

**CITY OF KINGSTON**  
**Building Safety & Zoning Enforcement**

**Steven T. Noble**  
Mayor

**Stephan Knox**  
Director

5 Garraghan Drive  
Kingston, NY 12401  
Phone (845) 331-1217  
Fax (845) 331-1224



May 1, 2024

Council President, Andrea Shaut  
City of Kingston Common Council  
420 Broadway  
Kingston, NY 12401

Dear President Shaut,

Attached find budget transfer documentation for your consideration and Council approval. This request is for transfer of funds from the regular pay budget account line to the overtime account line and vehicle maintenance account line.

Due to a number of large project plan reviews being conducted to date, and off hour NYS code training sessions required for new staff, we are quickly depleting our 2024 budgeted funds for overtime. Additionally, repairs to one of our vehicles were not conducted late last year and the recovered insurance funds were returned to the fund balance. We are scheduled to have the repair work conducted in a few weeks and request an internal transfer to cover the expected expenses.

This request represents an internal transfer that will have zero financial impact.

Respectfully,

**Stephan Knox**  
Director of Building Safety & Zoning Enforcement

Cc: Mayor, Steven T. Noble  
Comptroller, John Tuey  
City Clerk, Elisa Tinti

**THE CITY OF KINGSTON COMMON COUNCIL**  
**Finance / Audit**  
**COMMITTEE REPORT**

DEPARTMENT Building Safety & Zoning Enforcement DATE 5/1/2024

Description: Internal Budget Transfer Request

1. Additional funds requested for OT related to large project plan review and off hour NYS code training for staff.

\$2,000.00 from A1362011 5101 Regular pay to A1362011 5103 Overtime

2. Funding for repairs to vehicle damaged in accident.

\$2,224.00 from A1362011 5101 Vehicle maintenance to A1362014 5444

Estimated Financial Impact: \$0

Signature



Motion by \_\_\_\_\_

Seconded by \_\_\_\_\_

Action Required:

<u>Committee Vote</u>	<u>YES</u>	<u>NO</u>
Reynolds Scott-Childress, Chairman, Ward 3		
Robert Dennison, Ward 6		
Bryant Drew Andrews, Ward 7		
Steve Schabot, Ward 8		
Michele Hirsch, Ward 9		

**TW AUTOBODY LLC**  
82 NORTH COURT, P.O.BOX 561, PORT EWEN, NY  
12466  
Phone: (845) 802-3943

Workfile ID: 685f84bf  
PartsShare: 7yQ69m  
Federal ID: 475112654  
State ID: 475112654  
License Number: 7120925

### Preliminary Estimate

**Customer: City of Kingston**

**Job Number:**

Insured: City of Kingston  
Type of Loss:  
Point of Impact:

Policy #:  
Date of Loss:

Claim #:  
Days to Repair: 0

**Owner:**  
City of Kingston

**Inspection Location:**  
TW AUTOBODY LLC  
82 NORTH COURT  
P.O.BOX 561  
PORT EWEN, NY 12466  
Repair Facility  
(845) 802-3943 Business

**Insurance Company:**

### VEHICLE

2019 MITS Outlander PHEV SEL w/Super All-Wheel Control 4D UTV 4-2.0L Hybrid Sequential MPI

VIN: JA4J24A5XKZ036593  
License:  
State:

Interior Color:  
Exterior Color:  
Production Date:

Mileage In:  
Mileage Out:  
Condition:

Vehicle Out:  
  
Job #:

#### TRANSMISSION

Automatic Transmission  
4 Wheel Drive

#### POWER

Power Steering  
Power Brakes  
Power Windows  
Power Locks  
Power Mirrors  
Heated Mirrors  
Power Driver Seat  
Power Passenger Seat

#### DECOR

Dual Mirrors  
Privacy Glass  
Console/Storage  
Overhead Console

#### CONVENIENCE

Air Conditioning  
Intermittent Wipers  
Tilt Wheel  
Cruise Control  
Rear Defogger  
Keyless Entry  
Alarm  
Message Center  
Steering Wheel Touch Controls  
Rear Window Wiper  
Telescopic Wheel  
Climate Control  
Backup Camera  
Home Link

#### RADIO

AM Radio

FM Radio

Stereo  
Search/Seek  
Auxiliary Audio Connection  
Satellite Radio  
Equalizer

#### SAFETY

Drivers Side Air Bag  
Passenger Air Bag  
Anti-Lock Brakes (4)  
4 Wheel Disc Brakes  
Traction Control  
Stability Control  
Front Side Impact Air Bags  
Head/Curtain Air Bags  
Hands Free Device  
Blind Spot Detection

#### ROOF

Luggage/Roof Rack

#### SEATS

Bucket Seats  
Leather Seats  
Heated Seats

#### WHEELS

Aluminum/Alloy Wheels

#### PAINT

Clear Coat Paint

#### OTHER

Fog Lamps  
Rear Spoiler  
Signal Integrated Mirrors

#### TRUCK

Power Trunk/Liftgate

## Preliminary Estimate

**Customer: City of Kingston**

**Job Number:**

2019 MITS Outlander PHEV SEL w/Super All-Wheel Control 4D UTV 4-2.0L Hybrid Sequential MPI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		<b>FRONT BUMPER &amp; GRILLE</b>					
2		R&I R&I bumper cover				1.7	
3	*	Rpr Bumper cover w/hybrid				1.0	3.1
4		Add for Clear Coat					1.2
5	Repl	RT Side retainer	6400H314	1	24.10	0.1	
6	Repl	RT Side molding	6407A146	1	184.08	0.2	
7		<b>FRONT LAMPS</b>					
8	#	NOTE: Headlight at cost		1			
9	*	Repl RT Headlamp assy	8301D246	1	520.62	0.3	
10		Align headlamps				0.5	
11		<b>FENDER</b>					
12	*	Rpr RT Fender w/hybrid				1.0	2.2
13		Add for Clear Coat					0.9
14	#	Align Fender		1		1.0	
<b>SUBTOTALS</b>					<b>728.80</b>	<b>5.8</b>	<b>7.4</b>

### ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			728.80
Body Labor	5.8 hrs @	\$ 60.00 /hr	348.00
Paint Labor	7.4 hrs @	\$ 60.00 /hr	444.00
Paint Supplies	7.4 hrs @	\$ 50.00 /hr	370.00
Subtotal			1,890.80
<b>Grand Total</b>			<b>1,890.80</b>

