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COUNTY OF ONONDAGA

**COMMUNITY DEVELOPMENT DIVISION**

JOANNE M. MAHONEY  
COUNTY EXECUTIVE

ROBERT S. DEMORE  
DIRECTOR

January 21, 2015

Supervisor John A. Salisbury  
Town of Lysander  
6 Lock Street  
Baldwinsville, NY 13027

Dear Supervisor Salisbury:

This letter is to provide notification to you that the Community Development Division, in partnership with Empire Housing & Development Corporation, is in the process of applying to the New York State Affordable Housing Corporation, Affordable Home Ownership Development Program, for a grant in the amount of \$600,000. These funds will allow the Community Development Division to continue a successful collaboration with Empire Housing to create homeownership opportunities for first-time income-eligible home owners and extend the useful life of their homes. Notification to you of our efforts is required as part of the application process.

The Community Development Division has been successfully administering a homebuyer program for over two decades, assisting hundreds of families to achieve the dream of homeownership in Onondaga County. During this time, the Division has completed a number of successful projects in partnership with Empire Housing and we look forward to continuing this relationship with ongoing support from the Affordable Housing Corporation.

If you would like further information about this specific grant opportunity, please feel free to call Susan Grossman from my office or Bob Sekowski at Empire Housing (315-425-7775).

Very truly yours,

Robert S. DeMore, Director  
County of Onondaga, Community Development Division

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WS 36



COUNTY OF ONONDAGA

**COMMUNITY DEVELOPMENT DIVISION**

JOANNE M. MAHONEY  
COUNTY EXECUTIVE

RECEIVED ROBERT S. DEMORE  
DIRECTOR

January 30, 2015

FEB 04 2015

SUPERVISOR'S OFFICE  
TOWN OF LYSANDER

**Supervisor John Salisbury**  
**Town of Lysander**  
**8220 Loop Road**  
**Baldwinsville, NY 13027**

Dear Mr. Salisbury:

**Re: Applications for 2015 Community Development Funding**  
**Deadline: Monday, March 23, 2015**  
**Maximum grant: \$50,000**

Onondaga County is soliciting project proposals for the 2015 Community Development Block Grant (CDBG) funding cycle. As you know, the CDBG Program nationwide has seen several years of substantial reductions in funding. Due to congressional budget cuts, we must keep our maximum grant amount for capital projects at \$50,000.

A new Consolidated Five Year Plan is required this year by the US Department of Housing and Urban Development (HUD). **Please submit your municipality's new Five Year Plan with your project applications which will then be incorporated into the County's submission.** This can be in letter format but should incorporate the needs of your municipality for the next five years. Please include your project name, location, estimated cost, and a brief description of the project.

You are not limited to five projects or one per year. All future applications will have to be consistent with your plan. You will be able to modify your plan over the next four years. As with the project applications, a public hearing and board resolution are also required.

**Priority will be given to projects that incorporate green technology and construction techniques.**

**If your project is selected, you must make every attempt to complete your project within one year.** If the project is not substantially complete after one year, funding may be withdrawn. Also, please note that funding cannot be stockpiled from year to year.

**If you have balances from prior year projects, this is a consideration in the project selection process.** Funding may be withdrawn unless you are able to spend your balances by August 31, 2016. Please advise us immediately whether or not you will be able to complete your previously approved project by that time.

Please note that projects also must be consistent with Onondaga County's 2010 Development Plan which requires that no new infrastructure be built unless the project results in substantial economic development benefit to the community. The addition of new infrastructure without new population growth translates into higher property taxes for all county residents. Any new projects such as sidewalks must include a plan for future maintenance.

The primary objective of the program is to benefit low income people in the County. Preference is given to projects which meet this criterion. Secondly, a project may be approved to eliminate slums and blighting conditions, however we are very limited in the amount of funding we can spend in this category. The following is a brief description of each category.

1) **Low Income Benefit:** If the purpose of your project is to benefit low income people, it must be under one of the following conditions:

- a) The project must be **located in, and serve, a low income area**, as documented by the Census data or an income survey conducted no earlier than 2010;
- b) The project **must benefit either elderly or handicapped**. Both groups are considered low income for purposes of the program. For example, a senior citizen center (used exclusively by seniors), is eligible for funding regardless of its location as is renovating existing restrooms for handicapped accessibility in parks or other facilities. Building new restrooms is not considered eligible under handicapped accessibility since all new construction must be handicapped accessible by law; or
- c) The project must be an economic development activity which will provide direct employment opportunities for low income persons that can be documented.

