



**Nassau County Human Services
Universal Budget Form**



HS Face Sheet

Please complete the following information about this contract:

To Be Completed By The Contract Vendor:

Contractor Name: The City of Glen Cove

Program Name: Title IIIB, IIIC-1, IIIE

Contract Period Start: 1/1/2022

End: 12/31/2022

The Section Below Will Be Completed By the Human Service Department You Are Contracting With:

Contract # CQHS20000008

Enter Whole # Only

State Reimbursement %

Federal Reimbursement %

HS Only:



Nassau County Human Services Universal Budget Form

Contract # CQHS20000008
Contractor Name: The City of Glen Cove
Program Name: Title IIIB, IIIC-1, IIIE

Contract Period
1/1/22
12/31/22

Budget Summary		Original Date	
		Revision Date	
Line #	Expense type		Total \$
1a	Salary		\$342,904
1b	Fringe		\$1,618
1 Total	Personnel (Salary plus Fringe)		\$344,522
2	Consultant(s)		\$22,880
3	Travel / Per Diem / Transportation		\$0
4	Equipment		\$5,000
5	Supplies		\$4,973
6	Contractual Services		\$0
7	Rent/Utilities		\$0
8	Food Costs		\$137,185
	# of NSIP meals =	\$0	
9	Other Costs		\$2,082
10	Administrative Overhead		\$0
	Gross Expenditures (Lines 1 – 10)		\$516,642
11	Revenue, Income, Participant Contribution, Cost Share, Matches		\$114,000
	Participant Contributions =	\$114,000	
	Cost Share =	\$0	
	Net Budget Total (Lines 1 – 10 minus line 11)		\$402,642

Administrative Approval of Universal Budget Form:

Date: _____

Department Head Approval _____

Fiscal Approval _____

Program Head Approval _____

Original: _____

Amend: _____

Budget Modifications

Date _____

Program _____

Fiscal _____



**Nassau County Human Services
Universal Budget Form**

Contract # CQHS20000008
Contractor Name: The City of Glen Cove
Program Name: Title IIIB

Contract Period
1/1/22
12/31/22

<i>Budget Summary</i>		Original Date	
		Revision Date	
Line #	Expense type		Total \$
1A a	Salary		\$137,140
1A b	Fringe		\$0
1A Total	Personnel (Salary plus Fringe)		\$137,140
2A	Consultant(s)		\$0
3A	Travel / Per Diem / Transportation		\$0
4A	Equipment		\$0
5A	Supplies		\$0
6A	Contractual Services		\$0
7A	Rent/Utilities		\$0
8A	Food Costs		\$0
	# of NSIP meals =		-
9A	Other Costs		\$1,582
10A	Administrative Overhead		\$0
	Gross Expenditures (Lines 1 – 10)		\$138,722
11A	Revenue, Income, Participant Contribution, Cost Share, Matches		\$9,000
	Participant Contributions =	9000	
	Cost Share =	0	
	Net Budget Total (Lines 1 – 10 minus line 11)		\$129,722

Administrative Approval of Universal Budget Form:

Date: _____

Department Head Approval _____

Fiscal Approval _____

Program Head Approval _____

Original:

Amend:

Budget Modifications

Date _____

Program _____

Fiscal _____

Contract # CQHS20000008
 Contractor Name The City of Glen Cove
 Program Name Title IIIB

Contract Period
 1/1/2022
 12/31/2022

Line 1A - Personnel

Cost of salaries and/or wages of personnel assigned to the project

----- Contract Amount Only -----

Staff Title/Name	Salary Pd Per Pay Period	Explanation/Description of Function/Expense	% Wk'd on Program	Salary \$	Fringe \$	Total \$
Sample	\$ 2,000.00	1/1-12/31/2010, 1820 hrs p/y \$52,000 yrly Salary	25.00%	\$13,000	\$3,250	\$16,250
Brown, Tilman - F/T Bus Driver	\$ 2,601.58	1/1 - 12/31/22; 2,080 hrs. p/y Annual salary: \$67,641	100.00%	\$67,641		\$67,641
						\$0
Tecce, Jacqueline - F/T Site Manager	\$ 2,899.12	1/1 - 12/31/22; 1,820 hrs. p/y Annual salary: \$75,377	50.00%	\$37,689		\$37,689
						\$0
Jensen, Heidi - F/T Asst. Site Manager	\$ 2,216.19	1/1 - 12/31/22; 1,820 hrs. p/y Annual salary: \$57,621	50.00%	\$28,811		\$28,811
						\$0
P/T Relief Bus Drivers		1/1 - 12/31/22; 150 hrs. p/y \$20.00 per hour Annual: \$3,000	100.00%	\$3,000		\$3,000
						\$0
						\$0
						\$0
1A Sheet 1 Total		(This Total Includes Line 1A Sheet 1 Only)	n/a	\$137,140	\$0	\$137,140
Line 1A Total		(This Total Includes Line 1A Sheet 1 thru Sheet 6)	n/a	\$137,140	\$0	\$137,140

Notes:

1. Personnel cost is salaries and/or wages (including base, OT, differentials, etc.) of personnel assigned to the project.
2. For each position, provide the: job title; name, if known; % of time spent on program; period of time spent on program; annual salary; and/or hourly wage rate. **(Department of Human Services Office for the Aging (OFA) Contracts - Please include the \$ amount that salaried personnel receive per pay period. Also, if you anticipate raises during the year, please use 2 lines per person.)**
3. All Direct Personnel Costs or Allocations are to be included in this section, **not in Other.**
4. Hourly Workers: Note hourly wage and number of hours worked in comments. Salary = Wage x Hours.
5. Fringe may be allocated or reported as a lump sum. Check with the department. **(OFA Contracts: Please report fringe on a per person basis.)**
6. If additional lines are needed, please go to "Home", click "Format Cells", click "Hide & Unhide" under Visibility, click "Unhide. Sheet" and then click whatever sheets you need.

Contract # CQHS20000008
 Contractor Name The City of Glen Cove
 Program Name Title IIIB

Contract Period
 1/1/2022
 12/31/2022

Line 2A - Consultants

Costs of professional consultant services provided by persons who are members of a particular profession or possess a special skill, and who are not employees of the contractor. Excludes Line 2A Personnel Costs and Line 9A Other Costs

Expense type: Consultant(s)	#	Explanation - Description of Expense (Please include cost of each session)	# of Sessions	Total \$
Line 2A Total		n/a		\$0

Note(s):

1. For each position, provide the: job title; name, if known; time commitment to the project as a percentage of a full-time equivalent; annual salary; and/or hourly wage rate. For hourly wage rate position provide annual hours to be worked. Include all consultant travel costs here.
2. Consultants must either provide a direct client service (e.g., case manager) or support a direct client service (e.g., file clerk).

Line 3A - Travel / Per diem / Transportation

Expense type: Travel / Per Diem	Explanation - Description of Expense		Total
Line 3A Total	n/a		\$0

Note(s):

1. Costs of transportation, mileage allowance, lodging, food, and related items incurred by contractor staff on project-related travel, and client transportation. Registration and conference costs to on the Miscellaneous Line. This expense type does not include consultant travel costs.
2. Aggregate separately for staff and client expenses.

Contract #	CQHS20000008	Contract Period
Contractor Name	The City of Glen Cove	1/1/2022
Program Name	Title IIIB	12/31/2022

Line 4A - Equipment

Costs of all nonexpendable, tangible personal property.

Expense type: Equipment RENTAL	Explanation - Description of Expense	Total \$

Note(s):

1. Rental costs of all nonexpendable, tangible personal property. Includes rental costs of furniture and office equipment such as printers, copy machines, computers, etc. For each type of equipment / furniture requested provide: a description of the item, cost per unit, the number of units, and total rental cost.

Expense type: Equipment PURCHASE	Explanation - Description of Expense	Total \$

Note(s):

1. Purchase costs of all nonexpendable, tangible personal property. Includes purchase costs of furniture and office equipment such as printers, copy machines, desktop computers, etc. For each type of equipment / furniture requested provide: a description of the item, cost per unit, the number of units, and total purchase cost.

2. Some smaller equipment purchases may be recorded as supplies (e.g., fax machines, etc). Check with the Department. **(OFA Contracts - Equipment under \$200 should be listed under Supplies.)**

Line 4A Total	n/a	\$0
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Note(s):

1. Total the cost of equipment purchases and rentals.

Contract #	CQHS20000008	Contract Period
Contractor Name	The City of Glen Cove	1/1/2022
Program Name	Title IIIB	12/31/2022

Line 5A - Supplies

Cost of supplies

Expense type: Supplies	Explanation - Description of Expense	Total \$
Line 5A Total	n/a	\$0

Note(s):

1. Costs of all tangible personal property other than that included under the Equipment expense type. Includes supplies and materials used on a regular, daily basis to directly support the delivery of the project (list stamps in this section). Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested. **(OFA Contracts - Include office and kitchen supplies.)**
2. Supplies can include some types of small equipment (e.g., fax machine). Please consult with the department regarding equipment that can be recorded as a supply. **(OFA Contracts - Equipment under \$200 should be listed under Supplies.)**

Line 6A - Contractual Services

Costs of indirect services acquired by the contractor under a separate contract or subcontract.

Expense type: Contractual Services	Explanation - Description of Expense	Total \$
Line 6A Total	n/a	\$0

Note(s):

1. Costs of indirect services acquired by the contractor under a separate contract or subcontract.
2. Costs of all contracts for indirect services and goods except for those that belong under other expense types such as equipment, supplies, etc. Provide computations, a narrative description and a justification for each contract under this expense type.
3. Indirect services include contract consultants providing services such as computer support, payroll, accounts, legal, etc.

Contract # CQHS20000008
 Contractor Name The City of Glen Cove
 Program Name Title IIIB

Contract Period
 1/1/2022
 12/31/2022

Line 7A - Rent/Utilities

Costs related to rent and utilities associated with direct client services.

Expense type: Rent/Utilities	Explanation - Description of Expense		Total \$
Line 7A Total	n/a		\$0

Note(s):

- Costs of all rent and utility expenses used to directly support the delivery of the project. Specify physical address in the description. (DSCA Contracts - Signed copy of lease must be returned with contract.)

Line 8A - Food Costs

Expense type: Food Costs	Explanation		Total \$
	Number of NSIPMeals =		
Line 8A Total	n/a		\$0

Note(s):

- Please provide: For Catered Meals - Name of vendor, # of meals, cost per meal. A copy of catering contract must be submitted to OFA. For Meals Prepared on Site - # of meals and raw food cost per meal.

Contract #	CQHS20000008	Contract Period
Contractor Name	The City of Glen Cove	1/1/2022
Program Name	Title IIIB	12/31/2022

Line 9A - Misc./Other Costs

Please itemize all expenses

Expense type: Misc./Other Costs	Explanation - Description of Expense	Total \$
Vehicle Maintenance & Repair	Repairs, annual safety inspections, tires, filters, brakes, calipers, radio, hub caps, etc. to repair and maintain Senior Center Buses	\$1,582
Line 9A Total	n/a	\$1,582

Note(s):

1. Such costs may include but are not limited to: printing and publication, training, conferences, insurance, equipment maintenance, vehicle maintenance, advertising and other costs. Provide computations, a narrative description and a justification for each cost under this expense type.

Contract # CQHS20000008
 Contractor Name The City of Glen Cove
 Program Name Title IIIB

Contract Period
 1/1/2022
 12/31/2022

Line 10A - Administrative Overhead

Administrative Overhead costs

THIS SECTION DOES NOT APPLY TO OFA CONTRACTS

----- Contract Amount Only -----

Expense type: Administrative Overhead	Explanation - Description of Expense			Total \$
Line 10A Total	n/a	\$0	\$0	\$0

Note(s):

1. Includes total administrative and overhead costs indirectly associated with the project but attributable to the overall operation of the contractor such as: costs for the overall direction of the contractor's organization; central executive functions that do not directly support the specific project; costs for general record keeping, budgeting, fiscal management, accounting, personnel and procurement; etc. Provide total administrative / overhead costs as a percentage of total Personnel and Fringe costs.

Line 11A - Revenue

Please itemize all participant contributions, cost share, revenue, income, and matches, if any, expected to be generated from this project.

Revenue type: Income/Matches	Explanation - Description of Revenue	Total \$
Contributions	Voluntary Participant Contributions =	\$9,000
Cost Share	Required Participant Cost Share (if applicable) =	
Line 11A Total	n/a	\$9,000



**Nassau County Human Services
Universal Budget Form**

Contract # CQHS20000008
Contractor Name: The City of Glen Cove
Program Name: Title III C

Contract Period
1/1/22
12/31/22

Budget Summary		Original Date	Revision Date
Line #	Expense type		Total \$
1B a	Salary		\$88,636
1B b	Fringe		\$1,618
1B Total	Personnel (Salary plus Fringe)		\$90,254
2B	Consultant(s)		\$0
3B	Travel / Per Diem / Transportation		\$0
4B	Equipment		\$0
5B	Supplies		\$481
6B	Contractual Services		\$0
7B	Rent/Utilities		\$0
8B	Food Costs		\$137,185
	# of NSIP meals		-
9B	Other Costs		\$0
10B	Administrative Overhead		\$0
	Gross Expenditures (Lines 1 – 10)		\$227,920
11B	Revenue, Income, Participant Contribution, Cost Share, Matches		\$45,000
	Participant Contributions =	45000	
	Cost Share =	0	
	Net Budget Total (Lines 1 – 10 minus line 11)		\$182,920

Administrative Approval of Universal Budget Form:

Date: _____

Department Head Approval _____

Fiscal Approval _____

Program Head Approval _____

Original: _____

Amend: _____

Budget Modifications

Date _____

Program _____

Fiscal _____

Contract # CQHS20000008
 Contractor Name The City of Glen Cove
 Program Name Title IIIC

Contract Period
 1/1/2022
 12/31/2022

Line 1 - Personnel

Cost of salaries and/or wages of personnel assigned to the project

----- Contract Amount Only -----

Staff Title/Name	Salary Pd Per Pay Period	Explanation/Description of Function/Expense	% Wk'd on Program	Salary \$	Fringe \$	Total \$
Sample	\$ 2,000.00	1/1-12/31/2010, 1820 hrs p/y \$52,000 yrly Salary	25.00%	\$1,000	\$10	\$1,010
Benitez, Martha - F/T Kitchen Supervisor	\$ 2,123.00	1,820 hrs. total p/y 1/1/22-12/31/22 Annual salary: \$55,198	60.00%	\$33,119		\$33,119
						\$0
Tecce, Jacqueline - F/T Site Manager	\$ 2,897.58	1,820 hrs. total p/y 1/1/22-12/31/22 Annual salary: \$75,377	50.00%	\$37,689		\$37,689
						\$0
P/T Dishwasher	\$ 688.74	1/1/22-7/31/22 Total 565 hrs \$17.66 / hr	100.00%	\$9,987	\$918	\$10,905
P/T Dishwasher	\$ 712.92	8/1/22-12/31/22 Total 429 hrs \$18.28 / hr	100.00%	\$7,842	\$699	\$8,541
						\$0
						\$0
						\$0
						\$0
Sheet 1 Total		(This Total Includes Line 1B Sheet 1 Only)	n/a	\$88,636	\$1,618	\$90,254
Line 1B Total		(This Total Includes Line 1B Sheet 1 thru Sheet 6)	n/a	\$88,636	\$1,618	\$90,254

Notes:

1. Personnel cost is salaries and/or wages (including base, OT, differentials, etc.) of personnel assigned to the project.
2. For each position, provide the: job title; name, if known; % of time spent on program; period of time spent on program; annual salary; and/or hourly wage rate. **(Department of Human Services Office for the Aging (OFA) Contracts - Please include the \$ amount that salaried personnel receive per pay period. Also, if you anticipate raises during the year, please use 2 lines per person.)**
3. All Direct Personnel Costs or Allocations are to be included in this section, **not in Other.**
4. Hourly Workers: Note hourly wage and number of hours worked in comments. Salary = Wage x Hours.
5. Fringe may be allocated or reported as a lump sum. Check with the department. **(OFA Contracts: Please report fringe on a per person basis.)**
6. If additional lines are needed, please go to "Home", click "Format Cells", click "Hide & Unhide" under Visibility, click "Unhide. Sheet" and then click whatever sheets you need.

