320.0          | Bond Counsel |
| 1/26/11          | City of Saratoga Springs (NY) | Tax Anticipation Note, 2011  | \$ 5,000.0        | Bond Counsel |
| 1/18/11          | Town of North Elba (NY)       | Statutory Installment Bond<br>(Machinery and Apparatus Serial<br>Bond – 2011)        | \$ 330.0          | Bond Counsel |

Admin\W&W\W&wlst96 2015 - Exhibit A

## PART 2

City of Saratoga Springs, NY Bond Counsel RFP #2015-46



### Bond Counsel RFP 2015-46

The specification herein states the minimum requirements of the City. All bids must be regular in every respect. Unauthorized conditions, limitations, or provisions shall be cause for rejection. The City will consider as "irregular" or "non-responsive" any bid not prepared and submitted in accordance with the bid document and specification, or any bid lacking sufficient technical literature to enable the City to make a reasonable determination of compliance to the specification.

It shall be the bidder's responsibility to carefully examine each item of the specification. Failure to offer a completed bid or failure to respond to each section of the technical specification will cause the proposal to be rejected without review as "non-responsive". All variances, exceptions and/or deviations shall be fully described in the appropriate section.

| TOTAL BID IN FIGURE       | s:\$_See attached     |
|---------------------------|-----------------------|
| TOTAL BID WRITTEN:        |                       |
| COMPANY NAME:             | Walsh & Walsh, LLP    |
| ADDRESS:                  | 42 Long Alley         |
| Saratoga Spring<br>(City) |                       |
|                           | marian@spalaw2.com    |
| AUTHORIZED SIGNA          | Marian Wait Walsh     |
| PRINTED NAME:             | 12/17/15              |
| TITLE:                    | PartnerDATE: 12/17/15 |

Our fee proposal is as follows:

| Public sale of serial bonds  | \$4,500                                    |
|--|--|
| Private sale of serial bonds   | \$3,500                                    |
| Statutory installment bond issue   | \$2,700                                    |
| Bond anticipation note issue   | \$1,800                                    |
| Bond resolution  | \$150-\$450, depending upon complexity     |
| Tax anticipation note, revenue<br>anticipation note, capital note or budget<br>note issue (including resolution) | \$1,500                                    |
| Application for sewer debt exclusion   | \$ 450                                     |
| Installment purchase contract (including resolutions)  | \$2,700-\$4,500, depending upon complexity |
| Advance refunding of serial bonds (including resolutions)  | \$7,500                                    |

## PART 3

City of Saratoga Springs, NY Bond Counsel RFP #2015-46



## Waiver of Immunity Clause

Section §139(a) State Finance Law

Upon the refusal by a representative of your firm, when called before a grand jury to testify concerning any transaction or contract with the City of Saratoga Springs, New York, or to sign a waiver of immunity against subsequent criminal prosecution or to answer any relevant question concerning such transactions or contracts,

(a) such person, and any firm, partnership or corporation of which he is a member, partner, director or officer shall be disqualified from thereafter selling to or submitting bids to or receiving awards from or entering into any contracts with any municipal corporation or fire district, or any public department, agency or official thereof, for goods, work or services, for a period of five years after such refusal, and to provide also that

(b) any and all contracts made with any municipal corporation or fire district, or any public department, agency or official thereof, since the effective date of this law, by such person, and by any firm, partnership or corporation of which he is a member, partner, director or officer may be cancelled or terminated by the City without incurring any penalty or damages on account of such cancellation or termination, but any monies owing by the City for goods delivered or work done prior to the cancellation or termination shall be paid.

## Non-Collusive Bidding Certification

Section §139(d) State Finance Law

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and, in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his knowledge and belief:

(1) 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,

or with any competitor,
 (2) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly
 (2) 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

any other bidder or to any competitor, and
 (3) 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."

A bid shall not be considered for award nor shall any award be made where (1), (2), (3) above have not been complied with; provided however, that if in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefore.

| Signature: | no                 | Print Name: | Marian Wait Walsh                                      |
|------------|--------------------|-------------|--|
| Title:     | Partner            | Date:       | 12/17/15   |
|            | Walsh & Walsh, LLP | Address:    | 42 Long Alley<br>Saratoga Springs, New York 12866-2116 |

Subscribed to under penalty of perjury under the laws of the State of New York, this <u>17th</u> day of <u>December</u>, 2015 as the act and deed of said corporation of partnership.

PART 4



## Vendor/Supplier 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 vendors/suppliers that the City conducts business with. The City requires that all vendors/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 vendors/suppliers. Vendors/suppliers agree to provide all information requested which is necessary to demonstrate compliance with this Code.

At a minimum, the City requires that all vendors/suppliers meet the following standards:

- Legal: Vendors/suppliers and their subcontractors agree to comply with all applicable local, state and federal laws, regulations and statutes.
- The City expects vendors/suppliers to respect the City's rules and procedures.
- Conflict of Interest: The vendor/supplier 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: Vendors/suppliers 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 vendor/supplier must comply with prevailing wage rates.
- Health & Safety: Vendors/suppliers and their subcontractors 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: Vendors/suppliers must treat all workers with respect and dignity and provide them with a safe and healthy environment.
- Right to organize: Employees of the vendor/supplier should have the right to decide whether they want collective
- Subcontractors: Vendors/suppliers shall ensure that subcontractors shall operate in a manner consistent with this
- Protection of the Environment: Vendors/suppliers shall comply with all applicable environmental laws and regulations. Vendors/suppliers 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, vendors/suppliers are to utilize technologies that do not adversely affect the environment and when such impact is unavoidable, to ensure that it is minimized.

#### Vendor Acknowledgement

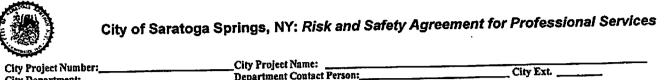
The undersigned vendor/supplier hereby acknowledges that it has received the City of Saratoga Springs Vendor/Supplier Code of Conduct and agrees that any and all of its facilities and subcontractors doing business with the City will receive the Code and will abide by each and every term therein.

Vendor/supplier acknowledges that its failure to comply with any condition, requirement, policy or procedure may result in the termination of the business relationship. Vendor/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.

| Signature:    | The                | Printed name: _ | Marian Walt Walsh |
|---------------|--------------------|-----------------|-------------------|
| Title:        | Partner            | Date:           | 12/17/15          |
| Company Name: | Walsh & Walsh, LLP |                 |                   |

# PART 5

City of Saratoga Springs, NY Bond Counsel RFP #2015-46



| City Department:                             |                   |
|--|-------------------|
| Company Name:                                |                   |
| Company Address:                             | Company Fast No 4 |
| Company Telephone No.:                       | Company Fax No.:  |
| Consultant Primary Contact for This Project: | Title:            |

The City of Saratoga Springs berein requires the following terms and conditions regarding the agreement for the provision of professional services as

The Consultant shall procure and maintain during the term of this contract, at the Consultant's expense, the insurance policies listed with limits equal to or greater than the enumerated limits. The Consultant 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 Consultant. Every required coverage type shall be "occurrence basis" with the exception of Professional Errors and Omissions Coverage which may be "claims made" coverage. The Consultant 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-: Vil" or better by A.M. Best (Current Rate Guide). If the Consultant 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 contract; (2) withholding any/all payment(s) due under this contract or any other contract it has with the vendor (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 Consultant.

The City of Saratoga Springs requires the Consultant 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 (City is also an Additional Insured on a Primary and Non-contributory Basis for this coverage); Commercial Automobile Insurance: One Million Dollars Combined Single Limit for Owned, Hired and Non-owned Vehicles
- Excess Liability Insurance: Three Million Dollars per Occurrence Aggregate Professional Errors and Omissions Insurance: One Million per Occurrence with Two Million Aggregate .
- NYS Statutory Workers Compensation, Employer's Liability and Disability Insurance

It shall be an affirmative obligation of the Consultant 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 Consultant 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 Consultant 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 Consultant 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 Consultant. 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.

The Consultant, 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 Consultant or its employees or anyone for whom the Consultant 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 Consultant, as aforesaid.

The City of Saratoga Springs specifically reserves the right to suspend or terminate all work under this contract whenever Consultant and/or Consultant's employees or subcontractors are proceeding in a manner that threatens the life, health or safety of any of Consultant'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 Consultant. If the City of Saratoga Springs exercises its rights pursuant to this part, the Consultant 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 to the City of Saratoga Springs' legal obligation to continuously provide Consultant's service to the public or the City of Saratoga Springs' immediate need for completion of the Consultant's work. In such case, Consultant shall immediately cure the defect. If the Consultant fails to cure the identified defect(s), the City of Saratoga Springs shall have the right to immediately terminate this contract. In the event that the City of Saratoga Springs terminates this contract, any payments for work completed by the Consultant shall be reduced by the costs incurred by the City of Saratoga Springs in rebidding the work and/or by the increase in cost that results from using a different vendor.

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

| Constitution and a Brand and a | 10/17/15       |
|--------------------------------|----------------|
|                                | Date: 12/17/15 |
| Consultant Signature           | Date: 12/17/10 |
| Consultant Signature:          |                |
|                                |                |

# PART 6

|   |  | Client  | : 17   | 558   |                           |  |                            | WALS                          | HWAL _  |                      |                      |
|---|--|---|--------|-------|---------------------------|--|----------------------------|-------------------------------|---|----------------------|----------------------|
| _   |  | ORD. CERTI  | FIC    | CA    | TE OF LIABI               |  |                            |                               |   | 12/14                | /2015                |
| CE<br>BE<br>RE  | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. |   |        |       |                           |  |                            |                               |   |                      |                      |
| the   | ) ter  | TANT: If the certificate holder Is<br>ms and conditions of the policy,<br>ate holder in lieu of such endors | certal | in po | licles may require an end | lorsem                                     | ient. A staten             | torsed. If SU<br>nent on this | BROGATION IS WAIVE<br>certificate does not co | D, subj<br>nfer rigi | ect to<br>hts to the |
| PROD  | UCEF   |   |        |       |                           | CONTAC<br>NAME:                            | भ<br>                      |                               |   |                      |                      |
|   |  | lack Trust Insurance  |        |       |                           | PHONE<br>(A/C, No                          | Ext): 518 584              | 4-5300                        | (A/C, No)                                     | 51858                | 47306                |
| 31 C  | hu   | ch Street - 4th Floor   |        |       |                           | E-MAIL                                     | 38:                        |                               |   |                      |                      |
| PO  | Box  | 336   |        |       |                           |  |                            | INSURER(S) AFI                | FORDING COVERAGE                              |                      | NAIC #               |
| Sara  | atog   | a Springs, NY 12866   |        |       | ĺ                         | INSURE                                     | RA: Selectiv               | e Insuranc                    | e Co of SC                                    |                      | 19259                |
| INSU  | RED  |   |        |       |                           | INSURER B : Selective Insurance Company of |                            |                               | 12572   |                      |                      |
|   |  | Walsh & Walsh LLP   |        |       |                           | INSURER C : Continental Casualty Company   |                            |                               |   | 20443                |                      |
|   |  | 42 Long Alley   |        |       |                           | INSURE                                     | RD:                        |                               |   |                      |                      |
|   |  | Saratoga Springs, NY 128  | 66     |       |                           | INSURE                                     | RE:                        |                               |   |                      |                      |
|   |  |   | INSURE | R F : |                           |  |                            |                               |   |                      |                      |
| <u></u>   | CO   | CER CER   | TIFIC  | ATE   | NUMBER:                   |  |                            |                               | REVISION NUMBER:                              |                      |                      |
| COVERAGES CERTIFICATE NUMBER:<br>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD<br>INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |  |   |        |       |                           |  |                            |                               |   |                      |                      |
|   |  | TYPE OF INSURANCE   |        | SUBR  | POLICY NUMBER             |  | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP                    | UM  | TS                   |                      |
|   | X  | COMMERCIAL GENERAL LIABILITY  |        | WVD   | S1790706                  |  |                            |                               | EACH OCCURRENCE                               | \$2,00               | 0,000                |
| A   | <u> </u>   |   | 1      |       | 31130100                  |  |                            |                               | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)  | \$300                | 000                  |
|   |  | CLAIMS-MADE X OCCUR   |        |       |                           |  |                            |                               | MED EXP (Any one person)                      | s 10,0               | 00                   |
|   |  |   |        |       |                           | l  |                            |                               | PERSONAL & ADV INJURY                         | s2,00                | 0,000                |
|   |  |   |        |       |                           |  |                            |                               | GENERAL AGGREGATE                             | \$4,00               | 0,000                |
|   | GEN  | I'L AGGREGATE LIMIT APPLIES PER:  |        |       |                           |  |                            |                               | PRODUCTS - COMP/OP AGG                        | s4,00                | 0,000                |
|   |  | POLICY JECT LOC   |        |       |                           |  | l                          |                               |   | \$                   |                      |

