

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**

November 29, 2021  
4:30 PM

1. Welcome and Attendance.
2. Approve minutes of November 1, 2021
3. Contract for Cleaning Services at Mental Health effective January 1, 2022 (Chad Cooke, Public Works)
4. Barth Aviation Hangar (Chad Cooke, Public Works)
5. Time capsule update
6. Any other business.
7. 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  
Audra Hedden, County Administrator's Office  
Stephanie Hodgson, Director of Finance

**FROM:** Chad M. Cooke, P.E.

**DATE:** 11/18/21

**RE:** American Commercial Cleaning contract

**COMMITTEE:** Buildings and Grounds

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:

Authorize a 1-year contract with three 1-year renewal options with American Commercial Cleaning Company, LLC for cleaning services at the County's Mental Health and Addiction Services Department in the amount of \$1,900 per month.

5. Does this item require hiring a Vendors/Contractors:  **YES** or  **NO**

- a. Were bids/proposals solicited: Yes
- b. Is the vendor/contractor a sole source: No
- c. Commencement date of contract term: January 1, 2022
- d. Termination of contract date: December 31, 2022
- e. Contract renewal and term: Three 1-year renewals
- f. Contact information: Mari Dimirievski, 8114 Firenze Lane, Clay, NY 13041
- g. Is the vendor/contractor an LLS, PLLC or partnership: LLC
- h. State of vendor/contractor organization: NY
- 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):
- American Commercial Cleaning Company, LLC (ACC) was one of three bidders that responded to the County's request for bids. A copy of ACC's bid is attached along with a summary of all bids received.
- Budget Impact: None. Funds for this contract are included in the 2022 Tentative Budget.

COUNTY OF SARATOGA  
REQUEST FOR BIDS  
CLEANING SERVICES – MENTAL HEALTH FACILITY  
21-PWCSMH-1



Received Until October 27, 2021 at 11:00 a.m.

SARATOGA COUNTY PURCHASING DEPARTMENT  
JOHN T. WARMT, DIRECTOR OF PURCHASING  
50 WEST HIGH STREET  
BALLSTON SPA, NEW YORK 12020

## **SCOPE OF WORK**

Cleaning Service shall be provided (5) times per week unless otherwise noted.

### CLEANING ACTIVITIES COMMON TO ALL AREAS LISTED BELOW

1. Empty waste receptacles and replace liners when necessary. (Liners supplied by Saratoga County)
2. Gather all waste material and place for disposal in designated area.
3. Low and high dust weekly or more frequently as needed.
4. Dust horizontal surfaces weekly or more frequently as needed.
5. High dust all vents quarterly (4 times per year) or more frequently as needed.
6. Dust window blinds monthly or more frequently as needed.
7. Leave only designated lights on and secure premises as per instructions.
8. Properly arrange furniture, equipment and similar office items moved during cleaning.
9. Spot clean doors, door frames, light switches and walls with appropriate cleanser to remove fingerprints and smudges.
10. Keep custodial closet and supplies clean and orderly.

### ENTRANCE VESTIBULE

1. Clean entrance doors and glass to remove finger prints and smudges.
2. Vacuum carpets and walk off mats.
3. Damp mop tile floor.

### LOBBY, OFFICES, CONFERENCE ROOMS AND CORRIDORS

1. Dust all furnishings including desk tops, chairs, tables, partitions, credenzas, cabinets and other reachable horizontal surfaces weekly or more frequently as needed.
2. Damp wipe conference room table tops to remove finger prints.
3. Spot clean receptionist window glass and similar partition glass to remove finger prints and smudges.
4. Dust mop/vacuum hard surface floors.
5. Vacuum carpeted corridors, group rooms and lobby floors.
6. Vacuum carpeted office rooms weekly or more frequently as needed.
7. Vacuum edges, corners and hard to reach areas of carpets weekly or more frequently as needed.
8. Damp mop tile floors to remove spills or tracking
9. Damp mop tile floors thoroughly with a neutral cleaner weekly or more frequently as needed.
10. Spot clean chair seats and backs to remove spills or stains.
11. Vacuum upholstered furniture quarterly (4 times per year) or more frequently as needed.
12. Clean and sanitize all water fountains.

### KITCHEN, COFFEE, LUNCH ROOM AREAS

1. Damp mop tile floors.
2. Vacuum all carpeted areas.
3. Vacuum/clean edges, corners and hard to reach areas of carpets/tile floors weekly or more frequently as needed.
4. Clean all stainless steel or chrome.
5. Damp wipe tabletops.
6. Damp wipe sinks and counter tops.
7. Spot clean outside of appliances, walls, light switches.
8. Spot clean outside of waste receptacles.
9. Spot clean chair backs and seats to remove spills and stains.

