

  
**County of Saratoga**  
**Board of Supervisors**

Matthew Veitch - C
John Lant
Dick Lucia
Darren O'Connor
Tom Richardson
Kevin Tollisen
Sandra Winney

THEODORE T. KUSNIERZ, JR.  
Chair of the Board

40 MCMASTER STREET  
BALLSTON SPA, NEW YORK 12020  
Phone: (518) 885-2240  
Fax: (518) 884-4771

PAMELA A. WRIGHT  
Clerk

Matthew Veitch, Chair  
Buildings and Grounds Committee

**BUILDINGS AND GROUNDS COMMITTEE**

**DETAILED AGENDA**

January 11, 2021  
4:00 PM

1. Welcome and Attendance.
2. Approve minutes of December 8, 2020.
3. Appointment of Committee Vice Chair
4. Airports Projects Update. (Turner Bradford, McFarland Johnson)
5. Wilton/Northumberland Mitigation Sites Conservation Easement (Turner Bradford, McFarland Johnson).
6. Request resolution for a new Gateway House of Peace Lease. The current lease expires 5/14/21. Local Law 02-11 only allows for 1-five year renewal which has already been exercised. (Chad Cooke, Public Works)
7. Executive Session - Proposed acquisition, sale or lease of real property, when publicity would substantially affect the value thereof. (Matt Veitch, B & G Chair)
8. Any other business.
9. Adjournment.

Due to public health and safety concerns related to COVID-19, there is limited capacity in the Boardrooms. The public will have an opportunity to hear the meeting live via an audio signal using this call-in number and access code: Dial: 1-978-990-5145 Access Code: 1840389



# SARATOGA COUNTY

## PRE-RESOLUTION MEMORANDUM

**TO:** Stephen Bulger, County Administrator  
Hugh Burke, Esq., Acting County Attorney  
Pamela Wright, Clerk of the Board of Supervisors  
Matt Rose, Management Analyst

**FROM:** Thomas Speziale, Acting Commissioner of Public Works

**DATE:** 1/7/21

**COMMITTEE:** Buildings & Grounds 1/11/21

1. Budget Amendments: **No**

2. Amendments to the Compensation Schedule: **N/A**

3. Details on what the resolutions will authorize:

**A. A new Gateway House of Peace Lease. The current lease expires 5/14/21. Local Law 02-11 only allows for 1-five year renewal, which has already been exercised. Attached is copy of the current lease.**

4. Vendors/contractors Selected: **N/A**

a. Less desirable alternatives:

b. Were bids/proposals solicited: \_\_\_\_\_

c. Was the contractor selected the lowest bid or proposal: \_\_\_\_\_

d. Was the contract awarded on the best value methodology: \_\_\_\_\_

e. Is the vendor/contractor a sole source: \_\_\_\_\_

g. Commencement date of contract term: \_\_\_\_\_

h. Termination of contract date: \_\_\_\_\_

i. Contract renewal and term: \_\_\_\_\_

j. Contact information (names, addresses): \_\_\_\_\_

k. Is the vendor/contractor an LLS, PLLC or partnership: \_\_\_\_\_

l. State of vendor/contractor organization: \_\_\_\_\_

m. Time element and why: \_\_\_\_\_

n. Other remarks: \_\_\_\_\_

5. Is this an annual housekeeping resolution: **N/A**

a. What were the terms of the prior resolution: \_\_\_\_\_

b. Are the terms changing: \_\_\_\_\_

c. What is the reason for the change in terms: \_\_\_\_\_



# SARATOGA COUNTY

6. Is a new position being created: **N/A**

a. Effective date [Click here to enter a date.](#)

b. Salary and grade: \_\_\_\_\_

7. Is a new employee being hired: **N/A**

a. Full name of the new employee including suffixes: \_\_\_\_\_

d. City/Town of residence: \_\_\_\_\_

e. Effective date of employment [Click here to enter a date.](#)

f. Salary and grade \_\_\_\_\_

g. Appointed position: \_\_\_\_\_

h. Term: \_\_\_\_\_

8. Is a grant being accepted: **N/A**

a. Source of grant funding: \_\_\_\_\_

b. Amount of grant: \$ \_\_\_\_\_

c. Purpose grant will be used for: \_\_\_\_\_

d. Equipment and/or services being purchased with the grant:

e. Time period grant covers: \_\_\_\_\_

9. Remarks



*A charitable end-of-life care home*

**Executive Director**

Dawn Kearns

October 5, 2020

**Board of Directors**

Troy Filburn  
*President*

Robert Roback, Jr.  
*Treasurer*

Patrice Jenkins  
*Secretary*

Laura Davis

Nancy Dwyer

Joanne McDermott

Mary Ellen Olenyk

Elaine Pearson

Deacon  
Bill Pearson

Cindy Phillips

Donna Roner

Kathleen Lowes  
Sanvidge

Patricia Veitch

Heidi West  
---

**Honorary Board**

Kevin S. Bright

**Founder**

Joni Hanchett

Mr. Thomas A. Speziale, Deputy Commissioner  
Saratoga County  
3654 Galway Rd.  
Ballston Spa, NY 12020

