



**TOWN OF LEWISBORO
TOWN BOARD MEETING AGENDA
TOWN HOUSE
MONDAY, AUGUST 8, 2022
7:30 P.M.**

I. PUBLIC COMMENT I

II. COMMUNICATIONS

Resolutions Honoring Troop 101 Eagle Scouts William Fuller, Ty Graygor and Joseph Smith

III. CONSENT AGENDA

- a. Approval of Minutes of July 8 and July 18, 2022**
- b. Monthly Reports July 2022**
 - i. Building Department**
 - ii. Police Department**

IV. NEW BUSINESS

- a. Presentation - Cell Tower Siting by Homeland Towers**
- b. Resolution: Approving SEPTA Fundraiser at Town Park on September 30, 2022, and Waiving Fees**
- c. Resolution: Approving Waccabuc Country Club's Application for a Cabaret License**
- d. Resolution: Approving AAA Carting & Rubbish Removal, Inc.'s Application for License to Collect and Dispose of Refuse and Recyclables**
- e. Resolution: Resolution Approving Waiver of Environmental Questionnaire and Wetlands Permit Fees for Goldens Bridge Pocket Park**
- f. Resolution: Authorizing the Planning Board to Consider and Act Upon Smith Ridge Associates, LLC, Request for Partial Release of Performance Bond for Construction of a Car Wash**
- g. Discussion: Community Event Pool Party**
- h. Discussion: Lexipol Proposal for Police Department**

V. PUBLIC COMMENT II

VI. APPROVAL OF CLAIMS

VII. POLLING OF THE BOARD

VIII. ANNOUNCEMENTS

Town Board Meeting - August 22, 2022, at 7:30 p.m., at the Town House, 11 Main Street, South Salem

IX. MOTION TO GO INTO EXECUTIVE SESSION

Town Board Meetings Accessibility: The Town of Lewisboro is committed to providing equal access to all its facilities, services, and activities to the fullest extent possible. The Town House, Cyrus Russell Community House, Onatru Farmhouse, and the Bouton Road Town Offices are accessible to persons with physical handicaps. If anyone who wishes to attend any meeting of the Town Board has special needs, please contact the Supervisor's Office (763-3151) at least one week before any scheduled in-person meeting, and we will try to accommodate whenever possible.

Join Zoom Meeting

<https://us06web.zoom.us/j/84105347542?pwd=TTZLZXFVUGM4MEISTmZ5L2pyNEIydz09>

Meeting ID: 841 0534 7542

Passcode: 951704

Dial by your location

+1 929 205 6099 US (New York)

Meeting ID: 841 0534 7542

Passcode: 951704

TOWN OF LEWISBORO
Building/Zoning Department
79 Bouton Road
South Salem, NY 10590

M5 Fee Report
From 06/29/2022 To 07/26/2022

Count by Type

Fee Type	Count	Total
Additional Building Permit Fee	7	\$2,415.00
Additional CC Fee	2	\$130.00
Additional CO Fee	5	\$2,285.00
BUILDING PERMIT FEE	68	\$34,625.00
CERTIFICATE OF COMPLIANCE FEE	30	\$3,840.00
CERTIFICATE OF OCCUPANCY FEE	35	\$23,015.00
ENVIRONMENTAL QUESTIONNAIRE-BUILDING	10	\$500.00
MISCELLANEOUS	1	\$50.75
RE-INSPECTION	3	\$300.00
RECORDS MANAGEMENT FEE	63	\$126.00
RENEWAL FEE	7	\$1,801.50
Stormwater ADMIN	2	\$900.00
Tree Permit	1	\$150.00
Wetland Administrative	2	\$300.00
ZONING BOARD APPLICATION	4	\$1,008.00
	240	\$71,446.25

TOWN OF LEWISBORO

Building & Zoning Department 79 Bouton Road, South Salem, NY 10590 914-763-3060

	2020		2021		2022	YEAR TO DATE INCREASE BY MONTH
	BUDGET REVENUE: \$484,900		BUDGET REVENUE: \$510,000		BUDGET REVENUE: 600,000	
MONTH	INCOME	MONTH	INCOME	MONTH	INCOME	
JAN	\$18,802.00	JAN	\$46,580.69	JAN	\$129,768.00	179%
FEB	\$30,148.50	FEB	\$46,052.00	FEB	\$295,108.75	541%
MAR	\$20,785.00	MAR	\$152,883.32	MAR	\$39,169.50	-74%
APR	\$49,473.50	APR	\$62,215.75	APR	\$71,303.00	15%
MAY	\$31,037.87	MAY	\$87,484.00	MAY	\$80,821.75	-8%
JUNE	\$106,037.00	JUNE	\$172,756.00	JUNE	\$68,812.00	-60%
JULY	\$72,945.50	JULY	\$72,809.49	JULY	\$71,446.25	-2%
AUG	\$57,067.00	AUG	\$51,153.00	AUG		
SEPT	\$101,789.50	SEPT	\$107,715.18	SEPT		
OCT	\$83,161.00	OCT	\$111,226.00	OCT		
NOV	\$121,043.10	NOV	\$176,999.75	NOV		
DEC	\$85,554.21	DEC	\$50,350.00	DEC		
	\$777,844.18		\$1,138,225.18		\$756,429.25	

2021

TOWN OF LEWISBORO
PARKS & RECREATION DEPARTMENT

2021

Telephone: 232-6162

Fax: 232-6165

FOX VALLEY PARK - GROUP USE APPLICATION

FACILITIES REQUESTED (Check all that apply):

