

# Agenda Attachments

March 1, 2018 Town Board Meeting



Agenda Item "A"



Phone: (877) 866-1137  
Fax: (315) 432-3975

Carrier Commercial Service Syracuse  
100 Delawanna Avenue, Suite 401  
Clifton, NJ 07014

January 29, 2018

Daniel Boccardo

8220 Loop Rd  
Lysander, NY 13027-1321

Subject: Carrier Service Agreement No. 214A11010

Dear Daniel Boccardo:

We appreciate the confidence you have shown in us by selecting Carrier for your maintenance needs and look forward to continuing our relationship.

In accordance with the provisions of the subject service agreement, the following shall serve as the annual renewal for the contract period beginning February 1, 2018 and will continue for a period of 1 Year(s). The agreement price for this period will be \$1560.00 payable \$390.00 per Quarterly.

Except as revised by this letter, the existing agreement shall remain in full force and effect.

Please return a copy of this letter with your signature and updated purchase order information if applicable. Should you have questions please contact our office.

Sincerely,  
Norma Durant  
Sr.Contract Administrator  
norma.durant@carrier.utc.com

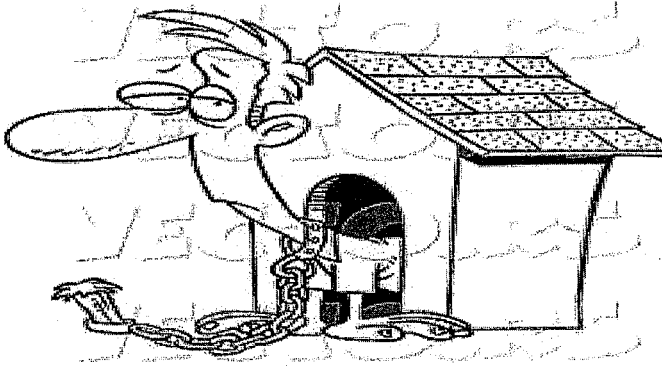
Authorized Acceptance:  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
PO#: \_\_\_\_\_

**DRAFT**

**SAVE THE DATE!**

**2018 Agenda**

**Agenda Item "B"**



**"IN THE DOGHOUSE!"**

**Tuesday May 1<sup>st</sup> and Wednesday May 2<sup>nd</sup>**

**at**

**Genesee Community College**

**1 College Road**

**Batavia, New York 14020**

The Genesee County Sheriff's Office has graciously offered to host this educational opportunity with the assistance of NY State's Department of Agriculture and Markets.

\*Timely topics will include:

Dog Behavior  
Dog Parks (requested by attendees)  
Duties of the DCO per Article 7  
Criminal or Civil? Enforcement of Article 7  
Grant Writing (requested by attendees)

Personal Protection  
Diffusing Conflict  
Police K9 Demonstration  
Tickets and Supporting Documents  
(Writing and Serving)

**CULMINATION OF THE TRAINING WILL BE A MOCK TRIAL IN A COURT ROOM SETTING.**

\*This list is subject to change based on presenter availability.

Cost of the seminar is \$75 and includes lunch and snacks.

The registration form will be sent out in March.

**QUESTIONS:** Our contact information is listed below:

Ann Marie Brade, LVT  
Dog Control Officer  
Genesee County Sheriff's Office  
585-343-6410  
[annmarie.brade@co.genesee.ny.us](mailto:annmarie.brade@co.genesee.ny.us)

Patricia Famiglietti, LVT  
Animal Health Inspector  
NYS Department of Agriculture & Markets  
585-261-5844  
[patricia.famiglietti@agriculture.ny.gov](mailto:patricia.famiglietti@agriculture.ny.gov)

**WE HOPE TO SEE YOU THERE!**

Ann Marie and Patty



Agenda Item "C"



RECEIVED

FEB 23 2018

Central New York Regional Planning & Development Board  
126 N. Salina Street, Suite 200, Syracuse, New York 13202 • Tel. (315) 422-8276 • Fax: (315) 422-9051  
James J. Murphy, Jr., Chairman David V. Bottar, Executive Director

