Capital Markets Advisors, LLC

Independent Financial Advisors



FINANCIAL ADVISORY SERVICES AGREEMENT

This Agreement has been entered into this 22 day of December, 2021 by and between the City of Glen Cove, New York (the "City") and Capital Markets Advisors, LLC ("CMA"), a limited liability company created under the laws of the State of New York and having its principal place of business at 11 Grace Avenue, Suite 308, Great Neck, New York 11021.

Section 1 Financial Advisory Services

CMA will provide the following services in connection with bond and note financings (the "Issue"), undertaken by City during the term of this Agreement.

- 1.01 Review legal, financial, economic and other information necessary for CMA to advise the City in planning, structuring and completing each Issue undertaken by the City.
- 1.02 Discuss plan of financing including funding requirements and structuring alternatives, given local resources, market conditions, budgetary constraints, future capital needs and such other matters as the City and CMA deem relevant.
- 1.03 Make presentations to the City Council and members of the public concerning the debt issuance process, the credit rating process, interest rates and the budget impact resulting from the debt issue, at the City's request.
- 1.04 Prepare or assist in the preparation of financing documents, as required by the City, including but not limited to: Official Statement, Notice of Sale and Bid Sheet, request for a credit rating, request for municipal bond insurance (if necessary), DTC Letter of Representations and debt statement.
- 1.05 Upon the request of the City, CMA will assist the City in the selection of other service providers necessary to conduct each Issue including but not limited to bond counsel, rating agencies, bond insurers, underwriters, escrow agent, verification and financial printer, if appropriate.
- 1.06 Prepare and maintain a financing schedule, cost of issuance for refunding transactions and take such other actions requested by the City to efficiently manage each Issue.
- 1.07 Post the sale documents on CMA's website, send an email to prospective bidders and post notice in The Bond Buyer to market the Issue.
- 1.08 Participate in debt sale, confirm net interest cost calculation and make award recommendation.
- 1.09 Assist the City with the delivery of proceeds of each Issue, payment of issuance costs and other matters related to closing each Issue.
- 1.10 Prepare and file required Continuing Disclosure and Material Event Notice Filing Pursuant to Rule 15c2-12 of the Securities Exchange Act of 1934.

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Section 2 Compensation

2.01 For CMA's performance of services on behalf of the City as described in Section 1 hereof, CMA's fees, some of which are contingent on a financing closing, will be as follows:

- For new money bond issues: a base fee of \$9,500 plus \$0.60 per \$1,000 of bonds issued
- For note issues: a base fee of \$5,000 plus \$0.30 per \$1,000 of notes issued
- For refunding bond issues: a base fee of \$19,500 plus \$1.00 per \$1,000 of bonds issued plus \$5,000 per each additional series of bonds refunded or refunding bonds issued
- For capital lease issues: a base fee of \$6,500 plus \$.50 per \$1,000 of lease debt issued
- For Continuing Disclosure Services as required by the SEC: \$2,600 annually
- For services unrelated to a bond or note issuance: an hourly fee of \$195 per hour.
- 2.02 The City will pay normal issuance costs such as printing, distribution, postage, photocopying, overnight delivery, bond counsel, rating agency and other associated expenses.
- 2.03 Payment of CMA's compensation is due within 30 days of receipt of CMA's invoice following the closing of the financing.

Section 3 Term of Agreement

The term of this Agreement shall be for one year from the date hereof.

Section 4 Disclosure

CMA does not assume the responsibilities of the City, nor the responsibilities of the other professionals and vendors representing the City, in the provision of services and the preparation of financing documents for financings under this agreement. CMA accepts the relationship of trust and confidence established between it and the City. CMA agrees to furnish its best skill and judgment in the performance of its services in the most expeditious and economical manner consistent with the interests of the City. Information obtained by CMA, either through its own efforts or provided by the City, included in the financing documents, or otherwise provided to the City, is by reason of experience and professional judgment, believed to be accurate; however, such information is not guaranteed by CMA.

Section 5 Required Regulatory Disclosure

Municipal Securities Rulemaking Board ("MSRB") Rule G-10 requires that municipal advisors, including CMA, provide to their clients the following information once each calendar year: (i) CMA is registered as an independent municipal advisor with the MSRB and the US Securities and Exchange Commission ("SEC"); (ii) CMA is subject to the regulations and rules on municipal advisory activities established by the SEC and MSRB; (iii) the website for the MSRB is www.msrb.org and the website for the SEC is www.sec.gov and (iv) in addition to having

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educational materials about the municipal securities market, the MSRB website has a municipal advisory client brochure that describes the protections that may be provided by the MSRB rules and how to file a complaint with the appropriate regulatory authority.

MSRB Rule G-42 requires that municipal advisors, including CMA, inform their clients as to any conflicts of interest that may exist that could impact the client. To the best of our knowledge and belief, neither CMA nor any registered associated person has any material undisclosed conflict of interest that would impact CMA's ability to service the City.

Section 6 Independent Contractor

CMA hereby acknowledges and agrees that its status under this Agreement will be that of an independent contractor. CMA and its officers, agents and employees shall not represent themselves as City employees to any third party, nor shall they make any claim to the City, or to any other person or entity, for benefits or privileges granted to City employees, including but not limited to, Unemployment and Workers Compensation benefits. CMA further acknowledges and agrees that the City shall not take any deductions or withholdings from CMA's compensation to pay federal or state taxes, or any other assessment, cost, expense or obligation which CMA or its officers, employees or agents may incur as a result of CMA receiving compensation pursuant to this agreement.

Section 7 Binding Effect

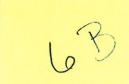
All agreements and covenants contained herein are severable and in the event any of them shall be held to be invalid by any competent court, this agreement shall be interpreted as if such invalid agreements or covenants were not contained herein, and the remaining provisions of this agreement shall remain in full force and effect. Each party hereto represents and warrants that this agreement has been duly authorized and executed by it and constitutes its valid and binding agreement.

Section 8 Modification and Termination

This Agreement contains the entire agreement of the parties. It may be amended in whole or in part from time to time in writing by mutual consent of the parties.

IN WITNESS WHEREOF, the parties have duly executed this Agreement as of the day and year set forth on the first page hereof.

•	
Capital Markets Advisors, LLC	City of Glen Cove, New York
Richard Tortora	
Richard Tortora President	Ву:
	Name:
	Title:



City of Glen Cove Statement of Work for GASB 75 Actuarial Services

The purpose of this Statement of Work, dated January 14, 2022, is to describe the scope of services ("Services") the City of Glen Cove ("Client" or "you") is requesting Schwab Actuarial Services to perform, and to set forth the agreed fees, timing and other matters related to the Services.

The services we will provide

The Services we will provide under this Statement of Work consist of actuarial and benefits advisory services related to your offered post-employment benefits other than pensions (OPEB) for the fiscal years 2022 and 2023. Specifically, we shall provide the following actuarial and consulting services related to compliance with GASB 75 accounting and financial reporting for your OPEB plans:

- We shall assist you by providing actuarial valuation and consulting services related to all OPEB plans identified;
- Facilitate the selection of reasonable actuarial assumptions for purposes of GASB 75 compliance;
- Develop annual OPEB costs and Net OPEB Liability for financial reporting purposes according to GASB 75;
- Present results to the relevant audience within your group telephonically; and
- Prepare a written actuarial valuation report documenting the results under GASB 75.