Pavilion ☒
Ballfield(s) ☒

CIRCLE ONE: Private

Service Organization

Church

School

- KLSD SEPTO

TODAY'S DATE: 7-15-22NAME OF ORGANIZATION: Katonah Lewisboro Special Ed PTOMAILING ADDRESS: PO Box 475CITY: Goldens Bridge STATE: NY ZIP: 10526TELEPHONE: 914-274-0081 FAX: ---NAME OF INDIVIDUAL IN CHARGE: Angela GarofaloINDIVIDUAL'S ADDRESS: 2 Comanche CtCITY: Katonah STATE: NY ZIP: 10536TELEPHONE: (DAY) 914-373-4026 (NIGHT) Same (CELL) 914-274-0081E-MAIL ADDRESS: info@klsept.org FAX: ---PURPOSE OF GROUP USE: Welcome back / fundraiser for KLSEPTOESTIMATED NUMBER OF PARTICIPANTS - ADULTS: ---CHILDREN: ---RESIDENTS (NUMBER): --- NON-RESIDENTS (NUMBER): ---Several hundredWILL A FEE BE CHARGED FOR THIS EVENT? YES ☒ NO ☐IF YES, WHAT WILL THE PROCEEDS BE USED FOR? Fundraiser for KLSEPTO

WILL AN ALCOHOLIC BEVERAGE PERMIT BE REQUESTED? YES ☐ NO ☐
If yes, an alcoholic beverage permit application must be filled out and approved by the Town Clerk (application is attached).

DATE(S) REQUESTED:

Day Friday Date 9/30 Time from 5:30 to 8:30
Day --- Date --- Time from --- to ---

(I would like to get there around 4:15 to set up)

NOTE: Dates for Fox Valley Park Lions Club picnic pavilion in the spring and summer are at a premium, therefore, rain dates cannot be reserved.

IS MATERIAL OR EQUIPMENT REQUIRED FROM MUNICIPALITY? YES NO
IF NEEDED, STATE WHAT TYPES AND FOR WHAT PURPOSE: _____

Access to outlets

STATE THE NATURE OF ANY UNUSUAL EQUIPMENT YOU PLAN TO BRING TO THE PARK: Not unusual - this is our plan

Bouncy Houses, Tattoo Artists

AMERICANS WITH DISABILITIES ACT: The Lewisboro Parks and Recreation Department is committed to ensuring that individuals with disabilities are able to utilize and enjoy our programs and activities to the fullest extent possible. Please let us know if you or a family member have any special needs.

FACILITY USE FEE (Lion's Club Pavilion):

There will be a minimum non-refundable fee charged of \$ _____ for the use of the facility. This fee must accompany the application. The fee for use is payable before use begins.

FACILITY SECURITY DEPOSIT (Lion's Club Pavilion):

There is a \$100.00 required security deposit which must also accompany the application. Any violation of "Park Rules," damage and especially if refuse and trash are not removed will result in forfeiture of the deposit.

AGREEMENT

The undersigned is over 21 years of age and has read this form and attached regulations and agrees to comply with them. He/she agrees to be responsible to the municipality for the use and care of the facilities. He/she, on behalf of (name of organization) KLSEPTU does hereby covenant and agree to defend, indemnify and hold harmless the Town of Lewisboro Parks and Recreation from and against any and all liability, loss damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of The Town of Lewisboro Parks and Recreation's property, facilities and/or services by (name of organization) KLSEPTU

Signature of Organization's Representative Angela Gay
(Must be a Lewisboro Resident)

Address: 2 Comanche Ct.
Kodolosh, NY 10536
Telephone number: 914-274-0081

FOR OFFICE USE ONLY:

NAME OF INDIVIDUAL/ORGANIZATIONS: _____

- () Application approved
() Application denied
() Approval with the following conditions:

FOR OFFICE USE:

- () Permit fee paid - Amount \$ _____
() Deposit paid - Amount \$ _____
() Date recorded in reservation book _____
() Alcoholic beverage permit obtained _____
() Permit sent to registrant _____

SUPERINTENDENT, PARKS & RECREATION

DATE COPY OF APPLICATION SENT TO PARKS DEPARTMENT: _____
DATE COPY OF APPLICATION SENT TO LEWISBORO POLICE: _____

This form has to be approved by the Town Clerk

ALCOHOLIC BEVERAGE CONSUMPTION PERMIT (ABC)

For Town owned facility: Fox Valley Park

Permit for the serving and consumption of alcoholic beverages in a public place within the Town of Lewisboro.

TODAY'S DATE: 7-15-22 DATE(S) REQUESTED: 9-30-22

FACILITY REQUESTED: Fox Valley Park

TIME: between the hours of 5:30 and 7:30 pm on the 30th day of September, 2022, in accordance with Section 78

Alcoholic Beverages, of the Code of the Town of Lewisboro.

GROUP OR ORGANIZATION: KL Special Ed PTO

ADDRESS: PO Box 475

PERSON IN CHARGE: Angela Garofalo

PURPOSE OF USE: Fundraiser for KLSD

Special Ed PTO

I hereby certify that I have read and understand the provisions of Section 78 Alcoholic Beverages, of the Code of the Town of Lewisboro regarding the consumption of alcoholic beverages in public places.

7-15-22
Date

Angela Garofalo
Signature

Permission is hereby given for the consumption of alcoholic beverages in accordance with the above application, and Section 78 of the Town Code.