Please refer to the maps of eligible areas based on the Census that we have enclosed. The purple shaded areas are eligible area(s) in your community. You may not have any eligible areas or the entire municipality may be eligible. **Please make a copy of the map and mark the locations of the activities you are submitting.** If you feel that an area is low income that is not identified on the enclosed map, you have the option of undertaking a door-to-door income survey. The survey must have a 90% response rate. Contact us for further details.

2) **Eliminate Slums and Blighting Conditions:** In order to qualify under the category of eliminating slums and blight you must:

- a) Pass a local law or resolution which defines the meaning of slum, blighted, deteriorated or deteriorating conditions in your community; and
- b) Include in the resolution the boundaries of your slum or blighted area; and
- c) Indicate the percentage of blighted buildings in your designated area; and
- c) Apply for a project that addresses one of these conditions.

**LOCAL SHARE:** It is required that your municipality provide a portion of the project costs which can be actual dollars or in-kind services. A rule of thumb is 25% of the total project cost. Those projects that leverage local dollars have a far greater chance of funding.

**PROFESSIONAL SERVICES:** If you wish to use Community Development funds to pay for the services of architects and engineers, you must be in compliance with 24 CFR Part 85, Uniform Administrative Requirements, an excerpt of which is enclosed. You must solicit proposals from a

number of firms before selecting one. The price for the services may not be a percentage of the project total, but rather must be a lump sum or based on an hourly rate.

Please be advised that if your project is funded and you wish to use grant funds to pay for architectural or engineering services, you will be required to **provide documentation that you have met the above requirements before any payments are issued.** Some municipalities choose to pay for Professional Services as part of their local share, in which case the above requirements do not apply.

**RESOLUTION:** Please note that your application must be accompanied by a resolution of your town or village board authorizing both your Five Year Plan and the application(s). Please provide documentation of your public hearing.

**HOUSING REHABILITATION:** Housing rehabilitation is available now county-wide and we are completing over 200 units per year with a great deal of emphasis on lead paint reduction. The Lead Program can be undertaken at any location where the family is low income, and there are children under six on the premises, either as residents or as frequent visitors, as in the case of day care centers or grandparents. In many cases, up to \$20,000 is available per unit. We coordinate with PEACE, Inc., where possible, for energy efficiency improvements. We also have funding available for accessibility improvements to help disabled residents stay in their homes.

**COMMERCIAL REHABILITATION:** The Program can only be undertaken in low-income target areas. If you are interested in participating in Commercial Rehab, please inform us by letter with your submission.

All housing and commercial rehabilitation jobs are done directly under the supervision of our staff. We will provide you with a list of the properties that have been rehabilitated at your request. We welcome referrals and inquiries from you.

**In summary, your application should include the following items:**

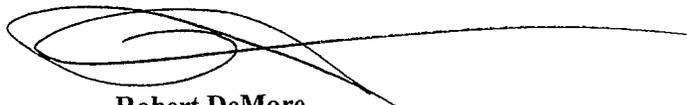
1. Your Five Year Plan with board authorization;
2. Documentation of benefit to low income people;
3. Leverage of local dollars; the requirement is 25%;
4. A summary of the use of green technology;
5. Documentation of public hearing, both the advertisement and minutes;
6. Resolution of town or village board authorizing the application;
7. Map locating the project;
8. Photographs of your project area; and
9. If you submit more than one application, you may indicate your priorities, along with an explanation of your priorities.

**Enclosed you will find yellow application forms entitled 2015 FUNDING REQUEST.** We will be glad to provide more forms, or you may download the application from our website at [www.ongov.net/cd](http://www.ongov.net/cd). Please be sure, however, to submit your applications on **yellow paper**, staple the applications, and do not submit binders or extra copies.

Please do not attach your new Five-Year Plan to the project application(s).

Thank you very much for your assistance and cooperation. If you have any questions, please call Nina Andon-McLane or Robert DeMore at (315) 435-3558.

Sincerely,



**Robert DeMore**  
**Director**

Enc.