THANK YOU FOR LETTING US SERVE YOU

Final Bill ( YES / NO )

**BEAUTIFUL BODIES AUTO BODY I**

450 E CHESTER ST, KINGSTON, NY 12401

Phone: (845) 331-7553

FAX: (845) 331-7786

Workfile ID:

87248c67

PartsShare:

7rYvT

**Preliminary Estimate****Customer: city of kingston****Job Number:**

Written By: Ann Cartwright IA#1401589

Insured: city of kingston

Policy #:

Claim #:

Type of Loss:

Date of Loss:

Days to Repair: 0

Point of Impact:

**Owner:**

city of kingston

**Inspection Location:**

BEAUTIFUL BODIES AUTO BODY I

450 E CHESTER ST

KINGSTON, NY 12401

Repair Facility

(845) 331-7553 Business

**Insurance Company:****VEHICLE**

2019 MITS Outlander PHEV GT w/Super All-Wheel Control 4D UTV 4-2.0L Hybrid Sequential MPI

VIN: JA4J24A5XKZ036593

Interior Color:

Mileage In:

Vehicle Out:

License:

Exterior Color:

Mileage Out:

State:

Production Date:

Condition:

Job #:

**TRANSMISSION**

Automatic Transmission

4 Wheel Drive

**POWER**

Power Steering

Power Brakes

Power Windows

Power Locks

Power Mirrors

Heated Mirrors

Power Driver Seat

Power Passenger Seat

**DECOR**

Dual Mirrors

Privacy Glass

Console/Storage

Overhead Console

**CONVENIENCE**

Air Conditioning

Intermittent Wipers

Tilt Wheel

Cruise Control

Rear Defogger

Keyless Entry

Alarm

Message Center

Steering Wheel Touch Controls

Rear Window Wiper

Telescopic Wheel

Heated Steering Wheel

Climate Control

Backup Camera

Surround View Camera

Intelligent Cruise

Home Link

**RADIO**

AM Radio

FM Radio

Stereo

Search/Seek

Auxiliary Audio Connection

Premium Radio

Satellite Radio

Equalizer

**SAFETY**

Drivers Side Air Bag

Passenger Air Bag

Anti-Lock Brakes (4)

4 Wheel Disc Brakes

Traction Control

Stability Control

Front Side Impact Air Bags

Head/Curtain Air Bags

Hands Free Device

Xenon or L.E.D. Headlamps

Blind Spot Detection

Lane Departure Warning

**ROOF**

Luggage/Roof Rack

Electric Glass Sunroof

**SEATS**

Bucket Seats

Leather Seats

Heated Seats

**WHEELS**

Aluminum/Alloy Wheels

**PAINT**

Three Stage Paint

**OTHER**

Fog Lamps

Rear Spoiler

Signal Integrated Mirrors

**TRUCK**

Power Trunk/Liftgate

# Preliminary Estimate

**Customer: city of kingston**

**Job Number:**

2019 MITS Outlander PHEV GT w/Super All-Wheel Control 4D UTV 4-2.0L Hybrid Sequential MPI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	#	*****ADDITIONAL DAMAGES POSSIBLE*****		1			
2	#	IF CALIBRATION NEEDED IS SUBJECT TO DEALER INVOICE		1			
3		<b>FRONT BUMPER &amp; GRILLE</b>					
4		O/H front bumper				3.9	
5	Repl	Bumper cover w/hybrid	62022W720P	1	707.13	Incl.	3.1
6		Add for Three Stage					2.2
7		Add for fog lamps				0.4	
8	Repl	Center panel	62023W130P	1	304.20	Incl.	
9	Repl	RT Upper molding	6407A142	1	56.07	Incl.	
10	Repl	RT Side molding	6407A146	1	184.08	Incl.	
11	Repl	Grille assy w/hybrid chrome	62310W060P	1	631.08	Incl.	
12	Repl	RT Side bracket	6400D582	1	63.77	0.2	
13	Repl	Prep unprimed bumper		1			0.8
14		<b>FRONT LAMPS</b>					
15	Repl	RT Headlamp assy	8301D246	1	650.77	0.3	
16		Aim headlamps				0.5	
17		<b>RADIATOR SUPPORT</b>					
18	*	Rpr Upper tie bar			\$	2.0	1.1
19		<b>FENDER</b>					
20	*	Rpr RT Fender w/hybrid				3.5	2.2
21		Add for Three Stage					1.5
22	R&I	RT Fender liner w/hybrid				0.4	
23	Repl	RT Nameplate "PLUG IN HYBRID EV"	MB814468	1	27.70	0.2	
24		<b>MISCELLANEOUS OPERATIONS</b>					
25	#	Tint/spray out card for color match		1			1.0
26	#	Corrossion Protection		1	15.00	0.2	
27	#	Car cover for primer		1	5.00	0.2	
28	#	Car Cover for paint		1	5.00	0.2	
29	#	Denib and Polish		1		1.0	
30	#	Repl Misc. Hardware		1	25.00		
31	#	Reset electronic componets		1		1.0	
32	#	D&R Battery		1		0.2	
33	#	Flex Additive		1	5.00		
34	#	Pre repair scan		1	89.95		
35	#	Post repair scan		1	89.95		
36		OTHER CHARGES					
37	#	E.P.C.		1	3.00		
<b>SUBTOTALS</b>					<b>2,862.70</b>	<b>14.2</b>	<b>11.9</b>

## Preliminary Estimate

**Customer: city of kingston**

**Job Number:**

2019 MITS Outlander PHEV GT w/Super All-Wheel Control 4D UTV 4-2.0L Hybrid Sequential MPI

### ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				2,859.70
Body Labor	14.2 hrs	@	\$ 60.00 /hr	852.00
Paint Labor	11.9 hrs	@	\$ 60.00 /hr	714.00
Paint Supplies	11.9 hrs	@	\$ 40.00 /hr	476.00
Other Charges				3.00
Subtotal				4,904.70
Sales Tax	\$ 4,904.70	@	8.0000 %	392.38
<b>Grand Total</b>				<b>5,297.08</b>

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

You are entitled to the return of all replaced parts, except warranty and exchange parts, but you must ask for them in writing before any work is done. If you authorize work by phone, the shop must keep any replaced parts, and make them available when you pick up the vehicle.



