

## White, Sherry

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**From:** White, Sherry  
**Sent:** Tuesday, March 28, 2017 3:47 PM  
**To:** 'nymirclaims@wrightinsurance.com'  
**Cc:** 'jons@gkgrisk.com'  
**Subject:** Damage to Library Roof DOL 3/7/17  
**Attachments:** Library roof damage.pdf

To Whom it May Concern,

Attached please find the incident report, estimate and pictures regarding damage to the Cohoes Library roof during a snow storm.

Thank you.

Sherry White  
Office of Corporation Counsel  
City of Cohoes  
97 Mohawk Street  
Cohoes, NY 12047  
518-233-2114  
518-233-2160 - Fax  
[swhite@ci.cohoes.ny.us](mailto:swhite@ci.cohoes.ny.us)  
<http://www.ci.cohoes.ny.us>

# City of Cohoes INCIDENT REPORT

NAME: George Matheis - City Engineer  
STREET ADDRESS: 77 North St. City Hall  
CITY: Cohoes STATE: NY ZIP: 12047  
DAY PHONE # \_\_\_\_\_ OTHER PHONE # \_\_\_\_\_  
DATE OF BIRTH: 1/1 SOCIAL SECURITY # \_\_\_\_\_

WHAT HAPPENED? During snow storm wind blew off  
sidewalk. Ball tower Roof Hatch blown

WHEN DID IT HAPPEN? DATE: 3/20/97 TIME: \_\_\_\_\_

WHERE DID IT HAPPEN? Library

ANY WITNESSES? GIVE NAMES, ADDRESSES AND TELEPHONE NUMBERS  
No

WAS THERE DAMAGE / INJURY? Roof Hatch damaged  
and stone roof damaged.

IF YOUR PROPERTY OR MOTOR VEHICLE WAS INVOLVED, PLEASE PROVIDE  
THE NAME OF YOUR INSURANCE CO. \_\_\_\_\_

POLICY # \_\_\_\_\_ AGENT'S NAME \_\_\_\_\_

AGENT'S LOCATION \_\_\_\_\_ AGENT'S PHONE # \_\_\_\_\_

SIGNATURE

DATE

## **THIS IS NOT A NOTICE OF CLAIM**

SERVICE OF A NOTICE OF CLAIM AGAINST THE CITY IN ACCORDANCE WITH  
STATE LAW WITHIN NINETY (90) DAYS AFTER THE CLAIM ARISES IS A  
CONDITION PRECEDENT TO THE COMMENCEMENT OF AN ACTION OR SPECIAL  
PROCEEDING AGAINST THE CITY OF COHOES.

**Quality Roofing & Remodeling LLC**  
**72 Edward Street**  
**Cohoes, NY 12047**  
**(518) 237-2187**

**ESTIMATE**

March 20, 2017

City of Cohoes  
97 Mohawk Street  
Cohoes, NY 12047

**For Work To Be Done At: Cohoes Public Library**

- To repair & reinstall hatch on Eastside of steeple
- To replace slate damaged by hatch on Northside of building

**\$3,500.00**



*a tradition of quality since 1915*

693 South Pearl Street  
Albany, New York 12202  
www.BennettContracting.com

(518) 462-6731  
(Fax) 462-3991  
Service@BennettContracting.com

MULTI-FORM

Date: 3/20/17  
Job Name: Cohoes Library Hatch Repair  
To: Company: City of Cohoes  
Address: 97 Mohawk St  
Cohoes, NY 12047  
Job Location: 169 Mohawk St. Cohoes, 12047

From: Tony Cicchino

**Subject: Price Quote**

**Remarks:**

Price quote to replace hatch with framing, copper cladding and up to 15 slate shingles that were damaged as a result of the hatch falling from roof.

**Scope:**

Access area with 100+ foot boom lift. Replace hatch with framing and plywood. Prepare with eyehook and other fasteners to properly fix to roof. Clad hatch with new copper cladding. Repair up to 15 damaged slate shingles at upper section of roof. Price includes current NYS prevailing wages.

**Price to perform repair outlined above = \$4,842.00**

Tony Cicchino  
Estimator / Project Manager  
Bennett Contracting Inc  
Cell # (518)330-4405  
Fax # (518)462-3991

