Town of Rhinebeck
Regular Board Meeting
Agenda
October 24, 2016 6:45 pm

Draft 10/20/2016 3:26:19 PM

A. Call to Order

B. Pledge of Allegiance

C. Approval of Prior Minutes

1. September 26, 2016 Regular Board Minutes
2. October 5, 2016 Special Board Minutes

D. Announcements

E. 2017 Budget Public Hearing

F. Presentation

1. Assessor Jennifer Mund

G. Committee & Liaison Reports

H. Resolutions

1. Resolution 2016231 Preliminary Accounts Payable Abstract 10B, 44 Checks for $62,495.26
2. Resolution 2016232 Capital Project Abstract, 2 Checks for $4,272.45
3. Resolution 2016233 Budget Transfers and Amendments
4. Resolution 2016234 Volunteer Handbook
5. Resolution 2016235 Formation of Building, Planning, and Zoning Process Review Committee
6. Resolution 2016236 Employee Health Insurance Policies

I. New Business

J. Discussion Items

1. Setting workshop date for proposed workforce housing law
2. Workplace violence committee
3. Workshop on 2017 Budget

K. Public Comment on Non-Agenda Items

L. Adjournment

Town of Rhinebeck
Regular Board Meeting
Minutes
September 26, 2016 6:45 PM

Draft of 10/20/2016 3:30 PM

Supervisor Spinzia called the meeting to order at 6:45 pm

Present:	Supervisor Elizabeth Spinzia Deputy Supervisor Allan Scherr Councilperson Elaine Fernandez Councilperson Joseph Gelb Councilperson Ed Roberts
Absent:	None
Others Present:	Dod Crane, Open Space Affordable Housing Committee Bob Ellsworth, Chair, TTSM Park Committee Edna Lachmund, Planning Board Chris Lipscomb, Co-Chair, Open Space Affordable Housing Committee Sally Mazzarella, TTSM Park Committee Jonathan Mensch, Co-Chair, Open Space Affordable Housing Committee Steve Sansola, President, Morton Library Sharron Sherrod, Planning Board Joel Tyner, County Legislator 5 members of the public 1 member of the press
Recording Secretary:	Jon Gautier

The Pledge of Allegiance was recited.

A. Approval of Prior Minutes

The minutes of the September 12, 2016 Regular Town Board Meeting were approved by unanimous voice vote:

B. Announcements

1. Supervisor Spinzia said that Melodye Moore has resigned as Chair of the Planning Board and also from the Historic Structures Committee, and that Alice Cunningham had resigned as Rec Director.

C. Presentations

1. Jonathan Mensch, Co-Chair of the Open Space Affordable Housing Committee presented on the proposed affordable housing local law.

Town of Rhinebeck
Regular Board Meeting
Minutes
September 26, 2016 6:45 PM

D. Committee & Liaison Reports

1. Councilperson Gelb said that the Town would be hosting leaf and brush drop off at the old dump site on the last Saturday of the month through November from 9 to 1.

E. Resolutions

1. Resolution 2016218 Preliminary Accounts Payable Abstract 9B, 35 Checks for $194,577.81

   Resolution 2016218 amended on the floor by unanimous voice vote (Spinzia motion; Scherr second) to remove $16.80 payment to Aimee Grossman.

   Motioned by Supervisor Spinzia
   Seconded by Councilperson Gelb

   Voice Vote:

Supervisor Spinzia	Aye
Deputy Supervisor Scherr	Aye
Councilperson Fernandez	Aye
Councilperson Gelb	Aye
Councilperson Roberts	Aye

   Resolution 2016218 Preliminary Accounts Payable Abstract 9B, 35 Checks for $194,577.81 adopted 5-0 as amended.

2. Resolution 2016219 Capital Project Abstract, 1 Check for $1,702.00

   Motioned by Supervisor Spinzia
   Seconded by Councilperson Gelb

   Voice Vote:

Supervisor Spinzia	Aye
Deputy Supervisor Scherr	Aye
Councilperson Fernandez	Aye
Councilperson Gelb	Aye
Councilperson Roberts	Aye

   Resolution 2016219 Capital Project Abstract, 1 Check for $1,702.00 adopted 5-0.

3. Resolution 2016220 Providing Notice of the Submission of the Proposition at the Next General Election of the Town of Rhinebeck Increasing the Amount of Funding of the Town's Annual Contribution to the Operating Budget of The Morton Memorial Library and Community House

Motioned by Councilperson Fernandez
Seconded by Councilperson Roberts

Voice Vote:

Supervisor Spinzia	Aye
Deputy Supervisor Scherr	Aye
Councilperson Fernandez	Aye
Councilperson Gelb	Aye
Councilperson Roberts	Aye

Resolution 2016220 Providing Notice of the Submission of the Proposition at the Next General Election of the Town of Rhinebeck Increasing the Amount of Funding of the Town's Annual Contribution to the Operating Budget of The Morton Memorial Library and Community House adopted 5-0.

4. Resolution 2016221 Appointing Acting Chair of the Planning Board

Motioned by Supervisor Spinzia
Seconded by Deputy Supervisor Scherr

Voice Vote:

Supervisor Spinzia	Aye
Deputy Supervisor Scherr	Aye
Councilperson Fernandez	Aye
Councilperson Gelb	Aye
Councilperson Roberts	Aye

Resolution 2016221 Appointing Acting Chair of the Planning Board adopted 5-0.

F. New Business

1. Resolution 2016222 Rules of Conduct and Procedure for Town of Rhinebeck Appointed Board Members

Resolution 2016222 amended on the floor by unanimous voice vote (Gelb motion; Spinzia second) to edit paragraphs 1, 2, 15 and 17.