Invoice No.: 3824-2018-16

Date: February 2, 2018

Issued To: Mr. Joseph Saraceni  
Supervisor, Town of Lysander  
8220 Loop Road  
Baldwinsville, NY 13027

*Handwritten signature/initials*

CODE	DESCRIPTION	AMOUNT DUE
3824-428	CNY RPDB - CNY STORMWATER MANAGEMENT COALITION MEMBERSHIP FEE Stormwater Assistance Program  January 1 - December 31, 2018	3,600.00
AUTHORIZED BY: <i>James J. Murphy, Jr.</i>		TOTAL: 3,600.00

Terms: Due Upon Receipt

Budget Modification Request

Fund: General 2018

Acct. # to Credit	Acct. # to Debit	Account Description	Amount to Credit	Amount to Debit
01315-400		Comptroller's Expense	3000.00	
	01990-400	Contingency		3000.00

Explanation for Request:

Account No.	Reason
01315-400	Maintenance fees for accounting software package increase of \$3000.00 more than budgeted.

Approval: A. Galle  
 Comptroller  
 Date: 8-27-18

Town Board Resolution No. \_\_\_\_\_  
 Date of Resolution \_\_\_\_\_

# Agenda Item "E"

**PROJECT:**  
 West Genesee Sewer District  
 Extension No. 2  
 Electric Installation  
 Contract No. 2

**TO:**  
 Town of Lysander  
 8220 Loop Road  
 Baldwinsville NY 13027

**FROM:**  
 Kahrs Construction  
 5 Market St.  
 Alexandria Bay, NY 13607

**APPLICATION NO.:** 2  
**PERIOD TO:** 1/30/2018 to 2/27/2018  
**PROJECT NO.:** C-304411

**Distribution To:**  
 OWNER  
 CONSTRUCTION  
 MANAGER  
 DESIGN ENGINEER  
 CONTRACTOR

**CONTRACT DATE:** September 18, 2017

**CONTRACT FOR:** Electric Installation

Page 1 of 2

**CONTRACTOR'S APPLICATION FOR PAYMENT**

Application is made for payment, as shown below, in connection with the Contract. Continuation sheet is attached.

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

1. ORIGINAL CONTRACT SUM.....\$ 36,750
2. Net Change By Change Orders.....\$ 300.00
3. CONTRACT SUM TO DATE (line 1+2).....\$ 37,050.00
4. TOTAL COMPLETED & STORED TO DATE .....\$ 35,275.00
5. RETAINAGE:
  - 5% of Completed Work \$ 1,763.75
  - 5% of Stored Material \$ -
  - Total Retainage (Line 5a + 5b) \$ 1,763.75
6. TOTAL EARNED LESS RETAINAGE.....\$ 33,511.25
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT.....\$ 29,975.00
8. CURRENT PAYMENT DUE.....\$ 3,536.25
9. BALANCE TO FINISH, INCLUDING RETAINAGE.....\$ 3,538.75

**CONTRACTOR:**

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

State of New York  
 County of Onondaga  
 Subscribed and sworn to before me this \_\_\_\_\_  
 Notary Public:

**CERTIFICATE FOR PAYMENT**

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Construction Manager and the Design Engineer certify to the Owner that to the best of their knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

**AMOUNT CERTIFIED** ..... \$ 3,536.25  
 (Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that changed to conform to the amount certified.)

**PROJECT MANAGER:**

By:  Date: 2/27/18

**OWNER ACCEPTANCE**

The owner hereby accepts this payment application form from Contractor and the accompanying recommendation and certification from the Construction Manager in connection with the Subject Project. The Owner agrees the Contractor is due the Certified amount and authorizes payment of same.