### LAVATORIES

1. Sweep, wash and disinfect all lavatory floors including hard to reach places with specially treated mops.
2. Clean, deodorize and disinfect all hand basins, toilet bowls and urinals both inside and out.
3. Wash and polish all mirrors, bright work, shelves, cabinets and dispensers.
4. Wash, disinfect and dry all toilet seats; washing both sides of toilet seats with neutral soap solutions.
5. Empty all wastepaper receptacles and sanitary napkin receptacles to designated area.
6. Refill all toilet tissue, paper towels, soap dispensers and trash liners as required (supplies to be furnished by Saratoga County).

### CLEANING SERVICES TO BE PROVIDED AS REQUESTED

1. Clean carpeting
2. Steam Clean chair upholstery
3. Ceramic tile scrubbing
4. Strip and wax floors
5. Emergency response labor
6. Emergency response labor (Bio-Hazard)
7. Window cleaning
8. Spot treatment
9. Covid 19 or similar Disinfection (service mobilization/setup)
10. Covid 19 or similar Disinfection (to include labor, chemicals, PPE)

Janitorial / Cleaning Services  
Saratoga County Mental Health Facility  
135 South Broadway  
Saratoga Springs, New York

revised: 10/01/21

5 of 5

STAFFING & QUALITY ASSURANCE

Provide with your cost proposal the following:

1. Company quality assurance policy and procedures to ensure work is properly completed..
2. Projected on-site staffing needs (number of cleaner's onsite daily) to complete work and estimated hours per evening.
3. Three client references (contract held for three or more years)

Submitted by:

MARI DIMITRIEUSKI

AMERICAN COMMERCIAL CLEANING CO.  
8114 FIRENZE LN, CLAY, NY 13041

Company Name & Address

MARI DIMITRIEUSKI

Printed Name



Signature

81-0683505

FED ID No.

10/19/21

Date

Saratoga County Fee Schedule

Contract is for one year. Please enter cleaning services pursuant to the above scope as well as unit rates for additional services as requested.

Initial Year

Cleaning Services 1,900.00 \$/month

Additional Service as needed

- |  |              |                   |
|--|--------------|-------------------|
| 1. Clean carpeting   | <u>0.25</u>  | (\$/square foot)  |
| 2. Steam cleaning chair upholstery                           | <u>10.00</u> | (\$/item)         |
| 3. Ceramic Tile scrubbing (per square foot)                  | <u>0.25</u>  | (\$/square foot)  |
| 4. Strip and wax floors                                      | <u>1.80</u>  | (\$/square foot)  |
| 5. Emergency Response Labor                                  | <u>30.00</u> | (\$/hour)         |
| 6. Emergency Response Labor (Bio-Hazard)                     | <u>50.00</u> | (\$/hour)         |
| 7. Window Cleaning (state units)                             | <u>25.00</u> | (\$/hour)         |
| 8. Spot Treatment  | <u>25.00</u> | (\$/hour)         |
| 9. Covid 19 or Similar Disinfection (mobilization)           | <u>25.00</u> | (\$/mobilization) |
| 10. Covid 19 or Similar Disinfection (labor, chemicals, PPE) | <u>30.00</u> | (\$/hour)         |
| 11. Other- (If any, please list with rates)                  | _____        |                   |
| 12. Other- (If any, please list with rates)                  | _____        |                   |

Cleaning services may be renewed annually up to three times pending Saratoga County review and mutual agreement with Contractor. Rates maintained at the initial year value may be automatically renewed. Please provide subsequent rate adjustment (if any) in the spaces provided below.

First Renewal

Cleaning Services 1,950.00 \$/month

Additional Service as needed

- |  |              |                   |
|--|--------------|-------------------|
| 1. Clean carpeting   | <u>0.25</u>  | (\$/square foot)  |
| 2. Steam cleaning chair upholstery                           | <u>10.00</u> | (\$/item)         |
| 3. Ceramic Tile scrubbing (per square foot)                  | <u>0.25</u>  | (\$/square foot)  |
| 4. Strip and wax floors                                      | <u>1.80</u>  | (\$/square foot)  |
| 5. Emergency Response Labor                                  | <u>30.00</u> | (\$/hour)         |
| 6. Emergency Response Labor (Bio-Hazard)                     | <u>50.00</u> | (\$/hour)         |
| 7. Window Cleaning (state units)                             | <u>25.00</u> | (\$/hour)         |
| 8. Spot Treatment  | <u>25.00</u> | (\$/hour)         |
| 9. Covid 19 or Similar Disinfection (mobilization)           | <u>25.00</u> | (\$/mobilization) |
| 10. Covid 19 or Similar Disinfection (labor, chemicals, PPE) | <u>30.00</u> | (\$/hour)         |
| 11. Other- (If any, please list with rates)                  | _____        |                   |
| 12. Other- (If any, please list with rates)                  | _____        |                   |