Contract # CQHS20000008
 Contractor Name The City of Glen Cove
 Program Name Title IIIC

Contract Period
 1/1/2022
 12/31/2022

Line 1B - Personnel

Cost of salaries and/or wages of personnel assigned to the project

----- Contract Amount Only -----

Staff Title/Name	Salary Pd Per Pay Period	Explanation/Description of Function/Expense	% Wk'd on Program	Salary \$	Fringe \$	Total \$
Sample	\$ 2,000.00	1/1-12/31/2010, 1820 hrs p/y \$52,000 yrlly Salary	25.00%	\$1,000	\$10	\$1,010
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
Sheet 2 Total		(This Total includes Line 1B Sheet 2 Only)	n/a	\$0	\$0	\$0

Notes:

1. Personnel cost is salaries and/or wages (including base, OT, differentials, etc.) of personnel assigned to the project.
2. For each position, provide the: job title; name, if known; % of time spent on program; period of time spent on program; annual salary; and/or hourly wage rate. **(Department of Human Services Office for the Aging (OFA) Contracts - Please include the \$ amount that salaried personnel receive per pay period. Also, if you anticipate raises during the year, please use 2 lines per person.)**
3. All Direct Personnel Costs or Allocations are to be included in this section, **not in Other.**
4. Hourly Workers: Note hourly wage and number of hours worked in comments. Salary = Wage x Hours.
5. Fringe may be allocated or reported as a lump sum. Check with the department. **(OFA Contracts: Please report fringe on a per person basis.)**
6. If additional lines are needed, please go to "Home", click "Format Cells", click "Hide & Unhide" under Visibility, click "Unhide. Sheet" and then click whatever sheets you need.

Contract # CQHS20000008
 Contractor Name The City of Glen Cove
 Program Name Title IIC

Contract Period
1/1/2022
12/31/2022

Line 2B - Consultants

Costs of professional consultant services provided by persons who are members of a particular profession or possess a special skill, and who are not employees of the contractor. Excludes Line 2B Personnel Costs and Line 9B Other Costs

Expense type: Consultant(s)	#	Explanation - Description of Expense (Please include cost of each session)	# of Sessions	Total \$
Line 2B Total		n/a		\$0

Note(s):

- For each position, provide the: job title; name, if known; time commitment to the project as a percentage of a full-time equivalent; annual salary; and/or hourly wage rate. For hourly wage rate position provide annual hours to be worked. Include all consultant travel costs here.
- Consultants must either provide a direct client service (e.g., case manager) or support a direct client service (e.g., file clerk).

Line 3B - Travel / Per diem / Transportation

Expense type: Travel / Per Diem	Explanation - Description of Expense		Total
Line 3B Total	n/a		\$0

Note(s):

- Costs of transportation, mileage allowance, lodging, food, and related items incurred by contractor staff on project-related travel, and client transportation. Registration and conference costs to on the Miscellaneous Line. This expense type does not include consultant travel costs.
- Aggregate separately for staff and client expenses.

Contract #	CQHS20000008	Contract Period
Contractor Name	The City of Glen Cove	1/1/2022
Program Name	Title IIIC	12/31/2022

Line 4B - Equipment

Costs of all nonexpendable, tangible personal property.

Expense type: Equipment RENTAL	Explanation - Description of Expense	Total \$

Note(s):

1. Rental costs of all nonexpendable, tangible personal property. Includes rental costs of furniture and office equipment such as printers, copy machines, computers, etc. For each type of equipment / furniture requested provide: a description of the item, cost per unit, the number of units, and total rental cost.

Expense type: Equipment PURCHASE	Explanation - Description of Expense	Total \$

Note(s):

1. Purchase costs of all nonexpendable, tangible personal property. Includes purchase costs of furniture and office equipment such as printers, copy machines, desktop computers, etc. For each type of equipment / furniture requested provide: a description of the item, cost per unit, the number of units, and total purchase cost.

2. Some smaller equipment purchases may be recorded as supplies (e.g., fax machines, etc). Check with the Department. (OFA Contracts - Equipment under \$200 should be listed under Supplies.)

Line B Total	n/a	\$0
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Note(s):

1. Total the cost of equipment purchases and rentals.

Contract #	CQHS20000008	Contract Period
Contractor Name	The City of Glen Cove	1/1/2022
Program Name	Title IIIC	12/31/2022

Line 5B - Supplies

Cost of supplies

Expense type: Supplies	Explanation - Description of Expense	Total \$
Kitchen and Janitorial Supplies	Kitchen and Janitorial Supplies for IIIC-1 Program	\$481
Line 5B Total	n/a	\$481

Note(s):

- Costs of all tangible personal property other than that included under the Equipment expense type. Includes supplies and materials used on a regular, daily basis to directly support the delivery of the project (list stamps in this section). Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested. **(OFA Contracts - Include office and kitchen supplies.)**
- Supplies can include some types of small equipment (e.g., fax machine). Please consult with the department regarding equipment that can be recorded as a supply. **(OFA Contracts - Equipment under \$200 should be listed under Supplies.)**

Line 6B - Contractual Services

Costs of indirect services acquired by the contractor under a separate contract or subcontract.

Expense type: Contractual Services	Explanation - Description of Expense	Total \$
Line 6B Total	n/a	\$0

Note(s):

- Costs of indirect services acquired by the contractor under a separate contract or subcontract.
- Costs of all contracts for indirect services and goods except for those that belong under other expense types such as equipment, supplies, etc. Provide computations, a narrative description and a justification for each contract under this expense type.
- Indirect services include contract consultants providing services such as computer support, payroll, accounts, legal, etc.

Contract # CQHS20000008
 Contractor Name The City of Glen Cove
 Program Name Title IIIC

Contract Period
1/1/2022
12/31/2022

Line 7B - Rent/Utilities

Costs related to rent and utilities associated with direct client services.

Expense type: Rent/Utilities	Explanation - Description of Expense		Total \$
Line 7B Total	n/a		\$0

Note(s):

1. Costs of all rent and utility expenses used to directly support the delivery of the project. Specify physical address in the description. (OFA Contracts - Signed copy of lease must be returned with contract.)

Line 8B - Food Costs

Expense type: Food Costs	Explanation		Total \$
Caterer's Contract	RHA Restaurant Corp. - 2022 Annual cost for 23,500total meals catered;		\$136,185
	18,500 in-house meals at \$5.61, 5,000 to-go meals at \$6.48		
Emergency Food	Emergency Food		\$1,000
	Number of NSIPMeals =		
Line 8B Total	n/a		\$137,185

Note(s):

1. Please provide: For Catered Meals - Name of vendor, # of meals, cost per meal. A copy of catering contract must be submitted to OFA. For Meals Prepared on Site - # of meals and raw food cost per meal.

Contract #	CQHS20000008	Contract Period
Contractor Name	The City of Glen Cove	1/1/2022
Program Name	Title IIIC	12/31/2022

Line 9B - Misc./Other Costs

Please itemize all expenses

Expense type: Misc./Other Costs	Explanation - Description of Expense	Total \$
Line 9B Total	n/a	\$0

Note(s):

1. Such costs may include but are not limited to: printing and publication, training, conferences, insurance, equipment maintenance, vehicle maintenance, advertising and other costs. Provide computations, a narrative description and a justification for each cost under this expense type.

Contract # CQHS20000008
 Contractor Name The City of Glen Cove
 Program Name Title IIIC

Contract Period
1/1/2022
12/31/2022

Line10B - Administrative Overhead

Administrative Overhead costs

THIS SECTION DOES NOT APPLY TO OFA CONTRACTS

----- Contract Amount Only -----

Expense type: Administrative Overhead	Explanation - Description of Expense			Total \$
Line 10B Total	n/a	\$0	\$0	\$0

Note(s):

1. Includes total administrative and overhead costs indirectly associated with the project but attributable to the overall operation of the contractor such as: costs for the overall direction of the contractor's organization; central executive functions that do not directly support the specific project; costs for general record keeping, budgeting, fiscal management, accounting, personnel and procurement; etc. Provide total administrative / overhead costs as a percentage of total Personnel and Fringe costs.

Line 11B - Revenue

Please itemize all participant contributions, cost share, revenue, income, and matches, if any, expected to be generated from this project.

Revenue type: Income/Matches	Explanation - Description of Revenue	Total \$
Contributions	Voluntary Participant Contributions =	\$45,000
Cost Share	Required Participant Cost Share (if applicable) =	
Line 11B Total	n/a	\$45,000



Nassau County Human Services Universal Budget Form

Contract # CQHS20000008
Contractor Name: The City of Glen Cove
Program Name: Title III E

Original Date _____
Revision Date _____

Budget Summary

Line #	Expense type	
1C a	Salary	
1C b	Fringe	
1C Total	Personnel (Salary plus Fringe)	
2C	Consultant(s)	
3C	Travel / Per Diem / Transportation	
4C	Equipment	
5C	Supplies	
6C	Contractual Services	
7C	Rent/Utilities	
8C	Food Costs	
	# of NSIP meals =	-
9C	Other Costs	
10C	Administrative Overhead	
	Gross Expenditures (Lines 1 – 10)	
11C	Revenue, Income, Participant Contribution, Cost Share, Matches	
	Participant Contributions =	60000
	Cost Share =	0
	Net Budget Total (Lines 1 – 10 minus line 11)	

Administrative Approval of Universal Budget Form:

Date: _____

Department Head Approval _____

Fiscal Approval _____

Program Head Approval _____

Original:

Amend:

Budget Month

Date

Program

Fiscal

Contract Period

1/1/22

12/31/22

Total \$
\$117,128
\$0
\$117,128
\$22,880
\$0
\$5,000
\$4,492
\$0
\$0
\$0
\$500
\$0
\$150,000
\$60,000
\$90,000

difications

Contract # CQHS20000008
 Contractor Name The City of Glen Cove
 Program Name Title III E

Contract Period
1/1/2022
12/31/2022

Line 1C - Personnel

Cost of salaries and/or wages of personnel assigned to the project

----- Contract Amount Only -----

Staff Title/Name	Salary Pd Per Pay Period	Explanation/Description of Function/Expense	% Wk'd on Program	Salary \$	Fringe \$	Total \$
Sample	\$ 2,000.00	1/1-12/31/2010, 1820 hrs p/y \$52,000 yrlly Salary	25.00%	\$1,000	\$10	\$1,010
Freeman, Amanda - F/T Program Director	\$ 2,008.23	1/1 - 12/31/2022, 1820 hrs p/y Annual Salary: \$52,214	100.00%	\$52,214		\$52,214
						\$0
Bartlett, Melanie - F/T Activities Coordinator	\$ 2,364.81	1/1 - 12/31/2022, 1820 hrs p/y Annual Salary: \$61,485	75.00%	\$46,114		\$46,114
						\$0
Cheng, Chao-sheng - P/T Prog. Aide		1/1 - 12/31/2022; 940 hrs p/y rate \$20/hr; Annual \$18,800	100.00%	\$18,800		\$18,800
						\$0
						\$0
						\$0
						\$0
						\$0
1C Sheet 1 Total		(This Total includes Line 1C Sheet 1 Only)	n/a	\$117,128	\$0	\$117,128
Line 1CA Total		(This Total includes Line 1C Sheet 1 thru Sheet 6)	n/a	\$117,128	\$0	\$117,128

Notes:

1. Personnel cost is salaries and/or wages (including base, OT, differentials, etc.) of personnel assigned to the project.
2. For each position, provide the: job title; name, if known; % of time spent on program; period of time spent on program; annual salary; and/or hourly wage rate. **(OFA Contracts - Please include the \$ amount that salaried personnel receive per pay period. Also, if you anticipate raises during the year, please use 2 lines per person.)**
3. All Direct Personnel Costs or Allocations are to be included in this section, **not in Other.**
4. Hourly Workers: Note hourly wage and number of hours worked in comments. Salary = Wage x Hours.
5. Fringe may be allocated or reported as a lump sum. Check with the department. **(OFA Contracts: Please report fringe on a per person basis.)**
6. If additional lines are needed, please go to "Home", click "Format Cells", click "Hide & Unhide" under Visibility, click "Unhide. Sheet" and then click whatever sheets you need.

