



Public Works Committee

Tuesday, March 5, 2024 3:30PM
40 McMaster Street, Ballston Spa, NY

Chair: Kevin Veitch

Members: Dave Ball, Eric Connolly, Diana Edwards, Jesse Fish,
Joe Grasso, Michele Madigan

Agenda

- I. Welcome and Attendance
- II. Approval of the minutes of the December 5, 2023 meeting.
- III. Appointment of a Vice Chair
- IV. Authorizing a purchase agreement for the acquisition of a fee parcel and a temporary construction easement associated with the Coons Crossing Road over Anthony Kill Bridge Replacement Project in the Town of Halfmoon. - Chad Cooke, Public Works
- V. Authorizing the implementation and funding of the costs of 100% of the costs of a transportation project, which may be eligible for federal-aid and/or state-aid, or reimbursement from Bridge NY funds for preliminary design, detailed design and Right-of-Way incidentals for the replacement of the Stoney Creek Road (CR 1) over Wolf Creek bridge in the Town of Hadley, P.I.N. 1762.87, BIN 3304230 in the amount of \$310,185. – Chad Cooke, Public Works
- VI. Other Business
- VII. Adjournment



SARATOGA COUNTY AGENDA ITEM REQUEST

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
George Conway, County Attorney
Therese Connolly, Clerk of the Board
Stephanie Hodgson, Director of Budget

CC: John Warmt, Director of Purchasing
Jason Kemper, Director of Planning and Economic Development
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Audra Hedden, County Administrator's Office
Samantha Kupferman, County Attorney's Office

DEPARTMENT: Department of Public Works

DATE: 02/21/24

COMMITTEE: Public Works

1. Is a Resolution Required:

Yes, Other

2. Proposed Resolution Title:

Authorizing a purchase agreement for the acquisition of a fee parcel and a temporary construction easement associated with the Coons Crossing Road over Anthony Kill Bridge Replacement Project in the Town of Halfmoon.

3. Specific Details on what the resolution will authorize:

Purchase of a 475 +/- SF fee parcel and a 770 +/- temporary construction easement from James and Joyce Floud in the amount of \$200 to facilitate construction of the project.

This column must be completed prior to submission of the request.

County Attorney's Office
Consulted Yes

4. Is a Budget Amendment needed: YES or NO
If yes, budget lines and impact must be provided.
Any budget amendments must have equal and offsetting entries.

County Administrator's Office
Consulted **Yes**

- Please see attachments for impacted budget lines.
(Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount
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Expense

Account Number	Account Name	Amount
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Fund Balance (if applicable): (Increase = additional revenue, Decrease = additional expenses)

Amount:

5. Identify Budget Impact (**Required**):

No Budget Impact. Funds are included in the Department Budget

- a. G/L line impacted D.50.510-8130
- b. Budget year impacted 2024
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or NO (If yes, provide details)

a. Is a new position being created? Y N

Effective date

Salary and grade

b. Is a new employee being hired? Y N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification? Y N

Is this position currently vacant? Y N

Is this position in the current year compensation plan? Y N

Human Resources Consulted

7. Does this item require the awarding of a contract: Y N

a. Type of Solicitation

b. Specification # (BID/RFP/RFQ/OTHER CONTRACT #)

c. If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department? Y N N/A

d. Vendor information (including contact name):

e. Is the vendor/contractor an LLC, PLLC, or partnership:

f. State of vendor/contractor organization:

g. Commencement date of contract term:

h. Termination of contract date:

i. Contract renewal date and term:

k. Is this a renewal agreement: Y N

l. Vendor/Contractor comment/remarks:

Purchasing Office Consulted

8. Is a grant being accepted: YES or NO

County Administrator's Office
Consulted

- a. Source of grant funding:
- b. Agency granting funds:
- c. Amount of grant:
- d. Purpose grant will be used for:
- e. Equipment and/or services being purchased with the grant:
- f. Time period grant covers:
- g. Amount of county matching funds:
- h. Administrative fee to County:

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Information summary memo
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other Copy of Agreement to Purchase Real Property

10. Remarks:

February 13, 2024

Saratoga County DPW
3654 Galway Rd.
Ballston Spa, NY 12020

Attention: Greg Ball, Deputy Commissioner

Re: PIN 1761.78 – Coons Crossing over Anthony Kill Bridge Replacement
Town of Halfmoon, Saratoga County, New York

Request for payment check

Dear Mr. Ball:

Attached are the partially executed Purchase Agreement and IRS W-9 forms for the following map:

Map No.	Tax Parcel ID	Property Owner/Payee	Approved Compensation
01, 02	260.-2-8.121	James W. & Joyce Floud	\$200.00

Please process these Agreement as follows:

1. Process the Purchase Agreement for approval by the County.
2. Request check made out to the Payee as specified above for payment of the approved compensation.
3. **DO NOT MAIL CHECKS TO PROPERTY OWNERS.** Please mail checks and fully executed Purchase Agreement to my attention at the address in the letterhead above.

Upon receipt of the fully executed Purchase Agreement and the check, we will make arrangements with the property owner to complete the transfer of the real property interests to the County.

If you have any questions, please do not hesitate to call me.

Very truly yours,



Sandra Casale
Project Manager

SC/al
Attachments

AGREEMENT TO PURCHASE REAL PROPERTY

Project: Coons Crossing over Anthony Kill Bridge Replacement **PIN:** 1761.78 **Map No(s):** 01 & 02
Parcel(s): 1,2

This Agreement by and between **JAMES W. FLOUD** and **JOYCE FLOUD** hereinafter referred to as “Seller”, and **SARATOGA COUNTY DPW** hereinafter referred to as “Buyer”, pertains to that portion of real property interest required for public right of way purposes only.