Second Renewal

Cleaning Services

1,950.00 \$/month

Additional Service as needed

- |  |                   |                   |
|--|-------------------|-------------------|
| 1. Clean carpeting   | <u>0.25</u>       | (\$/square foot)  |
| 2. Steam cleaning chair upholstery                           | <u>10.00</u>      | (\$/item)         |
| 3. Ceramic Tile scrubbing (per square foot)                  | <u>0.25</u>       | (\$/square foot)  |
| 4. Strip and wax floors                                      | <u>1.80</u>       | (\$/square foot)  |
| 5. Emergency Response Labor                                  | <u>30.00</u>      | (\$/hour)         |
| 6. Emergency Response Labor (Bio-Hazard)                     | <u>50.00</u>      | (\$/hour)         |
| 7. Window Cleaning (state units)                             | <u>25.00</u>      | (\$/hour)         |
| 8. Spot Treatment  | <u>25.00</u>      | (\$/hour)         |
| 9. Covid 19 or Similar Disinfection (mobilization)           | <u>25.00</u>      | (\$/mobilization) |
| 10. Covid 19 or Similar Disinfection (labor, chemicals, PPE) | <u>30.00</u>      | (\$/hour)         |
| 11. Other- (If any, please list with rates)                  | <u>          </u> |                   |
| 12. Other- (If any, please list with rates)                  | <u>          </u> |                   |

Third/Final Renewal

Cleaning Services

2,000.00 \$/month

Additional Service as needed

- |  |                   |                   |
|--|-------------------|-------------------|
| 1. Clean carpeting   | <u>0.25</u>       | (\$/square foot)  |
| 2. Steam cleaning chair upholstery                           | <u>10.00</u>      | (\$/item)         |
| 3. Ceramic Tile scrubbing (per square foot)                  | <u>0.25</u>       | (\$/square foot)  |
| 4. Strip and wax floors                                      | <u>1.80</u>       | (\$/square foot)  |
| 5. Emergency Response Labor                                  | <u>30.00</u>      | (\$/hour)         |
| 6. Emergency Response Labor (Bio-Hazard)                     | <u>50.00</u>      | (\$/hour)         |
| 7. Window Cleaning (state units)                             | <u>25.00</u>      | (\$/hour)         |
| 8. Spot Treatment  | <u>25.00</u>      | (\$/hour)         |
| 9. Covid 19 or Similar Disinfection (mobilization)           | <u>25.00</u>      | (\$/mobilization) |
| 10. Covid 19 or Similar Disinfection (labor, chemicals, PPE) | <u>30.00</u>      | (\$/hour)         |
| 11. Other- (If any, please list with rates)                  | <u>          </u> |                   |
| 12. Other- (If any, please list with rates)                  | <u>          </u> |                   |

Clarifications: (if any):

---

---

---

---

---

---

---

---



**CERTIFICATION OF COMPLIANCE WITH IRAN DIVESTMENT ACT**

Pursuant to General Municipal Law §103-g, which generally prohibits the County of Saratoga from entering into contracts with persons engaged in investment activities in the energy sector of Iran, the bidder/proposer submits the following certification:

*[Please Check One]*

**BIDDER'S CERTIFICATION**


- By submission of this bid or proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief, that each bidder/proposer is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law.
- I am unable to certify that my name and the name of the bidder/proposer does not appear on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law. I have attached a signed statement setting forth in detail why I cannot so certify.

Dated: 10/19, 2021.

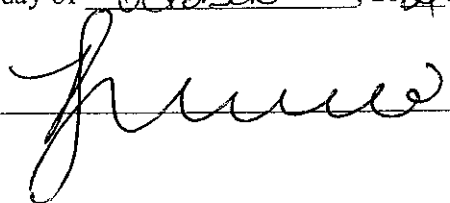
STATE OF NY )  
 ) ss.:  
COUNTY OF Onondaga )

**Palma D. Savinelli**  
Notary Public State of New York  
NO. 01SA6197823  
Qualified in Onondaga County  
My Commission Expires December 08, 2024

The undersigned, being duly sworn, says (a) I am duly authorized to execute this Certification and (b) I hereby certify, under penalty of perjury, that the forgoing Certification is in all respects true and accurate.

  
Signature  
MARI AMITRELEVSU  
Printed Name  
PRESIDENT  
Title

Subscribed and sworn to before me this 19  
day of OCTOBER, 2021.

  
(Cleaning Services 10/27/21)

**Palma D. Savinelli**  
Notary Public State of New York  
NO. 01SA6197823  
Qualified in Onondaga County  
My Commission Expires December 08, 2024

**CERTIFICATION OF COMPLIANCE FOR THE  
PREVENTION OF SEXUAL HARASSMENT**

Pursuant to State Finance Law §139-1 of the State of New York, effective January 1, 2019, where competitive bidding is required for certain public contracts, every bid must contain the following statement affirming that the bidder has implemented a written policy addressing sexual harassment prevention and that the bidder provides annual sexual harassment prevention training, which statement must be signed by the bidder and affirmed by such bidder under the penalty of perjury:

*[Please Check One]*

**BIDDER'S CERTIFICATION**

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of section two hundred one-g of the labor law.

I am unable to certify that I, or my employer, have implemented a written policy addressing sexual harassment prevention in the workplace. The reason(s) why neither I nor my employer can make such certification is/are: \_\_\_\_\_

Dated: 10/19, 2021.