Motioned by Supervisor Spinzia
Seconded by Deputy Supervisor Scherr

Voice Vote:

Supervisor Spinzia	Aye
Deputy Supervisor Scherr	Aye
Councilperson Fernandez	Aye
Councilperson Gelb	Aye

Councilperson Roberts	Aye

Resolution 2016222 Rules of Conduct and Procedure for Town of Rhinebeck Appointed Board Members

2. Resolution 2016223 Request for Proposal Thomas Thompson-Sally Mazzarella Community Park Pavilion Project (Re-Bid)

Motioned by Councilperson Roberts
Seconded by Deputy Supervisor Scherr

Voice Vote:

Supervisor Spinzia	Aye
Deputy Supervisor Scherr	Aye
Councilperson Fernandez	Aye
Councilperson Gelb	Absent
Councilperson Roberts	Aye

Resolution 2016223 Request for Proposal Thomas Thompson-Sally Mazzarella Community Park Pavilion Project (Re-Bid) adopted 4-0.

G. Discussion

The Board discussed the following matters:

1. Town/Village Highway Consolidation IMA
2. Volunteer guidelines (Tab 5)

H. Executive Session

At 7:39 pm by unanimous voice vote the Board retired to executive session to discuss matters leading to the discipline, suspension, dismissal or removal of a particular person or persons.

I. Adjournment

The Board returned to regular session and adjourned by unanimous voice vote at 8:03 pm.

Respectfully submitted,

Jon Gautier
Town Clerk

Town of Rhinebeck
Special Board Meeting
Minutes
October 5, 2016 6:00 PM

Draft of 10/20/2016 3:31 PM

Supervisor Spinzia called the meeting to order at 6:04 pm

Present:	Supervisor Elizabeth Spinzia Deputy Supervisor Allan Scherr Councilperson Elaine Fernandez Councilperson Joseph Gelb
Absent:	Councilperson Ed Roberts
Others Present:	None
Recording Secretary:	Jon Gautier

The Pledge of Allegiance was recited.

A. Announcements

1. Supervisor Spinzia announced that the Dutchess County Supervisors and Mayors Association passed a resolution against the proposed oil tanker births in the Hudson River.

B. Statutory Presentation of the 2017 Tentative Budget

1. The Town Clerk presented the 2017 Tentative Budget to the Town Board and the Supervisor gave her comments on the 2017 budget.

C. Resolutions

1. Resolution 2016224 Preliminary Accounts Payable Abstract 10

   Motioned by Supervisor Spinzia
   Seconded by Deputy Supervisor Scherr

   Voice Vote:

Supervisor Spinzia	Aye
Deputy Supervisor Scherr	Aye
Councilperson Fernandez	Aye
Councilperson Gelb	Aye
Councilperson Roberts	Absent

   Resolution 2016224 Preliminary Accounts Payable Abstract 10 adopted 4-0.

2. Resolution 2016225 Transferring Lead Agency Status to the Village of Rhinebeck in Connection with a Dutchess County Municipal Consolidation and Shared

Services Grant Program Application for the Evaluation of Consolidating Highway and Maintenance Services with the Village of Rhinebeck

Motioned by Supervisor Spinzia
Seconded by Councilperson Fernandez

Voice Vote:

Supervisor Spinzia	Aye
Deputy Supervisor Scherr	Aye
Councilperson Fernandez	Aye
Councilperson Gelb	Aye
Councilperson Roberts	Absent

Resolution 2016225 Transferring Lead Agency Status to the Village of Rhinebeck in Connection with a Dutchess County Municipal Consolidation and Shared Services Grant Program Application for the Evaluation of Consolidating Highway and Maintenance Services with the Village of Rhinebeck adopted 4-0.

3. Resolution 2016226 Hire of Assistant Basketball Coaches for 2016-2017 Youth Basketball Program

Motioned by Councilperson Fernandez
Seconded by Deputy Supervisor Scherr

Voice Vote:

Supervisor Spinzia	Aye
Deputy Supervisor Scherr	Aye
Councilperson Fernandez	Aye
Councilperson Gelb	Aye
Councilperson Roberts	Absent

Resolution 2016226 Hire of Assistant Basketball Coaches for 2016-2017 Youth Basketball Program adopted 4-0.

4. Resolution 2016227 Recreation Annual Sinterklaas Hoedown Event

Resolution 2016227 tabled on the floor by unanimous voice vote.

5. Resolution 2016228 Town Hall Use Application (Rhinebeck and Friends Stand with Standing Rock)

Motioned by Councilperson Gelb
Seconded by Councilperson Fernandez

Voice Vote:

Supervisor Spinzia	Aye
Deputy Supervisor Scherr	Aye
Councilperson Fernandez	Aye
Councilperson Gelb	Aye
Councilperson Roberts	Absent

Resolution 2016228 Town Hall Use Application (Rhinebeck and Friends Stand with Standing Rock) adopted 4-0.

6. Resolution 2016229 Replacement of Highway Pickup Truck and Snowplow

   Resolution 2016229 tabled on the floor by unanimous voice vote.

D. New Business

1. Resolution 2016230 Setting 2017 Budget Public Hearing

   Motioned by Supervisor Spinzia
   Seconded by Deputy Supervisor Scherr

   Voice Vote:

Supervisor Spinzia	Aye
Deputy Supervisor Scherr	Aye
Councilperson Fernandez	Aye
Councilperson Gelb	Aye
Councilperson Roberts	Absent

Resolution 2016230 Setting 2017 Budget Public Hearing adopted 4-0.

E. Workshop with Labor Consultant on Town Employee Manual

1. The Town Board conducted a workshop with consultant Michael Richardson.

F. Adjournment

The Board adjourned by unanimous voice vote at 8:04 pm.

