TOWN OF CLIFTON PARK
TOWN BOARD MEETING

July 19, 2021

The Town Board meeting can be viewed live by visiting www.cliftonpark.org Scroll down to click

I. Call to Order/7:00 P. M. – Wood Room, Town Hall

II. Pledge to Flag

III. Roll Call

IV. Approval of Town Board Minutes

V. Communications/Announcements

VI. Business

- **Resolutions for Consideration**
- **Other Business**

VII. Open Public Privilege

NOTE:
At this time, the Town Board meeting will be open to the public following CDC and New York State Guidelines for COVID-19. If vaccinated, no mask is required. Please check www.cliftonpark.org for final agenda and updates. Each speaker shall state name and address prior to addressing the Board and shall be granted the floor for a single time frame of up to five minutes. The Board asks that members of the public respect the opportunity of the speaker at the podium to be heard, and asks that the public refrain from conducting side meetings within the meeting room. In an effort to ensure that the widest number of community viewpoints are heard, the Board asks members of groups or the public to withhold comment, if their viewpoints have already been presented. The Board thanks everyone in attendance for their understanding and also for their desire to actively participate in the Town decision making process.

VIII. Adjournment

Resolutions for Consideration
Clifton Park Town Board Meeting
July 19, 2021

	SOURCE	RESOLUTION	CONTACT
1.	Town Board	Award a bid for maintenance and renovations to the Historic Grooms Tavern roof and porch	A. Flood
2.	Supervisor	Authorize the hiring of certified Water Safety Instructors for the 2021 Summer Season at the Country Knolls Pool	P. Barrett
3.	Supervisor	Authorize the promotion of James Altenburger to Head Lifeguard for the 2021summer season	P. Barrett
4.	Parks & recreation	Authorize a permit for David Chalmers to serve alcohol at a gathering at Collins Park on August 28, 2021	P. Barrett
5.	Parks & recreation	Authorize a permit for Randi Poillon to serve alcohol at a gathering at Collins Park on August 7, 2021	P. Barrett
6.	Parks & recreation	Authorize a permit for Nicole Littlejohn to serve alcohol at a gathering at Collins Park on July 31, 2021	P. Barrett
7.	Parks & Recreation	Authorize the hiring of Marley Ogle as a counselor for the Tiny Hands Preschool Summer Camp 2021	P. Barrett
8.	Buildings & Grounds	Authorize the purchase of (2) used vehicles from Upstate Auto Sales, Hoosick, NY for the Buildings & Grounds Department	P. Barrett
9.	Planning	Authorize the implementation and funding in the first instance of a pedestrian access improvement project along certain portions of Clifton Park Center Road and Clifton Country Road	P. Barrett
10.	Supervisor	Authorize the transfer of Keith Ulrich as a Laborer at the Clifton Park Senior Community Center	P. Barrett

Resolution No. _____ of 2021, a resolution awarding the contract to VAD Contractors, Inc. for repairs at Grooms Tavern.

Introduced by _____, who moved its adoption, seconded by _____.

WHEREAS, sealed bids were opened on June 7, 2021, pursuant to GML 103, for repair work to be done to the porch and roof of the Historic Grooms Tavern, and

WHEREAS, Daniel Clemens, Director of Buildings, Grounds, and Recreation recommends that VAD Contractors be awarded the work for Renovation Area 1, Renovation Area 2, and Renovation Area 3 per Option 3B in the project manual and bid documents; now, therefore, be it

RESOLVED, that the Town Board hereby awards the bid to VAD Contractors, Inc., 1831 83rd Street, Suite 1A, Brooklyn, NY, as low bidder, and the Buildings & Grounds Department is authorized to issue a Notice of Award and Notice to Proceed, to make repairs at Grooms Tavern on Sugarhill Road, at a cost not to exceed $48,330 as described in the attached bid documents from A-1627-200 (General Fund – Grooms Tavern – Equipment); and be it further

RESOLVED, that the Comptroller is authorized to transfer $48,330.00 from A-00914 (Unassigned Fund Balance) to A-1627-200.

GROOMS TAVERN RENOVATIONS 6/7/21@ 2 PM

COMPANY NAME	RENOVATION AREA #1	RENOVATION AREA #2	RENOVATION AREA #3- OPTION 3A	RENOVATION AREA #3- OPTION 3B
Ganem Contracting Corp.	$74,000	$45,000	$78,000	$70,000
Titan Roofing Inc.	$42,000	$26,200	$72,400	$44,000
VAD Contractors Inc.	$18,800	$24,950	$39,900	$4,580
Mid-State Industries, LTD.	$28,800	$16,000	$68,000	$24,800
Duncan & Cahill Inc.	$76,650	$29,952	$82,160	$49,920

Rosch Brothers Inc.	**$31,800**	**$38,000**	**$99,800**	**$45,080**

Notes for Quote Preparation

Dan Clemens – Building & Grounds Department

Contractor to quote 2021 Grooms Tavern Renovations as outlined below and as shown on attached plans. The quote will show four prices for three renovation areas of the Tavern.

1. **RENOVATION AREA NO. 1**
   Wrap-around wood porch floor removal and installation of Trex-Transcend, Island Mist Color, Composite Decking, or an Approved Equal. See sheets 2, 3 and 7 of the plans.

2. **RENOVATION AREA NO. 2**
   Removal of existing wrap-around metal porch roof and installation of new standing seam metal roof matching the color of existing rear section of the structure. See sheets 2, 4 and 7 of the attached plans.

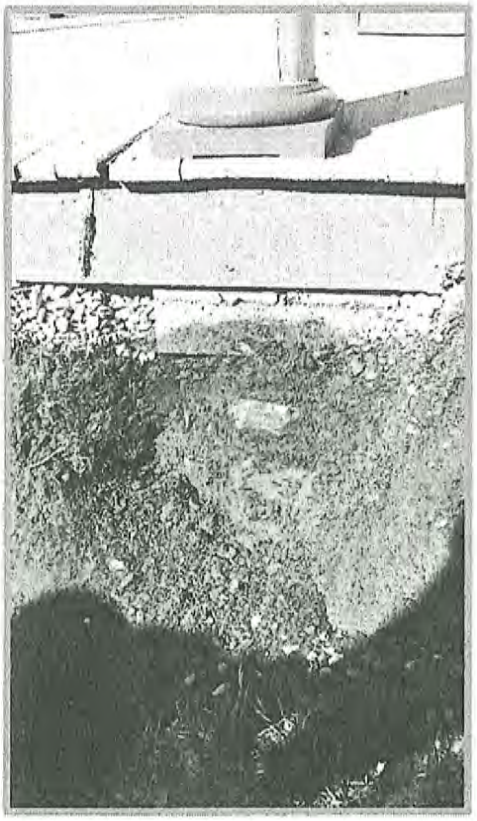
3. **RENOVATION AREA NO. 3** (Provide quote for both options)
   Option 3A of Renovation Area No. 3
   Removal of cedar shake roof shingles from main structure and installation of Aged Cedar color composite shingles available from Enviroshake. An approved Equal is also acceptable. This new roof is manufactured from recycled materials, will not rot, crack, split, or warp, withstands winds up to 180 mph., it does not require any maintenance, has authentic look of cedar and it has a lifetime warranty. See sheets 2, 5 and 6 of the attached plans.
   Option 3B of Renovation Area No. 3
   Removal of cedar shake roof shingles from main structure and installation of Architectural, 40-year, Asphalt roof shingles. Color to be approved by the Town Building Department. See sheets 2 and 5 of the attached plans.

   Note that either Option 3A or 3B will be selected and awarded to the successful bidder.

File: GroomsBid

Grooms Tavern – Column Foundation/Pier Verification

April 7, 2021 File: GroomsPiers



Columns placed over wood decking over ground contact timbers, possibly 6x6 or 8x8. These timbers resting on masonry block over large boulder/stone laid piers to frost line. It is assumed that all eight columns have similar stone pier support and placed during original tavern construction in 1825. There is no evidence that the roof covering this porch is or has been sagging due to pier settlement.

Resolution No. _____ of 2021, a resolution hiring Water Safety Instructors for the Country Knolls Pool for the 2021 season.

Introduced by _____, who moved its adoption, seconded by _____.

WHEREAS, the Town Board wishes to hire additional qualified staff members for operation of the Town's pools, and

WHEREAS, Supervisor Barrett has recommended individuals listed in the attached Schedule A be hired to staff the Town Pools as indicated; now therefore be it

RESOLVED, that the individuals listed in the attached Schedule A be hired as seasonal staff for the Town Pools, as noted through the end of the 2021 pool season; and be it further

RESOLVED, that the individuals be paid as indicated on Schedule A, retroactive to July 6, 2021.