Palma D. Savinelli  
Notary Public State of New York  
NO. 01SA6197823  
Qualified in Onondaga County  
My Commission Expires December 08, 2024

STATE OF NY )  
COUNTY OF Onondaga ) ss:

The undersigned, being duly sworn, says: (a) I am duly authorized to execute this Certification and (b) I hereby certify, under penalty of perjury, that the forgoing Certification is in all respects true and accurate.

\_\_\_\_\_  
Signature  
MARIE DIMITRIEWSKI  
Printed Name  
PRESIDENT  
Title

Subscribed and sworn to before me this 19  
day of OCTOBER, 2021.

\_\_\_\_\_  
Notary Public

Palma D. Savinelli  
Notary Public State of New York  
NO. 01SA6197823  
Qualified in Onondaga County  
My Commission Expires December 08, 2024

(Cleaning Services 10/27/21)

**INDEMNITY AND INSURANCE AGREEMENT**

IT IS HEREBY AGREED by \_\_\_\_\_, the CONTRACTOR, as follows:

**INSURANCE**  
**CONTRACTOR'S LIABILITY INSURANCE**

The Contractor shall purchase and maintain such insurance as will protect him from all claims as set forth below, which may arise out of or result from the Contractor's operations under the Contract, whether such operations be by himself or any subcontractor or by anyone directly or indirectly employed by any of them or by anyone for whose acts any of them may be liable:

1. claims under workmen's compensation, disability benefit and other similar employee benefit acts;
2. claims for damages because of bodily injury, occupational sickness or disease, or death of his employees;
3. claims for damages because of bodily injury, sickness or disease, or death of any person other than his employees;
4. claims for damages insured by usual personal injury liability coverage which are sustained (1) by any person as a result of an offense directly or indirectly related to the employment of such person by the Contractor, or (2) by any other person; and
5. claims for damages because of injury to or destruction of tangible property, including loss of use resulting therefrom.

Certificates of Insurance acceptable to the County shall be filed with the County prior to commencement of the work. These Certificates shall contain a provision that coverage afforded under the policies will not be cancelled until at least 30 days prior written notice has been given to the County by certified mail.

The Contractor's Comprehensive General Liability Insurance and Automobile Insurance shall be in an amount not less than One Million Dollars (\$1,000,000) for injuries, including accidental death, to any one person and subject to the same limit for each person, and in an amount not less than One Million Dollars (\$1,000,000) on account of one occurrence. The Contractor's Property Damage Liability Insurance shall be in an amount not less than One Million Dollars (\$1,000,000). The Contractor shall require his subcontractors to procure and to maintain during the life of his subcontract, Subcontractors' Comprehensive General Liability, Automobile Liability, and Property Damage Liability Insurance of the type and in the same amounts as specified hereinabove. The Contractor's and his subcontractors' Liability Insurance shall include adequate protection against the following special hazards:

Bodily Injury and Property Damage – completed job operation and/or products liability at before mentioned limits with \$1,000,000 for bodily injury and \$1,000,000 aggregate for operations, protection, contractual and products and/or completed job operations. Property Damage shall be on the broad form and shall include coverage for explosion, collapse and underground damages.

The above insurance is not, and shall not be construed as, a limitation upon CONTRACTOR's obligation to indemnify the COUNTY.

**Attorney's Approval**

All documents submitted shall be subject to the approval of the Saratoga County Attorney as to form and content.

**HOLD HARMLESS**

The CONTRACTOR shall, at all times, indemnify and save harmless the COUNTY from and against any and all claims and demands whatsoever, including costs, litigation expenses, counsel fees and liabilities in connection therewith arising out of injury to or death of any person whomsoever or damage to any property of any kind by whomsoever, caused in whole or in part, directly or indirectly, by the acts or omissions of the CONTRACTOR, any person employed by the CONTRACTOR, its Contractors, subcontractors, materialmen, or any person directly or indirectly employed by them or any of them, while engaged in the work hereunder. This clause shall not be construed to limit, or otherwise impair, other rights or obligations of indemnity which exist in law, or in equity, for the benefit of the COUNTY.

IN WITNESS WHEREOF, the CONTRACTOR have set its hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SIGNATURE \_\_\_\_\_

NAME & TITLE \_\_\_\_\_

**VENDOR INFORMATION**  
**FOR THE COUNTY OF SARATOGA**

Please complete the following information which is necessary in order for Saratoga County to track vendor applicant information and the County's purchasing process.

Business Name AMERICAN COMMERCIAL CLEANING CO. (ACC)

Address 8114 FIRENZE LN, CLAY, NY 13041

Business Type (Sole Proprietorship, Corporation, LLC, etc.) LLC

Is your business a Disadvantaged Business Enterprise (DBE)? Yes  No

Is your business a Minority and Women-Owned Business Enterprise (MWBE)? Yes  No

Does your business have a small business status?  Yes  No

Any other business status, please provide information: \_\_\_\_\_

Provide the name of the Certifying Entity (ties): \_\_\_\_\_

Have you conducted business with the County before? Yes  No

If the answer to the above question is NO, please provide your Federal ID Number and attach a copy of your W-9

Form. FEIN #: 81-0683505

How did you discover this Bid opportunity? BIDNET

Do you use the Empire State Municipal Purchasing Group Website (BidNet)?  Yes  No

If Yes, do you find it useful (explain) or if No, why? YES.

it helps me grow my business.