Date


Town Clerk

- MUST BE POSTED -

cc Lewisboro Town Police

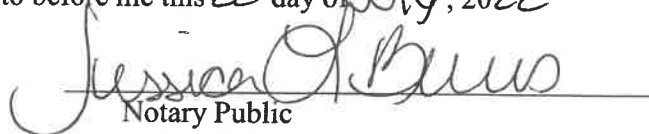
CABARET LICENSE APPLICATION

TOWN OF LEWISBORO
TOWN HOUSE
11 MAIN STREET
SOUTH SALEM, NY 10590

1. Name of applicant John Assumma
2. Location of cabaret Waccabuc Country Club
3. Business address 90 Mead St, Waccabuc, NY 10597
4. Business telephone numbers 914-763-3144
5. Home and emergency telephone numbers 914- -
6. Name of owner Waccabuc Country Club
7. Names and addresses of officers of business, etc.
 - a) Ashtley Murphy - president
 - b) Kim Millhon - Vice president
 - c) Peter Hall - secretary
8. Operator of premises John Assumma
9. Type of musical entertainment Cabaret
10. Number of square feet in the room or rooms to be used for cabaret purposes _____
11. License fee \$ 150.00
12. Date 7/21/22
13. Signature of applicant 
General Manager
Title

Corporate Seal

Sworn to before me this 22nd day of July, 2022


Notary Public

JESSICA L. BURNS
Notary Public - State of New York
NO. 01BU6293241
Qualified in Putnam County
My Commission Expires Dec 9, 2025

LICENSE IS NOT TRANSFERABLE

TOWN OF LEWISBORO
TOWN HOUSE
11 MAIN STREET
SOUTH SALEM, NEW YORK 10590

THIS IS AN APPLICATION FOR LICENSE TO COLLECT AND DISPOSE OF REFUSE AND RECYCLABLES IN THE TOWN OF LEWISBORO.

RESIDENTIAL ☒
COMMERCIAL ☒

If applying for renewal, date the current license expires 8/25/22

The Town will ensure that confidential proprietary documents submitted as part of this license application are maintained under seal and free from Freedom of Information disclosure.
Applicant shall be responsible for designation of document to be so protected.

1. Name of Applicant AAA Carting & Rubbish Removal, Inc.
Business Address 480 Furnace Dock Road, Cortlandt Manor, NY 10567
Business Telephone & Fax Numbers 914-739-9527 914-739-4967(F)
Home & Emergency Telephone Numbers 914-

2. VEHICLES

Make	Model	Body Type	License Number
Kenworth	T3	Dump	84374NA
mack	MR	Dump	96473MN
mack	MR	Dump	50413MN

It is understood that all equipment is and shall be maintained in good working condition.

3. FEES (Suggested: See note re Town Rate)

COMMERCIAL:

Size of Container	Pickup Frequency	Suggested Rate (Per Yard)
<u>2-8yd container</u>	<u>as needed</u>	<u>\$8.15 per yard</u>

Note: The Town Rate will be set by the Town Board each December for the following year. Actual rate charged may not exceed Town Rate.

RESIDENTIAL:

- A. Curbside \$ 40 + tax per month
- B. Driveway less than 125 feet \$ 58.75 + tax per month
- C. Driveway more than 125 feet \$ 58.75 + tax per month

4. METHOD OF BILLING

Monthly or by contract agreement

monthly commercial, bi-monthly residential

5. AREAS TO BE SERVICED, IF NOT ENTIRE TOWN OF LEWISBORO

6. LOCATION OF TRANSFER SITES

Wheelabrator 1 John Walsh Blvd, Peekskill, NY

7. PLACE OF DISPOSITION OF REFUSE

Wheelabrator 1 John Walsh Blvd, Peekskill, NY

8. WESTCHESTER COUNTY DEPARTMENT OF HEALTH PERMIT NO. 0403

9. INSURANCE INFORMATION

Name of Agent Insurance Company Policy No. Policy Period

See attached

(Attach copy of Insurance certificate evidencing coverage amounts and naming Town as additional insured. New Certificate to be mailed automatically to Town upon renewal of change in and of the above information. Be sure to include Workmen's Compensation and Disability insurance coverage)

10. DETAILED DESCRIPTION OF APPLICANT'S EMPLOYMENT COMPLIMENT, INCLUDING JOB CLASSIFICATIONS

Drivers - employees with CDL drivers license who drive trucks
Helpers - employees who dump/pails

11. SET FORTH ACTUAL OR BENEFICIAL OWNERS OF THE BUSINESS, OR IF CORPORATION, THE STOCKHOLDERS, DIRECTORS AND OFFICERS OF THE CORPORATION AND ALL RELATED BUSINESSES.

Pat Cartalemi - President
Linda Cartalemi - Vice President

12. NUMBER OF CUSTOMERS

60

IF INITIAL LICENSE, NAMES AND ADDRESSES OF A MINIMUM OF FIVE COMMERCIAL ACCOUNTS.

Renewal

13. CONTINGENCY PLANS (Set forth in detail plans for providing service in the event of equipment failure, labor disputes of disposal difficulties or other factors which would affect service).

We have more than enough trucks
All managers have CDL licenses

14. PLEASE MAKE SURE TO SEND THE TONAGE REPORT (TOTAL GARBAGE AND TOTAL RECYCLABLES) TO THE TOWN IN JANUARY OF EACH YEAR. IT CAN BE EMAILED TO townclerk@lewisborogov.com.

Linda Cartalemi being duly sworn, does hereby depose and say that all the statements herein contained are true and correct, that I have received a copy of, have read and understand, and will comply with all of the provisions of the applicable Refuse Collection Law of the Town of Lewisboro, and that all personnel have been instructed to comply with the provisions of applicable Refuse Collection Law of the Town of Lewisboro.