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COUNTY OF ONONDAGA

**COMMUNITY DEVELOPMENT DIVISION**

JOANNE M. MAHONEY  
COUNTY EXECUTIVE

ROBERT S. DEMORE  
DIRECTOR

To: Mayors/Supervisors  
From: Nina Andon-McLane  
Date: January 30, 2015  
Re: 2015 CD Capital Project Applications

Please review the enclosed 2015 map of your municipality labeled "Community Development Block Grant 2015 Eligible Areas." The purple areas are the low income areas as defined by the U.S. Census.

Please note, not all municipalities within Onondaga County have eligible low income areas. Projects which benefit seniors or the handicapped, however, are eligible for CDBG funding anywhere in the County.

The U.S. Department of Housing & Urban Development has recently provided us with new low income Census data. The biggest change is that data is now provided at the block group level, which is a larger area than before. As a result, smaller areas that were once shown as low income may no longer be considered eligible.

If you feel an area is low income, you do have the option of conducting an Income Survey. Briefly, you must use our survey form, obtain 90% participation, and the area must be at least 51% low income. Please contact me for further information regarding a survey.

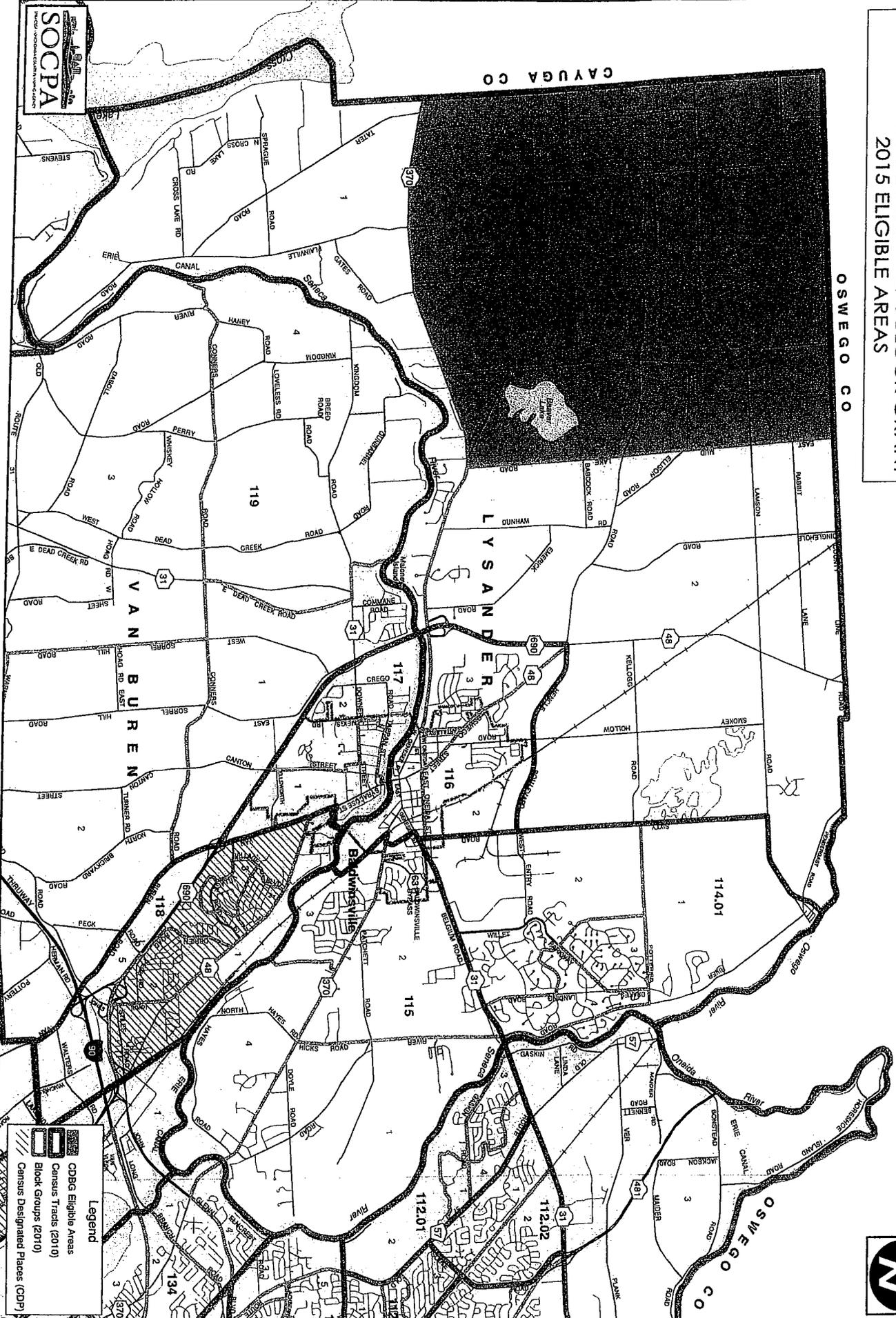
If you have any questions regarding project eligibility or your application, please call me or Bob DeMore.