SCHEDULE A - Water Safety Instructors 2021

First	*Last*	*Street*	*Town*	*Title*	*2021 Step*	*Rate*
Scott	Dochat	22 Hearthside Dr	Ballston Lake, NY 12019	Water Safety Instructor	1	$14.60
Sara	Casale	3 Tamian Pass	Ballston Lake, NY 12019	Water Safety Instructor	1	$14.60
Mia	Scott	8 Hilltop Hollow Dr	Ballston Lake, NY 12019	Water Safety Instructor	1	$14.60
Lauren	Pendergast	8 Nottingham Way N	Clifton Park, NY 12065	Water Safety Instructor	1	$14.60
Grace	LaFleche	9 Locust Lane	Clifton Park, NY 12065	Water Safety Instructor	1	$14.60
Samantha	Killian	52 Outlook Dr S	Mechanicville, NY 12118	Water Safety Instructor	1	$14.60
Emery	VanHeusen	8 Morningdale Ct	Ballston Lake, NY 12019	Water Safety Instructor	1	$14.60
Rachel	Hughes-Robillard	52 Sterling Heights Drive	Clifton Park, NY 12065	Water Safety Instructor	1	$14.60
Chloe	Hanley	24 Torrey Pines	Clifton Park, NY 12065	Water Safety Instructor	1	$14.60
Sophie	Silaika	39 Addison Way	Rexford, NY 12148	Water Safety Instructor	1	$14.60
Maureen	Fieldhouse	21 Outlet Rd	Ballston Lake, NY 12019	Water Safety Instructor	2	$14.85
Caitlin	Barrow	16 Carlyle Court	Ballston Lake, NY 12019	Water Safety Instructor	2	$14.85

Resolution No. _____ of 2021, a resolution authorizing the promotion of James Altenburger to the position of Head Lifeguard at the Country Knolls Pool for the 2021 summer pool season.

Introduced by _____, who moved its adoption, seconded by _____.

WHEREAS a vacancy for Head Lifeguard exists in at the Country Knolls Pool this year, and

WHEREAS, Director of Parks, Recreation and Community Affairs, Myla Kramer recommends the advancement of James Altenberger, a certified Lifeguard, to Head Lifeguard; now, therefore, be it

RESOLVED, that James Altenberger, 16 Muirfield Lane, Clifton Park, is hereby promoted to Head Lifeguard, Step 5 ($13.95/hour) retroactive to the beginning of the 2021 summer pool season to be paid from SP5-7151-E4690.

Resolution No. _____ of 2021, a resolution authorizing David Chalmers to serve alcoholic beverages at a gathering to be held at Collins Park on August 28, 2021.

Introduced by _____, who moved its adoption, seconded by_____.

WHEREAS, David Chalmers, 32 Par Del Rio, Clifton Park is hosting a gathering on August 28, 2021 from 12:00 P.M to 5:00 P.M., and

WHEREAS, David Chalmers has requested permission to serve alcohol in the form of beer and wine at the event; now, therefore, be it

RESOLVED, that David Chalmers is hereby authorized to serve beer and wine at a gathering at Collins Park on August 28, 2021 from 12:00 P.M. to 5:00 P.M.

Town of Clifton Park

OFFICE OF PARKS, RECREATION AND COMMUNITY AFFAIRS
One Town Hall Plaza • Clifton Park, New York 12065 • (518) 371-6667 • Fax: (518) 383-5088
Myla E. Kramer, M.S.W., Director

2021 OUTDOOR FACILITY PERMIT APPLICATION

General Information

Name of Organization: 50+ Singles & Couples Today's Date: 7/9/21

Contact Person: David Chalmers

Address: 32 Bar Del Rio City: Clifton Park

Phone (home): 518-573-4296 (work) _____ (cell) _____

Email: DAUChalmer@aol.com

Field and Pavilion Requested

Town of Clifton Park Facility Rental
(See other side for facility description)

Collins Park Field ____	Veterans Park Field 1 ____	Locust Lane Pool Tent ____
Collins Park Pavilion ✓	Veterans Park Field 2 ____	Other: _____
	Veterans Park Field 3 ____	
	Veterans Park Pavilion ____	

Date Requested: 8/28/21 Time: 12 to 5PM # of Participants: 100

Permit is governed by the following conditions

1. Permits valid for date(s), restricted to facility, and number of participants as indicated on permit.
2. Area and facility must be left clean. Any damage incurred is the responsibility of the permit holder.
3. Town of Clifton Park park rules (see attached) shall be adhered to. Immediate termination of the event and removal from the premises may occur by an authorized representative of the Town if in violation of these rules and regulations.
4. Obnoxious behavior or excessive noise will not be permitted.
5. Permit holder must retain permit and make available upon request by park or police official.
6. Open containers of alcoholic beverages are prohibited in all parks, unless a permit has been issued which allows for the consumption of alcoholic beverages on the premises for which the permit has been issued. Such permits are authorized solely by the Town Board via resolution. A separate "Special Alcohol Use Permit Request" form must be submitted with this form.
7. Permits are available through Clifton Park Office of Parks, Recreation and Community Affairs and must be posted at the facility rental site.
8. Permit holder may be required to obtain and show proof of insurance naming Town of Clifton Park as an "Additional Insured".

I have read the Town of Clifton Park rules and the above special conditions and agree to abide by them. I understand there is a **no refund policy** on this rental. The town will work with me on rescheduling when possible, if needed.

Indemnity: David Chalmers (NAME) agrees to indemnify and hold the Town, it's officers, employees, representatives and/or agents harmless with respect to any and all claims, causes of action, suits, proceedings, damages, liabilities, losses, costs and expenses, including third party claims or actions and attorneys' fees, in connection with loss of life, personal injury and/or any loss of life, personal injury and/or property damage which may arise from and as a result of the negligent acts or omissions of _____ (NAME) or others associated in some way therewith, during or arising out of the use of any park facility located in the Town of Clifton Park, County of Saratoga, State of New York on _____ (DATE).

SIGNED: _____ APPROVED: Myla Kramer
Applicant for Permit — Parks & Recreation Office

Date: _____

RENTAL FEE SCHEDULE:

Payment MUST be received with rental form within one month from booking a facility

For Fields and Pavilions:

1. Town Residents/Not-for Profit/Day Care/K-12 schools — Mon-Thurs $12.00 per hour — Fri-Sun $15.00 per hour
   Business Organizations & Colleges — Mon-Thurs $17.00 per hour — Fri-Sun $20.00 per hour

2. Additional Fees

   Lighted field — $25.00 per game

   Security, trash removal, miscellaneous (minimum of 3 hours) — $25.00 per hour, per service

3. Field Closure - The Town of Clifton Park reserves the right to close any field due to poor field conditions. Groups, organizations, or individuals failing to honor any field closure are subject to a revoking of their field permit and removal from the premises. *It is the responsibility of the field user(s) to know the status of any given field. For field closure information, call our office.*

4. **Locust Lane Pool Tent**

   Locust Lane Pool Tent (noon-3:30pm or 4pm-7:30pm)

   Mon-Thurs $55.00 per time frame — Fri-Sun $65.00 per time frame

   Additional charge for non-member guests — $4.00 per non-member (Must be paid day of party at pool)

Facility Descriptions

Collins Park : Located on Moe Road and Route 146. Softball field, pavilion, picnic area and playground (softball field can be rented separately). There are 6 tables and 4 grills at the pavilion.

Veterans Memorial Park at Elks Trail: Located on MacElroy Road. This facility provides 3 softball fields and a pavilion with tables and grills. Beautiful wetlands located behind ballpark. Fields and Pavilion to be rented individually.

Locust Lane Pool Tent: Located in the Clifton Knolls development on Locust Lane. Pool tent area is available for rent for social gatherings. There are 6 tables located under the tent for use with rental.

Covid-19 Requirements:

Organizations using the facilities are responsible for complying with NYS Executive Orders, mandates and NYS Department of Health Guidance issued to prevent the Spread of the Covid-19 Virus. These guidelines change frequently. It is your responsibility to check appropriate websites for the most current guidance. Information regarding these orders, mandates, and NYS DOH Guidance documents can be found at:

- www.governor.ny.gov
- www.health.ny.gov
- https://coronavirus.health.ny.gov/home

As stated above, NYS guidelines must be met, which include but not limited to: following current protocols for maximum number of attendees for social gatherings, as well as maintaining a minimum of 6' apart and wear masks when unable to do so. Please wash hands frequently and use hand sanitizer.

By signing below, I agree that I have read the above Covid-19 Requirements and understand that it is my responsibility to adhere to and fully understand the most current guidelines set forth by New York State.

Permit Applicant Signature

7/9/24
Date

TOWN OF CLIFTON PARK - PARK RULES

All Parks Open at 5:30 a.m. and close at 10 p.m.

**No person may drink, consume or possess alcoholic beverages in any town park or in any park within a park district or in any other lands or property owned by the town. If any person in your group is caught with an alcohol beverage, they will be fined and your permit will be taken away.

INITIAL

Trail bikes and ATV's are prohibited. INITIAL

Bikes are to be ridden only on bike paths, absolutely no riding on basketball or tennis courts. INITIAL

Leash law is in effect. INITIAL

Bands and stereo equipment (except radios) are prohibited in park areas. INITIAL

Use of golf clubs on park land is prohibited, with the exception of Barney Road Golf Course. INITIAL

**Please pick up after yourself. Carry-in, carry-out policy. The Town of Clifton Park requires that you must take out what you bring in. If you would like to pay an additional $75.00 per day for trash removal, please indicate.

Yes____ No X INITIAL

Thank you for your cooperation and enjoy your day!

For Office Use Only

Field Rental		
Pavilion Rental	5 x 15 =	75
Field Lights		
Security		
Trash Removal		
Other		
Total Charges Due:		$75-

Date Paid: 7/9/21
Amount Paid: $75
Payment Type: ck #836
Permit Given: 7/9/21
Staff Initials: MB

Alcohol permit received

Town of Clifton Park

OFFICE OF PARKS, RECREATION AND COMMUNITY AFFAIRS
One Town Hall Plaza • Clifton Park, New York 12065 • (518) 371-6667 • Fax (518) 383-5088
Myla E. Kramer, M.S.W., Director

2021 Special Alcohol Use Permit Request

(Please attach to Facility Permit Application)

Name of Organization: SD + Singles + couples

Contact Person: Dave Chalmers

Address: 32 Par Del Rio Clifton Park, 12065

Phone (home): 518-573-4296 (work) _____ (cell) _____

Email: dauchalmer@aol.com

Location, Date and Time of Event: Collins Park 8/28/21
12-5pm.