| - H |   |       |           |              | ין         |  | \$         |
|-----|---|-------|-----------|--------------|------------|--|------------|
| _   | OTHER:  | ┝──┠╼ |           | 11/01/2015   | 11/01/2016 | COMBINED SINGLE LIMIT<br>(En accident) | s1,000,000 |
| A   |   |       | S1790706  |              |            | 80DILY INJURY (Per person)             | \$         |
| ļ   | X ANY AUTO  |       |           |              |            | BODILY INJURY (Per accident)           | \$         |
|     | AUTOS AUTOS   |       |           |              | l l        | PROPERTY DAMAGE<br>(Per accident)      | \$         |
|     | HIRED AUTOS AUTOS   |       |           |              | }          | 11 W1 PWW00111                         | \$         |
| _   | X Drive Oth Car   | ╂╾╄╴  |           | 11/01/2015   | 11/01/2016 | EACH OCCURRENCE                        | s2,000,000 |
| A   |   |       | S1790706  | 1 1/0 1/2013 |            | AGGREGATE                              | s2,000,000 |
|     | EXCESS LIAB CLAIMS-MADE                                   | 4     |           |              |            |  | s          |
|     | DED X RETENTION \$10000                                   | ┥─┤   |           | 04/04/2046   | 01/01/2017 | X PER OTH-                             |            |
| P   | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY          |       | WC7939550 |              | 1 7        | E.L. EACH ACCIDENT                     | s100.000   |
|     | ANY PROPRIETOR/PARTNER/EXECUTIVE                          |       | WC7939550 | 01/01/2010   | 0 10 12010 | E.L. DISEASE - EA EMPLOYEE             |            |
|     | (Mandatory in NH)   |       |           |              |            | E.L. DISEASE - POLICY LIMIT            | \$500,000  |
|     | If yes, describe under<br>DESCRIPTION OF OPERATIONS below | ╀╌┼╴  |           |              | 04/26/2016 |  |            |
| C   | Professional Liab   |       | 169688304 | 04/20/2015   | 04/20/2010 | A 1900100014-100010                    |            |
|     |   |       |           |              |            |  |            |
|     |   |       |           |              | <u> </u>   |  |            |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) When required in a written contract, the certificate holder is an additional insured on the Auto, General Liability and Umbrella coverages on a primary and non-contributory basis.

|   | CANCELLATION   |
|---|--|
| City of Saratoga Springs<br>Risk and Safety | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |
| 473 Broadway<br>Saratoga Springs, NY 12866  | AUTHORIZED REPRESENTATIVE  |
|   | Eugure D. Quirk  |

## STATE OF NEW YORK WORKERS' COMPENSATION BOARD

## CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

| PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier   |  |  |  |  |
|--|--|--|--|--|
| 1a. Legal Name and Address of Insured (Use street address only)  | 1b. Business Telephone Number of Insured   |  |  |  |
| WALSH AND WALSH LLP<br>42 LONG ALLEY<br>SARATOGA SPRINGS, NY 12866   | 1c. NYS Unemployment Insurance Employer Registration<br>Number of Insured                    |  |  |  |
|  | 1d. Federal Employer Identification Number of Insured or<br>Social Security Number 141711096 |  |  |  |
| <ol> <li>Name and Address of the Entity Requesting Proof of<br/>Coverage (Entity Being Listed as the Certificate Holder)</li> </ol>  | 3a. Name of Insurance Carrier<br>Arch Insurance Company                                      |  |  |  |
| City of Saratoga Springs<br>Risk & Safety<br>474 Broadway  | 3b. Policy Number of entity listed in box "1a":<br>11DBL0216900                              |  |  |  |
| Saratoga Springs, NY 12866   | 3c. Policy effective period:   |  |  |  |
|  | 1/1/2016 to12/31/2016  |  |  |  |
| b. Only the following class or classes of the employer's employees:<br>Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above<br>and that the named insured has NYS Disability Benefits insurance coverage as described above.   |  |  |  |  |
| Date Signed 12/14/2015 By Simplure Carrier's a   | uthorized representative or NYS Licensed Insurance Agent of that insurance carrier           |  |  |  |
| 004 740 0007   | VP Accident & Health   |  |  |  |
| Telephone Number       201110 0001       The         IMPORTANT:       If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE.       Mail it directly to the certificate holder.         If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for if box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for unsubstance to the Workard Compensation Board DB Plans Acceptance Unit, 328 State Street, Schenectady, NY 12305.   |  |  |  |  |
| PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)   |  |  |  |  |
| Workers' Comp  | New York<br>Densation Board  |  |  |  |
| According to information maintained by the NYS Workers' Compensation<br>Disability Benefits Law with respect to all of his/her employees.  | on Board, the above-named employer has complied with the NYS                                 |  |  |  |
| Date SignedBy(Signature of the second sec | of NYS Workers' Compensation Board Employee)   |  |  |  |
| Telephone Number Title   |  |  |  |  |

Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

DB-120.1 (12-13)

## Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability benefits under the New York State Disability Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2". This Certificate is valid for the earlier of one year after this form is approved by the insurance carrier or its licensed agent, or the policy expiration date listed in box "3c".

Please Note: Upon the cancellation of the disability benefits 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 NYS Disability Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability Benefits Law.

## **DISABILITY BENEFITS LAW**

## §220. Subd. 8

(a) 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 employment as defined in this article, and not withstanding 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 the payment of disability benefits for all employees has been secured as provided by this article. 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 disability benefits to any such employee if so employed.

(b) 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 employment as defined in this article, and 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 the payment of disability benefits for all employees has been secured as provided by this article.

### STATE OF NEW YORK WORKERS' COMPENSATION BOARD

## CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

| <ul> <li>Ia. Legal Name &amp; Address of Insured (Use street address only)</li> <li>Walsh &amp; Walsh LLP</li> <li>42 Long Alley</li> <li>Saratoga Springs, NY 12866</li> <li>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</li> </ul> | <ul> <li>1b. Business Telephone Number of Insured<br/>518 583 0171</li> <li>1c. NYS Unemployment Insurance Employer<br/>Registration Number of Insured</li> <li>1d. Federal Employer Identification Number of Insured<br/>or Social Security Number<br/>141711096</li> </ul>   |
|--|--|
| <ul> <li>2. Name and Address of the Entity Requesting Proof of<br/>Coverage (Entity Being Listed as the Certificate Holder)</li> <li>City of Saratoga Springs<br/>Risk &amp; Safety<br/>474 Broadway<br/>Saratoga Springs, NY 12866</li> </ul>   | <ul> <li>3a. Name of Insurance Carrier<br/>Selective Insurance Co of America</li> <li>3b. Policy Number of entity listed in box "1a"<br/>WC7939550</li> <li>3c. Policy effective period<br/>01/01/2015 to 01/01/2016</li> <li>3d. The Proprietor, Partners or Executive Officers are<br/>X included. (Only check box if all partners/officers included)<br/>all excluded or certain partners/officers excluded.</li> </ul> |

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: | Eugene Quirk   |            |  |
|--------------|--|------------|--|
|              | (Print name of authorized representative or licensed |            |  |
| A            | Eugene & Churk                                       | 12/14/2015 |  |
| Approved.by: |  | (Date)     |  |
|              |  |            |  |
| Title:       | PRESIDENT  |            |  |

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.

C-105.2 (9-07)

www.wcb.state.ny.us

## 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.

## STATE OF NEW YORK WORKERS' COMPENSATION BOARD

## CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

| <ul> <li>1c. NYS Unemployment Insurance Employer<br/>Registration Number of Insured</li> <li>1d. Federal Employer Identification Number of Insured<br/>or Social Security Number<br/>141711096</li> </ul>  |
|--|
| <ul> <li>3a. Name of Insurance Carrier<br/>Selective Insurance Co of America</li> <li>3b. Policy Number of entity listed in box "Ia"<br/>WC7939550</li> <li>3c. Policy effective period<br/>01/01/2016 to 01/01/2017</li> <li>3d. The Proprietor, Partners or Executive Officers are<br/>X included. (Only check box if all partners/officers included)<br/>all excluded or certain partners/officers excluded.</li> </ul> |
|  |

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 <u>Item 3A</u> 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: | Eugene Quirk                   |
|--------------|--------------------------------|
| Approved by: | - Charles 12/14/2015<br>(Date) |
| Title:       | PRESIDENT                      |

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.

C-105.2 (9-07)

www.wcb.state.ny.us

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.

## ADDENDUM ONE TO AGREEMENT BETWEEN THE CITY OF SARATOGA SPRINGS, NY AND WALSH AND WALSH, LLP

Original Agreement approved January 5, 2016

THIS ADDENDUM ONE, by and between Walsh and Walsh, LLP with offices at 42 Long Alley Saratoga Springs, NY 12866 ("Consultant") and the City of Saratoga Springs ("City"), 474 Broadway, Saratoga Springs, NY 12866 entered into between the above referenced parties on the effective date of 01/05/2016 is hereby added to the original Agreement of Bond Counsel Services.

### WITNESSETH:

The City and the Consultant entered into an agreement, as approved by the City Council at its meeting on January 5, 2016, that the Consultant would provide the City with bond counsel services on an as needed basis for the period commencing on January 5, 2016 and ending on December 31, 2020. Fees under the original contract were established consistent with Exhibit A of the original agreement.

For this ADDENDUM ONE, the City and the Consultant agree to modify the prior agreement as follows:

<u>Section 4. Term of Agreement</u>. The term of the services provided in the agreement shall be extended to April 30, 2021.

All other terms and conditions of the original Agreement remain the same, including the fees in accordance with Exhibit A to the original agreement.

The parties, having agreed to the terms and the recitals set forth herein, and in relying thereon, herein sign this Agreement.

#### Walsh and Walsh, LLP

## **CITY OF SARATOGA SPRINGS, NY**

| By:    | man        |  |
|--------|------------|--|
| Title: | Payfuer    |  |
| Date:  | 12/21/2020 |  |

|       | By:          |  |
|-------|--------------|--|
|       | Title: Mayor |  |
| Date: |              |  |

City Council Approval Date: \_\_\_\_\_



City of Saratoga Springs, NY: Risk and Safety Agreement for Professional Services

| City Project Number:                   | _City Project Name:           | Prevailing Wage Project No.: |
|--|-------------------------------|------------------------------|
| City Department::                      | _Department Contact Person: : | City Ext                     |
| Company Name:                          |                               |                              |
| Company Address:                       |                               |                              |
| Company Telephone No.:                 | Compa                         | ny Fax No.:                  |
| Consultant Primary Contact for This Pr | roject:                       |                              |

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 Consultant represents that it has all necessary governmental licenses to perform the services described herein.