1. **PROPERTY DESCRIPTION.** The Seller agrees to sell, grant, convey:

- all right title and interest to 475± square feet of real property*
- a permanent easement to ± square feet of real property*
- a temporary easement to 770± square feet of real property*

Located at Cary Rd, Town of Halfmoon, Saratoga County, New York, further described as:

Being a portion of those same lands described in Warranty deed dated October 9, 2020 and recorded October 13, 2020 in Instrument # 2020027937 in the Office of the County Clerk for Saratoga County, New York (re: Tax Map No. 260.-2-8.121), and being the same lands designated as parcel(s) 01 & 02 on Exhibit “A”, attached hereto.

- 2. **IMPROVEMENTS INCLUDED IN THE PURCHASE.** The following improvements, if any, now in or on the property are included in this Agreement: None
- 3. **PURCHASE PRICE.** The total purchase price is **TWO HUNDRED AND 00/100 DOLLARS (\$200)**. This price includes the real property described in paragraph 1 and the improvements described in paragraph 2, if any, and the items described in paragraph 13, if any.
- 4. **PAYMENT.** All by check at closing.
- 5. **CLOSING DATE AND PLACE.** Transfer of Title shall take place at the **Saratoga** County Clerk’s Office, or at another mutually acceptable location, on or about 90 days from the date of the fully approved agreement.
- 6. **BUYER’S POSSESSION OF THE PROPERTY.** For fee simple acquisitions and permanent easements, the Buyer shall have possession of the property rights on the day payment is received by the Seller. Any closing documents received by the municipality prior to payment pursuant to paragraph 5 above, shall be held in escrow until such payment has been received by the Seller or the Seller’s agent. All temporary easements shall commence within nine months of the temporary easement execution date. The term of the temporary easement(s) shall be for 2 years. The Temporary Construction Easement may be extended for two (2) additional one-year terms at the option of the Buyer. Thirty (30) days prior to the expiration of the term or extended term of the Temporary Construction Easement, the Buyer shall notify the Seller in writing of its intention to exercise its option of extending the term of the Temporary Construction Easement for an additional one-year. The cost of each additional one-year term shall be ONE HUNDRED AND 00/100 DOLLARS (\$100.00). The Buyer shall include a check for the sum of ONE HUNDRED AND 00/100 DOLLARS (\$100.00) with said written notification to the Seller.
- 7. **TITLE DOCUMENTS.** Buyer shall provide the following documents in connection with the sale:

- A. Deed. Buyer will prepare and deliver to the Seller for execution at the time of closing all documents required to convey the real property interest(s) described in paragraph 1 above.
 - B. Abstract, Bankruptcy and Tax Searches, and Acquisition Map. Buyer will pay for a search of public deeds, court and tax records and will prepare a Title Certification Letter. Buyer will pay for and furnish to the Seller an acquisition map.
8. MARKETABILITY OF TITLE. Buyer shall pay for curative action, as deemed necessary by the Buyer, to insure good and valid marketable title in fee simple and/or permanent easement to the property. Such curative action is defined as the effort required to clear title, including but not limited to attending meetings, document preparation, obtaining releases and recording documents. The Seller shall be responsible for the cost to satisfy liens and encumbrances identified by the Buyer. Said cost shall be deducted from the amount stated in paragraph 3 and paid to the appropriate party by the Buyer at the time of closing.
 9. RECORDING COSTS, TRANSFER TAX & CLOSING ADJUSTMENTS. Buyer will pay all recording fees and the real property transfer tax. The following, as applicable and as deemed appropriate by the Buyer, will be prorated and adjusted between Seller and Buyer as of the date of closing: current taxes computed on a fiscal year basis, excluding delinquent items, interest and penalties; rent payments; current common charges or assessments.
 10. RESPONSIBILITY OF PERSONS UNDER THIS AGREEMENT; ASSIGNABILITY. The stipulations aforesaid shall bind and shall inure to the benefit of the heirs, executors, administrators, successors and assigns of the parties hereto.
 11. ENTIRE AGREEMENT. This agreement when signed by both the Buyer and the Seller will be the record of the complete agreement between the Buyer and Seller concerning the purchase and sale of the property. No verbal agreements or promises will be binding.
 12. NOTICES. All notices under this agreement shall be deemed delivered upon receipt. Any notices relating to this agreement may be given by the attorneys for the parties.
 13. ADDENDA. The following Addenda are incorporated into this agreement:
 Cost to Cure Other _____

IN WITNESS WHEREOF, on this _____ day of _____, 20____, the parties have entered into this Agreement.

Witness: Sherris Wright

James W. Floud
James W. Floud

Witness: Arash N. Bayzidi

Joyce Floud
Joyce Floud

SARATOGA COUNTY DPW

Witness: _____

By: _____
 Print Name:
 Title:
 Date: _____, 20____

Exhibit "A"

SARATOGA COUNTY
ACQUISITION MAP

PIN 1761.78

COONS CROSSING ROAD
OVER ANTHONY KILL

MAP NO. 1
PARCEL NO. 1
SHEET 1 OF 2 SHEETS

Parcel Locator Point:
Parcel No. 1:
N: 1489636.0309
E: 693898.3517

JAMES W. FLOUD &
JOYCE FLOUD
(REPUTED OWNERS)

PARCEL SUMMARY:
Type: FEE

Portion of 2021 Tax
Map Ref. No. 260.00-2-8.121
Town of Halfmoon
County of Saratoga
State of New York