**Completing the above information does not change your chances of being awarded a contract. The information collected will NOT be sold and will not be used to contact you.**

Thank you.







By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

| IF the entity/person on line 1 is a(n) . . .   | THEN check the box for . . .  |
|--|---|
| • Corporation  | Corporation   |
| • Individual<br>• Sole proprietorship, or<br>• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.   | Individual/sole proprietor or single-member LLC   |
| • LLC treated as a partnership for U.S. federal tax purposes.<br>• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or<br>• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes. | Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation) |
| • Partnership  | Partnership   |
| • Trust/estate   | Trust/estate  |

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for ...  | THEN the payment is exempt for ...  |
|--|---|
| Interest and dividend payments   | All exempt payees except for 7  |
| Broker transactions  | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends                                   | Exempt payees 1 through 4   |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt payees 1 through 5 <sup>2</sup>   |
| Payments made in settlement of payment card or third party network transactions        | Exempt payees 1 through 4   |

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

| For this type of account:  | Give name and SSN of:   |
|--|---|
| 1. Individual  | The individual  |
| 2. Two or more individuals (joint account) other than an account maintained by an FFI                          | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| 3. Two or more U.S. persons (joint account maintained by an FFI)   | Each holder of the account  |
| 4. Custodial account of a minor (Uniform Gift to Minors Act)   | The minor <sup>2</sup>  |
| 5. a. The usual revocable savings trust (grantor is also trustee)  | The grantor-trustee <sup>1</sup>  |
| b. So-called trust account that is not a legal or valid trust under state law                                  | The actual owner <sup>1</sup>   |
| 6. Sole proprietorship or disregarded entity owned by an individual  | The owner <sup>3</sup>  |
| 7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A)) | The grantor*  |
| For this type of account:  | Give name and EIN of:   |
| 8. Disregarded entity not owned by an individual   | The owner   |
| 9. A valid trust, estate, or pension trust   | Legal entity <sup>4</sup>   |
| 10. Corporation or LLC electing corporate status on Form 8832 or Form 2553                                     | The corporation   |
| 11. Association, club, religious, charitable, educational, or other tax-exempt organization                    | The organization  |
| 12. Partnership or multi-member LLC  | The partnership   |
| 13. A broker or registered nominee   | The broker or nominee   |

| For this type of account:   | Give name and EIN of: |
|---|-----------------------|
| 14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity     |
| 15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))  | The trust             |

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

Form with fields for: 1a. Legal Name & Address of Insured, 1b. Business Telephone Number of Insured, 1c. NYS Unemployment Insurance Employer Registration Number of Insured, 1d. Federal Employer Identification Number of Insured or Social Security Number, 2. Name and Address of Entity Requesting Proof of Coverage, 3a. Name of Insurance Carrier, 3b. Policy Number of Entity Listed in Box "1a", 3c. Policy effective period, 3d. The Proprietor, Partners or Executive Officers are...

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Jennifer Arcese (Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Jennifer Arcese (Signature) 08/11/2021 (Date)

Title: Account Manager

Telephone Number of authorized representative or licensed agent of insurance carrier: 888-289-2939

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

# **American Commercial Cleaning**

Mari Dimitrievski - Owner - 315-876-6770

## **References:**

- Anthony Battuello - DC Albany Police Department; 518-210-6084
- Joseph Carnevali – Albany Police Department Lieutenant Administrative Services Bureau; 518-462-8019
- Gary Duckett - Cayuga County Superintendent of Buildings and Grounds; 315-253-1166
- Donald Grevelding – Onondaga County Dept. of Emergency Communications; 315-435-1441
- Sue Cumoletti – Director of Syracuse Colleges - Bryant & Stratton College; 315-506-4389

Review of bid costs from three lowest bidders.

American Commercial Cleaning (ACC); Complete Building Solutions (CBS); Gforce Janitorial (Gforce)

Monthly rate is the base cost for cleaning of the building. No additional service provided.

Total cost per year \$/yr

| year | ACC  | \$/yr            | CBS  | \$/yr             | Gforce | \$/yr             |
|------|------|------------------|------|-------------------|--------|-------------------|
| 1    | 1900 | <b>22800</b>     | 2050 | 24600             | 3640   | 43680             |
| 2    | 1950 | <b>23400</b>     | 2050 | 24600             | 3695   | 44340             |
| 3    | 1950 | <b>23400</b>     | 2150 | 25800             | 3725   | 44700             |
| 4    | 1950 | <b>23400</b>     | 2150 | 25800             | 3725   | 44700             |
|      |      | <b>\$ 93,000</b> |      | <b>\$ 100,800</b> |        | <b>\$ 177,420</b> |

|                          |          |          |          |
|--------------------------|----------|----------|----------|
| References               | provided | provided | provided |
| Quality Assurance Policy | provided | provided | provided |
| Cleaning hrs / day       | 4 hrs    | 4 hrs    | 6 hrs    |

Reviewed base cost plus assumed cleaning services per year.