The Consultant shall procure and maintain during the term of this contract, at the Consultant's expense, the insurance policies listed with limits equal to or greater than the enumerated limits. The Consultant 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 (the "City"), its officers, or its employees, if any, shall be excess and not contributory insurance to that provided by the Consultant. Every required coverage type shall be "occurrence basis" with the exception of Professional Errors and Omissions Coverage which may be "claims made" coverage. The Consultant 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 and Safety must approve all insurance certificates. The City 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 Consultant fails to procure and maintain the required coverage(s) and minimum limits such failure shall constitute a material breach of contract, whereupon the City may exercise any rights it has in law or equity, including but not limited to the following: (1) immediate termination of the contract; (2) withholding any/all payment(s) due under this contract or any other contract it has with the vendor (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 shall be repaid upon demand, or at the City's option, may be offset against any monies due to the Consultant.

The City requires the Consultant name the City of Saratoga Springs 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: Three Million Dollars per Occurrence Aggregate;
- Professional Errors and Omissions Insurance: Two Million per Claim 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 Consultant 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 (2) 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 Consultant 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 Consultant 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 Consultant utilizes a Sub-Consultant for any portion of the services outlined within the scope of its activities, the Sub-Consultant shall provide insurance of the same type or types and to the same extent of coverage as that provided by the Consultant. All insurance required of the Sub-Consultant shall name the City as an

Additional Insured on a primary and non-contributory basis for the same coverage all those activities performed within its contracted activities for the contact as executed.

The Consultant, to the fullest extent provided by law, shall defend, indemnify and save harmless the City, its Agents and Employees 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 Consultant or its employees or anyone for whom the Consultant is legally liable or Sub-Consultants. 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 Consultant, as aforesaid.

The Consultant 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 Consultant 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 Consultant. Upon request accommodation will be provided to allow individuals with disabilities to participate in all services, programs and activities.

The Consultant will provide his or her own equipment and materials as necessary to perform the work except as identified within the RFP/RFQ/BID Documents. 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 Consultant's staff as the agents, representatives or employees of the City for any purpose in any manner whatsoever. The Consultant and its staff are to be and shall remain an independent Consultant with respect to all services performed under this Agreement. The Consultant 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 Consultant or other persons, while engaged in the performance of any work or services required by the Consultant 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 Consultant, its officers, agents, Consultants or employees shall in no way be the responsibility of the City; and the Consultant 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.

The City specifically reserves the right to suspend or terminate all work under this contract whenever Consultant and/or Consultant's employees or sub-consultants are proceeding in a manner that threatens the life, health or safety of any of Consultant's employees, sub-consultant's employees, City employees or member(s) of the general public on City property. This reservation of rights by the City in no way obligates the City to inspect the safety practices of the Consultant. If the City exercises its rights pursuant to this part, the Consultant shall be given three (3) days to cure the defect, unless the City in its sole and absolute discretion, determines that the service cannot be suspended for three (3) days due to the City's legal obligation to continuously provide Consultant's service to the public or the City's immediate need for completion of the Consultant's work. In such case, Consultant shall immediately cure the defect. If the Consultant fails to cure the identified defect(s), the City shall have the right to immediately terminate this contract. In the event that the City terminates this contract, any payments for work completed by the Consultant shall be reduced by the costs incurred by the City in re-bidding the work and/or by the increase in cost that results from using a different vendor.

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

Consultant Signature: \_\_\_\_\_\_ Date: 12/21/2020

| Client#: | 17558 |
|----------|-------|
|----------|-------|

WALSHWAL

DATE (MM/DD/YYYY)

12/23/2020

## ACORD. CERTIFICATE OF LIABILITY INSURANCE

| CI       | HIS CERTIFICATE IS ISSUED AS A MA<br>ERTIFICATE DOES NOT AFFIRMATIV<br>ELOW. THIS CERTIFICATE OF INSUR<br>EPRESENTATIVE OR PRODUCER, AN  | ELY (<br>Anci        | or n<br>E do | EGATIVELY AMEND, EXT<br>ES NOT CONSTITUTE A C                             | END C  | OR ALTER T                              | HE COVERA                   | GE AFFORDED BY THE   | POLIC            | IES      |
|----------|--|----------------------|--------------|---|--------|---|-----------------------------|--|------------------|----------|
| lf       | IPORTANT: If the certificate holder is<br>SUBROGATION IS WAIVED, subject t<br>is certificate does not confer any right   | o the                | term         | ns and conditions of the p  | olicy, | certain polic                           | ies may requ                |  |                  |          |
| PRO      | DUCER  |                      |              |   | CONTAC | Patricia                                | J. Duroche                  | ٢  |                  |          |
|          | sure   |                      |              |   |        | , Ext): 518 58                          |                             | 1 10 4 14  | 51858            | 47306    |
|          | Church Street - 4th Floor  |                      |              |   | E-MAIL | s: pduroct                              | ner@amsur                   |  |                  |          |
|          | Box 336  |                      |              |   |        |   |                             | FORDING COVERAGE   |                  | NAIC #   |
| Sar      | atoga Springs, NY 12866  |                      |              |   | INSURE | RA: Utica Sp                            | ecialty Risk Ir             | ns Co  |                  | 43451    |
| INSU     |  |                      |              |   | INSURE | RB: Utica Na                            | tional Insuran              | ice Co of Ohio   |                  | 13998    |
|          | Waish & Waish LLP  |                      |              |   | INSURE | RC: Continer                            | tal Casualty                | Company  | -                | 20443    |
|          | 42 Long Alley  |                      |              |   | INSURE | RD : Utica Na                           | tional Insuran              | ice Company of TX  |                  | 43478    |
|          | Saratoga Springs, NY 128   | 56                   |              |   | INSURE | RE:                                     |                             |  |                  |          |
|          |  |                      |              |   | INSURE | RF:                                     |                             |  |                  |          |
| CO       | VERAGES CER  | TFIC                 | ATE          | NUMBER:   |        |   | l                           | REVISION NUMBER:   |                  |          |
| IN<br>Ce | IIS IS TO CERTIFY THAT THE POLICIES<br>DICATED. NOTWITHSTANDING ANY REC<br>ERTIFICATE MAY BE ISSUED OR MAY P<br>(CLUSIONS AND CONDITIONS OF SUCH<br>TYPE OF INSURANCE  | UIRE<br>ERTA<br>POLI | MENT         | T, TERM OR CONDITION OF<br>HE INSURANCE AFFORDED<br>LIMITS SHOWN MAY HAVE | BY TH  | Contract of<br>RE Policies<br>Reduced I | R OTHER DO                  | CUMENT WITH RESPECT  | to wh<br>All the | ICH THIS |
| A        |  | NOR                  | ΠVD          | 5304089   |        |   | (MIN/DD/YYYY)<br>01/01/2022 |  | \$2,00           | 0.000    |
| ~        | CLAIMS-MADE X OCCUR  |                      |              | ~~~~  | ſ      |   | v 1/ v 1/2022               | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)                       | \$50.0           | _        |
|          |  |                      |              |   |        |   |                             | MED EXP (Any one person)   | \$10.0           |          |
|          |  |                      |              |   |        |   |                             | PERSONAL & ADV INJURY  | \$2,00           |          |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |                      |              |   |        |   |                             | GENERAL AGGREGATE  | \$4,00           |          |
|          |  |                      |              |   |        |   |                             | PRODUCTS - COMP/OP AGG   | \$4,00           |          |
|          | OTHER:   |                      |              |   | ·      |   |                             |  | \$               |          |
| لمتع     | AUTOMOBILE LIABILITY   |                      |              | 5304091   |        | 01/01/2021                              | 01/01/2022                  | COMBINED SINGLE LIMIT<br>(Ea accident)                             | s1.00            | 0.000    |
|          | X ANY AUTO   |                      | [            |   |        |   |                             | BODILY INJURY (Per person)   | \$               | ,        |
|          | OWNED SCHEDULED AUTOS  |                      |              |   |        |   |                             | BODILY INJURY (Per accident)                                       | \$               |          |
|          | X AUTOS ONLY X AUTOS ONLY  |                      |              |   |        |   |                             | PROPERTY DAMAGE<br>(Per accident)                                  | \$               |          |
|          | X Drive Oth Car  |                      |              |   |        |   |                             | (rei accident)   | \$               |          |
| В        | X UMBRELLA LIAB X OCCUR  |                      |              | 5304097   |        | 01/01/2021                              | 01/01/2022                  | EACH OCCURRENCE  | \$2,00           | 0.000    |
|          | EXCESS LIAB CLAIMS-MADE  |                      |              |   |        |   |                             | AGGREGATE  | \$2,00           |          |
|          | DED X RETENTION \$10000  |                      |              |   |        |   |                             |  | \$               |          |
| Α        | WORKERS COMPENSATION   |                      |              | 5304093   |        | 01/01/2021                              | 01/01/2022                  | PER OTH-<br>STATUTE ER   |                  |          |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE   |                      |              |   |        |   |                             | E.L. EACH ACCIDENT   | s500,            | 000      |
|          | (Mandatory in NH)  | N/A                  |              |   |        |   |                             |  | \$500,           | 000      |
|          | If yes, describe under<br>DESCRIPTION OF OPERATIONS below  |                      |              |   |        |   |                             | E.L. DISEASE - POLICY LIMIT  | <u>\$50</u> 0,   | 000      |
| С        | Professional   |                      |              | 169688304   |        | 04/26/2020                              | 04/26/2021                  |  |                  |          |
|          |  |                      |              |   |        |   |                             | deductible \$10,000  |                  |          |
|          |  |                      |              |   |        |   |                             |  |                  |          |
| Wh       | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)<br>When required in a written contract, the certificate holder is an additional insured on the Auto, General<br>Liability and Umbrella coverages on a primary and non-contributory basis. |                      |              |   |        |   |                             |  |                  |          |
|          |  |                      |              |   |        |   |                             |  |                  |          |
| GER      |  |                      | -            | I   | CANC   | ELLATION                                |                             |  |                  |          |
|          | City of Saratoga Springs<br>Risk and Safety<br>473 Broadway  |                      |              |   | THE    | EXPIRATION                              | DATE THE                    | SCRIBED POLICIES BE CA<br>REOF, NOTICE WILL BE<br>LICY PROVISIONS. |                  |          |
| ·        | Saratoga Springs, NY 12  | 866                  |              |   |        | NZED REPRESE                            |                             |  |                  |          |
|          |  |                      |              |   | 71     | 14 45 20                                | 116                         |  |                  |          |
|          |  |                      |              |   |        |   |                             |  |                  |          |

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## **CERTIFICATE OF INSURANCE COVERAGE** DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

| PART 1. To be completed by Dis  | ability and Paid Family Leav  | e Benefits Carrier or Licensed Insurance Agent of that Carrier  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|
| 1a. Legal Name & Address of Insured   | (use street address only)   | 1b. Business Telephone Number of Insured  |  |  |  |  |  |  |
| WALSH AND WALSH LLP   |   |   |  |  |  |  |  |  |
| 42 LONG ALLEY<br>SARATOGA SPRINGS, NY <sup>2</sup>  | 12866   |   |  |  |  |  |  |  |
| Work Location of Insured (Only required<br>certain locations in New York State, i.e., Wro   | if coverage is specifically limited to  | 1c. Federal Employer Identification Number of Insured<br>or Social Security Number  |  |  |  |  |  |  |
|   |   | 141711096   |  |  |  |  |  |  |
| 2. Name and Address of Entity Reques  |   | 3a. Name of Insurance Carrier   |  |  |  |  |  |  |
| (Entity Being Listed as the Certificate   | e Holder)   | Arch Insurance Company  |  |  |  |  |  |  |
| City of Saratoga Springs  |   | 3b. Policy Number of Entity Listed in Box "1a"  |  |  |  |  |  |  |
| Risk & Safety   |   | 11DBL0216900  |  |  |  |  |  |  |
| 474 Broadway<br>Saratoga Springs, NY 12866  |   | 3c. Policy effective period   |  |  |  |  |  |  |
|   |   | 1/1/2021 to 12/31/2021  |  |  |  |  |  |  |
| <ul> <li>B. Disability benefits only.</li> <li>C. Paid family leave benefits only.</li> <li>5. Policy covers:</li> <li>X A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.</li> <li>B. Only the following class or classes of employer's employees:</li> </ul> |   |   |  |  |  |  |  |  |
| Date Signed 12/23/2020  | Ву  | Jones Mannie  |  |  |  |  |  |  |
|   |   | ce carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)   |  |  |  |  |  |  |
| Telephone Number 201-743-3  | Name and Title  | James Iannicelli, AVP Accident & Health   |  |  |  |  |  |  |
|   |   | is signed by the insurance carrier's authorized representative or NYS artificate is COMPLETE. Mail it directly to the certificate holder.                     |  |  |  |  |  |  |
| Disability and Pa   |   | s NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS<br>It must be mailed for completion to the Workers' Compensation<br>Singhamton, NY 13902-5200. |  |  |  |  |  |  |
| PART 2. To be completed by the  | e NYS Workers' Compensa   | ation Board (Only if Box 4C or 5B of Part 1 has been checked)   |  |  |  |  |  |  |
| According to information maintaine<br>NYS Disability and Paid Family Le   | State of New York<br>Workers' Compensation Board<br>According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the<br>NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees. |   |  |  |  |  |  |  |
| Date Signed   | Ву  |   |  |  |  |  |  |  |
|   |   | (Signature of Authorized NYS Workers' Compensation Board Employee)  |  |  |  |  |  |  |
| Telephone Number  | Name and Title  |   |  |  |  |  |  |  |
|   |   | nd paid family leave benefits insurance policies and NYS licensed insurance<br>1. Insurance brokers are NOT authorized to issue this form.                    |  |  |  |  |  |  |

