

**PUBLIC WORKS COMMITTEE
DPW AGENDA
January 25, 2022**

Committee Members: *CONOVER*, Dickinson, Thomas, Bruno, Merlino, Hogan and Strough

I. Committee meeting called to order by Chair

II. Approval of minutes of prior Committee Meeting

III. Action Agenda/New Business Items

1. Request: Notice of Intent to Fill Position - MEO Medium #9
Rationale: Due to Retirement
2. Request: Notice of Intent to Fill Position - MEO Light #3
Rationale: Due to Promotion
3. Request: Notice of Intent to Fill Position - MEO Light #13
Rationale: Due to Resignation
4. Request: Notice of Intent to Fill Position - MEO Medium #27
Rationale: Due to Termination
5. Request: Amend Grant
Rationale: South Johnsbury Road over Mill Creek Bridge Replacement
6. Request: Increase Capital Project
Rationale: South Johnsbury Road over Mill Creek Bridge Replacement
7. Request: Amend Contract - Consultant
Rationale: South Johnsbury Road over Mill Creek Bridge Replacement
8. Request: Amend Grant
Rationale: Bay Road over Halfway Creek Bridge Replacement
9. Request: Increase Capital Project
Rationale: Bay Road over Halfway Creek Bridge Replacement
10. Request: Amend Contract - Consultant
Rationale: Bay Road over Halfway Creek Bridge Replacement
11. Request: New Grant Agreement
Rationale: Peaceful Valley Road Culvert Replacement
12. Request: Establish Capital Project
Rationale: Peaceful Valley Road Culvert Replacement
13. Request: New Contract - Consultant
Rationale: Peaceful Valley Road Culvert Replacement
14. Request: New Grant Agreement
Rationale: Corinth Road Culvert Replacement
15. Request: Establish Capital Project
Rationale: Corinth Road Culvert Replacement
16. Request: New Contract - Consultant
Rationale: Corinth Road Culvert Replacement

IV. Discussion Items

1. 2022 Highway Projects
2. Stony Creek Road (CR 2) over Number Nine Brook Culvert Replacement
3. Sagamore Road Retaining Wall

V. Referrals/Pending Items

VI. Privilege of the floor and public comment (please allow for 15 second delay on live stream meetings)

VII. Motion to Adjourn

Attachments:

1. Resolution Request Form No. 12 – Notice of Intent to Fill Position
2. Resolution Request Form No. 12 – Notice of Intent to Fill Position
3. Resolution Request Form No. 12 – Notice of Intent to Fill Position
4. Resolution Request Form No. 12 – Notice of Intent to Fill Position
5. Resolution Request Form No. 6 – Amend Existing Grant
6. Resolution Request Form No. 9 – Increase Existing Capital Project
7. Resolution Request Form No. 4 – Amend Existing Contract
8. Resolution Request Form No. 6 – Amend Existing Grant
9. Resolution Request Form No. 9 – Increase Existing Capital Project
10. Resolution Request Form No. 4 – Amend Existing Contract
11. Resolution Request Form No.5 – New Grant Agreement
12. Resolution Request Form No. 8 – Establish Capital Project
13. Resolution Request Form No. 3 – New Contract
14. Resolution Request Form No.5 – New Grant Agreement
15. Resolution Request Form No. 8 – Establish Capital Project
16. Resolution Request Form No. 3 – New Contract

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: DPW.Maintenance Payroll Dept. No: 19.63
Title of Position: MEO (M) #9 Base Salary of Position: \$39246 Grade: 9
Filling at Step # (If Known):
Budget code and title: D.5110 MEO (M) #9 Union [checked] Non-Union []
This position is vacated due to: [checked] Retirement [] Resignation [] Termination [] Promotion [] Other []
Employee No./Last Name: 10070/Monroe Date of Vacancy: 03/26/2022
Is this position mandated? [] Yes [checked] No Is the position reimbursable? [] Yes [checked] No
Source of reimbursement: [] Federal [] State [] Other []

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [] Competitive-no list (hiring would be provisional) [checked] Non-Competitive [] Other
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. [Signature] 1/13/22
Human Resources Director has approved this form when initialed. [Signature] 1/13/22

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[checked] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 1/13/22

BUDGET OFFICER COMPLETES THIS SECTION

[checked] The Budget Officer has no objection to the filling of the vacancy.
[] The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature [Signature] Date 1/21/22

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Works
[checked] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[] In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
[] In the case of an emergency, Committee Chair objects to the filling of the vacancy.
Ranking Committee Member Signature [Signature] Date 1/25/22

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: DPW.Maintenance Payroll Dept. No: 19.63
Title of Position: MEO (L) #3 Base Salary of Position: \$36414 Grade: 7
Filling at Step # (If Known):
Budget code and title: D.5110 MEO (L) #3 Union [x] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [x] Promotion [] Other
Employee No./Last Name: 13332/Cameron L Date of Vacancy: 12/20/2021
Is this position mandated? [] Yes [x] No Is the position reimbursable? [] Yes [x] No
Source of reimbursement: [] Federal [] State [] Other

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [] Competitive-no list (hiring would be provisional) [x] Non-Competitive [] Other
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring.
Human Resources Director has approved this form when initialed.

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[x] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 1/13/22

BUDGET OFFICER COMPLETES THIS SECTION

[x] The Budget Officer has no objection to the filling of the vacancy.
[] The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature Frank E. Thomas Date 1/21/22

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Works
[x] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[] In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
[] In the case of an emergency, Committee Chair objects to the filling of the vacancy.
Ranking Committee Member Signature [Signature] Date 1/25/22

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: DPW.Maintenance Payroll Dept. No: 19.63
Title of Position: MEO (L) #13 Base Salary of Position: \$36414 Grade: 7
Filling at Step # (If Known):
Budget code and title: D.5110 MEO (L) #13 Union [X] Non-Union []
This position is vacated due to: [] Retirement [X] Resignation [] Termination [] Promotion [] Other
Employee No./Last Name: 13451/Cameron W Date of Vacancy: 12/02/2021
Is this position mandated? [] Yes [X] No Is the position reimbursable? [] Yes [X] No
Source of reimbursement: [] Federal [] State [] Other

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [] Competitive-no list (hiring would be provisional) [X] Non-Competitive [] Other
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring.
Human Resources Director has approved this form when initialed.

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 1/21/22

BUDGET OFFICER COMPLETES THIS SECTION

[X] The Budget Officer has no objection to the filling of the vacancy.
[] The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature Frank E. Thomas Date 1/21/22

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Works
[X] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[] In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
[] In the case of an emergency, Committee Chair objects to the filling of the vacancy.
Ranking Committee Member Signature [Signature] Date 1/25/22

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: DPW.Maintenance Payroll Dept. No: 19.63
Title of Position: MEO (L) #27 Base Salary of Position: \$36414 Grade: 7
Filling at Step # (If Known):
Budget code and title: D.5110 MEO (L) #27 Union [x] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [x] Termination [] Promotion [] Other
Employee No./Last Name: 13533/Hart Date of Vacancy: 08/28/2021
Is this position mandated? [] Yes [x] No Is the position reimbursable? [] Yes [x] No
Source of reimbursement: [] Federal [] State [] Other

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [] Competitive-no list (hiring would be provisional) [x] Non-Competitive [] Other
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring.
Human Resources Director has approved this form when initialed.