Contract # CQHS20000008
 Contractor Name The City of Glen Cove
 Program Name Title III E

Contract Period
 1/1/2022
 12/31/2022

Line 2C - Consultants

Costs of professional consultant services provided by persons who are members of a particular profession or possess a special skill, and who are not employees of the contractor. Excludes Line 2C Personnel Costs and Line 9C Other Costs

Expense type: Consultant(s)	#	Explanation - Description of Expense (Please include cost of each session)	# of Sessions	Total \$
Sherri Meagher, LMSW		Social Worker; 2 days per week, 5 hours per day, rate of \$44/hr, 520 annual hours; \$22,880 annually		\$22,880
Line 2C Total		n/a		\$22,880

Note(s):

- For each position, provide the: job title; name, if known; time commitment to the project as a percentage of a full-time equivalent; annual salary; and/or hourly wage rate. For hourly wage rate position provide annual hours to be worked. Include all consultant travel costs here.
- Consultants must either provide a direct client service (e.g., case manager) or support a direct client service (e.g., file clerk).

Line 3C - Travel / Per diem / Transportation

Expense type: Travel / Per Diem	Explanation - Description of Expense		Total
Line 3C Total	n/a		\$0

Note(s):

- Costs of transportation, mileage allowance, lodging, food, and related items incurred by contractor staff on project-related travel, and client transportation. Registration and conference costs to on the Miscellaneous Line. This expense type does not include consultant travel costs.
- Aggregate separately for staff and client expenses.

Contract #	CQHS20000008	Contract Period
Contractor Name	The City of Glen Cove	1/1/2022
Program Name	Title III E	12/31/2022

Line 4C - Equipment

Costs of all nonexpendable, tangible personal property.

Expense type: Equipment RENTAL	Explanation - Description of Expense	Total \$
Programming Equipment	Equipment to enhance programming; technological- computers, projections, televisions, sound, etc.	\$5,000

Note(s):

1. Rental costs of all nonexpendable, tangible personal property. Includes rental costs of furniture and office equipment such as printers, copy machines, computers, etc. For each type of equipment / furniture requested provide: a description of the item, cost per unit, the number of units, and total rental cost.

Expense type: Equipment PURCHASE	Explanation - Description of Expense	Total \$

Note(s):

1. Purchase costs of all nonexpendable, tangible personal property. Includes purchase costs of furniture and office equipment such as printers, copy machines, desktop computers, etc. For each type of equipment / furniture requested provide: a description of the item, cost per unit, the number of units, and total purchase cost.

2. Some smaller equipment purchases may be recorded as supplies (e.g., fax machines, etc). Check with the Department. (OFA Contracts - Equipment under \$200 should be listed under Supplies.)

Line 4C Total	n/a	\$5,000
---------------	-----	---------

Note(s):

1. Total the cost of equipment purchases and rentals.

Contract #	CQHS20000008	Contract Period
Contractor Name	The City of Glen Cove	1/1/2022
Program Name	Title III E	12/31/2022

Line 5C - Supplies

Cost of supplies

Expense type: Supplies	Explanation - Description of Expense	Total \$
Kitchen, Janitorial, Programming Supplies	Kitchen, Janitorial, Maintenance, and Programming Supplies for III E Program	\$4,492
Line 5C Total	n/a	\$4,492

Note(s):

- Costs of all tangible personal property other than that included under the Equipment expense type. Includes supplies and materials used on a regular, daily basis to directly support the delivery of the project (list stamps in this section). Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested. **(OFA Contracts - Include office and kitchen supplies.)**
- Supplies can include some types of small equipment (e.g., fax machine). Please consult with the department regarding equipment that can be recorded as a supply. **(OFA Contracts - Equipment under \$200 should be listed under Supplies.)**

Line 6C- Contractual Services

Costs of indirect services acquired by the contractor under a separate contract or subcontract.

Expense type: Contractual Services	Explanation - Description of Expense	Total \$
d	w	
d	w	
d	w	
d	w	
d	w	
Line 6C Total	n/a	\$0

Note(s):

- Costs of indirect services acquired by the contractor under a separate contract or subcontract.
- Costs of all contracts for indirect services and goods except for those that belong under other expense types such as equipment, supplies, etc. Provide computations, a narrative description and a justification for each contract under this expense type.
- Indirect services include contract consultants providing services such as computer support, payroll, accounts, legal, etc.

Contract # CQHS20000008
 Contractor Name The City of Glen Cove
 Program Name Title IIIE

Contract Period
 1/1/2022
 12/31/2022

Line 7C - Rent/Utilities

Costs related to rent and utilities associated with direct client services.

Expense type: Rent/Utilities	Explanation - Description of Expense		Total \$
d	s		
d	s		
d	s		
d	s		
d	s		
d	s		
Line 7C Total	n/a		\$0

Note(s):

1. Costs of all rent and utility expenses used to directly support the delivery of the project. Specify physical address in the description. (OFA Contracts - Signed copy of lease must be returned with contract.)

Line 8C - Food Costs

Expense type: Food Costs	Explanation		Total \$
q	z		
q	z		
q	z		
q	z		
q	z		
	Number of NSIPMeals =		
Line 8C Total	n/a		\$0

Note(s):

1. Please provide: For Catered Meals - Name of vendor, # of meals, cost per meal. A copy of catering contract must be submitted to OFA. For Meals Prepared on Site - # of meals and raw food cost per meal.

Contract #	CQHS20000008	Contract Period
Contractor Name	The City of Glen Cove	1/1/2022
Program Name	Title III E	12/31/2022

Line 9C - Misc./Other Costs

Please itemize all expenses

Expense type: Misc./Other Costs	Explanation - Description of Expense	Total \$
Vehicle Maintenance & Repair	Repairs, annual safety inspections, tires, filters, brakes, calipers, PA system, radio, hub cap, wheel covers, etc. to maintain ADP buses	\$500
Line 9C Total	n/a	\$500

Note(s):
 1. Such costs may include but are not limited to: printing and publication, training, conferences, insurance, equipment maintenance, vehicle maintenance, advertising and other costs. Provide computations, a narrative description and a justification for each cost under this expense type.

Contract # CQHS20000008
 Contractor Name The City of Glen Cove
 Program Name Title III E

Contract Period
 1/1/2022
 12/31/2022

Line 10C - Administrative Overhead

Administrative Overhead costs

THIS SECTION DOES NOT APPLY TO OFA CONTRACTS

----- Contract Amount Only -----

Expense type: Administrative Overhead	Explanation - Description of Expense			Total \$
Line 10C Total	n/a	\$0	\$0	\$0

Note(s):

1. Includes total administrative and overhead costs indirectly associated with the project but attributable to the overall operation of the contractor such as: costs for the overall direction of the contractor's organization; central executive functions that do not directly support the specific project; costs for general record keeping, budgeting, fiscal management, accounting, personnel and procurement; etc. Provide total administrative / overhead costs as a percentage of total Personnel and Fringe costs.

Line 11C - Revenue

Please itemize all participant contributions, cost share, revenue, income, and matches, if any, expected to be generated from this project.

Revenue type: Income/Matches	Explanation - Description of Revenue	Total \$
Contributions	Voluntary Participant Contributions =	\$60,000
Cost Share	Required Participant Cost Share (if applicable) =	
Line 11C Total	n/a	\$60,000

Westar Construction Group Inc.

6800 Jericho Turnpike
Suite 120W
Syosset, NY 11791

6B

Estimate

Date	Estimate #
10/21/2021	1285

Name / Address
City of Glen Cove 9 Glen Cove Glen Cove, NY 11543 Attn: Stephanie Soter

			Project
Description	Qty	Rate	Total
RE: Glen Cove Senior Center Kitchen Cabinets & Associated Work 130 Glen Street, Glen Cove, NY 11542			
Scope of Work:			
1. Furnish and install temporary protection			
2. Remove and dispose of existing sump pit and pump			
3. Fill in and install poured concrete into existing sump pit			
4. Remove and re-pipe plumbing and drainage piping to accept 1 new double sink, 1 slop Sink & dishwasher			
5. Furnish and install new drywall in the following areas: - Framed wall behind new base cabinets - Storage rooms adjacent to Kitchen from floor to an elevation of approx: 2'-0" +/-			
6. Furnish and install spackle and plaster on new drywall to a polished paint ready finish			
7. Furnish and install 1 coat of Primer and 2 coats of Finish Paint, full height on walls being patched			
8. Furnish and install electrical work for new microwave oven/ hood exhaust			
Total			

Phone #
(516) 342-1766

E-mail
WestarConstructionGroup@gmail.com

Westar Construction Group Inc.

6800 Jericho Turnpike
Suite 120W
Syosset, NY 11791

Estimate

Date	Estimate #
10/21/2021	1285

Name / Address
City of Glen Cove 9 Glen Cove Glen Cove, NY 11543 Attn: Stephanie Soter

			Project
Description	Qty	Rate	Total
9. Furnish and install new Custom Made Solid 3/4" Maple Construction Plywood Cabinets, Drawers & Doors and associated Hardware.			
10. Furnish and install Custom Stain on New Cabinets			
11. Furnish and install new Custom Made 304 Polished Stainless Steel Counter Tops, over double layer of 3/4" plywood counter base. Stainless Steel to have bullnose edge			
12. Furnish and install new Hung Combination Microwave Oven/ Kitchen Exhaust, above new Oven Range- see Purchase Allowance			
13. Furnish and install new Dishwasher- see Purchase Allowance			
14. Furnish and install (1) new Double Sink and (1) new Slop Sink- see Purchase Allowance			
15. Furnish and install new Electric Cook Top/ Oven- See Purchase Allowance			
16. Final Clean Up			
All Labor to be at NYS Prevailing Wage Rates. CPR's Included			
Proposal is based on ESBOCES Contract #2019-023-0222 Second Extension of Contract May 1, 2021- April 30, 2022			
Material:			
Total			

Phone #
(516) 342-1766

E-mail
WestarConstructionGroup@gmail.com

Westar Construction Group Inc.

6800 Jericho Turnpike
Suite 120W
Syosset, NY 11791

Estimate

Date	Estimate #
10/21/2021	1285

Name / Address
City of Glen Cove 9 Glen Cove Glen Cove, NY 11543 Attn: Stephanie Soter

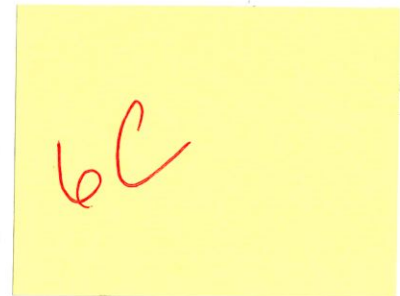
			Project
Description	Qty	Rate	Total
1. Double Sink & Slop Sink- (Allowance)		400.00	400.00
2. Faucets for Sinks- 2 (Allowance)		350.00	350.00
3. Piping and Elbows		250.00	250.00
4. P-Traps		150.00	150.00
5. Plumbing Accessories		275.00	275.00
6. Counter without Back Splash		5,980.00	5,980.00
7. Custom Cabinets- 3/4" Solid Maple Plywood Construction		13,100.00	13,100.00
8. Cabinet Hardware (Allowance)		500.00	500.00
9. Drywall, Spackle, Primer, Paint, Cabinet Stain		320.00	320.00
10. Dishwasher, Oven Range, Microwave (Allowance)		2,750.00	2,750.00
11. Temporary Protection		150.00	150.00
Material Mark Up 5%		1,211.00	1,211.00
Labor:	184	122.00	22,448.00
<p>Note: Pricing is Valid for a Period of 30 Days from the Date of this Proposal, Due to Global Material Supply Shortages and Price Inflation</p> <p>Exclusions:</p> <ol style="list-style-type: none"> 1. Overtime, weekend, holiday work 2. Engineer stamped drawings 3. Building permits and/or associated fee's 4. Building inspections 5. Sales tax 			
Total			\$47,884.00

Phone #
(516) 342-1766

E-mail
WestarConstructionGroup@gmail.com

Plumbing.

**CITY OF GLEN COVE –ON-CALL PLUMBING SERVICES
(CITY-WIDE)**



BID TABULATION – MACCARONE PLUMBING

ITEM	DESCRIPTION	PRICING		
1	Regular Time (RT) Hours are:	Year 1 2022	Year 2 2023	Year 3 2024
	Start Time: <u>7:00 A.M.</u>	RT	RT	RT
	End Time: <u>3:30 P.M.</u>			
	<i>Indicate Regular Time (RT) Hourly Range in space above (sample range definition: Regular Time is 8am to 5pm)</i>	Supervisor: \$ 120.00	\$ 122.00	\$ 125.00
		Trades Person: \$ 110.00	\$ 113.00	\$ 116.00
		Apprentice: \$ 78.00	\$ 81.00	\$ 84.00
		Laborer: \$ 121.00	\$ 124.00	\$ 127.00
		Equipment Operator: \$ 165.00	\$ 168.00	\$ 171.00
2	Premium Time (PT) Hours are:	Year 1 2022	Year 2 2023	Year 3 2024
	Start Time: <u>3:30 P.M.</u>	PT	PT	PT
	End Time: <u>7:00 A.M.</u>			
	<i>Indicate Premium Time (PT) Hourly Range in space above (sample range definition: Premium Time is 5pm and on, including Weekends)</i>	Supervisor: \$ 168.00	\$ 168.00	\$ 170.00
		Trades person: \$ 154.00	\$ 157.00	\$ 160.00
		Apprentice: \$ 109.20	\$ 112.20	\$ 115.20
		Laborer: \$ 169.40	\$ 171.00	\$ 173.00
		Equipment Operator: \$ 193.40	\$ 195.40	\$ 197.40
3	HOLIDAY TIME	Year 1 2022	Year 2 2023	Year 3 2024
	Prices reflect Premium Time (item #2)	Supervisor: \$ 168.00	\$ 168.00	\$ 170.00
		Trades person: \$ 154.00	\$ 157.00	\$ 160.00
		Apprentice: \$ 109.20	\$ 112.20	\$ 115.20
		Laborer: \$ 169.40	\$ 171.00	\$ 173.00
		Equipment Operator: \$ 193.40	\$ 195.40	\$ 197.40

From: Tina Pemberton <tpemberton@glencoveny.gov>

Sent: Monday, January 3, 2022 4:40 PM

To: Yelena Quiles <YQuiles@glencoveny.gov>



Proposal of Insurance

City of Glen Cove

Presented: December 29, 2021

Effective: January 13, 2022

John R. Dina,

Senior Vice President, Client Executive

Arthur J. Gallagher Risk Management Services, Inc.