DB-120.1 (10-17)



## NEW YORK STATE Workers' Compensation Board CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE 1a. Legal Name & Address of Insured (use street address only) 1b. Business Telephone Number of Insured 518 583 0171 Walsh & Walsh 42 Alley Alley Saratoga Springs, NY 12866 1b. Current of Insured Insured

| Saratoga Springs, NY 12866  |   |
|---|---|
| Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy) | 1d. Federal Employer Identification Number of Insured or Social Security Number |
|   | 141711096   |
| 2. Name and Address of Entity Requesting Proof of Coverage<br>(Entity Being Listed as the Certificate Holder)                               | 3a. Name of Insurance Carrier   |
|   | Utica National Insurance  |
| City of Saratoga Springs  | 3b. Policy Number of Entity Listed in Box "1a"                                  |
| Risk & Safety   | 5304093   |
| 474 Broadway  | 3c. Policy effective period   |
| Saratoga Springs, NY 12866  | <u>01/01/2021</u> to <u>01/01/2022</u>  |
|   | 3d. The Proprietor, Partners or Executive Officers are                          |
|   | included. (Only check box if all partners/officers included)                    |
|   | X 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 <u>Item 3A</u> 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 X 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: | Matthew D'Abate                                   |  |  |  |  |  |  |  |  |
|--------------|---|--|--|--|--|--|--|--|--|
|              | (Print name of authorized representative or licer | (Print name of authorized representative or licensed agent of insurance carrier) |  |  |  |  |  |  |  |
| Approved by: | 911-tB2/1/  | 12/23/2020   |  |  |  |  |  |  |  |
| ·            | (Signature)                                       | (Date)   |  |  |  |  |  |  |  |
| Title: F     | President, Amsure                                 |  |  |  |  |  |  |  |  |

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 <u>NOT</u> 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 notwith standing 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.

C-105.2 (9-15) REVERSE

|  |  |  |                                     |                  | a tyler erp       | nis <sup>®</sup><br>solution |
|--|--|--|-------------------------------------|------------------|-------------------|------------------------------|
| 12/24/2020 11:39<br>u238                           | CITY OF SARATOGA SPRINGS LI<br>BUDGET AMENDMENTS JOURNAL E |  |                                     |                  | P<br>bgai         | 1<br>mdent                   |
| LN ORG OBJECT PROJ ORG DE<br>ACCOUNT               | SCRIPTION ACCOUNT DES<br>LINE DESCRIPTIO                   |  | PREV<br>E BUDGET                    | BUDGET<br>CHANGE | AMENDED<br>BUDGET | ERR                          |
|  |  | ENTITY AMEND   |                                     |                  |                   |                              |
|  | ET CCM 122920 BUA TRANS-BENE<br>ALIZATION PS CITY PC       | 1 1<br>RTION SOCIAL SECURITY<br>FOR SOI SEC FOR OPT OU | 745.90<br>I YR-END 12/29/2020       | .01              | 745.91            |                              |
| 2 A3729068 58010 HOSPITA<br>A -37-2-9060-8-58010 - | ALIZATION EB HOSPITA                                       | LIZATION<br>FOR SOI SEC FOR OPT OU                     | 265,960.10<br>I YR-END 12/29/2020   | 01               | 265,960.09        |                              |
| 3 A3739061 58030 HOSPITA<br>A -37-3-9060-1-58030 - | ALIZATION CITY PC  | RTION SOCIAL SECURITY<br>FOR SOI SEC FOR OPT OU        | 3,426.01<br>I YR-END 12/29/2020     | .03              | 3,426.04          |                              |
| 4 A3739068 58010 HOSPITA<br>A -37-3-9060-8-58010 - | ALIZATION HOSPITA  | LIZATION<br>FOR SOI SEC FOR OPT OU                     | 1,815,900.48<br>F YR-END 12/29/2020 | 03               | 1,815,900.45      |                              |
|  |  | ** JOURNAL TOTA  | L                                   | 0.00             |                   |                              |

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bgamdent

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## 12/24/2020 11:39CITY OF SARATOGA SPRINGS LIVEu238BUDGET AMENDMENT JOURNAL ENTRY PROOF

#### CLERK: u238

#### YEAR PER JNL SRC ACCOUNT ACCOUNT DESC т ов DEBIT CREDIT REF 3 EFF DATE JNL DESC REF 1 REF 2 LINE DESC 2020 12 215 BUA A3729061-58030 .01 CITY PORTION SOCIAL SECURITY 5 12/29/2020 TRANS-BENE BUDGET CCM 122920 FOR SOI SEC FOR OPT OUT YR-END BUA A3729068-58010 HOSPITALIZATION 5 .01 12/29/2020 TRANS-BENE BUDGET CCM 122920 FOR SOI SEC FOR OPT OUT YR-END CITY PORTION SOCIAL SECURITY 5 BUA A3739061-58030 .03 12/29/2020 TRANS-BENE BUDGET CCM 122920 FOR SOI SEC FOR OPT OUT YR-END BUA A3739068-58010 HOSPITALIZATION 5 .03 12/29/2020 TRANS-BENE BUDGET CCM 122920 FOR SOI SEC FOR OPT OUT YR-END JOURNAL 2020/12/215 TOTAL .00 .00

|                          |   |       | a tyler erp solution |
|--------------------------|---|-------|----------------------|
| 12/24/2020 11:39<br>u238 | CITY OF SARATOGA SPRINGS LIVE<br>BUDGET AMENDMENT JOURNAL ENTRY PROOF |       | P 3<br>bgamdent      |
| FUND<br>ACCOUNT          | YEAR PER JNL EFF DATE<br>ACCOUNT DESCRIPTION                          | DEBIT | CREDIT               |
|                          | FUND TOTAL  | .00   | .00                  |
|                          | ** END OF REPORT - Generated by Lynn Bachner **                       |       |                      |

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|                        |                       |                  |               |        |                          |                  |                 |         |                |                   |                      | a tyler erp       |             |
|------------------------|-----------------------|------------------|---------------|--------|--------------------------|------------------|-----------------|---------|----------------|-------------------|----------------------|-------------------|-------------|
| 12/28/2020 12<br>u238  | :21                   |                  | CITY OF SAR   |        |                          |                  | OOF             |         |                |                   |                      | P<br>bga          | 1<br>umdent |
| LN ORG (<br>ACCOUNT    | OBJECT PROJ           | ORG DES          | CRIPTION      |        | CCOUNT DES<br>DESCRIPTIC |                  | N               | EFF :   | DATE           | PREV<br>BUDGET    | BUDGET<br>CHANGE     | AMENDED<br>BUDGET | ERR         |
| YEAR-PER JOURI         | NAL EFF-DAT           | E REF 1          | REF 2         | SRC JI | NL-DESC                  | ENTITY           | AMEND           |         |                |                   |                      |                   |             |
| 2020 12 2              | 237 12/29/20          | 20 BUDGE         | T CCM 122920  | BUA TI | RANS-PAY                 | 1                | 1               |         |                |                   |                      |                   |             |
|                        | 51980<br>4-3410-1-519 |                  | PARTMENT PS   |        | HOLIDAY                  |                  | COSTS           | THROUGH |                | 6,700.00<br>12/29 | 10,000.00<br>9/2020  | 266,700.00        |             |
|                        | 51730<br>4-3410-1-517 |                  | PARTMENT PS   |        | FIREFIG                  |                  | COSTS           | THROUGH |                | 3,042.68<br>12/29 | -10,000.00<br>9/2020 | 3,283,042.68      |             |
|                        | 51960<br>4-3410-1-519 |                  | PARTMENT PS   |        | OVERTIM                  |                  | COSTS           | THROUGH | 14<br>YR-END   | 7,115.00<br>12/29 | 18,493.79<br>9/2020  | 165,608.79        |             |
|                        | 51950<br>4-3410-1-519 |                  | PARTMENT PS   |        | COMP TI                  |                  | COSTS           | THROUGH | 17<br>YR-END   | 7,996.52<br>12/29 | -8,493.79<br>9/2020  | 169,502.73        |             |
|                        | 51730<br>4-3410-1-517 |                  | PARTMENT PS   |        | FIREFIG                  |                  |                 |         |                | 3,042.68<br>12/29 | -10,000.00<br>9/2020 | 3,283,042.68      |             |
|                        | 51980<br>4-3120-1-519 |                  | DEPARTMENT PS | 3      | HOLIDAY                  | Z PAY<br>COVER   | COSTS           | THROUGH | 37<br>YR-END   | 5,625.00<br>12/29 | 10,000.00<br>9/2020  | 385,625.00        |             |
|                        | 51630<br>4-3120-1-516 |                  | DEPARTMENT PS | 3      | POLICE                   | OFFICER<br>COVER | S<br>COSTS      | THROUGH | 2,77<br>YR-END | 0,265.92<br>12/29 | -10,000.00<br>9/2020 | 2,760,265.92      |             |
|                        | 51960<br>4-3120-1-519 |                  | DEPARTMENT PS | 3      | OVERTIM                  |                  | COSTS           | THROUGH | 38<br>YR-END   | 3,172.57<br>12/29 | 23,000.00<br>9/2020  | 406,172.57        |             |
| 9 A3143121<br>A -31-4  | 51950<br>4-3120-1-519 |                  | DEPARTMENT PS | 3      | COMP TI                  |                  | COSTS           | THROUGH |                | 6,177.00<br>12/29 | -23,000.00<br>9/2020 | 263,177.00        |             |
|                        | 51100<br>7-7160-1-511 |                  | ITER AUTHORII | Y PS   | EXECUTI                  |                  |                 |         |                | 9,314.00<br>12/29 |                      | 115,914.00        |             |
|                        | 51101<br>7-7160-1-511 |                  | ITER AUTHORII | Y PS   | SALES I                  | IRECTOR<br>COVER |                 | THROUGH | 7<br>YR-END    | 2,803.00<br>12/29 | 2,150.00<br>9/2020   | 74,953.00         |             |
| 12 E3577161<br>E -35-' | 51103<br>7-7160-1-511 | CITY CEN<br>03 - | ITER AUTHORIT | Y PS   | SALES F                  | EPRESEN<br>COVER | TATIVE<br>COSTS | THROUGH | 10<br>YR-END   | 3,776.00<br>12/29 | 2,030.00<br>9/2020   | 105,806.00        |             |
|                        | 51132<br>7-7160-1-511 |                  | ITER AUTHORII | Y PS   | OPERATI                  | ONS MAN<br>COVER | AGER<br>COSTS   | THROUGH | 5<br>YR-END    | 2,428.00<br>12/29 | 7,775.00<br>9/2020   | 60,203.00         |             |
|                        | 51133<br>7-7160-1-511 |                  | ITER AUTHORII | Y PS   | WORKING                  |                  |                 |         |                | 8,834.00<br>12/29 | -18,555.00<br>9/2020 | 120,279.00        |             |
|                        | 51400<br>3-1490-1-514 |                  | BLIC WORKS PS | 3      | PUBLIC                   |                  |                 |         |                | 9,273.00<br>12/29 | 25.00                | 39,298.00         |             |