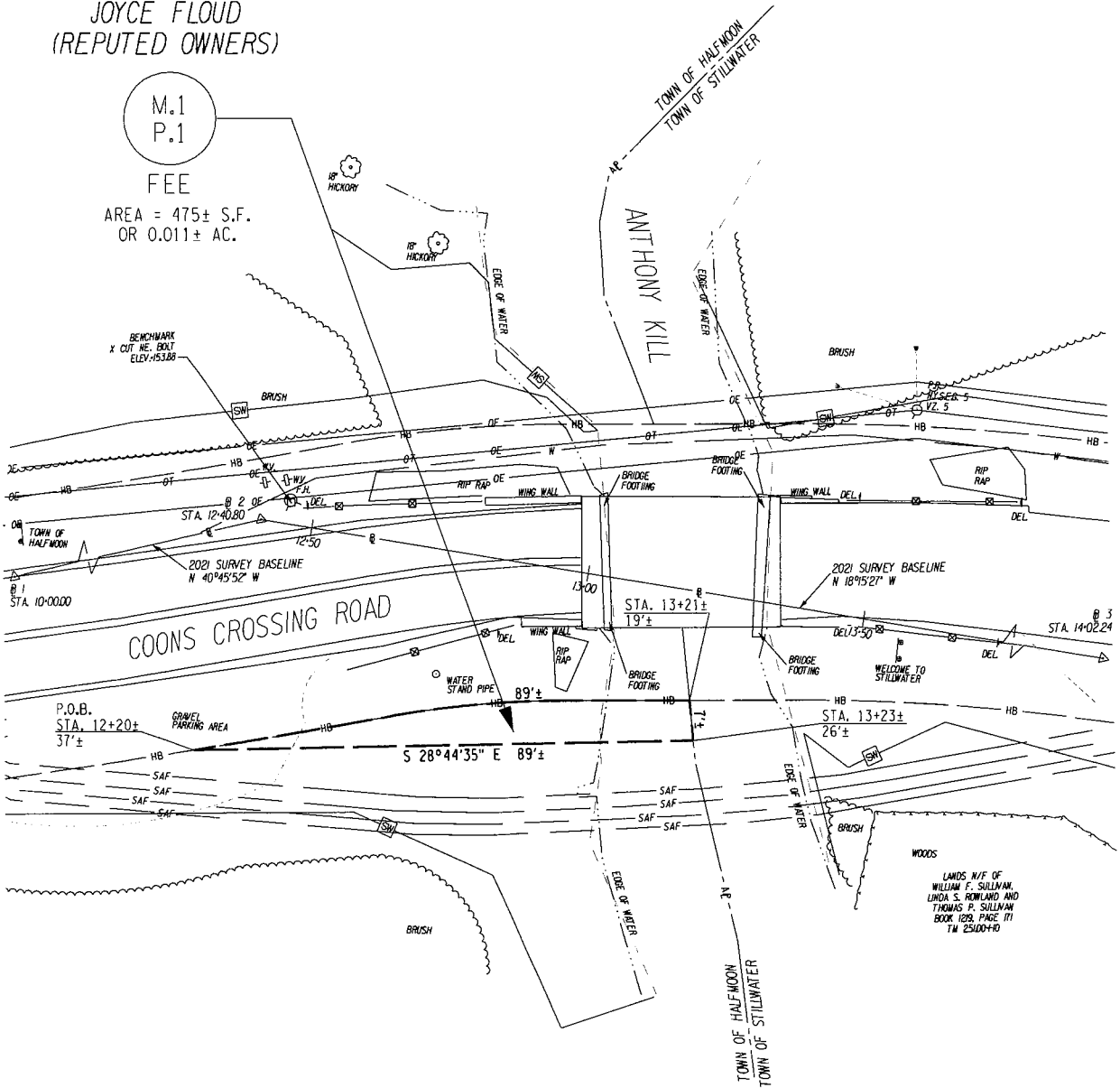
INSTRUMENT NO. 2020027937

JAMES W. FLOUD &
JOYCE FLOUD
(REPUTED OWNERS)

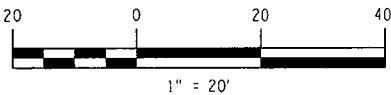
M.1
P.1

FEE

AREA = 475± S.F.
OR 0.011± AC.



LANDS N/F OF
WILLIAM F. SULLIVAN,
LINDA S. REYNOLD AND
THOMAS P. SULLIVAN
BOOK 1029, PAGE 171
T.W. 251004-H0



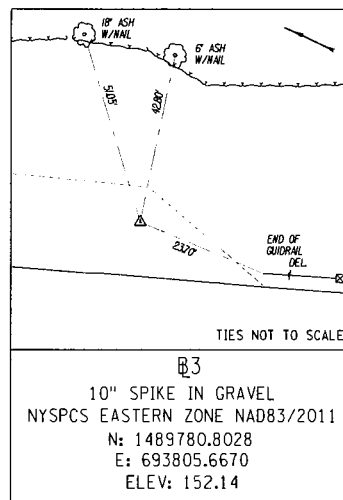
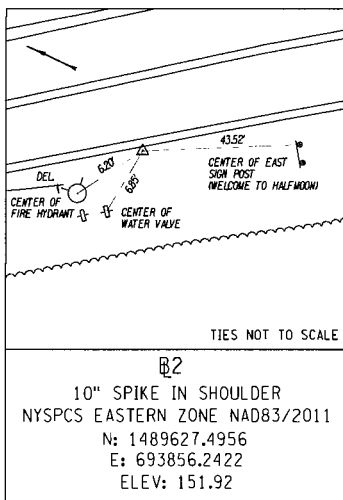
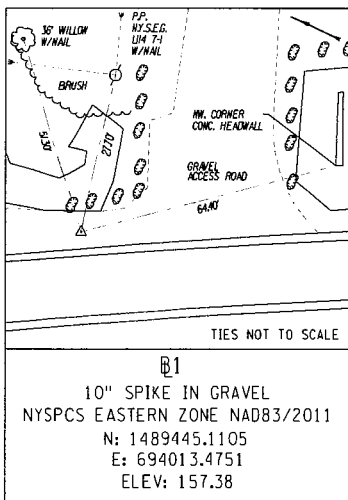
All that piece or parcel of property hereinafter designated as Parcel No. 1, situate in the Town of Halfmoon, County of Saratoga, State of New York, as shown on the accompanying map and described as follows:

Parcel No. 1

Beginning at a point in the northeasterly boundary line of Coons Crossing Road, said point being 37± feet distant northeasterly measured at right angles from Station 12+20± of the hereinafter described survey baseline for the Coons Crossing Road over Anthony Kill Stream Project; thence northerly along said boundary line 89± feet to a point at its point of intersection with the centerline of the Anthony Kill and the division line between lands on the northwest now or formerly of William F. Sullivan, Linda S. Rowland, and Thomas P. Sullivan (reputed owners) and lands on the southeast now or formerly of James W. Floud & Joyce Floud (reputed owners), said point being 19± feet distant easterly measured at right angles from Station 13+21± of said baseline; thence northeasterly along the centerline of said Anthony Kill 7± feet to a point 26± feet distant easterly measured at right angles from Station 13+23± of said baseline; thence S 28°44'35" E through the lands now or formerly of James W. Floud & Joyce Floud (reputed owners), 89± feet to the point of beginning, being 475± square feet or 0.011 acres of land, more or less.

The above mentioned survey baseline is a portion of the 2021 survey baseline for the Coons Crossing Road over Anthony Kill Stream Project and is described as follows:

Beginning at Station 10+00.00; thence N 40°45'52" W to Station 12+40.80; thence N 18°15'27" W to Station 14+02.24.



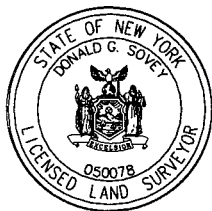
"Unauthorized alteration of a survey map bearing a licensed land surveyor's seal is a violation of the New York State Education Law."

I hereby certify that this map was prepared in accordance with current NYS DOT policies, standards and procedures.

Date September 12, 2023

CREIGHTON MANNING ENGINEERING, LLP

Donald G. Sovey Land Surveyor
P.L.S. License No. 050078



JAMES W. FLOUDD
& JOYCE FLOUDD
(REPUTED OWNERS)

AREA = 475± S.F. OR 0.011± AC.

Exhibit "A"

SARATOGA COUNTY
ACQUISITION MAP

PIN 1761.78

MAP NO. 2
PARCEL NO. 2
SHEET 1 OF 3 SHEETS

COONS CROSSING ROAD
OVER ANTHONY KILL

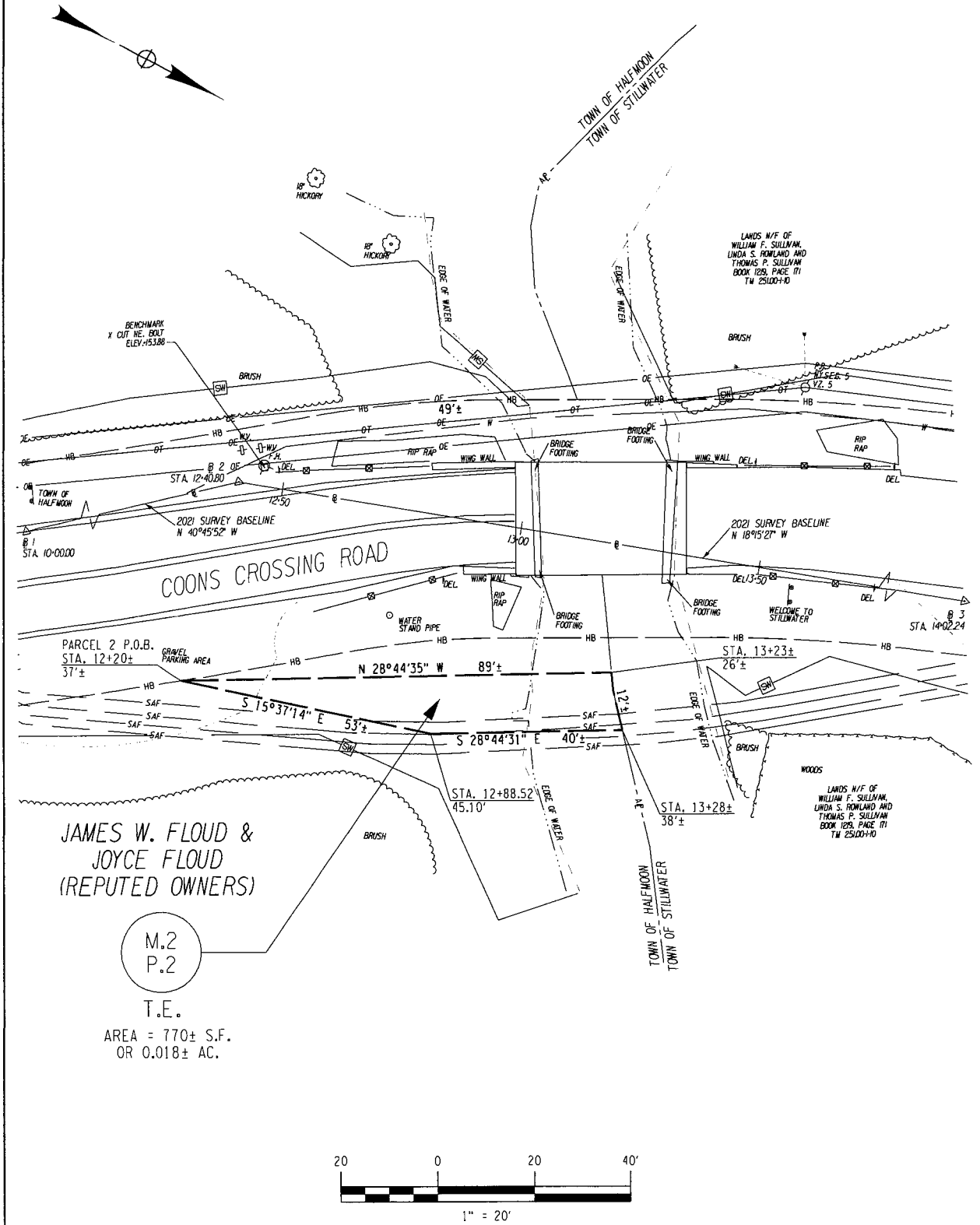
Parcel Locator Point:
Parcel No. 2:
N: 1489636.0309
E: 693898.3517