One Jericho Plaza Suite 200

Jericho, NY 11753

(516) 745-0800

John_Dina@ajg.com



ajg.com

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Gallagher

Insurance | Risk Management | Consulting

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Executive Summary

Arthur J. Gallagher Risk Management Services, Inc. appreciates the opportunity to present this proposal for your consideration.

As always, we want to thank you for all of your assistance and support you give Gallagher to best represent your risk to the insurance community.

The Municipal Casualty Package with HCC has increased approximately 7%. A few months back we had indicated a 10% increase to be conservative. Even with the nine additional vehicles the premium increase falls under our original indication. That being said, we would agree to proceed with binding the City's renewal with the incumbent carrier.

In the following pages, we will demonstrate what makes our company the best fit for your insurance placement and risk management needs. Thank you again for allowing us to be your partner in this placement.

John R. Dina

Wednesday, December 29, 2021

Service Team

John R. Dina has primary service responsibility for your company. We operate using a team approach. Your Service Team consists of:

NAME / TITLE	PHONE / ALT. PHONE	EMAIL	ROLE
John R. Dina Area Senior Vice President	(516) 622-2417	John_Dina@aig.com	Co-Producer
Phil Westerman Area Senior Vice President	(516) 622-2530	Phil_Westerman@aig.com	Co-Producer
Noelle Bonanno Client Service Manager	(516) 622-2511	Noelle_Bonanno@aig.com	Client Service Manager
Brendan Burke Claims Advocate	(914) 697-6048	Brendan_Burke@aig.com	Claims Advocate (P&C)

Arthur J. Gallagher Risk Management Services, Inc.

Main Office Phone Number: (516) 745-0800

Service Commitment

Account Service

At Arthur J. Gallagher & Co., our goal is to provide you with an exceptional insurance and risk management program delivered by a world class service organization. Gallagher is committed to partnering with our clients to ensure we consistently deliver the highest quality service possible.

Renewals

We use a standard Renewal Timeline and start early to make sure your needs are met and we are able to offer you the most comprehensive and competitively priced insurance program. At each renewal, we will meet with you to establish a renewal game plan, determine how many markets should be approached, discuss pricing in the insurance marketplace, and identify what specific needs must be addressed. We will then approach markets that we feel will offer the best alternatives. These alternatives will be presented at renewal as an option, even if we feel the incumbent program is strongest. We will demonstrate how we have created competition within the marketplace to ensure that you receive the best renewal terms.

We make ourselves accountable by working with you to develop a written service schedule that meets your needs. You can track our service by referring to our written service commitment. Service becomes especially important as your type of organization continues to change and prosper.

As a top national broker, we have access to over 150 insurance companies and wholesalers. This maximizes your insurance options in any given policy year situation. In addition, our integrity and influence in the marketplace have resulted in excellent relationships with our markets. These factors are especially important to consider as the insurance needs of your organization become more complex and require more sophisticated solutions.

Acquisitions

On request, we will perform an insurance due-diligence review on all products and acquisitions.

Profit Center Premium Allocations

We will provide premium breakdown by entities and/or location schedule.

Automobile Identification Cards

ID cards will be issued upon binding of coverage.

Phone Calls

Phone calls will be returned within one working day of receipt.

Certificates of Insurance

Certificates of Insurance will be issued within one working day of request.

Quarterly Account Review

Quarterly account reviews will include review of claims, exposures, audits, and service.

Claims

Claims will be reported to the company within two working days of receipt, and acknowledgment of receipt will be sent to you. We will follow up with the carrier within ten working days after receipt of a claim. Monthly claim reports will be provided if requested.

Loss Control

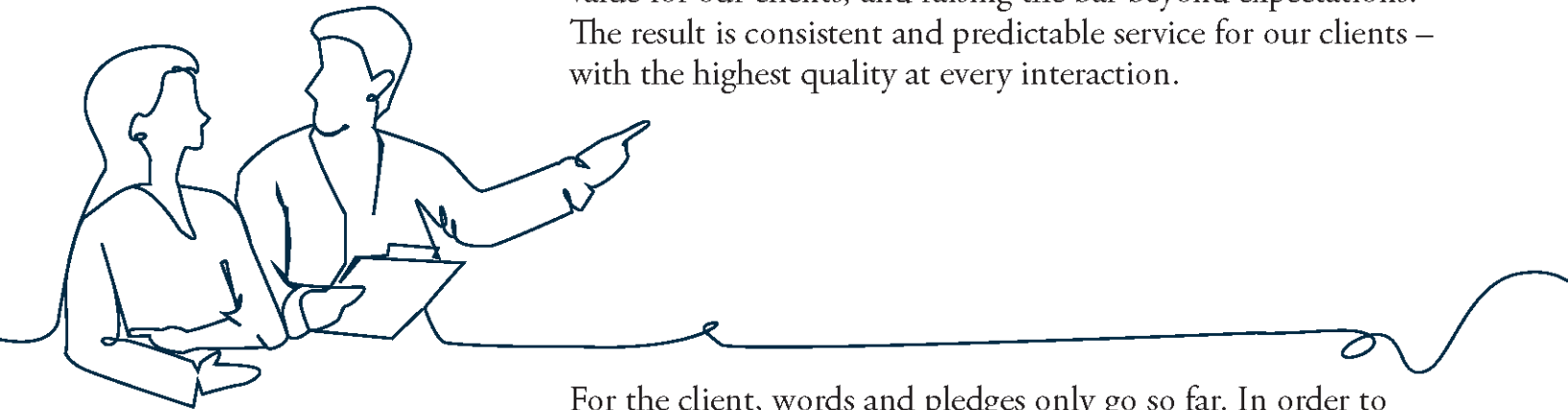
We will coordinate all loss control activities between you and the carrier. We recommend that service be provided on a quarterly basis.

Our Service Commitment

Our clients repeatedly tell us the most important thing that we can do as their broker is to protect their assets while providing a comprehensive and tailored insurance program with the most competitive terms. We also know that a critical component of every customer experience is receiving an accurate and timely response to their day to day business needs and challenges.

At Arthur J. Gallagher and Co. our goal is to provide every client with an exceptional insurance and risk management program delivered by a world-class service organization.

We're on a journey to set a new standard for service within our industry – utilizing innovative technology and tools that create value for our clients, and raising the bar beyond expectations. The result is consistent and predictable service for our clients – with the highest quality at every interaction.



For the client, words and pledges only go so far. In order to deliver on our promise, Gallagher is committed to partnering with our clients to ensure we consistently deliver the highest quality service possible:

- **Clients get what they need, when they need it** – as a result of managing our work more effectively, your needs and requests are addressed promptly and professionally at all times
- **Our service team is able to focus on you**, and the solutions needed to support your unique business needs
- **We proactively manage your renewal cycle**, delivering a predictable timeline that creates time for thorough decision-making
- **You play a role in this too** – we're asking for more information ahead, so that you receive the best outcome, every time

Program Structure

Named Insured

Named Insured Schedule:

Add / Change / Delete	Named Insured	Package – Liability
	City of Glen Cove	X

Note: Any entity not named in this proposal, may not be an insured entity. This may include affiliates, subsidiaries, LLC's, partnerships and joint ventures.

Market Review

We approached the following carriers in an effort to provide the most comprehensive and cost effective insurance program.

INSURANCE COMPANY	LINE OF COVERAGE	RESPONSE
U.S. Specialty Insurance Company	Package – Liability	Recommended Quote

Premium Summary

The estimated program cost for the options are outlined in the following table:

LINE OF COVERAGE		EXPIRING PROGRAM		PROPOSED PROGRAM	
		CARRIER	EXPIRING COST	CARRIER	ESTIMATED COST
Package- Liability	Premium	U.S. Specialty Insurance Company (Tokio Marine Holdings, Inc.)	\$213,544.00	U.S. Specialty Insurance Company (Tokio Marine Holdings, Inc.)	\$221,572.00
	Motor Vehicle Fee		\$960.00		\$990.00
	TRIA Premium		\$828.00		\$874.00
	Estimated Cost		\$215,332.00		\$223,436.00
Total Estimated Program Cost			\$215,332.00		\$223,436.00

Quote from **U.S. Specialty Insurance Company (Tokio Marine Holdings, Inc.)** is valid until **1/13/2022**

Quote from **New York Municipal Insurance Reciprocal (NYMIR) (New York Municipal Insurance Reciprocal (NYMIR))** is valid until **12/30/2021**

Quote from **BCS Insurance Company (BCS Insurance Company)** is valid until **1/14/2022**

Quote from **New York Municipal Insurance Reciprocal (NYMIR) (New York Municipal Insurance Reciprocal (NYMIR))** is valid until **12/30/2021**

Quote from **New York Municipal Insurance Reciprocal (NYMIR) (New York Municipal Insurance Reciprocal (NYMIR))** is valid until **12/30/2021**

Gallagher is responsible for the placement of the following lines of coverage:

Package (Property/Boiler & Machinery)

Inland Marine

Auto for Firetruck

Cyber Liability

Package – Liability

It is understood that any other type of exposure/coverage is either self-insured or placed by another brokerage firm other than Gallagher. If you need help in placing other lines of coverage or covering other types of exposures, please contact your Gallagher representative.

Program Details

Coverage: Package- Liability - General Liability

Carrier: U.S. Specialty Insurance Company

Policy Period: 1/13/2022 to 1/13/2023

Form Type:

COVERAGE	FORM TYPE	RETROACTIVE DATE	PENDING & PRIOR DATE
General Liability	Occurrence	N/A	Not Applicable
Employee Benefits	Claims Made	1/13/2020	Not Applicable
Sexual Abuse	Claims Made	1/13/2020	Not Applicable

Defense Limitations:

COVERAGE TYPE	DEFENSE COST DOLLAR LIMIT	DEFENSE LIMIT	DEFENSE COST TYPE /COMMENTS
General Liability	Applies		Inside / Outside

Coverage:

DESCRIPTION	LIMIT TYPE	AMOUNT
Per Occurrence	Limit	\$1,000,000
Aggregate	Limit	\$3,000,000
Sexual Abuse	Limit	\$1,000,000 / \$1,000,000
Damage to Premises Rented to you	Limit	\$1,000,000
Medical Payments	Limit	\$10,000
Pesticide or Herbicide - Per Occurrence / Aggregate	Limit	\$1,000,000 / \$1,000,000
Employee Benefits - Per Occurrence / Aggregate	Limit	\$1,000,000 / \$3,000,000

Deductibles / Self-Insured Retention

TYPE	COVERAGE	AMOUNT
Self-Insured Retention	General Liability - Occurrence	\$250,000
Self-Insured Retention	Employee Benefits - Occurrence	\$250,000

Any Other Continuity or Specific Dates/Limits applicable to the Claims-Made Conditions:

COVERAGE	CONTINUITY DATE	LIMITS	CONDITIONS
Employee Benefits	--		

Claims Made Coverage:

Should you elect to change carriers (if a new retroactive date is provided) or non-renew this policy, a supplemental extended reporting endorsement may be available subject to policy terms and conditions. You must request the extended reporting period in writing to the carrier within 30 days of the expiration date. The cost of this extended reporting period is 75%, 125%, or 150% of the original premium.

the annual premium and is fully earned. The extended reporting period extends only to those claims made during the extended reporting period for wrongful acts that occurred prior to the expiration date and would have been covered by the policy. Claims must be reported to the carrier within 365 days of the end of the policy period. The extended reporting period does not increase the limits of liability and is subject to all policy terms, conditions and exclusions.

Definition of Claim:

DESCRIPTION
"Claim" means a "suit" or written demand seeking "damages: because of an alleged "employee benefits wrongful act".

Incident or Claim Reporting Provision:

REPORTING CONDITION TYPE	DESCRIPTION
Refer to attached policy form	

Run Off Provisions:

DESCRIPTION	PREMIUM AMOUNT	PREMIUM DUE DATE	LENGTH	% OF EXPIRING PREMIUM
Refer to attached policy form	--	--		--

Endorsements include, but are not limited to:

DESCRIPTION
Sexual Abuse Endorsement

Exclusions include, but are not limited to:

DESCRIPTION
Mold, Fungi & Bacterial Exclusion
Absolute Asbestos Exclusion
Wrongful termination of an employee
Other Standard Policy Exclusions Apply

Binding Requirements:

DESCRIPTION
Subject to
-Application Declaration/Tokio Marine HCC Public Risk Application Declaration
-Supplemental Spousal Liability Form
-Terrorism Form
-Regulation 107 Form

Other Significant Terms and Conditions/Restrictions:

DESCRIPTION
TRIA Does not Apply to Auto Liability, Auto Physical Damage, Crime, Employee Benefits, Public Officials Wrongful Acts Liability or Law Enforcement
Liquor Liability - Coverage limited to Host Liquor

Premium	\$221,572.00
Fees	
Motor Vehicle Fee (Automobile)	\$990.00
Total Fees	\$990.00
ESTIMATED PROGRAM COST	\$222,562.00
TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable)	\$874.00

Subject to Audit: Not Auditable

Coverage: Package- Liability - Automobile

Carrier: U.S. Specialty Insurance Company

Policy Period: 1/13/2022 to 1/13/2023

Coverage:

DESCRIPTION	LIMIT TYPE	AMOUNT	COVERED AUTOS
Liability Limit	Limit	\$1,000,000	1
Uninsured Motorist Coverage limit	Limit	\$1,000,000	
Medical Payments	Limit	\$10,000	
Hired Auto Physical Damage	Limit	\$35,000	
Mandatory Personal Injury Protection		Included	5,7
Additional Personal Injury Protection	Limit	\$100,000	
Monthly Work Loss	Limit	\$2,000	
Additional Death Benefit	Limit	\$3,000	
Optional Basic Economic Loss	Limit	\$25,000	5
Mutual Aid Limit	Limit	\$1,000,000	

Deductibles / Self-Insured Retention

TYPE	COVERAGE	AMOUNT
Self-Insured Retention	Automobile - Occurrence	\$250,000
Deductible	Hired Auto Physical Damage :	
Deductible	-Comprehensive	\$100
Deductible	-Collision	\$1,000

Covered Autos:

SYMBOL	SYMBOL NAME	DESCRIPTION OF COVERED AUTO DESIGNATION SYMBOLS
1	Any Auto	
2	Owned Autos Only	Only those autos you own (and for Liability Coverage any trailers you don't own while attached to power units you own). This includes those autos you acquire ownership of after the policy begins.
3	Owned Private Passenger Autos Only	Only the private passenger autos you own. This includes those private passenger autos you acquire ownership of after the policy begins.
4	Owned Autos Other Than Private Passenger Autos Only	Only those autos you own that are not of the private passenger type (and for Liability Coverage any trailers you don't own while attached to power units you own). This includes those autos not of the private passenger type you acquire ownership of after the policy begins.
5	Owned Autos Subject To No-Fault	Only those autos you own that are required to have No-Fault benefits in the state where they are licensed or principally garaged. This includes those autos you acquire ownership of after the policy begins provided they are required to have No-Fault benefits in the state where they are licensed or principally garaged.