**TOKIO MARINE  
HCC**

Tokio Marine HCC - Public Risk Group  
1700 Opdyke Court, Auburn Hills, Michigan 48326  
Telephone 248.371.3100 or 800.225.6561  
Facsimile 248.371.3091

September 12, 2023

VIA EMAIL ONLY - [sknox@kingston-ny.gov](mailto:sknox@kingston-ny.gov)  
City of Kingston

Claim #: OPM-22-08213  
Insured: City of Kingston  
Policy#: CPKG81420007  
Date of Loss: 4/20/2023  
Description: 2019 Mitsubishi VIN # 5992

Tokio Marine HCC – Public Risk Group is the Claims Administrator for US Specialty Insurance Company. The below provides a breakdown of payment on this claim.

Vehicle damage	\$4,724.80 (minus tax)
Deductible	\$2,500.00
Payment to be made	\$2,224.80

If your repair facility finds additional damages while the work is being completed and you would like us to consider those additional repairs as part of the loss, the repair facility should contact us immediately.

If you have any questions regarding this letter or further information that you would like to present for our review, please feel free to contact me at 315-521-5302.

Sincerely,

*Joel J. Stitt*

Joel J. Stitt, AIC  
Field Claims Adjuster  
[Jstitt@tmhcc.com](mailto:Jstitt@tmhcc.com)



FAA

CITY OF KINGSTON  
Kingston Fire Department  
crea@kingston-ny.gov

Chris Rea, Fire Chief



Steven T. Noble, Mayor

July 17, 2024

Finance Committee

The attached Finance and Audit Committee Report concerns transferring funds from Fund Balance to several fire department accounts. The transfer equates to \$556,032.

These funds are to cover expenditures of hiring eight (8) additional fire fighters/EMTs/Paramedics. This is in accordance with the MOA between Local 461 and City of Kingston. The sum also includes benefits, equipment and physicals. Attached is a breakdown of which accounts are affected.

Any questions, please call me at 845-331-1507 or 845-532-2820.

Respectfully submitted.

Chris Rea

**From:**

Account#	Account Name	Total Amount
A1.9999.5901	Fund Balance Transfers	\$556,032

**To:**

Account#	Account Name	Total Amount
A1.3410.5101	Regular Pay	\$145,797
A1.3410.5121	EMT Differential	\$51,790
A1.3410.5130	Paramedic Differential	\$41,438
A1.3410.5119	Advanced Education	\$747
A1.3410.5126	Fitness	\$747
A1.3410.5104	Supplemental Pay	\$7,262
A1.3410.5116	Kelly Pay	\$6,993
A1.3410.5834	Clothing Allowance	\$12,000
A1.3410.5811	Fica	\$20,408
A1.3410.5814	Fire Retirement	\$82,700
A1.3410.5821	Medical	\$70,360
A1.3410.5822	Dental	\$61,836
A1.3410.5826	Optical	\$1,954
A1.3410.5211	Other Equipment	\$44,000
A1.3410.545	Physical Exams	\$8,000
		<hr/>
		\$556,032

**THE CITY OF KINGSTON COMMON COUNCIL  
FINANCE/AUDIT  
COMMITTEE REPORT**

**REQUEST DESCRIPTION**


INTERNAL TRANSFER \_\_\_\_\_  
AUTHORIZATION \_\_\_\_\_  
CLAIMS \_\_\_\_\_

CONTINGENCY TRANSFER \_\_\_\_\_  
BUDGET MODIFICATION \_\_\_\_\_  
ZONING \_\_\_\_\_

TRANSFER <sup>xxx</sup> \_\_\_\_\_  
BONDING REQUEST \_\_\_\_\_  
OTHER \_\_\_\_\_

DEPARTMENT: Fire Department DATE: 07/17/2024

**Description:** Transfer of funds to cover salaries, benefits, equipment and physicals for new hires in accordance with the MOA between Local 461 and City of Kingston.  
See attached for accounts effected.

Estimated Financial Impact: \$ \$556,032 Signature 

Motion by \_\_\_\_\_

Seconded by \_\_\_\_\_

Action Required:

<b><u>Committee Vote</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>
Reynolds Scott-Childress, Chairman, Ward 3		
Michael Tierney, Ward 2		
Bryant Drew Andrews, Ward 7		
Steve Schabot, Ward 8		
Sara Pasti, Ward 1		



### From:

Account#	Account Name	Total Amount
A1.9999.5901	Fund Balance Transfers	\$556,032

### To:

Account#	Account Name	Total Amount
A1.3410.5101	Regular Pay	\$145,797
A1.3410.5121	EMT Differential	\$51,790
A1.3410.5130	Paramedic Differential	\$41,438
A1.3410.5119	Advanced Education	\$747
A1.3410.5126	Fitness	\$747
A1.3410.5104	Supplemental Pay	\$7,262
A1.3410.5116	Kelly Pay	\$6,993
A1.3410.5834	Clothing Allowance	\$12,000
A1.3410.5811	Fica	\$20,408
A1.3410.5814	Fire Retirement	\$82,700
A1.3410.5821	Medical	\$70,360
A1.3410.5822	Dental	\$61,836
A1.3410.5826	Optical	\$1,954
A1.3410.5211	Other Equipment	\$44,000
A1.3410.545	Physical Exams	\$8,000
		<hr/>
		\$556,032

# CITY OF KINGSTON

## Office of the Mayor

mayor@kingston-ny.gov

F7A

Steven T. Noble  
Mayor



July 30th, 2024

Honorable Andrea Shaut  
President/Alderman-at-Large  
Kingston Common Council  
420 Broadway  
Kingston, NY 12401

Re: 18-30 E. O'Reilly Street

Dear President Shaut,

After consulting with our Fire and Engineering Departments, I believe the City should pursue the purchase of 18-30 E. O'Reilly Street as an expansion of the Kingston Fire Department's Central Fire Station. With the addition of our new ambulance program as well as engineering recommendations to move Engine 1 off the current concrete floor into a space without a basement, I feel it's critical to our fire department operations that we secure 18-30 E. O'Reilly Street. Our City Engineer, Mr. Schultheis, will prepare and provide an overview of our current status and the work that we have ongoing to prepare for this purchase.

A contract of sale should be ready for review in a September or October Finance meeting, but as of now, no action is needed.

Please feel free to contact me if you have any questions or concerns.