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|              |                   |                          |                 |                            |       |                         |                   |                 |                   |                 |                      |                     | a tyler erp solution |
|--------------|-------------------|--------------------------|-----------------|----------------------------|-------|-------------------------|-------------------|-----------------|-------------------|-----------------|----------------------|---------------------|----------------------|
| 12/2<br>u238 | 8/2020 1          | 2:21                     |                 | CITY OF SAF<br>BUDGET AMEN |       |                         |                   | OOF             |                   |                 |                      |                     | P<br>bgamder         |
|              | ORG<br>ACCOUNT    | OBJECT PROJ              | ORG D           | ESCRIPTION                 |       | ACCOUNT DE<br>DESCRIPTI |                   | N               | EFF               | DATE            | PREV<br>BUDGET       | BUDGET<br>CHANGE    | AMENDED<br>BUDGET    |
| YEAR         | -PER JOU          | RNAL EFF-DAT             | TE REF          | 1 REF 2                    | SRC   | JNL-DESC                | ENTITY .          | AMEND           |                   |                 |                      |                     |                      |
| 2020         | 12                | 237 12/29/20             | 20 BUD          | GET CCM 122920             | ) BUA | TRANS-PAY               | 1                 | 1               |                   |                 |                      |                     |                      |
| 16           |                   | 1 51020<br>-3-1490-1-510 |                 | PUBLIC WORKS P             | S     | DEPUTY                  | COMMISS<br>COVER  | IONER<br>COSTS  | THROUG            | H YR-ENI        | 68,680.00<br>D 12/2  | -25.00<br>9/2020    | 68,655.00            |
| 17           |                   | 1 51455<br>-3-1490-1-514 |                 | PUBLIC WORKS P             | S     | DPW CC                  | ORDINATO<br>COVER | R<br>COSTS      | THROUG            | H YR-ENI        | 22,821.24<br>D 12/2  | 50.00<br>9/2020     | 22,871.24            |
| 18           |                   | 1 51020<br>-3-1490-1-510 |                 | PUBLIC WORKS P             | S     | DEPUTY                  | COMMISS<br>COVER  | IONER<br>COSTS  | THROUG            | H YR-ENI        | 68,680.00<br>D 12/2  | -50.00              | 68,630.00            |
| 19           |                   | 4 54110<br>-3-1490-4-543 |                 | PUBLIC WORKS C             | S     | OFFICE                  | SUPPLIE<br>COVER  | S<br>COSTS      | THROUG            | H YR-ENI        | 4,000.00<br>D 12/2   | 1,000.00<br>9/2020  | 5,000.00             |
| 20           |                   | 1 51020<br>-3-1490-1-510 |                 | PUBLIC WORKS P             | S     | DEPUTY                  |                   |                 |                   |                 | 68,680.00<br>D 12/2  | -1,000.00<br>9/2020 | 67,680.00            |
| 21           | A3031594<br>A -30 | 4 54610<br>-3-1590-4-540 |                 | R CENTER                   |       | REPAIR                  | S & MAIN<br>COVER | TENANC<br>COSTS | E BUILD<br>THROUG | ING<br>H YR-ENI | 7,050.00<br>D 12/2   | 2,000.00<br>9/2020  | 9,050.00             |
| 22           | A3031493<br>A -30 | 1 51020<br>-3-1490-1-510 |                 | PUBLIC WORKS P             | S     | DEPUTY                  | COMMISS<br>COVER  |                 |                   |                 | 68,680.00<br>D 12/2  | -2,000.00<br>9/2020 | 66,680.00            |
| 23           | A303162<br>A -30  | 4 54180<br>-3-1620-4-543 | CITY H<br>180 - | HALL CS                    |       | OTHER                   | SUPPLIES<br>COVER |                 | THROUG            | H YR-ENI        | 7,000.00<br>D 12/2   | 1,000.00<br>9/2020  | 8,000.00             |
| 24           | A3031653<br>A -30 | 1 51900<br>-3-1623-1-519 | CITY 0          | GARAGE PS                  |       | LABORE                  |                   | COSTS           | THROUG            |                 | 531,608.00<br>D 12/2 | -1,000.00<br>9/2020 | 630,608.00           |
| 25           |                   | 1 51160<br>-3-1623-1-51: |                 | GARAGE PS                  |       | AUTO S                  | ERVICE M<br>COVER | ANAGER<br>COSTS | THROUG            | H YR-ENI        | 76,716.00<br>D 12/2  | 25.00<br>9/2020     | 76,741.00            |
| 26           |                   | 1 51020<br>-3-1490-1-510 |                 | PUBLIC WORKS P             | S     | DEPUTY                  |                   |                 |                   |                 | 68,680.00<br>D 12/2  | -25.00<br>9/2020    | 68,655.00            |
| 27           |                   | 1 51960<br>-3-1623-1-519 |                 | GARAGE PS                  |       | OVERTI                  | ME<br>COVER       | COSTS           | THROUG            | H YR-ENI        | 20,000.00<br>D 12/2  | 2,000.00<br>9/2020  | 22,000.00            |
| 28           | A3031653<br>A -30 | 1 51900<br>-3-1623-1-519 | CITY 0          | GARAGE PS                  |       | LABORE                  | R<br>COVER        | COSTS           | THROUG            | e<br>H YR-ENI   | 531,608.00<br>D 12/2 | -2,000.00<br>9/2020 | 629,608.00           |
| 29           | A303165<br>A -30  | 4 54180<br>-3-1623-4-543 |                 | GARAGE CS                  |       | OTHER                   | SUPPLIES<br>COVER |                 |                   |                 | 19,950.51<br>D 12/2  | 2,000.00<br>9/2020  | 21,950.51            |
| 30           | A3031653<br>A -30 | 1 51900<br>-3-1623-1-519 |                 | GARAGE PS                  |       | LABORE                  |                   | COSTS           | THROUG            |                 | 531,608.00<br>D 12/2 | -2,000.00<br>9/2020 | 629,608.00           |

|                      |                            |                               |  |               |                           |                      | a tyler erp solution |
|----------------------|----------------------------|-------------------------------|--|---------------|---------------------------|----------------------|----------------------|
| 12/28/2020 1<br>u238 | 12:21                      |                               | ATOGA SPRINGS LIVE<br>DMENTS JOURNAL ENTRY PRO | OF            |                           |                      | P 3<br>bgamdent      |
| LN ORG<br>ACCOUNT    |                            | ORG DESCRIPTION               | ACCOUNT DESCRIPTION<br>LINE DESCRIPTION        | EFF I         | PREV<br>DATE BUDGET       | BUDGET<br>CHANGE     | AMENDED<br>BUDGET    |
| YEAR-PER JO          | JRNAL EFF-DAI              | TE REF 1 REF 2                | SRC JNL-DESC ENTITY A                          | MEND          |                           |                      |                      |
| 2020 12              | 237 12/29/20               | 20 BUDGET CCM 122920          | BUA TRANS-PAY 1                                | 1             |                           |                      |                      |
|                      | 1 51960<br>3-3-5010-1-519  |                               |  |               | 79,150.58<br>YR-END 12/2  |                      | 81,150.58            |
|                      | 51 51900<br>D-3-1623-1-519 | CITY GARAGE PS<br>900 -       | LABORER<br>COVER (                             |               | 631,608.00<br>YR-END 12/2 |                      | 629,608.00           |
|                      | 4 54180<br>3-3-5010-4-541  | STREETS CS<br>.80 -           | OTHER SUPPLIES<br>COVER                        | COSTS THROUGH | 63,936.03<br>YR-END 12/2  | 3,000.00<br>9/2020   | 66,936.03            |
|                      | 51 51900<br>3-3-5650-1-519 | OFF STREET PARKING P<br>000 - |  | COSTS THROUGH | 73,900.00<br>YR-END 12/2  | -3,000.00<br>9/2020  | 70,900.00 B          |
|                      | 4 54670<br>3-3-5010-4-546  |                               | PHONES<br>COVER (                              | COSTS THROUGH | 3,700.00<br>YR-END 12/2   | 500.00<br>9/2020     | 4,200.00             |
|                      | 51 51900<br>3-3-5650-1-519 | OFF STREET PARKING P<br>000 - |  | COSTS THROUGH | 73,900.00<br>YR-END 12/2  | -500.00              | 73,400.00            |
| 37 A333511<br>A -3   | .1 51960<br>3-3-5110-1-519 | HIGHWAYS PS<br>960 -          | OVERTIME<br>COVER (                            |               | 32,662.93<br>YR-END 12/2  |                      | 35,662.93            |
|                      | 51 51900<br>3-3-5650-1-519 | OFF STREET PARKING P<br>000 - |  | COSTS THROUGH | 73,900.00<br>YR-END 12/2  |                      | 70,900.00            |
| 39 A333511<br>A -3   | .1 51964<br>3-3-5110-1-519 | HIGHWAYS PS<br>964 -          | SPECIAL EVENTS<br>COVER (                      | COSTS THROUGH | 506.44<br>YR-END 12/2     | 151.64<br>9/2020     | 658.08               |
|                      | 91 51020<br>0-3-1490-1-510 | COMM PUBLIC WORKS PS<br>20 -  |  |               | 68,680.00<br>YR-END 12/2  | -151.64<br>9/2020    | 68,528.36            |
|                      | 84 54750<br>3-3-5182-4-547 | STREET LIGHTING CS<br>750 -   |  |               | 468,489.76<br>YR-END 12/2 | 12,000.00<br>9/2020  | 480,489.76           |
|                      | 1 51900<br>5-3-7110-1-519  | PARK & CASINO PS<br>900 -     |  | COSTS THROUGH | 343,872.00<br>YR-END 12/2 | -12,000.00<br>9/2020 | 331,872.00           |
|                      | 1 51900<br>3-3-8676-1-519  | CDBG FUNDED WORK<br>900 -     | LABORER<br>COVER                               | COSTS THROUGH | 3,523.12<br>YR-END 12/2   | 1,197.66<br>9/2020   | 4,720.78             |
| 44 A333864<br>A -3   | 4 54180<br>3-3-8676-4-541  | CDBG FUNDED WORK<br>.80 -     | OTHER SUPPLIES<br>COVER (                      | COSTS THROUGH | 15,240.97<br>YR-END 12/2  | -1,197.66<br>9/2020  | 14,043.31            |
| 45 A333864<br>A -3   | 1 58030<br>3-3-8676-1-580  | CDBG FUNDED WORK<br>30 -      | CITY PORTION SO<br>COVER (                     |               | 264.61<br>YR-END 12/2     |                      | 355.19               |

