


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

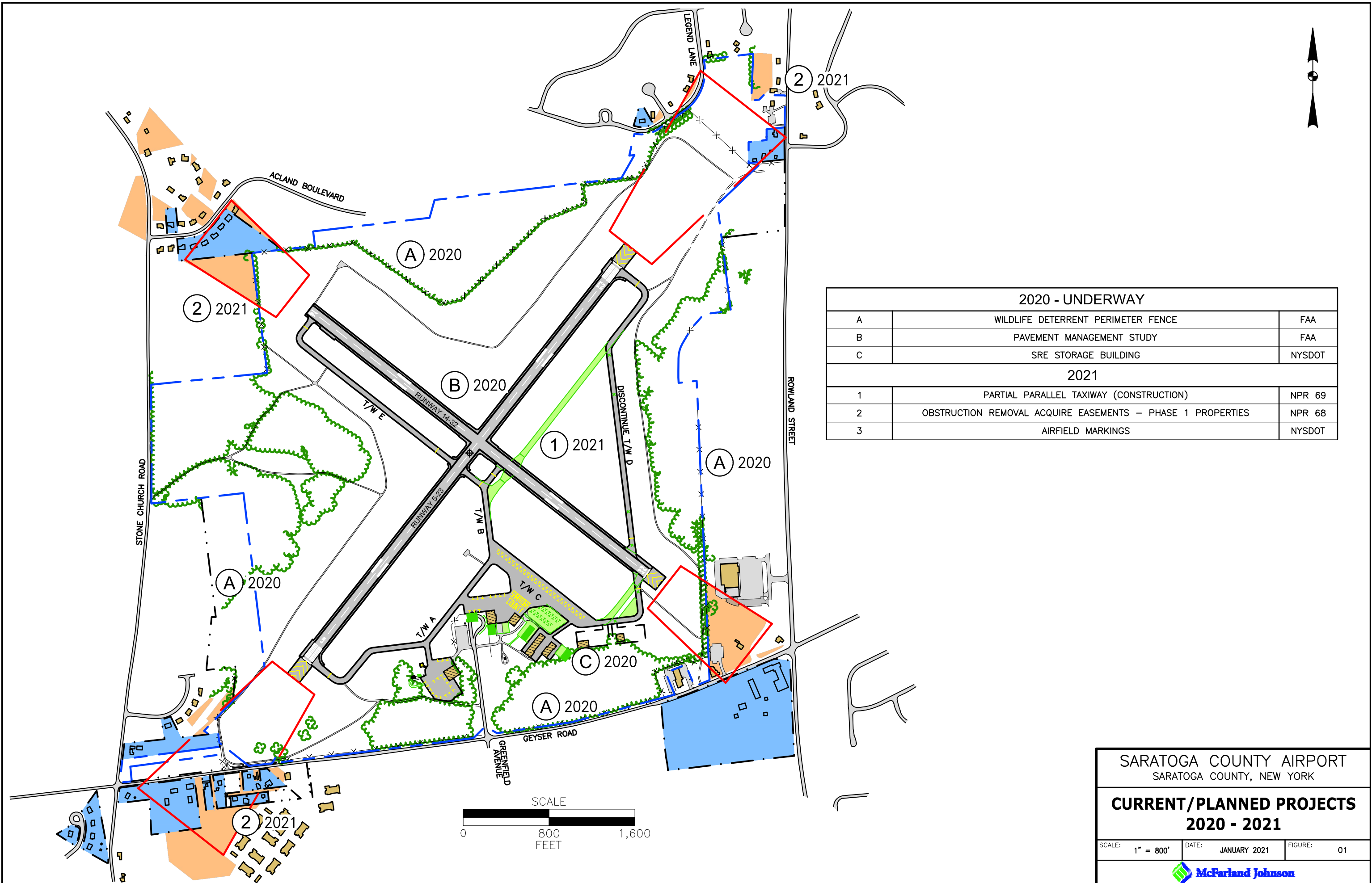
BUILDINGS AND GROUNDS COMMITTEE

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



| 2020 - UNDERWAY | | |
|-----------------|--|--------|
| A | WILDLIFE DETERRENT PERIMETER FENCE | FAA |
| B | PAVEMENT MANAGEMENT STUDY | FAA |
| C | SRE STORAGE BUILDING | NYSDOT |
| 2021 | | |
| 1 | PARTIAL PARALLEL TAXIWAY (CONSTRUCTION) | NPR 69 |
| 2 | OBSTRUCTION REMOVAL ACQUIRE EASEMENTS - PHASE 1 PROPERTIES | NPR 68 |
| 3 | AIRFIELD MARKINGS | NYSDOT |