Respectfully Submitted,

Steven T. Noble  
Mayor



(FIA)

**CITY OF KINGSTON**  
**Office of the City Engineer**  
jschultheis@kingston-ny.gov

John M. Schultheis, P.E., City Engineer



Steven T. Noble, Mayor

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Andrea Shaut., Alderman-At-Large, President of the Common Council  
Kingston City Hall  
420 Broadway  
Kingston, New York 12401

RE: Central Fire Station

Dear President Shaut:

The Engineering Department has been working with the Fire Department and in consultation with the Mayor to evaluate options to rehabilitate or replace the central fire station located on East O'Reilly Street. The current building was constructed in the 1920s and suffers from numerous deficiencies that would be expected from a 100-year old building.

I would like the opportunity to present our findings and recommendations for a replacement central fire station to be located at 18-30 East O'Reilly Street (directly across the street from the current station). My staff and I will be able to discuss the alternatives that were considered, and our current recommendation at the August meeting of the Finance and Audit Committee. At this time, I do not have a formal request to make of the Council. This first meeting will be a dialogue with the Committee and a detailed request for funding, property acquisition, and authorizing a project would be the subject of a later communication.

Please forward this request for discussion at the Finance and Audit meeting scheduled August 14, 2024.

Respectfully,

John M. Schultheis, P.E., City Engineer

c.: Mayor Steven T. Noble  
Chief Chris Rea  
Justin Gates, Engineering Technician

**CITY OF KINGSTON**  
**Office of the City Engineer**  
jschultheis@kingston-ny.gov

John M. Schultheis, P.E., City Engineer



Steven T. Noble, Mayor

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Rennie Scott Childress, Chair Finance and Audit  
Elisa Tinti, City Clerk



## Mesches, Sue

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**From:** Schultheis, John  
**Sent:** Friday, August 02, 2024 10:24 AM  
**To:** Mesches, Sue  
**Subject:** Fw: Communication / Finance and Audit  
**Attachments:** Central Fire Station 8-2-24.pdf

HI Sue - forwarding to you as Elisa is out of the office. Have a good weekend!

Thank you,

John M. Schultheis, P.E.  
City Engineer  
City of Kingston  
Engineering Department  
City Hall  
420 Broadway  
Kingston, New York 12401

**m) 845-416-0026 (no texts to this number please)**  
**o) 845-334-3967**

[jschultheis@kingston-ny.gov](mailto:jschultheis@kingston-ny.gov)

---

**From:** Schultheis, John  
**Sent:** Friday, August 2, 2024 10:23 AM  
**To:** Tinti, Elisa <emtinti@kingston-ny.gov>; Shaut, Andrea <ashaut@kingston-ny.gov>; Noble, Steve <SNoble@kingston-ny.gov>; Rea, Chris <crea@kingston-ny.gov>; Gates, Justin <jgates@kingston-ny.gov>; Scott-Childress, Reynolds <Ward3@kingston-ny.gov>  
**Subject:** Communication / Finance and Audit

Hello President Shaut=

Please see attached communication related to the central fire station. As this item is proposed for discussion only, no committee report is included at this time

Please advise if this item can be added to the August meeting.

Thank you,

John M. Schultheis, P.E.  
City Engineer  
City of Kingston  
Engineering Department  
City Hall  
420 Broadway  
Kingston, New York 12401

**m) 845-416-0026 (no texts to this number please)**  
**o) 845-334-3967**

[jschultheis@kingston-ny.gov](mailto:jschultheis@kingston-ny.gov)

FNA

**Mesches, Sue**

---

**From:** Devitt-Frank, Ruth Ann  
**Sent:** Wednesday, July 31, 2024 1:14 PM  
**To:** Shaut, Andrea  
**Cc:** Noble, Steve; Tuey, John; Tinti, Elisa; Mesches, Sue; Bill Reynolds; Kikel, Natalie  
**Subject:** Request for Placement on August Committee Agenda  
**Attachments:** Grant Funding Report - August Committee Agenda Request.docx

Dear Andrea,

Please find attached a letter requesting placement on the agenda of the appropriate committee to present the next Grant Funding Report and answer any questions Councilmembers may have. The report is still in draft form, as we're in the process of collecting project updates from managers, so it is not included here. It will be ready to send to you no later than Friday, August 9<sup>th</sup>.

If you have any questions, please just let me know. Thank you in advance.

Best regards,  
Ruth Ann

*Ruth Ann Devitt-Frank  
Director of Grants Management  
City Hall  
420 Broadway  
Kingston, NY 12401*

845-334-3962  
[rfrank@kingston-ny.gov](mailto:rfrank@kingston-ny.gov)  
Exempt304236



**CITY OF KINGSTON**  
**Office of Grants Management**  
grants@kingston-ny.gov

Ruth Ann Devitt-Frank, Director



Steven T. Noble, Mayor

July 31, 2024

Honorable Andrea Shaut  
President/Alderman-at-Large  
Kingston Common Council  
420 Broadway  
Kingston, NY 12401

Re: Grant Funding Report Presentation and Q&A

Dear President Shaut,

I am writing to request placement on the agenda of the appropriate committee in August to present the next Grant Funding Report and address any general questions Councilmembers may have about the grants process.

Our department is currently still collecting updates on each of our grant-funded projects from managers, so the report is not ready at this time to attach with this letter. We are also drafting a one-page fact sheet summarizing essential components of the grant lifecycle. Both documents will be ready to email to you no later than Friday, August 9<sup>th</sup>.

Thank you in advance for your consideration. If you have any questions, please contact me at [rfrank@kingston-ny.gov](mailto:rfrank@kingston-ny.gov) or 845-334-3962.

Sincerely,

*Ruth Ann Devitt-Frank*

cc: Steve Noble, John Tuey, Elisa Tinti, Bill Reynolds, Natalie Kikel



# CITY OF KINGSTON

## Office of the Mayor

mayor@kingston-ny.gov

Steven T. Noble  
Mayor



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July 30th, 2024

Honorable Andrea Shaut  
President/Alderman-at-Large  
Kingston Common Council  
420 Broadway  
Kingston, NY 12401

Re: Rondout Saving Bank Parking Lot

Dear President Shaut,

I am requesting the Council's approval to purchase the Rondout Savings Parking Lot (see attached picture). We have secured a contract of sale, which will be paid for using ARPA funds (also attached). This lot is adjacent to the rail trail, which currently does not have any dedicated parking area. The space will also be made available as "snow emergency" parking in the winter months.

Please feel free to contact me if you have any questions or concerns.