Costs based on floor covering of group areas and assumption that 1/4 of building would receive additional cleaning.

| Floor covering | Total Area |   |       |
|----------------|------------|---|-------|
| vinyl tile     | 3350       | 4 | 837.5 |
| ceramic tile   | 800        | 4 | 200   |
| group carpet   | 4640       | 4 | 1160  |

| Item                  |          | ACC  | \$/yr            | CBS  | \$/yr            | Gforce | \$/yr            |
|-----------------------|----------|------|------------------|------|------------------|--------|------------------|
| Month                 | 12 month | 1900 | 22800            | 2050 | 24600            | 3640   | 43680            |
| clean carpet          | 1160 sf  | 0.25 | 290              | 0.15 | 174              | 0.13   | 150.8            |
| chair upholstery      | 10 item  | 10   | 100              | 1.1  | 11               | 8.5    | 85               |
| ceramic tile scrub    | 200 sf   | 0.25 | 50               | 0.1  | 20               | 0.26   | 52               |
| strip wax floor       | 840 sf   | 1.8  | 1512             | 0.15 | 126              | 0.65   | 546              |
| emergen ch response   | 10 hr    | 30   | 300              | 27.9 | 279              | 75     | 750              |
| bio response          | 3.5 hr   | 50   | 175              | 34.9 | 122.15           | 90     | 315              |
| window cleaning       | 4 hr     | 25   | 100              | 60   | 240              | 55     | 220              |
| spot treatment        | 10 hr    | 25   | 250              | 20   | 200              | 37.5   | 375              |
| covid 19 mobilization | 1 event  | 25   | 25               | 190  | 190              | 110    | 110              |
| covid 19 disinfection | 3 hr     | 30   | 90               | 0    | 0                | 145    | 435              |
| total for year 1      |          |      | <b>\$ 25,692</b> |      | <b>\$ 25,962</b> |        | <b>\$ 46,719</b> |

| Item                  |          | ACC  | \$/yr            | CBS  | \$/yr            | Gforce | \$/yr            |
|-----------------------|----------|------|------------------|------|------------------|--------|------------------|
| Month                 | 12 month | 1950 | 23400            | 2050 | 24600            | 3695   | 44340            |
| clean carpet          | 1160 sf  | 0.25 | 290              | 0.15 | 174              | 0.13   | 150.8            |
| chair upholstery      | 10 item  | 10   | 100              | 1.1  | 11               | 8.5    | 85               |
| ceramic tile scrub    | 200 sf   | 0.25 | 50               | 0.1  | 20               | 0.26   | 52               |
| strip wax floor       | 840 sf   | 1.8  | 1512             | 0.15 | 126              | 0.65   | 546              |
| emergen ch response   | 10 hr    | 30   | 300              | 27.9 | 279              | 75     | 750              |
| bio response          | 3.5 hr   | 50   | 175              | 34.9 | 122.15           | 90     | 315              |
| window cleaning       | 4 hr     | 25   | 100              | 60   | 240              | 55     | 220              |
| spot treatment        | 10 hr    | 25   | 250              | 20   | 200              | 37.5   | 375              |
| covid 19 mobilization | 1 event  | 25   | 25               | 190  | 190              | 110    | 110              |
| covid 19 disinfection | 3 hr     | 30   | 90               | 0    | 0                | 145    | 435              |
| total for year 2      |          |      | <b>\$ 26,292</b> |      | <b>\$ 25,962</b> |        | <b>\$ 47,379</b> |







# 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  
Audra Hedden, County Administrator's Office  
Stephanie Hodgson, Director of Finance

**FROM:** Chad M. Cooke, P.E.

**DATE:** 11/18/21

**RE:** Barth Aviation Hanger

**COMMITTEE:** Buildings and Grounds

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)
- a. What were the terms of the prior resolution
  - b. Are the terms changing:
  - c. What is the reason for the change in terms:
7. Is a new position being created:  YES or  NO
- a. Effective date
  - b. Salary and grade
8. Is a new employee being hired:  YES or  NO
- a. Effective date of employment
  - b. Salary and grade
  - c. Appointed position:
  - d. Term:
9. Is a grant being accepted:  YES or  NO
- 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:
10. Remarks/Reasoning (Supporting documentation must be attached to this form):
- Barth Aviation is proposing to construct an 8,000 SF aircraft hangar at the airport and is seeking the committee's approval to move forward with a conceptual design. Barth Aviation will ultimately seek Board approval for construction as well as an associated 40-year lease to occupy and utilize the hangar. As part of this project, Barth Aviation is proposing to transfer ownership of the hangar over to the County. Barth Aviation's non-binding proposal is attached along with a location map depicting the proposed location for the hangar.

Chad M. Cooke, P.E., M.P.A.