Specific steps necessary to satisfy the accounting and financial reporting standards of employers mandated under GASB 75 include:

Data review

Utilizing accurate participant data and claims information is essential for an OPEB actuarial valuation. This task involves analyzing the relevant participant census and claims data for reasonableness and integrity. All data from you is to be complete and accurate. If errors and inconsistencies are identified, you will correct and resubmit for valuation.

In order to complete this task, we will:

- Discuss the data collection procedures with appropriate Client personnel;
- Provide a spreadsheet that you will populate with plan and census information; and
- Review plan provisions and research any alternative plans that may exist if any alternative plans exist, they will be considered out of scope.

For financial reporting purposes under GASB 75, a full actuarial valuation is required at least biennially for OPEB plans. In years one and three a full actuarial valuation is completed to determine the OPEB costs and liabilities, and in years two and four the costs and liabilities are generated by utilizing the prior year demographic information and adjusting for changes in the economic environment. Collecting and analyzing claims and participant census data will occur every other year, unless there are significant changes in the plan or covered population. A new full valuation should be performed if, since the previous valuation, there has been a change in the accounting standard, significant changes in benefit provisions, the size or composition of the population covered by the plan, or other factors that impact long-term assumptions.

Determination of Actuarial Assumptions

The selection of actuarial assumptions will be guided by applicable actuarial standards. This involves an analysis of the actuarial assumptions (both economic and non-economic). The final assumptions are selected by you and we will perform a review and provide information which will enable you to select the appropriate actuarial assumptions as required under the GASB standards.

We will:

- Analyze plan claims experience, to the extent that credible experience data are available,
 and the underlying cause of any recent premium rate fluctuations if necessary;
- As appropriate, provide a range of reasonable assumptions to be used in calculating the OPEB liabilities;
- Increase your understanding of the assumptions used in the actuarial valuation;
- Discuss the assumptions with you and your members personnel to gain an understanding of the various issues impacting the assumptions; and
- Compare those assumptions with the assumptions used by other public organizations.

Actuarial Valuation

This task incorporates the agreed upon actuarial assumptions and various actuarial methods to determine the OPEB costs and liabilities. We will:

- Establish an actuarial model for evaluating benefit liabilities under the substantive plan (the plan as understood by you and plan members); and
- Calculate and measure the present value of projected benefits, normal cost, actuarial
 accrued liability, actuarial value of assets, etc.

Preparation of GASB Accounting Information

This task incorporates the agreed upon actuarial assumptions and various actuarial methods to determine the OPEB costs and liabilities. We will:

- Calculate the applicable Total and Net OPEB Liabilities, the sources of changes, the applicable fiscal year OPEB Expense, etc.; and
- Prepare exhibits for employer financial reporting (GASB 75).

Actuarial Valuation Report and Recommendations

This task involves preparing an actuarial valuation report containing:

- Executive summary of results;
- Exhibits containing information relevant to satisfying disclosure requirements under GASB 75;
- Allocation of the OPEB Expense and Net OPEB Liability into Bargaining Unit;
- Summary of census data;
- Summary of actuarial assumptions; and
- Summary of plan provisions.

In addition, we will include telephonic support with the auditor to discuss the report.

Engagement Team

Your engagement team for this scope of work will include:

 Brett Schwab, ASA, EA, MAAA, Principal & Lead Actuary, who will oversee and review the actuarial work. His direct telephone number is 312-244-9022.

Delivering the services

Prior to the commencement of work, we will discuss with you and/or management to establish expected timeframe and deliverables for Services listed above, including management's role and the additional resources allocated to the project.

Limitations

Our responsibility under this Statement of Work extends only to Services we expressly agree to provide herein. Our responsibility does not include, for example, studies, detailed research or analysis not specifically set forth in this Statement of Work. If such items arise or you request additional Services we will provide you a fee estimate and a new Statement of Work before we invest significant professional time.

Fees and payment terms

Service	<u>Fixed Fee</u>
Fiscal Year 2022 (full valuation)	\$8,450
Fiscal Year 2023 (interim valuation)	\$3,700

The above fixed fees are based upon the following assumptions:

- Timely and complete information is received from the Client.
- The participant data is provided in a form compatible with Microsoft Excel and in the format requested.
- The scope of the engagement does not expand beyond that described in this proposal.

We will discuss with you circumstances that require us to do additional work which may include, but are not limited to, work to satisfy our obligations under applicable professional standards including additional fact gathering, analysis and preparation of disclosure forms, unforeseen scope changes, and late or incomplete client provided information. If it appears that the stated fee will be exceeded, we will consult with you before continuing with the engagement.

Agreed and accepted

CITY OF GLEN COVE

The undersigned hereby agree to the terms and conditions as set forth above.

Bur Date:

SCHWAB ACTUARIAL SERVICES

Brett Schwab, ASA, EA, MAAA

Date: January 14, 2022

Principal & Lead Actuary



PROFESSIONAL CONSULTING AGREEMENT

AGREEMENT made as of this 1 day of January, 2022, by Elm Consulting Group Ltd., 31 Dosoris Way, Glen Cove, New York 11542 (hereafter referred to as "Consultant"), and the City of Glen Cove, a municipal corporation in the County of Nassau and State of New York (hereafter referred to as the "City"), 9 Glen Street, Glen Cove, New York 11542;

WHEREAS, the City and Consultant desire to enter into an agreement for the performance by Consultant of professional services in connection with certain activities being conducted in the City, specifically, to manage the City's Municipal Golf Course operations including facilities and activities; to administer concessionaire contracts and ensure that contract provisions are met; to oversee facilities maintenance activities; and to do related work as hereafter more particularly stated;

NOW, THEREFORE, in consideration of the obligations hereafter set forth, the parties hereto agree as follows:

directly responsible to the Mayor of the City. Consultant shall regularly report and consult with the Mayor or his/her designee, with regard to the services it renders pursuant to this Agreement and shall execute and carry out any directives given by the Mayor in connection with the duties to be performed by it under this Agreement. Consultant shall use its best efforts, in accordance at least with prevailing minimum area standards for same, to perform professional services and other related duties, including the rendering of such progress and final reports in such form and content as may be requested in writing from time to time by the City, including but not limited to the following:

Golf Course Duties

- A. Oversee and manage, in cooperation with the Golf Professional and the Greens Keeper, Golf Course functions, outings, tournaments, activities, operations and maintenance.
- B. Develop standards of quality for Golf Course staff and ensure the development and implementation of goals and objectives for the Golf Course.
- C. Assist in negotiating concessionaire contracts; administer contracts and review revenues and expenditures and ensure that contract provisions are being met for pro-shop, restaurant and related activities.
- D. Review all maintenance activities in cooperation with the Greens Keeper for Golf Course maintenance.
- E. Review work orders, prioritize work and review work in progress and upon completion, ensure that work meets accepted standards and requirements; resolve contract problems.
- F. Plan and implement, upon approval and in cooperation with the Greens
 Keeper and Golf Professional, short- and long-term renovation of course grounds and
 facilities; analyze alternatives and determine whether such renovation should be done by
 City or by a contractor.
 - G. Participate in the development of specifications for capital improvements.
 - H. Provide for training and development Golf Course staff.
- I. Resolve public concerns and complaints regarding Golf Course facilities and functions; confer with concessionaires regarding their services and ensure that standards are set for maximum public participation and enjoyment.