JAMES W. FLOUD &
JOYCE FLOUD
(REPUTED OWNERS)

INSTRUMENT NO. 2020027937

PARCEL SUMMARY:
Type: TEMPORARY EASEMENT

Portion of 2021 Tax
Map Ref. No. 260.00-2-8.121
Town of Halfmoon
County of Saratoga
State of New York

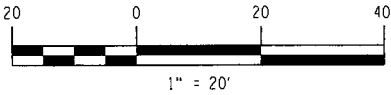


JAMES W. FLOUD &
JOYCE FLOUD
(REPUTED OWNERS)

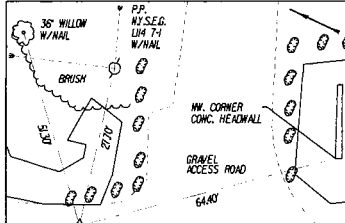
M.2
P.2

T.E.

AREA = 770± S.F.
OR 0.018± AC.

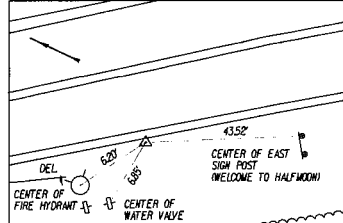


FILE NAME = \\V:\Projects\2020\128-306_Saratoga Co - Coons Crossing Rd Bridge\Working\CADD\Sign\Acq_Maps\Map28.parcel2_T.E.dgn



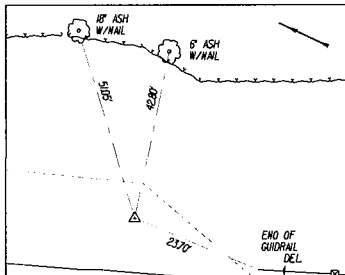
TIES NOT TO SCALE

B1
10" SPIKE IN GRAVEL
NYSPCS EASTERN ZONE NAD83/2011
N: 1489445.1105
E: 694013.4751
ELEV: 157.38



TIES NOT TO SCALE

B2
10" SPIKE IN SHOULDER
NYSPCS EASTERN ZONE NAD83/2011
N: 1489627.4956
E: 693856.2422
ELEV: 151.92



TIES NOT TO SCALE

B3
10" SPIKE IN GRAVEL
NYSPCS EASTERN ZONE NAD83/2011
N: 1489780.8028
E: 693805.6670
ELEV: 152.14

TEMPORARY EASEMENT FOR WORK AREA AND GRADING

A temporary easement to be exercised in, on and over the property delineated above for the purpose of a work area and grading in connection with the reconstruction of the highway and appurtenances for use and exercisable during the construction or reconstruction of the highway and terminating upon the approval of the completed work, unless sooner terminated if deemed no longer necessary for highway purposes, and released by the Saratoga County Superintendent of Highways or other authorized representative acting for Saratoga County, or its assigns, Such easement shall be exercised in and to all that piece or parcel or property hereinafter designated as Parcel No. 2 as shown on the accompanying map and described as follows:

Parcel No. 2

Beginning at a point in the northeasterly boundary line of Coons Crossing Road, said point being 37± feet distant northeasterly measured at right angles from Station 12+20± of the hereinafter described survey baseline for the Coons Crossing Road over Anthony Kill Project; thence N 28°44'35" W through the lands now or formerly of James W. Floud & Joyce Floud (reputed owners), 89± feet to a point in the center of the Anthony Kill and also being the division line between lands on the northwest now or formerly of William F. Sullivan, Linda S. Rowland, and Thomas P. Sullivan (reputed owners) and lands on the southeast now or formerly of James W. Floud & Joyce Floud (reputed owners), said point being 26± feet distant easterly measured at right angles from Station 13+23± of said baseline; thence northeasterly along said center of the Anthony Kill, 12± feet to a point 38± feet distant easterly measured at right angles from Station 13+28± of said baseline; thence through the lands now or formerly of James W. Floud & Joyce Floud (reputed owners) the following two (2) courses and distances: 1) S 28°44'31" E, 40± feet to a point 45.10 feet distant easterly measured at right angles from Station 12+88.52 of said baseline, and 2) S 15°37'14" E, 53± feet to the point of beginning, being 770± square feet or 0.018 acres of land, more or less.