CITY OF COHOES  
 97 Mohawk Street  
 Cohoes, NY 12047

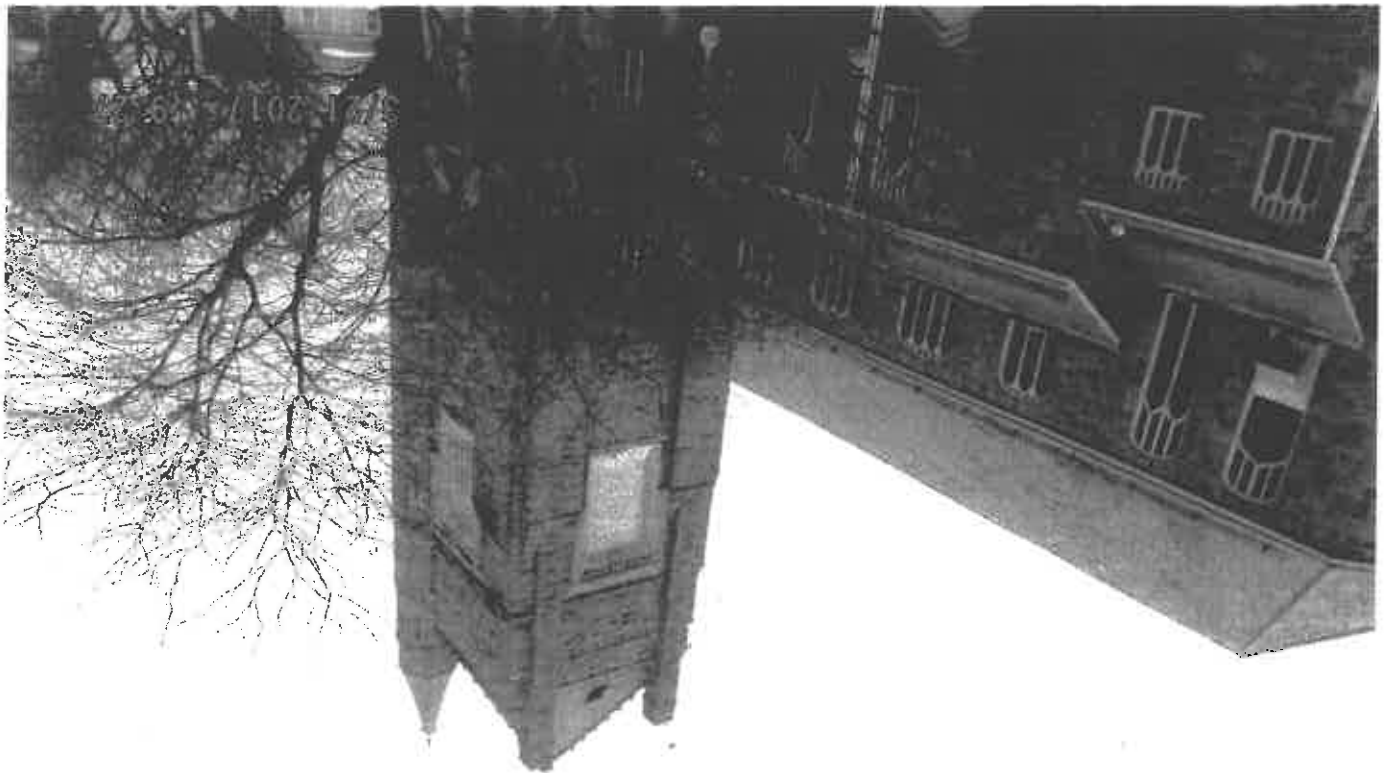
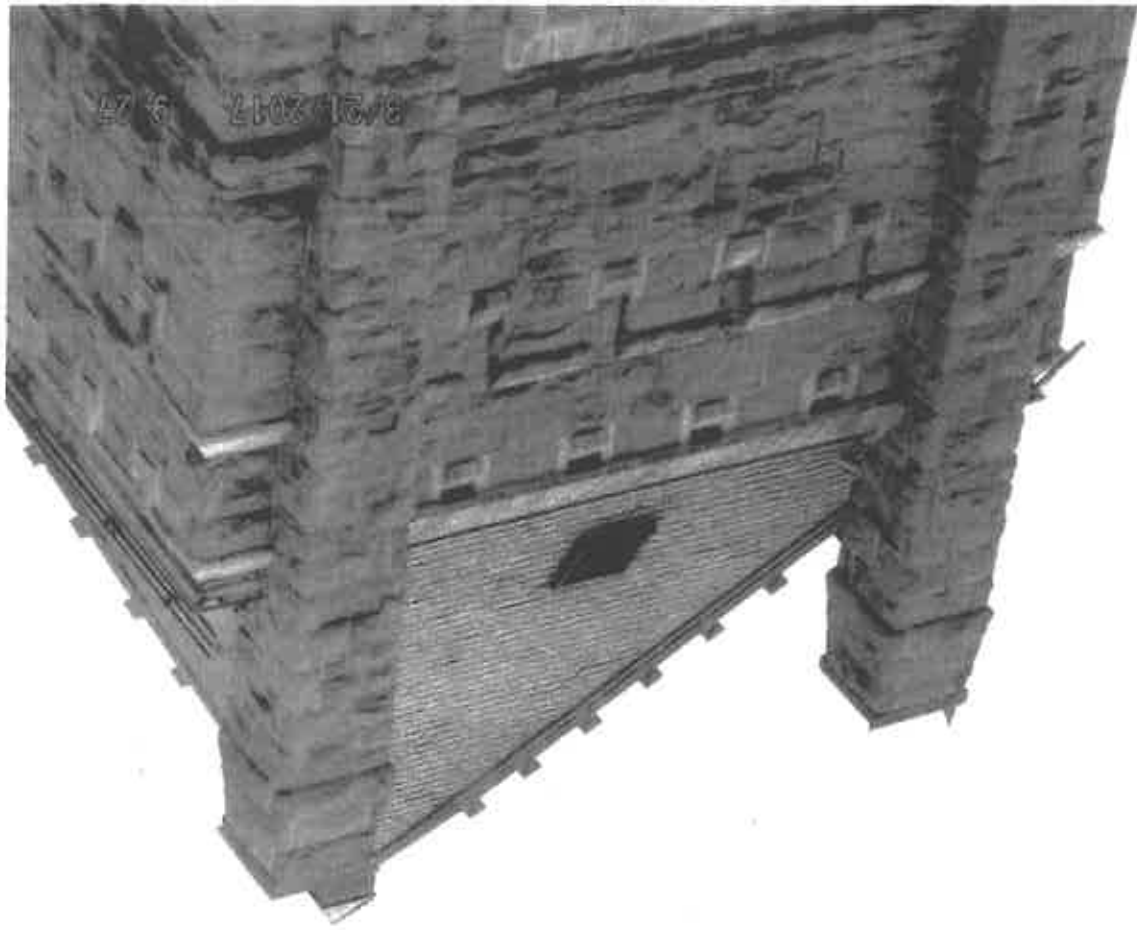
VERBAL QUOTE LOG

