

AGENDA

County Facilities
March 29, 2011 – 11:00 am

- 1.) CALL MEETING TO ORDER.....Ch. Frank McCoy
Approval of Minutes – March 1st, 2011

- 2.) OLD BUSINESS
 - A.) Update on department moves.....Frank Morehouse
 - B.) Energy Audits – National Grid Frank Morehouse

- 3.) NEW BUSINESS
 - A.) PA System – Municipal Center Frank Morehouse
Transfer (pg 2) \$6,990.00
 - B.) CPA – Additional work – Annex #10 demolition
Resolution request (pg 3) Auth. to pay \$12,229.00.....Frank Morehouse
 - D.) Waste Management Jeff Tennyson
Resolution request (pg 10) Auth. to pay \$242.19
 - E.) M.M. HayesFrank Morehouse
Resolution request (pg 15)
 - F.) PA System – HSB..... Frank Morehouse

- 4.) REFERRALS - None

- 5.) PRIVILEGE OF THE FLOOR..... Ch. Frank McCoy

- 6.) ADJOURNMENTCh. Frank McCoy

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: BUILDINGS & GROUNDS
Name of Department

SIGNED: _____ DATE: _____

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfers requested:

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund	A.1620 260	EQUIPMENT	\$6,990.00

Please state reason for transfer request:
EQUIPMENT FOR PA SYSTEM - M.C.

Please file original request with Clerk of the Board and retain copy for your records.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: BUILDINGS & GROUNDS

DATE: 3/29/11

(a) Purpose of Contract Change: ADDITIONAL PROFESSIONAL SERVICES

(b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 245 OF 2008

(c) Name of Contractor: CLARK PATTERSON LEE
540 BROADWAY 3RD FLOOR SUITE 3B

(d) Address of Contractor: ALBANY, NY 12207

(e) Contractor's Contact Person and Telephone Number: JOHN MARTIN
518-463-4139

(f) Commencement Date of Extension: _____

(g) Termination Date of Extension: _____

(h) Payment Provisions: i) lump sum amount \$ 12,229.00
ii) hourly rate amount _____
iii) total amount not to exceed _____
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.

(i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: CAPITAL PROJECT #315



Invoice

Clark Patterson Lee
DESIGN PROFESSIONALS

November 05, 2010
Project No: 11017.08
Invoice No: 39380

PAUL DUSEK
WARREN COUNTY ADMINISTRATIVE & FISCAL
SE
WARREN COUNTY MUNICIPAL CENTER
1340 STATE RT. 9
LAKE GEORGE, NY 12845-9803

WESTMOUNT DSS DEMOLITION

Professional Services for the period ending October 22, 2010

Fee

Billing Phase	Fee	Percent Complete	Earned
Bidding	21,382.00	100.00	21,382.00 ✓
Construction Phase	56,486.00	90.00	50,837.40 ✓
Contract Amendment for Additional Testing and Contractor Negotiation	13,629	100.00	13,629.00 ✓
Total Fee	91,497		85,848.40
	Previous Fee Billing		32,079.20
	Current Fee Billing		53,295.20
	Total Fee		53,295.20

- 1400 DECOR
To 12, 229
8/20

To be paid upon Board Approval

13629

85,848.40

53,169.20

53,295.20

Reimbursable Expenses

POSTAGE

11/12/2009	FEDERAL EXPRESS	22.11 ✓
1/25/2010	FEDERAL EXPRESS	19.57 ✓
3/5/2010	FEDERAL EXPRESS	27.10 ✓
6/20/2010	FEDERAL EXPRESS	24.80 ✓

TRAVEL

6/15/2010	NORRIS, JON	112.84 ✓
6/15/2010	NORRIS, JON	374.25 ✓
9/22/2010	NORRIS, JON	195.78 ✓
9/22/2010	NORRIS, JON	546.75 ✓

Total Reimbursables

1,323.20

1,323.20

Total this invoice

~~\$54,648.40~~

54,492.40

Pl
408,234
3/10/11

John J. Martin, P.E.