Alcohol Permit is governed by the additional conditions: *(please see initial conditions listed on Facility Permit Application)*

1. The permit is not transferable.
2. Permit is valid for specified date and time of event only.
3. Only beer and wine are allowed in Town parks or facilities. Glass beverage containers are not permitted.
4. Permit holder only is allowed to bring alcoholic beverages into the park and is responsible for the conduct of all group members.
5. Permit holder must retain permit and make available upon request by proper park official or security officer.
6. Permit holder will be responsible for assuring ALL MEMBERS of his/her party that consume alcohol are of legal age to drink alcoholic beverages according to New York State law.
7. Alcoholic beverages are not permitted in parking lots or children's play areas.
8. The sale of alcoholic beverages in Town parks or facilities is strictly prohibited.
9. Alcoholic beverages are not to be consumed by team members during athletic team competition.
10. You must be at least 21 years of age to purchase an alcohol permit.
11. Permit Request must be submitted at least 30 days prior to rental date.

$25 non-refundable fee must accompany special permit request.

I have read the Town of Clifton Park rules and the above special conditions and agree to abide by them.

SIGNED: _____ Date: 7/9/21 pd CK#837

For Office Use Only:

Date on Town Board Agenda: _____

If Approved, Permit Issued and Mailed to Applicant: _____

Resolution No. _____ of 2021, a resolution authorizing Randi Poillon to serve alcoholic beverages at a gathering to be held at Collins Park on August 7, 2021.

Introduced by _____, who moved its adoption, seconded by_____.

WHEREAS, Randi Poillon, 29 Pepper Hollow Drive, Clifton Park is hosting a gathering on August 7, 2021 from 2:00 P.M to 9:00 P.M., and

WHEREAS, Randi Poillon has requested permission to serve alcohol in the form of beer and wine at the event; now, therefore, be it

RESOLVED, that Randi Poillon is hereby authorized to serve beer and wine at a gathering at Collins Park on August 7, 2021 from 2:00 P.M. to 9:00 P.M.

Town of Clifton Park

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One Town Hall Plaza • Clifton Park, New York 12065 • (518) 371-6667 • Fax: (518) 383-5088
Myla E. Kramer, M.S.W., Director

2021 Special Alcohol Use Permit Request

(Please attach to Facility Permit Application)

Name of Organization: _____

Contact Person: Randi Poillon

Address: 29 Pepper Hollow Drive

Phone (home): (518)944-9850 (work) _____ (cell) _____

Email: RPoillon@yahoo.com

Location, Date and Time of Event: Collins Park
8/7/21 2pm - 9pm

Alcohol Permit is governed by the additional conditions: *(please see initial conditions listed on Facility Permit Application)*

1. The permit is not transferable.
2. Permit is valid for specified date and time of event only.
3. Only beer and wine are allowed in Town parks or facilities. Glass beverage containers are not permitted.
4. Permit holder only is allowed to bring alcoholic beverages into the park and is responsible for the conduct of all group members.
5. Permit holder must retain permit and make available upon request by proper park official or security officer.
6. Permit holder will be responsible for assuring ALL MEMBERS of his/her party that consume alcohol are of legal age to drink alcoholic beverages according to New York State law.
7. Alcoholic beverages are not permitted in parking lots or children's play areas.
8. The sale of alcoholic beverages in Town parks or facilities is strictly prohibited.
9. Alcoholic beverages are not to be consumed by team members during athletic team competition.
10. You must be at least 21 years of age to purchase an alcohol permit.
11. Alcoholic beverages served may only be beer or wine.
12. Permit Request must be submitted at least 30 days prior to rental date.

$25 non-refundable fee must accompany special permit request.

I have read the Town of Clifton Park rules and the above special conditions and agree to abide by them.

SIGNED: _____ Date: 6/3/21

For Office Use Only:

Date on Town Board Agenda: _____

If Approved, Permit Issued and Mailed to Applicant: _____

Town of Clifton Park

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Myla E. Kramer, M.S.W., Director

2021 OUTDOOR FACILITY PERMIT APPLICATION

General Information

Name of Organization: _____ Today's Date: 6/3/21

Contact Person: Randi Paillon

Address: 29 Pepper Hollow Drive City: Clifton Park

Phone (home): (518) 944-9850 (work) _____ (cell) _____

Email: RPaillon@yahoo.com

Field and Pavilion Requested

Town of Clifton Park Facility Rental
(See other side for facility description)

Collins Park Field	X	Veterans Park Field 1 ____	Locust Lane Pool Tent ____
Collins Park Pavilion	X	Veterans Park Field 2 ____	Other: _____
		Veterans Park Field 3 ____	
		Veterans Park Pavilion ____	

Date Requested: 8/7/21 Time: 2 pm to 9 pm # of Participants: 50

Permit is governed by the following conditions

1. Permits valid for date(s), restricted to facility, and number of participants as indicated on permit.
2. Area and facility must be left clean. Any damage incurred is the responsibility of the permit holder.
3. Town of Clifton Park park rules (see attached) shall be adhered to. Immediate termination of the event and removal from the premises may occur by an authorized representative of the Town if in violation of these rules and regulations.
4. Obnoxious behavior or excessive noise will not be permitted.
5. Permit holder must retain permit and make available upon request by park or police official.
6. Open containers of alcoholic beverages are prohibited in all parks, unless a permit has been issued which allows for the consumption of alcoholic beverages on the premises for which the permit has been issued. Such permits are authorized solely by the Town Board via resolution. A separate "Special Alcohol Use Permit Request" form must be submitted with this form.
7. Permits are available through Clifton Park Office of Parks, Recreation and Community Affairs and must be posted at the facility rental site.
8. Permit holder may be required to obtain and show proof of insurance naming Town of Clifton Park as an "Additional Insured".

I have read the Town of Clifton Park rules and the above special conditions and agree to abide by them. I understand there is a **no refund policy** on this rental. The town will work with me on rescheduling when possible, if needed.

Indemnity: Randi Paillon (NAME) agrees to indemnify and hold the Town, it's officers, employees, representatives and/or agents harmless with respect to any and all claims, causes of action, suits, proceedings, damages, liabilities, losses, costs and expenses, including third party claims or actions and attorneys' fees, in connection with loss of life, personal injury and/or any loss of life, personal injury and/or property damage which may arise from and as a result of the negligent acts or omissions of Randi Paillon (NAME) or others associated in some way therewith, during or arising out of the use of any park facility located in the Town of Clifton Park, County of Saratoga, State of New York, on 6/3/21 (DATE).

SIGNED: R Paillon Applicant for Permit

Date: 6/3/21

APPROVED: Christina Archambeault Parks & Recreation Office

TOWN OF CLIFTON PARK - PARK RULES

All Parks Open at 5:30 a.m. and close at 10 p.m.

**No person may drink, consume or possess alcoholic beverages in any town park or in any park within a park district or in any other lands or property owned by the town. If any person in your group is caught with an alcohol beverage, they will be fined and your permit will be taken away.

INITIAL RP

Trail bikes and ATV's are prohibited. INITIAL RP

Bikes are to be ridden only on bike paths, absolutely no riding on basketball or tennis courts. INITIAL RP

Leash law is in effect. INITIAL RP

Bands and stereo equipment (except radios) are prohibited in park areas. INITIAL RP

Use of golf clubs on park land is prohibited, with the exception of Barney Road Golf Course. INITIAL RP

**Please pick up after yourself. Carry-in, carry-out policy. The Town of Clifton Park requires that you must take out what you bring in. If you would like to pay an additional $75.00 per day for trash removal, please indicate.

Yes____ No X INITIAL RP

Thank you for your cooperation and enjoy your day!

For Office Use Only

Field Rental	6x 15	90
Pavilion Rental	6x 15	90
Field Lights		
Security		
Trash Removal		
Other	25 - Alcohol Permit	
Total Charges Due:		

Date Paid: 6/3

Amount Paid: 205-

Payment Type: CC. 1091

Permit Given: 6/3

Staff Initials: CA

Resolution No. _____ of 2021, a resolution authorizing Nicole Littlejohn to serve alcoholic beverages at a gathering to be held at Collins Park on July 31, 2021.

Introduced by _____, who moved its adoption, seconded by_____.

WHEREAS, Nicole Littlejohn, 1 Caceras Court, Clifton Park is hosting a gathering on July 31, 2021 from 2:00 P.M to 8:00 P.M., and

WHEREAS, Nicole Littlejohn has requested permission to serve alcohol in the form of beer and wine at the event; now, therefore, be it

RESOLVED, that Nicole Littlejohn is hereby authorized to serve beer and wine at a gathering at Collins Park on July 31, 2021 from 2:00 P.M. to 8:00 P.M.