Respectfully submitted,

Jon Gautier
Town Clerk

TOWN OF RHINEBECK

RESOLUTION NO. 2016231

PRELIMINARY ACCOUNTS PAYABLE ABSTRACT 10B, 44 CHECKS FOR $62,495.26

WHEREAS, the Town Bookkeeper has submitted the attached Preliminary Accounts Payable Abstract 10B; and

WHEREAS, the Town Board has reviewed the attached abstract of vouchers and finds the vouchers appropriate for payment; now, therefore; be it

RESOLVED, that the vouchers listed in the attached Preliminary Accounts Payable Abstract 10B are approved for payment.

TOWN OF RHINEBECK
PRELIMINARY ABSTRACT 10B V1098-V1173 44 CHECKS DUE DATE 10/24/20
Executed By: cworden

CAL YEAR	FY	TRANS	MAN	PO	ACCOUNT CODE	CREDIT CODE	DESCRIPTION	AMOUNT

Bank: TRUST AGENCY FD TRUST AGENCY FD

Checks

Vendor: VERIZON WIRELES VERIZON WIRELESS REMIT ADDRESS
Invoice ID: 9772769406 Invoice Date: 09/28/2016 Due Date: 10/24/2016

2016	2016 1	Yes	000 -01 -1630-454	000 -200	V1135 9/29-10/28/2016 MAINTEN	$	37.01
2016	2016 2	Yes	000 -06 -7020-454	000 -200	V1135 9/29-10/28/2016 RECREAT	$	44.47
2016	2016 3	Yes	001 -02 -3620-455	001 -200	V1135 9/29-10/28/2016 BLDG IN	$	40.01
2016	2016 4	Yes	001 -02 -3620-451	001 -200	V1135 9/29-10/28/2016 BLDG IN	$	40.01
2016	2016 5	Yes	001 -07 -8010-451	001 -200	V1135 9/29-10/28/2016 ZONING	$	34.38
2016	2016 6	Yes	003 -08 -9089-802	003 -200	V1135 9/29-10/28/2016 HIGHWAY	$	54.70
					INVOICE TOTAL (INVOICE ID: 9772769406) =	$	250.58
					CHECK TOTAL (CHECK #: 15815) =	$	250.58

Vendor: BEN FUNK,INC. BEN FUNK,INC. REMIT ADDRESS
Invoice ID: T459693 Invoice Date: 09/12/2016 Due Date: 10/24/2016

2016	2016 1	No	2016-5130- 003 -04 -5130-427	003 -200	V1166 2 WIPER SEALS 2 X WHEEL	$	248.34

Invoice ID: T460912 Invoice Date: 10/04/2016 Due Date: 10/24/2016

2016	2016 1	No	2016-5130 003 -04 -5130-427	003 -200	V1150 HARNESS & RESISTOR TRUC	$	292.52
					CHECK TOTAL (CHECK #: 15816) =	$	540.86

Vendor: CALLANAN INDUST CALLANAN INDUSTRIES, INC. REMIT ADDRESS
Invoice ID: 758264 Invoice Date: 09/24/2016 Due Date: 10/24/2016

2016	2016 1	No	2016-5110- 003 -04 -5110-421	003 -200	V1161 37.88 TON @ $49.87	$	1,889.08

Invoice ID: 759372 Invoice Date: 10/01/2016 Due Date: 10/24/2016

2016	2016 1	No	2016-5112- 003 -04 -5112-220	003 -200	V1151 1.880 TON TYPE 6 TOP AS	$	93.76
					CHECK TOTAL (CHECK #: 15817) =	$	1,982.84

Vendor: CENTRAL HUDSON CENTRAL HUDSON GAS & ELECTRIC CORP REMIT ADDRESS
Invoice ID: 2016OCTOBER Invoice Date: 10/05/2016 Due Date: 10/24/2016

2016	2016 1	No	000 -01 -1630-431	000 -200	V1173 9/06-10/05 8 KWH	$	35.31
					CHECK TOTAL (CHECK #: 15818) =	$	35.31

Vendor: COLARUSSO QUARR COLARUSSO QUARRY CO. REMIT ADDRESS
Invoice ID: 75161MB Invoice Date: 09/16/2016 Due Date: 10/24/2016

2016	2016 1	No	2016-5110- 003 -04 -5110-420	003 -200	V1152 16 TON GABION STONE CED	$	221.60
					CHECK TOTAL (CHECK #: 15819) =	$	221.60

Vendor: CONSTRUCTION TOOL WAREHOUSE CONSTRUCTION TOOL WAREHOUSE REMIT ADDRESS
Invoice ID: 5189123 Invoice Date: 10/06/2016 Due Date: 10/24/2016

2016	2016 1	No	20-5130-12 003 -04 -5130-427	003 -200	V1155 11 X CLEVIS SLIP HOOK G	$	154.00
					CHECK TOTAL (CHECK #: 15820) =	$	154.00

Vendor: CONWAY'S LAWN & CONWAY'S LAWN & POWER EQUIP., INC. REMIT ADDRESS
Invoice ID: 109075 Invoice Date: 09/12/2016 Due Date: 10/24/2016

2016	2016 1	No	3464 000 -07 -8810-410	000 -200	V1168 3 16.5 IN BLADES @ $19.	$	59.97

Invoice ID: 109331 Invoice Date: 09/20/2016 Due Date: 10/24/2016

2016	2016 1	No	3467 000 -07 -8810-410	000 -200	V1168 2 TRIMMER PREM LINES @	$	71.98

Invoice ID: 109369 Invoice Date: 09/23/2016 Due Date: 10/24/2016

2016	2016 1	No	2016-5130- 003 -04 -5130-427	003 -200	V1141 REPLACEMENT BAR NOSE 3/	$	25.79
					CHECK TOTAL (CHECK #: 15821) =	$	157.74

Vendor: CUNNINGHAM, BAR CUNNINGHAM, BARBARA REMIT ADDRESS
Invoice ID: 2016NOV Invoice Date: 10/18/2016 Due Date: 10/24/2016

2016	2016 1	No	000 -08 -9060-801	000 -200	V1142 NOVEMBER MEICARE REIMBU	$	397.55
					CHECK TOTAL (CHECK #: 15822) =	$	397.55