Covered Autos:

SYMBOL	SYMBOL NAME	DESCRIPTION OF COVERED AUTO DESIGNATION SYMBOLS
6	Owned Autos Subject To A Compulsory Uninsured Motorists Law	Only those autos you own that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This includes those autos you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists' requirement.
7	Specifically Described Autos	Only those autos described in Item Three of the Declarations for which a premium charge is shown (and for Liability Coverage any trailers you don't own while attached to any power unit described in Item Three).
8	Hired Autos Only	Only those autos you lease, hire, rent or borrow. This does not include any auto you lease, hire, rent, or borrow from any of your employees, partners (if you are a partnership), members (if you are a limited liability company) or members of their households.
9	Nonowned Autos Only	Only those autos you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes autos owned by your employees, partners (if you are a partnership), members (if you are a limited liability company), or members of their households but only while used in your business or your personal affairs.
19	Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only	Only those autos that are land vehicles and that would qualify under the definition of mobile equipment under this policy if they were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where they are licensed or principally garaged.

Endorsements include, but are not limited to:

DESCRIPTION
Emergency Vehicle Endorsement - Standard Form

Exclusions include, but are not limited to:

DESCRIPTION
Expected or Intended Injury
Contractual
Workers' Compensation
Other standard policy exclusions apply
Terrorism

Binding Requirements:

DESCRIPTION
Subject to :
-Sign New York Required Notice of Availability of Supplementary Uninsured/Underinsured Motorists Coverage
-Sign Supplemental Spousal Liability Coverage

Other Significant Terms and Conditions/Restrictions:

DESCRIPTION
TRIA Does not Apply to Auto Liability, Auto Physical Damage, Crime, Employee Benefits, Public Officials Wrongful Acts Liability or Law Enforcement

Premium	INCLUDED
Fees	INCLUDED
ESTIMATED PROGRAM COST	INCLUDED
TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable)	INCLUDED

Subject to Audit: Not Auditable**Auditable Exposures:**

DESCRIPTION	EXPOSURE
Vehicles	175 (Schedule Attached)

Coverage: Package- Liability - Excess Liability

Carrier: U.S. Specialty Insurance Company

Policy Period: 1/13/2022 to 1/13/2023

Form Type:

COVERAGE	FORM TYPE	RETROACTIVE DATE	PENDING & PRIOR DATE
Excess Liability	Occurrence	N/A	Not Applicable

Coverage:

DESCRIPTION	LIMIT TYPE	AMOUNT	BASIS
Per Occurrence	Limit	\$10,000,000	
Aggregate	Limit	\$10,000,000	
Dam, Reservoir, Levee, Dike	Limit	\$10,000,000	Per Occurrence / Aggregate

Underlying Policies:

COVERAGE	CARRIER NAME	EFFECTIVE DATE	EXPIRATION DATE
General Liability	U.S. Specialty Insurance Company	1/13/2022	1/13/2023
Employee Benefits Liability	U.S. Specialty Insurance Company	1/13/2022	1/13/2023
Public Officials Wrongful Acts	U.S. Specialty Insurance Company	1/13/2022	1/13/2023
Employment Practices Liability	U.S. Specialty Insurance Company	1/13/2022	1/13/2023
Law Enforcement	U.S. Specialty Insurance Company	1/13/2022	1/13/2023
Auto Liability	U.S. Specialty Insurance Company	1/13/2022	1/13/2023

Exclusions include, but are not limited to:

DESCRIPTION
Workers' Compensation, Auto No Fault, Uninsured/ Underinsured Motorists, Disability, and Unemployment Compensation Law s
Pollution (Hostile Fire Exception)
Asbestos
Physical Damage to Property in Insured's Care, Custody, or Control
Auto First-party Coverage
Employment Related Practices Exclusion
Total Pollution Exclusion
Professional Liability Exclusion
Retained Limit
Excludes Uninsured Motorist and Underinsured Motorist Coverage

Exclusions include, but are not limited to:

DESCRIPTION
Excludes Zoning, Regulation, and Permissive Use of Property
Pollution Exclusion Exception - Pollution with Potable Water and Hostile Fire

Binding Requirements:

DESCRIPTION
Subject to Signed Tokio Marine HCC Public Risk Application Declaration
Subject to Signed Acceptance or Rejection of Terrorism Insurance Coverage.

Other Significant Terms and Conditions/Restrictions:

DESCRIPTION
TRIA Does not Apply to Auto Liability, Auto Physical Damage, Crime, Employee Benefits, Public Officials Wrongful Acts Liability or Law Enforcement
Subject to Underwriting approval prior to binding coverage

Premium	INCLUDED
Fees	INCLUDED
ESTIMATED PROGRAM COST	INCLUDED
TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable)	INCLUDED

Subject to Audit: Not Auditable

Coverage: Package- Liability - Public Officials Liability

Carrier: U.S. Specialty Insurance Company

Policy Period: 1/13/2022 to 1/13/2023

Form Number:

Form Type:

COVERAGE	FORM TYPE	RETROACTIVE DATE	PENDING & PRIOR DATE
Public Officials Wrongful Acts Liability	Claims Made	1/13/2020	N/A

Defense Limitations:

COVERAGE TYPE	DEFENSE COST DOLLAR LIMIT	DEFENSE LIMIT	DEFENSE COST TYPE / COMMENTS
Public Officials Wrongful Acts Liability	Applies		Inside / Outside

Coverage:

DESCRIPTION	LIMIT TYPE	AMOUNT
Public Officials Wrongful Acts Liability :		
Per Occurrence	Limit	\$1,000,000
Aggregate	Limit	\$1,000,000
Non-Monetary Damage :		
- Per Suit	Limit	\$25,000
- Per Policy Limit	Limit	\$50,000
Private Property Use Restriction Sublimit		
- per Occurrence	Sublimit	\$1,000,000
- Aggregate	Sublimit	\$1,000,000

Deductibles / Self-Insured Retention

TYPE	COVERAGE	AMOUNT
Self-Insured Retention	Public Officials Wrongful Acts Liability : - Occurrence	\$250,000

Any Other Continuity or Specific Dates/Limits applicable to the Claims-Made Conditions:

COVERAGE	CONTINUITY DATE	LIMITS	CONDITIONS
Public Officials Wrongful Acts Liability	--		

Claims Made Coverage:

Should you elect to change carriers (if a new retroactive date is provided) or non-renew this policy, a supplemental extended reporting endorsement may be available subject to policy terms and conditions. You must request the extended reporting period in writing to the carrier within 30 days of the expiration date. The cost of this extended reporting period is 75%, 125%, or 150% of the annual premium and is fully earned. The extended reporting period extends only to those claims made during the extended reporting period for wrongful acts that occurred prior to the expiration date and would have been covered by the policy.

Claims must be reported to the carrier within 365 days of the end of the policy period. The extended reporting period does not increase the limits of liability and is subject to all policy terms, conditions and exclusions.

Definition of Claim:
DESCRIPTION

"Claim" means a "suit" or written demand seeking "damages" because of an alleged "public officials wrongful act".

Incident or Claim Reporting Provision:
REPORTING CONDITION TYPE
DESCRIPTION

Refer to attached policy form

Run Off Provisions:
DESCRIPTION
PREMIUM AMOUNT
PREMIUM DUE DATE
LENGTH
% OF EXPIRING PREMIUM

Refer to attached policy form

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Other Significant Terms and Conditions/Restrictions:
DESCRIPTION

TRIA Does not Apply to Auto Liability, Auto Physical Damage, Crime, Employee Benefits, Public Officials Wrongful Acts Liability or Law Enforcement

Premium

INCLUDED

Fees

INCLUDED

ESTIMATED PROGRAM COST

INCLUDED

TRIA/TRIPRA PREMIUM

(+ Additional Surcharges, Taxes and Fees as applicable)

INCLUDED

Subject to Audit: Not Auditable

Coverage: Package- Liability - Employment Practices Liability

Carrier: U.S. Specialty Insurance Company

Policy Period: 1/13/2022 to 1/13/2023

Form Number: EPCM000100 NY 0916

Form Type:

COVERAGE	FORM TYPE	RETROACTIVE DATE	PENDING & PRIOR DATE
Employment Practices Liability	Claims Made	1/13/2020	N/A

Defense Limitations:

COVERAGE TYPE	DEFENSE COST DOLLAR LIMIT	DEFENSE LIMIT	DEFENSE COST TYPE / COMMENTS
Employment Practices Liability	Applies		Inside / Outside

Coverage:

DESCRIPTION	LIMIT TYPE	AMOUNT
Employment Practices Liability Insurance :		
- Per Occurrence	Limit	\$1,000,000
- Aggregate	Limit	\$1,000,000
Non-Monetary Damage :		
- Per Suit	Limit	\$25,000
- Per Policy Limit	Limit	\$50,000
Wage & Hour Defense Coverage	Limit	\$100,000

Deductibles / Self-Insured Retention:

TYPE	COVERAGE	AMOUNT
Self-Insured Retention	Employment Practices Liability	\$250,000

Any Other Continuity or Specific Dates/Limits applicable to the Claims-Made Conditions:

COVERAGE	CONTINUITY DATE	LIMITS	CONDITIONS
Employment Practices Liability	--		

Claims Made Coverage:

Should you elect to change carriers (if a new retroactive date is provided) or non-renew this policy, a supplemental extended reporting endorsement may be available subject to policy terms and conditions. You must request the extended reporting period in writing to the carrier within 30 days of the expiration date. The cost of this extended reporting period is 75%, 125%, or 150% of the annual premium and is fully earned. The extended reporting period extends only to those claims made during the extended reporting period for wrongful acts that occurred prior to the expiration date and would have been covered by the policy. Claims must be reported to the carrier within 365 days of the end of the policy period. The extended reporting period does not increase the limits of liability and is subject to all policy terms, conditions and exclusions.

Definition of Claim :**DESCRIPTION**

"Claim" means a "suit" or written demand seeking "damages" because of an alleged "employment practices wrongful act".

Incident or Claim Reporting Provision:**REPORTING CONDITION TYPE****DESCRIPTION**

Refer to attached policy form

Run Off Provisions:**DESCRIPTION****PREMIUM AMOUNT****PREMIUM DUE DATE****LENGTH****% OF EXPIRING PREMIUM**

Refer to attached policy form

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Other Significant Terms and Conditions/Restrictions:**DESCRIPTION**

TRIA Does not Apply to Auto Liability, Auto Physical Damage, Crime, Employee Benefits, Public Officials Wrongful Acts Liability or Law Enforcement

Premium

INCLUDED

Fees

INCLUDED

ESTIMATED PROGRAM COST

INCLUDED

TRIA/TRIPRA PREMIUM

(+ Additional Surcharges, Taxes and Fees as applicable)

INCLUDED

Subject to Audit: Not Auditable

Coverage: Package- Liability - Law Enforcement Liability

Carrier: U.S. Specialty Insurance Company

Policy Period: 1/13/2022 to 1/13/2023

Form Number:

Form Type:

COVERAGE	FORM TYPE	RETROACTIVE DATE	PENDING & PRIOR DATE
Law Enforcement Liability	Occurrence	N/A	N/A

Defense Limitations:

COVERAGE TYPE	DEFENSE COST DOLLAR LIMIT	DEFENSE LIMIT	DEFENSE COST TYPE / COMMENTS
Law Enforcement Liability	Applies		Inside / Outside

Coverage:

DESCRIPTION	LIMIT TYPE	AMOUNT
Law Enforcement Liability :		
- per Occurrence	Limit	\$1,000,000
- Aggregate	Limit	\$1,000,000

Deductibles / Self-Insured Retention:

TYPE	COVERAGE	AMOUNT
Self-Insured Retention	Law Enforcement Liability	\$250,000

Other Significant Terms and Conditions/Restrictions:

DESCRIPTION
TRIA Does not Apply to Auto Liability, Auto Physical Damage, Crime, Employee Benefits, Public Officials Wrongful Acts Liability or Law Enforcement

Premium	INCLUDED
Fees	INCLUDED
ESTIMATED PROGRAM COST	INCLUDED
TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable)	INCLUDED

Subject to Audit: Not Auditable

Payment Plans

CARRIER / PAYABLE CARRIER	LINE OF COVERAGE	PAYMENT SCHEDULE	PAYMENT METHOD
U.S. Specialty Insurance Company (Tokio Marine Holdings, Inc.)	Package – Liability	Quarterly	Agency Bill

Carrier Ratings and Admitted Status

PROPOSED INSURANCE COMPANIES	A.M. BEST'S RATING & FINANCIAL SIZE CATEGORY *	ADMITTED/NON-ADMITTED **
U.S. Specialty Insurance Company	A++ XV	Admitted

*Gallagher companies use A.M. Best rated insurers and the rating listed above was verified on the date the proposal document was created.

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**If coverage placed with a non-admitted carrier, it is doing business in the state as a surplus lines or non-admitted carrier, and is neither subject to the same regulations as an admitted carrier nor do they participate in any state insurance guarantee fund.

Gallagher companies make no representations and warranties concerning the solvency of any carrier, nor does it make any representation or warranty concerning the rating of the carrier which may change.

Proposal Disclosures

Proposal Disclosures

The following disclosures are hereby made a part of this proposal. Please review these disclosures prior to signing the Client Authorization to Bind or e-mail confirmation.