TOWN OF LYSANDER  
COMMUNITY DEVELOPMENT BLOCK GRANT  
2015 ELIGIBLE AREAS

OSWEGO CO

CAYUGA CO

OSWEGO CO



**Legend**

- CDDBG Eligible Areas
- Census Tracts (2010)
- Block Groups (2010)
- Census Designated Places (CDP)



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OFFICE USE ONLY  
 Original     Amended    Date \_\_\_\_\_

State of New York  
 Executive Department  
 Division of Alcoholic Beverage Control  
 State Liquor Authority

**Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board**

(Page 1 of 2 of Form)

RECEIVED  
 FEB - 2 2015  
 TOWN CLERK  
 TOWN OF LYSANDER

1. Date Notice was Sent: (mm/dd/yyyy)

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

- New Application     Renewal     Alteration     Corporate Change

**This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board**

3. Name of Municipality or Community Board:

**Applicant/Licensee Information**

4. License Serial Number, if not New Application:     Expiration Date, if not New Application:

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village:  , NY    Zip Code:

9. Business Telephone Number of Applicant/Licensee:

10. Business Fax Number of Applicant/Licensee:

11. Business E-mail of Applicant/Licensee:

**For New applicants, provide description below using all information known to date.  
 For Alteration applicants, attach complete description and diagram of proposed alteration(s).  
 For Current Licensees, set forth approved Method of Operation only.  
 Do Not Use This Form to Change Your Method of Operation.**

12. Type(s) of Alcohol sold or to be sold: ("X" One)     Beer Only     Wine & Beer Only     Liquor, Wine & Beer

13. Extent of Food Service: ("X" One)     Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef)     Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements)

14. Type of Establishment: ("X" all that apply)

Recorded Music     Live Music     Disc Jockey     Juke Box     Karaoke Bar     Stage Shows

Patron Dancing (small scale)     Cabaret, Night Club (Large Scale Dance Club)     Catering Facility

Capacity of 600 or more patrons     Topless Entertainment     Restaurant     Hotel

Recreational Facility (Sports Facility/Vessel)     Club (e.g. Golf Club/Fraternal Org.)     Bed & Breakfast

Seasonal Establishment

15. Licensed Outdoor Area: ("X" all that apply)

None     Patio or Deck     Rooftop     Garden/Grounds     Freestanding Covered Structure

Sidewalk Cafe     Other (specify):

|                                |                               |            |
|--------------------------------|-------------------------------|------------|
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |
|--------------------------------|-------------------------------|------------|

**Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a  
Local Municipality or Community Board**  
(Page 2 of 2 of Form)

State of New York  
Executive Department  
Division of Alcoholic Beverage Control  
State Liquor Authority

16. List the floor(s) of the building that the establishment is located on:

17. List the room number(s) the establishment is located in within the building, if appropriate:

18. Is the premises located with 500 feet of three or more on-premises liquor establishments?  Yes  No

19. Will the license holder or a manger be physically present within the establishment during all hours of operation?  Yes  No

20. Does the applicant or licensee own the building in which the establishment is located? ("X" One)  Yes (If Yes SKIP 21-24)  No