PLEASE REFERENCE INVOICE NUMBER ON PAYMENT

540 Broadway
3rd Floor, Suite 3B
Albany, NY 12207
clarkpatterson.com
518.463.4107 TEL
518.463.3823 FAX

Contract Amendment for Additional Asbestos Testing and Contractor Negotiation

AECOM – Proposal Attached : \$8,700

AECOM – Proposal Attached : \$1,400

26676

Calculations and Analysis: ²⁵⁴⁵~~\$2,635~~
a. Steve M.: 1 hours *\$85/hr*
b. Jon N.: 10 hours *\$96/hr*
c. John M.: 10 hours *\$150/hr*

June 29, 2010 Conference Call: \$255 *246*

- a. John M.: 1 hour
- b. Jon N.: 1 hour

June 30, 2010 Meeting: \$510 ⁴⁹²

- a. Jon N.: 2 hours
- b. John M.: 2 hours

July 13, 2010 Conference Call: \$255 *246*

- a. Jon N.: 1 hours
- b. John M.: 1 hours

12,729

The Total Fee for the Asbestos Abatement is \$13,735.

13,629



AECOM
 6016 Campuwood Drive
 Suite 1074
 East Syracuse, New York 13057-4232
 www.aecom.com

316 482 0808 tel
 316 487 0609 fax

RECEIVED

AUG 02 2010

CLARK PATTERSON LEE

July 28, 2010

Mr. Jon Norris
 Clark Patterson Lee
 186 North Water Street
 Rochester, New York 14604

Re: Additional Professional Services
 Warren County Existing DSS/Veterans Building -- Westmount Campus
 AECOM Project No. 60141-418-100

Dear Jon:

The attached invoice represents AECOM's fee for additional professional services conducted during asbestos abatement/demolition activities. AECOM has completed these services under three separate approved change orders listed below. No additional fees are associated with this service at this time.

Professional Service

Additional Sampling of Interior wall Mastic (Lump Sum)	\$ 3,000.00	✓	June 07th
Variance Petition Application for Mastic Removal/Disposal (Lump Sum)	\$ 4,000.00	✓	June 19th
Sampling of Suspect ACM Associated with Fuel Tank (Lump Sum)	\$ 1,700.00	✓	July 19th

Total Due: \$ 8,700.00

Should you have any questions or concerns please feel free and give me a call. We look forward to working with you throughout the remainder of this project.

Sincerely,
 AECOM Environment

Anthony S. Shortt
 Project Manager

Aug 06, 2010

OK

Check Payment to:
 AECOM Inc.
 An AECOM Company
 1178 PAYSOPHERE CIRCLE
 CHICAGO IL 60674

ACH Payment to:
 AECOM Inc.
 An AECOM Company
 Bank of America
 Account Number
 5800937020
 ABA Number 071000039

Wire Transfer Payment to:
 AECOM Inc.
 An AECOM Company
 Bank of America
 New York, NY 10001
 Account Number 5800937020
 ABA Number 028009593
 SWIFT CODE BOFAUS3N



2 Technology Park Drive, Westford, MA 01886
 Telephone: 978-589-3000 Fax: 978-589-3100

Federal Tax ID No.
 06-0862769

ATTN: JON NORRIS
 CLARK PATTERSON LEE
 186 NORTH WATER STREET
 ROCHESTER, NY 14604

Invoice Date: 29-JUL-10
 Invoice Number: 37040393

Agreement Number: EM12819004
 Agreement Description: SIGNED PROPOSAL DATED 10/7/2009

Please reference Invoice Number and Project Number with Remittance

Project Number : 00141418
 Bill Through Date : 22-JAN-10 to 29-JUL-10

Project Name : 12819004 ABATEMENT DESIGN SERVICES

Task Number : 100

Task Name : SPECIFICATIONS

Description	Billed Amt
Miscellaneous	
TOTAL AMOUNT DUE THIS INVOICE: 8,700.00 (SEE ATTACHED BREAKDOWN)	8,700.00
Total Miscellaneous	8,700.00
Task Total : SPECIFICATIONS	8,700.00