Proposal Disclaimer

IMPORTANT: The proposal and/or any executive summaries outline certain terms and conditions of the insurance proposed by the insurers, based on the information provided by your company. The insurance policies themselves must be read to fully understand the terms, coverages, exclusions, limitations and/or conditions of the actual policy contract of insurance. Policy forms will be made available upon request. We make no warranties with respect to policy limits or coverage considerations of the carrier.

Compensation Disclosure

1. Gallagher Companies are primarily compensated from the usual and customary commissions, fees or, where permitted, a combination of both, for brokerage and servicing of insurance policies, annuity contracts, guarantee contracts and surety bonds (collectively "insurance coverages") handled for a client's account, which may vary based on market conditions and the insurance product placed for the client.
2. In placing, renewing, consulting on or servicing your insurance coverages, Gallagher companies may participate in contingent and supplemental commission arrangements with intermediaries and insurance companies that provide for additional compensation if certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by Gallagher with the insurance company, not on an individual policy basis. As a result, Gallagher may be considered to have an incentive to place your insurance coverages with a particular insurance company. If you do not wish to have your commercial insurance placement included in consideration for additional compensation, contact your producer or service team for an Opt-out form.
3. Gallagher Companies may receive investment income on fiduciary funds temporarily held by them, or from obtaining or generating premium finance quotes, unless prohibited by law.
4. Gallagher Companies may also access or have an ownership interest in other facilities, including wholesalers, reinsurance intermediaries, captive managers, underwriting managers and others that act as intermediaries for both Gallagher and other brokers in the insurance marketplace some of which may earn and retain customary brokerage commission and fees for their work.

If you have specific questions about any compensation received by Gallagher and its affiliates in relation to your insurance placements, please contact your Gallagher representative for more details.

In the event you wish to register a formal complaint regarding compensation Gallagher receives from insurers or third-parties, please contact Gallagher via e-mail at Compensation_Complaints@ajg.com or by regular mail at:

Chief Compliance Officer
Gallagher Global Brokerage
Arthur J. Gallagher & Co.
2850 Golf Rd.
Rolling Meadows, IL 60008

TRIA/TRIPRA Disclaimer

If this proposal contains options to purchase TRIA/TRIPRA coverage, the proposed TRIA/TRIPRA program may not cover all terrorism losses. While the amendments to TRIA eliminated the distinction between foreign and domestic acts of terrorism, a number of lines of coverage excluded under the amendments passed in 2005 remain excluded including commercial automobile, burglary and theft insurance; surety insurance, farm owners multiple perils and professional liability (although directors and officers liability is specifically included). If such excluded coverages are required, we recommend that you consider purchasing a separate terrorism policy. Please note that a separate terrorism policy for these excluded coverages may be necessary to satisfy loan covenants or other contractual obligations. TRIPRA includes a \$100 billion cap on insurers' aggregate liability.

TRIPRA is set to expire on December 31, 2027. There is no certainty of extension, thus the coverage provided by your insurers may or may not extend beyond December 31, 2027. In the event you have loan covenants or other contractual obligations requiring that TRIA/TRIPRA be maintained throughout the duration of your policy period, we recommend that a separate "Stand Alone" terrorism policy be purchased to satisfy those obligations.

Client Signature Requirements

Client Authorization to Bind Coverage

After careful consideration of Gallagher's proposal dated 12/29/2021, we accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

ACCEPT/REJECT	COVERAGE/CARRIER
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Package – Liability
	U.S. Specialty Insurance Company
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	TRIA

Other Coverages to Consider

☐ Yes ☐ No- Higher Deductible for NYMIR Property

Other Services to Consider

☐ Yes ☐ No- **CORE360™** Loss Control Portal

☐ Yes ☐ No- eRiskHub

Gallagher's liability to Client arising from any acts or omissions of Gallagher shall not exceed \$20 million in the aggregate. Gallagher shall only be liable for actual damages incurred by Client, and shall not be liable for any indirect, consequential or punitive damages or attorneys' fees. No claim or cause of action, regardless of form (tort, contract, statutory, or otherwise), arising out of, relating to or in any way connected with this Agreement or any Services provided hereunder may be brought by either party any later than two (2) years after the accrual of such claim or cause of action.

Gallagher has established security controls to protect Client confidential information from unauthorized use or disclosure. For additional information, please review Gallagher's Privacy Policy located at <https://www.ajg.com/privacy-policy/>.

I have read, understand and agree that the above information is correct and has been disclosed to us prior to authorizing Gallagher to bind coverage and/or provide services to us.

By:

Print Name (Specify Title)

Company

Signature

Date:

Appendix

Bindable Quotations & Compensation Disclosure Schedule

Client Name: City of Glen Cove

COVERAGE(S)	CARRIER NAME(S)	WHOLESALE, MGA, OR INTERMEDIARY NAME ¹	EST. ANNUAL PREMIUM ²	COMM.% OR FEE ³	GALLAGHER U.S. OWNED WHOLESALE, MGA, OR INTERMEDIARY %
Package – Liability	U.S. Specialty Insurance Company (Tokio Marine Holdings, Inc.)	HCC Specialty Underwriters (formerly ASU International, Inc.)	\$223,436.00	10%	N/A

¹ We were able to obtain more advantageous terms and conditions for you through an intermediary/wholesaler.

² If the premium is shown as an indication: The premium indicated is an estimate provided by the market. The actual premium and acceptance of the coverage requested will be determined by the market after a thorough review of the completed application.

* A verbal quotation was received from this carrier. We are awaiting a quotation in writing.

³ The commission rate is a percentage of annual premium excluding taxes & fees.

* Gallagher is receiving ____% commission on this policy. The fee due Gallagher will be reduced by the amount of the commissions received.

Claims Reporting By Policy

Immediately Report all claims.

Reporting to Gallagher or Assistance in Reporting

- All Line of Coverage(s)
 - Email: GGB.NRCclaimscenter@ajg.com
 - Phone: 855-497-0578
 - Fax: 225-663-3224

Direct Reporting:

- Package-PKG80111017
 - U.S. Specialty Insurance Company
 - Phone # : (469) 633 7500
 - Fax # : (469) 633 7520
 - Email : claims@ussic.com
 - Web : <https://www.tmhcc.com/en-us/groups/ussic-aviation/ussic-aviation-claims>

CORE360™

Loss Control Portal



Insurance | Risk Management | Consulting



Reduce Your Risk and Simplify Training

Safety training programs and educational materials for employees are critical for reducing accidents, increasing retention and minimizing your total cost of risk now and in the future.

Gallagher's **CORE360™ Loss Control Portal** is our proprietary Learning Management System (LMS) that supports your safety program, provides real time access to your loss control plans and keeps employees up to date with the latest safety standards.

Key benefits of CORE360™ Loss Control Portal:

- **Access** up to 10 modules of your choice from a library of over 100 training and safety shorts. In addition, monthly bulletins are available covering topics such as General and Environmental Safety, Human Resources, and Health and Wellness.
- **Save** valuable time by assigning employee training and monitoring their latest progress and completion.
- **Simplify** the process of training to stay in compliance and avoid costly penalties.
- **Onboard** and train an unlimited number of users while enhancing your overall risk control program.
- **Customize** your platform with your company's logo, training content and modules tailored to your business, and personalized procedures and forms for an added fee.

Most Popular Training Modules:

- Sexual Harassment and Discrimination
- Slip, Trip and Fall Training
- Electrical Safety Training
- Back Safety Training
- Bloodborne Pathogens
- Safe Lifting Practices
- Defensive Driving Basics
- Fire Prevention Basics
- Personal Protective Equipment
- GHS Hazard Communication



Please visit
ajg.com/LossControlPortal to learn more.

Gallagher CORE360™ is our unique, comprehensive approach of evaluating your risk management program that leverages our analytical tools and diverse resources for customized, maximum impact on six cost drivers of your total cost of risk.

P.O. Box 7021
Wantagh, NY 11793



6F

PEST CONTROL SERVICE AGREEMENT

NAME / BUSINESS Glen Cove Youth Center			REFERRED BY		
STREET ADDRESS 128b Glen St			EMAIL ADIGIUSEPPE@GLENCOVENY.GOV		
CITY Glen Cove	STATE NY	ZIP CODE 11542	BILLING ADDRESS		
HOME / WORK PH	MOBILE PH		CITY	STATE	ZIP CODE
CONTACT		CONTACT PH	CONTACT		CONTACT PH

PESTS TO BE CONTROLLED

<input type="checkbox"/> Carpenter Ants	<input checked="" type="checkbox"/> Roaches	<input type="checkbox"/> Carpenter Bees	<input type="checkbox"/> Spiders	<input type="checkbox"/> Crickets
<input checked="" type="checkbox"/> Ants	<input type="checkbox"/> Fleas	<input type="checkbox"/> Bumble Bees	<input type="checkbox"/> Hornets	<input type="checkbox"/> Raccoons
<input type="checkbox"/> Termites	<input type="checkbox"/> Mosquitoes	<input type="checkbox"/> Yellow Jackets	<input checked="" type="checkbox"/> Mice	<input type="checkbox"/> Squirrels
<input type="checkbox"/> Bed Bugs	<input type="checkbox"/> Wasps	<input type="checkbox"/> Cicada Killers	<input checked="" type="checkbox"/> Rats	<input type="checkbox"/> Beetles
<input type="checkbox"/> Other: _____				

PRODUCTS TO BE USED

<input checked="" type="checkbox"/> Talstar P	<input checked="" type="checkbox"/> Contrac Blox	<input type="checkbox"/> Advion Roach Gel	<input type="checkbox"/> Tempo	<input type="checkbox"/> Advance TBC
<input type="checkbox"/> Ecovia EC	<input type="checkbox"/> Ecovia WD	<input type="checkbox"/> Naturcide All-Purpose	<input type="checkbox"/> Temprid SC	<input type="checkbox"/> Terro Liquid Bait
<input type="checkbox"/> Precor 2000	<input type="checkbox"/> Niban	<input type="checkbox"/> Premise Termiticide Foam	<input type="checkbox"/> P.I.	
<input type="checkbox"/> Other: _____				

Received Product Label? ☒ Yes ☐ No Customer Initials: _____

GUARANTEE

<input type="checkbox"/> None	<input type="checkbox"/> 30 Days	<input type="checkbox"/> 90 Days	<input type="checkbox"/> 1 Year
<input type="checkbox"/> None	<input type="checkbox"/> 30 Days	<input type="checkbox"/> 90 Days	<input type="checkbox"/> 1 Year
<input type="checkbox"/> None	<input type="checkbox"/> 30 Days	<input type="checkbox"/> 90 Days	<input type="checkbox"/> 1 Year

RECURRING SERVICE AGREEMENT

<input type="checkbox"/> Organic Mosquito Control	Every ____ weeks
<input checked="" type="checkbox"/> Quarterly Pest Control	<input type="checkbox"/> Organic
<input type="checkbox"/> Termite Control	Every 3-4 months (billed annually)

CREDIT CARD INFORMATION

I authorize **Optimum Pest Control** to charge my credit card for any charges due to fulfill the obligations of this service agreement. This includes charging my card to pay balances over 30 days past due.

Quarterly / Monthly Service / Termite Renewal: This card will be charged automatically for your recurring services whether quarterly, monthly or annually.

CREDIT CARD NUMBER - - -	EXP DATE /	CID CODE	CUSTOMER INITIALS / SIGNATURE
-----------------------------	---------------	----------	-------------------------------

SPECIAL INSTRUCTIONS

<input type="checkbox"/> Y <input type="checkbox"/> N Gate Locked?	\$140 paid quarterly by check (\$560 annually)
<input type="checkbox"/> Y <input type="checkbox"/> N Gate Code: _____	
<input type="checkbox"/> Y <input type="checkbox"/> N Dog(s)?	

RECURRING SERVICE CHARGES

Service	Cost	Tax	TOTAL

COST OF SERVICES

Service Charge:	\$140.00
<input type="checkbox"/> 8.625% Tax:	\$0.00
Total:	\$140.00
Deposit:	
BALANCE DUE:	\$140.00



TERMS and CONDITIONS

Quarterly Service:

This is a one year agreement. Service visits must be continuous with no break in service. Perimeter of house/garage will be treated and inspected approx. every 3 months. If we have to return between regular service visits, there will be no extra charge. Service is paid by credit/debit card only. If you would like to pay by cash or check, you must pay up front in full, but you will receive a 5% discount. Notification of service visits will be left on the door or in the mailbox. After the first year, we will continue to service the property unless we receive prior notice by certified mail or email. *There will be a \$150 early termination fee if contract obligation of one year is not fulfilled. Pests covered under quarterly include Carpenter Ants, Ants, Spiders, Beetles, Crickets, Earwigs, Wasps, Hornets, Bees (excluding honey bees), Fleas, Roaches, Mice, Rats and Stink Bugs. For Organic Quarterly Service: If problem persists we may suggest using regular products until we get your problem under control and then resume organic products. You have the right to refuse and you would receive notification and product labels before treatment is performed. We also have the right to terminate a contract at any time if we feel we cannot control your problem or satisfy your needs. You will be not charged an early termination fee if this is the case.

CUSTOMER INITIALS: _____

Wildlife Removal:

Lethal traps will be checked every 24-48 hours until problem is resolved. We will inform you when job is complete via door hanger and / or phone call. No guarantee on actually trapping animals. Guarantee is that we will remove animals by trap and/or determine there is no activity. Wildlife can sometimes abandon area for unknown reasons. We still follow the same procedure, checking the traps on a regular basis, as stated, until we feel wildlife is gone from your home. Guarantee is void if damage/opening is not repaired within 14 days of removal by a licensed contractor. We recommend having one on standby for immediate repairs. If possible, a temporary mesh patch will be installed at no charge at the discretion of the pest management professional. Roof vent covers are available at an additional charge if wildlife entry is through a roof vent.

CUSTOMER INITIALS: _____

Trap Rental:

You, the customer, will set traps at night and close empty traps in the early morning. Traps can only be set Sunday night through Thursday night. WE ARE CLOSED SATURDAYS AND SUNDAYS. THERE WILL BE NO PICKUP AVAILABLE. We recommend setting traps close to 9-10pm and, if nothing caught, close the traps at 6-7am. If something is caught, we must be notified by 8am. We will come remove the trapped animal and leave another trap behind if requested at the agreed upon fee. Trap rental includes a period of up to two weeks or the first trapped animal (whichever comes first). For example: If you rent a trap on Monday and an animal is caught Tuesday the rental is over and you must pay an additional trap rental fee to leave more traps behind. Rentals must be paid by credit card only and this card must be kept on file for future rentals.