Town of Clifton Park

OFFICE OF PARKS, RECREATION AND COMMUNITY AFFAIRS
One Town Hall Plaza • Clifton Park, New York 12065 • (518) 371-6667 • Fax: (518) 383-5088
Myla E. Kramer, M.S.W., Director

2021 Special Alcohol Use Permit Request

(Please attach to Facility Permit Application)

Name of Organization: Nicole Littlejohn

Contact Person: Nicole Littlejohn

Address: 1 Caceras Ct. Clifton Park

Phone (home): _____ (work) _____ (cell) (518) 522-1279

Email: littlejohnnicole88@yahoo.com

Location, Date and Time of Event: Collins Park July 31, 2021 2-8pm

Alcohol Permit is governed by the additional conditions: *(please see initial conditions listed on Facility Permit Application)*

1. The permit is not transferable.
2. Permit is valid for specified date and time of event only.
3. Only beer and wine are allowed in Town parks or facilities. Glass beverage containers are not permitted.
4. Permit holder only is allowed to bring alcoholic beverages into the park and is responsible for the conduct of all group members.
5. Permit holder must retain permit and make available upon request by proper park official or security officer.
6. Permit holder will be responsible for assuring ALL MEMBERS of his/her party that consume alcohol are of legal age to drink alcoholic beverages according to New York State law.
7. Alcoholic beverages are not permitted in parking lots or children's play areas.
8. The sale of alcoholic beverages in Town parks or facilities is strictly prohibited.
9. Alcoholic beverages are not to be consumed by team members during athletic team competition.
10. You must be at least 21 years of age to purchase an alcohol permit.
11. Alcoholic beverages served may only be beer or wine.
12. Permit Request must be submitted at least 30 days prior to rental date.

$25 non-refundable fee must accompany special permit request.

I have read the Town of Clifton Park rules and the above special conditions and agree to abide by them.

SIGNED: _____ Date: 6/1/2021

paid check # 1073

For Office Use Only:

Date on Town Board Agenda: _____

If Approved, Permit Issued and Mailed to Applicant: _____

Town of Clifton Park

OFFICE OF PARKS, RECREATION AND COMMUNITY AFFAIRS
One Town Hall Plaza • Clifton Park, New York 12065 • (518) 371-6667 • Fax: (518) 383-5088
Myla E. Kramer, M.S.W., Director

2021 OUTDOOR FACILITY PERMIT APPLICATION

General Information

Name of Organization: Nicole Litthejohn Today's Date: 6/1/2021

Contact Person: Nicole Litthejohn

Address: 1 Caceras Ct City: Clifton Park

Phone (home): _____ (work) _____ (cell) (518) 522-1279

Email: litthejohnnicole88@yahoo.

Field and Pavilion Requested

Town of Clifton Park Facility Rental
(See other side for facility description)

Collins Park Field ✓	Veterans Park Field 1 ____	Locust Lane Pool Tent ____	
Collins Park Pavilion ✓	Veterans Park Field 2 ____	Other: _____	
	Veterans Park Field 3 ____		
	Veterans Park Pavilion ____		

Date Requested: July 31, 2021 Time: 2pm to 8pm # of Participants: 100 (max)

Permit is governed by the following conditions

1. Permits valid for date(s), restricted to facility, and number of participants as indicated on permit.
2. Area and facility must be left clean. Any damage incurred is the responsibility of the permit holder.
3. Town of Clifton Park park rules (see attached) shall be adhered to. Immediate termination of the event and removal from the premises may occur by an authorized representative of the Town if in violation of these rules and regulations.
4. Obnoxious behavior or excessive noise will not be permitted.
5. Permit holder must retain permit and make available upon request by park or police official.
6. Open containers of alcoholic beverages are prohibited in all parks, unless a permit has been issued which allows for the consumption of alcoholic beverages on the premises for which the permit has been issued. Such permits are authorized solely by the Town Board via resolution. A separate "Special Alcohol Use Permit Request" form must be submitted with this form.
7. Permits are available through Clifton Park Office of Parks, Recreation and Community Affairs and must be posted at the facility rental site.
8. Permit holder may be required to obtain and show proof of insurance naming Town of Clifton Park as an "Additional Insured".

I have read the Town of Clifton Park rules and the above special conditions and agree to abide by them. I understand there is a **no refund policy** on this rental. The town will work with me on rescheduling when possible, if needed.

Indemnity: Nicole Litthejohn (NAME) agrees to indemnify and hold the Town, it's officers, employees, representatives and/or agents harmless with respect to any and all claims, causes of action, suits, proceedings, damages, liabilities, losses, costs and expenses, including third party claims or actions and attorneys' fees, in connection with loss of life, personal injury and/or any loss of life, personal injury and/or property damage which may arise from and as a result of the negligent acts or omissions of Nicole Litthejohn (NAME) or others associated in some way therewith, during or arising out of the use of any park facility located in the Town of Clifton Park, County of Saratoga, State of New York on _____ (DATE).

SIGNED: _____ APPROVED: Lora J. Hughes
Applicant for Permit — Parks & Recreation Office

Date: 6/1/2021

TOWN OF CLIFTON PARK - PARK RULES

All Parks Open at 5:30 a.m. and close at 10 p.m.

**No person may drink, consume or possess alcoholic beverages in any town park or in any park within a park district or in any other lands or property owned by the town. If any person in your group is caught with an alcohol beverage, they will be fined and your permit will be taken away.

INITIAL

Trail bikes and ATV's are prohibited. INITIAL

Bikes are to be ridden only on bike paths, absolutely no riding on basketball or tennis courts. INITIAL

Leash law is in effect. INITIAL

Bands and stereo equipment (except radios) are prohibited in park areas. INITIAL

Use of golf clubs on park land is prohibited, with the exception of Barney Road Golf Course. INITIAL

**Please pick up after yourself. Carry-in, carry-out policy. The Town of Clifton Park requires that you must take out what you bring in. If you would like to pay an additional $75.00 per day for trash removal, please indicate.

Yes____ No X INITIAL

Thank you for your cooperation and enjoy your day!

For Office Use Only

Field Rental	4 hrs	60
Pavilion Rental	4 hrs	60
Field Lights		
Security		
Trash Removal		
Other		
Total Charges Due:		120-

Date Paid: 6/1/21
Amount Paid: 120.00
Payment Type: check- 1078
Permit Given: yes
Staff Initials: SHH

Resolution No. _____ of 2021, a resolution hiring Marley Ogle for the 2021 Tiny Hands Preschool Summer Camp Program.

Introduced by _____, who moved its adoption, seconded by _____.

WHEREAS, the Town Board wishes to hire a staff member for the operation of the Town's Preschool Camp Program, and

WHEREAS, Myla Kramer, Director of Parks, Recreation and Community Affairs has recommended that Marly Ogle, 2 Dyer Drive, Clifton Park be hired as a counselor for the Tiny Hands Program; now therefore be it

RESOLVED, that Marley Ogle is hired as a counselor for the 2021 Tiny Hands Preschool Summer Camp Program, effective from July 12, 2021 through the entire 2021 Summer Camp season to be paid at Step 1, ($12.25/hour) from A-7310-E4500 (Summer Recreation – Counselors)

Interview	
Date:	
Time:	
By:	

Town of Clifton Park
Office of Parks, Recreation & Community Affairs
1 Town Hall Plaza, Clifton Park, NY 12065
(Phone) 371-6667 (Fax) 383-5088

Summer Recreation Employment Application

Application must be completed by applicant - Please print using a blue or black pen.

Position(s) applying for:	**Camp Counselor**	Date:	06.26.2021

If applying for a salaried position, please attach resume.

Ogle	Marley	E	**Date of Birth:** All individuals employed or volunteering will have their name submitted to a search on the NYS Sex Offender Registry. Used for this sole purpose.	12/18/03
Last Name	***LEGAL* First Name**	**MI**		

2 Dyer Drive	Clifton Park	NY	12065
Street Address	**Town**	**State**	**Zip Code**

518-877-0307	518-573-8732	Marleyogle8@gmail.com
Home Phone Number	**Cell Phone Number**	**Email Address**

Have you ever applied with us before?	Yes (No)	**If yes, give date:**
Have you been employed with us before?	Yes (No)	**If yes, give date:**
When are you available for employment?	July - August	
Please list all dates (Monday-Friday) between June 28, 2021 and August 20, 2021 that you are unable to work.	[redacted] College visit week of July 26th - July 30th unsure what day I will let you know ASAP.	

Please describe any specialized training, apprenticeship, skills and extra-curricular activities you are involved in that you feel would help you in the job you are applying for:

Cheer coach for Pop Warner - Valor Clifton Park. And I completed the "Foundations in health and Safety e-learning 5 hour NYS Course.

Please describe why you feel you would be effective in the position you are applying for:

I love kids I have experience in the 3-4 yr old age group and I am very reliable.

Please fill out page 2

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education	Name & Address of School	Course of Study	Year Completed	Diploma/Degree
High School	Shenendehowa			
Undergraduate				
Graduate				
Professional				
Other (Specify)				

Employment

Begin with most recent	Firm Name	Address	Phone	Describe your duties
Employment Dates From: July 2020 To: present	The Vista at Van Patten	Van Patten Golf Course	same as reference	Hostess
Employment Dates From: October 2017 To: 2019	Babysitting	Grandmother of 3 year olds house		Babysat 3 year old till he was 4 moved away
Employment Dates From: To:				
Employment Dates From: To:		References		

At least two (2) required (must not be a relative)	Title/Business	Daytime Telephone #	Evening Telephone #
1. Mark White	Vista Manager	518-301-3008	N/A
2. Zak Sawyer	Valor Cheer head coach	518-810-5722	Same
3. Sue Casline	Babysitting customer	518-669-9281	Same

I state that the information provided is correct: Marley Ogle

Signature of Applicant

Resolution No. _____ of 2021 a resolution authorizing the Department of Buildings & Grounds to purchase (2) used small pickup trucks from Upstate Auto Sales.

Introduced by _____, who moved its adoption, seconded by ____.