Vendor: DAILY FREEMAN DAILY FREEMAN REMIT ADDRESS
Invoice ID: 1136859 Invoice Date: 10/05/2016 Due Date: 10/24/2016

2016	2016 1	No	000 -01 -1410-449	000 -200	V1137 NOTICE OF SPECIAL ELECT	$	86.67

TOWN OF RHINEBECK
PRELIMINARY ABSTRACT 10B V1098-V1173 44 CHECKS DUE DATE 10/24/20
Executed By: cworden

CAL YEAR	FY	TRANS	MAN	PO	ACCOUNT CODE	CREDIT CODE	DESCRIPTION	AMOUNT
2016	2016 2		No		000 -01 -1410-449	000 -200	V1137 RECREATION DIRECTOR	$ 225.00
						INVOICE TOTAL (INVOICE ID: 1136859) =		$ 311.67
						CHECK TOTAL (CHECK #: 15823) =		$ 311.67

Vendor: DOWSER, LLC, DOWSER, LLC, REMIT ADDRESS
Invoice ID: 1641978 Invoice Date: 08/15/2016 Due Date: 10/24/2016

2016	2016 1	No	2016-5132- 000 -04 -5132-410	000 -200	V1149 5 GALLONS SPRING WATER	$	7.38
Invoice ID: 1645652			Invoice Date: 09/12/2016	Due Date: 10/24/2016			
2016	2016 1	No	2016-5132- 000 -04 -5132-410	000 -200	V1148 5 GALLONS SPRING WATER	$	7.38
Invoice ID: 1649767			Invoice Date: 09/23/2016	Due Date: 10/24/2016			
2016	2016 1	No	000 -01 -1620-410	000 -200	V1103 5-5 GAL SPRING WATER	$	12.30
2016	2016 2	No	000 -01 -1620-410	000 -200	V1103 1 OBX OF FLAT CUP 500	$	22.99
					INVOICE TOTAL (INVOICE ID: 1649767) =	$	35.29
					CHECK TOTAL (CHECK #: 15824) =	$	50.05

Vendor: DOWSER, LLC, DOWSER, LLC, REMIT ADDRESS
Invoice ID: 1651224 Invoice Date: 09/30/2016 Due Date: 10/24/2016

2016	2016 1	No	000 -01 -1620-410	000 -200	V1103 HOT & COLD COOLER RENTA	$	3.98
					CHECK TOTAL (CHECK #: 15825) =	$	3.98

Vendor: ELIZAVILLE SAND & GRAVEL ELIZAVILLE SAND & GRAVEL REMIT ADDRESS
Invoice ID: 17346 Invoice Date: 09/19/2016 Due Date: 10/24/2016

2016	2016 1	No	2016-5110- 003 -04 -5110-420	003 -200	V1153 116 YARDS #4 GRVEL JAME	$	1,450.00
					CHECK TOTAL (CHECK #: 15826) =	$	1,450.00

Vendor: EQUIPMENT RENTAL & SALES EQUIPMENT RENTAL & SALES REMIT ADDRESS
Invoice ID: 19170-1 Invoice Date: 09/29/2016 Due Date: 10/24/2016

2016	2016 1	No	2016-1620- 000 -01 -1620-440	000 -200	V1138 LIFT RENTAL TO PAINT RE	$	345.00
					CHECK TOTAL (CHECK #: 15827) =	$	345.00

Vendor: EVOLUTION TECH EVOLUTION TECHNOLOGIES REMIT ADDRESS
Invoice ID: 38-2016 Invoice Date: 09/29/2016 Due Date: 10/24/2016

2016	2016 1	No	000 -01 -1110-447	000 -200	V1101 1 HR TECH SUPPORT SERVE	$	90.00
Invoice ID: 40-2016			Invoice Date: 10/13/2016	Due Date: 10/24/2016			
2016	2016 1	No	2016-5010- 000 -04 -5010-451	000 -200	V1165 DOCUMENT SHARE SET UP O	$	90.00
					CHECK TOTAL (CHECK #: 15828) =	$	180.00

Vendor: FRED CARTIER FRED C. CARTIER SERVICES REMIT ADDRESS
Invoice ID: 1257 Invoice Date: 10/19/2016 Due Date: 10/24/2016

2016	2016 1	No	001 -07 -8020-450	001 -200	V1165 VIDEO AND AUDIO TAPE 10	$	75.00
2016	2016 2	No	001 -07 -8020-450	001 -200	V1165 DVD OF 10/17/2016 MEETI	$	10.00
					INVOICE TOTAL (INVOICE ID: 1257) =	$	85.00
					CHECK TOTAL (CHECK #: 15829) =	$	85.00

Vendor: H.O. PENN MACHI H.O. PENN MACHINERY CO., INC. REMIT ADDRESS
Invoice ID: PSPE3376971 Invoice Date: 09/08/2016 Due Date: 10/24/2016

2016	2016 1	No	003 -04 -5130-427	003 -200	V1132 HYDRAULIC HOSE KIT FOR	$	80.89
					CHECK TOTAL (CHECK #: 15830) =	$	80.89

Vendor: HUDSON VALLEY PATTERN FOR PROG HUDSON VALLEY PATTERN FOR PROGRESS REMIT ADDRESS
Invoice ID: 2016OCT4 Invoice Date: 10/04/2016 Due Date: 10/24/2016

2016	2016 1	No	2016-RES-1 001 -07 -8020-498	001 -200	V1144 STUDY NEED OF RENTAL PR	$	7,500.00
					CHECK TOTAL (CHECK #: 15831) =	$	7,500.00

Vendor: INTERSTATE BATTERIES OF HUDSON INTERSTATE BATTERIES OF HUDSON VALLEY REMIT ADDRESS
Invoice ID: 403434 Invoice Date: 09/29/2016 Due Date: 10/24/2016