- K. Ensure compliance of Golf Course activities with applicable codes, regulations and guidelines.
- L. Review Golf Course charges and fees and ensure that they are appropriate in the current market.
- M. Enforce on-site City ordinances regarding the safe and proper use of Golf Course facilities.
- N. Coordinate facilities and course maintenance activities with the Greens Keeper and staff of other City departments.
- O. Coordinate and oversee the design and renovation of Golf Course facilities and grounds with Greens Keeper and staff of other City departments.
- P. Prepare and direct the maintenance of accurate records, files and reports related to the work of the Golf Course.

Under this Agreement, Consultant shall at all times act as an independent professional contractor and not as an employee of the City, and shall have no authority to act as an agent or representative of the City or to enter into any financial or other contractual commitment on behalf of the City without the prior written approval of same granted in accordance with law. This Agreement shall be effective from January 1, 2022, to December 31, 2022, unless sooner terminated as provided hereafter.

2. <u>DUTIES OF THE CITY</u>: City will furnish Consultant for his sole use and occupancy reasonable office space at the Golf Course for the operation of its business.

3. PAYMENT:

- (a) Fee Paid. The City shall pay Consultant Annual fee of \$50,000.00 which shall be payable in equal installments of \$4,166.67 per month appropriated for services performed hereunder during the term of this Agreement. Payment for fractional periods shall be pro-rata.
- (b) Rendition of Invoices. Payment of fees will be made upon the submission by Consultant to the City Controller of invoices in the form

prescribed by the City. Such invoices shall specify in detail the periods for which fees are claimed and the services performed.

- 4. <u>EFFECTIVE DATE & TERMINATION</u>: This Agreement shall be effective from January 1, 2022, to December 31, 2022, unless sooner terminated as provided hereafter. This Agreement shall be effective for the period provided. It may be terminated with or without cause, for any reason whatsoever, at any time by either party by giving thirty (30) days written notice to the other.
- 5. <u>CONFLICTS OF INTEREST</u>: Consultant represents that neither he nor his firm is now performing, nor will perform during the period of effectiveness of this Agreement, any consulting or other services for any person, firm or corporation which results or might result in a conflict of interest between Consultant and the City, directly or indirectly, Consultant agrees promptly to disclose any and all such conflicts, of interest in writing to the City, giving full particulars.
- 6. TITLE TO DATA AND PROPERTY PRODUCED BY CONSULTANT:

 Consultant agrees that title to and all rights and other legal interest in all correspondence,
 memoranda, records, data, analyses, graphs, reports, physical property and other subject matter
 prepared, procured or produced in the rendition of services hereunder shall vest exclusively and remain
 jointly with the City and Consultant, consultant shall not have the right to sell, disclose or make same
 available to third parties without the prior written consent of the City.
- 7. <u>CONFIDENTIALITY</u>: Consultant agrees to treat and maintain as confidential, and not to disclose to any third party or to use for his own benefit, reproduce or have reproduces, any information or other such document or data obtained, learned or produces as a result of the services rendered hereunder (except to the extent required by law) without prior written consent of the City, which consent shall not unreasonably be refused, and to both require and furnish copies to the City of an identical covenant executed by all agents, employees, or subcontractors of Consultant participating in the rendering of the services hereunder.
- 8. <u>INSURANCE AND INDEMNITY</u>: Consultant shall, at its own cost and expense, procure insurance for the term of this Agreement to protect Consultant from claims under the Workers Compensation

Law, or to comply with the provisions of said law as a self-insurer, and shall also procure such public liability insurance as will protect Consultant and the City from any claims for damages to property and for personal injuries, including death, which" may arise from the services provided by Consultant or anyone directly or indirectly employed by Consultant. Said liability insurance shall have a policy limit of not less than One Million (\$1,000,000.00) Dollars per occurrence and shall name the City of Glen Cove as an "additional insured".

All policies shall be delivered to the City with full premiums paid before the commencement of any operation under this Agreement. All policies shall be subject to the prior written approval of the City as to adequacy in form and protection.

Consultant shall pay all lawful costs and charges incurred by Consultant in the performance of services hereunder, whether or not reimbursed to Consultant by the City, including, but not limited to, salaries and wages of Consultant's employees (the latter in accordance with applicable minimum wage laws), and shall procure and maintain such Disability and Unemployment insurance as required by law.

- 9. <u>COMPLIANCE WITH LAWS</u>: Consultant agrees to comply with all New York laws and regulations applicable to the services to be performed under this Agreement. This Agreement shall be governed by and construed under the laws of the State of New York.
- deemed to be complete, take precedence over all other prior or existing understandings or agreements, if any, whether oral or written, and shall not be modified, assigned or transferred except upon the written consent of both parties hereto, All notices by either party to the other required or permitted hereunder shall be effective if sent by ordinary mail to the other party at the address first above written, unless a different address be sooner specified in writing and this Agreement may not be assigned or transferred by Consultant without prior written consent of the City.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year above written.

THE CITY OF GLEN COVE

By Pamela D. Panzenbeck - Mayor

ELM CONSULTING GROUP LTD

By John Grella



MAILING ADDRESS:

TELSTAR INTEGRATED SOLUTIONS 10 SHORE ROAD **GLEN COVE, NY 11542**

PHONE: (516) 676-7700 FAX: (516) 671-3735



1/6/2022

Bill To	
City of Glen Cove 9-13 Glen Street Glen Cove, NY 11542	

P.O. No.	Terms
913-102921	Net 15

Quantity	Description	Rate	Amount
	Surveillance System Proposal		
	Glen Cove City Hall Surveillance System Cameras Viewing the Finance Office Windows		
5	Hanwha WiseNet 5MP Network Dome Camera		0
	Labor for Installation, Programming, and Testing		

Sales Tax (8.625%)

\$0.00

		Total	\$2,175.00
Client:		 Date	
Contractor:	Telstar Integrated Solutions Inc.	- Date	

TERMS OF SALE

Pricing is based as an estimate. If Telstar should exceed the proposed time, the customer will be charged for additional labor - based on an hourly rate of \$105.00 per man hour. Due to unforeseen economic product availability, customer is reponsible for paying for price increase between date of contract and date of installation. Telstar will attempt to substitute alternative model if unable to get products listed in the above proposal.

Proposal is only valid up to 30 days due to subject of price changes. After 30 days from original proposal prices will need to be reviewed due to market changes. Payments should be received as follows: 50% deposit, 30% upon delivery of material, Balance due upon completion.

*Acceptance of Proposal: The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Telstar Integrated Solutions

p 516.676.7700 f 516.671.3735 sales@telstaris.com

6E

DISCLOSURE & ACCOUNTABILITY CERTIFICATIONS*

(The Contractor must attach the corresponding Legislative Initiative Form <u>prior</u> to having this document signed and notarized.)