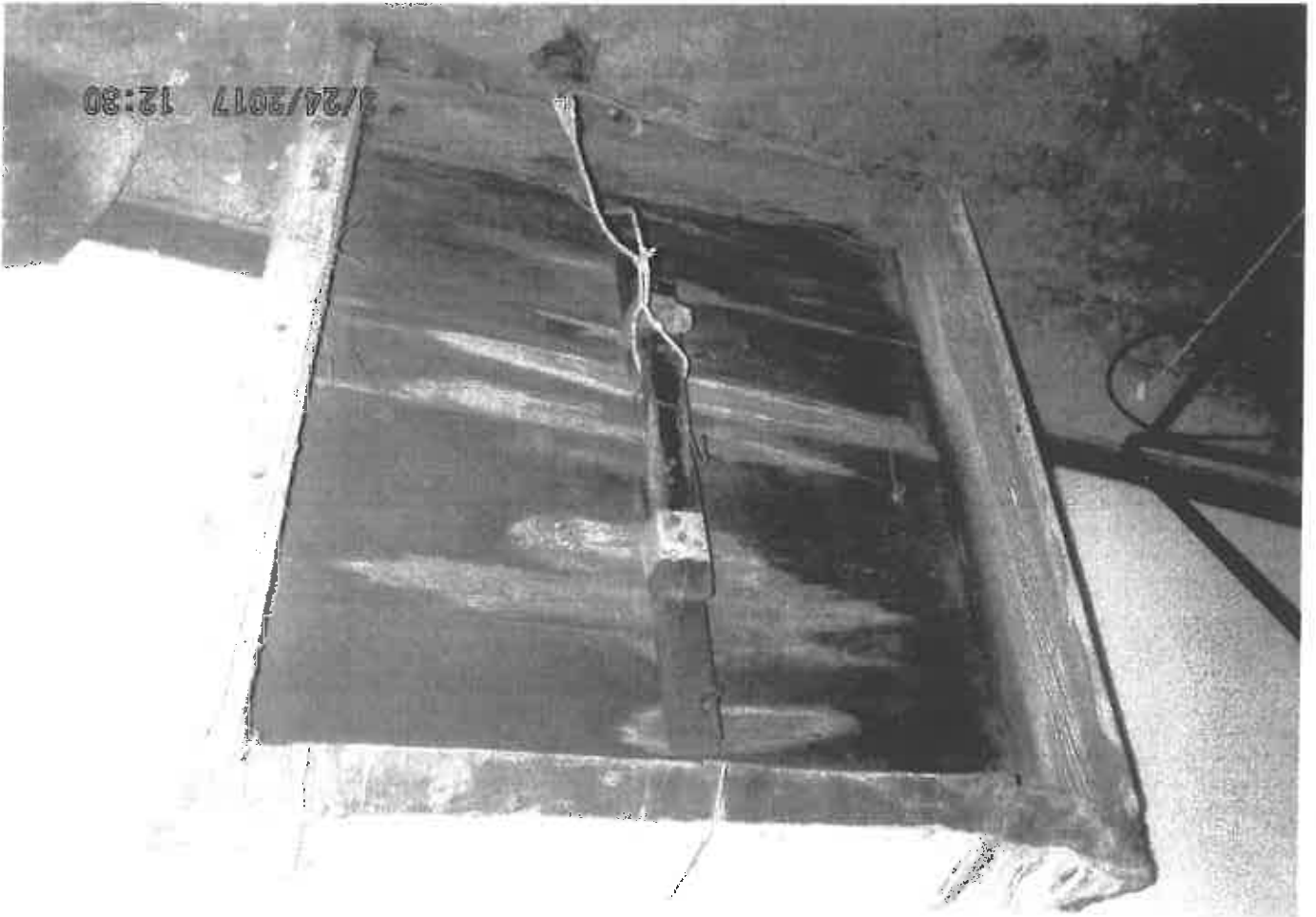
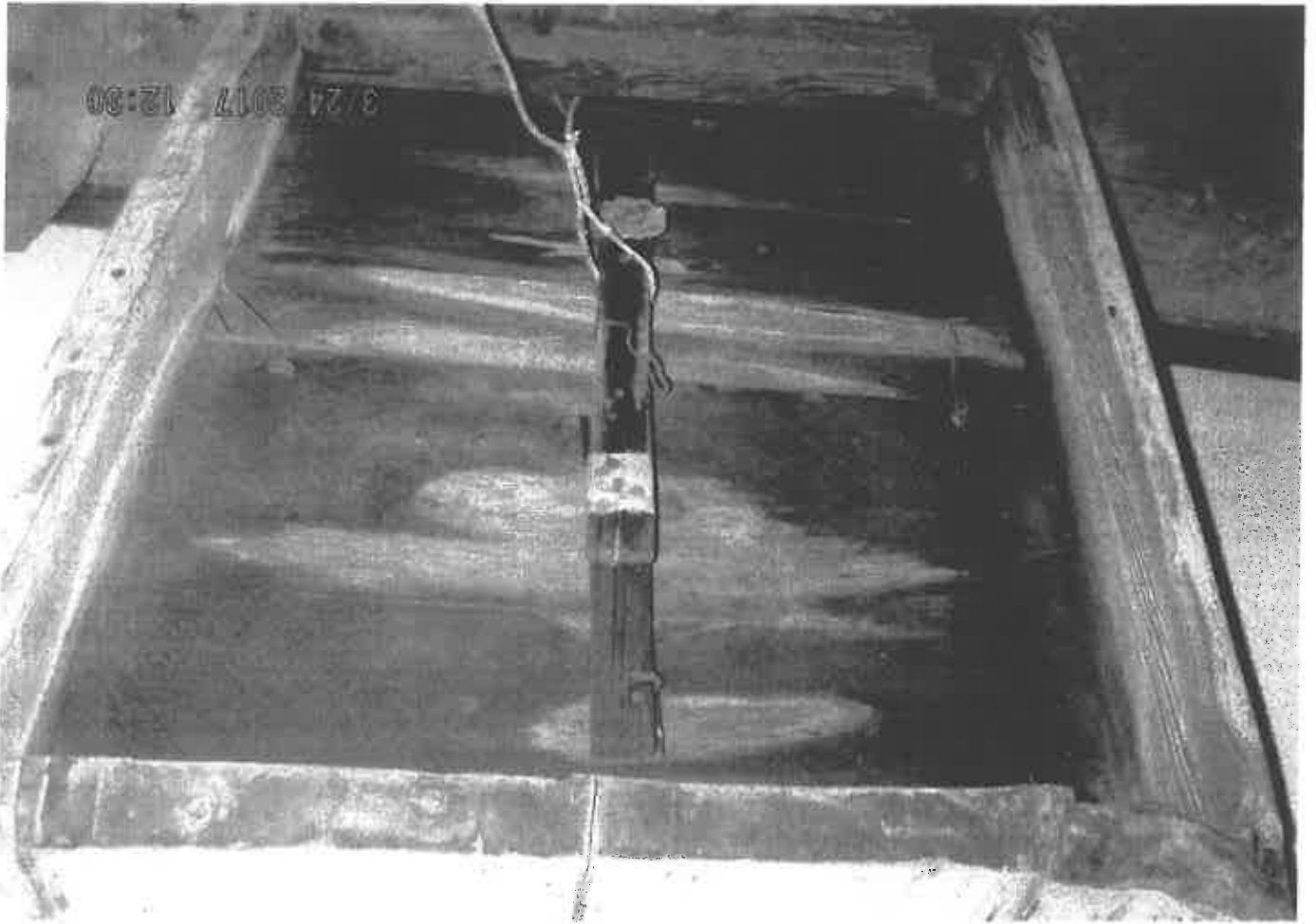
Department Name Eng. Dept. Date 3/29/17

Department Head Approval \_\_\_\_\_

Vendor Name	Contact Person	Phone Number	Quantity	Description	Cost	Check quote accepted
<i>Handwritten</i>	MIKE	377-1961		Library - Roof - Transit - Bus Repair		







Damaged LIBRARY ROOF Hatch



TO: City of Cohoes  
97 Mohawk Street  
Cohoes, New York 12047

DATE	3/20/17	JOB NO.	12130
ATTENTION	Ms. Melissa Cherubino		
RE:	Cohoes Clinton's Ditch		

GENTLEMEN:

WE ARE SENDING YOU

- Shop Drawings
- Copy of Letter

- Attached
- Prints
- Change Order

- Under separate cover via \_\_\_\_\_ the following items:
- Plans       Samples       Specifications

COPIES	DATE	NO	DESCRIPTION
1		1	Executed Change Order #6

THESE ARE TRANSMITTED as checked below.