The above mentioned survey baseline is a portion of the 2021 survey baseline for the Coons Crossing Road over Anthony Kill Project and is described as follows:


Beginning at Station 10+00.00; thence N 40°45'52" W to Station 12+40.80; thence N 18°15'27" W to Station 14+02.24.

"Unauthorized alteration of a survey map bearing a licensed land surveyor's seal is a violation of the New York State Education Law."



I hereby certify that this map was prepared in accordance with current NYS DOT policies, standards and procedures.

Date September 12, 2023
CREIGHTON MANNING ENGINEERING, LLP


Donald G. Sovey Land Surveyor
P.L.S. License No. 050078

JAMES W. FLOUD &
JOYCE FLOUD
(REPUTED OWNERS)

TOTAL AREA = 770± S.F. OR 0.058± AC.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <i>Joyce M Floud</i>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. <i>14 ushers rd</i>	Requester's name and address (optional)
6 City, state, and ZIP code <i>Mechanicville NY 12118</i>	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number [Redacted]
or
Employer identification number [Redacted]

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶ *Joyce Floud*

Date ▶ *1/2/2024*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding, later.*

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
James W Floud

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
14 Ushers Road

6 City, state, and ZIP code
Mechanicville, N.Y. 12118

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

OR

Employer identification number

--	--	--	--	--	--	--	--	--	--

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ James W Floud Date ▶ 1-2-24

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



BOARD OF SUPERVISORS

7/18/2023

RESOLUTION 194 - 2023

Introduced by Public Works: Supervisors Lant, Butler, Grasso, Hammond, Raymond, Tollisen, and K. Veitch

AUTHORIZING A PURCHASE AGREEMENT FOR THE ACQUISITION OF FEE PARCEL AND A TEMPORARY CONSTRUCTION EASEMENT ASSOCIATED WITH THE COONS CROSSING ROAD OVER ANTHONY KILL BRIDGE REPLACEMENT PROJECT IN THE TOWN OF HALFMOON

WHEREAS, pursuant to Resolution 274-219, this Board authorized the 2020 Capital Plan which included the Coons Crossing Road over Anthony Kill, Bridge Replacement, Town of Halfmoon, Saratoga County, Project BIN 2202750, PIN 1761.78 (the "Project"); and

WHEREAS, pursuant to Resolution 273-2020, this Board accepted project funding for participation in the Design and ROW Incidentals phase for the Project; and

WHEREAS, pursuant to Resolution 274-2019, the County contracted with Creighton Manning Engineering, LLP in the amount of \$192,079 for Design and ROW Incidental services for the Project; and

WHEREAS, pursuant to Resolution 204-2023, this Board authorized acceptance of additional ROW Acquisition funding for the Project totaling \$10,690; and

WHEREAS, pursuant to Resolution 328-2023, this Board authorized an amended agreement with Creighton Manning Engineering, LLP in the amount of \$10,690 for additional ROW Incidental and Acquisition Services; and

WHEREAS, Creighton Manning Engineering, LLP has identified one (1) fee parcel and one (1) temporary easement that the County needs to acquire from an adjoining landowner for the project ; and

WHEREAS, the fee parcel needed is a 475 ± sq. ft. parcel and the temporary easement needed is a 770 ± sq. ft. easement, both from James and Joyce Floud, the owners of Tax Parcel #260.-2-76, Town of Halfmoon, the cost of which fee parcel and temporary easement has been established at \$200 per an agreement between the County and said owners; and

WHEREAS, our Public Works Committee and the Commissioner of Public Works have recommended that the County enter into a purchase agreement with James and Joyce Floud for the acquisition of a 475 ± sq. ft. fee parcel and a 770 ± sq. ft. temporary easement across a portion of Tax Parcel #260.-2-76, at a cost of \$200; now, therefore, be it

RESOLVED, that the Chair of the Board is hereby authorized to execute purchase agreements with James and Joyce Floud for the acquisition of a 475 ± sq. ft. fee parcel and a 770 ± sq. ft. temporary easement across a portion of Tax Parcel #260.-2-76, at a cost of \$200; and it is further

RESOLVED, that the form and content of said purchase agreements shall be subject to the approval of the County Attorney; and it is further

RESOLVED, that this Resolution shall take effect immediately.

BUDGET IMPACT STATEMENT: No Budget Impact. Funds are included in the Department Budget.



SARATOGA COUNTY AGENDA ITEM REQUEST

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
George Conway, County Attorney
Therese Connolly, Clerk of the Board
Stephanie Hodgson, Director of Budget

CC: John Warnt, Director of Purchasing
Jason Kemper, Director of Planning and Economic Development
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Audra Hedden, County Administrator's Office
Samantha Kupferman, County Attorney's Office

DEPARTMENT: Department of Public Works

DATE: 02/21/24

COMMITTEE: Public Works

1. Is a Resolution Required:

Yes, Grant Acceptance

2. Proposed Resolution Title:

Authorizing the implementation and funding of the costs of 100% of the costs of a transportation project, which may be eligible for federal-aid and/or state-aid, or reimbursement from Bridge NY funds for preliminary design, detailed design and Right-of-Way incidentals for the replacement of the Stoney Creek Road (CR 1) over Wolf Creek bridge in the Town of Hadley, P.I.N. 1762.87, BIN 3304230 in the amount of \$310,185.