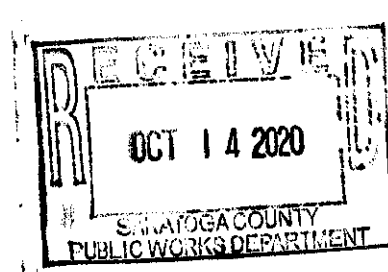
Dear Mr. Speziale,

Pursuant to the terms of our lease agreement with Saratoga County, we wish to inform you of our request to renew our lease at 479 Rowland St., Ballston Spa, NY.

We sincerely appreciate your support of Gateway House of Peace.

Sincerely yours,

Troy Filburn  
President



479 Rowland St.  
Ballston Spa, NY 12020

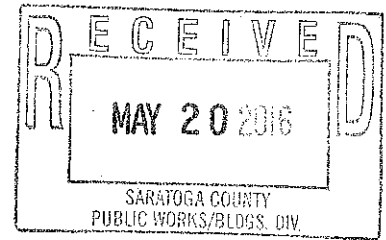
(518) 450-1273

[www.gatewayhouseofpeace.org](http://www.gatewayhouseofpeace.org)



**SARATOGA COUNTY ATTORNEY**

**Saratoga County Municipal Center  
40 McMaster Street  
Ballston Spa, NY 12020**



**STEPHEN M. DORSEY**  
*County Attorney*

Telephone: (518) 884-4770  
Fax: (518) 884-4720

**ROBERT D. WILCOX  
GEORGE P. CONWAY  
LAURA M. KRUEGLER  
MICHAEL J. HARTNETT**

**HUGH G. BURKE**  
*First Assistant*

Assistants

**MEMORANDUM**

DATE: May 18, 2016  
TO: Thomas Speziale, Deputy Commissioner  
Public Works  
FROM: Saratoga County Attorney's Office

**LEASE RENEWAL**

SUBJECT: Vendor Name : **Gateway House of Peace, Inc.**  
Vendor Address : 479 Rowland St., Ballston Spa, NY 12020  
Contract Amount : \$1.00 per year Per Res. 63-11  
Contract Period : 5/15/16 – 5/14/2021  
Contract I.D.# : n/a  
Purpose of agreement : Lease of 479 Rowland Street, Town of Milton

Attached, please find one fully executed copy(ies) of the above referenced lease renewal, which has(ve) been executed by the Chairman of the Board of Supervisors on May 17, 2016.

Please send this lease renewal to the above named vendor.

cc: Clerk, Board of Supervisors, w/enclosure

## LEASE RENEWAL AGREEMENT

THIS AGREEMENT, is made and entered into as of the 15<sup>th</sup> day of May, 2016, by and between

**THE COUNTY OF SARATOGA**, a municipal corporation of the State of New York with a principal office at 40 McMaster Street, Ballston Spa, New York, 12020, (hereinafter referred to as the "Lessor")

- and -

**GATEWAY HOUSE OF PEACE, INC.**, a not-for-profit corporation duly organized under the laws of the State of New York, with a principal place of business at 479 Rowland Street, Ballston Spa, New York, 12020, (hereinafter referred to as the "Lessee")

### RECITALS:

WHEREAS, Lessor and Lessee entered into a lease agreement dated May 12, 2011 (hereinafter referred to as the "Lease") whereby Lessor agreed to let to Lessee Lessor's building and premises located at 479 Rowland Street, in the Town of Milton, County of Saratoga, State of New York, identified on the Town of Milton Tax Map as Lot 177.00-1-36.1, for a term of five (5) years commencing on May 15, 2011, subject to Lessee having a right to renew said lease for consecutive five (5) year terms upon six (6) months written notice by Lessee to Lessor; and

WHEREAS, Lessee has provided Lessor with written notice of Lessee's exercise of Lessee's option to renew the Lease for an additional term of five years, a copy of which written notice is attached hereto and made part hereof; and

WHEREAS, the terms of the Lease require Lessor and Lessee to enter into a written Renewal Agreement for each renewal term of the Lease;

NOW, THEREFORE, Lessor and Lessee agree as follows:

1. Lessor and Lessee hereby agree to renew the terms of their Lease Agreement dated May 12, 2011 for an additional term of five (5) years commencing May 15, 2016 and continuing through May 14, 2021.
2. All other terms of the Lease Agreement dated May 12, 2011, and any amendments thereto not inconsistent with the provisions of this Lease Renewal Agreement, shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties have hereunto set their hands and seals as of 15th day of May, 2016.