- For approval       Approved as submitted       Resubmit \_\_\_\_\_ copies for approval
- For your use       Approved as noted       Submit \_\_\_\_\_ copies for distribution
- As requested       Returned for corrections       Return \_\_\_\_\_ corrected prints
- For review and comment
- FOR BIDS DUE \_\_\_\_\_ 19 \_\_\_\_\_       PRINTS RETURNED AFTER LOAN TO US

REMARKS Melissa - Mike Cooper asked me to forward to you for execution. Thanks, Adam

COPY TO Job File

SIGNED:   
Adam Hershberg

**SUMMARY - ALL SHARES COMBINED**

**CONTRACT CHANGE ORDER**

Contract Title: Clinton's Ditch Interpretive Center & Erie Canal Heritage Trail  
Contract No.: D031747 Date: 3/16/2017 Change Order No.: 6  
Contractor: Callanan Industries

**Description of and/or Reason for Work -**

See attached explanations.

Deletion	Amount	Addition	Amount
See Item and Share Summary Sheet		See Item and Share Summary Sheet	

**Total Amount of Change: \$ 25,392.71**

**Contract Total**

Original Contract Price: \$ 986,128.50  
Adjusted Contract Price to Previous Change Orders: \$ 771,787.87  
Net Increase this Change Order, 6 \$ 25,392.71  
New Contract Amount: \$ 797,180.58

The work covered by this change order shall be performed under the same terms and conditions as that included in the original contract. All other terms and conditions of said contract as it theretofore may have been modified shall be and remain the same.

[Signature] 3/20/17  
Contractor Date Date

[Signature] 3/16/2017  
Resident Engineer Date Date

[Signature] 4/7/17  
City of Cohoes Date Date

NYSDO1 Region 1 LPU Date Date

CONR 7-Jb (CEES)

New York State Department of Transportation  
Order On Contract

12/2/2016 11:43:09AM

Region No. 1	County Albany
NYS Project Identification No.	
Federal Aid Project No.	

Contractor Name Callison Industries
--

Comptroller Contract No. D031747			
3			9
Fiscal Share No.		Order No.	
10	Total	11	16
		6	17

Pursuant to the determination of the Commissioner of Transportation to alter the above identified contract, the Contractor is hereby ordered, and directed to perform the following work and to furnish the necessary materials and equipment, in accordance with the specifications therefore. (Subd R, Sec 36, Hwy. Law).

Check One

Page 2

N 16	E 17	Seq. No. 12 15	Item Spec. No. 18 28	Change in Quantity 29 38	Unit Price 39 49	Unit of Measure 50 54	Item Description (Use Prefix: FE - Force Account Estimate, FA - Force Account Actual, A - Agreed Price) 55	Prior Approved Quantity 114	Change in Funds (\$)	
									Increase	Decrease
		0020	203.02 E	-1.12	\$27.000	CY	Unclassified Excavation	1,390.93		-\$30.24
		0030	203.03 E	1,480.40	\$13.000	CY	Embankment in Place	8,384.00	\$19,245.20	
		0070	206.02 E	-0.20	\$25.000	CY	Trench and Culvert Excavation	65.00		-\$5.00
		0190	402.098202 E	-0.16	\$195.000	T	9.5 F2 Top Course HMA, 80 Series Compaction	20.00		-\$31.20
		0360	608.0101 E	-0.80	\$375.000	CY	Concrete Sidewalks and Driveways	162.00		-\$300.00
		0920	697.03 E	-31,500.00	\$1.000	DC	Field Change Payment	31,500.00		-\$31,500.00
		1000	950.01 E	-2.00	\$240.000	T	HOT MIX ASPHALT (HMA) SIDEWALKS, DRIVEWAYS AND BICYCLE PATHS	82.00		-\$480.00
		1040	950.05 E	100.00	\$2,131.000	LS	RAISE MI AT SWITCHBACK	0.00	\$2,131.00	
		1050	950.06 E	100.00	\$5,031.120	LS	VAN SCHAICK ISLAND TRAIL (FORCE ACCT)	0.00	\$5,031.12	
		1060	950.07 E	100.00	\$5,669.990	LS	EXTRA WORK TO DEMO EXIST FOUNDATION AT INTERPRETIVE CENTER (	0.00	\$5,669.99	
		1070	950.08 E	100.00	\$12,274.990	LS	REBID ITEMS - UNDERRUN (<75%)	0.00	\$12,274.99	
		1080	950.09 E	100.00	\$13,386.850	LS	REBID ITEMS - OVERRUN (>125%)	0.00	\$13,386.85	
Sub-Totals									\$57,739.15	-\$32,346.44
Net Change in Funds									\$ 25,392.71	

**Share 1 - (PIN 1757.39 Section 117 Funds) Interpretive Center**

**CONTRACT CHANGE ORDER**

Contract Title: Clinton's Ditch Interpretive Center & Erie Canal Heritage Trail  
 Contract No.: D031747      Date: 3/16/2017      Change Order No.: 6  
 Contractor: Callanan Industries

**Description of and/or Reason for Work**

See attached explanations.



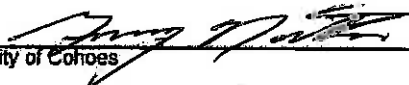
Deletion	Amount	Addition	Amount
See Item and Share Summary Sheet		See Item and Share Summary Sheet	

**Total Amount of Change:** **\$ 29,661.35**

**Contract Total**

Original Contract Price:	\$	342,551.10
Adjusted Contract Price to Previous Change Orders:	\$	274,699.85
Net Increase this Change Order, 6	\$	29,661.35
New Contract Amount:	\$	304,361.20

The work covered by this change order shall be performed under the same terms and conditions as that included in the original contract. All other terms and conditions of said contract as it theretofore may have been modified shall be and remain the same.

	<u>3/20/17</u>	
Contractor	Date	Date
	<u>3/16/2017</u>	
Resident Engineer	Date	Date
	<u>4/1/17</u>	
City of Cohoes	Date	Date
NYSUOT Region 1 LPU	Date	Date

CONR 7-1b (CEES)

New York State Department of Transportation  
Order On Contract

12/2/2016 11:43:49AM

Region No. 1	County Albany
NYS Project Identification No. 1757.39	
Federal Aid Project No.	