Project Total : 12819004 ABATEMENT DESIGN SERVICES 8,700.00

Invoice Summaries	
Total Current Amount :	8,700.00
Retention Amount :	0.00
Pre-Tax Amount :	8,700.00
Tax Amount :	0.00
Total Invoice Amount :	8,700.00

Billing Summaries						
Billing Summary	Current	Prior	Total	Limit	Remain	
Billings	8,700.00	9,800.00	18,500.00			
Billing Total :	8,700.00	9,800.00	18,500.00			

Outstanding Invoices		
Invoice Number	Invoice Date	Invoice Balance
37040393	29-JUL-10	8,700.00
Outstanding Total :		8,700.00



AECOM
 6016 Campuswood Drive
 Suite 1074
 West Syracuse, New York 13067-4232
 www.aecom.com

315 432 0508 tel
 315 437 0508 fax

RECEIVED

AUG 30 2010

CLARK PATTERSON LEE

August 24, 2010

Mr. Jon Norris
 Clark Patterson Lee
 186 North Water Street
 Rochester, New York 14604

Re: Warren County Existing DSS/Veterans Building – Westmount Campus
 AECOM Project No. 60141-418-300

Dear Jon:

The attached invoice represents AECOM's fee for Construction Administrative services – Submittal Review conducted at the above referenced project site. AECOM has completed Task 3 in accordance with our proposal dated October 7, 2009. No additional fees are associated with this task/service at this time and, unless other services are requested of us, this represents our last invoice for this project.

Task 3

Submittal Review (Lump Sum)

~~\$ 1,400.00~~
 Total Due: \$ 1,400.00 *DELETE*

Should you have any questions or concerns please feel free and give me a call. We look forward to working with you throughout the remainder of this project.

Sincerely,
 AECOM Environment

Anthony S. Shortt
 Project Manager

11017.08

 SEPT 27, 2010

Check Payment to:
 AECOM Inc.
 An AECOM Company
 1178 Poyosphere Circle
 Chicago IL 60674

ACH Payment to:
 AECOM Inc.
 An AECOM Company
 Bank of America
 Account Number
 5800937020
 ABA Number 071000039

Wire Transfer Payment to:
 AECOM Inc.
 An AECOM Company
 Bank of America
 New York, NY 10001
 Account Number 5800937020
 ABA Number 028009593
 SWIFT CODE BOFAUS3N



2 Technology Park Drive, Westford, MA 01886
 Telephone: 978-589-3000 Fax: 978-589-3100

Federal Tax ID No.
 08-0852759

ATTN : JON NORRIS
 CLARK PATTERSON LEE
 188 NORTH WATER STREET
 ROCHESTER, NY 14604

Invoice Date: 26-AUG-10
 Invoice Number: 37044317

Agreement Number: EM12818004
 Agreement Description: SIGNED PROPOSAL DATED 10/7/2009

Please reference Invoice Number and Project Number with Remittance

Project Number : 80141418
 Bill Through Date : 30-JUL-10 to 26-AUG-10

Project Name : 12819004 ABATEMENT DESIGN SERVICES

Task Number : 300

Task Name : CONSTRUCTION ADMIN

Description	Miscellaneous	Billable Amt
TOTAL AMOUNT DUE THIS INVOICE FOR THE WESTMOUNT CAMPUS IS 1,400.00		1,400.00
Total Miscellaneous		1,400.00
Task Total : CONSTRUCTION ADMIN		1,400.00

Project Total : 12819004 ABATEMENT DESIGN SERVICES

Invoice Summary		
Total Current Amount :		1,400.00
Retention Amount :		0.00
Pre-Tax Amount :		1,400.00
Tax Amount :		0.00
Total Invoice Amount :		1,400.00