2016	2016 1	No	2016-5130- 003 -04 -5130-427	003 -200	V1154 V-CASE OF KLEENEX FACIA	$	551.80
					CHECK TOTAL (CHECK #: 15832) =	$	551.80

CAL YEAR	FY	TRANS	MAN	PO	ACCOUNT CODE	CREDIT CODE	DESCRIPTION	AMOUNT
Vendor: JEFF DECKER & S					JEFF DECKER & SON,INC.		REMIT ADDRESS	
Invoice ID: 14135					Invoice Date: 09/08/2016	Due Date: 10/24/2016		
2016	2016 1		No	3469	000 -07 -8810-428	000 -200	V1169 8 YARDS OF #4 GRAVEL	$ 160.00
							CHECK TOTAL (CHECK #: 15833) =	$ 160.00
Vendor: MANFRED REAL ESTATE LEARNING C					MANFRED REAL ESTATE LEARNING CENTER, INC		REMIT ADDRESS	
Invoice ID: 090236					Invoice Date: 10/06/2016	Due Date: 10/24/2016		
2016	2016 1		No	3473	000 -01 -1355-447	000 -200	V1143 USPAP CLASSES 2 @ $225	$ 450.00
2016	2016 2		No	3473	000 -01 -1355-447	000 -200	V1143 TEXT BOOK RENTAL 2 @ $2	$ 50.00
							INVOICE TOTAL (INVOICE ID: 090236) =	$ 500.00
							CHECK TOTAL (CHECK #: 15834) =	$ 500.00
Vendor: MICHAEL A. RICHARDSON					MICHAEL A. RICHARDSON		REMIT ADDRESS	
Invoice ID: S160905					Invoice Date: 09/22/2016	Due Date: 10/24/2016		
2016	2016 1		No		000 -01 -1010-401	000 -200	V1109 REVIEW EMPLOY MANUALS 3	$ 450.00
2016	2016 2		No		000 -01 -1010-401	000 -200	V1109 CHATHAM/RHINEBECK 78 MI	$ 42.12
							INVOICE TOTAL (INVOICE ID: S160905) =	$ 492.12
							CHECK TOTAL (CHECK #: 15835) =	$ 492.12
Vendor: MVP HEALTH CARE					MVP HEALTH CARE INC.		REMIT ADDRESS	
Invoice ID: 000008156848					Invoice Date: 10/08/2016	Due Date: 10/24/2016		
2016	2016 1		No		000 -01 -1220-804	000 -200	V1145 NOV 2016 HEALTH CARE CO	$ 1,453.64
2016	2016 2		No		000 -01 -1410-804	000 -200	V1145 NOV 2016 HEALTH CARE CO	$ 1,453.64
2016	2016 3		No		000 -01 -1410-804	000 -200	V1145 NOV 2016 HEALTH CARE CO	$ 995.58
2016	2016 4		No		000 -07 -8810-804	000 -200	V1145 NOV 2016 HEALTH CARE CO	$ 995.58
2016	2016 5		No		000 -08 -9060-804	000 -200	V1145 NOV 2016 HEALTH CARE CO	$ 1,453.64
2016	2016 6		No		003 -08 -9060-802	003 -200	V1145 NOV 2016 HEALTH CARE CO	$ 1,453.64
2016	2016 7		No		003 -08 -9060-800	003 -200	V1145 NOV 2016 HEALTH CARE CO	$ 881.18
2016	2016 8		No		003 -08 -9060-800	003 -200	V1145 NOV 2016 HEALTH CARE CO	$ 995.58
2016	2016 9		No		003 -08 -9060-800	003 -200	V1145 NOV 2016 HEALTH CARE CO	$ 881.18
2016	2016 10		No		003 -08 -9060-800	003 -200	V1145 NOV 2016 HEALTH CARE CO	$ 1,418.70
2016	2016 11		No		003 -08 -9060-800	003 -200	V1145 NOV 2016 HEALTH CARE CO	$ 995.58
2016	2016 12		No		003 -08 -9060-800	003 -200	V1145 NOV 2016 HEALTH CARE CO	$ 1,453.64
2016	2016 13		No		003 -08 -9060-800	003 -200	V1145 NOV 2016 HEALTH CARE CO	$ 995.58
							INVOICE TOTAL (INVOICE ID: 000008156848) =	$ 15,427.16
Invoice ID: 2016-06					Invoice Date: 07/08/2016	Due Date: 10/24/2016		
2016	2016 1		No		000 -01 -1220-804	000 -200	V1110 JUNE 2016 HRA FEE SD	$ 6.25
2016	2016 2		No		000 -01 -1410-804	000 -200	V1110 JUNE 2016 HRA FEE JG	$ 6.25
2016	2016 3		No		000 -01 -1410-804	000 -200	V1110 JUNE 2016 HRA FEE JW	$ 6.25
2016	2016 4		No		000 -07 -8810-804	000 -200	V1110 JUNE 2016 HRA FEE GS	$ 6.25
2016	2016 5		No		000 -08 -9060-804	000 -200	V1110 JUNE 2016 HRA FEE RF	$ 6.25
2016	2016 6		No		003 -08 -9060-802	003 -200	V1110 JUNE 2016 HRA FEE AC	$ 6.25
2016	2016 7		No		003 -08 -9060-800	003 -200	V1110 JUNE 2016 HRA FEE BH	$ 6.25
2016	2016 8		No		003 -08 -9060-800	003 -200	V1110 JUNE 2016 HRA FEE MK	$ 6.25
2016	2016 9		No		003 -08 -9060-800	003 -200	V1110 JUNE 2016 HRA FEE RL	$ 6.25
2016	2016 10		No		003 -08 -9060-800	003 -200	V1110 JUNE 2016 HRA FEE RR	$ 6.25
2016	2016 11		No		003 -08 -9060-800	003 -200	V1110 JUNE 2016 HRA FEE RS	$ 6.25
2016	2016 12		No		003 -08 -9060-800	003 -200	V1110 JUNE 2016 HRA FEE RW	$ 6.25
							INVOICE TOTAL (INVOICE ID: 2016-06) =	$ 75.00
Invoice ID: 2016-09					Invoice Date: 10/05/2016	Due Date: 10/24/2016		
2016	2016 1		No		000 -01 -1220-804	000 -200	V1111 SEPT 2016 HRA FEE SD	$ 6.25
2016	2016 2		No		000 -01 -1410-804	000 -200	V1111 SEPT 2016 HRA FEE JG	$ 6.25
2016	2016 3		No		000 -01 -1410-804	000 -200	V1111 SEPT 2016 HRA FEE JW	$ 6.25
2016	2016 4		No		000 -07 -8810-804	000 -200	V1111 SEPT 2016 HRA FEE GS	$ 6.25
2016	2016 5		No		000 -08 -9060-804	000 -200	V1111 SEPT 2016 HRA FEE RF	$ 6.25
2016	2016 6		No		003 -08 -9060-802	003 -200	V1111 SEPT 2016 HRA FEE AC	$ 6.25
2016	2016 7		No		003 -08 -9060-800	003 -200	V1111 SEPT 2016 HRA FEE BH	$ 6.25
2016	2016 8		No		003 -08 -9060-800	003 -200	V1111 SEPT 2016 HRA FEE MK	$ 6.25
2016	2016 9		No		003 -08 -9060-800	003 -200	V1111 SEPT 2016 HRA FEE RL	$ 6.25
2016	2016 11		No		003 -08 -9060-800	003 -200	V1111 SEPT 2016 HRA FEE RR	$ 6.25
2016	2016 12		No		003 -08 -9060-800	003 -200	V1111 SEPT 2016 HRA FEE RS	$ 6.25
2016	2016 13		No		003 -08 -9060-800	003 -200	V1111 SEPT 2016 HRA FEE RW	$ 6.25