Contractor Name Callanan Industries
--

Comptroller Contract No.					
3	D031747			9	
Fund Stmt No.			Order No.		
10	1	11	16	6	17

Pursuant to the determination of the Commissioner of Transportation to alter the above identified contract, the Contractor is hereby ordered and directed to perform the following work and to furnish the necessary materials and equipment, in accordance with the specifications therefor. (Subd 8, Sec 38, Hwy. Law).

Check One

Page 3

N 16 1 2	E 17 1 2	Seq. No. 12 15	Item Spec. No. 18 28	Change in Quantity 29 31	Unit Price 39 49	Unit of Measure 50 54	Item Description (Use Prefix: FE - Force Account Estimate, FA - Force Account Actual, A - Agreed Price) 55 114	Prior Approved Quantity	Change in Funds (\$)	
									Increase	Decrease
	X	0020	203.02	E	-0.00	\$27.000	CY	Unclassified Excavation	13.00	-521.60
	X	0030	203.03	E	600.00	\$13.000	CY	Embankment In Place	155.00	\$7,800.00
	X	0920	697.03	E	-14,000.00	\$1.000	DC	Field Change Payment	14,000.00	-14,000.00
	X	1000	950.01	E	-3.00	\$240.000	T	HOT MIX ASPHALT (HMA) SIDEWALKS, DRIVEWAYS AND BICYCLE PATHS	5.00	-540.00
X		1050	950.06	E	100.00	\$5,031.120	LS	VAN SCHAICK ISLAND TRAIL (FORCE ACCT)	4.00	\$5,031.12
X		1060	950.07	E	100.00	\$5,669.990	LS	EXTRA WORK TO DEMO EXIST FOUNDATION AT INTERPRETIVE CENTER (	0.00	\$5,669.99
X		1070	950.08	E	100.00	\$12,274.990	LS	REBID ITEMS - UNDERRUN (<75%)	0.00	\$12,274.99
X		1080	950.09	E	100.00	\$13,386.850	LS	REBID ITEMS - OVERRUN (>125%)	0.00	\$13,386.85
Sub-Totals									\$44,162.95	-\$14,301.60
Net Change in Funds									\$ 29,661.35	

**Share 2 - (PIN 1757.72 TEP Funds) Section 2 Off-Road Trail**

**CONTRACT CHANGE ORDER**

Contract Title: Clinton's Ditch Interpretive Center & Erie Canal Heritage Trail  
 Contract No.: D031747 Date: 3/16/2017 Change Order No.: 6  
 Contractor: Callanan Industries

**Description of and/or Reason for Work**

See attached explanations.



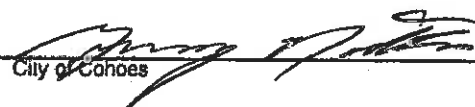
Deletion	Amount	Addition	Amount
See Item and Share Summary Sheet		See Item and Share Summary Sheet	

**Total Amount of Change: \$ 42.10**

**Contract Total**

Original Contract Price: \$ 327,704.00  
 Adjusted Contract Price to Previous Change Orders: \$ 322,989.96  
 Net Increase this Change Order, 6 \$ 42.10  
 New Contract Amount: \$ 323,032.06

The work covered by this change order shall be performed under the same terms and conditions as that included in the original contract. All other terms and conditions of said contract as it theretofore may have been modified shall be and remain the same.

	<u>3/20/17</u>	
Contractor	Date	Date
	<u>3/16/2017</u>	
Resident Engineer	Date	Date
	<u>3/17/17</u>	
City of Cohoes	Date	Date
NYS DOT Region 1 LPU	Date	Date

CONR 7-4b (CEES)

New York State Department of Transportation  
Order On Contract

12/2/2016 11:43:49AM

Region No. 1	County Albany
NYS Project Identification No. 1575.72	
Federal Aid Project No.	

Contractor Name Callanen Industries
--

Comptroller Contract No. 3 D001747 9					
Fiscal Share No. 10 2 11			Order No. 16 4 17		

Pursuant to the determination of the Commissioner of Transportation to alter the above identified contract, the Contractor is hereby ordered and directed to perform the following work and to furnish the necessary materials and equipment, in accordance with the specifications therefore. (Subd 8, Sec 38, Hwy. Law).

Page 4

Check One

N 16 1 2	E 17 1 3	Seq. No. 12 15	Item Spec. No. 18 28	Change in Quantity 29 34	Unit Price 39 49	Unit of Measure 50 54	Item Description (Use Prefix: FE - Force Account Estimate, FA - Force Account Actual, A - Agreed Price) 55	114	Prior Approved Quantity	Change in Funds (\$)	
										Increase	Decrease
X		0030	203.02	E	-0.50	\$27,000	CY	Unclassified Excavation	1,356.93		-\$13.50
X		0030	203.03	E	880.40	\$13,000	CY	Embankment In Place	7,645.00	\$11,445.20	
X		0070	206.02	E	-0.20	\$25,000	CY	Trench and Culvert Excavation	65.00		-\$5.00
X		0190	402.098202	E	-0.08	\$195,000	T	9.5 F2 Top Course HMA, 80 Series Compaction	10.00		-\$15.60
X		0920	697.03	E	-13,500.00	\$1,000	DC	Field Change Payment	13,500.00		-\$13,500.00
X		1040	950.05	E	100.00	\$2,131,000	LS	RAISE MII AT SWITCHBACK	0.00	\$2,131.00	
									Sub-Total	\$13,576.20	-\$13,534.10
									Net Change in Funds	\$42.10	

**Share 3 - (Canal Corporation Funds) Section 3 Off-Road Trail**

**CONTRACT CHANGE ORDER**

Contract Title: Clinton's Ditch Interpretive Center & Erie Canal Heritage Trail  
 Contract No.: D031747      Date: 3/16/2017      Change Order No.: 6  
 Contractor: Callanan Industries

**Description of and/or Reason for Work -**

See attached explanations.


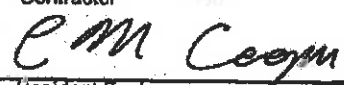
Deletion	Amount	Addition	Amount
See Item and Share Summary Sheet		See Item and Share Summary Sheet	

**Total Amount of Change:** **\$ (4,310.74)**

**Contract Total**

Original Contract Price:	\$	180,803.40
Adjusted Contract Price to Previous Change Orders:	\$	174,098.06
Net Increase this Change Order, 6	\$	(4,310.74)
New Contract Amount:	\$	169,787.32

The work covered by this change order shall be performed under the same terms and conditions as that included in the original contract. All other terms and conditions of said contract as it theretofore may have been modified shall be and remain the same.