Respectfully Submitted,

Steven T. Noble  
Mayor





**THE CITY OF KINGSTON COMMON COUNCIL  
FINANCE/AUDIT  
COMMITTEE REPORT**

**REQUEST DESCRIPTION**

INTERNAL TRANSFER \_\_\_\_\_  
AUTHORIZATION \_\_\_\_\_  
CLAIMS \_\_\_\_\_

CONTINGENCY TRANSFER \_\_\_\_\_  
BUDGET MODIFICATION \_\_\_\_\_  
ZONING \_\_\_\_\_

TRANSFER \_\_\_\_\_  
BONDING REQUEST \_\_\_\_\_  
OTHER \_\_\_\_\_

DEPARTMENT: MAYOR DATE: 7-31-24

**Description:**

I am requesting the Council's approval to purchase the Rondout Savings Parking Lot (see attached picture). We have secured a contract of sale, which will be paid for using ARPA funds (also attached). This lot is adjacent to the rail trail, which currently does not have any dedicated parking area. The space will also be made available as "snow emergency" parking in the winter months.

Estimated Financial Impact: \$ \_\_\_\_\_ Signature \_\_\_\_\_

Motion by \_\_\_\_\_

Seconded by \_\_\_\_\_

Action Required:

<b><u>Committee Vote</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>
Reynolds Scott-Childress, Chairman, Ward 3		
Michael Tierney, Ward 2		
Bryant Drew Andrews, Ward 7		
Steve Schabot, Ward 8		
Sara Pasti, Ward 1		



**CITY OF KINGSTON**  
**Office of Corporation Counsel**  
bgraves@kingston-ny.gov



Steven T. Noble, Mayor

Barbara Graves-Poller, Corporation Counsel

**OFFER TO PURCHASE REAL PROPERTY**

This agreement is made between City of Kingston, New York, called Purchaser, and Rondout Savings Bank, called Seller.

Purchaser agrees to purchase from Sellers all land and appurtenances associated thereto, located in Ulster County, New York, having the legal address of 22-28 East Chester Street, Kingston, New York, 12401, Ulster County SBL 56.26-11-42.

The agreed-to purchase price is \$75,000 to be paid on or about September 10, 2024.

This offer is subject to approval by the City of Kingston Common Council.

This offer is further subject to the following terms and conditions:

Clear Title: Sellers shall convey clear, marketable, and insurable title for the aforementioned property, free from encumbrances except taxes for the current year, which are to be prorated.

Seller has not granted any option to purchase the property therein, any right of first refusal or right of first offer to purchase the property therein.

**Due Diligence Period and Due Diligence**

During the period commencing on the date hereof and ending on the sixtieth (60<sup>th</sup>) day following The date hereof (the "Due Diligence Period"), Purchaser shall have the right to have the Premises inspected during reasonable hours, after reasonable notice to seller, to obtain inspection reports with respect to the Premises, and to otherwise conduct due diligence, at Purchaser's sole cost and expense, including the following upon all of which Purchaser's obligations to close shall be contingent:

- a. Satisfactory Phase 1 Environmental Assessment
- b. City of Kingston Common Council approval

- c. Any and all other inspections, investigation, studies and/or reports which Purchaser may deem appropriate, to the satisfaction of the Purchaser, in the Purchaser's sole discretion, and at Purchaser's expense.

Purchaser may elect to cancel this Contract, by written notice (the "Termination Notice") to Seller delivered on or before the last day of the Due Diligence Period for any reason at Purchaser's sole discretion. During the Due Diligence Period Seller agrees to cooperate in all reasonable respects with Purchaser. Notwithstanding the foregoing, Purchaser shall not have the right to make any intrusive tests without Seller's prior written consent, which shall not be unreasonably withheld, delayed or conditioned.

#### License to Enter Premises, Insurance and Indemnification

Seller hereby grants to Purchaser, its agents, servants, employees and consultants, a license to enter in and upon the property for the purpose of due diligence inspections contemplated by the foregoing paragraph. The Purchaser agrees to conduct such inspections in such manner so as to cause a minimum of disturbance to the Premises. After such access, Purchaser agrees to return the Premises to substantially the same condition as prior to said access.

Purchaser further agrees that no entry onto the property shall be made, nor any testing or inspections contemplated hereunder shall be carried out, unless and until Seller has been provided with a Certificate of Liability Insurance from each of Purchaser's contractors, agents or consultants engaged to test or inspect the property in a minimum amount of \$1,000,000.00 of liability coverage and \$500,000.00 for property damage naming Seller as an insured. In addition, all contractors performing any inspections shall provide proof of Worker's Compensation Insurance naming Seller as additional insured.

Purchaser hereby indemnifies and agrees to defend and hold Seller harmless from all loss, cost (including, without limitations, reasonable attorneys' fees), claim or damage caused by the inspection of the Premises by Purchaser, its agent, consultants or representatives.

"As-Is" Conditions: Purchaser has visited the property, which it agrees to accept in its current condition, without the Sellers arranging for the land to be cleaned and emptied.

The undersigned hereby acknowledge and agree to execute a formal contract of sale to be prepared by the Sellers' attorney and approved by Purchaser's attorney.

OFFER BY PURCHASER


By: 

Mayor Steven T. Noble

Date: 7/24/24

Purchaser's

Attorney:

  
Corporation Counsel  
7/23/24

ACCEPTED BY SELLER

By: 

CHERYL D. BOWERS

Date: 7/12/2024

Seller's

Attorney:

Dan Rusk



# CITY OF KINGSTON

## Office of the Mayor

mayor@kingston-ny.gov

F7A

Steven T. Noble  
Mayor



July 30th, 2024

Honorable Andrea Shaut  
President/Alderman-at-Large  
Kingston Common Council  
420 Broadway  
Kingston, NY 12401

Re: Mayor's Budget Transfer

Dear President Shaut,

In mailing out invitations for the Memorial Day Parade, the Mayor's Office went over budget on "Postage, Freight, and Mailings." Therefore, I am requesting a transfer of \$100 from "Minor Office Furniture, 1210.5476" to "Postage, Freight, and Mailings 1210.5463."

Please feel free to contact me if you have any questions or concerns.