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[x] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 1/21/22

BUDGET OFFICER COMPLETES THIS SECTION

[x] The Budget Officer has no objection to the filling of the vacancy.
[] The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature [Signature] Date 1/21/22

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Works
[x] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[] In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
[] In the case of an emergency, Committee Chair objects to the filling of the vacancy.
Ranking Committee Member Signature [Signature] Date 1/25/22

RESOLUTION REQUEST FORM NO. 6

Request to Amend or Extend Existing Grant

DEPARTMENT NAME: DPW

DATE: 1/25/22

- (a) Purpose of Grant Amendment: To add Construction Phase funding for PIN 1757.27 South Johnsburg Road (CR 57) over Mill Creek, Town of Johnsburg (H381)
- (b) Resolution No. which Authorized Original Application and Grant: 505 of 2018
- (c) Name of Grantor: NYSDOT
- (d) Address of Grantor: 50 Wolf Road, Albany, NY 12232
- (e) Grantor's Contact Person and Telephone Number: Bryan Cross (518) 417-6595
- (f) Has or Will the Grant Amendment or Grant Extension be provided, if so, Please Attach? attached
- (g) Effective Date of Amendment or Extension: upon execution
- (h) Termination Date of Amendment or Extension: 12/30/2027
- (i) Total Dollar Amount Involved (not to exceed): increase of \$1,916,064.00
- (j) Is a Budget amendment required? If yes, please complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (l) Is a Local Share Required? If Yes, Where are the Funds? List Budget Code, Object Code, Full Title* and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: H381.9550 280 CR 57 over Mill Creek Bridge Replacement

Sponsor: County of Warren
PIN: 1757.27 BIN: _____
Comptroller's Contract No. D036053
Supplemental Agreement No. 2
Date Prepared: 12/14/2021 By: BC
Initials

Press F1 for instructions in the blank fields:

SUPPLEMENTAL AGREEMENT No. 2 to D036053 (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

County of Warren (the Sponsor)
Acting by and through the Chairman of the Board of Supervisors
with its office at 4028 Main Street, Warrensburg, NY 12885.

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 **construction** which covers eligible costs incurred on/after / /
 - adding phase _____ which covers eligible costs incurred on/after / /
 - increasing funding for a project phase(s)
 - 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: County of Warren
PIN: 1757.27 BIN: _____
Comptroller's Contract No. D036053
Supplemental Agreement No. 2
Date Prepared: 12/14/2021 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:

SPONSOR ATTORNEY:

By: _____

By: _____

Print Name: _____

Print Name: _____

Title: _____

STATE OF NEW YORK

)ss.:

COUNTY OF Warren

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:

APPROVED AS TO FORM:
STATE OF NEW YORK ATTORNEY GENERAL

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.

By: _____
Assistant Attorney General

Date: _____

COMPTROLLER'S APPROVAL:

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

**SCHEDULE A – Description of Project Phase, Funding and Deposit Requirements
 NYSDOT/ State-Local Agreement - Schedule A for PIN 1757.27**

OSC Municipal Contract #: D036053	Contract Start Date: 2/28/2019 _(mm/dd/yyyy)	Contract End Date: 12/30/2027 _(mm/dd/yyyy) <input type="checkbox"/> Check, if date changed from the last Schedule A
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Purpose: Original Standard Agreement Supplemental Schedule A No. 2

Agreement Type: Locally Administered Municipality/Sponsor (Contract Payee): County of Warren
 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.*

<input type="checkbox"/> Municipality:	% of Cost share
<input type="checkbox"/> Municipality:	% of Cost share
<input type="checkbox"/> Municipality:	% of Cost share

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

Work Type: BR REPAIR **County (If different from Municipality):** _____

Marchiselli Eligible Yes No *(Check, if Project Description has changed from last Schedule A):*
Project Description: BIN 3305370, Bridge Replacement, CR 57 South Johnsburg Road over Mill Creek, Town of Johnsburg

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

<i>Check box to indicate change from last Schedule A</i>	State Fiscal Year(s)	Project Phase			TOTAL
		PE/Design	ROW (RI & RA)	Construction/CI/CS	
<input checked="" type="checkbox"/>	Cumulative total for all prior SFYs	\$43,000.00	\$0.00	\$0.00	\$43,000.00
<input checked="" type="checkbox"/>	Current SFY	\$0.00	\$1,800.00	\$0.00	\$1,800.00
Authorized Allocations to:Date		\$43,000.00	\$1,800.00	\$ 0.00	\$44,800.00

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)
1757.27.121	Current	STP	\$249,151.00	\$199,321.00	\$37,373.00	\$12,457.00	\$0.00
	Old		\$249,151.00	\$199,321.00	\$37,373.00	\$12,457.00	\$0.00
1757.27.221	Current	STP	\$9,631.00	\$7,705.00	\$1,445.00	\$481.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL CURRENT COSTS:			\$258,782.00	\$207,026.00	\$38,818.00	\$12,938.00	\$ 0.00

NYS DOT/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
1757.27.221	Current		\$ 0.00	\$0.00	\$0.00	\$0.00
	Old	STP	\$ 0.00	\$7,705.00	\$0.00	\$1,926.00
1757.27.321	Current		\$1,916,064.00	\$1,532,851.00	\$0.00	\$383,213.00
	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
...	Current		\$ 0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00
TOTAL CURRENT COSTS:			\$1,916,064.00	\$1,532,851.00	\$ 0.00	\$383,213.00

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
\$1,739,877.00	\$38,818.00	\$ 0.00	\$396,151.00	\$2,174,846.00

E. Point of Contact for Questions Regarding this Schedule A (Must be completed)	Name: <u>Bryan Cross</u> Phone No: <u>518-417-6595</u>
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See Agreement (or Supplemental Agreement Cover) for required contract signatures.

NYS DOT/State-Local Agreement – Schedule A

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

- This Supplemental Agreement #2 adds the construction phase to the project. Construction = \$1,659,063.50, CI = \$257,000.00. It also adds approved SFY 21/22 Marchiselli funds for the ROW phase.
-
- Supplemental #1 added the ROW Incidentals and Acquisition phases to the project. ROW Incidentals = \$5,831.00, ROW Acquisition = \$3,800.00. It also added approved SFY 19/20 Marchiselli funds to the design phase
- The master agreement added the Design phase to the project. Preliminary Design = \$179,938.00, Detailed Design = \$69,213.00.
- Construction Marchiselli funding is hereunder limited by the amount authorized on the comprehensive list. Additional Marchiselli funding is contingent on appropriate increases to the comprehensive list and the execution of a supplemental Schedule A providing such additional funds.
-
-
-
-
-
-
-

RESOLUTION REQUEST FORM NO. 9

***Request to Increase or Decrease or Amend Existing Capital Project or
Capital Reserve Project****

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: DPW

DATE: 1/25/22

(a) Exact Title and Number of Project*: South Johnsbury Road (CR 57) over Mill Creek Bridge Replacement, Town of Johnsbury, H381

(b) Is this a Capital Project? Yes

(c) Is this a Capital Reserve Project? No

(d) Amount of Increase (if applicable): \$1,820,260.00

(e) Amount of Decrease (if applicable): NA

(f) Source of Funding (if Increase) (including name & title of codes, etc.):

\$1,532,851.00 (80% Federal Share)