	<u>3/20/17</u>	
Contractor	Date	Date
	<u>3/16/2017</u>	
Resident Engineer	Date	Date
City of Cohoes	Date	Date
NYSDOT Region 1 LPU	Date	Date



CONR 7-1b (CEES)

New York State Department of Transportation  
Order On Contract

12/2/2016 11:43:49AM

Region No. 1	County Albany
NYS Project Identification No. 3	
Federal Aid Project No.	

Contractor Name Collman Industries
---------------------------------------

Comproffer Contract No.			
3	DG31747		9
Fiscal Share No.		Order No.	
10	3	11	16
		6	17

Pursuant to the determination of the Commissioner of Transportation to alter the above identified contract, the Contractor is hereby ordered and directed to perform the following work and to furnish the necessary materials and equipment, in accordance with the specifications therefore. (Subd 1, Sec 34, Hwy. Law).

Page 5

Check One

N 16	E 17	Seq. No. 12 13	Item Spec. No. 18 28	Change in Quantity 29 38	Unit Price 39 49	Unit of Measure 50 54	Item Description (Use Prefix: FE - Force Account Estimate, FA - Force Account Actual, A - Agreed Price) 114	Prior Approved Quantity	Change in Funds (\$)	
									Increase	Decrease
	X	0020	203.02 E	0.18	\$27,000	CY	Unclassified Excavation	21.00	\$4.86	
	X	0190	402.09E202 E	-0.08	\$195,000	T	5.5 P2 Top Course HMA, 80 Series Compaction	10.00		-\$15.60
	X	0360	608.0101 E	-0.80	\$375,000	CY	Concrete Sidewalks and Driveways	122.00		-\$300.00
	X	0920	697.03 E	-4,000.00	\$1,000	DC	Field Change Payment	4,000.00		-\$4,000.00
								Sub-Totals	\$4.86	-\$4,315.60
								Net Change in Funds		-\$4,310.74

Share 4 - City of Cohoes  
**CONTRACT CHANGE ORDER**

Contract Title: Clinton's Ditch Interpretive Center & Erie Canal Heritage Trail  
 Contract No.: D031747 Date: 3/16/2017 Change Order No.: 6  
 Contractor: Callanan Industries

**Description of and/or Reason for Work-**

See attached explanations.




Deletion	Amount	Addition	Amount
See Item and Share Summary Sheet		See Item and Share Summary Sheet	

**Total Amount of Change:** \$ \_\_\_\_\_

**Contract Total**

Original Contract Price: \$ 135,070.00  
 Adjusted Contract Price to Previous Change Orders: \$ -  
 Net Increase this Change Order, 6 \$ -  
 New Contract Amount: \$ -

The work covered by this change order shall be performed under the same terms and conditions as that included in the original contract. All other terms and conditions of said contract as it theretofore may have been modified shall be and remain the same.

	<u>3/20/17</u>	
Contractor	Date	Date
	<u>3/16/2017</u>	
Resident Engineer	Date	Date
	<u>3/17/17</u>	
City of Cohoes	Date	Date
NYS DOT Region 1 LPU	Date	Date

Item # 203.02 E FS # 1

The decrease of contract quantity was necessary in order to complete the work in accordance with the plans and specifications.

Item # 203.02 E FS # 2

The decrease of contract quantity was necessary in order to complete the work in accordance with the plans and specifications.

Item # 203.02 E FS # 3

The increase of contract quantity was necessary in order to complete the work in accordance with the plans and specifications.

Item # 203.03 E FS # 1

The increase of contract quantity was the result of renegotiated method of measurement; Original Qty's were based on 1.68 Ton/CY, but renegotiated to 1.40 Ton/CY

Item # 203.03 E FS # 2

The increase of contract quantity was the result of renegotiated method of measurement; Original Qty's were based on 1.68 Ton/CY, but renegotiated to 1.40 Ton/CY

Item # 206.02 E FS # 2

The decrease of contract quantity was necessary in order to complete the work in accordance with the plans and specifications.

Item # 402.098202 E FS # 2

The decrease of contract quantity was necessary in order to complete the work in accordance with the plans and specifications.

Item # 402.098202 E FS # 3

The decrease of contract quantity was necessary in order to complete the work in accordance with the plans and specifications.

Item # 608.0101 E FS # 3

The decrease of contract quantity was necessary in order to complete the work in accordance with the plans and specifications.

Item # 697.03 E FS # 1

This item is not necessary in the final agreement of the contract.

Item # 697.03 E FS # 2

This item is not necessary in the final agreement of the contract.

New York State Department of Transportation  
Computerized Engineer's Estimate System  
Order-On-Contract Explanations

**Item # 697.03 E FS # 3**

This item is not necessary in the final agreement of the contract.

**Item # 950.01 E FS # 1**

The decrease of contract quantity was necessary in order to complete the work in accordance with the plans and specifications.

**Item # 950.05 E FS # 2**

The addition of this item and contract quantity was necessary in order to complete the work based on actual field conditions. There was no item in the original contract for this work, which was originally paid as a negotiated and accepted unit cost under Field Change Order, Item 697.03

**Item # 950.06 E FS # 1**

The addition of this item and contract quantity was necessary in order to complete the work based on actual field conditions. There was no item in the original contract for this work.

**Item # 950.07 E FS # 1**

The addition of this item and contract quantity was necessary in order to complete the work based on actual field conditions. There was no item in the original contract for this work, which was performed under force account.

**Item # 950.08 E FS # 1**

Based on deviations (underrun) of actual quantities as compared to the bid quantities, Contractor submitted a claim for renegotiated unit prices in accordance with specifications. The addition of this lump sum item allocates budget for the negotiated and accepted additional payments.

**Item # 950.09 E FS # 1**

Based on deviations (overrun) of actual quantities as compared to the bid quantities, Contractor submitted a claim for renegotiated unit prices in accordance with specifications. The addition of this lump sum item allocates budget for the negotiated and accepted additional payments.