| 12/28/2020 12:21       CITY OF SARATOGA SPRINGS LIVE<br>BUDGET AMENDMENTS JOURNAL ENTRY PROOF         LN ORG OBJECT PROJ ORG DESCRIPTION<br>ACCOUNT       ACCOUNT DESCRIPTION<br>LINE DESCRIPTION       PREV<br>EFF DATE       BUDGET<br>BUDGET         YEAR-PER JOURNAL EFF-DATE REF 1 REF 2       SRC JNL-DESC       ENTITY AMEND         2020 12       237 12/29/2020 BUDGET CCM 122920 BUA TRANS-PAY       1       1 | a tyler erp solution |
|--|----------------------|
| ACCOUNT LINE DESCRIPTION EFF DATE BUDGET CHANGE  | P 4<br>bgamdent      |
|  | AMENDED<br>BUDGET    |
| 2020 12 237 12/29/2020 BUDGET CCM 122920 BUA TRANS-PAY 1 1   |                      |
|  |                      |
| 46 A3338644 54180         CDBG FUNDED WORK         OTHER SUPPLIES         15,240.97         -90.58           A         -33-3-8676-4-54180         -         COVER COSTS THROUGH YR-END         12/29/2020  | 15,150.39            |
| 47 A3638184 54670       TRANSFER STATION CS       PHONES       900.00       200.00         A       -36-3-8180-4-54670       COVER COSTS THROUGH YR-END       12/29/2020  | 1,100.00             |
| 48 A3031491 51020         COMM PUBLIC WORKS PS         DEPUTY COMMISSIONER         68,680.00         -200.00           A         -30-3-1490-1-51020         -         COVER COSTS THROUGH YR-END         12/29/2020  | 68,480.00            |
| 49 A3638191 51900       COMPOST FACILITY PS       LABORER       60,072.00       750.00         A -36-3-8185-1-51900       COVER COSTS THROUGH YR-END       12/29/2020  | 60,822.00            |
| 50 A3031441 51043         CITY ENGINEER'S OFFICE PS         ENGINEERING TECH         90,009.59         -750.00           A         -30-3-1440-1-51043         -         COVER COSTS THROUGH YR-END         12/29/2020  | 89,259.59            |
| 51 A3638191 51960 COMPOST FACILITY PS<br>A -36-3-8185-1-51960 - OVERTIME 3,500.00 500.00<br>COVER COSTS THROUGH YR-END 12/29/2020  | 4,000.00             |
| 52 A3537211 51960       CAROUSEL       OVERTIME       500.00       -500.00         A       -35-3-7200-1-51960       OVERTIME       COVER COSTS THROUGH YR-END       12/29/2020   | .00                  |
| 53 A3638194 54520       COMPOST FACILITY CS       GAS & OIL       14,500.00       500.00         A -36-3-8185-4-54520 -       COVER COSTS THROUGH YR-END       12/29/2020  | 15,000.00            |
| 54 A3335651 51900       OFF STREET PARKING PS       LABORER       73,900.00       -500.00         A       -33-3-5650-1-51900       COVER COSTS THROUGH YR-END       12/29/2020   | 73,400.00            |
| 55 F3638311 51455 WATER ADMINIATRATION PS DPW COORDINATOR 11,410.12 10.00<br>F -36-3-8310-1-51455 - COVER COSTS THROUGH YR-END 12/29/2020  | 11,420.12            |
| 56       F3638351 51900       WATER MAINTENANCE PS       LABORER WATER       209,098.97       -10.00         F       -36-3-8341-1-51900       -       COVER COSTS THROUGH YR-END       12/29/2020  | 209,088.97           |
| 57 G3638111 51960       SEWER ADMINSTRAION PS       OVERTIME       20,000.00       1,000.00         G -36-3-8110-1-51960       -       COVER COSTS THROUGH YR-END       12/29/2020   | 21,000.00            |
| 58 G3638121 51900       SEWER PUMPING PS       LABORER SEWER       177,461.85       -1,000.00         G -36-3-8120-1-51900       COVER COSTS THROUGH YR-END       12/29/2020   | 176,461.85           |
| 59 G3638121 51973       SEWER PUMPING PS       ON CALL       2,000.00       76.84         G -36-3-8120-1-51973 -       COVER COSTS THROUGH YR-END       12/29/2020   | 2,076.84             |
| 60       G3638121 51900       SEWER PUMPING PS       LABORER SEWER       177,461.85       -76.84         G       -36-3-8120-1-51900       COVER COSTS THROUGH YR-END       12/29/2020  | 177,385.01           |

|   |                               |  |                              |                     |                   | a tyler erp solution |
|---|-------------------------------|--|------------------------------|---------------------|-------------------|----------------------|
| 12/28/2020 12:21<br>u238                |                               | ATOGA SPRINGS LIVE<br>DMENTS JOURNAL ENTRY PROOF |                              |                     |                   | P 5<br>bgamdent      |
| LN ORG OBJECT PROJ<br>ACCOUNT           | ORG DESCRIPTION               | ACCOUNT DESCRIPTION<br>LINE DESCRIPTION          | EFF DATE                     | PREV<br>BUDGET      | BUDGET<br>CHANGE  | AMENDED<br>BUDGET    |
| YEAR-PER JOURNAL EFF-DAT                | TE REF 1 REF 2                | SRC JNL-DESC ENTITY AMEND                        |                              |                     |                   |                      |
| 2020 12 237 12/29/20                    | 020 BUDGET CCM 122920         | BUA TRANS-PAY 1 1                                |                              |                     |                   |                      |
| 61 A3769054 54776<br>A -37-6-9050-4-54  | UNEMPLOYMENT INSURAN<br>776 - |  | E 3<br>THROUGH YR-END        |                     |                   | 46,477.98            |
| 62 A3567191 51590<br>A -35-6-7181-1-51  | ICE RINK PS<br>590 -          | SKATEGUARDS & INSTRUC<br>COVER COSTS '           | TORS<br>THROUGH YR-END       |                     | -9,000.00<br>2020 | 29,885.00            |
| 63 A3567141 51391<br>A -35-6-7140-1-513 |                               |  | OR<br>THROUGH YR-END         |                     |                   | 96,932.00            |
| 64 A3567141 51456<br>A -35-6-7140-1-514 |                               |  | 8<br>THROUGH YR-END          |                     | -1,820.00<br>2020 | 86,085.18            |
| 65 A3113621 51960<br>A -31-1-3620-1-519 |                               |  | THROUGH YR-END               | 3,063.34<br>12/29/2 |                   | 4,107.89             |
| 66 A3011424 54720<br>A -30-1-1420-4-54  |                               | CATED SERVSERVICE CONTRACTS - P<br>COVER COSTS ' | ROF SERV 5<br>THROUGH YR-END |                     |                   | 51,727.50            |
| 67 A3113624 54740<br>A -31-1-3620-4-54  |                               | CONTRACTESERVICE CONTRACTS - E<br>COVER COSTS '  | QUIPMENT<br>THROUGH YR-END   |                     |                   | 739.77               |
| 68 A3517512 52200<br>A -35-1-7510-2-522 |                               | AP OUTLAY OFFICE EQUIPMENT<br>COVER COSTS '      | THROUGH YR-END               | 300.00<br>12/29/2   |                   | 281.90               |
| 69 A3618681 51960<br>A -36-1-8687-1-519 | PLANNING AND ECON DE<br>960 - | EVELOP PS OVERTIME<br>COVER COSTS '              |                              | 1,500.00<br>12/29/2 |                   | 5,709.13             |
| 70 A3618682 52200<br>A -36-1-8687-2-522 |                               | EVELOP EQOFFICE EQUIPMENT<br>COVER COSTS '       | THROUGH YR-END               |                     | -2,478.13<br>2020 | 21.87                |
| 71 A3011424 54720<br>A -30-1-1420-4-54  |                               | CATED SERVERVICE CONTRACTS - P.<br>COVER COSTS ' | ROF SERV 5<br>THROUGH YR-END |                     |                   | 51,899.01            |
| 72 A3113622 52600<br>A -31-1-3620-2-526 |                               |  | THROUGH YR-END               | 1,000.00<br>12/29/2 | -857.96<br>2020   | 142.04               |
| 73 A3719081 51990<br>A -37-1-9089-1-519 |                               | SICK LEAVE<br>COVER COSTS '                      | THROUGH YR-END               | 178.24<br>12/29/2   | 381.07<br>2020    | 559.31               |
| 74 A3113622 52600<br>A -31-1-3620-2-526 |                               |  | THROUGH YR-END               | 1,000.00<br>12/29/2 |                   | 857.96               |
| 75 A3517512 52200<br>A -35-1-7510-2-522 |                               | AP OUTLAY OFFICE EQUIPMENT<br>COVER COSTS '      | THROUGH YR-END               | 300.00<br>12/29/2   |                   | 60.97                |

|  |   |                           |                      |                  | a tyler erp solution |
|--|---|---------------------------|----------------------|------------------|----------------------|
|  | ATOGA SPRINGS LIVE<br>IDMENTS JOURNAL ENTRY PROOF |                           |                      |                  | P 6<br>bgamdent      |
| LN ORG OBJECT PROJ ORG DESCRIPTION<br>ACCOUNT                    | ACCOUNT DESCRIPTION<br>LINE DESCRIPTION           | EFF DATE                  | PREV<br>BUDGET       | BUDGET<br>CHANGE | AMENDED<br>BUDGET    |
| YEAR-PER JOURNAL EFF-DATE REF 1 REF 2                            | SRC JNL-DESC ENTITY AMEND                         |                           |                      |                  |                      |
| 2020 12 237 12/29/2020 BUDGET CCM 122920                         |   |                           | 0.0                  | 40.05            | 40.05                |
| 76 A3719081 58030 SICK LEAVE<br>A -37-1-9089-1-58030 -           | CITY PORTION SOCIAL S<br>COVER COSTS              | ECURITY<br>THROUGH YR-END | .00<br>12/29/2020    | 42.87            | 42.87                |
| 77 A3517512 52200 CITY HISTORIAN EQ C.<br>A -35-1-7510-2-52200 - |   | THROUGH YR-END            | 300.00<br>12/29/2020 | -42.87           | 257.13 в             |
|  | OC **   | URNAL TOTAL               |                      | 0.00             |                      |