WHEREAS, Daniel Clemens, Director of Buildings, Parks, and Recreation, has requested authorization to purchase two used vehicles for use by the Buildings & Grounds Department, and

WHEREAS, both pickup trucks as described in the attached document are available from, Upstate Auto Sales, 3511 NY-7, Hoosick Falls, NY, at a total cost not to exceed $18,842.00; now, therefore, be it

RESOLVED, that the Director of Buildings, Parks, and Recreation is authorized to purchase the above referenced vehicles for use by Buildings & Grounds, in a total amount not to exceed $18,842.00 from A-7110-200 [General Fund – Buildings & Grounds – Equipment & Building], and be it further

RESOLVED, that the comptroller is authorized to increase revenue budget A-02665 (General Fund – Sale of Equipment) by $13,045 and increase A-0710-200 by $13,045 and transfer $5,797 from A-07110-00024 (General Fund – Building & Grounds – General Maintenance) to A-07110-00200.

Agreement and Bill of Sale

BY AND BETWEEN Upstate Auto Sales Inc 518-663-9089 Facility # 7080620

AND Town of Clinton Park hereinafter designated "Purchaser" of
PURCHASER'S NAME

2 Townhall Plaza Clifton Park ny 12065
ADDRESS STATE

"The above named seller agrees to sell the hereinafter mentioned and described automobile and the above named purchaser agrees to purchase said automobile upon the following conditions, it being agreed by both parties hereto that this contract embodies all terms and conditions of sale."

518-371-6651

MILEAGE:

STOCK NO.	MAKE AND TYPE OF CAR	MODEL	YEAR	VEHICLE IDENT. NO.	SALESMAN
	Ford PU	Ranger	2011	[redacted]	JC

Cash Price of Car	$ 8250	00	Cash on Delivery of Car	$	
Less Trade in Allowance	$		Cash on Account with order	$	
Optional Warranty			Balance	$	
Term:			Dealer's optional fee for processing application for registration and/or certificate of title, and for securing special or distinctive plates (if applicable). ***THIS IS NOT A DMV FEE.****	$	
Other:					
Total	$ 8250	00			
Inspection	$ 21	00			
Registration	$		Total Balance	$	
Sales Tax Exempt	$		Payable at rate of $ per month for months		
Total Cash Price	$ 8271	00	to		

The principal prior use of this vehicle was as: ☐ rental ☐ a police vehicle ☐ lease ☐ a taxicab ☐ or a driver education vehicle

THE AMOUNT INDICATED ON THIS SALES CONTRACT OR LEASE AGREEMENT FOR REGISTRATION AND TITLE FEES IS AN ESTIMATE. IN SOME INSTANCES, IT MAY EXCEED THE ACTUAL TITLE FEES DUE THE COMMISSIONER OF MOTOR VEHICLES. THE DEALER WILL AUTOMATICALLY, AND WITHIN SIXTY DAYS OF SECURING SUCH REGISTRATION AND TITLE, REFUND AMOUNT OVERPAID FOR SUCH FEES.

Commercial vehicle: Electric LO.

PURCHASER

*The optional dealer registration or title application processing fee ($75.00 maximum) and special plate processing fee ($5.00 maximum) are not New York State or Department of Motor Vehicle fees. Unless a lien is being recorded or the dealer issued number plates, you may submit your own application for registration and/or certificate of title or for a special or distinctive plate to any motor vehicle issuing office.

Remarks: Vehicle is used with _____ miles no deposit

"The purchaser agrees to pay the seller the sum of $ _____ on delivery of this agreement receipt of which is hereby acknowledged, and to pay the seller the balance due on or before _____, 20____ or purchaser hereby agrees to forfeit said amount to the seller as and for liquidated damage for his breach. Title will not pass to purchaser until payment in full has been made. If final payment is made by check, title will not pass until check is paid."
The purchaser certifies that he is eighteen years of age and has full legal capacity to enter into this agrement, and that the car he is trading in is free and clear of all encumbrances whatsoever.

"IF THIS MOTOR VEHICLE IS CLASSIFIED AS A USED MOTOR VEHICLE, Upstate Auto CERTIFIES THAT THE ENTIRE VEHICLE IS IN CONDITION AND REPAIR TO RENDER, UNDER NORMAL USE, SATISFACTORY AND ADEQUATE SERVICE UPON THE PUBLIC HIGHWAY AT THE TIME OF DELIVERY."

"THE INFORMATION YOU SEE ON THE WINDOW FORM FOR THIS VEHICLE IS PART OF THIS CONTRACT. INFORMATION ON THE WINDOW FORM OVERRIDES ANY CONTRARY PROVISIONS IN THE CONTRACT OF SALE."

DATED July 6, 20 21

Final Settlement of Bill
Must Be In Cash or Certified Check

Accepted Upstate Auto Sales

By Joe

Sold subject to approval of an Executive of the Company _____

Delivery Accepted _____ 20____ Purchaser's Signature _____

Agreement and Bill of Sale

BY AND BETWEEN Upstate Auto Sales Inc 518-603-9089 Facility # 7080020

AND Town of Clinton Park (PURCHASER'S NAME) hereinafter designated "Purchaser" of

2 Town Hall Plaza (ADDRESS) Clinton Park (STATE) ny 12065

"The above named seller agrees to sell the hereinafter mentioned and described automobile and the above named purchaser agrees to purchase said automobile upon the following conditions, it being agreed by both parties hereto that this contract embodies all terms and conditions of sale."

518 371-6651 Kieran **MILEAGE:** 85K

STOCK NO.	MAKE AND TYPE OF CAR	MODEL	YEAR	VEHICLE IDENT. NO.	SALESMAN
T3	Nissan PU	Frontier	2016	[redacted]	JC

Cash Price of Car	$ 10550	00	Cash on Delivery of Car	$
Less Trade in Allowance	$		Cash on Account with order	$
Optional Warranty			Balance	$
Term:			Dealer's optional fee for processing application for registration and/or certificate of title, and for securing special or distinctive plates (if applicable). ***THIS IS NOT A DMV FEE.****	$
Other:				
Total	$ 10550	00		
Inspection	$ 21	00		
Registration	$		Total Balance	$
Sales Tax Exempt	$		Payable at rate of $ per month for months	
Total Cash Price	$ 10571	00	to	

The principal prior use of this vehicle was as: ☐ rental ☐ a police vehicle ☐ lease ☐ a taxicab ☐ or a driver education vehicle

THE AMOUNT INDICATED ON THIS SALES CONTRACT OR LEASE AGREEMENT FOR REGISTRATION AND TITLE FEES IS AN ESTIMATE. IN SOME INSTANCES, IT MAY EXCEED THE ACTUAL TITLE FEES DUE THE COMMISSIONER OF MOTOR VEHICLES. THE DEALER WILL AUTOMATICALLY, AND WITHIN SIXTY DAYS OF SECURING SUCH REGISTRATION AND TITLE, REFUND AMOUNT OVERPAID FOR SUCH FEES.

Commercial Vehicle: Electric Co

PURCHASER

*The optional dealer registration or title application processing fee ($75.00 maximum) and special plate processing fee ($5.00 maximum) are not New York State or Department of Motor Vehicle fees. Unless a lien is being recorded or the dealer issued number plates, you may submit your own application for registration and/or certificate of title or for a special or distinctive plate to any motor vehicle issuing office.

Remarks: Vehicle is used with _____ miles no deposit

"The purchaser agrees to pay the seller the sum of $ _____ on delivery of this agreement receipt of which is hereby acknowledged, and to pay the seller the balance due on or before _____, 20____ or purchaser hereby agrees to forfeit said amount to the seller as and for liquidated damage for his breach. Title will not pass to purchaser until payment in full has been made. If final payment is made by check, title will not pass until check is paid."

The purchaser certifies that he is eighteen years of age and has full legal capacity to enter into this agrement, and that the car he is trading in is free and clear of all encumbrances whatsoever.

"IF THIS MOTOR VEHICLE IS CLASSIFIED AS A USED MOTOR VEHICLE, Upstate Auto CERTIFIES THAT THE ENTIRE VEHICLE IS IN CONDITION AND REPAIR TO RENDER, UNDER NORMAL USE, SATISFACTORY AND ADEQUATE SERVICE UPON THE PUBLIC HIGHWAY AT THE TIME OF DELIVERY."

"THE INFORMATION YOU SEE ON THE WINDOW FORM FOR THIS VEHICLE IS PART OF THIS CONTRACT. INFORMATION ON THE WINDOW FORM OVERRIDES ANY CONTRARY PROVISIONS IN THE CONTRACT OF SALE."

DATED July 6, 2021 Accepted Upstate Auto

Final Settlement of Bill Must Be In Cash or Certified Check

By Joe

Sold subject to approval of an Executive of the Company _____

Delivery Accepted _____ 20____ Purchaser's Signature _____

Resolution No. _____ of 2021 authorizing the implementation, and funding in the first instance 100% of the federal-aid and State "Marchiselli" Program-aid eligible costs, of a transportation federal-aid project, and appropriating funds therefore.

Introduced by _____, who moved its adoption, seconded by _____.

WHEREAS, a Project Pedestrian Safety Action Plan (PSAP), Clifton Park Center Road and Clifton Country Road, Town of Clifton Park, Saratoga County P.I.N. 1760.93 (the Project") is eligible for funding under Title 23 U.S. Code, as amended, that calls for the apportionment of the costs such program to be borne at the ratio of 100% Federal funds; and

WHEREAS, the Town of Clifton Park desires to advance the Project by making a commitment of 100% of the non-federal share of the costs of Design and Construction/CI .

