

County of  Saratoga  
*Board of Supervisors*

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

THERESE CONNOLLY  
Clerk

Matthew Veitch, Chair  
Buildings and Grounds Committee

**BUILDINGS AND GROUNDS COMMITTEE**

**AGENDA**

August 2, 2021  
4:00 PM

1. Welcome and Attendance.
2. Approve minutes of July 6, 2021
3. Request resolution accepting American Rescue Plan Act 2021 (Public Law 117-2) (ARPA) Airport Grant for the amount of \$59,000 (Chad Cooke, Public Works)
4. Any other business.
5. Adjournment.

**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

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
Ridge Harris, Deputy County Administrator  
Michael Hartnett, County Attorney  
Therese Connolly, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Bridget Rider, Deputy Clerk of the Board  
Matt Rose, Management Analyst  
Clare Giammusso, County Attorney's Office

**FROM:**

**DATE:**

**RE:**

**COMMITTEE:**

1. Is a Resolution Required: **YES** or **NO**  
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)
2. Is a Budget Amendment needed: **YES** or **NO**  
(If yes, budget lines and impact must be provided)
3. Are there Amendments to the Compensation Schedule: **YES** or **NO**  
(If yes, provide details)
4. Specific details on what the resolution will authorize:
5. Does this item require hiring a Vendors/Contractors: **YES** or **NO**
  - a. Were bids/proposals solicited:
  - b. Is the vendor/contractor a sole source:
  - c. Commencement date of contract term:
  - d. Termination of contract date:
  - e. Contract renewal and term:
  - f. Contact information:
  - g. Is the vendor/contractor an LLS, PLLC or partnership:
  - h. State of vendor/contractor organization:
  - i. Is this a renewal agreement: **YES** or **NO**
  - j. Vendor/Contractor comment/remarks:



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

6. Is this an annual housekeeping resolution: **YES** or **NO**  
(If yes, attach the last approved resolution)
- What were the terms of the prior resolution
  - Are the terms changing:
  - What is the reason for the change in terms:
7. Is a new position being created: **YES** or **NO**
- Effective date
  - Salary and grade
8. Is a new employee being hired: **YES** or **NO**
- Effective date of employment
  - Salary and grade
  - Appointed position:
  - Term:
9. Is a grant being accepted: **YES** or **NO**
- Source of grant funding:
  - Amount of grant:
  - Purpose grant will be used for:
  - Equipment and/or services being purchased with the grant:
  - Time period grant covers:
10. Remarks/Reasoning (Supporting documentation must be attached to this form):

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify):</b> <input type="text"/>
---	---	--

<b>* 3. Date Received:</b> <input type="text" value="07/09/2021"/>	<b>4. Applicant Identifier:</b> <input type="text" value="5B2"/>
---	---

<b>5a. Federal Entity Identifier:</b> <input type="text" value="3-36-0004-__-__"/>	<b>5b. Federal Award Identifier:</b> <input type="text"/>
---	--

**State Use Only:**

<b>6. Date Received by State:</b> <input type="text"/>	<b>7. State Application Identifier:</b> <input type="text"/>
--	--

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> <input type="text" value="Saratoga County"/>		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text" value="14-6002571"/>	<b>* c. Organizational DUNS:</b> <input type="text" value="785489089"/>	

**d. Address:**

<b>* Street1:</b>	<input type="text" value="3654 Galway Road"/>
<b>Street2:</b>	<input type="text"/>
<b>* City:</b>	<input type="text" value="Ballston Spa"/>
<b>County/Parish:</b>	<input type="text" value="Saratoga"/>
<b>* State:</b>	<input type="text" value="NY: New York"/>
<b>Province:</b>	<input type="text"/>
<b>* Country:</b>	<input type="text" value="USA: United States of America"/>
<b>* Zip / Postal Code:</b>	<input type="text" value="12020"/>

**e. Organizational Unit:**

<b>Department Name:</b> <input type="text"/>	<b>Division Name:</b> <input type="text"/>
---	---

**f. Name and contact information of person to be contacted on matters involving this application:**

<b>Prefix:</b> <input type="text" value="Mr."/>	<b>* First Name:</b> <input type="text" value="Thomas"/>
<b>Middle Name:</b> <input type="text"/>	
<b>* Last Name:</b> <input type="text" value="Speziale"/>	
<b>Suffix:</b> <input type="text"/>	
<b>Title:</b> <input type="text" value="Deputy Commissioner of Public Works"/>	

<b>Organizational Affiliation:</b> <input type="text" value="Saratoga County"/>
--

<b>* Telephone Number:</b> <input type="text" value="(518) 885-2235"/>	<b>Fax Number:</b> <input type="text" value="(518) 885-8809"/>
--	--

<b>* Email:</b> <input type="text" value="tspeziale@saratogacountyny.gov"/>
---

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Federal Aviation Administration

**11. Catalog of Federal Domestic Assistance Number:**

20-106

CFDA Title:

Airport Improvement Program

**\* 12. Funding Opportunity Number:**

\* Title:

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

ARPA General Application:  
\$59,000 for costs related to operations, personnel, cleaning, sanitization, janitorial services, combating the spread of pathogens at the airport, and debt service payments.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="59,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="59,000.00"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed:



SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION 131 - 2020

Introduced by Supervisors Veitch, Grattidge, Kinowski, Peck, Smith, Wood and Zlotnick

AN AMERICAN RESERVE PLAN ACT OF 2021

AUTHORIZING THE ACCEPTANCE OF A FEDERAL CARES ACT AIRPORT GRANT FROM THE FEDERAL AVIATION ADMINISTRATION

AMERICAN RESERVE PLAN OF 2021 (ARP)

WHEREAS, federal legislation passed in response to the ongoing COVID-19 pandemic, known as the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"), includes funding to eligible localities owning and operating airports to help offset a decline in revenues arising from diminished airport operations and activities as a result of the COVID-19 public health emergency; and

AN AMERICAN RESERVE PLAN OF 2021

WHEREAS, our Department of Public Works submitted a CARES Act Airports Grants Application to the Federal Aviation Administration ("FAA"); and

AN AMERICAN RESERVE PLAN OF 2021 GRANT

\$59,000

WHEREAS, the FAA has advised our Department of Public Works that is has been awarded a CARES Act Airport Grant, #3-36-0004-039-2020, in the amount of \$69,000 for purposes directly related to the Saratoga County Airport, which may include, but not be limited to, reimbursement of the Airport's operational and maintenance expenses incurred no earlier than January 20, 2020; and

TOK

AND SANITIZATION

WHEREAS, the approval of this Board of Supervisors is needed to accept these federal CARES Act Airport Grant funds; now, therefore, be it

AMERICAN RESERVE PLAN OF 2021 ACT OF 2021

\$59,000

RESOLVED, that the Saratoga County Board of Supervisors hereby accepts the federal CARES Act Airport Grant, #3-36-0004-039-2020, in the amount of \$69,000 allocated through the Federal Aviation Administration to offset the decline in revenues arising from diminished airport operations and activities at the Saratoga County Airport resulting from the COVID-19 pandemic; and, be it further

FOR REIMBURSEMENT OF THE AIRPORT'S OPERATIONAL, MAINTENANCE AND SANITIZATION EXPENSES

RESOLVED, that the Chair of the Board is hereby authorized to execute any and all agreements and documents needed to accept said \$69,000 CARES Act Airport Grant funding from the Federal Aviation Administration, with the form and content of such agreements and documents to be approved by the County Attorney.

\$59,000 AMERICAN RESERVE PLAN ACT OF 2021

BUDGET IMPACT STATEMENT: None. 100% Federal Aid.