I. No Conflict of Interest

Except as otherwise fully disclosed in a separate appendix attached to this Certification, the Contractor affirms, to the best of its knowledge, under penalty of perjury, that neither the Sponsoring Member(s) nor any Related Parties to Sponsoring Member(s) has any financial interest, direct or indirect, in the Contractor, or has received or will receive any financial benefit, either directly or indirectly, from the Contractor or its Related Parties from the matters contained in the attached Legislative Initiative Form or in any subsequent related Contract.

II. Good Standing

Except as otherwise fully disclosed in a separate appendix attached to this Certification, the Contractor affirms, to the best of its knowledge, under penalty of perjury, that:

- (A) At no time during the past five years has the Contractor: (1) been barred by a government agency from entering into a government contract as a result of inappropriate activity or unlawful conduct; (2) been convicted or charged with a felony or misdemeanor; or (3) failed to file federal, state or city tax returns or pay taxes owed; and
- (B) Neither the Contractor, nor any of the Contractor's Related Parties, has paid any third party or agent, either directly or indirectly, to aid in the securing of the attached Legislative Initiative Form or in any subsequent related Contract.

To the extent the answer to any of these questions is "yes," please describe the events and circumstances in an attached appendix to this Certification.

III. Funds Used Solely for Public Purpose

The Contractor affirms, to the best of its knowledge, under penalty of perjury, that all funds expended pursuant to the terms of any Contract related to the attached Legislative Initiative Form are intended to be used and will be used solely and directly for the public purpose or public purposes specified on the Legislative Initiative Form and elsewhere in any subsequent related Contract.

IV. Sponsoring Member(s)

The Sponsoring N	fember(s) of the local legislative initiative set forth in the	
attached Legislative Initia	tive Form, pursuant to which any subsequent related Contrac	t
will be funded is/are		•

V. Definitions

As used herein in this Certification Appendix:

- (1) "Affiliate" means any person or entity that directly or indirectly controls or is controlled by or is under common control or ownership with the specified party.
- (2) "Contractor" means the party or parties receiving funds as set forth in the attached Legislative Initiative Form pursuant to the terms of any subsequent related Contract.
- (3) "Related Party" means: (i) the party's spouse, (ii) natural or adopted descendants of the party or of the party's spouse, (iii) any sibling of the party or of the party's spouse, (iv) any person sharing the home of any of the foregoing, (v) any staff member, employee, director, officer or agent of the party, and (vi) Affiliates or subcontractors of the party.
- (4) "Sponsoring Member(s)" means the sponsoring Assembly Member or State Senator that sponsored the grant listed on the attached Legislative Initiative Form.

The undersigned recognizes that this Certification is submitted for the express purpose of assisting the State of New York and political subdivisions to make a determination regarding the approval of a Legislative Initiative Form, award of any subsequent related contract, or approval of any subsequent related subcontract; acknowledges that the State of New York and political subdivisions may in their discretion, by means which they choose, verify the truth and accuracy of all statements made herein; acknowledges that knowing or intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.45; and states that the information submitted in this Certification and any attached appendix is true, accurate and complete.

The corresponding Legislative Initiative Form must be attached prior to having this

document signed and notarized.	
Name of Contractor	Signature of Authorized Official/Date
	•
Address	Typed Copy of Signature
City, State, Zip Code	Title
Sworn to before me this	
day of, 20	
Notary Public	

PLEASE NOTE

Instructions for the New York State Grants Gateway Registration / Prequalification Process

To become prequalified, a nonprofit must Register with the Grants Gateway and then complete an online Prequalification application. This includes completing a series of forms by answering basic questions regarding the organization, and uploading key organizational documents.

How to Register for the Grants Gateway

Go to the Grants Gateway at https://grantsmanagement.ny.gov

- · Click on Get Started
 - Choose Get Prequalified
- 1. Download and complete the Registration Form for Administrators.
 - o The form must include the original signature of the head of the organization.
 - o The form must be notarized. The notary must complete each box in the "Acknowledgement to be completed by a Notary Public" section, and then sign and stamp the form.
- 2. If your organization does not already have a New York State SFS Vendor ID, the Grants Management staff will obtain one for you. To do so, you must download, complete, and attach the <u>Substitute W-9 Form</u>.
 - o If your organization already has an SFS Vendor ID, do not submit a Substitute W-9 form.
 - Please note, the process for obtaining an SFS Vendor ID can take 3-5 business days.
- 3. Attach an organizational chart showing the head of your organization that identifies current leadership and staff members by position, name, and title. A <u>Sample Organization Chart</u> is available for you to view and an <u>Organization Chart Template</u> is available for you to complete. If you are registering as an individual instead of on behalf of an organization, please submit your resume or CV in place of the organization chart.
- 4. Return all materials by email to grantsreform@its.ny.gov Organizations are notified by email once registration is complete.
- * Please note: A short informative video is available under **Registration Help** which demonstrates the steps of this process.

How to Prequalify

Nonprofits that have registered in the Gateway can take the following steps to prequalify:

- 1. Login to the Grants Gateway at http://grantsgateway.ny.gov
 - Users logging in for the first time must update their password.
- 2. Click the Organization(s) link at the top of the page.
 - Complete all required fields.
 - Save your work. On a successful Save, the Document Vault link will appear near the top of the page.
- 3. Click the Document Vault link.
 - Complete the Prequalification application by updating all required forms and uploading all required documents.
 - Upload optional documents as you see fit. Optional documents will not be reviewed as part of the Prequalification process, but may be of interest to the State agency(s) with which you ultimately seek to do business.
 - Review your work.

Submit the Document Vault

- Click the Submit Document Vault link located at the center of the page and attest to the accuracy and currency
 of the information contained therein. Users will receive a system generated email confirming their vault has been
 submitted.
- 2. If the State reviewer, a.k.a. Prequalification Specialist, has questions or requires additional information, users will receive a system generated email instructing them to login to the Gateway and take necessary action.



Pricing Supplement - Support Services Renewal Summary By Product

Issued On:

Jan 5, 2022

Apr 5, 2022

Quote Expires On:

Quote: 92026 Contract Note:

Master Agreement ID: 202969-01

Ship To: 202969

City of Glen Cove Emergency Medical Serv

10 Glen Cove Avenue

Glen Cove NY 11542

United States

Support Services Term: 12 months

Sold To: 202969

City of Glen Cove Emergency Medical Serv

Glen Cove NY 11542

10 Glen Cove Avenue

United States

Service Level: Advantage Service Effective Dates: Jan 1, 2022 to Dec 31, 2022

		Products			Monthly	Monthly Services	
Service Start Date	Product	Description	Qty	Unit Services	Service Term (month)	Extended Services	Service End Date
Jan 1, 2022	MSA-OPT-006	SERVICE-FLEXLOCK WITH TEMPCHECK (50FT)	1.00	\$16.00	12	\$192.00	Dec 31, 2022
Jan 1, 2022	MDA-FRM-003	SERVICE-THREE-CELL RX G4	1.00	\$110.00	12	\$1,320.00	Dec 31, 2022
Jan 1, 2022	MDA-EOS-003-SV	SERVICE-3-CELL-RX-POST-EOS COVERAGE	1.00	\$27.50	12	\$330.00	Dec 31, 2022
	20	Grand Total (USD)			\$1,	\$1,842,00	

Monthly Services			
Products	To continue your Support Services coverage pursuant to the terms and conditions of the mutually negotiated Master Agreement #202969-01. Complete, sign and send this Support Services Renewal Confirmation, along with a copy of your purchase order (if needed) and Tax Exemption Certificate, to your Service Contract Specialist <i>before</i> your expiration date.	PLEASE NOTE	Support Services Coverage is billed as a Lump Sum invoice. Please note that Omnicell is hereby relying to its detriment upon customer's representation and certification by its submission of this Renewal that the assets listed are currently in service and in use such that if it is found at a later date not to be the case, the customer has therefore forfeited any claim to a refund, reimbursement or credit based upon such overpayment for service upon assets not in service.