Respectfully Submitted,

Steven T. Noble  
Mayor





**THE CITY OF KINGSTON COMMON COUNCIL  
FINANCE/AUDIT  
COMMITTEE REPORT**

**REQUEST DESCRIPTION**

INTERNAL TRANSFER \_\_\_\_\_  
AUTHORIZATION \_\_\_\_\_  
CLAIMS \_\_\_\_\_

CONTINGENCY TRANSFER \_\_\_\_\_  
BUDGET MODIFICATION \_\_\_\_\_  
ZONING \_\_\_\_\_

TRANSFER \_\_\_\_\_  
BONDING REQUEST \_\_\_\_\_  
OTHER \_\_\_\_\_

DEPARTMENT: MAYOR DATE: 7-31-24

**Description:**

In mailing out invitations for the Memorial Day Parade, the Mayor's Office went over budget on "Postage, Freight, and Mailings." Therefore, I am requesting a transfer of \$100 from "Minor Office Furniture, 1210.5476" to "Postage, Freight, and Mailings 1210.5463."

Estimated Financial Impact: \$ \_\_\_\_\_ Signature \_\_\_\_\_

Motion by \_\_\_\_\_

Seconded by \_\_\_\_\_

Action Required:

<b><u>Committee Vote</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>
Reynolds Scott-Childress, Chairman, Ward 3		
Michael Tierney, Ward 2		
Bryant Drew Andrews, Ward 7		
Steve Schabot, Ward 8		
Sara Pasti, Ward 1		



# CITY OF KINGSTON

FXA

## Office of the City Clerk & Registrar of Vital Statistics

cityclerk@kingston-ny.gov

Steven T. Noble, Mayor  
Elisa Tinti, City Clerk & Registrar



Kwame WiafeAkenten, Deputy Clerk  
Susan Mesches, Deputy Registrar

July 29, 2024

President Andrea Shaut  
420 Broadway  
Kingston, NY 12401

Dear President Shaut,

Please accept this communication to Transfer funds into the City Clerks Budget to account for the expenses related to cleaning and closing the storage unit that the City of Kingston has maintained and paid for for 30 plus years.

We are requesting a transfer of \$9,678.05 from "Fund Balance" (A1.9999.5901) to the "Contracted Service" (A1.1620.5472).

Thank you for your time and consideration,



Kwame WiafeAkenten  
Deputy City Clerk



## From:

Account#	Account Name	Total Amount
A1.9999.5901	Fund Balance	\$ 9,678.05
<b>Total</b>		<b>\$ 9,678.05</b>

## To:

Account#	Account Name	Total Amount
A1.1620.5472	Contracted Services	\$ 9,678.05
<b>Total</b>		<b>\$ 9,678.05</b>



# Aftermath®

Specialists in Trauma Cleaning & Biohazard Removal

Date: 06/27/24

Insurance:

Claim:

Customer Name: Elisa Tinte

Service Address: 85 Grand St. Kingston, NY 12401

## Scope of Work - Structure

THIS IS AN INITIAL ESTIMATE ONLY based on our initial review. This Estimate is subject to change upon further discovery as we conduct work. If a change is warranted we will notify you and seek pre-approval for a change order. Invoiced charges will be based upon actual work performed.

### 1 WHAT AREAS / PROPERTY REQUIRE CLEAN-UP?

Affected Area(s):

#### Primary Affected Area(s)

Storage Unit

#### Secondary Affected Area(s)

### 2 WHAT ARE YOUR SERVICE OPTIONS?

Service Option:

#### BioRemoval

Description:

**Removal and disposal of the visible biological materials and/or other specified foreign matter**

URGENT step to prevent biological fluids causing further damage

Isolation of affected areas to prevent cross-contamination

Localized wipe-down of directly affected areas

May require the removal of affected structure (carpet, trim, subfloor, drywall, etc.) and/or personal property

#### BioSafe

BioRemoval PLUS:

**Cleaning, disinfection and deodorizing of the primary affected areas**

Requires movement of property for access to surfaces and preparation of surfaces prior to cleaning

Contamination testing of affected areas before and after cleaning

If applicable, Certificate of Treatment guaranteeing disinfection of primary affected areas.

#### BioVent

BioSafe PLUS:

**Cleaning, disinfection and deodorizing of the primary affected areas and dismantling of VOCs within secondary affected areas**

Use of strategically placed equipment to create continuous streams of hydroxyl radicals that dismantle volatile organic compounds and eliminate odors

If applicable, Certificate of Treatment guaranteeing disinfection of primary affected areas.

#### BioHome

BioSafe PLUS:

**Cleaning, disinfection and structural deodorizing of the secondary affected areas**

Necessary to eliminate cross-contamination from primary to secondary affected areas by traffic or bacteria

Necessary to eliminate a strong odor throughout the home

If applicable, Certificate of Treatment for both primary and secondary affected areas

Estimated Man-hours: 22.50

Estimated Bio-Boxes: 14

PLEASE INITIAL WHICH OPTION(S) YOU SELECT:

☐

OR

☐

OR

☐

OR

☐

### 3 HOW MUCH DO WE ESTIMATE EACH SERVICE OPTION WILL COST?

Net Estimated Price  
(excl. Sales Tax):

\$9,678.05

A detailed cost breakdown can be provided upon request. If you have homeowners' insurance coverage for this residential loss, we will bill directly to your insurance carrier, subject to your deductible and policy limits. If you do not have homeowners' insurance coverage for this residential loss, or this is a non-residential loss, we are available to discuss payment options.

### 4 WHAT IS OUR PROFESSIONAL RECOMMENDATION?

Professionally we recommend BioRemoval only. While a deep cleaning and disinfection is typically advisable, in this case, the specific circumstances do not justify this incremental cost.

### 5 OTHER SPECIFIC SERVICE NOTES?

Removal and disinfection of the entire storage unit. We will shred all documents as well.

I have read this Initial Estimate and agree to the pricing and scope of work indicated herein, which also sets forth any verbal discussions and representations. I acknowledge that I have the authority to, and do hereby authorize Aftermath to perform the services as specified herein.



Customer Signature

Elisa Tinte

Customer Name

06/27/24

Date







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/01/2023

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 have **ADDITIONAL INSURED** provisions or 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).