NOW, THEREFORE, the Town Board duly convened does hereby

RESOLVE, that the Town Board hereby approves the above-subject project; and it is hereby further

RESOLVED, that the Town Board hereby authorizes the Town of Clifton Park to pay in the first instance 100% of the federal and non-federal share of the cost of Design and Construction/CI work for the Project or portions thereof; and it is further

RESOLVED, that the sum of $541,000.00 has hereby been previously appropriated from H53-3310-200 [Capital Projects PSAP – Clifton Park Center Road and Clifton Country Road – Traffic Safety – Equipment], appropriated pursuant to Resolution No. 62 of 2021 and made available to cover the cost of participation in the above phases of the Project; and it is further

RESOLVED, that the additional sum of $134,798.00 is hereby appropriated from the designated capital projects fund H53-330-200 and made available to cover the cost of participation in the above phases of the Project; and it is further

RESOLVED, that in the event the full federal and non-federal share costs of the project exceeds the amount appropriated above, the Town Board shall convene as soon as possible to appropriate said excess amount immediately upon the notification by the New York State Department of Transportation thereof, and it is further

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

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

RESOLVED, this Resolution shall take effect immediately.

Schedule A (5/18)
Press F1 to read instructions in blank fields

SCHEDULE A – Description of Project Phase, Funding and Deposit Requirements
NYSDOT/ State-Local Agreement - Schedule A for PIN 1760.93

OSC Municipal Contract #: D036122

Contract Start Date: 2/20/2019 (mm/dd/yyyy) **Contract End Date:** 8/31/2028 (mm/dd/yyyy)
☐ *Check, if date changed from the last Schedule A*

Purpose: ☐ Original Standard Agreement ☒ Supplemental Schedule A No. 2

Agreement Type: ☒ Locally Administered Municipality/Sponsor (Contract Payee): Town of Clifton Park
Other Municipality/Sponsor (if applicable):

☐ State Administered *List participating Municipality(ies) and the % of cost share for each and indicate by checkbox which Municipality this Schedule A applies.*
☐ Municipality: % of Cost share
☐ Municipality: % of Cost share
☐ Municipality: % of Cost share

Authorized Project Phase(s) to which this Schedule applies: ☒ PE/Design ☐ ROW Incidentals ☐ ROW Acquisition ☒ Construction/CI/CS

Work Type: BIKE/PED./FACILITIES **County** (If different from Municipality): Saratoga

Marchiselli Eligible ☐ Yes ☒ No *(Check, if Project Description has changed from last Schedule A):* ☐
Project Description: Pedestrian Safety Action Plan (PSAP), Clifton Park Center Road and Clifton Country Road, Town of Clifton Park, Saratoga County

Marchiselli Allocations Approved FOR All PHASES *All totals will calculate automatically.*

Check box to indicate change from last Schedule A	State Fiscal Year(s)	Project Phase			TOTAL
		PE/Design	ROW (RI & RA)	Construction/CI/CS	
☐	Cumulative total for all prior SFYs	$0.00	$0.00	$0.00	$ 0.00
☐	Current SFY	$0.00	$0.00	$0.00	$ 0.00
Authorized Allocations to Date		$ 0.00	$ 0.00	$ 0.00	$ 0.00

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

PIN Fiscal Share	"Current" or "Old" entry indicator	Federal Funding	Total Costs	FEDERAL Participating Share	STATE MARCHISELLI Match	LOCAL Matching Share	LOCAL DEPOSIT AMOUNT (Required only if State Administered)
	Current		$ 0.00	$0.00	$0.00	$0.00	$0.00
	Old		$ 0.00	$0.00	$0.00	$0.00	$0.00
	Current		$ 0.00	$0.00	$0.00	$0.00	$0.00
	Old		$ 0.00	$0.00	$0.00	$0.00	$0.00
	Current		$ 0.00	$0.00	$0.00	$0.00	$0.00
	Old		$ 0.00	$0.00	$0.00	$0.00	$0.00
	Current		$ 0.00	$0.00	$0.00	$0.00	$0.00
	Old		$ 0.00	$0.00	$0.00	$0.00	$0.00
	Current		$ 0.00	$0.00	$0.00	$0.00	$0.00
	Old		$ 0.00	$0.00	$0.00	$0.00	$0.00
	Current		$ 0.00	$0.00	$0.00	$0.00	$0.00
	Old		$ 0.00	$.	$0.00	$0.00	$0.00
TOTAL CURRENT COSTS:			$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

NYSDOT/State-Local Agreement – Schedule A

B. Summary of Other (including Non-allocated MARCHISELLI) Participating Costs FOR ALL PHASES *For each PIN Fiscal Share, show current costs on the rows indicated as "Current.". Show the old costs from the previous Schedule A on the row indicated as "Old." All totals will calculate automatically.*

Other PIN Fiscal Shares	'Current' or 'Old' entry indicator	Funding Source	TOTAL	Other FEDERAL	Other STATE	Other LOCAL
1760.93.121	Current	HSIP	$62,000.00	$62,000.00	$0.00	$0.00
	Old	HSIP	$62,000.00	$62,000.00	$0.00	$0.00
1760.93.321	Current	HSIP	$472,798.00	$472,798.00	$0.00	$0.00
	Old	HSIP	$338,000.00	$338,000.00	$0.00	$0.00
1760.93.NPS	Current	100% Local	$141,000.00	$0.00	$0.00	$141,000.00
	Old	100% Local	$141,000.00	$0.00	$0.00	$141,000.00
. .	Current		$ 0.00	$0.00	$0.00	$0.00
	Old		$ 0.00	$0.00	$0.00	$0.00
. .	Current		$ 0.00	$0.00	$0.00	$0.00
	Old		$ 0.00	$0.00	$0.00	$0.00
. .	Current		$ 0.00	$0.00	$0.00	$0.00
	Old		$ 0.00	$0.00	$0.00	$0.00
. .	Current		$ 0.00	$0.00	$0.00	$0.00
	Old		$ 0.00	$0.00	$0.00	$0.00
. .	Current		$ 0.00	$0.00	$0.00	$0.00
	Old		$ 0.00	$0.00	$0.00	$0.00
TOTAL CURRENT COSTS:			$675,798.00	$534,798.00	$ 0.00	$141,000.00

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

D. Total Project Costs *All totals will calculate automatically.*

Total FEDERAL Cost	Total STATE MARCHISELLI Cost	Total OTHER STATE Cost	Total LOCAL Cost	Total ALL SOURCES Cost
$534,798.00	$ 0.00	$ 0.00	$141,000.00	$675,798.00

E. Point of Contact for Questions Regarding this Schedule A (Must be completed)	Name: Bryan Cross Phone No: 518-417-6595

See Agreement (or Supplemental Agreement Cover) for required contract signatures.

NYSDOT/State-Local Agreement – Schedule A

Footnotes: (See LPB's website for link to sample footnotes)

- This Supplemental Agreement #2 adds an additional $134,798.00 in funding to the construction phase of the project. Additional funds are 100% HSIP
- Supplemental Agreement #1 added the Construction/CI phase to the project. Construction 100% HSIP = $285,000.00, CI 100% HSIP = $53,000.00. There is a 100% Local NPS of $141,000.00
- The Master Agreement was for the Design Phase of the project. Preliminary Design = $28,900.00, Detailed Design = $33,100.00. This project is funded with HSIP funds at 100% Federal and is not Marchiselli eligible.
-
-
-
-
-
-
-
-

Sponsor:**Town of Clifton Park**
PIN: **1760.93** BIN: _____
Comptroller's Contract No. **D036122**
Supplemental Agreement No.**2**
Date Prepared:**6/22/2021** By:BC
Initials

Press F1 for instructions in the blank fields:

SUPPLEMENTAL AGREEMENT No. 2 to D036122 *(Comptroller's Contract No.)*

This Supplemental Agreement is by and between:

the New York State Department of Transportation ("NYSDOT"), having its principal office at 50 Wolf Road, Albany, NY 12232, on behalf of New York State ("State");

and

the Town of Clifton Park (the Sponsor)
Acting by and through the **Town Board**
with its office at **One Town Hall Plaza**, **Clifton Park, NY 12065**.

This amends the existing Agreement between the parties in the following respects only *(check applicable categories):*

☒ Amends a previously adopted Schedule A by *(check as applicable)*:

- ☐ amending a project description
- ☐ amending the contract end date
- ☒ amending the scheduled funding by:
  - ☐ adding additional funding *(check and enter the # phase(s) as applicable)*:
    - ☐ adding phase _____ which covers eligible costs incurred on/after __/__/____
    - ☐ adding phase _____ which covers eligible costs incurred on/after __/__/____
  - ☒ increasing funding for a project phase(s) **Construction**
  - ☐ adding a pin extension
  - ☐ change from Non-Marchiselli to Marchiselli
  - ☐ deleting/reducing funding for a project phase(s)
  - ☐ other (_____)

☐ Amends a previously adopted Schedule "B" (Phases, Sub-phase/Tasks, and Allocation of Responsibility)

☐ Amends a previously adopted Agreement by replacing the Appendix A dated January 2014 with the Appendix A dated October 2019

☐ Amends the text of the Agreement as follows *(insert text below)*:

Sponsor:**Town of Clifton Park**
PIN: **1760.93** BIN: _____
Comptroller's Contract No. **D036122**
Supplemental Agreement No.**2**
Date Prepared:**6/22/2021** By:BC
Initials

Press F1 for instructions in the blank fields:

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized officials as of the date first above written.