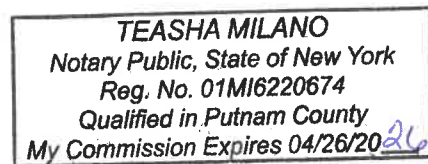
7/28/22
Date

Linda Cartalemi
AAA Carting; Rubbish Removal Inc Vice Pres
Applicant Title

(Corporate Seal)

Sworn to before me this 28 day of July, 2022.

Teasha Milano
Notary Public



Refuse License Fees:

Residential: \$35 for each truck over 10 cubic yards (1)
\$15 for each truck under 10 cubic yards

Commercial: \$100 for each truck over 10 cubic yards (2)
\$50 for each truck under 10 cubic yards

For office use:

Total fee paid: _____

Receipt No./Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/18/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Acrisure LLC DBA TCE Insurance Services 490 Wheeler Road Suite 251 Hauppauge NY 11788		CONTACT NAME: Francine Semprini PHONE (A/C, No, Ext): (631)352-5700 FAX (A/C, No): (631)761-6487 E-MAIL ADDRESS: fsemprini@tceins.com	
INSURED AAA Carting & Rubbish Removal Inc 480 Furnace Dock Rd Cortlandt Manor NY 10567		INSURER(S) AFFORDING COVERAGE INSURER A: Hudson Specialty Ins Co INSURER B: Imperium Ins Co. INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CI2211876555

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blanket Additional Insured GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		ECAP6-HS-GL-000227-00	1/18/2022	1/18/2023	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ECAP6-IIC-CA-000227-00	1/18/2022	1/18/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						Hired/borrowed \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$
							AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Town of Lewisboro is hereby considered additional insured in respects to the General Liability Policy as per written contract.

CERTIFICATE HOLDER**CANCELLATION**

Town Of Lewisboro
11 Main St
South Salem, NY 10509

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

William DeMaio/FS

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Workers'
Compensation
Board

CERTIFICATE OF INSURANCE COVERAGE

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>AAA CARTING & RUBBISH REMOVAL INC</p> <p>480 FURNACE DOCK RD CORTLANDT MANOR, NY 10567</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured</p> <p>914-739-9527</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number</p> <p>134068572</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Town of Lewisboro</p> <p>11 Main Street</p> <p>PO Box 500South Salem, NY 10590</p>	<p>3a. Name of Insurance Carrier</p> <p>ShelterPoint Life Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a"</p> <p>DBL576076</p> <p>3c. Policy effective period</p> <p>01/01/2022 to 12/31/2023</p>

4. Policy provides the following benefits:

- ☒ A. Both disability and paid family leave benefits.
- ☐ B. Disability benefits only.
- ☐ C. Paid family leave benefits only.

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
- ☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 7/22/2022 By 
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in Box 1a for disability and/or Paid Family Leave benefits under the NYS Disability and Paid Family Leave Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance Coverage (Certificate) to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This Certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This Certificate may be used as evidence of a NYS disability and/or Paid Family Leave benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or Paid Family Leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Insurance Coverage for NYS disability and/or Paid Family Leave Benefits or other authorized proof that the business is complying with the mandatory coverage requirements of the NYS Disability and Paid Family Leave Benefits Law.

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.



**Workers'
Compensation
Board**

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

1a. Legal Name & Address of Insured (use street address only) AAA Carting & Rubbish Removal, Inc. 480 Furnace Dock Road Cortlandt Manor, NY 10567 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1b. Business Telephone Number of Insured 914-739-9527 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 13-4068572
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Town of Lewisboro 11 Main Street PO Box 500 South Salem, NY 10590	3a. Name of Insurance Carrier Guard Insurance Group 3b. Policy Number of Entity Listed in Box "1a" AAWC243881 3c. Policy effective period 11/01/2021 to 11/01/2022 3d. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included. (Only check box if all partners/officers included) <input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

Will the carrier notify the certificate holder within 10 days of a policy being cancelled for non-payment of premium or within 30 days if cancelled for any other reason or if the insured is otherwise eliminated from the coverage indicated on this certificate prior to the end of the policy effective period? ☒ YES ☐ NO

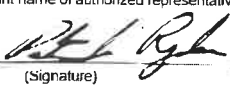
This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Patrick Ryder
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  07/22/2022
(Signature) (Date)

Title: Managing Partner

Telephone Number of authorized representative or licensed agent of insurance carrier: 212-947-4298

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

Fee: \$50.00 Date: 2 Aug 2022

**TOWN OF LEWISBORO
ENVIRONMENTAL QUESTIONNAIRE**

The purpose of this Questionnaire is to determine whether a Town Wetland Permit, a Town Stormwater Permit and/or coverage under the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activity is required. This form does not provide authorization to commence work.

Project Address: 2 Fairmount Road, Goldens Bridge NY 10526

Sheet: 31.13 Block: 2 Lot(s): 48

Project Description: The creation of a small park on a piece of town owned property by community members.

This questionnaire must be accompanied with a Site Plan or, at a minimum, a Plot Plan which clearly illustrates the location and dimensions of the proposed activity. Said plans must include a line which encircles the total area of proposed land disturbance and the approximate area of disturbance must be calculated (square feet). Failure to submit these items will delay review.

Owner's Name: Town of Lewisboro Phone: 914 763 3511

Owner's Address: P.O. Box 500 S. Salem NY 10590 Email: _____

Agent's Name (if applicable): Jonathan Monti Phone: 845 729 3182

Agent's Address: P.O. Box 299 Goldens Bridge NY 10526 Email: info@goldensbridgehamlet.org

I hereby grant permission to the Town's professional consultants to enter onto my property to conduct a site inspection.