CAL YEAR	FY	TRANS	MAN	PO	ACCOUNT CODE	CREDIT CODE	DESCRIPTION	AMOUNT
							INVOICE TOTAL (INVOICE ID: 2016-09) =	$ 75.00
							CHECK TOTAL (CHECK #: 15836) =	$ 15,577.16
Vendor: NEW YORK COMMUN					NEW YORK COMMUNICATIONS CO., INC.		REMIT ADDRESS	
Invoice ID: 137976					Invoice Date: 09/01/2016 Due Date: 10/24/2016			
2016	2016 1		No	2016-5010-	000 -04 -5010-401	000 -200	V1157 2016 RADIO RENTAL	$ 591.00
Invoice ID: 138295					Invoice Date: 10/03/2016 Due Date: 10/24/2016			
2016	2016 1		No	2016-5010-	000 -04 -5010-401	000 -200	V1156 2016 RADIO RENTAL	$ 591.00
							CHECK TOTAL (CHECK #: 15837) =	$ 1,182.00
Vendor: NORTH SHORE SOLUTIONS					NORTH SHORE SOLUTIONS GROUP, LLC		REMIT ADDRESS	
Invoice ID: 2010-2487					Invoice Date: 10/01/2016 Due Date: 10/24/2016			
2016	2016 1		No		000 -01 -1680-402	000 -200	V1104 WEB SFTWARE AND HSTING	$ 455.00
							CHECK TOTAL (CHECK #: 15838) =	$ 455.00
Vendor: NYS DEPT ENVIRO					NYS DEPT ENVIRONMENTAL CONSERVATION		REMIT ADDRESS	
Invoice ID: 9990000303682					Invoice Date: 09/12/2016 Due Date: 10/24/2016			
2016	2016 1		No		022 -07 -8110-459	022 -200	V1172 SPDES MUNICIPAL FEES FO	$ 425.00
							CHECK TOTAL (CHECK #: 15839) =	$ 425.00
Vendor: NYS EMPLOYEES H					NYS EMPLOYEES HEALTH INSURANCE PENDING A		REMIT ADDRESS	
Invoice ID: 505					Invoice Date: 10/11/2016 Due Date: 10/24/2016			
2016	2016 1		No		000 -01 -1355-804	000 -200	V1171 NOVEMBER MEDIAL COVERAG	$ 1,926.21
2016	2016 2		No		000 -08 -9060-801	000 -200	V1171 NOVEMBER MEDIAL COVERAG	$ 452.79
							INVOICE TOTAL (INVOICE ID: 505) =	$ 2,379.00
							CHECK TOTAL (CHECK #: 15840) =	$ 2,379.00
Vendor: PETTY CASH HWAY					BARRY SHERROD		REMIT ADDRESS	
Invoice ID: 2016AUGUST30					Invoice Date: 08/30/2016 Due Date: 10/24/2016			
2016	2016 1		No	2016-HWAY-	000 -04 -5010-410	000 -200	V1160 WATER FOR CREW PAVING S	$ 56.95
							CHECK TOTAL (CHECK #: 15841) =	$ 56.95
Vendor: PLANNERS EAST					PLANNERS EAST INC.		REMIT ADDRESS	
Invoice ID: 2016SEPT30					Invoice Date: 09/30/2016 Due Date: 10/24/2016			
2016	2016 1		No		001 -07 -8020-408	001 -200	V1134 8/01-9/30/2016 16.0 HRS	$ 1,792.00
							CHECK TOTAL (CHECK #: 15842) =	$ 1,792.00
Vendor: RHINEBECK FORD					RHINEBECK FORD, INC.		REMIT ADDRESS	
Invoice ID: 82054					Invoice Date: 09/23/2016 Due Date: 10/24/2016			
2016	2016 1		No	2016-5130-	003 -04 -5130-100	003 -200	V1140 CALIPER ASY BRAKE (CORE	$ 107.16
							CHECK TOTAL (CHECK #: 15843) =	$ 107.16
Vendor: SCHWAAB, INC.					SCHWAAB, INC.		REMIT ADDRESS	
Invoice ID: A072708					Invoice Date: 09/20/2016 Due Date: 10/24/2016			
2016	2016 1		No	3475	000 -01 -1110-410	000 -200	V1136 SI DATER M100 STAMP RED	$ 60.00
2016	2016 2		No	3475	000 -01 -1110-410	000 -200	V1136 X STAMPER/COPY	$ 9.25
							INVOICE TOTAL (INVOICE ID: A072708) =	$ 69.25
							CHECK TOTAL (CHECK #: 15844) =	$ 69.25
Vendor: STAPLES BUSINES					STAPLES BUSINESS ADVANTAGE		REMIT ADDRESS	
Invoice ID: 8041312120					Invoice Date: 10/08/2016 Due Date: 10/24/2016			
2016	2016 1		No	3476	000 -01 -1650-410	000 -200	V1147 MINI BINDER CLIPS	$ 4.99
2016	2016 2		No	3476	000 -01 -1355-410	000 -200	V1147 DAT STAMP 2MM	$ 5.41
2016	2016 3		No	3476	000 -07 -8810-410	000 -200	V1147 HP920XL/920 HY BLACK ST	$ 64.99
2016	2016 4		No	3476	000 -01 -1620-410	000 -200	V1147 EPSON 664 BLACK INK	$ 12.99
2016	2016 5		No	3476	000 -01 -1620-410	000 -200	V1147 EPSON 664 YELLOW INK	$ 12.99
2016	2016 6		No	3476	000 -01 -1620-410	000 -200	V1147 EPSON 664 MAGENTA INK	$ 12.99
2016	2016 7		No	3476	000 -01 -1620-410	000 -200	V1147 EPSON 664 CYAN INK	$ 12.99
2016	2016 8		No	3476	000 -01 -1410-410	000 -200	V1147 P-TOUCH TAPE 1/2 IN BL	$ 19.49