3. Specific Details on what the resolution will authorize:

Federal Share for this project is 95% (\$294,675)
County Share is 5% (\$15,510)

This column must be completed prior to submission of the request.

County Attorney's Office
Consulted Yes

4. Is a Budget Amendment needed: YES or NO
 If yes, budget lines and impact must be provided.
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office
 Consulted **Yes**

Please see attachments for impacted budget lines.
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount
H2024.50-4590	Federal Aid	\$294,675
H2024.50-5031	Transfer from General Fund	\$15,510

Expense

Account Number	Account Name	Amount
A.90.920.9900-H2023	Transfer to 2023 Capital Plan	\$15,510
H2024.50.510-7098	Pro Srv for Cap Purposes	\$310,185

Fund Balance (if applicable): (Increase = additional revenue, Decrease = additional expenses)

Decrease A-0599.B Appropriated Fund Balance-Budgetary Amount: \$15,510

5. Identify Budget Impact (**Required**):

Other ▼

- a. G/L line impacted **Noted above**
- b. Budget year impacted **2024**
- c. Details

"The budget will be amended to accept these funds, authorize the related expenses, and decrease fund balance by \$15,510."

6. Are there Amendments to the Compensation Schedule?

YES or NO (If yes, provide details)

a. Is a new position being created? Y N

Effective date

Salary and grade

b. Is a new employee being hired? Y N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification? Y N

Is this position currently vacant? Y N

Is this position in the current year compensation plan? Y N

Human Resources Consulted

7. Does this item require the awarding of a contract: Y N

a. Type of Solicitation

b. Specification # (BID/RFP/RFQ/OTHER CONTRACT #)

c. If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department? Y N N/A

d. Vendor information (including contact name):

e. Is the vendor/contractor an LLC, PLLC, or partnership:

f. State of vendor/contractor organization:

g. Commencement date of contract term:

h. Termination of contract date:

i. Contract renewal date and term:

k. Is this a renewal agreement: Y N

l. Vendor/Contractor comment/remarks:

Purchasing Office Consulted

8. Is a grant being accepted: YES or NO

County Administrator's Office Consulted Yes

- a. Source of grant funding:
Federal
- b. Agency granting funds:
FHWA
- c. Amount of grant:
\$294,695
- d. Purpose grant will be used for:
bridge replacement
- e. Equipment and/or services being purchased with the grant:
N/A
- f. Time period grant covers:
30 months
- g. Amount of county matching funds:
\$15,510
- h. Administrative fee to County:
N/A

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Information summary memo
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other Draft resolution and grant Schedule A

10. Remarks:

5/18/21



SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION 157 - 2021

Introduced by Supervisors Barrett, Lant, Lucia, O'Connor, Pemrick, Raymond and Zlotnick

AUTHORIZING THE IMPLEMENTATION, AND FUNDING OF THE COSTS OF 100% OF THE COSTS OF A TRANSPORTATION PROJECT, WHICH MAY BE ELIGIBLE FOR FEDERAL-AID AND/OR STATE-AID, OR REIMBURSEMENT FROM BRIDGE NY FUNDS

WHEREAS, a Project P.I.N 1762.87, BRIDGE NY, BIN 3304230, Stoney Creek Road over Wolf Creek, Town of Hadley, (the "Project") is eligible for funding under Title 23 U.S. Code, as amended, that calls for the apportionment of the costs of such program to be borne at the ratio of 95% Federal funds and 5% non-federal funds; and

WHEREAS, the County of Saratoga will design, let and construct the Project; and

WHEREAS, the County of Saratoga desires to advance the Project by making a commitment of 100% of the costs of the work for the Project or portions thereof;

NOW, THEREFORE, the Saratoga County Board of Supervisors duly convened does hereby

RESOLVE, that the Saratoga County Board of Supervisors hereby approves the above-subject Project; and it is hereby further

RESOLVED, that the Saratoga County Board of Supervisors hereby authorizes the County of Saratoga to pay 100% of the cost of all phases of work for the Project or portions thereof, with the understanding that qualified costs may be eligible for federal-aid, state-aid, or reimbursement from Bridge NY funds; and it is further

RESOLVED, that the additional sum of \$310,185 is hereby appropriated from the County's Highway Fund and made available to cover the cost of preliminary design, detailed design and ROW incidental services; and it is further

RESOLVED, that the Saratoga County Board of Supervisors hereby agrees that the County of Saratoga shall be responsible for all costs of the Project which exceed the amount of federal-aid, state-aid, or NY Bridge funding awarded to the County of Saratoga; and it is further

RESOLVED, that in the event the Project costs not covered by federal-aid, state-aid, or Bridge NY funding exceed the amount appropriated above, the County of Saratoga shall

convene as soon as possible to appropriate said excess amount immediately upon the notification by the New York State Department of Transportation thereof; and it is further

RESOLVED, that the County of Saratoga hereby agrees that construction of the Project shall begin no later than twenty-four (24) months after award and the construction phase of the Project shall be completed within thirty (30) months; and it is further

RESOLVED, that the Chairman of the Saratoga County Board of Supervisors be and is hereby authorized to execute all necessary Agreements, certifications or reimbursement requests for Federal Aid and/or state-aid on behalf of the County of Saratoga with the New York State Department of Transportation in connection with the advancement or approval of the Project and providing for the administration of the Project and the County of Saratoga's funding of Project costs and permanent funding of the local share of federal-aid and state-aid eligible Project costs and all Project costs within appropriations therefore that are not so eligible; and it is further

RESOLVED, that a certified copy of this resolution be filed with the New York State Commissioner of Transportation by attaching it to any necessary Agreement in connection with the Project; and it is further

RESOLVED, that the 2024 County budget is amended as follows:

UNDER PUBLIC WORKS:

A Fund

Increase Appropriations:

A.90.920.9900-H2024 Transfer to 2024 Capital Plan \$ 15,510

Decrease Fund Balance

A-0599.B – Appropriated Fund Balance Budgetary \$ 15,510

H2023 Capital Fund:

Increase Revenue:

H2024.50-4590 – Federal Aid \$294,675

H2024.50-5031 – Transfer from General Fund \$ 15,510

\$310,185

Increase Appropriations:

H2024.50.100-7098 – Prof. Services for Capital Purposes \$310,185

; and it is further

RESOLVED, this Resolution shall take effect immediately.