**Owner of the Building in Which the Licensed Establishment is Located**

21. Building Owner's Full Name:

22. Building Owner's Street Address:

23. City, Town or Village:  State:  Zip Code:

**Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the  
Establishment Identified in this Notice**

25. Attorney's Full Name:

26. Attorney's Street Address:

27. City, Town or Village:  State:  Zip Code:

28. Business Telephone Number of Attorney:

29. Business Email Address of Attorney:

I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

30. Printed Name:  Title:

Signature: X \_\_\_\_\_

Vllc

| OFFICE USE ONLY                |                               |            |
|--------------------------------|-------------------------------|------------|
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

State of New York  
 Executive Department  
 Division of Alcoholic Beverage Control  
 State Liquor Authority

**Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board**

(Page 1 of 2 of Form)

RECEIVED

1. Date Notice was Sent: (mm/dd/yyyy) 02/04/2014

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License

FEB - 4 2015

TOWN CLERK  
TOWN OF LYSANDER

New Application  Renewal  Alteration  Corporate Change

This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board

3. Name of Municipality or Community Board: Town of Lysander

**Applicant/Licensee Information**

4. License Serial Number, if not New Application: 2505178000101/250 Expiration Date, if not New Application: 2-25-15

5. Applicant or Licensee Name: Tassone's Wine Garden, Inc

6. Trade Name (if any): N/A

7. Street Address of Establishment: 8113 Dexter Pkwy

8. City, Town or Village: Baldwinsville, NY Zip Code: 13027

9. Business Telephone Number of Applicant/Licensee: 315 635-5133

10. Business Fax Number of Applicant/Licensee: 315 635-5846

11. Business E-mail of Applicant/Licensee: winegarden@comcast.com

**For New applicants, provide description below using all information known to date.**  
**For Alteration applicants, attach complete description and diagram of proposed alteration(s).**  
**For Current Licensees, set forth approved Method of Operation only.**  
**Do Not Use This Form to Change Your Method of Operation.**

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13. Extent of Food Service: ("X" One)  Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef)  Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements)

14. Type of Establishment: ("X" all that apply)

Recorded Music  Live Music  Disc Jockey  Juke Box  Karaoke Bar  Stage Shows

Patron Dancing (small scale)  Cabaret, Night Club (Large Scale Dance Club)  Catering Facility

Capacity of 600 or more patrons  Topless Entertainment  Restaurant  Hotel

Recreational Facility (Sports Facility/Vessel)  Club (e.g. Golf Club/Fraternal Org.)  Bed & Breakfast

Seasonal Establishment

15. Licensed Outdoor Area: ("X" all that apply)

None  Patio or Deck  Rooftop  Garden/Grounds  Freestanding Covered Structure

Sidewalk Cafe  Other (specify): \_\_\_\_\_

| OFFICE USE ONLY                |                               |            |
|--------------------------------|-------------------------------|------------|
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

State of New York  
 Executive Department  
 Division of Alcoholic Beverage Control  
 State Liquor Authority

**Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board**  
 (Page 2 of 2 of Form)

16. List the floor(s) of the building that the establishment is located on:
17. List the room number(s) the establishment is located in within the building, if appropriate:
18. Is the premises located with 500 feet of three or more on-premises liquor establishments?  Yes  No
19. Will the license holder or a manger be physically present within the establishment during all hours of operation?  Yes  No
20. Does the applicant or licensee own the building in which the establishment is located? ("X" One)  Yes (If Yes SKIP 21-24)  No

**Owner of the Building in Which the Licensed Establishment is Located**

21. Building Owner's Full Name:
22. Building Owner's Street Address:
23. City, Town or Village:  State:  Zip Code:

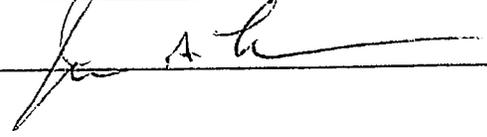
**Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the Establishment Identified in this Notice**

25. Attorney's Full Name:
26. Attorney's Street Address:
27. City, Town or Village:  State:  Zip Code:
28. Business Telephone Number of Attorney:
29. Business Email Address of Attorney:

I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

30. Printed Name:  Title:

Signature: X 



Item F,  
(1-3)

03 February 2015

Town of Lysander  
Allen Yager  
8220 Loop Rd.  
BALDWINVILLE NY 13027-1321  
USA

Attention: Mr. Allen Yager

Dear Mr. Yager,

Additional information about our products and the benefits of SELECT can be found at <http://www.bentley.com>. We look forward to receiving your purchase order and fulfilling our commitment to you, our valued customer!