11/18/2021

Commissioner of Public Works

Saratoga County Department of Public Works

3654 Galway Road

Ballston Spa, NY 12020

Samuel Barth, Owner

Barth Aviation Services LLC

410 Greenfield Ave

Ballston Spa, NY 12020

Dear Chad Cooke,

I'm writing to state my intent to build a new aircraft hangar at the Saratoga County Airport. Barth Aviation is a growing startup that employs 5 mechanics and pilots for maintenance and flying operations. This is a non-binding proposal.

- My proposal is an 80' X 100' hangar to house Barth's aircraft and operations.
- 40 year land lease
- We will sign the building over to the county for \$1 for tax purposes
- The building will be used for storage of a Pilatus PC-12 aircraft and several smaller aircraft in conjunction with our flight school.

Thank you for your time and help on this new venture!

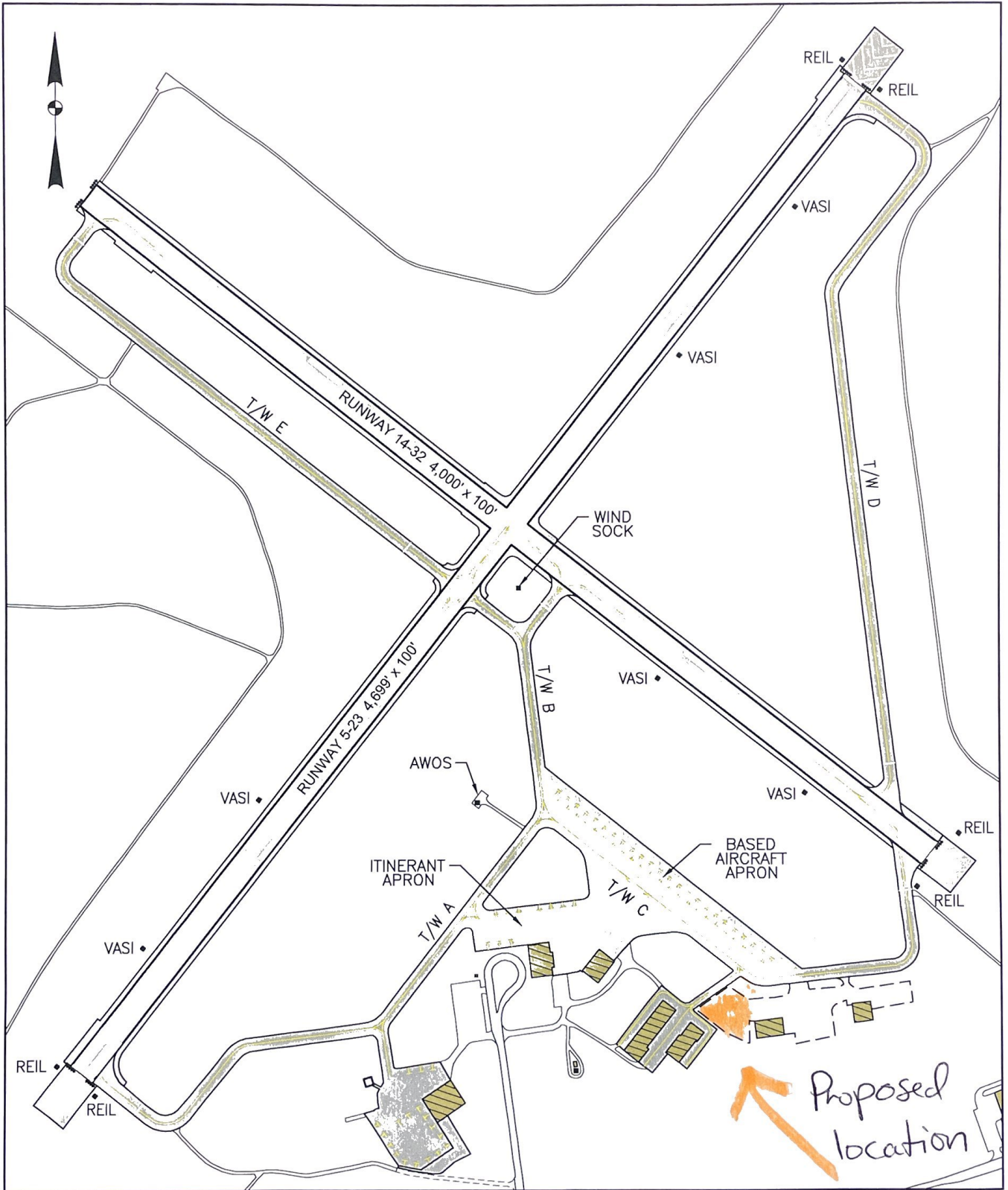
Sincerely yours,

A handwritten signature in black ink that reads "Samuel Barth". The signature is written in a cursive, slightly slanted style.