Service Start Date	Product Name	Product Description	Age	Qŧ	Serial Number	Service End Date
Jan 1, 2022	MSA-OPT-006	FLEXLOCK WITH TEMPCHECK (50FT) INSTI. G4	9	-	OFLUNI035287	Dec 31, 2022
Jan 1, 2022	MDA-FRM-003	3-CELL OMNIRX	9	1	114041	Dec 31, 2022



Pricing Supplement - Support Services Renewal Supplement

Jan 5, 2022 Quote Expires On: issued On: Master Agreement ID: 202969-01

City of Glen Cove Emergency Medical Serv Apr 5, 2022 Sold To ID: 202969 Ship To ID: 202969 Quote: 92026

City of Glen Cove Emergency Medical Serv

10 Glen Cove Avenue Glen Cove NY 11542

United States

10 Glen Cove Avenue

Glen Cove NY 11542

United States

Service Level: Advantage

to Dec 31, 2022

1. The Pricing Supplement is subject to and incorporates by reference all of the terms and conditions as set forth within the Master Agreement identified above. Support Services Term: 12 months

Service Effective Dates: Jan 1, 2022

2. Any terms and conditions on any Purchase Order issued in conjunction with this Pricing Supplement shall be for reference purposes only and shall not become a part of the terms and conditions of this Pricing Supplement.

3. Customer acknowledges that auto-renewal of Support Services will no longer occur, a new service term will require express agreement.

4. Customer acknowledges and agrees that it is Customer's obligation to pay the amounts as set forth on this Pricing Supplement and that such payment obligations are governed by the terms and conditions of the above referenced Master Agreement including all applicable scheduled, attachments and exhibits.

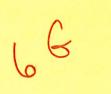
5. The undersigned hereby acknowledges that he/she has the authority to sign this Pricing Supplement and bind the Customer to the terms and conditions of this Pricing Supplement.

OMNICELL INC.	CUSTOMER
Signature:	Signature:
Print Name:	Print Name:
Title:	Title:
Date:	Date:

Administrator: Meghan Sternart Email Address:MEGHAN.STERNART@OMNICELL.COM

^{**}Please e-mail all the document pages to





NET_ALMS Renewal q4

Quote #ITS050931NY v1

Prepared by:

Ronkonkoma Office

Shawn Krulder 980 S 2nd Street Ronkonkoma, NY 11779

P: 631-447-2442 x251 E: skrulder@itsg.us.com Bill to:

City of Glen Cove EMS

Christopher DeMetropolis 9 Glen Street Glen Cove, NY 11542

P: (516) 676-0331

E

cdemetropolis@cityofglencoveny.org

Ship to:

City of Glen Cove EMS

Christopher DeMetropolis 8 Glen Cove Avenue Glen Cove, NY 11542

P: (516) 676-0331

E:

cdemetropolis@cityofglencoveny.or

g

Date Issued:

01.07.2022

Expires:

02.06.2022

Contract #:

Products		Price	Qty	_ Ext. Price
9010177	Sierra Wireless - ALMS 1 Year Device Management for ALEOS devices	\$28.00	4	\$112.00
			Subtotal:	\$112.00

ITS Shipping		Price	Qty	Ext. Price
Shipping	Shipping	\$0.00	1	\$0.00
			Subtotal:	\$0.00

Quote Summary	Amount
Products	\$112.00
Total:	\$112.00

Taxes, shipping, handling and other fees may apply. We reserve the right to cancel orders arising from pricing or other errors.

WE SHALL NOT BE LIABLE FOR ANY LOSS OF PROFITS, BUSINESS, GOODWILL, DATA, INTERRUPTION OF BUSINESS, NOR FOR INCIDENTAL OR CONSEQUENTIAL MERCHANTABILITY OR FITNESS OF PURPOSE, DAMAGES RELATED TO THIS AGREEMENT. MINIMUM 15% RESTOCKING FEE WITH ORIGINAL PACKAGING. PANASONIC & GETAC PRODUCTS ARE BUILT TO ORDER AND NOT RETURNABLE.

A 3% PROCESSING FEE WILL BE ADDED TO ALL INVOICES PAID BY CREDIT CARD.

Ronkonkoma Office	City of Glen Cove EMS	
Shawn Krulder		
Shawn Krulder Signature / Name	Signature / Name	Initials
	Signature / Name	Initials



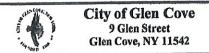
980 S 2nd St, Ronkonkoma, NY 11779 Phone (631) 447-2442 * Fax (631) 447-2514

NEW CUSTOMER SETUP FORM

COMPANY NAME	
SHIPPING ADDRESS	BILLING ADDRESS
WEBSITE	
FEDERAL TAX ID#	
TAX EXEMPT STATUS TAXED ***Please include your tax-exempt certificat	TAX EXEMPT te if you are Tax Exempt***
MAIN CONTACT INFORMATION	ACCOUNTING CONTACT
NAME	NAME
PHONE	PHONE
FAX	FAX
EMAIL	EMAIL
PREFERRED METHOD OF BILLING (P	lease indicate one of the following):
□ FAX □ EMAIL	MAIL TO BILLING ADDRESS
Please fax or email this completed for Fax number: 631-447-2514	orm to Accounting: <u>billing@itsg.us.com</u>

Thank you in Advance for your cooperation Island Tech Services LLC





BUDGET TRANSFER FO

DEPARTMENT: CITY ATTORNEY

BUDGET YEAR 2022

ACCOUNT	ACCOUNT	INCREASE BUDGET	DECREASE BUDGET
NUMBER	ANNUAL SALARIES	\$8,500	DODGET
A1420-51101		φοίσσο	\$8,500
A3310-51120	HOURLY		φ8,500
Reason for Transfer:		/ DUDOETED I	NI.
	RANFER FUNDS ORIGINALLY		A STATE OF THE STA
	DEPARTMENT TO CITY ATT		
TO FU	ND CITY MARSHAL ANNUAL	COMPENSATI	ON
Department Head Sign	Michael A. Piccirillo Digitally algored by Michael A. Piccirillo One, sensit majoratifo dipulared atture:	codified pure City of Glen pur	UARY 5, 2022
-	I willed to tul	Dada JAN	UARY 5, 2022
City Controller Approv	val:	Date:	
City Council Approval	- Resolution Number:	Date:	



Mayor

Michael A. Piccirillo

Controller mpiccirillo@glencoveny.gov





Phone: (5 Fax: (516) 759-6791 www.glencove-li.us

TRAINING F	REQUEST FORM
TRAINING	(EQUEST FORM)
Date:01-13-22	
Your Name: Rocco Graziosi	Department: Public Works
Class Requested: Certified Pro.in Erosion & Sediment	t ContrCost of Class: \$ 332,50
Date(s) of Class(es): January -June 2022	
Costs Associated with Class:	
Airfare:	Car Service:
Hotel:	Meals:
Rental Car:	Parking:
Gas:	
Mileage:	
Tolls:	

Total Estimated Cost of Class plus Expenses:

FUND LINE: A 1490-55442

Department Head Signature:

^{*}Must obtain City Council Approval before training class/conference. This could take at least two weeks.