If I may be of any further assistance, please do not hesitate to call the number below.

Thank you for your interest in Bentley products.

Yours sincerely,

Robert Delagrance  
+1 (203) 805-0593

Bentley Account Manager



# Quotation

Quote Number: 40652836  
 Number of Pages: 2 / 3

Date: 03 February 2015  
 Valid Until: 03 March 2015  
 Customer ID: 1002227997

Ship-to: Town of Lysander  
 Allen Yager  
 8220 Loop Rd.  
 BALDWINVILLE NY 13027-1321  
 USA

Bill-to: Town of Lysander  
 Allen Yager  
 8220 Loop Rd.  
 BALDWINVILLE NY 13027-1321  
 USA

Tel No: +1 (315) 635-3009  
 Fax No:

Tel No: +1 (315) 635-3009  
 Fax No:

If your organization is a subscriber to Bentley SELECT, the pricing listed on this page of the quote is prorated to the end of your current billing cycle. If applicable, future invoices will be generated based on the billing cycle shown on the following pages. The total from this first section of the quote is your immediate purchase value.

| Products/Services                                   |  |          |              |          |                 |
|---|--|----------|--------------|----------|-----------------|
| No.   | Part #<br>Description  | Quantity | Unit Pricing |          | Total           |
| 200   | 6411/ Bentley WaterCAD Stand Alone Perp Lic<br>License of WaterCAD/StandAlone/250 pipes. | 1        | Gross Value  | 2,066.00 | 2,066.00        |
|   |  |          | Net Price    | 2,066.00 |                 |
| <b>Products/Services Sub Total</b>                  |  |          |              |          | <b>2,066.00</b> |
| <b>Total of Immediate Purchase</b>                  |  |          |              |          | <b>2,066.00</b> |
| <b>Grand Total of Quote (over life of contract)</b> |  |          |              |          | <b>2,066.00</b> |
| <b>Currency</b>                                     |  |          |              |          | <b>USD</b>      |

Prices shown on this quotation are not inclusive of applicable taxes. Applicable taxes will be included on invoices. If your account is exempt from standard taxes, please provide supporting documentation with your order.



# Quotation

Quote Number: 40652836  
Number of Pages: 3 / 3

**Export Control:**

You acknowledge that these commodities, technology or software are subject to the export control laws, rules, regulations, restrictions and national security controls of the United States and other agencies or authorities based outside of the United States (the "Export Controls").

You must not export, re-export or transfer, whether directly or indirectly, the commodities, technology or software, or any portion thereof, or any system containing such commodities, technology or software or portion thereof, without first complying strictly and fully with all Export Controls that may be imposed on them.

The countries subject to restriction by action of the United States Government or any other governmental agency or authority based outside of the United States, are subject to change, and it is your responsibility to comply with the applicable United States Government requirements, or those of any other governmental agency or authority based outside of the United States, as they may be amended from time to time. For additional information, see <http://www.bis.doc.gov>

Bentley is subject to the United States Department of the Treasury Office of Foreign Assets Control (OFAC) Sanctions Programs regulations. Those regulations require Bentley not engage in transactions (1) with designated persons and entities set forth on OFAC's Specially Designated Nationals List ("SDN List"), see <http://www.treasury.gov/ofac/downloads/ctrylst.txt> , or (2) where a customer intends to finance a purchase of Bentley software and/or technology through new debt or equity by or for entities identified on OFAC's Sectoral Sanctions Identifications List ("SSI List"), see [http://www.treasury.gov/ofac/downloads/ssi/ssi\\_ctrylst.txt](http://www.treasury.gov/ofac/downloads/ssi/ssi_ctrylst.txt). Accordingly, Bentley will not engage in such transactions.

**\*\* Note:**

Pricing is only applicable to the products and quantities contained within this quote and may not be applied to a subset of the quotation. If you are a SELECT Subscriber, the terms of your SELECT Program Agreement shall apply to any purchases made pursuant to this quote.

Your payment term shall be: Net 30 Days

Any additional or different terms or conditions appearing on your purchase order, even if Bentley acknowledges such terms and conditions, shall not be binding on the parties unless both parties agree in a separate written agreement.