Owner (Signature): Tony Gonçalves/mh Date: 8/3/22

FOR TOWN USE - PLEASE DO NOT WRITE BELOW THIS LINE

1. The use of the property is? ☐ Residential ☐ Nonresidential
2. Is a Town Wetland Permit required? ☐ Yes ☐ No ☐ TBD
If Yes, what type of Wetland Permit is required? ☐ Administrative ☐ Planning Board ☐ TBD
3. Is the project located within the NYCDEP Watershed? ☐ Yes ☐ No
4. Area of proposed disturbance: ☐ < 5,000 s.f. ☐ 5,000 s.f. - < 1 acre ☐ ≥ 1 acre ☐ TBD
5. Is a Town Stormwater Permit required? ☐ Yes ☐ No ☐ TBD
If Yes, the approval authority will be? ☐ Town Engineer/SMO ☐ Planning Board ☐ TBD
6. Will the project require coverage under the NYSDEC General Permit for Stormwater Discharges from Construction Activity? ☐ Yes ☐ No ☐ Requires post-construction stormwater practice

Application Fee (if required): Wetland Permit \$: _____ Stormwater Permit \$: _____

Notes: _____

Signature: _____ Date: _____
Wetland Inspector/Consultant

Application No.: _____

Fee: _____ Date: _____

**TOWN OF LEWISBORO
WETLAND PERMIT APPLICATION**

79 Bouton Road, South Salem, NY 10590

Phone: (914) 763-5592

Fax: (914) 875-9148

Project Address: **2 Fairmount Road, Goldens Bridge 10526**

Sheet: **31.13** Block: **2** Lot(s): **48**

Project Description (Identify the improvements proposed within the wetland/wetland buffer and the approximate amount of wetland/wetland buffer disturbance): The pond will be aerated and treated if necessary to make it healthy. Invasive plants will be cut down from wetlands

Owner's Name: **Town of Lewisboro** Phone: **914 763 3511**

Owner's Address: **Box 500, 11 Main St. S.Salem 10590**

Email: _____

Applicant's Name (if different): Goldens Bridge Hamlet Organization Inc Phone: **845 729 3182**

Applicant's Address: **Box 299 Goldens Bridge 10526**

Email: **info@goldensbridgehamlet.org**

Agent's Name (if applicable): **Jonathan Monti** Phone: **845 729 3182**

Agent's Address: **7 Boulder Lane, Goldens Bridge 10526**

Email: **info@goldensbridgehamlet.org**

TO BE COMPLETED BY OWNER/APPLICANT

What type of Wetland Permit is required? (see §217-5C and §217-5D of the Town Code)

☒ Administrative ☐ Planning Board

Is the project located within the NYCDEP Watershed? ☒ Yes ☐ No

Total area of proposed disturbance: ☒ < 5,000 s.f. ☐ 5,000 s.f. - < 1 acre ☐ ≥ 1 acre

Does the proposed action require any other permits/approvals from other agencies/departments? (Planning Board, Town Board, Zoning Board of Appeals, Building Department, Town Highway, ACARC, NYSDEC, NYCDEP, WCDOH, NYSDOT, etc): Identify all other permits/approvals required: _____

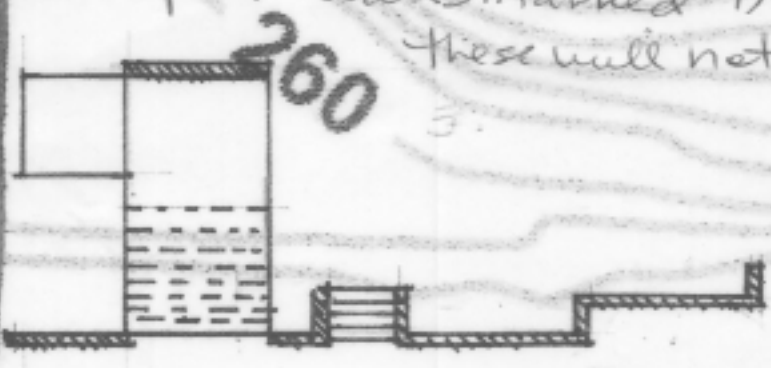
Note: Initially, all applications shall be submitted with a plan that illustrates the existing conditions and proposed improvements. Said plan must include a line which encircles the total area of proposed land disturbance and the approximate area of disturbance must be calculated (square feet). The Planning Board and/or Town Wetland Inspector may require additional materials, information, reports and plans, as determined necessary, to review and evaluate the proposed action. If the proposed action requires a Planning Board Wetland Permit, the application materials outlined under §217-7 of the Town Code must be submitted, unless waived by the Planning Board. The Planning Board may establish an initial escrow deposit to cover the cost of application/plan review and inspections conducted by the Town's consultants.

For administrative wetland permits, see attached Administrative Wetland Permit Fee Schedule.

Owner Signature: _____

Date: **13 July 2022**

1. Cleanup foundation to create seating area. This includes removing concrete slab and wall that is collapsing. These are marked numbers 1, 2, 3, 4, 5, 6 on the Plan Detail.
2. Repair walls marked 7, 8, 9 on Plan Detail. These will not be removed.



SITE PLAN

SCALE: 1"=30' EXIST. COND.

Goldens Bridge Hamlet Organization

28 FAIRMOUNT RD

31.13-2-48

26.23

26.23

204 266

FAIRMOUNT ROAD

246

262

355.58

252

345.69

252

268 270
260

258

We see the Fairmount Corner Pocket Park as a three-phase project.