**PROPOSAL**

**UNGERMAN ELECTRIC INC., LICENSED CONTRACTOR**

**395 Sheridan Avenue**

**518-436-8741**

**ALBANY, NY 12206**

**518-436-8011 (fax)**

E-mail: [ungermanelectric@yahoo.com](mailto:ungermanelectric@yahoo.com)

[www.ungermanelectric.com](http://www.ungermanelectric.com)

**NYS CERTIFIED WBE**

**April 3, 2017**

**PROPOSAL SUBMITTED TO:**

**PHONE/EMAIL:**

**JOB SITE:**

City of Cohoes  
Attn: Ralph Signoracci  
Cohoes City Hall  
69 Mohawk Street  
Cohoes, NY

470-2905  
233-2153  
ralphsignoracci4@gmail.com

112<sup>th</sup> Street Bridge  
Cohoes, NY

We hereby propose to:

- Replace existing lighting to 14 pole lights on Cohoes Bridge
- Remove MH ballast and bulbs, and replace with LED Bulbs

**Cost of labor and materials to be as follows:**

**\$3,990.00 plus \$0.00 tax = Total \$3,990.00**

**A down payment of \$0.00 is requested at job inception and the balance due at completion of service/date of inspection.**

*Proposal includes: All material guaranteed as specified above. All work completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or other delays beyond our control. Owner to carry fire and all other necessary insurance. Our workers are fully covered by liability and Workman's Compensation Insurance.*

Note: Due to volatility in material pricing, etc., the price is valid for 30 days.

The balance of payment is to be made at job completion. Unless written provisions have been made otherwise, failure to make payment in full, will result in customer being assessed a late charge equal to 1½ percent of the unpaid amount per month. The customer will also be responsible for all attorneys' fees and costs incurred should Ungerma Electric have to institute collection efforts. As required by NYS Law, we advise you that any contractor or subcontractor who performs work under this proposal/contract who is not paid may have a valid, legal claim against your property known as a mechanic's lien.

Ungerma Electric Authorized Signature: Mike Pinckney Date 4/3/17

**ACCEPTANCE OF PROPOSAL: The above prices, specifications & conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined.**

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

**STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE**

<p>STATE AGENCY (Name &amp; Address):                  Department of Environmental Conservation                   625 Broadway                  Albany, NY 12233-1080</p>	<p>BUSINESS UNIT/DEPT. ID: DEC01                  CONTRACT NUMBER: DEC01-T00296GG-3350000                  CONTRACT TYPE:  <input type="checkbox"/> Multi-Year Agreement  <input type="checkbox"/> Simplified Renewal Agreement  <input checked="" type="checkbox"/> Fixed Term Agreement</p>
<p>CONTRACTOR SFS PAYEE NAME:                  COHOES CITY OF</p>	<p>TRANSACTION TYPE:  <input checked="" type="checkbox"/> New  <input type="checkbox"/> Renewal  <input type="checkbox"/> Amendment</p>
<p>CONTRACTOR DOS INCORPORATED NAME:                  City of Cohoes</p>	<p>PROJECT NAME:                  Van Schaick Island Pond</p>
<p>CONTRACTOR IDENTIFICATION NUMBERS:                   NYS Vendor ID Number: 1000002127                  Federal Tax ID Number: 141752484                  DUNS Number (if applicable):</p>	<p>AGENCY IDENTIFIER:                   CFDA NUMBER (Federally Funded Grants Only):</p>
<p>CONTRACTOR PRIMARY MAILING ADDRESS:                  97 MOHAWK ST                  COHOES, NY 12047</p> <p>CONTRACTOR PAYMENT ADDRESS:  <input checked="" type="checkbox"/> Check if same as primary mailing address</p> <p>CONTRACT MAILING ADDRESS:  <input checked="" type="checkbox"/> Check if same as primary mailing address</p>	<p>CONTRACTOR STATUS:  <input type="checkbox"/> For Profit  <input checked="" type="checkbox"/> Municipality, Code:  <input type="checkbox"/> Tribal Nation  <input type="checkbox"/> Individual  <input type="checkbox"/> Not-for-Profit</p> <p>Charities Registration Number:                   Exemption State/Code:   <input type="checkbox"/> Sectarian Entity</p>

Contract Number: # DEC01-T00296GG-3350000

**STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE**

<p><b>CURRENT CONTRACT TERM:</b> From: 11/01/2016                      To: 10/31/2018</p> <p><b>CURRENT CONTRACT PERIOD:</b> From: 11/01/2016                      To: 10/31/2018</p> <p><b>AMENDED TERM:</b> From:    To:</p> <p><b>AMENDED PERIOD:</b> From:    To:</p>	<p><b>CONTRACT FUNDING AMOUNT</b> (Multi-year - enter total projected amount of the contract; Fixed Term/Simplified Renewal - enter current period amount):</p> <p><b>CURRENT:</b>            \$16,000.00</p> <p><b>AMENDED:</b></p> <p><b>FUNDING SOURCE(S)</b></p> <p align="center"> <input checked="" type="checkbox"/> State  <input type="checkbox"/> Federal  <input type="checkbox"/> Other         </p>
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*FOR MULTI-YEAR AGREEMENTS ONLY - CONTRACT AND FUNDING AMOUNT:*  
(Out years represents projected funding amounts)

#	CURRENT PERIOD	CURRENT AMOUNT	AMENDED PERIOD	AMENDED AMOUNT
1				
2				
3				
4				
5				

Contract Number: # DEC01-T00296GG-3350000

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

ATTACHMENTS PART OF THIS AGREEMENT:

Attachment A:  A-1 Program Specific Terms and Conditions  
 A-2 Federally Funded Grants

Attachment B:  B-1 Expenditure Based Budget  
 B-2 Performance Based Budget  
 B-3 Capital Budget  
 B-4 Net Deficit Budget  
 B-1 (A) Expenditure Based Budget (Amendment)  
 B-2 (A) Performance Based Budget (Amendment)  
 B-3 (A) Capital Budget (Amendment)  
 B-4 (A) Net Deficit Budget (Amendment)

Attachment C: Work Plan

Attachment D: Payment and Reporting Schedule

Other:

Contract Number: # DEC01-T00296GG-3350000



IN WITNESS THEREOF, the parties hereto have electronically executed or approved this Master Contract on the dates below their signature.

In addition, I, acting in the capacity as Contractor, certify that I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority or officials, and as such I do agree, and I have the authority to agree, to all of the terms and conditions set forth in the Master Contract, including all appendices and attachments. I understand that (i) payment of a claim on this Master Contract is conditioned upon the Contractor's compliance with all applicable conditions of participation in this program and ( if I am acting in the capacity as a not-for profit Contractor) the accuracy and completeness of information submitted to the State of New York through the Gateway vendor prequalification process and (ii) by electronically indicating my acceptance of the terms and conditions of the Master Contract, I certify that (a) to the extent that the Contractor is required to register and/or file reports with the Office of Attorney General's Charities Bureau ("Charities Bureau"), the Contractor's registration is current, all applicable reports have been filed, and the Contractor has no outstanding requests from the Charities Bureau relating to its filings and (b) all data and responses in the application submitted by the Contractor are true, complete and accurate. I also understand that use of my assigned User ID and Password on the State's contract management system is equivalent to having placed my signature on the Master Contract and that I am responsible for any activity attributable to the use of my User ID and Password. Additionally, any information entered will be considered to have been entered and provided at my direction. I further certify and agree that the Contractor agrees to waive any claim that this electronic record or signature is inadmissible in court, notwithstanding the choice of law provisions.