\$ 287,409.00 (15% State "Marchiselli" Share)

\$ 0.00 (5% Local Match Share - No additional fundes needed at this time)

(g) Changes in Funding (if Amendment):

(h) Purpose of Increase or Decrease or Amendment: Addition of Construction phase funding

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: DPW

DATE: 1/25/22

- (a) Purpose of Contract Change: To add construction support and inspection services for South Johnsbury (CR 57) over Mill Creek, Town of Johnsbury, H381
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 506 of 2018, 239 of 2020
- (c) Name of Contractor: Clark Patterson Lee (CPL)
- (d) Address of Contractor: 30 Century Hill Drive, Latham, NY 12205
- (e) Contractor's Contact Person and Telephone Number: Matthew Smullen (518) 915-7444
- (f) Commencement Date of Extension: Upon Execution
- (g) Termination Date of Extension: Upon Completion
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed increase of \$ 257,000.00
 - 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: H381.9550 280 CR 57 over Mill Creek Bridge Replacement

**Architectural/ Engineering
Consultant Contract – Supplemental Agreement #2**

PIN (s) **1757.27** Municipal Contract No. _____

Agreement made this _____ day of _____, 2022 by and between

Warren County
(municipal corporation)

having its principal office at *1340 State Route 9*, in the *Town of Lake George* (to be known throughout this document as the "Sponsor")

and

Clark Patterson Lee with its office at *30 Century Hill Drive, Latham, NY, 12110* (to be known throughout this document as the "Consultant")

WITNESSETH:

WHEREAS, in connection with a federal-aid project funded through the New York State Department of Transportation ("NYSDOT") identified for the purposes of this contract as *Replacement of the South Johnsbury Road (CR 57) Bridge over Mill Creek (BIN 3305370)* (as described in detail in Attachment A annexed hereto, the "Project") the Sponsor has sought to engage the services of a Consultant Engineer) to perform the scope of services described in Attachment B annexed hereto; and

WHEREAS, in accordance with required consultant selection procedures, including applicable requirements of NYSDOT and/or the Federal Highway Administration ("FHWA"), the Sponsor has selected the Consultant to perform such services in accordance with the requirements of this Contract; and

WHEREAS, the *Chairman of the Warren County Board of Supervisors* is authorized to enter this Contract on behalf of the Sponsor,

NOW, THEREFORE, the parties hereto agree as follows:

ARTICLE 1. DOCUMENTS FORMING THIS CONTRACT

This contract consists of the following:

- **Agreement Form** - this document titled "Architectural/Engineering Consultant Contract";
- **Attachment "A"** - Project Description and Funding;
- **Attachment "B"** – Scope of Services;
- **Attachment "C"** - as applicable, Staffing Rates, Hours, Reimbursables and Fee.

IN WITNESS WHEREOF, the parties have duly executed this Contract effective the day and year first above written.

Reference: Sponsor Contract # _____

Sponsor	Consultant
by:	by:
Date:	Date:

STATE OF NEW YORK

ss:

COUNTY OF _____

On this _____ day of _____, _____ before me, the subscriber, personally appeared to me known, who, being by me duly sworn, did depose and say; that he/she resides in the _____, New York; that he/she is the _____ of the _____, the corporation described in and which executed the foregoing instrument; that he/she is the authorized with the execution of the matter herein provided for, and that he/she signed and acknowledged the said instrument in his/her position as a duly authorized representative of Sponsor.

Notary Public, _____ County, N.Y.

Attachment A
Architectural/ Engineering Consultant Contract
Project Description and Funding

PIN: 1757.27	Term of Agreement Ends: _____
BIN: n/a	
<input type="checkbox"/> Main Agreement <input type="checkbox"/> Amendment to Contract [add identifying #] <input checked="" type="checkbox"/> Supplement to Contract [add identifying #]	
Phase of Project Consultant to work on:	
<input type="checkbox"/> P.E./Design <input type="checkbox"/> ROW Incidentals <input type="checkbox"/> ROW Acquisition	
<input checked="" type="checkbox"/> Construction, C/I, & C/S	
Dates or term of Consultant Performance: Start Date: Finish Date:	
PROJECT DESCRIPTION:	
<i>Replacement of the South Johnsbury Road (CR 57) Bridge over Mill Creek, BIN 3305370 located in the Town of Johnsbury. The existing structure is a single span, galvanized steel pipe arch structure, which is approximately 40 years old.</i>	
Project Location:	
<i>South Johnsbury Road, approximately ¼ mile south of the intersection with NYS Route 8 in the Town of Johnsbury, New York.</i>	
Consultant Work Type(s): See Attachment B for more detailed Task List.	

MAXIMUM AMOUNT OF FUNDS FOR ALL COMPENSATION PAYABLE UNDER THIS AGREEMENT FOR THE SCOPE OF WORK DESCRIBED IN ATTACHMENT B FOR THE PROJECT DESCRIBED IN THIS ATTACHMENT A, OTHERWISE IN ACCORDANCE WITH THE CHOSEN METHOD OF COMPENSATION AND OTHER TERMS OF THIS AGREEMENT:
\$257,000

Footnotes:

SALARY SCHEDULE

CPL

Replacement of the South Johnsbury Road (CR 57) Bridge over Mill Creek
PIN 1757.27

JOB TITLE	ASCE (A) OR NICET (N) GRADE	AVERAGE HOURLY RATES		MAXIMUM HOURLY RATES		OVERTIME CATEGORY
		PRESENT (2021)	PROJECTED (2022)	2021	2022	
Principal In Charge	VI (A)	\$73.50	\$75.71	\$73.50	\$74.97	A
Project Manager	V (A)	57.45	\$59.17	67.07	\$68.41	A
Project Engineer	IV (A)	44.85	\$46.20	58.17	\$59.33	A
Project Engineer	III (A)	31.28	\$32.22	37.98	\$38.74	B
Project Engineer	I/II (A)	25.62	\$26.39	30.50	\$31.11	B
Resident Engineer	IV (N)	50.00	\$51.50	55.00	\$56.10	B
Inspector	III (N)	32.00	\$32.96	36.00	\$36.72	C
Cadd Technician	III (N)	31.75	\$32.70	31.75	\$32.39	C
Technical Typist	NA	22.31	\$22.98	28.00	\$28.56	C
Party Chief (Field)	III (N)		\$0.00		\$0.00	C
Instrument Person (Field)	II (N)		\$0.00		\$0.00	C
Rod Person (Field)	I (N)		\$0.00		\$0.00	C

NOTES:

Hourly rates shall not exceed those shown above or the current NYSDOT Maximum Allowable, as described in Exhibit E of the original agreement.

OVERTIME POLICY

Overtime is reimbursable by the categories below only if the firm has a policy to pay overtime compensation.

Category A - No overtime compensation.

Category B - Overtime compensated at straight time rate.

Category C - Overtime compensated at straight time rate x 1.50.

Overtime applies to hours worked in excess of the normal working hours of 40 hours per week.