Phase 1: Create a Seating Area: (May 2022 - October 2022)

1. Clean the concrete pad that is present to assess its use
 - a. Remove concrete pads (0 & 1), western most portion of concrete wall (3,4,5), and steps (6)
 - b. Install new surface for seating area, surface to be determined
 - i. Poured concrete
 - ii. Paving stones
 - iii. Gravel
2. Install benches and picnic tables
 - a. Woodchip path to Fairmount Road
 - b. Woodchip path through pollinator garden to staircase
3. Beautification
 - a. Remove invasive plant species
 - b. Plant native flowers and plants around seating area
 - c. Plant pollinator garden
 - i. Girl Scout Gold Award project
 - ii. Area 10 on Plan Detail

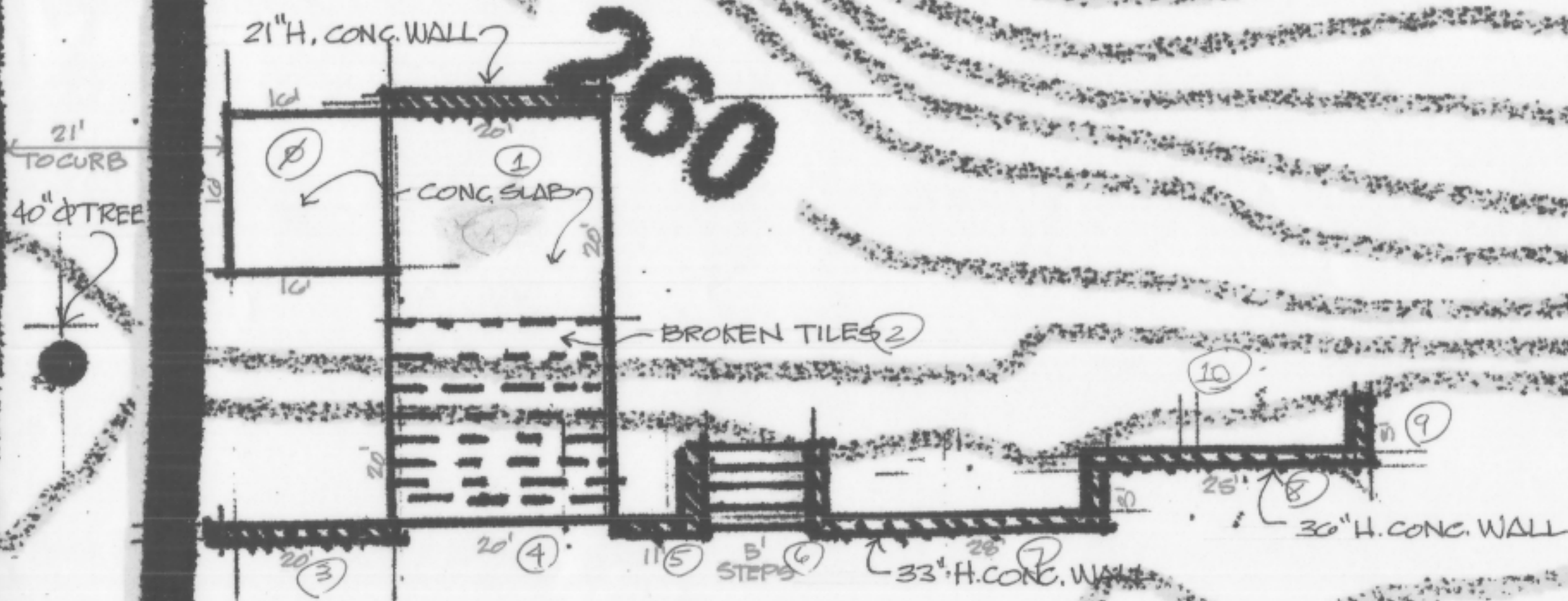
Phase 2: Pond Restoration: (October 2022 and beyond)

1. Pond remediation
 - a. Aeration
 - b. Removal of phragmites
 - c. Other treatment if necessary
2. Dock to overlook pond?

Phase 3: Strolling Path: (Fall 2023 – Spring 2024)

1. Create a floating wood/boardwalk style path
 - a. Connect Route 138 to the pond, the seating area, and Fairmount Road
 - b. ADA compliant
 - c. Girl Scout Gold Award / Eagle Scout project?
2. Install bird and bat houses
 - a. Educational information on flora & fauna
 - b. Bird identification information
3. Remove invasive plant species

FAIRMOUNT ROAD



PLAN DETAIL

SCALE: 1"=10'-0"

Goldens Bridge Hamlet Organization

TOWN OF LEWISBORO
Westchester County, New York



Planning Board
79 Bouton Road
South Salem, New York 10590

Tel: (914) 763-5592
Fax: (914) 763-3637
Email: planning@lewisborogov.com

TO: Town of Lewisboro Town Board

FROM: Janet Andersen – Chair, Town of Lewisboro Planning Board

SUBJECT: Oakridge Car Wash Partial Release of Bond

DATE: July 21, 2022

Whereas, the Planning Board has received a written request from Smith Ridge Associates, LLC (see attached correspondence dated June 15, 2022) for a partial release of \$31,365 of a previously posted \$34,850 performance bond for the construction of a car wash located at 380 Smith Ridge Road, South Salem; and

Whereas, the Planning Board, upon approval of the Town Board, may close performance security following due notice and a public hearing;

It is therefore hereby resolved, that the Town Board be notified that the Planning Board seeks approval authorizing it to consider and act upon the requested bond reduction; and

It is further resolved, that, in anticipation of Town Board approval and authorization, the bond reduction request be tentatively placed on the Planning Board's August 16, 2022 agenda for public hearing.