**Agreed and accepted by:**

If you would like us to bill this quote against a Purchase Order, please indicate the purchase order number below and attach a copy with your acceptance of this quote.

\_\_\_\_\_  
(Subscriber's Signature)

Please bill against PO N# \_\_\_\_\_

\_\_\_\_\_  
(Subscriber's Name)

Purchase Order is not required. We will accept Bentley's invoice on the basis of this signed quote.

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Subscriber's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

**Bentley Contact:**

Name: Robert Delagrange  
Tel: +1 (203) 805-0593

Bentley Systems, Incorporated 685 Stockton Drive, Exton, PA 19341  
Phone: 1 800 513 5103 Fax: +1 (610) 458 2779  
Website: [www.bentley.com](http://www.bentley.com) E-mail: [bac@bentley.com](mailto:bac@bentley.com)

Item H

**TOWN of LYSANDER**  
**8220 LOOP ROAD**  
**BALDWINVILLE, NEW YORK 13027**  
**(315) 638-4264**

February 5, 2015

Lysander Town Board  
8220 Loop Road  
Baldwinsville, NY 13027

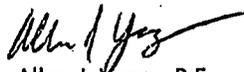
Re: Crimson Ridge Phase 1 & 2

Subj: Punch list Security Reduction

Dear Town Board Members:

The owner of the Crimson Ridge Phase 1 & 2 subdivision recently provided the required repair as built drawings for the project. At this time I would recommend that the Town Board reduce the Punch List security requirement by \$3,000 accordingly. I do recommend that the Board retain the remaining \$3,000 punch list security until the developer has removed the sedimentation from the fore bays of stormwater management areas 1 & 4 as well as the closed drainage system.

Regards



Allen J. Yager, P.E.  
Town of Lysander Engineer

Attachments

Cc: Dan Barnaba, Eldan Holmes  
Steve Sehnert, Applied Earth Technologies

# Proclamation

Town of Lysander  
County of Onondaga  
State of New York

Office of the Supervisor  
John A. Salisbury, Supervisor

WHEREAS, Cindy Tompkins was born September 30, 1952 to William J. and Norma Tompkins in Fulton, NY. She was the youngest of three children,

WHEREAS, Cindy grew up in Hannibal, NY and graduated from Hannibal Central School in 1970. Cindy's grandfather was Roy Duger, being one of 16 children, who lived on Plainville Road in the Town of Lysander,

WHEREAS, Cindy continued her studies of business subjects at BOCES and Bryant & Stratton,

WHEREAS, Cindy got married and had five children, 3 daughters and 2 sons. They then produced 7 grandchildren and one great granddaughter. Cindy was a stay at home mom, her life being filled with raising her children and volunteering at her church in the leadership and teaching service. She was active with all ages from the youth to the women's organization

WHEREAS, Cindy, with her husband David, moved back to the wonderful town of Lysander (Cindy's words) in 1986, being a fourth generation Duger to be living in Lysander, and started her working career,

WHEREAS, Cindy first worked in the assessor's office in the Town of VanBuren and in 2008 came to work in the Lysander assessor's office from which she is retiring. Cindy will continue to work on a part time basis which is a huge benefit to the Town of Lysander,

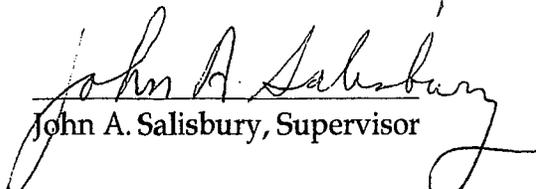
WHEREAS, Cindy has been a dedicated worker and will be sorely missed in the position she is vacating ,

WHEREAS, Cindy has been the unofficial voice of our paging system inviting us to celebrate birthdays, retirement parties and all happy events which required us all to meet in the cafeteria including her own retirement party which was held on Wednesday, February 4, 2015

NOW THEREFORE, I, JOHN A. SALISBURY, Supervisor of the Town of Lysander, do hereby proclaim February 6, 2015, to be remembered as the:

**"CINDY HALSTEAD RETIREMENT DAY"**

in the Town of Lysander and join with the residents, the elected and appointed officials of the Town of Lysander in recognizing the retirement day of Cindy Halstead and wish her good health, much happiness and many prosperous retirement years.

  
John A. Salisbury, Supervisor