P 7 |bgamdent

#### 12/28/2020 12:21 CITY OF SARATOGA SPRINGS LIVE u238 BUDGET AMENDMENT JOURNAL ENTRY PROOF

#### CLERK: u238

| YEAR PER JNL<br>SRC ACCOUNT<br>EFF DATE JNL DESC | REF 1 REF 2        | REF 3 | ACCOUNT DESC<br>LINE DESC                                   | т ов | DEBIT       | CREDIT    |
|--|--------------------|-------|---|------|-------------|-----------|
|  |                    |       |   |      |             |           |
| 2020 12 237<br>BUA A3143411-51980                |                    |       | HOLIDAY PAY   | 5    | 10,000.00   |           |
| 12/29/2020 TRANS-PA                              | Y BUDGET CCM 1229  | 2.0   | COVER COSTS THROUGH YR-END                                  | 5    | 10,000.00   |           |
| BUA A3143411-51730                               |                    |       | FIREFIGHTERS  | 5    |             | 10,000.00 |
| 12/29/2020 TRANS-PA                              | Y BUDGET CCM 1229  | 20    | COVER COSTS THROUGH YR-END                                  |      |             |           |
| BUA A3143411-51960                               |                    |       | OVERTIME  | 5    | 18,493.79   |           |
| 12/29/2020 TRANS-PA<br>BUA A3143411-51950        | Y BUDGET CCM 1229  | 20    | COVER COSTS THROUGH YR-END<br>COMP TIME                     | 5    |             | 9 402 70  |
| 12/29/2020 TRANS-PA                              | V BUDGET CCM 1229  | 20    | COVER COSTS THROUGH YR-END                                  | 5    |             | 8,493.79  |
| BUA A3143411-51730                               |                    |       | FIREFIGHTERS  | 5    |             | 10,000.00 |
| 12/29/2020 TRANS-PA                              | Y BUDGET CCM 1229  | 20    | COVER COSTS THROUGH YR-END                                  |      |             |           |
| BUA A3143121-51980                               |                    |       | HOLIDAY PAY   | 5    | 10,000.00   |           |
| 12/29/2020 TRANS-PA                              | Y BUDGET CCM 1229  | 20    | COVER COSTS THROUGH YR-END                                  | -    |             | 10 000 00 |
| BUA A3143121-51630<br>12/29/2020 TRANS-PA        | V DIDCET COM 1220  | 20    | POLICE OFFICERS<br>COVER COSTS THROUGH YR-END               | 5    |             | 10,000.00 |
| BUA A3143121-51960                               | I BUDGEI CCM 1229  | 20    | OVERTIME  | 5    | 23,000.00   |           |
| 12/29/2020 TRANS-PA                              | Y BUDGET CCM 1229  | 20    | COVER COSTS THROUGH YR-END                                  | 5    | 23,000.00   |           |
| BUA A3143121-51950                               |                    |       | COMP TIME   | 5    |             | 23,000.00 |
| 12/29/2020 TRANS-PA                              | Y BUDGET CCM 1229  | 20    | COVER COSTS THROUGH YR-END                                  |      |             |           |
| BUA E3577161-51100                               |                    | 2.0   | EXECUTIVE DIRECTOR FOR CITY C                               | E 5  | 6,600.00    |           |
| 12/29/2020 TRANS-PA<br>BUA E3577161-51101        | Y BUDGET CCM 1229  | 20    | COVER COSTS THROUGH YR-END<br>SALES DIRECTOR                | 5    | 2 1 5 0 0 0 |           |
| 12/29/2020 TRANS-PA                              | V BUDGET CCM 1229  | 20    | COVER COSTS THROUGH YR-END                                  | 5    | 2,150.00    |           |
| BUA E3577161-51103                               | I DODGEI COM IZZO  | 20    | SALES REPRESENTATIVE  | 5    | 2,030.00    |           |
| 12/29/2020 TRANS-PA                              | Y BUDGET CCM 1229  | 20    | COVER COSTS THROUGH YR-END                                  |      | _,          |           |
| BUA E3577161-51132                               |                    |       | OPERATIONS MANAGER  | 5    | 7,775.00    |           |
| 12/29/2020 TRANS-PA                              | Y BUDGET CCM 1229  | 20    | COVER COSTS THROUGH YR-END                                  | _    |             |           |
| BUA E3577161-51133<br>12/29/2020 TRANS-PA        | V BIIDCET COM 1220 | 20    | WORKING SUPERVISOR  | 5    |             | 18,555.00 |
| BUA A3031491-51400                               | I BUDGEI CCM 1229  | 20    | COVER COSTS THROUGH YR-END<br>PUBLIC WORKS OFFICE SUPERVISO | R 5  | 25.00       |           |
| 12/29/2020 TRANS-PA                              | Y BUDGET CCM 1229  | 20    | COVER COSTS THROUGH YR-END                                  | IC J | 23.00       |           |
| BUA A3031491-51020                               |                    |       | DEPUTY COMMISSIONER   | 5    |             | 25.00     |
| 12/29/2020 TRANS-PA                              | Y BUDGET CCM 1229  | 20    | COVER COSTS THROUGH YR-END                                  | _    |             |           |
| BUA A3031491-51455                               |                    | 2.0   | DPW COORDINATOR   | 5    | 50.00       |           |
| 12/29/2020 TRANS-PA<br>BUA A3031491-51020        | Y BUDGET CCM 1229  | 20    | COVER COSTS THROUGH YR-END<br>DEPUTY COMMISSIONER           | 5    |             | 50.00     |
| 12/29/2020 TRANS-PA                              | Y BUDGET CCM 1229  | 20    | COVER COSTS THROUGH YR-END                                  | 5    |             | 50.00     |
| BUA A3031494-54110                               |                    | 20    | OFFICE SUPPLIES   | 5    | 1,000.00    |           |
| 12/29/2020 TRANS-PA                              | Y BUDGET CCM 1229  | 20    | COVER COSTS THROUGH YR-END                                  |      | _,          |           |
| BUA A3031491-51020                               |                    |       | DEPUTY COMMISSIONER   | 5    |             | 1,000.00  |
| 12/29/2020 TRANS-PA                              | Y BUDGET CCM 1229  | 20    | COVER COSTS THROUGH YR-END                                  | a F  |             |           |
| BUA A3031594-54610                               | V BIIDCET COM 1000 | 20    | REPAIRS & MAINTENANCE BUILDIN                               | G 5  | 2,000.00    |           |
| 12/29/2020 TRANS-PA<br>BUA A3031491-51020        | I BUDGEI CCM 1229  | 20    | COVER COSTS THROUGH YR-END<br>DEPUTY COMMISSIONER           | 5    |             | 2,000.00  |
| 12/29/2020 TRANS-PA                              | Y BUDGET CCM 1229  | 20    | COVER COSTS THROUGH YR-END                                  | 5    |             | 2,000.00  |
| BUA A3031624-54180                               |                    |       | OTHER SUPPLIES  | 5    | 1,000.00    |           |
| 12/29/2020 TRANS-PA                              | Y BUDGET CCM 1229  | 20    | COVER COSTS THROUGH YR-END                                  | _    |             |           |
| BUA A3031651-51900                               |                    |       | LABORER   | 5    |             | 1,000.00  |
|  |                    |       |   |      |             |           |



## P 8 bgamdent

12/28/2020 12:21 CITY OF SARATOGA SPRINGS LIVE BUDGET AMENDMENT JOURNAL ENTRY PROOF u238

## YEAR PER JNL SRC ACCOUNT

| YEAR PER JNL<br>SRC ACCOUNT<br>EFF DATE | JNL DESC        | REF 1  | REF | 2      | REF 3 | ACCOUNT DESC<br>LINE DESC                                  | т ов | DEBIT     | CREDIT    |
|---|-----------------|--------|-----|--------|-------|--|------|-----------|-----------|
| 12/29/2020<br>BUA A3031651-511          | TRANS-PAY       | BUDGET | CCM | 122920 |       | COVER COSTS THROUGH YR-END<br>AUTO SERVICE MANAGER         | 5    | 25.00     |           |
|   | TRANS-PAY       | BUDGET | CCM | 122920 |       | COVER COSTS THROUGH YR-END                                 |      | 23.00     |           |
| BUA A3031491-510                        | 20<br>TRANS-PAY |        | aaM | 10000  |       | DEPUTY COMMISSIONER  | 5    |           | 25.00     |
| BUA A3031651-519                        |                 | BUDGET | CCM | 122920 |       | COVER COSTS THROUGH YR-END<br>OVERTIME                     | 5    | 2,000.00  |           |
|   | TRANS-PAY       | BUDGET | CCM | 122920 |       | COVER COSTS THROUGH YR-END                                 | 5    |           | 0 000 00  |
| BUA A3031651-519<br>12/29/2020          | TRANS-PAY       | BUDGET | CCM | 122920 |       | LABORER<br>COVER COSTS THROUGH YR-END                      | D    |           | 2,000.00  |
| BUA A3031654-541                        | 80              |        |     |        |       | OTHER SUPPLIES   | 5    | 2,000.00  |           |
| 12/29/2020<br>BUA A3031651-519          | TRANS-PAY       | BUDGET | CCM | 122920 |       | COVER COSTS THROUGH YR-END<br>LABORER                      | 5    |           |           |
|   | TRANS-PAY       | BUDGET | CCM | 122920 |       | COVER COSTS THROUGH YR-END                                 | 5    |           | 2,000.00  |
| BUA A3335011-519                        | 60              |        |     |        |       | OVERTIME   | 5    | 2,000.00  |           |
| 12/29/2020<br>BUA A3031651-519          | TRANS-PAY       | BUDGET | CCM | 122920 |       | COVER COSTS THROUGH YR-END<br>LABORER                      | 5    |           | 2,000.00  |
|   | TRANS-PAY       | BUDGET | CCM | 122920 |       | COVER COSTS THROUGH YR-END                                 | 5    |           | 2,000.00  |
| BUA A3335014-541                        |                 |        | ~~  | 100000 |       | OTHER SUPPLIES   | 5    | 3,000.00  |           |
| BUA A3335651-519                        | TRANS-PAY       | BODGEI | CCM | 122920 |       | COVER COSTS THROUGH YR-END<br>LABORER                      | 5    |           | 3,000.00  |
| 12/29/2020                              | TRANS-PAY       | BUDGET | CCM | 122920 |       | COVER COSTS THROUGH YR-END                                 | 5    |           | 5,000.00  |
| BUA A3335014-546                        |                 | DUDOD  |     | 100000 |       | PHONES   | 5    | 500.00    |           |
| BUA A3335651-519                        | TRANS-PAY       | BUDGET | CCM | 122920 |       | COVER COSTS THROUGH YR-END<br>LABORER                      | 5    |           | 500.00    |
|   | TRANS-PAY       | BUDGET | CCM | 122920 |       | COVER COSTS THROUGH YR-END                                 |      |           | 500.00    |
| BUA A3335111-519                        |                 |        | aaM | 10000  |       | OVERTIME   | 5    | 3,000.00  |           |
| BUA A3335651-519                        | TRANS-PAY       | BODGEI | CCM | 122920 |       | COVER COSTS THROUGH YR-END<br>LABORER                      | 5    |           | 3,000.00  |
| 12/29/2020                              | TRANS-PAY       | BUDGET | CCM | 122920 |       | COVER COSTS THROUGH YR-END                                 |      |           | 5,000.00  |
| BUA A3335111-519                        |                 |        | aaM | 10000  |       | SPECIAL EVENTS   | 5    | 151.64    |           |
| BUA A3031491-510                        | TRANS-PAY<br>20 | BUDGET | CCM | 122920 |       | COVER COSTS THROUGH YR-END<br>DEPUTY COMMISSIONER          | 5    |           | 151.64    |
| 12/29/2020                              | TRANS-PAY       | BUDGET | CCM | 122920 |       | COVER COSTS THROUGH YR-END                                 |      |           | 101.01    |
| BUA A3335184-547                        | 50<br>TRANS-PAY |        | CCM | 122020 |       | STREET LIGHTING<br>COVER COSTS THROUGH YR-END              | 5    | 12,000.00 |           |
| BUA A3537111-519                        |                 | DODGEI | CCM | 122920 |       | LABORER  | 5    |           | 12,000.00 |
|   | TRANS-PAY       | BUDGET | CCM | 122920 |       | COVER COSTS THROUGH YR-END                                 | _    |           |           |
| BUA A3338641-519                        | 00<br>TRANS-PAY | BUDGFT | CCM | 122920 |       | LABORER<br>COVER COSTS THROUGH YR-END                      | 5    | 1,197.66  |           |
| BUA A3338644-541                        |                 | DODOEI | CCM | 122920 |       | OTHER SUPPLIES   | 5    |           | 1,197.66  |
|   | TRANS-PAY       | BUDGET | CCM | 122920 |       | COVER COSTS THROUGH YR-END                                 | _    | 00.50     |           |
| BUA A3338641-580                        | 30<br>TRANS-PAY | BUDGET | CCM | 122920 |       | CITY PORTION SOCIAL SECURITY<br>COVER COSTS THROUGH YR-END | 5    | 90.58     |           |
| BUA A3338644-541                        | 80              |        |     |        |       | OTHER SUPPLIES   | 5    |           | 90.58     |
|   | TRANS-PAY       | BUDGET | CCM | 122920 |       | COVER COSTS THROUGH YR-END                                 | 5    | 200 00    |           |
| BUA A3638184-546<br>12/29/2020          | 70<br>TRANS-PAY | BUDGET | CCM | 122920 |       | PHONES<br>COVER COSTS THROUGH YR-END                       | C    | 200.00    |           |
| BUA A3031491-510                        | 20              |        |     |        |       | DEPUTY COMMISSIONER  | 5    |           | 200.00    |
| 12/29/2020                              | TRANS-PAY       | BUDGET | CCM | 122920 |       | COVER COSTS THROUGH YR-END                                 |      |           |           |



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12/28/2020 12:21 CITY OF SARATOGA SPRINGS LIVE u238 BUDGET AMENDMENT JOURNAL ENTRY PROOF