Very truly yours,

Janet Andersen^{cc}

Janet Andersen
Planning Board Chair

Smith Ridge Associates LLC
450 Oakridge Common
South Salem, New York 10590

June 15, 2022

Chair Janet Anderson
Town of Lewisboro – Planning Board
79 Bouton Rd
South Salem, New York 10590

RE: Cash Performance Bond release – Car Wash Partial Release of Bond

Dear Chair Anderson:

We are requesting the Planning Board release the Cash Bond (\$34,850) we posted for the performance of our work on the infrastructure of the Car Wash. The work has been completed and accepted for use. Accordingly, we request the release of \$31,365 per the terms of the Security Agreement. \$3,485 or 10% of the original fixed amount shall be held for a period of one (1) year after the Certificate of Occupancy has been issued.

Respectfully submitted,



Philip G. Pine

Member



2021

TOWN OF LEWISBORO
PARKS & RECREATION DEPARTMENT

2021

Telephone: 232-6162 Fax: 232-6165

LEWISBORO TOWN PARK - GROUP USE APPLICATION

FACILITIES REQUESTED (Check all that apply):

- Lions Club Picnic Pavilion
- Basketball court (1)
- Sand Volleyball court (1)
- Ballfield
- Pool (separate fee schedule)
- Camp site
- Pool picnic area (seasonal)

CIRCLE ONE: Private Service Organization Church School

TODAY'S DATE: 7/22/2022

NAME OF ORGANIZATION:

MAILING ADDRESS: 9 Boutonville Rd

CITY: Cross River STATE: NY ZIP:

TELEPHONE: 914-525-1071 FAX:

NAME OF INDIVIDUAL IN CHARGE: Alison Biddle

INDIVIDUAL'S ADDRESS: Same as above

CITY: STATE: ZIP:

TELEPHONE: (DAY) (NIGHT) (CELL)

E-MAIL ADDRESS: alisongbiddle@gmail.com FAX:

PURPOSE OF GROUP USE: Free community event for a night swim
And outdoor movie

ESTIMATED NUMBER OF PARTICIPANTS - ADULTS: 50

CHILDREN: 50

RESIDENTS (NUMBER): NON-RESIDENTS (NUMBER):

WILL A FEE BE CHARGED FOR THIS EVENT: YES NO

IF YES, WHAT WILL THE PROCEEDS BE USED FOR?

WILL AN ALCOHOLIC BEVERAGE PERMIT BE REQUESTED? YES NO
If yes, an alcoholic beverage permit application must be filled out and approved by the Town Clerk (application is attached).

DATE(S) REQUESTED:

Day Friday Date 8/12/2022 Time from 6 to 10:30
Day Monday Date 8/15/2022 Time from 6 to 10:30

NOTE: Dates for Town Park Lions Club picnic pavilion in the spring and summer are at a premium, therefore, rain dates cannot be reserved.
IS MATERIAL OR EQUIPMENT REQUIRED FROM MUNICIPALITY? YES NO

IF NEEDED, STATE WHAT TYPES AND FOR WHAT PURPOSE:

STATE THE NATURE OF ANY UNUSUAL EQUIPMENT YOU PLAN TO BRING TO





SOLUTIONS PROPOSAL



PREPARED FOR:

Lewisboro Town Police Department
Administrative Lieutenant Harry Tompkins
htompkins@lewisboropd.com
(914) 763-8903

PREPARED BY:

Jessica Levenberg
jlevenberg@lexipol.com
(949) 667-5008

2611 Internet Blvd, Ste 100
Frisco, Texas 75034
(844) 312-9500
www.lexipol.com

Executive Summary

Public safety agencies and local government organizations today face challenges of keeping personnel safe and healthy, reducing risk and maintaining a positive reputation. Add to that the dynamically changing legislative landscape and evolving best practices, and even the most progressive, forward-thinking departments can struggle to keep up.

Lexipol's solutions are designed to save you time and money while protecting your personnel and your community. Our team consists of professionals with expertise in public safety law, policy, training, mental health and grants. We continually monitor changes and trends in legislation, case law and best practices and use this knowledge to create policies, training, wellness resources and funding services that minimize risk and help you effectively serve your community.

THE LEXIPOL ADVANTAGE

Lexipol was founded by public safety experts who saw a need for a better, safer way to run a public safety agency. Since the company launch in 2003, Lexipol has grown to form an entire risk management solution for public safety and local government. Today, we serve more than 8,100 agencies and municipalities and 2 million public safety and government professionals with a range of informational and technological solutions to meet the challenges facing these dynamic industries. In addition to providing policy management, online training, wellness resources, and grant assistance, we provide 24/7 industry news and analysis through the digital communities Police1, FireRescue1, Corrections1, EMS1 and Gov1.

Our customers choose Lexipol to make an investment in the safety and security of their personnel, their agencies and their communities. We help agencies address issues that create substantial risk, including:

- Inconsistent and outdated policies
- Lack of technology to easily update and issue policies and training electronically
- Unchecked mental health needs of staff
- Difficulty keeping up with new and changing legislation and practices
- Inability to produce policy acknowledgment and training documentation
- Unfamiliarity of city legal resources with the intricacies of public safety law
- The need to secure grant funding for critical equipment, infrastructure and personnel

Lexipol is backed by the expertise of 320 employees with more than 2,075 years of combined experience in constitutional law, civil rights, ADA and discrimination, mental health, psychology, labor negotiations, Internal Affairs, use of force, hazmat, instructional design, federal and state grants and a whole lot more. That means no more trying to figure out policy, develop training or wellness content or secure funding on your own. You can draw on the experience of our dedicated team members who have researched, taught and lived these issues.

We look forward to working with Lewisboro Town Police Department to address your unique challenges.

Scope of Services

Policy Manual

Constitutionally sound, up-to-date policies are the foundation for consistent, safe public safety operations and are key to reducing risk and enhancing personnel and community safety. Lexipol's comprehensive policy manual covers all aspects of your agency's operations.