Enviro Enviro International, Inc. (http://www.envirocertintl.org) Portal

EnviroCert Certification

♣ rocco_graziosi@yahoo.com ▼

♣ Home

(/dashboard)

■ Store
(https://envirocertintl-store.useclarus.com)

NFORMATION

Documents (/documents)

★ Messages (/messages)

APPLICATIONS

G Apply (/apply) ✓ Results (/scores)

CONTINUING

■ My PDH Portfolio (/ce)

Applications in Progress

CPESC (Certified Professional in Erosion and Sediment Control)

Created: 01/03/2022
Status: Payment Deferred (application review will begin once payment is received)

Choose an exam

CESSWI (Certified Erosion, Sediment and Storm Water Inspector) (/apply/application?id=2)

CPISM (Certified Professional in Industrial Stormwater Management) (/apply/application?id=9

CPMSM (Certified Professional in Municipal Stormwater Management) (/apply/application?id=

CPSWI (Certified Professional StormWater Inspector) (/apply/application?id=13)

CPSWQ (Certified Professional in Storm Water Quality) (/apply/application?id=3)

QSM (Certification for Qualified Stormwater Managers) (/apply/application?id=11)





	City, State & Zip Code	9	K / / L	1	9		1 · 1 · 1 · 1 · 1				- 1. 1. M					;				*	
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	Gender		• .			V I	\			/ !			'	i	ì	>		i i			+
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	First name	PRHEIN	CRISTIAN	GRACE	ANGELICA	ABIGAIL	YASMIN	AR18A	CABRIETA	かっててる	DIC NOLA	RYAN	せいとし	PR1747CA	N. LOT	BEAT PIE	JANTECA	FLIOT	イングント	RICHARD	FACO 47
,	Last name	CENTA	FVR-Basiles	りたとの名から	DIMARCO	DUMME	FO KHOY	でする	JOSEFSBERG	KEMP	LEMORIACO NICHOLAS	フジブ	Maniston Frith	ロナナのエ	MONTANAN ELLIOTT	4000	と同力には	OCHELTREE ELION	POSADA	かくころろのから	SYES

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City of Glen Cove - Glen Cove Volunteer Emergency Medical Services Corps Service Award Program

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First name	Sang-Jin	Michael	Max	Michael	Veronica	Julie	Robert	Nicholas	Andrew	John	Donato	Charles	Juilianna	Tracy	Gerard	Angelica	Latifa	Ava	
Last name	1 Bae	2 Basile	3 Brill	4 Brodnansky	5 Brodnansky	6 Campos	7 Cardali	8 Carlisle-Lemorrocco	9 Carpenter	10 Ciampi	11 Cipriano	12 Corso	13 Corso	14 Day-McRoberts	15 Desmond	16 DiMarco	17 Fakhry	18 Famiglietti	

Page 1 of 9

2021 Service Award Program Ambulance Records

City of Glen Cove - Glen Cove Volunteer Emergency Medical Services Corps Service Award Program

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Status	Active	Active	Active	Active	Active	Active	Aethe Center	なるとうしまする	Active Tables	Active	Active	Active	Active	Active	Active 1700 Tech	Active	Active	Active	
City, State & Zip Code			OLTLL IN		C7477	And the second of the second o	1	Administration of the Control of the		T 2/2 " T 2/2		t , I ,	111111111111111111111111111111111111111				tion of the second seco	(ZZ)	
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2021 Points Earned	78	72	<u>9</u>	3	ń	N 00	Ø	4	Ø.	9	65	4	88	h	Ø	38	4	86	
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Gender			:	i V					ŧ		4	<u> </u>							
Date of Birth	-		* * * * * * * * * * * * * * * * * * *		,					•									
First name MI Date of Birth	Frank W.	Stephanie	Charles	Evridiki	Adriana	Zarmina	Maria	Elizabeth M	Francesca	Vincent	Akash	Amanda	Julianne	Michael	Melissa	Victor	Stephanie	Steven L.	
Last name	19 Farro	20 Ferrante	21 Gambino	22 Gialis	23 Gigliotti	24 Khan	25 Krisch	26 Lisnow	27 Mangone	28 Martinez Jr.	29 Mathew	30 Name	31 McIntryre	32 Mienko	33 Minopoli	34 Mora, Jr.	35 Nassani	36 Nelson	

Please reference the Instructions before completing the listing. All blank entries must be completed prior to certification.

City of Glen Cove - Glen Cove Volunteer Emergency Medical Services Corps Service Award Program

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City, State & Zip Code	V	1 1 1	2		1 1	THE STATE OF THE S	C7	4.00	d .		07477 7W1	Printed				*Only report points earned from January 1, 2021 to June 30, 2021		(1 1 7 ,	
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Mi Date of Birth	N			M			:	R							ш	J	A	And the second second	
First name N	Joyce	Sasha	Rebecca	Samantha	Robert	ya	Allison		ırk	Marvin	ah	Anthony	Charles .	Alexandra	Dennis E	Thomas	Joline A	u l	
Ë	Jol	Sa	Re	Sal	Ro	Anya	Alli	Scott	Mark	Ma	Noah	An	ប	Ale	De	Tħ	lol	Keith	
Last name	37 Neumann	38 Nicolich	39 Omaggio	40 Peguillan	41 Picoli	42 Skripkin	43 Smith	44 Sommers	45 Stutzmann	46 Tate Sr.	47 Taylor	48 Tripp	49 Valicenti	50 Zapata	51 O'Dowd	52 Ustler	53 Ahrens	54 Ahrens	

Please reference the Instructions before completing the listing. All blank entries must be completed prior to certification.

2021 Service Award Program Ambulance Records

City of Glen Cove - Glen Cove Volunteer Emergency Medical Services Corps Service Award Program

			٠,	Accrued	2021 Points			
Last name	First name	MI Date of Birth Ger	Gender	Credit	Earned	Mailing Address	City, State & Zip Code	Status
55 Ajamian	James	a.		4	0		The second secon	Vested/Left 2004
56 Akpinar	Melissa	independent of the second of t		9	P		and the state of t	Vested/Exempt 2016
57 Alchermes	Kathryn		ı	2	B	•	The state of the s	Vested/Left 2005
58 Basile	Christine	o.		3	Ø	· · · · · · · · · · · · · · · · · · ·	·	Vested/Left 2008
59 Becker-Mora	Jodi	Ä.	I	82	Ø		· · · · · · · · · · · · · · · · · · ·	Vested/Exempt 2020
60 Bellidoro	Rocco			3	ø	- The state of the	The second control of	Vested/Left 2012
61 Bennett	Alyssa	- AA11		1	0			Vested/Left 2012
62 Bober	Michael	W.		-	0	į)	,ted/Left 2003
63 Bunce	Jonathan	ø		4	Ø	· · · · · · · · · · · · · · · · · · ·		Vested/Left 2020
64 Calderon	Kristin	ī		2	0		t the second sec	Vested/Left 2012
65 Cutler	Christine			2	B		VIII	Vested/Left 2002
66 D'Ambrini	Georgina	Ť.	ŀ	1	P			Vested/Left 2017
67 Demenagas	Emmanuel			~	Ø	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 - J	Vested/Left 2018
68 Deschamps	Alex			1	0			Vested/Left 2015
69 Dileo, Jr.	Michael	, j	1	2	0			Vested/Left 2013
70 Domaradzki	Lorraine			8	9			Vested/Left 2019
71 Doxey	Michael			4	0		- April - Apri	Vested/Left 2017
72 DuBourg	Susan		:	-	9			Vested/Left 2014

Please reference the Instructions before completing the listing. All blank entries must be completed prior to certification.