YEAR PER JNL

| SRC ACCOUNT<br>EFF DATE JN | L DESC REF 1  | . REF  | 2           | REF 3 | ACCOUNT DESC<br>LINE DESC                      | т ов | DEBIT    | CREDIT   |
|----------------------------|---------------|--------|-------------|-------|--|------|----------|----------|
| BUA A3638191-51900         |               |        |             |       | LABORER  | 5    | 750.00   |          |
|                            | ANS-PAY BUDGE | т ссм  | 122920      |       | COVER COSTS THROUGH YR-END                     | F    |          |          |
| BUA A3031441-51043         |               |        | 1 2 2 0 2 0 |       | ENGINEERING TECH                               | 5    |          | 750.00   |
| BUA A3638191-51960         | ANS-PAY BUDGE | I CCM  | 122920      |       | COVER COSTS THROUGH YR-END<br>OVERTIME         | 5    | 500.00   |          |
|                            | ANS-PAY BUDGE | т ссм  | 122920      |       | COVER COSTS THROUGH YR-END                     | 5    | 500.00   |          |
| BUA A3537211-51960         | ANS-FAI BUDGE |        | 122920      |       | OVERTIME                                       | 5    |          | 500.00   |
|                            | ANS-PAY BUDGE | т ссм  | 122920      |       | COVER COSTS THROUGH YR-END                     | 5    |          | 500.00   |
| BUA A3638194-54520         |               | - 0011 | 100/00      |       | GAS & OIL                                      | 5    | 500.00   |          |
|                            | ANS-PAY BUDGE | т ссм  | 122920      |       | COVER COSTS THROUGH YR-END                     | -    |          |          |
| BUA A3335651-51900         |               |        |             |       | LABORER  | 5    |          | 500.00   |
| 12/29/2020 TR              | ANS-PAY BUDGE | T CCM  | 122920      |       | COVER COSTS THROUGH YR-END                     |      |          |          |
| BUA F3638311-51455         |               |        |             |       | DPW COORDINATOR                                | 5    | 10.00    |          |
|                            | ANS-PAY BUDGE | Т ССМ  | 122920      |       | COVER COSTS THROUGH YR-END                     |      |          |          |
| BUA F3638351-51900         |               |        |             |       | LABORER WATER                                  | 5    |          | 10.00    |
|                            | ANS-PAY BUDGE | т ссм  | 122920      |       | COVER COSTS THROUGH YR-END                     | _    |          |          |
| BUA G3638111-51960         |               |        | 1           |       | OVERTIME                                       | 5    | 1,000.00 |          |
|                            | ANS-PAY BUDGE | T CCM  | 122920      |       | COVER COSTS THROUGH YR-END                     | F    |          | 1 000 00 |
| BUA G3638121-51900         |               |        | 1 2 2 0 2 0 |       | LABORER SEWER                                  | 5    |          | 1,000.00 |
|                            | ANS-PAY BUDGE | T CCM  | 122920      |       | COVER COSTS THROUGH YR-END                     | -    | 76 04    |          |
| BUA G3638121-51973         | ANS-PAY BUDGE |        | 1 2 2 0 2 0 |       | ON CALL  | 5    | 76.84    |          |
| BUA G3638121-51900         | ANS-PAI BUDGE | I CCM  | 122920      |       | COVER COSTS THROUGH YR-END<br>LABORER SEWER    | 5    |          | 76.84    |
|                            | ANS-PAY BUDGE |        | 122920      |       | COVER COSTS THROUGH YR-END                     | 5    |          | /0.04    |
| BUA A3769054-54776         | AND FAI DODOE |        | 122920      |       | UNEMPLOYMENT INSURANCE                         | 5    | 9,000.00 |          |
|                            | ANS-PAY BUDGE | т ссм  | 122920      |       | COVER COSTS THROUGH YR-END                     | 5    | 57000.00 |          |
| BUA A3567191-51590         |               | - 0011 | 100/00      |       | SKATEGUARDS & INSTRUCTORS                      | 5    |          | 9,000.00 |
|                            | ANS-PAY BUDGE | т ссм  | 122920      |       | COVER COSTS THROUGH YR-END                     | -    |          | -,       |
| BUA A3567141-51391         |               |        |             |       | ADMINISTRATIVE DIRECTOR                        | 5    | 1,820.00 |          |
| 12/29/2020 TR              | ANS-PAY BUDGE | T CCM  | 122920      |       | COVER COSTS THROUGH YR-END                     |      |          |          |
| BUA A3567141-51456         |               |        |             |       | PROGRAM COORDINATOR                            | 5    |          | 1,820.00 |
|                            | ANS-PAY BUDGE | т ссм  | 122920      |       | COVER COSTS THROUGH YR-END                     |      |          |          |
| BUA A3113621-51960         |               |        |             |       | OVERTIME                                       | 5    | 1,044.55 |          |
|                            | ANS-PAY BUDGE | т ссм  | 122920      |       | COVER COSTS THROUGH YR-END                     | _    |          |          |
| BUA A3011424-54720         |               |        | 1           |       | SERVICE CONTRACTS - PROF SERV                  | 5    |          | 1,044.55 |
|                            | ANS-PAY BUDGE | т ссм  | 122920      |       | COVER COSTS THROUGH YR-END                     | F    | 10 10    |          |
| BUA A3113624-54740         |               |        | 100000      |       | SERVICE CONTRACTS - EQUIPMENT                  | 5    | 18.10    |          |
|                            | ANS-PAY BUDGE | T CCM  | 122920      |       | COVER COSTS THROUGH YR-END                     | 5    |          | 10 10    |
| BUA A3517512-52200         | ANS-PAY BUDGE |        | 122020      |       | OFFICE EQUIPMENT<br>COVER COSTS THROUGH YR-END | 5    |          | 18.10    |
| BUA A3618681-51960         | ANS-PAI DUDGE |        | 122920      |       | OVER COSIS INROUGH IR-END                      | 5    | 4,209.13 |          |
|                            | ANS-PAY BUDGE |        | 122920      |       | COVER COSTS THROUGH YR-END                     | 5    | 4,209.13 |          |
| BUA A3618682-52200         | AND FAI DODOE |        | 122920      |       | OFFICE EQUIPMENT                               | 5    |          | 2,478.13 |
|                            | ANS-PAY BUDGE | т ссм  | 122920      |       | COVER COSTS THROUGH YR-END                     | 5    |          | 2,1,0.15 |
| BUA A3011424-54720         |               | - 00   | 100/00      |       | SERVICE CONTRACTS - PROF SERV                  | 5    |          | 873.04   |
|                            | ANS-PAY BUDGE | т ссм  | 122920      |       | COVER COSTS THROUGH YR-END                     | -    |          |          |
| BUA A3113622-52600         |               |        |             |       | SOFTWARE                                       | 5    |          | 857.96   |
| 12/29/2020 TR              | ANS-PAY BUDGE | T CCM  | 122920      |       | COVER COSTS THROUGH YR-END                     |      |          |          |
| BUA A3719081-51990         |               |        |             |       | SICK LEAVE                                     | 5    | 381.07   |          |
|                            |               |        |             |       |  |      |          |          |



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#### 12/28/2020 12:21 CITY OF SARATOGA SPRINGS LIVE u238 BUDGET AMENDMENT JOURNAL ENTRY PROOF

### YEAR PER JNL

| SRC ACCOUNT<br>EFF DATE JNL DESC | REF 1 REF 2      | REF 3 | ACCOUNT DESC<br>LINE DESC    | T OB | DEBIT | CREDIT |
|----------------------------------|------------------|-------|------------------------------|------|-------|--------|
| 12/29/2020 TRANS-PAY             | BUDGET CCM 12292 | )     | COVER COSTS THROUGH YR-END   |      |       |        |
| BUA A3113622-52600               |                  |       | SOFTWARE                     | 5    |       | 142.04 |
| 12/29/2020 TRANS-PAY             | BUDGET CCM 12292 | )     | COVER COSTS THROUGH YR-END   |      |       |        |
| BUA A3517512-52200               |                  |       | OFFICE EQUIPMENT             | 5    |       | 239.03 |
| 12/29/2020 TRANS-PAY             | BUDGET CCM 12292 | )     | COVER COSTS THROUGH YR-END   |      |       |        |
| BUA A3719081-58030               |                  |       | CITY PORTION SOCIAL SECURITY | 5    | 42.87 |        |
| 12/29/2020 TRANS-PAY             | BUDGET CCM 12292 | )     | COVER COSTS THROUGH YR-END   |      |       |        |
| BUA A3517512-52200               |                  |       | OFFICE EQUIPMENT             | 5    |       | 42.87  |
| 12/29/2020 TRANS-PAY             | BUDGET CCM 12292 | )     | COVER COSTS THROUGH YR-END   |      |       |        |
|                                  |                  |       | JOURNAL 2020/12/237 TOTAL    | ·    | .00   | .00    |

|                          |   |       | a tyler erp solution |
|--------------------------|---|-------|----------------------|
| 12/28/2020 12:21<br>u238 | CITY OF SARATOGA SPRINGS LIVE<br>BUDGET AMENDMENT JOURNAL ENTRY PROOF |       | P 11<br>bgamdent     |
| FUND<br>ACCOUNT          | YEAR PER JNL EFF DATE<br>ACCOUNT DESCRIPTION                          | DEBIT | CREDIT               |
|                          | FUND TOTAL  | .00   | .00                  |
|                          |   |       |                      |

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\*\* END OF REPORT - Generated by Lynn Bachner \*\*



480 Broadway, LL-20 • Saratoga Springs • New York, 12866 Office 518-583-0280 • Hotline 518-584-8188 • Fax 518-583-2215 • www.wellspringcares.org

| Board of Directors             | December 21, 2020  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|
| Erica Fuller<br>President      | City of Saratoga<br>rachelp@saratoga-springs.org   |  |  |  |  |  |
| Karen Sosler<br>Vice President | Dear Rachel and our friends at the City of Saratoga:   |  |  |  |  |  |
| Tom Meaney<br>Treasurer        | We are amazed and honored that during a time of such uncertainty you h<br>made it a priority to continue supporting those in need. Thank you so ver<br>much for your recent donation of 22 cell phones and a various cases.    |  |  |  |  |  |
| David Cumming<br>Secretary     |  |  |  |  |  |  |
| Jake Behuniak                  | For victims of abuse, isolation presents a landscape ripe for escalation.<br>Abusers are constantly present to gain power and control over their<br>homebound victims.   |  |  |  |  |  |
| Stephanie Collins              |  |  |  |  |  |  |
| Andi Dolinsky                  | We want to assure you that through creative adaptations, Wellspring<br>continues to provide all of the essential victim assistance and community<br>education services that we always have. Our phone hotline is available for |  |  |  |  |  |
| Giovanna D'Orazio              | clients 24/7 and because it is not always safe for someone to pick up the<br>phone, Wellspring has launched an internet-based chat line to help support<br>our clients who cannot call.  |  |  |  |  |  |
| Dean Kolligian                 |  |  |  |  |  |  |
| John Pecora                    | Descend like this are why denotions like yours are more without new then   |  |  |  |  |  |
| Kevin Ronayne                  | Reasons like this are why donations like yours are more critical now the<br>ever. We are forever thankful that amidst so much distress, you chose to<br>support Wellspring and our clients.                                    |  |  |  |  |  |
| Margaret Roohan                | support wenspring and our chents.  |  |  |  |  |  |
| Margaret Smith                 | So with deepest gratitude, thank you. Your generosity allows us the opportunity to continue making a positive impact as we support survivors   |  |  |  |  |  |
| Lester Snyder                  | and our community at large during this time of exponential need.   |  |  |  |  |  |
| Linda Toohey                   | Thank you for your gift and for joining us in this important work.<br>Together, we will conquer this.  |  |  |  |  |  |
|                                | Happy holidays!  |  |  |  |  |  |

Maggie Fronk

Maggie Fronk Executive Director

Steril Fenous

Stevie Fellows Director of Development

Your gift is tax deductible. In accordance with the current IRS Tax Code, Wellspring affirms that we did not and will not provide any goods or services to you, in whole or in part, in consideration for this donation.