- More than 155 policies researched and written by public safety attorneys and subject matter experts
- Policies based on State and federal laws and regulations as well as nationwide best practices
- Content customized to reflect your agency's terminology and structure

Daily Training Bulletins (DTBs)

Even the best policy manual lacks effectiveness if it's not backed by training. Lexipol's Daily Training Bulletins are designed to help your personnel learn and apply your agency's policy content through 2-minute training exercises.

- Scenario-based training ties policy to real-world applications
- Understanding and retention of policy content is improved via a singular focus on one distinct aspect of the policy
- Each Daily Training Bulletin concludes with a question that confirms the user understood the training objective
- Daily Training Bulletins can be completed via computers or from smartphones, tablets or other mobile devices
- Reports show completion of Daily Training Bulletins by agency member and topic

Policy Updates

Lexipol's legal and content development teams continuously review state and federal laws and regulations, court decisions and evolving best practices. When needed, we create new and updated policies and provide them to your agency, making it simple and efficient to keep your policy content up to date.

- Updates delivered to you through Lexipol's web-based content delivery platform
- Changes presented in side-by-side comparison against existing policy so you can easily identify modifications/improvements
- Your agency can accept, reject or customize each update

Web-Based Delivery Platform and Mobile App (Knowledge Management System)

Lexipol's online content delivery platform, called KMS, provides secure storage and easy access to all your policy and training content, and our KMS mobile app facilitates staff use of policies and training completion.

- Ability to edit and customize content to reflect your agency's mission and philosophy
- Efficient distribution of policies, updates and training to staff
- Archival and easy retrieval of all versions of your agency's policy manual
- Mobile app provides in-the-field access to policy and training materials

Reports

Lexipol's Knowledge Management System provides intuitive reporting capabilities and easy-to-read reports that enhance command staff meetings and strategic planning.

- Track and report when your personnel have acknowledged policies and policy updates
- Produce reports showing completion of Daily Training Bulletins
- Sort reports by agency member, topic and other subgroups (e.g., shift, assignment)
- Reduce the time your supervisors spend verifying policy acknowledgement and training completion

Supplemental Publication Service

Lexipol's Supplemental Publication Service (SPS) streamlines the storage of your agency's content, giving you one place to access procedures, guidelines, general orders, training guides or secondary policy manuals.

- Electronically links department-specific procedural or supplemental content to your policy manual
- Provides electronic issuance and tracking for your agency's procedural or supplemental content
- Allows you to create Daily Training Bulletins against your procedural content
- Designed for standard operating guidelines, procedures, general orders or field guides

Law Enforcement Operations Procedures

To ensure consistent, effective and safe operations, a law enforcement agency's procedures should align with its policies and be accessible in an easy-to-understand format. Lexipol's Law Enforcement Procedure Guide and Framework, based on national best practices, gives you the guidance and a template to build such a procedure manual.

- More than 40 procedure guides designed to help you ensure your procedures follow important policy requirements and national best practices
- Each procedure provides an editable template to conveniently author new content and merge existing agency content
- Procedures are aligned with Lexipol policy requirements to address the most important operations of a law enforcement agency
- Well-structured and policy-aligned procedures enhance preparation for accreditation assessments

Full Implementation

Lexipol's Full Implementation Service is individually tailored for agencies who want a start-to-finish, comprehensive policy adoption assistance. Lexipol's experienced Professional Services staff will:

- Streamline the process of policy adoption
- Assist your agency in developing a policy manual that meets your unique needs, philosophy and project timeline
- Integrate pre-existing agency content into appropriate sections within the policy manual
- Use a proven structure of policy editing and content merging, which will provide a framework to expedite subsequent policy updates and Daily Training Bulletin administration

Proposal

Prepared By: Jessica Levenberg
Phone: (949) 667-5008
Email: jlevenberg@lexipol.com

Quote #: Q-33878-1
Date: 3/9/2022
Valid Through: 6/7/2022

Overview

Lexipol empowers first responders and public servants to best meet the needs of their residents safely and responsibly. We are the experts in policy, training and wellness support, committed to improving the quality of life for all community members. Our solutions include state-specific policies, online learning, behavioral health resources, funding assistance, and industry news and information offered through the websites Police1, FireRescue1, EMS1 and Corrections1. Lexipol serves more than 2 million public safety and government professionals in over 8,000 agencies and municipalities. The services proposed below are designed to meet your agency's specific goals and needs.

Annual Subscription

QTY	DESCRIPTION	UNIT PRICE	DISC	DISC AMT	EXTENDED
1	Annual Law Enforcement Policy Manual & Daily Training Bulletins w/Supplemental Publication Service w/ Procedures (12 Months)	USD 4,012.00	5%	USD 200.60	USD 3,811.40
	Subscription Line Items Total			USD 200.60	USD 3,811.40
				USD 200.60	USD 3,811.40
Annual Subscription Discount:					USD 200.60
Annual Subscription TOTAL:					USD 3,811.40

One Time Implementation Fee

QTY	DESCRIPTION	UNIT PRICE	DISC	DISC AMT	EXTENDED
1	Law Enforcement Full Implementation	USD 14,046.00		USD 0.00	USD 14,046.00
	One-Time Line Items Total			USD 0.00	USD 14,046.00
				USD 0.00	USD 14,046.00
One Time Implementation Fee TOTAL:					USD 14,046.00

*Law Enforcement pricing is based on 3 Law Enforcement Sworn Officers.

Notes

Year 1 Total \$17,857.40

Discount Notes

Annual 5% NYSCOP Member Discount