**OWNER:**

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

CHANGE ORDER SUMMARY	Additions	Deductions
Total Changes approved in previous months by Owner:	\$ -	\$ -
Total approved this Month:	\$ 300.00	\$ -
<b>TOTALS</b>	<b>\$ 300.00</b>	<b>\$ -</b>
<b>NET CHANGES BY Change Order</b>	<b>\$ 300.00</b>	<b>\$ -</b>

**APPLICATION AND CERTIFICATION FOR PAYMENT**

Owner: Town of Lysander  
 8220 Loop Road Baldwinsville NY 13027  
 Syracuse, New York 13202

Page 2 of 2

APPLICATION NO.: 2  
 APPLICATION DATE: February 27, 2018

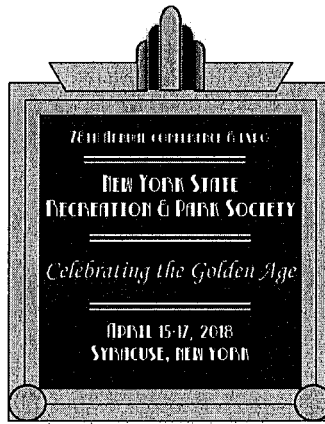
Contractor: Kahrs Construction  
 5 Market St.  
 Alexandria Bay, NY 13607

PROJECT NO.: C304411

Item No.	Description	Contract Quantity	Unit	Unit Price	Dollar Value
1	Mobilization & Demobilization	1.00	LS	\$ 750.00	\$ 750.00
2	Electric Circuit Install	20.00	EA	800.00	16,000.00
3	Mount Grinder Pump Panel	20.00	EA	200.00	4,000.00
4	Install Grinder Pump	20.00	EA	800.00	16,000.00
5	Change Order 1	1.00	LS	300.00	300.00
<b>Subtotal</b>					<b>\$ 37,050.00</b>

Work Previously Completed Quantity	Value	Work Completed This Period		Work Completed To Date	
		Quantity	Value	Quantity	Value
0.5	\$ 375.00	0	\$ -	0.50	\$ 375.00
12.00	16,000.00	5.00	4,000.00	17.00	20,000.00
12.00	4,000.00	5.00	1,000.00	17.00	5,000.00
12.00	9,600.00	-	-	12.00	9,600.00
-	-	1.00	300.00	1.00	300.00
	\$ 29,975.00		\$ 5,300.00		\$ 35,275.00

# Agenda Item "F"

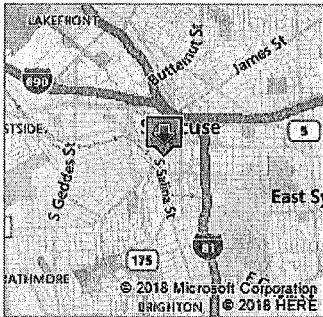


### When

Sunday, April 15, 2018 at 10:00 AM EDT  
 -to-  
 Tuesday, April 17, 2018 at 4:00 PM EDT  
[Add to Calendar](#)

### Where

Marriott Syracuse Downtown  
 100 East Onondaga Street  
 Syracuse, NY 13202



Driving Directions

### Contact

New York State Recreation & Park Society  
 518-584-0321  
[lisa@nysrps.org](mailto:lisa@nysrps.org)

## 78th Annual NYSRPS Conference & Expo in Syracuse, NY

Join the New York State Recreation & Park Society for our 78th Annual Conference and Expo-offering three days of professional development, networking and camaraderie.

\* Required information

### Registrant Information

\*Please indicate first name, last name, and title as they should appear on name badge.

\* First Name:

\* Last Name:

Title:

\* Email Address:

\* Confirm Email Address:

Agency

Address 1:

Address 2:

\* City:

State:

ZIP Code:

Phone:



**Workplace Violence Prevention Policy Statement**

Town of Lysander is committed to the safety and security of our employees. Workplace violence presents a serious occupational safety hazard to our agency, staff, and clients.