CAL YEAR	FY	TRANS	MAN	PO	ACCOUNT CODE	CREDIT CODE	DESCRIPTION	AMOUNT
							INVOICE TOTAL (INVOICE ID: 8041312120) =	$ 146.84
							CHECK TOTAL (CHECK #: 15845) =	$ 146.84
Vendor: SUPERIOR SANITA					SUPERIOR SANITATION INC.		REMIT ADDRESS	
Invoice ID: 30248					Invoice Date: 10/03/2016 Due Date: 10/24/2016			
2016	2016 1		No		000 -06 -5720-473	000 -200	V1105 1/2 oCT HANDICAPPED POR	$ 74.16
2016	2016 2		No		000 -06 -7140-473	000 -200	V1105 PORTABLE UNIT @ PARK	$ 91.67
2016	2016 3		No		000 -06 -7140-484	000 -200	v1105 PORTABLE UNIT @ STONE C	$ 91.67
							INVOICE TOTAL (INVOICE ID: 30248) =	$ 257.50
							CHECK TOTAL (CHECK #: 15846) =	$ 257.50
Vendor: THE HUDSON RIVER TRACTOR COMPA					THE HUDSON RIVER TRACTOR COMPANY		REMIT ADDRESS	
Invoice ID: 314188					Invoice Date: 09/29/2016 Due Date: 10/24/2016			
2016	2016 1		No		2016-5130- 003 -04 -5130-427	003 -200	V1102 CLUTCH REPAIRS JD 5320	$ 3,139.51
							CHECK TOTAL (CHECK #: 15847) =	$ 3,139.51
Vendor: TOWN OF MILAN					TOWN OF MILAN		REMIT ADDRESS	
Invoice ID: 16					Invoice Date: 09/16/2016 Due Date: 10/24/2016			
2016	2016 1		No		2016-5130- 003 -04 -5130-427	003 -200	V1098 1/4 OIL CHANGE/INSPECTI	$ 312.47
Invoice ID: 18					Invoice Date: 09/16/2016 Due Date: 10/24/2016			
2016	2016 1		No		2016-1530- 003 -04 -5130-427	003 -200	V1099 1/3 CHAIN SAW SCABBARD	$ 86.67
							CHECK TOTAL (CHECK #: 15848) =	$ 399.14
Vendor: ULSTER UNIFORM					ULSTER UNIFORM SERVICE, INC.		REMIT ADDRESS	
Invoice ID: 836836					Invoice Date: 09/30/2016 Due Date: 10/24/2016			
2016	2016 1		No		2016-9089- 003 -08 -9089-800	003 -200	V1100 4 WKS UNIFORM CLEANING	$ 222.00
							CHECK TOTAL (CHECK #: 15849) =	$ 222.00
Vendor: VALLEY OIL CO, INC.					VALLEY OIL CO, INC.		REMIT ADDRESS	
Invoice ID: 106596A					Invoice Date: 05/19/2016 Due Date: 10/24/2016			
2016	2016 1		No		000 -01 -1620-454	000 -200	V1106 TH COMFORT PLN CONTR 1/	$ 251.11
Invoice ID: 106597					Invoice Date: 05/19/2016 Due Date: 10/24/2016			
2016	2016 1		No		000 -01 -1630-454	000 -200	V1106 MAINTEN CONTRACT 1/01-1	$ 251.11
Invoice ID: 106598					Invoice Date: 05/19/2016 Due Date: 10/24/2016			
2016	2016 1		No		000 -06 -7180-454	000 -200	V1106 POOL CONTRACT 1/01-12/3	$ 125.10
Invoice ID: 23184					Invoice Date: 09/23/2016 Due Date: 10/24/2016			
2016	2016 1		No		2016-5110- 003 -04 -5110-412	003 -200	V1158 9/23/16 700.6 GAL DIESE	$ 1,141.91
Invoice ID: 4431					Invoice Date: 09/30/2016 Due Date: 10/24/2016			
2016	2016 1		No		2016-5110- 003 -04 -5110-450	003 -200	V1158 9/30/16 349.0 GALL GAS	$ 559.94
Invoice ID: 6465					Invoice Date: 08/18/2016 Due Date: 10/24/2016			
2016	2016 1		No		2016-5110- 003 -04 -5110-450	003 -200	V1159 8-18 1010.5GAL GAS @ $1	$ 1,631.86
2016	2016 2		No		2016-5110- 003 -04 -5110-412	003 -200	V1159 8-18 483.7GAL DIESEL @	$ 801.68
							INVOICE TOTAL (INVOICE ID: 6465) =	$ 2,433.54
Invoice ID: 6791					Invoice Date: 09/09/2016 Due Date: 10/24/2016			
2016	2016 1		No		2016-5110- 003 -04 -5110-450	003 -200	V1158 9/9/16 634.6 GALL GAS @	$ 1,029.58
Invoice ID: 7000					Invoice Date: 09/22/2016 Due Date: 10/24/2016			
2016	2016 1		No		2016-5110- 003 -04 -5110-450	003 -200	V1158 9/22 689.5 GALL GAS @ 1	$ 1,066.93
Invoice ID: 7297					Invoice Date: 10/07/2016 Due Date: 10/24/2016			
2016	2016 1		No		2016-5110- 003 -04 -5110-450	003 -200	V1158 10/07/16 350 gal gas @1	$ 576.59
							CHECK TOTAL (CHECK #: 15850) =	$ 7,435.81
Vendor: VILLAGE OF RHIN					VILLAGE OF RHINEBECK		REMIT ADDRESS	
Invoice ID: 2016SEPT06					Invoice Date: 09/06/2016 Due Date: 10/24/2016			
2016	2016 1		No		000 -01 -1110-421	000 -200	V1108 SEPT COURT HOURS 9 @ $4	$ 360.00
2016	2016 2		No		001 -02 -3120-420	001 -200	V1108 SEPT PATROL HOURS 61 @	$ 3,050.00
2016	2016 3		No		001 -02 -3120-422	001 -200	V1108 SEPT PATROL MILEAGE 416	$ 224.64
							INVOICE TOTAL (INVOICE ID: 2016SEPT06) =	$ 3,634.64
							CHECK TOTAL (CHECK #: 15851) =	$ 3,634.64
Vendor: VRI ENVIRONMENTAL SERVICES INC					VRI ENVIRONMENTAL SERVICES INC.		REMIT ADDRESS	
Invoice ID: 21696					Invoice Date: 10/04/2016 Due Date: 10/24/2016			