CUSTOMER INITIALS: _____

Termite Control:

Bait stations: Stations will be installed approximately every 10-15 feet in the soil and up to 30 feet apart if there are any obstructions (decks, patios, etc.) They will be maintained every 3-4 months (weather permitting). Damaged or missing stations will result in \$30 charge per station to replace. Wall void and direct wood treatment: Wall voids or wood will be drilled with 1/16 - 1/8 in holes and injected with a termiticide foam or dust. Holes in wall voids will be resealed with white caulk. Renewal: Annual renewal fee must be received within 30 days of contract expiration date. We have the right to terminate a contract at any time if we feel we cannot control your problem or satisfy your needs.

CUSTOMER INITIALS: _____

Mosquito Control:

Treatments are performed on the entire exterior of property covering grass, patios, shrubs, etc. up to 5 feet high. Notification will be left on lawn and in mailbox or on the door. This service is for a reduction in population, not complete elimination (results vary). There are many factors that affect the results of treatment (neighboring conditions, weather, standing water, etc). We are not responsible for any diseases contracted from insect bites. One-time treatments or "party sprays" offer no guarantee. All work is guaranteed on seasonal plans. If you are not satisfied with a treatment we will retreat at no extra charge (allowed 2 retreats per season -- any additional treatments will be charged at your current rate). There are NO REFUNDS for this service as results vary from property to property. No exceptions.

CUSTOMER INITIALS: _____

Guarantees:

This excludes mosquito control. The guarantee states that if your pest problem returns within the guarantee period as stated, then we will return at no additional charge as long as any treatment is given at least 2-4 weeks for full results. Different pests need different wait periods which will be determined by the technician. After that time period, we will return if necessary.

CUSTOMER INITIALS: _____

Rodent/Pest Proofing:

All accessible openings from 1/8" to 2" will be sealed with foam or caulk on the exterior only. Any openings larger than 2" must be performed by a licensed contractor. If we have to seal under siding then the bottom of the siding must be at least 12" from the ground. We do not move any objects blocking possible pest entry points. Decks must have an access panel at least 30" X 30" to check/seal that part of the house.

CUSTOMER INITIALS: _____

Company Authorized Signature

01/27/2021

Date

Customer Authorized Signature

Date

LG

CONSULTANT AGREEMENT

AGREEMENT IS HEREBY MADE between the Agency and Independent Contractor set forth below according to the following terms, conditions and provisions:

1. IDENTITY OF AGENCY

AGENCY is identified as follows:

Name: City of Glen Cove, Glen Cove Adult Day Program

Address: 130 Glen Street

City/State/Zip: Glen Cove, NY 11542

Telephone: (516) 759-9610

Program Name: Social Work Services

Prog. Contract #: 2022-SCADPSWS

2. IDENTITY OF INDEPENDENT CONTRACT

The Independent Contractor (hereafter "IC") is identified as follows:

Name: Sherri Meagher

Type Entity: (☒) Sole Proprietorship (☐) Partnership (☐) Corporation

Address: 47 Fenwick Street

City/State/Zip: Greenlawn, New York 11740

Business Telephone: (516) 759-9610

License # & Exp. Date (if any): 083265-1 Exp 4/30/25

****W-9 form must be submitted with this contract for
payment to be furnished**

3. WORK TO BE
PERFORMED

AGENCY desires that IC perform and IC agrees to perform
the following work:

Social Worker Services; Mental Health Support, Caregiver Support,
Home Assessment, and Referral Services for the Adult Day Program
of the Glen Cove Senior Center.

4. TERMS OF
PAYMENT

AGENCY shall pay IC according to the following terms
and conditions: IC shall be paid
(23) payments of \$953.33 and (1) payment of 953.41

Dates: Twice per month, for 12 months, January 1st, 2022 – December 31st, 2022

5. REIMBURSE-
MENT OF
EXPENSES

AGENCY shall not be liable to IC for any expenses paid or
incurred by IC unless otherwise agreed in writing.

6. EQUIPMENT,
TOOLS,
MATERIALS, OR
SUPPLIES

Glen Cove Senior Center will provide all equipment, tools,
materials and/or supplies to accomplish the work agreed to
be performed. Should IC wish to purchase "supplies", IC
must first obtain Glen Cove Senior Center prior written approval before it may be
a reimbursable expense. IC must maintain "supplies" in good working condition
through time of contract; failure may result in surcharges.

7. FEDERAL, STATE
AND LOCAL
PAYROLL TAXES

Neither Federal, not State, nor local income tax, nor payroll
tax of any kind shall be withheld or paid by AGENCY on
behalf of IC or the employees of IC. IC shall not be treated
as an employee with respect to the services performed hereunder for federal or
state tax purposes.

8. FRINGE BENEFITS &
COMPEN-
SATION

Because IC is engaged in IC's own independent business, WORKER'S
IC is not eligible for and shall not participate in any
employer pension, health, or other fringe benefit plan of the
AGENCY. Likewise, no worker's compensation insurance shall be obtained by
AGENCY concerning IC or the employees of IC. IC shall comply with the
worker's compensation law concerning IC and the employees of IC.

9. WORK PRODUCT
OWNERSHIP

Any copyrightable works, ideas, discoveries, inventions, patents, products, or
other information (collectively, the "Work Product") developed in whole or in
part by IC in connection with the Services shall be the exclusive property of
Agency. Upon request, IC shall sign all documents necessary to confirm or
perfect the exclusive ownership Agency to the Work Product.

10. CONFIDENTIALTY

IC will not at any time or in any manner, either directly or indirectly, use for the personal benefit of IC or divulge, disclose, or communicate in any manner any information that is proprietary to Agency. IC will protect such information and treat it as strictly confidential. This provision shall be effective after the termination of this Agreement. Upon termination of this Agreement, IC will return to Agency all records, notes, documentation and other items that were used, created, or controlled by IC during the term of this Agreement.

11. TERM OF
AGREEMENT

This agreement shall become effective on January 1, 2022
and shall terminate on December 31, 2022

12. TERMINATION
WITHOUT CAUSE

Without cause, either party may terminate this agreement after giving 30 day written notice to the other of intent to terminate without cause. The parties shall deal with each other in good faith during the 30 day period after any notice of intent to terminate without cause has been given.

13. TERMINATION
WITH CAUSE

With reasonable cause, either party may terminate this agreement effective immediately upon the giving of written notice of termination for cause. Reasonable cause shall include:

- A. Material violation of this agreement
- B. Any act exposing the other party to liability to others for personal injury or property damage.

14. NO AUTHORITY
TO BIND CLIENT

IC has no authority to enter into contracts or agreements on behalf of the AGENCY. This agreement does not create a partnership between the parties.

15. ENTIRE
AGREEMENT

This is the entire agreement of the parties and cannot be changed or modified orally.

16. SEVERABILITY

If any part of this agreement shall be held unenforceable, the rest of this agreement will nevertheless remain in full force and effect.

17. AMENDMENTS

This agreement may be supplemented, amended or revised only in writing by agreement of the parties.

***AGENCY:**

For Senior Center Use
Log #: _____
Date: _____

City of Glen Cove, Glen Cove Adult Day Program
Agency Name

_____	_____	_____
Signature	Mayor Title	Date

***INDEPENDENT CONTRACTOR (CONSULTANT)**

Sherri Meagher
Firm/Individual Name

_____	_____	_____
Signature	Consultant Title	Date

6H

CONSULTANT AGREEMENT

AGREEMENT IS HEREBY MADE between the Agency and Independent Contractor set forth below according to the following terms, conditions and provisions:

1. IDENTITY OF AGENCY

AGENCY is identified as follows:

Name: City of Glen Cove, Glen Cove Senior Center

Address: 130 Glen Street

City/State/Zip: Glen Cove, NY 11542

Telephone: (516)759-9610

Program Name: Social Work Services

Prog. Contract #: 2022-SCSWS1

2. IDENTITY OF INDEPENDENT CONTRACT

The Independent Contractor (hereafter "IC") is identified as follows:

Name: Sherri Meagher

Type Entity: (X) Sole Proprietorship () Partnership () Corporation

Address: 47 Fenwick Street

City/State/Zip: Greenlawn, New York 11740

Business Telephone: (516)759-9610

License # & Exp. Date (if any): 083265-1 Exp 4/30/22

****W-9 form must be submitted with this contract for
payment to be furnished**

3. WORK TO BE PERFORMED
- AGENCY desires that IC perform and IC agrees to perform the following work:
- Social Worker Services; Mental Health Support, Caregiver Support, Home Assessment, and Referral Services for the Glen Cove Senior Center.
4. TERMS OF PAYMENT
- AGENCY shall pay IC according to the following terms and conditions: IC shall be paid (22) Payments of \$819.87, (1) payment of \$819.86, (1) payment of \$819.80
Dates: January 1st, 2022 – December 31st, 2022
5. REIMBURSEMENT OF EXPENSES
- AGENCY shall not be liable to IC for any expenses paid or incurred by IC unless otherwise agreed in writing.
6. EQUIPMENT, TOOLS, MATERIALS, OR SUPPLIES
- Glen Cove Senior Center will provide all equipment, tools, materials and/or supplies to accomplish the work agreed to be performed. Should IC wish to purchase "supplies", IC must first obtain Glen Cove Senior Center prior written approval before it may be a reimbursable expense. IC must maintain "supplies" in good working condition through time of contract; failure may result in surcharges.
7. FEDERAL, STATE AND LOCAL PAYROLL TAXES
- Neither Federal, not State, nor local income tax, nor payroll tax of any kind shall be withheld or paid by AGENCY on behalf of IC or the employees of IC. IC shall not be treated as an employee with respect to the services performed hereunder for federal or state tax purposes.
8. FRINGE BENEFITS & COMPENSATION
- Because IC is engaged in IC's own independent business, WORKER'S IC is not eligible for and shall not participate in any employer pension, health, or other fringe benefit plan of the AGENCY. Likewise, no worker's compensation insurance shall be obtained by AGENCY concerning IC or the employees of IC. IC shall comply with the worker's compensation law concerning IC and the employees of IC.
9. WORK PRODUCT OWNERSHIP
- Any copyrightable works, ideas, discoveries, inventions, patents, products, or other information (collectively, the "Work Product") developed in whole or in part by IC in connection with the Services shall be the exclusive property of Agency. Upon request, IC shall sign all documents necessary to confirm or perfect the exclusive ownership Agency to the Work Product.

10. CONFIDENTIALTY

IC will not at any time or in any manner, either directly or indirectly, use for the personal benefit of IC or divulge, disclose, or communicate in any manner any information that is proprietary to Agency. IC will protect such information and treat it as strictly confidential. This provision shall be effective after the termination of this Agreement. Upon termination of this Agreement, IC will return to Agency all records, notes, documentation and other items that were used, created, or controlled by IC during the term of this Agreement.

11. TERM OF
AGREEMENT

This agreement shall become effective on January 1, 2022
and shall terminate on December 31, 2022

12. TERMINATION
WITHOUT CAUSE

Without cause, either party may terminate this agreement after giving 30 day written notice to the other of intent to terminate without cause. The parties shall deal with each other in good faith during the 30 day period after any notice of intent to terminate without cause has been given.

13. TERMINATION
WITH CAUSE

With reasonable cause, either party may terminate this agreement effective immediately upon the giving of written notice of termination for cause. Reasonable cause shall include:

- A. Material violation of this agreement
- B. Any act exposing the other party to liability to others for personal injury or property damage.

14. NO AUTHORITY
TO BIND CLIENT

IC has no authority to enter into contracts or agreements on behalf of the AGENCY. This agreement does not create a partnership between the parties.

15. ENTIRE
AGREEMENT

This is the entire agreement of the parties and cannot be changed or modified orally.

16. SEVERABILITY

If any part of this agreement shall be held unenforceable, the rest of this agreement will nevertheless remain in full force and effect.

17. AMENDMENTS

This agreement may be supplemented, amended or revised only in writing by agreement of the parties.

For Senior Center Use
Log #: _____
Date: _____

***AGENCY:**

City of Glen Cove, Glen Cove Senior Center
Agency Name

Signature

Mayor
Title

Date

***INDEPENDENT CONTRACTOR (CONSULTANT)**

Sherri Meagher
Firm/Individual Name

Signature

Consultant
Title

Date



CONSULTANT AGREEMENT

AGREEMENT IS HEREBY MADE between the Agency and Independent Contractor set forth below according to the following terms, conditions and provisions:

1. IDENTITY OF AGENCY

AGENCY is identified as follows:

Name: City of Glen Cove, Glen Cove Senior Center

Address: 130 Glen Street

City/State/Zip: Glen Cove, NY 11542

Telephone: (516)759-9610

Program Name: Social Work Services

Prog. Contract #: 2022-SCSWS2

2. IDENTITY OF INDEPENDENT CONTRACT

The Independent Contractor (hereafter "IC") is identified as follows:

Name: Marilyn Mohsin, LMSW

Type Entity: (*) Sole Proprietorship () Partnership () Corporation

Address: 46 Convent Street

City/State/Zip: Syosset, New York 11791

Business Telephone: (516)476-8125

License # & Exp. Date (if any): _____

****W-9 form must be submitted with this contract for
payment to be furnished**

10. CONFIDENTIALTY

IC will not at any time or in any manner, either directly or indirectly, use for the personal benefit of IC or divulge, disclose, or communicate in any manner any information that is proprietary to Agency. IC will protect such information and treat it as strictly confidential. This provision shall be effective after the termination of this Agreement. Upon termination of this Agreement, IC will return to Agency all records, notes, documentation and other items that were used, created, or controlled by IC during the term of this Agreement.

11. TERM OF
AGREEMENT

This agreement shall become effective on January 1, 2022
and shall terminate on December 31, 2022

12. TERMINATION
WITHOUT CAUSE

Without cause, either party may terminate this agreement after giving 30 day written notice to the other of intent to terminate without cause. The parties shall deal with each other in good faith during the 30 day period after any notice of intent to terminate without cause has been given.

13. TERMINATION
WITH CAUSE

With reasonable cause, either party may terminate this agreement effective immediately upon the giving of written notice of termination for cause. Reasonable cause shall include:

- A. Material violation of this agreement
- B. Any act exposing the other party to liability to others for personal injury or property damage.