Exhibit C

SUMMARY

CPL

Replacement of the South Johnsbury Road (CR 57) Bridge over Mill Creek
PIN 1757.27

	1757.27.121 Preliminary Design	1757.27.121 Detailed Design	1757.27.221 ROW Incidentals	1757.27.222 ROW Acquisition	1757.27.321 Construction Support	1757.27 TOTAL
Item IA, Direct Technical Salaries (estimated) subject to audit	\$ -	\$ -	\$ -	\$ -	\$ 90,596.00	\$ 90,596.00
Item IB, Direct Technical Salaries Premium Portion of overtime subject to audit (estimate)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Item IIA, Direct Non-Salary Cost (estimated) subject to audit	\$ -	\$ -	\$ -	\$ -	\$ 17,552.00	\$ 17,552.00
Item IIB Direct Non-Salary Cost (estimated) subject to audit (Sub-Contractor Cost, Atlantic Testing)	\$ -	\$ -	\$ -	\$ -	\$ 13,605.00	\$ 13,605.00
Item III, Overhead (estimated) subject to audit (118%)	\$ -	\$ -	\$ -	\$ -	\$ 106,903.00	\$ 106,903.00
Item IV, Fixed Fee (14%)	\$ -	\$ -	\$ -	\$ -	\$ 28,000.00	\$ 28,000.00
Item IIC Direct Non-Salary Cost (estimated) subject to audit (Sub-Consultant Cost)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Estimated Cost	\$ -	\$ -	\$ -	\$ -	\$ 256,656.00	\$ 256,656.00
MAXIMUM AMOUNT PAYABLE						\$ 257,000.00

RESOLUTION REQUEST FORM NO. 6

Request to Amend or Extend Existing Grant

DEPARTMENT NAME: DPW

DATE: 1/25/22

- (a) Purpose of Grant Amendment: To add Construction Phase funding for PIN 1761.23 Bay Road (CR 7) over Halfway Creek, Town of Queensbury (H386)
- (b) Resolution No. which Authorized Original Application and Grant: 227 of 2019, 220 of 2021
- (c) Name of Grantor: NYSDOT
- (d) Address of Grantor: 50 Wolf Road, Albany, NY 12232
- (e) Grantor's Contact Person and Telephone Number: Bryan Cross (518) 417-6595
- (f) Has or Will the Grant Amendment or Grant Extension be provided, if so, Please Attach? attached
- (g) Effective Date of Amendment or Extension: upon execution
- (h) Termination Date of Amendment or Extension: 7/11/2025
- (i) Total Dollar Amount Involved (not to exceed): increase of \$2,566,201.00
- (j) Is a Budget amendment required? If yes, please complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (l) Is a Local Share Required? If Yes, Where are the Funds? List Budget Code, Object Code, Full Title* and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: H386.9550 280 CR 7 Halfway Creek Bridge Replacemet

Sponsor: County of Warren
PIN: 1761.23 BIN: 3360320
Comptroller's Contract No. D036375
Supplemental Agreement No. 2
Date Prepared: 1/10/2022 By: BC
Initials

Press F1 for instructions in the blank fields:

SUPPLEMENTAL AGREEMENT No. 2 to D036375 (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

County of Warren (the Sponsor)
Acting by and through the Board of Supervisors
with its office at 1340 State Rt. 9, Lake George, NY 12845.

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 construction which covers eligible costs incurred on/after / /
 - adding phase _____ which covers eligible costs incurred on/after / /
 - increasing funding for a project phase(s)
 - 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: County of Warren
PIN: 1761.23 BIN: 3360320
Comptroller's Contract No. D036375
Supplemental Agreement No. 2
Date Prepared: 1/10/2022 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:

SPONSOR ATTORNEY:

By: _____

By: _____

Print Name: _____

Print Name: _____

Title: _____

STATE OF NEW YORK

)ss.:

COUNTY OF Warren

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:

APPROVED AS TO FORM:
STATE OF NEW YORK ATTORNEY GENERAL

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.

By: _____
Assistant Attorney General

Date: _____

COMPTROLLER'S APPROVAL:

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

**SCHEDULE A – Description of Project Phase, Funding and Deposit Requirements
 NYSDOT/ State-Local Agreement - Schedule A for PIN 1761.23**

OSC Municipal Contract #: D036375	Contract Start Date: 7/11/2019 _(mm/dd/yyyy)	Contract End Date: 7/11/2025 _(mm/dd/yyyy) <input type="checkbox"/> 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):
 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.*

<input type="checkbox"/> Municipality:	% of Cost share
<input type="checkbox"/> Municipality:	% of Cost share
<input type="checkbox"/> Municipality:	% of Cost share

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

Work Type: BR REPLACE **County (If different from Municipality):**

Marchiselli Eligible Yes No *(Check, if Project Description has changed from last Schedule A):*

Project Description: Bridge NY BIN 3360320 - County Road 7 over Halfway Creek, Warren County

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

<i>Check box to indicate change from last Schedule A</i>	State Fiscal Year(s)	Project Phase			TOTAL
		PE/Design	ROW (RI & RA)	Construction/CI/CS	
<input type="checkbox"/>	Cumulative total for all prior SFYs	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<input type="checkbox"/>	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
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
1761.23.121	Current	Other (see footnote)	\$447,248.00	\$424,886.00	\$0.00	\$22,362.00
	Old	Other (see footnote)	\$447,248.00	\$424,886.00	\$0.00	\$22,362.00
1761.23.221	Current	Other (see footnote)	\$60,827.00	\$57,786.00	\$0.00	\$3,041.00
	Old	Other (see footnote)	\$60,827.00	\$57,786.00	\$0.00	\$3,041.00
1761.23.321	Current	Other (see footnote)	\$2,555,381.00	\$2,427,612.00	\$0.00	\$127,769.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00
1761.23.NPS	Current	100% Local	\$10,820.00	\$0.00	\$0.00	\$10,820.00
	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:			\$3,074,276.00	\$2,910,284.00	\$ 0.00	\$163,992.00

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
\$2,910,284.00	\$ 0.00	\$ 0.00	\$163,992.00	\$3,074,276.00

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

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

NYS DOT/State-Local Agreement – Schedule A

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

- SA#2 adds the construction phase to the project. Construction = \$2,289,701.00, CI = \$276,500.00. This includes a 100% Local share of \$10,820.00 due to the awarded project cap being exceeded.
- SA#1 increased ROW Incidentals funding from \$14,741.00 to \$19,961.00. It also added the ROW Acquisition phase to the project, ROW Acquisition = \$40,866.00.
- The Master Agreement was for Design and ROW Incidentals. Preliminary Design = \$272,259.00, Detailed Design = \$174,989.00, ROW Incidentals = \$14,741.00.
- This is a Bridge NY project. Reimbursement for this project is capped at the award amount. Project cap (including local share) = \$3,063,456.00.
- Bridge NY Projects are funded with 95% federal aid with the addition of toll credits as provided for under Title 23 USC 120(i). The remaining 5% of project costs will be a non-federal (i.e. local) match. Any additional funds required to complete the project above and beyond the award amount are the responsibility of the project sponsor.
-
-
-
-
-
-
-

SAMPLE BRIDGE NY RESOLUTION BY MUNICIPALITY
(Bridge Project)
RESOLUTION NUMBER: _____

Authorizing the implementation and funding of the costs of 100% of the costs of a transportation project, which may be eligible for federal-aid and/or state-aid, or reimbursement from Bridge NY funds.

WHEREAS, a project for Bridge NY, BIN 3360320, County Road 7 over Halfway Creek, Warren County, P.I.N. 1761.23 (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 95% Federal funds and 5% non-federal funds; and

WHEREAS, the County of Warren will design, let and construct the Project: and

WHEREAS, the County of Warren desires to advance the Project by making a commitment of 100% of the costs of the Design, ROW Incidentals, ROW Acquisition, and Construction/Construction Inspection work for the Project or portions thereof.