<b>PRODUCER</b> MARSH USA, LLC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326  CN131651218--GAWU-23-24	<b>CONTACT</b> <b>NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL</b> <b>ADDRESS:</b>  <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Admiral Insurance Co <b>INSURER B:</b> Hartford Fire Insurance Co <b>INSURER C:</b> Berkshire Hathaway Homestate Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>FAX</b> (A/C, No):  <b>NAIC #</b> 24856 19682
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**COVERAGES** **CERTIFICATE NUMBER:** ATL-005489932-09 **REVISION NUMBER:** 7

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"/> <b>COMMERCIAL GENERAL LIABILITY</b>  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC  OTHER:			FEI-ECC-35409-01	11/01/2023	11/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPI/OP AGG \$ 3,000,000 Deductible Value: \$ 20,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			20 UEN EM0556 (AOS) 20 UEN EM0557 (MA)	11/01/2023 11/01/2023	11/01/2024 11/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Deductible Value: \$ 3,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b>  DED <input type="checkbox"/> RETENTION \$  CLAIMS-MADE			FEI-EXS-45237-01	11/01/2023	11/01/2024	EACH OCCURRENCE \$ AGGREGATE \$ Limits \$ 10,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	AFWC448930 (AOS) AFWC449206 (FL, OR)	01/15/2023 01/15/2023	01/15/2024 01/15/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Pollution Liability			FEI-ECC-35409-00	11/01/2023	11/01/2024	Each Occurrence/General Agg 1M/\$3M
A	Professional Liability			FEI-ECC-35409-00	11/01/2023	11/01/2024	Each Occurrence/General Agg 1M/\$3M

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

## CERTIFICATE HOLDER

## CANCELLATION

Aftermath Services LLC  
75 Executive Drive Suite 200  
Aurora, IL 60504

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

*Marsh USA LLC*

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# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>AFTERMATH SERVICES LLC</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) <b>P</b> <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. <b>75 EXECUTIVE DRIVE, SUITE 200</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>AURORA, IL 60504</b>	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
4	6	-	1	5	0	9	7	2	0

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** Signature of U.S. person ► 

Date ► **1/2/23**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends or capital gains)
- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



(F7A)

**CITY OF KINGSTON**  
Office of the Comptroller  
comptroller@kingston-ny.gov

John Tuey, Comptroller



Steven T. Noble, Mayor

7/17/2024

President Andrea Shaut  
Kingston Common Council  
420 Broadway  
Kingston, NY 12401

RE: Returned Check policy and fee

Dear President Shaut,

I've attached a "Returned Check Policy" for the Common Council's consideration. I would also like to ask that a "Returned Check fee" of \$15.00 be officially added to the 2024 Fee Schedule. The purpose of this fee is to allow the City to recoup a portion of the administrative costs needed to process the returned check transactions.

Thanks in advance.

Sincerely,

A handwritten signature in dark ink, appearing to be "J. Tuey", written over a horizontal line.

John R. Tuey, Comptroller

Cc: Mayor Steven T. Noble

## **Returned Check Policy**

### **A. Purpose**

The purpose of this policy is to establish guidelines regarding the treatment of a returned check.

### **B. City Law Reference**

“Pursuant Resolution # xx, effective [Date], fee schedule adopted to include returned check fee in the amount of \$15.00.”

### **C. Types of Returned Checks**

1. Insufficient Funds – The checking account does not contain sufficient funds to cover the check.
2. Uncollected Funds – A check has been written upon funds which have not yet cleared the bank.
3. Stop Payment – The issuer has instructed the bank to not honor the check.
4. Account Closed – The issuer has instructed the bank to terminate the account.
5. Check Not Signed - Issuer forgot to sign the check.

### **D. Process**

#### **1. Payment of Unbilled goods or services**

Examples - (birth certificates, civil services exams, electrical licenses)

If the check is returned from the bank, the City should immediately contact the issuer in writing and request full payment in **certified funds**. This letter must clearly state that the total payment due includes the appropriate amount (e.g., exam fee) **plus** the returned check charge.

If the issuer fails to provide certified funds to replace the returned check, the transaction is null and void.

The City terminates the processing of the transaction (e.g. exam application) for which payment has been made with a return check.

No accounts receivable is established.

#### **2. Payment of an Invoice**

Examples - (Taxes, Parking)

If the check is returned from the bank, the City should immediately contact the issuer in writing and request full payment in **certified funds**. This letter must clearly state that the total payment due includes the appropriate amount (e.g., exam fee) **plus** the returned check charge.

If the issuer fails to remit in full the total amount that is due (including the returned check charge fee), the City should consider this amount a past- due debt. The issuer may be subject to further collection actions as described by City Policy (i.e., interest charges, referral to private collection agencies, or re-levy on taxes)

In the event that the issuer sends certified funds only in the amount of the original returned check, the City shall apply the certified funds to the original amount due. The issuer still owes the returned check charge. Therefore, the City should contact the issuer in writing to request payment of the returned check charge.

An accounts receivable will be established for any uncollected amounts.

#### **E. Exceptions**

The City will **NOT** add the returned check charge if the cause for the return was beyond the issuer's control. These situations could include (1) bank error or (2) City error. In the event of a bank error, the issuer would need to provide documentation from the bank explaining the error. A City error will occur if the payment systems that the City uses reject the payment before the payment hits the bank account.





# CITY OF KINGSTON

## Office of the Mayor

mayor@kingston-ny.gov

(F-7A)

Steven T. Noble  
Mayor



July 30th, 2024

Honorable Andrea Shaut  
President/Alderman-at-Large  
Kingston Common Council  
420 Broadway  
Kingston, NY 12401

Re: CHIPS

Dear President Shaut,

In an effort to best comply with accounting practices set forth by the NYS Comptroller, I am requesting the Council authorize the expenditure of the City's 24/25 NYS CHIPS allocation in addition to any rollover funds, in a dedicated Capital Projects account(s). Our Comptroller, Mr. Tuey, will be available to answer any questions.

Please feel free to contact me if you have any questions or concerns.

Respectfully Submitted,

Steven T. Noble  
Mayor



F&A

CITY OF KINGSTON  
Police Department  
police@kingston-ny.gov

Egidio Tinti, Police Chief



Steven T Noble, Mayor

July 8, 2024

Honorable Andrea Shaut  
Alderman-at Large  
420 Broadway  
Kingston, NY 12401

Dear Ms. Shaut,

I am respectfully requesting a budget modification for the purchase of new replacement police vehicles.

Thank you for your time and consideration in this matter. If you or your committee needs additional information, please do not hesitate to contact me.