GATEWAY HOUSE OF PEACE, INC. COUNTY OF SARATOGA

By: [Signature] JONI HANCHETT, Executive Director  
Donna Doe Avery, President  
By: [Signature] ARTHUR M. WRIGHT, Chairman  
Board of Supervisors  
Per Resolution 63-11

Approved as to form and content:

[Signature]  
STEPHEN M. DORSEY, County Attorney

**ACKNOWLEDGMENT OF LESSOR**

STATE OF NEW YORK )  
COUNTY OF SARATOGA ) ss:

On this 17 day of May, 2016, before me the undersigned personally appeared ARTHUR M. WRIGHT, Chairman of the Saratoga County Board of Supervisors personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person on behalf of which the individual acted, executed the instrument.

[Signature]  
NOTARY PUBLIC

PAMELA A. WRIGHT  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01WR6232416  
Qualified in Saratoga County  
My Commission Expires December 13, 2018

**ACKNOWLEDGMENT OF LESSEE**

STATE OF NEW YORK )  
COUNTY OF SARATOGA ) ss:

On this 16th day of May, 2016, before me the undersigned personally appeared ~~JONI HANCHETT, Executive Director~~ of the Gateway House of Peace, Inc. personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person on behalf of which the individual acted, executed the instrument.

JILL A. ROBBINS  
Notary Public, State of New York  
Certified in Saratoga County  
Commission Expires October 9, 2017

[Signature]  
NOTARY PUBLIC



Dear Commissioner Keith Manz,

The purpose of this letter is to advise the County of Saratoga, pursuant to paragraph "2" of the May 12, 2011, Lease, Gateway House of Peace, Inc., is exercising its option to renew its 5-year lease of the real property and improvements located at 479 Rowland Street, Ballston Spa, New York. Please forward a written Renewal Agreement for our review and consideration.

Sincerely,

*Joni Hanchett*

Executive Director





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/13/2016

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.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) 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 The Heritage Group 1184 Troy- Schenectady Road Suite # 102 Latham NY 12110	CONTACT NAME: Jennifer Moraski PHONE (A/C, No. Ex): (518) 782-0001 E-MAIL ADDRESS: jmoraski@theheritagegroup.info	FAX (A/C, No.): (518) 782-9908
INSURED Gateway House Of Peace, Inc. 479 Rowland St Ballston Spa NY 12020	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Sentinel Insurance Company LTD	NAIC # 11000
	INSURER B: Philadelphia Indemnity Insurance	18058
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES** CERTIFICATE NUMBER: COI 2016-2017 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

VS TR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		01SBMAS6386	5/9/2016	5/9/2017	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 Non-owned \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				
B	Directors & Officers			PHSD1138443	6/2/2016	6/2/2017	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 County of Saratoga is named additional insured with regard to the General Liability policy by work done by the named insured as required by written contract.

Subject to the terms, conditions, and exclusions of the policy.

<b>CERTIFICATE HOLDER</b> (518) 885-8809 COUNTY OF SARATOGA 40 MCMASTER STREET BALLSTON SPA, NY 12020	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE T Terpening, CIC, CLCS/
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# New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

1 WATERVLIET AVENUE ALBANY, NEW YORK 12206-1649

Phone: (518) 437-6400

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE



Scan to Validate

205115518  
GATEWAY HOUSE OF PEACE INC  
479 ROWLAND ST  
BALLSTON SPA NY 12020

**POLICYHOLDER**  
GATEWAY HOUSE OF PEACE INC  
479 ROWLAND ST  
BALLSTON SPA NY 12020

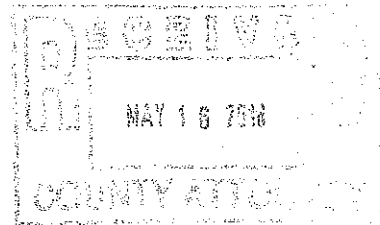
**CERTIFICATE HOLDER**  
SARATOGA COUNTY  
40 MCMASTER STREET  
BALLSTON SPA NY 12020

POLICY NUMBER	CERTIFICATE NUMBER	PERIOD COVERED BY THIS CERTIFICATE	DATE
A2330 830-7	428919	04/16/2016 TO 04/16/2017	5/16/2016

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2330 830-7 UNTIL 04/16/2017, 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 04/16/2017 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/cerval.asp> or by calling (888) 875-5790  
VALIDATION NUMBER: 751943796