SPONSOR:

By: _____

Print Name: _____

Title: _____

SPONSOR ATTORNEY:

By: _____

Print Name: _____

STATE OF NEW YORK
)ss.:
COUNTY OF ***Saratoga***

On this _____ day of _____, 20___ before me personally came _____ to me known, who, being by me duly sworn did depose and say that he/she resides at _____; that he/she is the _____ of the Municipal/Sponsor Corporation described in and which executed the above instrument; (except New York City) that it was executed by order of the _____ of said Municipal/Sponsor Corporation pursuant to a resolution which was duly adopted on _____ and which a certified copy is attached and made a part hereof; and that he/she signed his/her name thereto by like order.

_____
Notary Public

APPROVED FOR NYSDOT:

BY:_____
For Commissioner of Transportation

Agency Certification: In addition to the acceptance of this contract I also certify that original copies of this signature page will be attached to all other exact copies of this contract.

Date: _____

APPROVED AS TO FORM:
STATE OF NEW YORK ATTORNEY GENERAL

By: _____
Assistant Attorney General

COMPTROLLER'S APPROVAL:

By:_____
For the New York State Comptroller
Pursuant to State Finance Law ' 112

SAMPLE RESOLUTION BY MUNICIPALITY
(Locally Administered Project)
RESOLUTION NUMBER:

A Resolution authorizing the implementation, and funding in the first instance 100% of the federal-aid and State "Marchiselli" Program-aid eligible costs, of a transportation federal-aid project, and appropriating funds therefore

WHEREAS, a Project Pedestrian Safety Action Plan (PSAP), Clifton Park Center Road and Clifton Country Road, Town of Clifton Park, Saratoga County P.I.N. 1760.93 (the Project") is eligible for funding under Title 23 U.S. Code, as amended, that calls for the apportionment of the costs such program to be borne at the ratio of 100 % Federal funds; and

WHEREAS, the Town of Clifton Park desires to advance the Project by making a commitment of 100% of the non-federal share of the costs of Design and Construction/CI .

NOW, THEREFORE, the Town Board duly convened does hereby

RESOLVE, that the Town Board hereby approves the above-subject project; and it is hereby further

RESOLVED, that the Town Board hereby authorizes the Town of Clifton Park to pay in the first instance 100% of the federal and non-federal share of the cost of Design and Construction/CI work for the Project or portions thereof; and it is further

RESOLVED, that the sum of $541,000.00 has hereby been previously appropriated from [or, appropriated pursuant to _____ and made available to cover the cost of participation in the above phases of the Project; and it is further

RESOLVED, that the additional sum of $134,798.00 is hereby appropriated from _____ [or, appropriated pursuant to _____ and made available to cover the cost of participation in the above phases of the Project; and it is further

RESOLVED, that in the event the full federal and non-federal share costs of the project exceeds the amount appropriated above, the Town Board of the Town of Clifton Park shall convene as soon as possible to appropriate said excess amount immediately upon the notification by the New York State Department of Transportation thereof, and it is further

RESOLVED, that Town Supervisor of the Town of Clifton Park be and is hereby authorized to execute all necessary Agreements, certifications or reimbursement requests for Federal Aid and/or Marchiselli Aid on behalf of the Town of Clifton Park with the New York State Department of Transportation in connection with the advancement or approval of the Project and providing for the administration of the Project and the municipality's first instance funding of project costs and permanent funding of the local share of federal-aid and state-aid eligible Project costs and all Project costs within appropriations therefore that are not so eligible, and it is further

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

RESOLVED, this Resolution shall take effect immediately

STATE OF NEW YORK }
} ss.:
COUNTY OF SARATOGA }

I, the undersigned,

DO HEREBY CERTIFY that I have compared the above copy of a resolution adopted _____, 20___ with the original record in this office and that the same is a correct transcript thereof and of the whole of said original record.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of said _____
This _____ day of _____, 2021.

_____
Clerk

NEW YORK STATE OF OPPORTUNITY. Department of Transportation

ANDREW M. CUOMO
Governor

MARIE THERESE DOMINGUEZ
Commissioner

PATRICK S. BARNES, P.E.
Regional Director

June 22, 2021

Ms. Jennifer Viggiani
Town of Clifton Park
One Town Hall Plaza
Clifton Park, NY 12065

RE: Supplemental Agreement #2 & Resolution for PIN 1760.93, D036121, Pedestrian Safety Action Plan (PSAP), Clifton Park Center, Town of Clifton Park, Saratoga County

Dear Ms. Viggiani:

Enclosed is the proposed Supplemental Agreement #2 & Resolution required for the above subject project. These documents need to be enacted by the Town Board in order for NYSDOT to provide additional approved Federal funding reimbursements to the Town of Clifton Park for work to be accomplished on the Construction/CI phase of this project.

Instructions:

(A) We have provided you with a single copy of the standardized Federal Local Agreement language and relevant Schedule A. Please **keep** these documents for your records.

(B) We have provided you with a single copy of a draft resolution. The Town should complete, enact and certify the resolution. You may redraft your own resolutions, but they must contain all the necessary clauses of the enclosed version. ***Please do not change the wording of the resolution in any way without checking with this office first. Remember the resolution must identify the source of the funding appropriation.*** Please return 3 (three) originals with the required certificates. Also, as with the agreement, please keep an additional copy for your records as you will not get a copy of the resolution returned to you.

(C) We have provided you with a single copy (you have received this package via email) of the necessary signature page. Please make 5 copies and sign & return all 5 (five) copies to this office with the above resolutions. You will get a single original of this page returned to you once the contract is executed by the necessary State officials.

If you have any questions concerning the procedures, please call me at 518-485-1715.

Sincerely,

Lorenzo DiStefano, P.E.
Regional Local Project Liaison
Program Development and Management
Region One

LD:bc
Enclosures

Resolution No. _____ of 2021 a resolution authorizing the transfer of a Laborer for the Clifton Park Senior Community Center.

Introduced by _____, who moved its adoption, seconded by _____.

WHEREAS, an opening exists for a Laborer in the Clifton Park Senior Community Center due to the promotion of Donovan Ryan, and

WHEREAS, Keith Ulrich, a current employee at the Transfer Station expressed an interest in transferring to the opening at the Senior Community Center, and

WHEREAS, Supervisor Barrett, has recommended that Keith Ulrich, 112 Hollandale Lane, Apt. A, Clifton Park, be transferred to fill the full-time position as advertised; now therefore be it

RESOLVED, that authorization is hereby given to transfer Keith Ulrich as a Laborer for the Clifton Park Senior Community Center at Grade 3, Step 1, $19.44/hour, effective July 26, 2021; and be it further

RESOLVED that Comptroller is authorized to transfer $17,900 from A-06773-E4000 [General Fund – Senior Center – Part Time Employee] to A-06773-E0892 [General Fund – Senior Center – Keith Ulrich].

Town of Clifton Park
Salary Allocation

		Grade	Step	Year	2021 Hourly Rate	Weeks to End of Year	Hours	Projected to End of Year
Transfer to Senior Center								
		effective July 26 2021						
Keith	Ulrich	3	1	1	19.44	23	40	$ 17,884.80
						Rounded to:		$ 17,900.00

TOWN OF CLIFTON PARK

One Town Hall Plaza
Clifton Park, NY 12065

EMPLOYMENT APPLICATION

TOWN USE ONLY		
Candidate Name	Keith Ulrich	
	Name / Dept.	Date
Received by:	[illegible]	6/29/21
	[illegible]	

This application is for internal use only by the Town of Clifton Park and should not be filed with the Saratoga County Civil Service Department.

SKILLS

Typing Speed: WPM	Data Entry: # Numeric Keystrokes/Hour	# Alpha Keystrokes/Hour

Computer Skills:

BASIC

List certificates, licenses (*including driver license or CDL endorsement*) or professional achievements that would support your qualifications for employment:	List any additional skills, technical or professional knowledge that you feel would support your application:
CDL CLASS A	

If you are applying for a position which requires a Commercial Driver License, provide Driver License Number here:

List your previous four (4) employers whether or not they seem relevant to the position for which you are applying.

Present or Last Employer

Name of Employer: TOWN OF CLIFTON PARK		Phone Number: 518-371-6702	
Address: 1 TOWN HALL PLAZA	City: CLIFTON PARK	State: N.Y	Zip: 12065
Employment Dates (Month/Year) From: 01/06/2021 To:		Salary: 40,435	Hours per Week: 40
Title of Position: LABORER		Name and Title of Supervisor: DAN CLEMS	

Description of duties, responsibilities and significant accomplishments

Reason for leaving

Next Previous Employer

Name of Employer: NEW YORK STATE D.O.T		Phone Number: 518-457-6195	
Address: 50 WOLF ROAD	City: ALBANY	State: N.Y.	Zip: 12205
Employment Dates (Month/Year) From: 01-06-2020 To: 01-04-2021		Salary: 39,000 yr	Hours per Week: 40
Title of Position: LABORER- DRIVER		Name and Title of Supervisor: ERIC MARP	

Description of duties, responsibilities and significant accomplishments: MAITAIN THE ROADS, FILLIN POTHOLES, PICK UP DEBRIS ON THE ROAD, CLEANOUT DEBRIS FROM CULVERTS

Reason for leaving: BETTER GROWTH POTENTIAL

Next Previous Employer

Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year) From	To	Salary	Hours per Week:
Title of Position		Name and Title of Supervisor	

Description of duties, responsibilities and significant accomplishments

Reason for leaving

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SARATOGA COUNTY DEPARTMENT OF HUMAN RESOURCES
APPLICATION FOR EMPLOYMENT
OR CIVIL SERVICE EXAMINATION

40 MCMASTER STREET, BALLSTON SPA, NY 12020
518-885-2225 www.saratogacountyny.gov
AN EQUAL OPPORTUNITY EMPLOYER WITH AN AFFIRMATIVE ACTION PROGRAM

Number _____

APPLICATION
Approved_____
Conditional_____
Disapproved_____

APPLICATION FOR EMPLOYMENT: Title of Position Laborer

APPLICATION FOR EXAMINATION: Title and # _____

This application is part of your examination. Please answer all questions completely and accurately. Attach additional sheets if necessary to provide required information. All statements are subject to verification.