Sincerely,

  
Egidio Tinti  
Chief of Police  
City of Kingston Police Department

EFT/sr  
Enclosure

Cc: Honorable Steven T. Noble  
Mayor, City of Kingston

John Tuey  
City Comptroller

**THE CITY OF KINGSTON COMMON COUNCIL  
FINANCE/AUDIT  
COMMITTEE REPORT**

**REQUEST DESCRIPTION**

INTERNAL TRANSFER \_\_\_\_\_  
AUTHORIZATION \_\_\_\_\_  
CLAIMS \_\_\_\_\_


CONTINGENCY TRANSFER \_\_\_\_\_  
BUDGET MODIFICATION   x   \_\_\_\_\_  
ZONING \_\_\_\_\_

TRANSFER \_\_\_\_\_  
BONDING REQUEST \_\_\_\_\_  
OTHER \_\_\_\_\_

DEPARTMENT: Police      DATE: July 8, 2024

**Description:** Budget modification for monies from Fund Balance to purchase replacement police vehicles

\$450,000.00

Estimated Financial Impact: \_\_\_\_\_ Signature: 

Motion by \_\_\_\_\_

Seconded by \_\_\_\_\_

Action Required:

<b><u>Committee Vote</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>
Reynolds Scott-Childress, Chairman, Ward 3		
Michael Tierney, Ward 2		
Bryant Drew Andrews, Ward 7		
Steve Schabot, Ward 8		
Sara Pasti, Ward 1		

From:			To:		
Account#	Account Name	Total Amount	Account#	Account Name	Total Amount
A19999.19.5901	Fund Balance	\$450,000.00	A1312012.5203	Police Vehicles	\$450,000.00
	TOTAL	\$450,000.00		TOTAL	\$450,000.00



**From:**

Account#	Account Name	Total Amount
A19999.19.5901	Fund Balance	\$450,000.00
TOTAL		\$450,000.00

**To:**

Account#	Account Name	Total Amount
A1312012.5203	Police Vehicles	\$450,000.00
TOTAL		\$450,000.00





(FHA)

**CITY OF KINGSTON**  
**Office of Grants Management**  
grants@kingston-ny.gov

Ruth Ann Devitt-Frank, Director



Steven T. Noble, Mayor

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August 2, 2024

Honorable Andrea Shaut  
President/Alderman-at-Large  
Kingston Common Council  
420 Broadway  
Kingston, NY 12401

Re: Grants Management Request to Apply & Execute, US DOT Reconnecting Communities Pilot Grant

Dear President Shaut,

The Office of Grants Management requests placement on the agenda of the appropriate committee to discuss approval for the Mayor to apply for and execute an agreement any and all related documents related to a US DOT Reconnecting Communities Pilot grant for a planning study that would determine if a section of Route 9W running through the City of Kingston could be reconfigured to be less of a barrier to community connectivity.

A draft resolution is included with this communication for your consideration.

If there are any questions about this, please do not hesitate to call me at 845-334-3961 or email me at [nkikel@kingston-ny.gov](mailto:nkikel@kingston-ny.gov). Thank you in advance for your consideration.

Sincerely,

Natalie Kikel

cc: Steve Noble, John Tuey, Ruth Ann Frank, Elisa Tinti, John Schultheis, Bartek Starodaj



RESOLUTION \_\_\_\_ of 2024

RESOLUTION OF THE COMMON COUNCIL OF THE CITY OF KINGSTON, NEW YORK, AUTHORIZING THE MAYOR TO SUBMIT AN APPLICATION TO THE US DEPARTMENT OF TRANSPORTATION FOR A RECONNECTING COMMUNITIES PILOT GRANT IN THE AMOUNT OF \$240,000 FOR A PLANNING STUDY RELATED TO ROUTE 9W IN THE CITY OF KINGSTON, AND TO EXECUTE ANY AND ALL RELATED DOCUMENTS

Sponsored by Finance and Audit Committee Aldermen: Scott-Childress, Chairman; Andrews; Pasti; Schabot; and Tierney

WHEREAS, the City of Kingston is eligible to apply to the US Department of Transportation (US DOT) for a Reconnecting Communities Pilot (RCP) grant in the amount of \$240,000; and

WHEREAS, there is a matching requirement of 20% (\$60,000) to be met by bond, in-kind, or force-account; and

WHEREAS, there are specific requirements and regulations governing the expenditure of these funds; and

WHEREAS, the action is categorized under 6 NYCRR, Part 617.5 as Type II; and

WHEREAS, the Finance/Audit Committee has received, reviewed, and approved this request.

NOW, THEREFORE, BE IT RESOLVED BY THE COMMON COUNCIL OF THE CITY OF KINGSTON, NEW YORK, AS FOLLOWS:

SECTION 1. Administration of all funds under this grant will be in accordance with all terms and conditions contained in guidelines provided by US DOT.

SECTION 2. The Mayor of the City of Kingston is hereby authorized and directed to file an application for funds from the US DOT for a RCP grant in the amount of \$240,000 for a planning study related to Route 9W running through the City of Kingston, and upon approval of said request to enter into and execute an agreement and any and all related documents.

SECTION 3. This resolution shall take effect immediately.

Submitted to the Mayor this \_\_\_\_ day  
of \_\_\_\_\_ 2024

Approved by the Mayor this \_\_\_\_ day  
of \_\_\_\_\_ 2024

\_\_\_\_\_  
Elisa Tinti, City Clerk

\_\_\_\_\_  
Steven T. Noble, Mayor

Adopted by Council on \_\_\_\_\_, 2024



**THE CITY OF KINGSTON COMMON COUNCIL  
FINANCE/AUDIT  
COMMITTEE REPORT**

**REQUEST DESCRIPTION**

INTERNAL TRANSFER \_\_\_\_\_  
AUTHORIZATION ☒ \_\_\_\_\_  
CLAIMS \_\_\_\_\_

CONTINGENCY TRANSFER \_\_\_\_\_  
BUDGET MODIFICATION \_\_\_\_\_  
ZONING \_\_\_\_\_

TRANSFER \_\_\_\_\_  
BONDING REQUEST \_\_\_\_\_  
OTHER \_\_\_\_\_

DEPARTMENT: Grants Management      DATE: 08/02/2024

**Description:**

This is a request for authorization for the Mayor to apply and execute an agreement and any and all related documents for a US DOT Reconnecting Communities Pilot grant. The total project cost is \$300,000; the grant request is for \$240,000.

The grant requires a 20% match. This can be met by bond, in-kind, or force-account.

Estimated Financial Impact: \$60,000      Signature \_\_\_\_\_

Motion by \_\_\_\_\_

Seconded by \_\_\_\_\_

Action Required:

<b><u>Committee Vote</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>
Reynolds Scott-Childress, Chairman, Ward 3		
Michael Tierney, Ward 2		
Bryant Drew Andrews, Ward 7		
Steve Schabot, Ward 8		
Sara Pasti, Ward 1		