CONTRACTOR:

COHOES CITY OF

By: \_\_\_\_\_

Printed Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

In addition, the party below certifies that it has verified the electronic signature of the Contractor to this Master Contract.

STATE AGENCY:

Department of Environmental Conservation

By: \_\_\_\_\_

Printed Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

ATTORNEY GENERAL'S SIGNATURE  
APPROVED AS TO FORM

By: \_\_\_\_\_

Printed Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

STATE COMPTROLLER'S SIGNATURE

By: \_\_\_\_\_

Printed Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Contract Number: # DEC01-T00296GG-3350000

**STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE**

<p>STATE AGENCY (Name &amp; Address):                  Department of Environmental Conservation                  625 Broadway                  Albany, NY 12233-1080</p>	<p>BUSINESS UNIT/DEPT. ID: DEC01                  CONTRACT NUMBER: DEC01-T00294GG-3350000                  CONTRACT TYPE:  <input type="checkbox"/> Multi-Year Agreement  <input type="checkbox"/> Simplified Renewal Agreement  <input checked="" type="checkbox"/> Fixed Term Agreement</p>
<p>CONTRACTOR SFS PAYEE NAME:                  COHOES CITY OF</p>	<p>TRANSACTION TYPE:  <input checked="" type="checkbox"/> New  <input type="checkbox"/> Renewal  <input type="checkbox"/> Amendment</p>
<p>CONTRACTOR DOS INCORPORATED NAME:                  City of Cohoes</p>	<p>PROJECT NAME:                  Remsen Street Streetscape Improvements</p>
<p>CONTRACTOR IDENTIFICATION NUMBERS:                  NYS Vendor ID Number: 1000002127                  Federal Tax ID Number: 141752484                  DUNS Number (if applicable):</p>	<p>AGENCY IDENTIFIER:                  CFDA NUMBER (Federally Funded Grants Only):</p>
<p>CONTRACTOR PRIMARY MAILING ADDRESS:                  97 MOHAWK ST                  COHOES, NY 12047</p> <p>CONTRACTOR PAYMENT ADDRESS:  <input checked="" type="checkbox"/> Check if same as primary mailing address</p> <p>CONTRACT MAILING ADDRESS:  <input checked="" type="checkbox"/> Check if same as primary mailing address</p>	<p>CONTRACTOR STATUS:  <input type="checkbox"/> For Profit  <input checked="" type="checkbox"/> Municipality, Code:  <input type="checkbox"/> Tribal Nation  <input type="checkbox"/> Individual  <input type="checkbox"/> Not-for-Profit</p> <p>Charities Registration Number:                  Exemption State/Code:  <input type="checkbox"/> Sectarian Entity</p>

Contract Number: # DEC01-T00294GG-3350000

**STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE**

<p><b>CURRENT CONTRACT TERM:</b></p> <p>From: 11/01/2016                      To: 10/31/2018</p> <p><b>CURRENT CONTRACT PERIOD:</b></p> <p>From: 11/01/2016                      To: 10/31/2018</p> <p><b>AMENDED TERM:</b></p> <p>From:    To:</p> <p><b>AMENDED PERIOD:</b></p> <p>From:    To:</p>	<p><b>CONTRACT FUNDING AMOUNT</b></p> <p>(Multi-year - enter total projected amount of the contract; Fixed Term/Simplified Renewal - enter current period amount):</p> <p>CURRENT:        \$32,000.00</p> <p>AMENDED:</p> <p>FUNDING SOURCE(S)</p> <p align="center"> <input checked="" type="checkbox"/> State  <input type="checkbox"/> Federal  <input type="checkbox"/> Other         </p>
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*FOR MULTI-YEAR AGREEMENTS ONLY - CONTRACT AND FUNDING AMOUNT:*

(Out years represents projected funding amounts)

#	CURRENT PERIOD	CURRENT AMOUNT	AMENDED PERIOD	AMENDED AMOUNT
1				
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Contract Number: # DEC01-T00294GG-3350000

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Attachment C: Work Plan

Attachment D: Payment and Reporting Schedule

Other:

Contract Number: # DEC01-T00294GG-3350000

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In addition, I, acting in the capacity as Contractor, certify that I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority or officials, and as such I do agree, and I have the authority to agree, to all of the terms and conditions set forth in the Master Contract, including all appendices and attachments. I understand that (i) payment of a claim on this Master Contract is conditioned upon the Contractor's compliance with all applicable conditions of participation in this program and ( if I am acting in the capacity as a not-for profit Contractor) the accuracy and completeness of information submitted to the State of New York through the Gateway vendor prequalification process and (ii) by electronically indicating my acceptance of the terms and conditions of the Master Contract, I certify that (a) to the extent that the Contractor is required to register and/or file reports with the Office of Attorney General's Charities Bureau ("Charities Bureau"), the Contractor's registration is current, all applicable reports have been filed, and the Contractor has no outstanding requests from the Charities Bureau relating to its filings and (b) all data and responses in the application submitted by the Contractor are true, complete and accurate. I also understand that use of my assigned User ID and Password on the State's contract management system is equivalent to having placed my signature on the Master Contract and that I am responsible for any activity attributable to the use of my User ID and Password. Additionally, any information entered will be considered to have been entered and provided at my direction. I further certify and agree that the Contractor agrees to waive any claim that this electronic record or signature is inadmissible in court, notwithstanding the choice of law provisions.

CONTRACTOR:  
COHOES CITY OF

By: \_\_\_\_\_

Printed Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

In addition, the party below certifies that it has verified the electronic signature of the Contractor to this Master Contract.

STATE AGENCY:

Department of Environmental Conservation

By: \_\_\_\_\_

Printed Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

ATTORNEY GENERAL'S SIGNATURE  
APPROVED AS TO FORM

By: \_\_\_\_\_

Printed Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

STATE COMPTROLLER'S SIGNATURE

By: \_\_\_\_\_

Printed Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Contract Number: # DEC01-T00294GG-3350000