SARATOGA COUNTY AIRPORT
SARATOGA COUNTY, NEW YORK

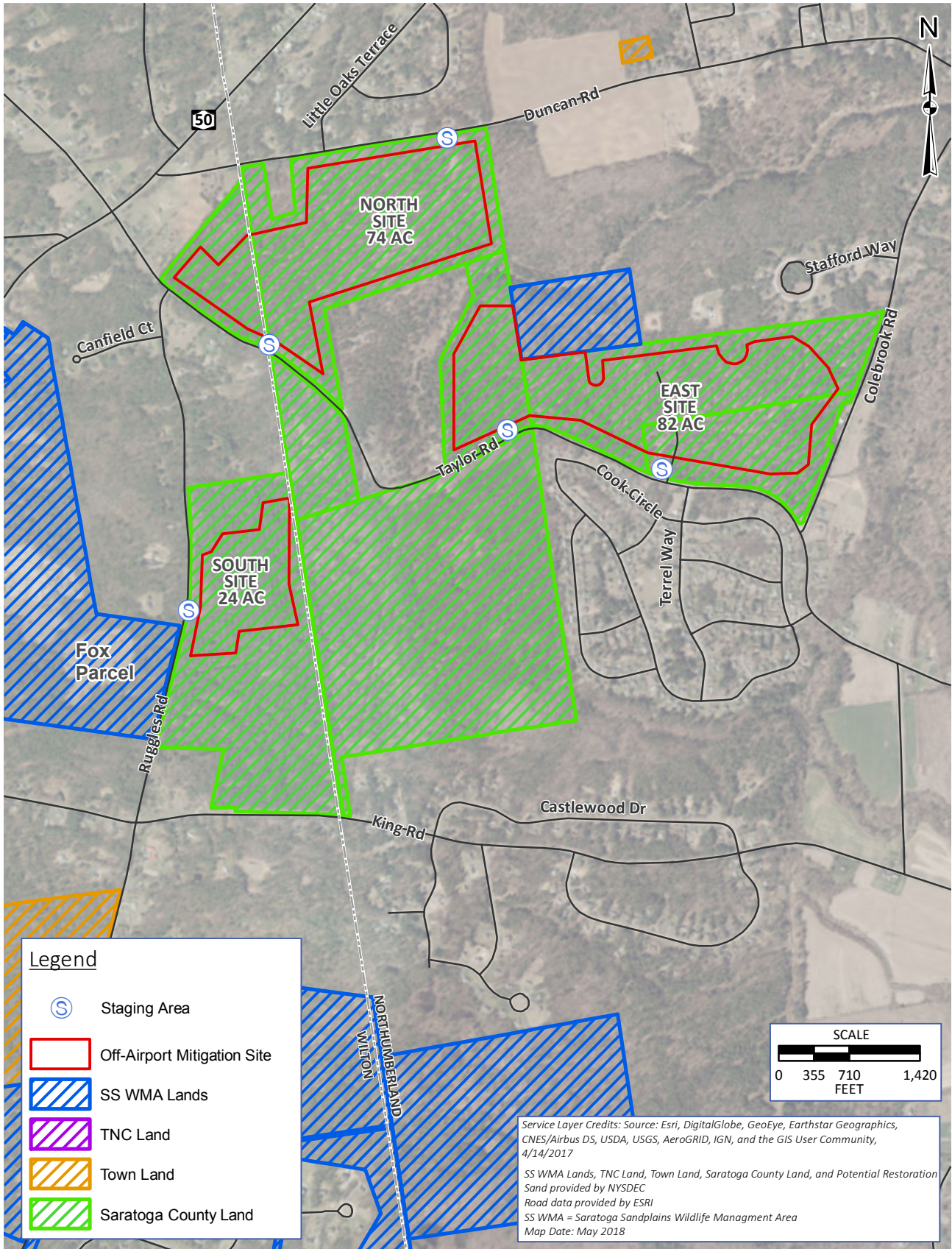
**CURRENT/PLANNED PROJECTS
2020 - 2021**

SCALE: 1" = 800' DATE: JANUARY 2021 FIGURE: 01

McFarland Johnson



Figure X: Off-Airport Habitat Mitigation Sites



Document Path: K:\SARATOGA\T-18139.01\Partial Parallel Taxway\Draw\GIS\MitigationSites_20190808.mxd

Legend

- Staging Area
- Off-Airport Mitigation Site
- SS WMA Lands
- TNC Land
- Town Land
- Saratoga County Land

Service Layer Credits: Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community, 4/14/2017

SS WMA Lands, TNC Land, Town Land, Saratoga County Land, and Potential Restoration Sand provided by NYSDEC

Road data provided by ESRI

SS WMA = Saratoga Sandplains Wildlife Management Area

Map Date: May 2018



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

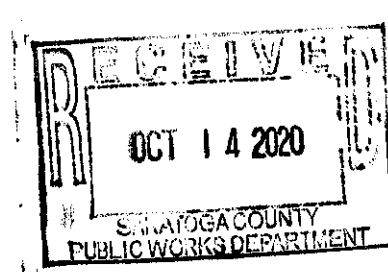
Dear Mr. Speziale,

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

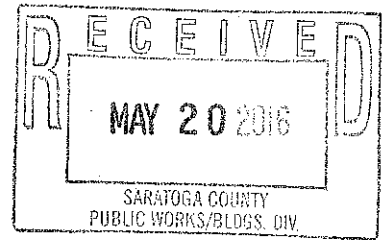
(518) 450-1273

www.gatewayhouseofpeace.org



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 15th 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.

| VSRR | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | POLICY EFF | POLICY EXP | LIMITS |
|------|---|------|------|---------------|--------------|--------------|---|
| TR | | INSD | WVD | | (MM/DD/YYYY) | (MM/DD/YYYY) | |
| 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 |
| | 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 | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | 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 | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| 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.

| | |
|---|---|
| CERTIFICATE HOLDER (518) 885-8809 KMajor@saratogacountyny.go COUNTY OF SARATOGA 40 MCMASTER STREET BALLSTON SPA, NY 12020 | CANCELLATION 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

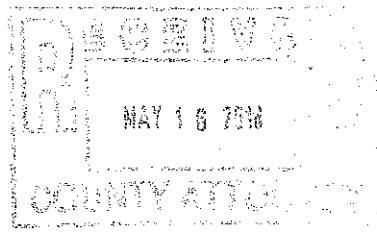
CERTIFICATE HOLDER
SARATOGA COUNTY
40 MCMASTER STREET
BALLSTON SPA NY 12020

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