City of Glen Cove - Glen Cove Volunteer Emergency Medical Services Corps Service Award Program

Mailing Address City, State & Zip Code Status	off 2013
Mailing Address City, State & Zip Code	1 0
Mailing Address City, State & Zip Code	Vested/Left 2013
Mailing Address City, State & Zip Co	>
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ned diff	
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Gender :	:
Birth	1
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M A A B D D C C A	
First nameMI Date of BirthKatherineA.KristenA.DavidA.CharlesA.RobertJ.MatthewJ.LoriC.JakeR.MatthewT.MatthewAndrewJamesA.	Daniel
First r Kather Kather Krister Charle Charle Robert Robert Lori Lori Jake James	Da
Last name Dunn Ferrante Flammio Flammio Gobbo Gobbo Gobbo Gobbo Harvey Harvey Hernandez Ho Jacobson Jaget Jimenez Jones	
Last nam 73 Dunn 74 Ferrante 75 Flammio 76 Fuks 77 Gobbo 78 Goldin 80 Grabowsk 81 Guastella 82 Harvey 83 Hayes 84 Hernande 85 Ho 86 Jacobson 87 Jaget 88 Jimenez 88 Jones	90 Karp

Please reference the Instructions before completing the listing. All blank entries must be completed prior to certification.

2021 Service Award Program Ambulance Records

City of Glen Cove - Glen Cove Volunteer Emergency Medical Services Corps Service Award Program

Thomas A.	Last name	First name	First name MI Date of Birth	Gender	Accrued Service Credit	2021 Points Earned	Mailing Address	City, State & Zip Code	Status
Nicholas 3		Thomas	A		7	B			Vested/Exempt 2016
Tania M. 6 4 son Peder 2 4 son Paul " 6 4 s Paul A. 7 4 s Paul A. 7 4 s Paul A. 7 4 s Conor 1 4 7 non Conor 1 4 7 non Edward H. 1 4 non Bylan 1 4 4 non Nyssa R. 2 4 non Ian 8 4 1		Nicholas	A WATER TO THE TAX A STATE OF TH		က	B		1	Vested/Left 2019
Richard C. 1 Q Son Paul 6 Q Indice John T. Q			M.		တ	0	:		Vested/ Left 2007
son Peter 2 4 s Paul A 7 4 t Conor 1 4 nione John T. 40 ne-Banistowski Jennifer 3 4 ne-Banistowski Jennifer 4 4 ne-Banistowski Jennifer 4 4 ne-Banistowski Jennifer 4 4 ne-Banistowski 3 4 4 ne-Banistowski		Richard	Ü		_	0	1	on the second se	Vested/Left 2001
Paul A. 7 4	nosi	Peter			2	0			Vested/Left 2019
Paul A. 7		Paul	4	¥ 4	9	0	* * * * * * * * * * * * * * * * * * *	(Cu	Vested/Left 2019
Conor John T. 10 9 re-Banislowski Jennifer 10 9	Si	Paul	A.	 	7	0			Vested/ Left 2007
lone John T. 10 Q re-Banislowski Jennifer 3 Q re Dominic J. 5 Q s Ryan 1 Q	ų.	Conor			₩	Ø		The state of the s	Vested/Left 2019
Edward H. 1 Q ne-Banislowski Jennifer 3 Q s Ryan 1 Q sthy Anthony 1 Q n Nyssa R. 2 Q n Nyssa R. 2 Q n Ian R Q International Catherine	chione	John	ļ	* -	10	0		d e	Vested/Left 2011
Jennifer 3 Q Pominic J. 5 Q Ryan 1 Q Arthony 1 Q Athanasios 3 Q Nyssa R. 2 Q Ian 8 Q Catherine 7 Q	'n	Edward			~-	0			Vested/Left 2010
Byan 1 9 y Anthony 1 9 Athanasios 3 9 Nyssa R. 2 9 n lan 8 9 Catherine 7 9	one-Banislowski	Jennifer			က	0	•	ĺ	Vested/Left 2009
Ryan 1 Q	one	Dominic	J.		വ	9		1 .	Vested/Left 2019
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Nyssa R. 2 Q	skas	Athanasios			3	0			Vested/Left 2012
Jan 8 © Catherine Ca	son	Nyssa	α.	E	2	0	*		Vested/Left 2016
Catherine 7 7 Catherine	vman	lan			80	0		ا د ر دنان	Vested/Left 2014
	nr	Catherine	Vac i aci i	L	7	Ø	+רריים שלינור - 11 ייריי	٠١٥	Vested/ Left 2007

Please reference the Instructions before completing the listing. All blank entries must be completed prior to certification.

City of Glen Cove - Glen Cove Volunteer Emergency Medical Services Corps Service Award Program

		[ĺ												
č	Status Vested/Left 2016	Vested/Left 2005	Vested/Left 2003	Vested/Left 2003	Vested/ Left 2007	Vested/Left 2002	Vested/Left 2016	Vested/Left 2012	Vested/Left 2018	Vested/Left 2013	Vested/Left 2019	Vested/Left 2015	Vested/Left 2015	Vested/Left 2017	Vested/Left 2015	Vested/Left 2017	Vested/Left 2012	Vested/ Left 2007	
	Vest	Vest	Vest	Vest	Veste	Vest	Vest	Vest	Vest	Vest	Vest	Vest	Vest	Vest	Vest	Vest	Vest	Veste	
Other States 9 7th Co. J.	oity, state & ZIP code					2	VVLI.	· · · · · · · · · · · · · · · · · · ·		Politica and the second		OF AFF.			of the second se	CCE :		C7L7774	
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Date of Birth		· · · · · · · · · · · · · · · · · · ·											4 f						
S		J.	Ö.	ய	o .			砣				A.						J.	
First name	Fiona	Derek	Michael	Charles	Margaret	William	Elizabeth	Daniel	Shirley	Nicole	Jessica	Adner	Ryan	Denise	Rebecca	Jessica	Melvin	Noemi	:
Last name	109 O'Neill	110 Ortiz	111 Papa	112 Patino	113 Patino	114 Peet	115 Petrucci	116 Pietrafesa	117 Ponnaiya	118 Randazzo	119 Reynolds	120 Reynoso	121 Roethel	122 Rosario	123 Salentino	124 Sanchez	125 Sanchez	126 Santos	

lease reference the Instructions before completing the listing. All blank entries must be completed prior to certification.