Workplace Violence is defined as any physical assault or act of aggressive behavior occurring where a public employee performs any work-related duty in the course of his or her employment including but not limited to an attempt or threat, whether verbal or physical, to inflict physical injury upon an employee; any intentional display of force which would give an employee reason to fear or expect bodily harm, intentional and wrongful physical contact with a person without his or her consent that entails some injury; or stalking an employee with the intent of causing fear of material harm to the physical safety and health of such employee when such stalking has arisen through and in the course of employment.

Acts of violence against Town of Lysander employees where any work related duty is performed will be thoroughly investigated and appropriate action will be taken, including summoning criminal justice authorities when warranted. All employees are responsible for helping to create an environment of mutual respect for each other as well as clients, following all policies, procedures and practices, and for assisting in maintaining a safe and secure work environment.

This policy is designed to meet the requirements of New York State Labor Law Art. 2, 27-b and highlights some of the elements that are found within our Workplace Violence Prevention Program. The process involved in complying with this law included a workplace evaluation that was designed to identify the risks of workplace violence to which our employees could be exposed. Authorized Employee Representative(s) will, at a minimum, be involved in:

- evaluating the physical environment;
- developing the Workplace Violence Prevention Program and;
- reviewing workplace violence incident reports at least annually to identify trends in the types of incidents reported, if any, and reviewing the effectiveness of the mitigating actions taken.

All employees will participate in the annual Workplace Violence Prevention Training Program.

The goal of this policy is to promote the safety and well-being of all people in our workplace. All incidents of violence or threatening behavior will be responded to immediately upon notification. All personnel are responsible for notifying the contact person designated below of any violent incidents, threatening behavior, including threats they have witnessed, received, or have been told that another person has witnessed or received.

**Designated Contact Person:** Joseph P. Saraceni  
**Title:** Town Supervisor  
**Phone:** (315) 857-0281  
**E-mail:** [Supervisor@TownofLysander.org](mailto:Supervisor@TownofLysander.org)

# Agenda Item "I"

## Workplace Violence Incident Report

Name of Individual Completing Report: \_\_\_\_\_  
Job Title: (if applicable) \_\_\_\_\_  
Department: (if applicable) \_\_\_\_\_  
Today's Date: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_  
Time of Incident: \_\_\_\_\_

Name of victim(s): \_\_\_\_\_

Job title (if applicable) \_\_\_\_\_ or other identifier \_\_\_\_\_

Name of alleged perpetrator(s): \_\_\_\_\_

Job title (if applicable) \_\_\_\_\_ or other identifier \_\_\_\_\_

Witness(es): \_\_\_\_\_

Job title (if applicable) \_\_\_\_\_ or other identifier \_\_\_\_\_

Address/location where incident took place: \_\_\_\_\_  
\_\_\_\_\_

How was the threat made?

In person  Telephone  
 On property  Written  
 At home  Other

Describe the incident (attach police report if appropriate)

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

Nature and extent of injuries arising from the incident

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

Has this happened before? (If so, give details)

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

Is there a catalyst? \_\_\_\_\_

What was the immediate action taken? \_\_\_\_\_

History of the person making the threat? \_\_\_\_\_

**Special Information:**

If a case is a "privacy concern case" as defined below, the name of the victim shall be removed from reports provided to Workplace Violence Committee for its annual review.

- 1.) An injury or illness to an intimate body part or the reproductive system;
- 2.) An injury or illness resulting from a sexual assault;
- 3.) Mental illness;
- 4.) HIV infection
- 5.) Needle stick injuries and cuts from sharp objects that are or may be contaminated with another person's blood or other potentially infectious material; and
- 6.) Other injuries or illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the Report.

As indicated in reason #6, you may **request** your name be removed from the reports. Please check either "Yes" or "No" and initial.

\_\_\_\_\_  
Initial  Yes. I voluntarily request that my name be removed from the Workplace Violence annual review/reports

\_\_\_\_\_  
Initial  No. I request that my name be used on the Workplace Violence annual reports.

Police Notified:

Department \_\_\_\_\_ Name of Officer \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Who was notified? \_\_\_\_\_

Other actions taken: \_\_\_\_\_