Samuel Barth

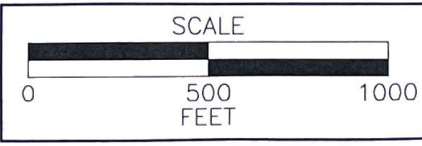
# AIRSIDE FACILITIES

FIGURE 2-4



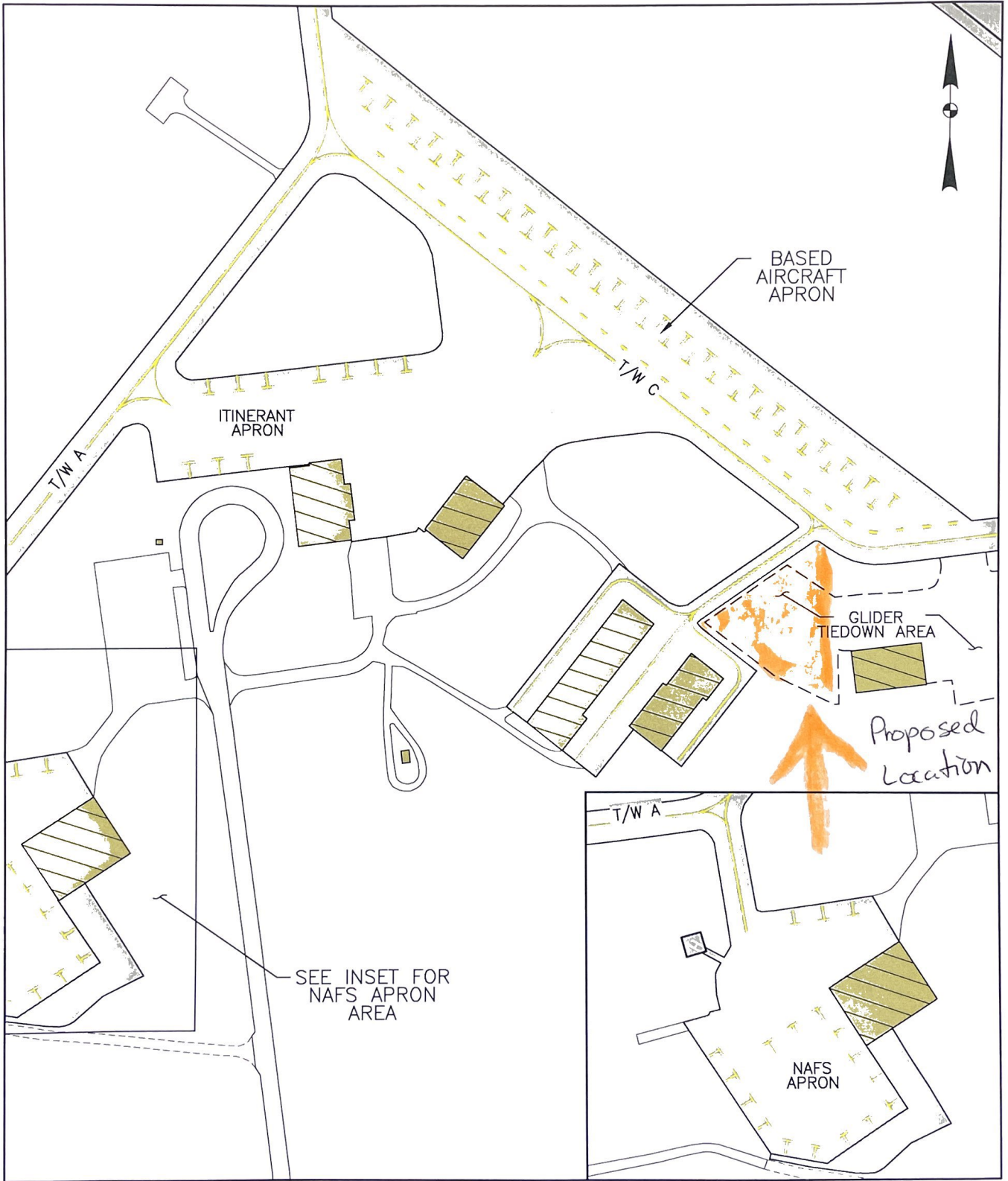
McFarland Johnson Inc. 100004 Saratoga County Airport Airside Facilities 2014-4-07 1:22:14 AM 4/6/14

SARATOGA COUNTY AIRPORT

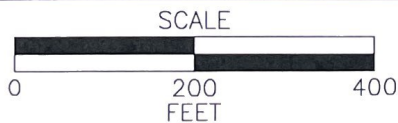


# APRON AREAS

FIGURE 2-5



SARATOGA  
COUNTY  
AIRPORT



11/15/2017 10:08:03 AM C:\Users\joh\OneDrive\Documents\Projects\2017-2018\2017-2018-04-07-11-29-21-AM.dwg





# 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  
Audra Hedden, County Administrator's Office  
Stephanie Hodgson, Director of Finance

**FROM:** Chad M. Cooke, P.E.

**DATE:** 11/18/21

**RE:** Time capsule update

**COMMITTEE:** Buildings and Grounds

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: LLC
  - 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):  
Provide update on the time capsule relocation efforts.