1. NAME AND PERMANENT LEGAL RESIDENCE: (Please notify Saratoga County Department of Human Resources in writing of any information changes.)

Ulrich Keith [redacted]
Last Name First Name M.I. Social Security Number (Required for exam)

12 - Hollandale Lane Apt A Clifton Park N.Y. 12065
Street City State Zip Code

Indicate below your actual permanent address and the length of time you have resided there continuously, up to and including date of this application.

	PROVIDE NAME	YEARS	MONTHS
School District			
Village or City			
Town of			
County of			
State of			

NOTE: It is your permanent legal residence that will determine eligibility for examination and appointment. Specific residency requirements are stated on the exam announcement.

2. MAILING ADDRESS: _____
(If different from above) Street City State Zip Code

3. EMAIL ADDRESS: _____

4. PHONE NUMBER: (518) 383-7379 (___) _____ (518) 944-3883
Home Business Cell

5. AGE: If applying for the position of Deputy Sheriff, Police Officer, Correction Officer or any other position with minimum or maximum age limits (check exam announcement), please state date of birth: _____

6. SPECIAL TESTING ARRANGEMENTS:

RELIGIOUS ACCOMMODATION: Most written tests are held on Saturdays. If you cannot take the test on the announced test day due to a conflict with a religious observation or practice, check the space below.

☐ I cannot be tested on the scheduled examination date due to a conflict with a religious observance or practice.

SPECIAL ACCOMMODATIONS IN TESTING: Saratoga County provides reasonable accommodations for individuals with a disability during application, examination, interview and employment. If you need a reasonable accommodation, check the space below and attach a written description of the accommodation sought. Medical documentation is required.

☐ I require special accommodation to take this examination.

OTHER ACCOMMODATIONS NEEDED: If you require accommodation for reasons other than religious or disability, check the box below and attach a written description of the accommodation sought.

☐ I require special accommodation to take this examination.

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7. CHECK APPROPRIATE BOXES:

If you answer YES to any portion of questions 7a-f, provide details on a separate sheet. Your failure to answer these questions or to provide details will significantly delay any determination concerning your qualifications and may deprive you of potential employment opportunities. None of the above circumstances represent an automatic bar to employment. Each case is considered and evaluated on individual merit in relation to the duties and responsibilities of the position for which you are applying.

a. Were you ever discharged from employment for reasons other than lack of work or funds, disability or medical condition? ☐ YES ☑ NO
b. Did you ever resign rather than face discharge? ☐ YES ☑ NO
c. Have you ever been convicted of a crime (felony or misdemeanor)? ☐ YES ☑ NO
d. Has there ever been a complaint of workplace violence or harassment against you? ☐ YES ☑ NO
e. Are you now under charges for any crime? ☐ YES ☑ NO
f. Did you ever receive a discharge from the Armed Forces of the United States that was other than "Honorable", or which was issued under other than honorable conditions? ☐ YES ☑ NO
g. Are you a retiree from New York State or any civil division thereof? ☐ YES ☑ NO
h. Are you an exempt Volunteer Fireman? ☐ YES ☑ NO

8. VETERANS CREDITS: Veteran's credits can be applied for on all examinations but may be used only once. You may not claim additional credits after the eligible list has been established. Any candidate who applies for such credit must submit a copy of DD214 with application.

Do you claim additional credits on this examination as an honorably discharged veteran?

☑ NO -- **Please go to Question 9**

☐ YES – AS A DISABLED WAR VETERAN ☐ YES -- AS A NON-DISABLED WAR VETERAN

☐ YES ☐ NO Since January 1, 1951, have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?

COMPLETE THE REMAINDER OF THIS SECTION IF YOU:

1. Wish to claim War Time Veterans Credits, AND
2. Have NOT used veteran's credits for appointment to a position in NY State or its civil divisions.

EXTRA CREDITS FOR WAR TIME VETERANS -- Your answers must be "YES" to be eligible for additional credits

☐ YES ☐ NO I expect to receive or have already received a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States. "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in service of the United States pursuant to call as provided by law, on a **full-time active duty other than active duty for training purposes.**

☐ YES ☐ NO I am now serving, or have served, on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods:

In the Armed Forces:
December 7, 1941 – December 31, 1946;
June 27, 1950 – January 31, 1955;
February 28, 1961 – May 7, 1975;
August 2, 1990 to the date when the Persian Gulf hostilities end.
Or earned the Armed Forces, Navy or Marine Corps Expeditionary medal for service in:
Granada: October 23, 1983 - November 21, 1983;
Lebanon: June 1, 1983 – December 1, 1987;
Panama: December 20, 1989 – January 31, 1990.
Or in the U.S. Public Health Service:
July 29, 1945 - December 31, 1946;
June 27, 1950 - July 3, 1952.

☐ YES ☐ NO I am a United States citizen or an alien lawfully admitted for permanent residence.

☐ YES ☐ NO I am a New York resident.

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9. STUDENT LOANS:

Are you currently in default on any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services Corporation? ☑ NO ☐ YES

10. YOUR EDUCATION: Read the exam announcement for educational requirements. Send a copy of your transcript **only** if required by the announcement.

Have you graduated from High School? ☐ NO ☑ YES

Name and Location of High School FRANKLIN D LANE High School Brooklyn New York

If you have a High School Equivalency Diploma, indicate: Issuing Government Authority _____

Number _____ Date of Issue _____

College, University, Professional or Technical Schools:	Major subject or type of course	Did you graduate?	If you did not graduate, number of college credits	If graduated, type of degree received	Date degree received or expected
Name of School & City in which located		YES ☐ NO ☐			Mo. / Yr.
Name of School & City in which located		YES ☐ NO ☐			Mo. / Yr.
Name of School & City in which located		YES ☐ NO ☐			Mo. / Yr.
Name of School & City in which located		YES ☐ NO ☐			Mo. / Yr.

11. LICENSE OR CERTIFICATION:

If required on the announcement, do you have a valid license to operate a motor vehicle in New York State?

☐ NO ☑ YES License Number: 663-236-346 Expiration Date: 05/18/2024

Class of License: A Endorsements: _____ Restrictions: _____

Complete the following if a license, certificate or other authority to practice a trade or profession is required on the announcement(s).

Trade or Profession	License Number	Date License First Issued	Registration Mo. Yr. From / to Mo. Yr. /	If you are not currently licensed, check this ☐
Specialty	Granted by (Licensing agency)		City/State	

The County of Saratoga does not discriminate because of age, race, creed, color, citizenship, national origin, sex, religion, marital status, criminal record, disability, limited English proficiency, low income status, political affiliation, genetic predisposition or carrier status, domestic violence victim status, pregnancy or sexual orientation.

NOTE: Federal Law requires employers to hire only U.S. citizens or aliens with the authorization to work in the U.S. Federal Law also requires that at the time of appointment, you provide to the employer certain information , including date of birth, country of origin, right to work in the U.S. and to provide for review certain documents establishing your identity and work authorization, such as birth certificates, etc.

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12. **EXPERIENCE:** You must complete this section whether or not you submit a resume. Describe any employment, volunteer experience or military experience that qualifies you for the position sought. Begin with your most recent experience first and work backwards consecutively to your first position. Applicants may be required to furnish satisfactory proof of experience claimed. **A resume is NOT a substitute.**

Length of Employment From: Mo. Yr. To: Mo. Yr.	Name of Employer	Address	City and State
01-05-2021 —	TOWN OF CLIFTON PARK	1-TOWN HALL PLAZA CLIFTON PARK N.Y 12065	CLIFTON PARK NEW YORK
Earnings: $ per ☐ Wk ☐ Mo ☐ Yr Ave. hours per week:	Type of Business	Your Title LABORER	Name/Title/email or phone Information of Supervisor DAN CLEMS
Reason for leaving	Duties:		

Length of Employment From: Mo. Yr. To: Mo. Yr.	Name of Employer	Address	City and State
Earnings: $ per ☐ Wk ☐ Mo ☐ Yr Ave. hours per week:	Type of Business	Your Title	Name/Title/email or phone Information of Supervisor
Reason for leaving	Duties:		

Length of Employment From: Mo. Yr. To: Mo. Yr.	Name of Employer	Address	City and State
Earnings: $ per ☐ Wk ☐ Mo ☐ Yr Ave hours per week:	Type of Business	Your Title	Name/Title/email or phone Information of Supervisor
Reason for leaving	Duties:		

13. REFERENCES: Do you have any objection to our contacting present or past employers to verify above?
☐ NO ☐ YES If yes, comment _____

Please print any other surnames (last names) by which you are or have been known: _____

DECLARATION: I declare, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

Keith Ulrich — Signature of Applicant

6/23/2021 — Date