Billing Summary					
Billing Summary	Current	Prior	Total	Limit	Remain
Billings	1,400.00	16,500.00	18,900.00		
Billing Total :	1,400.00	16,500.00	18,900.00		

Outstanding Invoices		
Invoice Number	Invoice Date	Invoice Balance
37040393	29-JUL-10	8,700.00
37044317	26-AUG-10	1,400.00
Outstanding Total :		10,100.00

3,700

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: BUILDINGS & GROUNDS

DATE: 3/29/11

- (a) Purpose of Contract Change: ADDITIONAL CHARGES
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 363 OF 2010
- (c) Name of Contractor: WASTE MANAGEMENT
- (d) Address of Contractor: 100 BOAT ST
ALBANY, NY 12202
- (e) Contractor's Contact Person and Telephone Number: (716) 674-5195
- (f) Commencement Date of Extension: _____
- (g) Termination Date of Extension: _____
- (h) Payment Provisions:
 - i) lump sum amount \$ 242.19
 - ii) hourly rate amount _____
 - iii) total amount not to exceed _____
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.

- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: A. 1620.470



INVOICE

Account Number: 959-0000073-2170-

Invoice Date: 03/01/2011

Invoice Number: 0005184-2170-

Due Date: Due Upon Receipt

WM ezPay Account ID: 00010-07543-8200

Waste Management of Eastern NY
100 Boat St.
Albany, NY 12202

(716) 674-5195
(716) 712-2052 FAX

Current Invoice Amount	Total Amount Due
242.19	242.19

Account Summary

Description	Amount
Previous Balance	310.50
Total Credits and Adjustments	0.00
Total Payments Received	310.50-
Total Current Charges	242.19
Total Amount Due	242.19
Total Amount Past Due	0.00

Please pay total amount due. Thank you for your business.

Service Period

Description	Amount
Landfill	242.19
Total Current Charges	242.19

YOUR PROMPT PAYMENT IS APPRECIATED. Thank You VISIT OUR NEW WEBSITE: www.WMDisposal.com

If full payment of the invoiced amount is not received within 30 days of the invoice date, you will be charged a monthly late fee of 1.5% of the unpaid amount, with a minimum monthly charge of \$3.00, or such lesser late fee allowed under applicable law, regulation or contract. For each returned check, a fee will be assessed on your next billing equal to the maximum amount permitted by applicable state law.

Want to pay this bill on-line? Go to www.wm.com to learn more about WMezPay and make a convenient, secure payment.

Current Due	Over 30	Over 60	Over 90	Over 120	Total Due
242.19	0.00	0.00	0.00	0.00	242.19



Waste Management of Eastern NY
100 Boat St.
Albany, NY 12202

(716) 674-5195
(716) 712-2052 FAX

Learn how we Think Green at
www.wm.com/thinkgreen

Payment Coupon

Please detach and send with checks only (no cash).
Please send all other correspondence to your local WM site.

Your Account Number		
959-0000073-2170-6		
Invoice Date	Your Invoice Number	
03/01/2011	0005184-2170-6	
Due Date	Total Due	Amount Paid
Upon Receipt	242.19	

Pay your WM bill online at www.wm.com. To pay by phone, call 866-964-2729

21709590000073000051840000002421900000024219 9

0000013 NX 3760 -C03-4 12341L73

WARREN COUNTY
4028 MAIN STREET
WARRENSBURG NY 12885-1100



Waste Management of Eastern NY
P O Box 13648
Philadelphia PA 19101-3648

From everyday collection to environmental protection,
Think Green® Think Waste Management.
FOR CHANGE OF ADDRESS OR ANY SERVICE ISSUES CONTACT NUMBER ON PAGE 1



Waste Management of Eastern NY
 100 Boat St.
 Albany, NY 12202

Account Number: 959-0060073-2170-
 Invoice Date: 03/01/2011
 Invoice Number: 0005184-2170-
 Due Date: Due Upon Receipt
 WM ezPay Account ID: 00010-07543-8200