Last name	First name	First name MI Date of Birth	Gender	Accrued Service Credit	2021 Points Earned	Mailing Address	City, State & Zip Code	Status
27 Savinetti	Victoria	A.		11	Ø		C.,	Vested/Left 2019
128 Scott	Hayden			~	Ø			Vested/Left 2019
129 Sebastiano	Denise	M.	1	2	0		Oraria	Vested/Left 2002
130 Shanhai	Lian	Transfer of the Control of the Contr	:	2	B	•	76	Vested/Left 2017
131 Shanhai	Matthew			1	0			Vested/Left 2018
132 Silva	Paul			-	$\overline{\phi}$			Vested/Left 2019
133 Sujeskí	Kerri	A,	1	9	Ø		1	Vested/Left 2008
134 Theodorou	Katie		1	2	0			Vested/Left 2014
135 Thurmond	Shaun	€ I	L	~	Ø		· · · · · · · · · · · · · · · · · · ·	Vested/Left 2017
136 Upshur	Tina		·	4	Ø		· · · · · · · · · · · · · · · · · · ·	Vested/Left 2012
137 Valeo	Justin			9	0			Vested/Left 2012
138 Venturino	Matthew		T V	11	B			Vested/Left 207
139 Vessia	Gabrielle		i ,,,,	4	Ø		d .	Vested/Left 2012
140 Wellenreuther	John	A.		5	0			Vested/Left 2005
141 Whitting, III	Strettle	LL	;	_	Ø			Vested/Left 2002
142 Wilson, Jr.	Richard	M,	:	3	Ø			Vested/Left 2008
143 Yep	Didi			ۍ.	Ø	- April - Apri	•	/ested/Left 2015
144 Zucker	Benjamin	i	j ,	2	Ø			Vested/Left 2009
					-			

Page 8 of 9



SIGN PERMIT

NAME OF APPLICANT	JAME M GREENBERG
ORGANIZATION	GLEN COVE JR SOCCER
NAME OF EVENT	SPRING SOCCER REGISTRATION
ADDRESS	5 BRESTER ST., PMB 126 G.C. 11542
PHONE NUMBER	(516) 445-1097
E-MAIL ADDRESS	GGESQSJAMES@AOL.COM
NO. OF SIGNS (20 maximum)	15
DATE SIGNS ERECTED (Two week limit)	week of JANUARY 31,- FEB 12 TH 2022
DATE SIGNS REMOVED (within 48 hours after the event)	OK
DATE RESOLUTION APPROVED	
SIGN DIMENSIONS (maximum 20 inches x 20 inches)	20° x 20°°
PERSON RESPONSIBLE FO	OR REMOVING SIGNS:
ALL SIGNS TO BE REMOVED B	Y) James M Greenberg w/ volunteer help
NAME	James M Greenberg
ADDRESS	14 Leech Circle South
PHONE NUMBER CELI	(516) 445-1097
E-MAIL ADDRESS GGE	SQSJAMES@AOL:COM
DATE:1/11/2022	SIGNED Applicant
PERMIT APPROVED ON:	City Clerk

Kindly allow at least 4 weeks notice to submit permit request.



NAME OF APPLICANT	Glen Cove Downtown Management Association
ADDRESS OF APPLICANT	30A Glen Street, Suite 200, Glen Cove, NY 11542
NAME OF EVENT TO BE HELD	Downtown Sounds 2022 Concert Series
DATE(S) OF EVENT	July 1, 8, 15, 22, 29; August 5, 12, 19, 26
TIME(S) OF EVENT	7:30 to 9:30pm; streets closed from 6-11pm
LOCATION OF EVENT	In front of Village Square
NAME & ADDRESS OF OWNER	OF PREMISES
EVENT SPONSOR IS: For Pr	rofit(\$25.00 fee) Non-ProfitX
DATE:	SIGNED: Applicant
	Applicant
DATE:	SIGNED:Owner of Property
* * * * *	Wher of Property * * * * * * *
PERMIT APPROVED ON:	
PERMIT NO.:	City Clerk
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NAME OF APPLICANT	Glen (Cove L	<u>Oowntov</u>	vn Mana	igemen	t Assoc	iation	
ADDRESS OF APPLICANT	30A (Glen St	reet, Su	ite 200,	Glen C	love, N	Y 1154	12
NAME OF EVENT TO BE HELD	Annu	al Hallo	oween I	Parade ai	nd Fest	tival		
DATE(S) OF EVENT	Saturo	day, Oc	et. 29, 2	022; Rai	n date	Nov. 5		
TIME(S) OF EVENT	<u>1:30 t</u>	o 4pm;	streets	closed b	y noor	1		
LOCATION OF EVENT	Schoo	ol and (Glen Str	eets				
NAME & ADDRESS OF OWNER	OF PR	EMISE	ES					
		t						
EVENT SPONSOR IS: For P	rofit		(\$25.	00 fee)	Non-	Profit _	X	
DATE:		SIGN	NED:	Jule				
				*	Appl	icant		
DATE:		SIGN	VED:					
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PERMIT APPROVED ON:					City	Clerk		
PERMIT NO.:			ii.		J			
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NAME OF APPLICANT		Glen C	Cove Do	owntow	n Mana	gemen	t Assoc	iation	
ADDRESS OF APPLICANT		30A G	len Str	eet, Sui	te 200, (Glen C	love, N	Y 11542	2_
NAME OF EVENT TO BE H	ELD	<u>Holida</u>	y Festi	val		_			
DATE(S) OF EVENT		Saturd	ay, Dec	c. 3, 202	22	_			
TIME(S) OF EVENT		1:30 to	5:30p	m					
LOCATION OF EVENT		Village	e Squai	e		_			
NAME & ADDRESS OF OW	NER	OF PRE	EMISE	S					
,									
EVENT SPONSOR IS:	For Pı	rofit		_(\$25.0	00 fee)	Non-	Profit _	X	
DATE:			SIGN	ED:	Jen	Appl	icant		
DATE:			SIGN	ED:			0.D		
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PERMIT NO.:	-					City	Clerk		
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ADDR	ESS O	F APP	LICAN	Γ	30A	Glen St	reet, Su	ite 200,	Glen C	Cove, N	Y 1154	2_
NAMI	E OF EV	VENT	TO BE	HELD	Down	ntown S	Sounds	New Yea	ar's Ev	e Conce	ert	
DATE	(S) OF	EVEN	ΙΤ		Satur	day, De	ec. 31, 2	2022	_		•	
TIME	(S) OF 1	EVEN	Т		<u>7:30 1</u>	to 9:30 ₁	om; stre	ets close	d fron	16 to 10):30pm	Ĺ
LOCA	TION (OF EV	ENT		Villa	ge Squa	ire					
NAMI	E & AD	DRES	S OF O	WNER	OF PR	EMISE	ES					
EVEN	T SPO	NSOR	IS:	For P	ofit		(\$25	.00 fee)	Non-	Profit _	X	
DATE	;:			_		SIGN	NED:	Que				
								7	Appl	licant		
DATE	;:					SIGN	VED:					
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									City	Clerk		
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