NOW, THEREFORE, the County Board, duly convened does hereby

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

RESOLVED, that the County Board hereby authorizes the County of Warren to pay 100% of the cost of Design, ROW Incidentals & ROW Acquisition, and Construction/Construction Inspection work for the Project or portions thereof, with the understanding that qualified costs may be eligible for federal-aid, state-aid, or reimbursement from Bridge NY funds; and it is further

RESOLVED, that the sum of \$508,075.00 was previously appropriated from _____ [or, appropriated pursuant to _____] and made available to cover the cost of participation in the above phase(s) of the Project; and it is further

RESOLVED, that the additional sum of \$2,566,201.00 is hereby appropriated from _____ [or, appropriated pursuant to _____] and made available to cover the cost of participation in the above phase(s) of the Project; and it is further

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

RESOLVED, that in the event the Project costs not covered by federal-aid, state-aid, or NY Bridge funding exceed the amount appropriated above, the County Board of the County of Warren shall convene as soon as possible to appropriate said excess amount immediately upon the notification by the New York State Department of Transportation thereof; and it is further

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

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

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

RESOLVED, this Resolution shall take effect immediately.

RESOLUTION REQUEST FORM NO. 9

***Request to Increase or Decrease or Amend Existing Capital Project or
Capital Reserve Project****

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: DPW

DATE: 1/25/22

(a) Exact Title and Number of Project*: Bay Road (CR 7) over Halfway Creek Bridge Replacement, Town of Queensbury, H386

(b) Is this a Capital Project? yes

(c) Is this a Capital Reserve Project? no

(d) Amount of Increase (if applicable): \$2,566,201.00

(e) Amount of Decrease (if applicable): NA

(f) Source of Funding (if Increase) (including name & title of codes, etc.):

\$2,427,612.00 (95% Federal)

\$ 138,589.00 (5% Local match + NPS (100% local) transfer from D9950.910)

(g) Changes in Funding (if Amendment):

(h) Purpose of Increase or Decrease or Amendment: Addition of Construction phase funding

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: DPW

DATE: 1/25/22

- (a) Purpose of Contract Change: To add construction support and inspection services for Bay Road (CR 7) over Halfway Creek, Town of Queensbury, H386
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 228 of 2019, 221 of 2021
- (c) Name of Contractor: Creighton Manning Engineering
- (d) Address of Contractor: 2 Winners Circle, Albany, NY 12205
- (e) Contractor's Contact Person and Telephone Number: Stephan Godlewski (518) 689-1843
- (f) Commencement Date of Extension: Upon Execution
- (g) Termination Date of Extension: Upon Completion
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed increase of \$ 276,500.00
 - 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: H386.9550 280 CR7 Halfway Creek Bridge Replacement

EXECUTIVE SUMMARY

SUPPLEMENTAL CONSULTANT AGREEMENT #2 – CONSTRUCTION INSPECTION AND SUPPORT PIN 1761.23 – Bay Road (CR 7) over Halfway Brook Bridge Replacement Town of Queensbury, Warren County, NY

This supplemental consultant agreement covers the completion construction inspection and support effort for the Bay Road (CR 7) over Halfway Brook – BIN 3360320 Bridge Replacement Project. Creighton Manning Engineering, LLP has been designated by the Warren County Department of Public Works to progress this Locally Administered Federal-Aid project and has prepared the attached Consultant Agreement, Scope of Services and Fee.

Project Description:

The project is intended to replace the existing Bay Road bridge (BIN 3360320) over the Halfway Brook. The project includes replacing the existing three (3) cell culvert pipes with a single span bridge which improves the hydraulics and provides a 75-year design life. The bridge will be replaced by closing Bay Road and detouring to Glenwood Road and other routes in combination with utilizing Accelerated Bridge Construction methods. The project will require acquisition of right-of-way.

The project scope required to complete the project in accordance with the Procedures for Locally Administered Federal Aid Projects is included in the Scope of Services and Cost Proposal.

Schedule and Construction Cost

It is anticipated the project will be ready for PS&E in December 2021 with construction starting in May 2022. The project is currently programmed for \$3,023,000 on the A/GFTC TIP and the NYSDOT STIP (BridgeNY). The programmed funding for construction (including construction inspection) is \$2.257 million. This proposal is for \$276,500.

A summary of the current funding and the costs included in this proposal are detailed below:

Phase	Base Agreement	Supplemental Agreement 1	Supplemental Agreement 2	Summary
Preliminary and Final Engineering	\$447,248	\$0	\$0	\$447,248
Right-of-Way Incidentals	\$14,741	\$5,220	\$0	\$19,961
Right-of-Way Acquisition	\$0	\$28,117	\$0	\$28,117
Construction Inspection/Support	\$0	\$0	\$276,500	\$276,500
Total	\$461,989	\$33,337	\$276,500	\$771,826

**Attachment C
Salary Schedule**

**Creighton Manning Engineering, LLP
PIN 1761.23
CR 7 (Bay Road) over Halfway Brook - Bridge Replacement
Town of Queensbury, Warren County, New York**