Service Location: 959-73 Warren County Disposal At Ft Edward Warrensburg Ny 12885						
Date	Ticket	Description	Quantity	U/M	Rate	Amount
02/22/11	154370	Veh#: 92-15 C&d tons clean-3rd party	3.51	TON	69.00	242.19
Total Current Charges						242.19

Payments Received Detail		Amount
01/06/2011 Payment - thank you		310.50-
Total Payments Received		310.50-

- 12 -





Ft Edward TS
 12 Wing St
 Fort Edward, NY, 12828

Original
 Ticket# 154370

Ph: (518) 747-4495

Customer Name WARRENCNTYDPW WARREN COUNTY
 Ticket Date 02/22/2011
 Payment Type Credit Account
 Original Ticket#
 Billing Ticket#
 Destination

Carrier WARR WARREN CTY DPW
 Vehicle# 92-15
 Container
 Driver
 Check#
 Billing# 0000073
 Grid

Time	Scale	Operator	Inbound	Gross	41750 lb
02/22/2011 13:50:14	Scale1	kaw		Tare	34740 lb
02/22/2011 14:06:54	Scale1	kaw		Net	7020 lb
				Tons	3.51

Comments County Center

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
EDTC-C&D TONS-CLEAN	100	3.51	Tons				WAR

Operator's Signature 

Total Fees
 Total Ticket

WARREN COUNTY BID TABULATION SHEET

ITEM #	DESCRIPTION	QUANTITY	BID PRICE	NAME & ADDRESS OF BIDDER	NAME & ADDRESS OF BIDDER	NAME & ADDRESS OF BIDDER
ITEM #3	SERBER'S OFFICE ITEM #3: SERBER'S OFFICE: Collection And disposal of Infectious Waste	Approx. 26 times/year every 2 wks	\$69.50/hr. Box size: 43 of box or 34 gal. tub	No Bid	\$55.00 Box size: 30 gal. or 4.5 cf	
ITEM #3a	SERBER'S OFFICE: Monthly Rental of one (1) container w/ freely pickup & disposal	one/week	\$300.00/month \$117.00/week \$69.00/ea	\$175.00/month \$115.00/week \$69.00/ea	No Bid No Bid No Bid	
ITEM #4	COYDARLES: monthly Rental of one (1) 2 cu yd recycling container w/ weekly pickup and disposal	one/week	\$45.00/week \$100.00/cleaning	\$40.00/week \$95.00/cleaning	No Bid No Bid	
ITEM #4	COYDARLES: Three 96 gallon containers	Three/Week	Included	Included	No Bid	
ITEM #5	VARBERNSBURG MEALSTRE: Use of One Dumpster & Removal of Approx. 4 Yds. of waste	Three/Week	\$210.00/week	\$195.00/week	No Bid	
ITEM #6	BOLTON MEALSTRE: Use of One Dumpster & Removal of Approx. 2 Yds. Waste	One/Week	Included	Included	No Bid	
ITEM #7	COYDARLES: two 96 gallon containers		Included	Included	No Bid	
ITEM #8	BOYD BENNETT MEMORIAL REPORT: Rental for one dumpster container 3 cu yd	One/week Mondays	\$82.00/week	\$75.00/week	No Bid	
ITEM #9	DISPOSAL		\$117.00/week \$69.00/ea	\$115.00/week \$65.00/ea	No Bid	



14

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: BUILDINGS & GROUNDS

DATE: 3/29/11

(a) Purpose of Contract Change: EXTENSION

(b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 431 OF 2009

(c) Name of Contractor: M.M. HAYES

(d) Address of Contractor: 16 THE SAGE ESTATE
ALBANY, NY 12204

(e) Contractor's Contact Person and Telephone Number: 518-459-5545

(f) Commencement Date of Extension: 01/01/11

(g) Termination Date of Extension: 12/31/11

(h) Payment Provisions: i) lump sum amount _____
ii) hourly rate amount _____
iii) total amount not to exceed \$2,000.00
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.)

(i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: A.1620