14. NO AUTHORITY
TO BIND CLIENT

IC has no authority to enter into contracts or agreements on behalf of the AGENCY. This agreement does not create a partnership between the parties.

15. ENTIRE
AGREEMENT

This is the entire agreement of the parties and cannot be changed or modified orally.

16. SEVERABILITY

If any part of this agreement shall be held unenforceable, the rest of this agreement will nevertheless remain in full force and effect.

17. AMENDMENTS

This agreement may be supplemented, amended or revised only in writing by agreement of the parties.

For Senior Center Use
Log #: _____
Date: _____

***AGENCY:**

City of Glen Cove, Glen Cove Senior Center
Agency Name

Signature

Mayor
Title

Date

***INDEPENDENT CONTRACTOR (CONSULTANT)**

Marilyn Mohsin
Firm/Individual Name

Signature

Consultant
Title

Date

65
Glen Cove
n Street
e, NY 11542

BUDGET TRANSFER FORM

DEPARTMENT: Senior Center

BUDGET YEAR 2021

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	INCREASE BUDGET	DECREASE BUDGET
A7030-54310	Food		\$5,900.00
A7030-52220	Equipment	\$2,000.00	
A7030-54324	General Supplies	\$3,900.00	

Reason for Transfer:

NC Modification to allow the Transfer of Nutrition Funds for take home activities for Seniors.

Department Head Signature: _____

Digitally signed by Christine Rice
DN: cn=Christine Rice, o=City of Glen Cove, ou=Senior
Center, email=crrice@glencoverny.gov, c=US
Date: 2021.12.22 11:43:08 -05'00'

Date: 12.22.21

City Controller Approval: _____

Date: 1/3/22

City Council Approval – Resolution Number: _____

Date: _____



City of Glen Cove
9 Glen Street
Glen Cove, NY 11542

BUDGET AMENDMENT FORM

GCF-1 (7/08)

Department: Senior Center

BUDGET YEAR 2022

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	EST. REVENUE INCREASE (DECREASE)	APPROPRIATION INCREASE (DECREASE)
A7030-43801	Title III-B Age Friendly	\$105,000	
A7030-55438	Contractual Services		\$105,000

Reason for Amendment:

Amendment No. 2 to Contract CQHS200000038 with Nassau County to increase revenue in 2022 for additional consulting fees for our Age-Friendly initiatives.

Department Head Signature:

Christine Rice

Date:

11.15.21

City Controller Approval:

Michael J. ...

Date:

1/3/22

City Council Approval-Resolution Number:

Date:



City of Glen Cove
9 Glen Street
Glen Cove, NY 11542

BUDGET AMENDMENT FORM

GCF-1 (7/08)

Department: Youth Bureau

BUDGET YEAR 2022

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	EST. REVENUE INCREASE (DECREASE)	APPROPRIATION INCREASE (DECREASE)
A7050-43581	OCFS Grant	\$24,533.33	
A7050-51120	Part-Time salaries		\$24,533.33

Reason for Amendment:

Received new grant funding from OCFS to be applied
to Part-time salaries

Department Head Signature: Spiro Tsirkas Date: 12/23/21
City Controller Approval: [Signature] Date: 1/3/22
City Council Approval-Resolution Number: _____ Date: _____



City of Glen Cove
9 Glen Street
Glen Cove, NY 11542

BUDGET AMENDMENT FORM

GCF-1 (7/08)

Department: CAPITAL FUND

BUDGET YEAR 2022

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	EST. REVENUE INCREASE (DECREASE)	APPROPRIATION INCREASE (DECREASE)
H8300-43580-1827	NYS GRANT (WATER INFRASTRUCTURE)	\$337,763	
H8300-52260-1827	SEAMANS ROAD WELL REHAB		\$337,763

Reason for Amendment:

TO ACCEPT GRANT REIMBURSEMENT PROCEEDS FROM

NYS ENVIRONMENTAL FACILITIES CORPORATION (EFC)

RELATED TO SEAMAN'S ROAD WATER SYSTEM IMPROVEMENTS

[NYS WATER INFRASTRUCTURE IMPROVEMENT ACT GRANT PROGRAM PROJECT #18637]

Department Head Signature:

Michael A. Piccirillo

Digitally signed by Michael A. Piccirillo
DN: cn=Michael A. Piccirillo, o=City of Glen
Cove, email=mpiccirillo@glen Cove, c=US
Date: 2022.01.06 15:59:05 -05'00'

Date: JANUARY 6, 2022

City Controller Approval:

Date: JANUARY 6, 2022

City Council Approval-Resolution Number:

Date:

6L

FACILITIES USE AGREEMENT

This Facilities Use Agreement is entered into as of January 11, 2022 ("Effective Date"), between the City of Glen Cove, a New York State municipal corporation with offices at 9 Glen Street, Glen Cove, New York 11542 and ("Licensor") and Advanced Cardiovascular Diagnostics, PLLC a New York State professional limited liability corporation with offices at 833 Northern Boulevard, Great Neck, New York 11021 ("Licensee") for the use by Licensee of certain space and facilities owned by the Licensor.

1. **Space**. Subject to the terms of this Agreement, the Licensor agrees that Licensee may use the following space at the John Maccarone Memorial Stadium ("Space").

2. **Use**. Licensee may use the Space for, and in connection with, the following, and for no other purpose: for providing rapid antigen, polymerase chain reaction, and spike protein antibody tests to detect SARS-CoV-2 ("COVID-19") infections on behalf of members of the public.

3. **Time(s) of Use**. Licensee may Use the Space on dates and times that shall be submitted and approved by the Mayor in her sole discretion.

Licensor shall have the right to terminate this Agreement immediately, without notice, for breach by Licensee of any term or condition of this Agreement.

4. **Conditions of Use**. When using the Space, and in connection with the use of the Space, Licensee agrees

- a. to comply with all applicable state, federal and local laws and regulations, and with all policies and regulations of the Licensor pertaining to the use and occupancy of the Space. Licensee agrees to adhere to all CDC and New York State guidelines including those applicable to infectious diseases such as COVID-19.
- b. to administer COVID-19 testing to members of the public at a medically and/or professionally acceptable standard of care, which is the type of care that a reasonably competent and skilled health care professional, with a similar background in the same medical community would provide for COVID-19 testing.
- c. to accept health insurance from members of the public as compensation for providing COVID-19 testing, or in the alternative, provide COVID-19 testing to the public at no charge. The City of Glen Cove shall incur no charge or liability for Licensee's use of the property.
- d. to take good care of the Space and/or building(s) where the Space is located and, after each use, to return them to the condition they were in prior to each use by the Licensee. Licensee agrees to:
 - i. keep the Premises in good repair at its own cost and expense including but not limited to sweeping, vacuuming and washing floors, cleaning and sanitizing classrooms, library and restroom facilities, cleaning outside play areas, keeping all garbage and refuse in the kind of container specified by Licensor and placed where indicated by Licensor for collection in the manner and at the time and places specified by Licensor. Licensee further agrees to provide any and all cleaning supplies and disposables including toilet tissue and paper towels in the restrooms as well as plastic liners for all garbage cans.
 - ii. make all repairs necessary to any part of the Premises or to any fixture, equipment or appurtenances therein or thereto, which incurs damage or injury resulting in any way from

the use by Licensee or its personnel, agents, servants, visitors or employees, or from the carelessness, negligence or improper conduct of licensee or its personnel, agents, servants, visitors or employees. In the event of any such damage or injury for which Licensee is responsible under this Agreement, then Licensee shall cause such damage or injury to be repaired as speedily as possible, at its own cost and expense, and to the satisfaction of Licensor. Notwithstanding anything to the contrary contained in the foregoing, Licensee shall not be required to make any structural, roof or water, sewer or heating equipment repairs, or repairs to any major mechanical system unless necessitated by the negligence of Licensee or its personnel, agents, servants, visitors or employees. If Licensee fails to make any repairs for which Licensee is responsible under this Agreement, then Licensor may do so, without obligation, and the cost thereof shall be paid by Licensee to Licensor within thirty (30) days after the rendition to the Licensee of an invoice for the cost of the repairs.

- e. to be responsible for all participants in, and attendees of Licensee's Use, and for the overall security of the Licensor's property in connection with Licensee's use.
- f. Licensee will provide all items it needs to operate, including but not limited to personnel, materials, personal protective equipment and other equipment, including but not limited to safety and medical equipment and whatever other materials it deems necessary ("medical equipment") and shall not rely on Licensor for any such medical equipment.
- g. not to use or allow the Space to be used for any unlawful purpose, not to commit or allow to be committed any waste or nuisance in or about the Space, and not to subject the Space to any use that would damage the Space or cause an increase in the rates of any insurance coverage maintained by the Licensor.
- h. that all employees and volunteers of Licensee are trained and/or certified where necessary in connection with providing COVID-19 testing.

5. **Term of Agreement.** This Agreement will begin on the Effective Date and when either Licensor or Licensee provides written notice to terminate this Agreement, at which time Licensee's right to use the Space under this Agreement will automatically expire.

6. **Fees.** Both parties agree that there shall be no fee for the above-described Use.

7. **Insurance.** Licensee agrees to comply with the terms of the insurance and indemnification rider that is attached to this Agreement.

8. **Liability and Indemnification.** Licensee agrees to conduct its activities in the Space in a careful and safe manner. As a material part of this Agreement, Licensee agrees to assume all risk of (i) damage to, and loss or theft of, Licensee's property while at the Licensor; (ii) damage to the Space and the building in which the Space is located; and (iii) injury or death to persons related to Licensee's use or occupancy of the Space in, upon, or about the Space from any cause, with the sole exception of the gross negligence of the Licensor or any person for whom the Licensor is legally responsible. Licensee agrees to indemnify the Licensor as set forth in the insurance and indemnification rider that is attached to this Agreement.

9. **Assignment and Subletting.** Licensee does not have the right to assign this Agreement or allow any other person or entity not contemplated by this Agreement to use or occupy any of the Space without the prior written consent of the Licensor, which consent may be granted or withheld in the Licensor's sole discretion.

10. **Default.** If Licensee fails to pay any fee or other sum required to be paid by Licensee when due, or otherwise fails to comply with or observe any other provision of this Agreement, in addition to any other remedy that may be available to Licensors, whether at law or in equity, the Licensors may immediately terminate this Agreement and all rights of Licensee.

11. **Interpretation.** This Agreement constitutes the entire agreement between the parties with respect to its subject matter. This Agreement may not be modified or amended except by written instrument signed by both parties.

12. **Relationship.** Neither Licensee nor any personnel of Licensee will for any purpose be considered employees or agents of the Licensors. Licensee assumes full responsibility for the actions of Licensee's personnel, and is solely responsible for their supervision, direction and control, and, if applicable, payment of salary (including withholding income taxes and social security), worker's compensation and disability benefits.

13. **Authority.** The individual signing below on behalf of Licensee hereby represents and warrants that he or she is duly authorized to execute this Agreement on behalf of Licensee and that this Agreement is binding upon Licensee in accordance with its terms.

14. **Applicable Law.** All disputes arising out of this agreement will be governed by New York substantive law. Any legal proceeding arising out of this agreement will be venued in Nassau County.

15. **Notice.** Any notice required or permitted under this Agreement shall be deemed sufficiently given or served if sent by United States certified mail, return receipt requested, addressed as follows:

If to Licensors:

City of Glen Cove
9 Glen Street
Glen Cove, New York 11542
Attn: City Attorney

If to Licensee:

Advanced Cardiovascular Diagnostics
833 Northern Boulevard, Suite 100
Great Neck, New York 11021
Attn: Dr. Perry Frankel, MD

City of Glen Cove

By:

Name: Pamela D. Panzenbeck
Title: Mayor
Date:

Advanced Cardiovascular Diagnostics

By:

Name: Perry Frankel
Title: CEO
Date: 7/7/22

Insurance and Indemnification Rider to Facilities Use Agreement between the City of Glen Cove (Licensor") and Advanced Cardiovascular Diagnostics ("Licensee")

Insurance.

1. During the term of the Agreement, the Licensee, at its own cost and expense, will provide and keep in force with companies of good standing satisfactory to the Licensor, comprehensive general liability, medical malpractice insurance, and automobile liability insurance insuring the Licensor against any and all sums which the Licensor shall be legally obligated to pay because of any claim arising from the Licensee's use of the Space and resulting in bodily injury, death or property damage in the amount of not less than FIVE MILLION (\$5,000,000.00) DOLLARS each occurrence and aggregate. The policy must include an endorsement stating that the City of Glen Cove, its officers, agents, employees, elected officials, contractors and agencies thereof are "Additional Insureds" and further all policies will be primary and non- contributory to any other coverage available to the Licensor. A certificate of insurance evidencing all insurance coverages required by this Agreement shall be delivered to Licensor before Licensee enters upon the Premises.
2. Licensee will carry workers' compensation insurance in accordance with statutory requirements and employers' liability insurance with a minimum limit of \$1,000,000 each occurrence, naming the Licensor as a "Certificate Holder."
3. Licensee will provide Licensor with evidence of all insurance coverage required by this Agreement, including evidence of coverage for any of Licensee's volunteers.

Liability and Indemnification.

To the fullest extent permitted by law the Licensee agrees to indemnify and save the Licensor, its officers, agents, employees, elected officials, contractors and agencies, harmless against and from any and all claims, debts, demands, suits, obligations, expenses and costs of every kind, character and description which may be asserted, claimed, filed or brought against or paid by the Licensor arising out of the use of the Space by the Licensee or by any of its employees, agents, volunteers, guests, invitees or participants in any of Licensee's activities at the Space. If the Licensee does not defend any action, and it becomes necessary for the Licensor to defend any action or proceeding seeking to impose any liability, the Licensee shall pay all court costs and the reasonable attorneys' fees and any other sums which the Licensor may be called upon to pay by reason of the entry of a judgment in such action or proceeding and further the Licensee shall be responsible for all costs and attorneys' fees for any action by the Licensor to enforce this indemnity provision or to enforce any action by the Licensor against any insurer of the Licensee for insurance coverage.

City of Glen Cove

By:

Name: Pamela D. Panzenbeck
Title: Mayor
Date:

Advanced Cardiovascular Diagnostics

By:

Name: Peter France
Title: CEO
Date: 1/4/22