Job Title	ASCE (A) OR NICET (N) GRADE		Average Hourly Rates				Maximum Hourly Rate 2021	Overtime Category
	Present 2021	Projected 2022	Projected 2023	Contract Midpoint				
Engineer IX	IX	A	\$90.00	\$90.00	\$90.00	\$90.00	\$90.00	A
Engineer VIII	VIII	A	\$88.00	\$90.00	\$90.00	\$90.00	\$88.00	A
Engineer VII	VII	A	\$86.54	\$89.57	\$90.00	\$89.57	\$86.54	A
Engineer VI	VI	A	\$72.27	\$74.80	\$77.42	\$74.80	\$75.00	A
Engineer V	V	A	\$68.05	\$70.43	\$72.90	\$70.43	\$72.84	A
Engineer IV	IV	A	\$60.85	\$62.98	\$65.18	\$62.98	\$67.32	B
Engineer III	III	A	\$47.37	\$49.03	\$50.75	\$49.03	\$56.60	B
Engineer II	III	A	\$33.15	\$34.31	\$35.51	\$34.31	\$40.64	B
Principal Engineering Technician IV	IV	N	\$62.50	\$64.69	\$66.95	\$64.69	\$62.50	B
Engineering Technician IV	IV	N	\$47.38	\$49.04	\$50.76	\$49.04	\$47.38	B
Engineering Technician III	III	N	\$42.35	\$43.83	\$45.36	\$43.83	\$51.04	B
Engineering Technician I	I	N	\$24.68	\$25.54	\$26.43	\$25.54	\$29.84	C
Senior Planner V	V	A	\$69.04	\$71.46	\$73.96	\$71.46	\$69.04	B
Planner III	III	A	\$51.80	\$53.61	\$55.49	\$53.61	\$55.50	B
Planner II	II	A	\$35.66	\$36.91	\$38.20	\$36.91	\$35.66	B
Construction Manager - A	IV	A	\$63.00	\$65.21	\$67.49	\$65.21	\$63.00	B
Construction Manager - N	IV	N	\$51.04	\$52.83	\$54.68	\$52.83	\$51.04	B
Resident Engineer IV - A	IV	A	\$66.11	\$68.42	\$70.81	\$68.42	\$75.00	C
Resident Engineer IV - N	IV	N	\$67.00	\$69.35	\$71.78	\$69.35	\$67.00	C
Inspector IV - A	IV	A	\$60.32	\$62.43	\$64.62	\$62.43	\$60.32	C
Inspector IV - N	IV	N	\$60.36	\$62.47	\$64.66	\$62.47	\$67.00	C
Chief Inspector/OE IV - A	IV	A	\$58.57	\$60.62	\$62.74	\$60.62	\$63.00	C
Chief Inspector/OE IV - N	IV	N	\$57.22	\$59.22	\$61.29	\$59.22	\$57.22	C
Senior Inspector/OE III- A	III	A	\$52.00	\$53.82	\$55.70	\$53.82	\$52.00	C
Senior Inspector/OE III- N	III	N	\$50.52	\$52.29	\$54.12	\$52.29	\$51.04	C
Inspector III -A	III	A	\$49.62	\$51.35	\$53.15	\$51.35	\$52.46	C
Inspector III - N	III	N	\$46.97	\$48.62	\$50.32	\$48.62	\$51.50	C
Inspector II - A	II	A	\$34.37	\$35.58	\$36.83	\$35.58	\$34.80	C
Inspector II - N	II	N	\$36.70	\$37.98	\$39.31	\$37.98	\$41.20	C
Inspector I - N	I	N	\$25.88	\$26.79	\$27.73	\$26.79	\$26.00	C
Principal Surveyor V	V	N	\$62.50	\$64.69	\$66.95	\$64.69	\$62.50	B
Land Surveyor III	III	N	\$45.22	\$46.80	\$48.44	\$46.80	\$45.22	B
Survey Crew Chief II	II	N	\$32.30	\$33.43	\$34.60	\$33.43	\$32.30	C
Instrument Person II	II	N	\$32.30	\$33.43	\$34.60	\$33.43	\$32.30	C
Instrument Person I	I	N	\$30.90	\$31.98	\$33.10	\$31.98	\$30.90	C
Technical Typist	N/A	N/A	\$31.12	\$32.21	\$33.34	\$32.21	\$39.70	C

NOTES

Hourly rates shall not exceed those shown above or the current NYSDOT Maximum Allowable.

OVERTIME POLICY

Category A - No overtime compensation.

Category B - Overtime compensated at straight time rate.

Category C - Overtime compensated at straight time rate x 1.50.

Overtime applies to hours worked in excess of the normal working hours of 40 hours per week.

Prevailing Wage Rates:

Warren County Party/Survey Crew Chief (Field) Instrument Person (Field)	NICET (N) GRADE	Prevailing Rate	Contract Mid- Point Rate	Difference	Payroll Additive	Total
	II (N)	\$41.40	\$33.43	\$7.97	\$0.00	\$7.97
I/II (N)	\$38.02	\$31.98	\$6.04	\$0.00	\$6.04	

Supplemental Benefits:

Warren County Party/Survey Crew Chief (Field) Instrument Person (Field)	NICET (N) GRADE	Prevailing Benefit	Normal Rate	Difference (Net)	Payroll Additive	Total
	II (N)	\$24.90	\$4.13	\$20.77	\$0.00	\$20.77
I/II (N)	\$24.90	\$3.52	\$21.38	\$0.00	\$21.38	

**Attachment C
Summary of Costs**

**Creighton Manning Engineering, LLP
PIN 1761.23**

**CR 7 (Bay Road) over Halfway Brook - Bridge Replacement
Town of Queensbury, Warren County, New York**

		PIN 1761.23.321 (Construction Inspection and Support)	PIN 1761.23 Total
Item I, Direct Technical Salaries (estimated) (subject to audit)	Office	\$ 9,813	\$ 9,813
	Field	\$ 85,132	\$ 85,132
			\$ 94,946
Item IB, Direct Technical Salaries Premium Portion of Overtime (estimated) (subject to audit)		\$ 9,682	\$ 9,682
Item II, Direct Non-Salary Cost (estimated) (subject to audit)		\$ 6,749	\$ 6,749
Item II, Direct Non-Salary Cost (estimated) (Sub-Contractor Cost) (subject to audit)		\$ 35,000	\$ 35,000
	Pile Testing	\$ 10,000	
	Pre-cast Inspection	\$ 12,500	
	Material Testing	\$ 12,500	
Item IV, Overhead (estimated) (subject to audit)	Office (119%)	\$ 11,678	\$ 11,678
	Field (109%)	\$ 92,794	\$ 92,794
			\$ 104,472
Item V, Fixed Fee (negotiated)		\$ 25,652	\$ 25,652
Item II, Direct Non-Salary Cost (estimated) (Sub-Consultant Cost) (subject to audit)		\$ -	\$ -
ITEM VI - Maximum Amount Payable		\$ 276,500	\$ 276,500

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: DPW

DATE: 1/25/22

- (a) Purpose of Grant: PIN 1762.10 Peaceful Valley Road (CR 29) Culvert Replacement, Town of Johnsburg (H410)
- (b) Name of Grantor: NYSDOT
- (c) Address of Contractor: p50 Wolf Road, Albany, NY 12205
- (d) Grantor's Contact Person and Telephone Number: Bryan Cross (518) 417-6595
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? Grant Agreement Attached
- (f) Effective Date of Grant: Upon Execution
- (g) Termination Date of Grant: TBD
- (h) Total Dollar Amount Involved (not to exceed): \$1,000,000.00
- (i) Deadline to Submit Grant Application and/or Grant Agreement: N/A
- (j) Is a Budget amendment required? No If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? No If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (i) Is a Local Share Required? No If Yes, Where are the Funds? List Budget Code (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: H410.9550 280 Peaceful Valley Road Culvert Replacement

BridgeNY Culvert Local Project Agreement

CONTRACT NO. _____

This 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 County of Warren (the "Municipality/Sponsor") with its office at 1340 State Rt. 9, Lake George, NY 12845.

This Agreement identifies the party responsible for administration and establishes the method or provision for funding of applicable phases of a BridgeNY State aid project for the improvement or replacement of a culvert, not on the State highway system, as such project and phases are more fully described by Schedule A annexed to this Agreement. The phases that are potentially the subject of this Agreement, as further enumerated, are: Preliminary Engineering ("PE") and Right-of-Way Incidental ("ROW Incidentals") work; Right-of-Way Acquisition; and Construction, Construction Supervision and/or Construction Inspection. The project shall be identified for the purposes of this Agreement as Bridge NY Culvert, CR 29 Peaceful Valley Rd Culvert Replacement (as more specifically described in such Schedule A, the "Project").

WITNESSETH:

WHEREAS, project eligibility for the BridgeNY Program, and other State Aid Program funds is determined by NYSDOT; and

WHEREAS, under related authorizations, NYSDOT and the Municipality/Sponsor are desirous of progressing the Project under State Aid Programs; and

WHEREAS, under New York General Municipal Law § 99-r, the governing board of any municipal corporation may contract with NYSDOT for services and work including design and construction of the nature contemplated by the Project; and

WHEREAS, The Legislative Body of the Municipality/Sponsor by Resolution No. _____, adopted at meeting held on _____, approved the Project, and

WHEREAS, the Municipality/Sponsor has appropriated necessary funds in connection with any Municipal/Sponsor share identified in Schedule A; and

WHEREAS, the Municipality/Sponsor has further authorized the Chair of the Board of Supervisors of the Municipality/Sponsor to execute this Agreement and the applicable Schedule A on behalf of the Municipality/Sponsor and a copy of such Resolution(s) is attached to and made a part of this Agreement (where New York City is the Municipality/Sponsor, such resolution is not required).