BUDGET IMPACT STATEMENT: The budget will be amended to accept these funds, authorize the related expenses, and decrease fund balance by \$15,510.

SCHEDULE A – Description of Project Phase, Funding and Deposit Requirements
NYS DOT/ State-Local Agreement - Schedule A for PIN 1762.87

OSC Contract #: <u>D041351</u>	Contract Start Date: <u> / / </u> (mm/dd/yyyy)	Contract End Date: <u> / / </u> (mm/dd/yyyy)
<input type="checkbox"/> Check, if date changed from the last Schedule A		
Purpose: <input checked="" type="checkbox"/> Original Standard Agreement <input type="checkbox"/> Supplemental Schedule A No.		
Agreement Type: <input checked="" type="checkbox"/> Locally Administered Municipality/Sponsor (Contract Payee): Saratoga County		
Other Municipality/Sponsor (if applicable):		
<input type="checkbox"/> State Administered <small>List participating Municipality(ies) and the % of cost share for each and indicate by checkbox which Municipality this Schedule A applies.</small>		
<input type="checkbox"/> Municipality:		% of Cost share
<input type="checkbox"/> Municipality:		% of Cost share
<input type="checkbox"/> Municipality:		% of Cost share
Authorized Project Phase(s) to which this Schedule applies: <input checked="" type="checkbox"/> PE/Design <input checked="" type="checkbox"/> ROW Incidentals		
<input type="checkbox"/> ROW Acquisition <input type="checkbox"/> Construction/CI/CS		
Work Type: BR REPLACE	County (If different from Municipality):	
<small>(Check, if Project Description has changed from last Schedule A):</small> <input type="checkbox"/>		
Project Description: BRIDGE NY CRI Stoney Creek Road over Wolf Creek Bridge Replacement, BIN 3304230		
Marchiselli Eligible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

A. Summary of Participating Costs FOR ALL PHASES For each PIN Fiscal Share below, show current costs on the rows indicated as "Current.". Show the old costs from the previous Schedule A on the row indicated as "Old." All totals will calculate automatically.

PIN Fiscal Share	"Current" or "Old" entry indicator	Funding Source (Percentage)	TOTAL Costs	FEDERAL Funds	STATE Funds	LOCAL Funds	LOCAL DEPOSIT AMOUNT (Required only if State Administered)
1762.87.121	Current	Other (see FN) (95%)	\$271,010.00	\$271,010.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
1762.87.121	Current	Other (see FN) **	\$14,264.00	\$0.00	\$0.00	\$14,264.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
1762.87.221	Current	Other (see FN) (95%)	\$23,665.00	\$23,665.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
1762.87.221	Current	Other (see FN) **	\$1,246.00	\$0.00	\$0.00	\$1,246.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
. . .	Current		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
. . .	Current		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
. . .	Current		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
. . .	Current		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
. . .	Current		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
. . .	Current		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL CURRENT COSTS:			\$310,185.00	\$294,675.00	\$ 0.00	\$15,510.00	\$ 0.00

NYSDOT/State-Local Agreement – Schedule A PIN 1762.87

B. Local Deposit(s) from Section A:	\$ 0.00
Additional Local Deposit(s)	\$0.00
Total Local Deposit(s)	\$ 0.00

C. Total Project Costs <i>All totals will calculate automatically.</i>			
Total FEDERAL Cost	Total STATE Cost	Total LOCAL Cost	Total ALL SOURCES Cost
\$294,675.00	\$ 0.00	\$15,510.00	\$310,185.00
			Total FEDERAL Cost
			\$294,675.00
			Total STATE Cost
			\$ 0.00
SFS TOTAL CONTRACT AMOUNT			\$294,675.00

D. Point of Contact for Questions Regarding this Schedule A (Must be completed)	Name: <u>Josephine Carrasquillo</u> Phone No: <u>518-242-5074</u>
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See Agreement (or Supplemental Agreement Cover) for required contract signatures.

Footnotes (FN): (See [LPB's](#) SharePoint for link to sample footnotes)

- This Master Agreement contains Preliminary Design BFP \$136,884.00/Local \$ 7,204.00; Detailed Design BFP \$ 134,127.00/Local \$7,059.00; ROW BFP \$ 23,665.00/Local \$ 1,246.00.
-
- This is a Bridge NY Bridge project. Reimbursement for this project is capped at \$1,990,000.00 (the amount shown above). This is 95% Federally funded and 5% Local Funding..
- Projects must begin construction no later than 24 months after award; award is defined as approved State-Local Agreement (SLA) by the NYS Office of the State Comptroller. The Project Sponsor must expeditiously progress their execution of the State-Local Agreement.
- Projects must be fully completed 30 months of commencing construction; construction is defined as an award to a contractor or commencement of work by municipal forces. Therefore, Sponsors are strongly encouraged to have projects substantially complete 24 months of commencing construction.

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