SCHEDULE A – Description of Project Phase, Funding and Deposit Requirements
NYSDOT/ State-Local Agreement - Schedule A for PIN 1762.10

OSC Municipal Contract #: _____	Contract Start Date: ___/___/___ (mm/dd/yyyy)	Contract End Date: ___/___/___ (mm/dd/yyyy)	<input type="checkbox"/> Check, if date changed from the last Schedule A		
Purpose: <input checked="" type="checkbox"/> Original Standard Agreement		<input type="checkbox"/> Supplemental Schedule A No.			
Agreement Type:	<input checked="" type="checkbox"/> Locally Administered Municipality/Sponsor (Contract Payee): County of Warren				
	Other Municipality/Sponsor (if applicable): _____				
<input type="checkbox"/> State Administered	List participating Municipality(ies) and the % of cost share for each and indicate by checkbox which Municipality this Schedule A applies.				
	<input type="checkbox"/> Municipality:		% of Cost share		
	<input type="checkbox"/> Municipality:		% of Cost share		
	<input type="checkbox"/> Municipality:		% of Cost share		
Authorized Project Phase(s) to which this Schedule applies: <input checked="" type="checkbox"/> PE/Design <input checked="" type="checkbox"/> ROW Incidentals					
<input checked="" type="checkbox"/> ROW Acquisition <input checked="" type="checkbox"/> Construction/CI/CS					
Work Type: HWY CULVERT	County (If different from Municipality): _____				
Marchiselli Eligible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Check, if Project Description has changed from last Schedule A): <input type="checkbox"/>				
Project Description: Bridge NY Culvert, CR 29 Peaceful Valley Rd Culvert Replacement					
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	
<input type="checkbox"/>	Cumulative total for all prior SFYs	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<input type="checkbox"/>	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
TOTAL CURRENT COSTS:			\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

NYS DOT/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
1762.10.301	Current	Other (see footnote)	\$1,000,000.00	\$0.00	\$1,000,000.00	\$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
.	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:			\$1,000,000.00	\$ 0.00	\$1,000,000.00	\$ 0.00

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
\$ 0.00	\$ 0.00	\$1,000,000.00	\$ 0.00	\$1,000,000.00

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

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

SAMPLE BRIDGE NY RESOLUTION BY MUNICIPALITY
(Culvert Project – Municipality Administered)
RESOLUTION NUMBER: _____

Authorizing the implementation and funding of 100% of the costs of a transportation project, of which qualified costs may be reimbursed from Bridge NY funds.

WHEREAS, a project for the Bridge NY Culvert, CR 29 Peaceful Valley Rd Culvert Replacement, P.I.N. 1762.10 (the "Project") is eligible for reimbursement of qualified costs from Bridge NY funding that calls for the post-reimbursement apportionment of the qualified costs to be borne at the ratio of 100% Bridge NY funds and 0% non-Bridge NY funds; and

WHEREAS, the **County of Warren** will design, let, and administer all phases of the Project.

WHEREAS, the **County of Warren** desires to advance the Project by making a commitment of 100% of the costs of Design, ROW Incidentals & Acquisition, and Construction/CI work for the Project or portions thereof.

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

RESOLVE, that the **County Board of Supervisors** hereby approves the Project; and it is hereby further

RESOLVED, that the **County Board of Supervisors** hereby authorizes the **County of Warren** to pay 100% of the cost of Design, ROW Incidentals & Acquisition, and Construction/CI work for the Project or portions thereof, with the understanding that qualified costs will be reimbursed from Bridge NY funding; and it is further

RESOLVED, that the sum of **\$1,000,000.00 (one million dollars and no cents)** is hereby appropriated from _____ [or, appropriated pursuant to _____] and made available to cover the cost of participation in the above phase of the Project; and it is further

RESOLVED, that the **County Board of Supervisors** hereby agrees that the **County of Warren** shall be responsible for all costs of the Project, including costs which exceed the amount of reimbursement available from the NY Bridge Funding awarded to the **County of Warren**; and it is further

RESOLVED, that in the event the costs of the Project exceed the amount appropriated above, the **County Board of Supervisors** shall convene as soon as possible to appropriate said excess amount immediately upon the notification by the New York State Department of Transportation thereof, and it is further

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

RESOLVED, that the **Chair of the County Board of Supervisors of the County of Warren** be and is hereby authorized to execute all necessary agreements, certifications or reimbursement requests with NYSDOT for State Aid and/or Bridge NY funding on behalf of the **County of Warren** in connection with the advancement or approval of the Project and providing for the administration of the Project and the municipality's funding of the Project costs, and it is further

RESOLVED, that the **County of Warren** will be responsible for all maintenance of the Project; 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.

RESOLUTION REQUEST FORM NO. 8

Request to Establish Capital Project or Capital Reserve Project*

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: DPW

DATE: 1/25/22

(a) Exact Title and Number of Project (must be obtained from Treasurer's Office): Peaceful Valley Road (CR 29) Culvert Replacement, Town of Johnsburg (H410)

(b) Is this a Capital Project? yes

(c) Is this a Capital Reserve Project? no

(d) Amount of Project: \$1,000,000.00

(e) Source of Funding (including name & title of codes, etc.):

\$1,000,000.00 (State Funds 100%)

(f) Purpose of Establishment: To fund the design, right of way, construction and construction inspection costs of the project

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: DPW

DATE: 1/25/22

- (a) Is this a Result of a Bid or Request for Proposal? Proposal
- (b) Purpose of Contract: Consultant Services for Peaceful Valley Road (CR 29) Culvert Replacement, Town of Johnsburg, H410 (PIN 1762.10)
- (c) Name of Contractor: TBD
- (d) Address of Contractor: TBD
- (e) Contractor's Contact Person and Telephone Number: TBD
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: Upon Execution
- (h) Termination Date of Contract: Upon Completion
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed TBD
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (j) 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: H410.9550 280 Peaceful Valley Road Culvert Replacement

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: DPW

DATE: 1/25/22

- (a) Purpose of Grant: PIN 1762.12 Corinth Road (CR 28) over Clendon Brook Culvert Replacement, Town of Queensbury (H411)
- (b) Name of Grantor: NYSDOT
- (c) Address of Contractor: 50 Wolf Road, Albany, NY 12205
- (d) Grantor's Contact Person and Telephone Number: Bryan Cross (518) 417-6595
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? Grant Agreement Attached
- (f) Effective Date of Grant: Upon Execution
- (g) Termination Date of Grant: TBD
- (h) Total Dollar Amount Involved (not to exceed): \$1,000,000.00
- (i) Deadline to Submit Grant Application and/or Grant Agreement: N/A
- (j) Is a Budget amendment required? No If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? No If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (i) Is a Local Share Required? No If Yes, Where are the Funds? List Budget Code (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: H411.9550 280 Corinth Road over Clendon Brook Culvert Replacement

BridgeNY Culvert Local Project Agreement

CONTRACT NO. _____

This 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 County of Warren (the "Municipality/Sponsor") with its office at 1340 State Rt. 9, Lake George, NY 12845.

This Agreement identifies the party responsible for administration and establishes the method or provision for funding of applicable phases of a BridgeNY State aid project for the improvement or replacement of a culvert, not on the State highway system, as such project and phases are more fully described by Schedule A annexed to this Agreement. The phases that are potentially the subject of this Agreement, as further enumerated, are: Preliminary Engineering ("PE") and Right-of-Way Incidental ("ROW Incidentals") work; Right-of-Way Acquisition; and Construction, Construction Supervision and/or Construction Inspection. The project shall be identified for the purposes of this Agreement as Bridge NY Culvert, CR 28 Corinth Road over Clendon Brook Culvert Replacement (as more specifically described in such Schedule A, the "Project").

WITNESSETH:

WHEREAS, project eligibility for the BridgeNY Program, and other State Aid Program funds is determined by NYSDOT; and

WHEREAS, under related authorizations, NYSDOT and the Municipality/Sponsor are desirous of progressing the Project under State Aid Programs; and

WHEREAS, under New York General Municipal Law § 99-r, the governing board of any municipal corporation may contract with NYSDOT for services and work including design and construction of the nature contemplated by the Project; and

WHEREAS, The Legislative Body of the Municipality/Sponsor by Resolution No. _____, adopted at meeting held on _____, approved the Project, and

WHEREAS, the Municipality/Sponsor has appropriated necessary funds in connection with any Municipal/Sponsor share identified in Schedule A; and

WHEREAS, the Municipality/Sponsor has further authorized the Chair of the Board of Supervisors of the Municipality/Sponsor to execute this Agreement and the applicable Schedule A on behalf of the Municipality/Sponsor and a copy of such Resolution(s) is attached to and made a part of this Agreement (where New York City is the Municipality/Sponsor, such resolution is not required).

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized officials.

MUNICIPALITY/SPONSOR:

MUNICIPALITY/SPONSOR ATTORNEY:

By:

By:

Print Name:

Print Name:

Title: _____

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

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 name thereto by like order.

APPROVED FOR NYSDOT:

APPROVED AS TO FORM:
STATE OF NEW YORK ATTORNEY GENERAL

By: _____
For Commissioner of Transportation

By: _____
Assistant Attorney General

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.

COMPTROLLER'S APPROVAL:

Date: _____

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

Notary Public

SCHEDULE A – Description of Project Phase, Funding and Deposit Requirements
NYSDOT/ State-Local Agreement - Schedule A for PIN 1762.12

OSC Municipal Contract #: _____ Contract Start Date: ___/___/___ (mm/dd/yyyy) Contract End Date: ___/___/___ (mm/dd/yyyy)
 Check, if date changed from the last Schedule A

Purpose: Original Standard Agreement Supplemental Schedule A No.

Agreement Type: Locally Administered Municipality/Sponsor (Contract Payee): County of Warren
 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: HWY CULVERT County (If different from Municipality): _____

Marchiselli Eligible Yes No (Check, if Project Description has changed from last Schedule A):

Project Description: Bridge NY Culvert, CR 28 Corinth Road over Clendon Brook Culvert Replacement.

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	
<input type="checkbox"/>	Cumulative total for all prior SFYs	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<input type="checkbox"/>	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
TOTAL CURRENT COSTS:			\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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
1762.12.301	Current	Other (see footnote)	\$1,000,000.00	\$0.00	\$1,000,000.00	\$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
	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:			\$1,000,000.00	\$ 0.00	\$1,000,000.00	\$ 0.00

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
\$ 0.00	\$ 0.00	\$1,000,000.00	\$ 0.00	\$1,000,000.00

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

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

SAMPLE BRIDGE NY RESOLUTION BY MUNICIPALITY
(Culvert Project – Municipality Administered)
RESOLUTION NUMBER: _____

Authorizing the implementation and funding of 100% of the costs of a transportation project, of which qualified costs may be reimbursed from Bridge NY funds.

WHEREAS, a project for the Bridge NY Culvert, CR28 Corinth Road over Clendon Brook Culvert Replacement, P.I.N. 1762.12 (the "Project") is eligible for reimbursement of qualified costs from Bridge NY funding that calls for the post-reimbursement apportionment of the qualified costs to be borne at the ratio of 100% Bridge NY funds and 0% non-Bridge NY funds; and

WHEREAS, the County of Warren will design, let, and administer all phases of the Project.

WHEREAS, the County of Warren desires to advance the Project by making a commitment of 100% of the costs of Design, ROW Incidentals & Acquisition, and Construction/CI work for the Project or portions thereof.

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

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

RESOLVED, that the County Board of Supervisors hereby authorizes the County of Warren to pay 100% of the cost of Design, ROW Incidentals & Acquisition, and Construction/CI work for the Project or portions thereof, with the understanding that qualified costs will be reimbursed from Bridge NY funding; and it is further

RESOLVED, that the sum of \$1,000,000.00 (one million dollars and no cents) is hereby appropriated from _____ [or, appropriated pursuant to _____] and made available to cover the cost of participation in the above phase of the Project; and it is further

RESOLVED, that the County Board of Supervisors hereby agrees that the County of Warren shall be responsible for all costs of the Project, including costs which exceed the amount of reimbursement available from the NY Bridge Funding awarded to the County of Warren; and it is further

RESOLVED, that in the event the costs of the Project exceed the amount appropriated above, the County Board of Supervisors shall convene as soon as possible to appropriate said excess amount immediately upon the notification by the New York State Department of Transportation thereof, and it is further

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

RESOLVED, that the Chair of the County Board of Supervisors of the County of Warren be and is hereby authorized to execute all necessary agreements, certifications or reimbursement requests with NYSDOT for State Aid and/or Bridge NY funding on behalf of the County of Warren in connection with the advancement or approval of the Project and providing for the administration of the Project and the municipality's funding of the Project costs, and it is further

RESOLVED, that the County of Warren will be responsible for all maintenance of the Project; 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.

RESOLUTION REQUEST FORM NO. 8

Request to Establish Capital Project or Capital Reserve Project*

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: DPW

DATE: 1/25/22

(a) Exact Title and Number of Project (must be obtained from Treasurer's Office): Corinth Road (CR 28) over Clendon Brook Culvert Replacement, Town of Queensbury (H411)

(b) Is this a Capital Project? yes

(c) Is this a Capital Reserve Project? no

(d) Amount of Project: \$1,000,000.00

(e) Source of Funding (including name & title of codes, etc.):

\$1,000,000.00 (State Funds 100%)

(f) Purpose of Establishment: To fund the design, right of way, construction and construction inspection costs of the project

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: DPW

DATE: 1/25/22

- (a) Is this a Result of a Bid or Request for Proposal? Proposal

- (b) Purpose of Contract: Consultant Services for Corinth Road (CR 28) over Clendon Brook Culvert Replacement, Town of Queensbury, H411 (PIN 1762.12)

- (c) Name of Contractor: TBD

- (d) Address of Contractor: TBD

- (e) Contractor's Contact Person and Telephone Number: TBD

- (f) Has or will the Contract be provided, if so, please attach:

- (g) Commencement Date of Contract: Upon Execution

- (h) Termination Date of Contract: Upon Completion

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

- (j) 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: H411.9550 280 Corinth Road (CR 28) over Clendon Brook Culvert Replacement