CAL YEAR	FY	TRANS	MAN	PO	ACCOUNT CODE	CREDIT CODE	DESCRIPTION	AMOUNT
2016	2016	1	No		022 -07 -8120-420	022 -200	V1107 SEPT OPERATIONS AND TES	$ 960.63
2016	2016	2	No		022 -07 -8130-450	022 -200	V1107 SEPT SOUTH FIELD LAB WO	$ 140.00
2016	2016	3	No		022 -07 -8130-415	022 -200	V1107 SEPT NORTH FIELD LAB WO	$ 140.00
							INVOICE TOTAL (INVOICE ID: 21696) =	$ 1,240.63
							CHECK TOTAL (CHECK #: 15852) =	$ 1,240.63

Vendor: W.B.MASON — W.B.MASON CO.,INC — REMIT ADDRESS

Invoice ID: I37365547 — Invoice Date: 10/01/2016 — Due Date: 10/24/2016

2016	2016	1	No		000 -01 -1650-410	000 -200	V1146 5 BX 8.5X11 PAPER @ $29	$ 149.95
2016	2016	2	No		000 -01 -1650-410	000 -200	V1146 4 PUREL HAND CLEANER @	$ 15.56
2016	2016	3	No		000 -01 -1650-410	000 -200	V1146 3 BX STAPLES @ $1.29 EA	$ 3.87
2016	2016	4	No		000 -01 -1650-410	000 -200	V1146 1 BX HANGING FOLDERS	$ 17.49
2016	2016	5	No		000 -01 -1650-410	000 -200	V1146 2 BX MANILLA FOLDERS @	$ 24.98
2016	2016	6	No		000 -01 -1650-410	000 -200	V1146 1-6 PK TAPE	$ 10.99
2016	2016	7	No		000 -01 -1650-410	000 -200	V1146 3X3 NOTE	$ 3.68
2016	2016	8	No		000 -01 -1650-410	000 -200	V1146 ASORTED FLAGS	$ 10.99
2016	2016	9	No		000 -01 -1650-410	000 -200	V1146 3X3 SELF STICK NOTES	$ 10.99
2016	2016	10	No		000 -01 -1650-410	000 -200	V1146 12 DZ MINI BINDER CLIPS	$ 8.28
2016	2016	11	No		000 -01 -1650-410	000 -200	V1146 12 DZ BINDER CLIPS @ $0	$ 7.20
2016	2016	12	No		000 -01 -1650-410	000 -200	V1146 6 DZ BINDER CLIPS @ $3.	$ 20.10
2016	2016	13	No		000 -01 -1110-410	000 -200	V1146 DUAL PACK TONER	$ 119.99
2016	2016	14	No		000 -01 -1110-410	000 -200	V1146 2 PACK TONER	$ 134.49
2016	2016	15	No		000 -01 -1110-410	000 -200	V1146 2 STAPLE REMOVERS @ $2.	$ 4.98
2016	2016	16	No		000 -01 -1110-410	000 -200	V1146 BOX FILE FOLDERS	$ 10.99
2016	2016	17	No		000 -01 -1110-410	000 -200	V1146 1 CT OF 12 FILE STORAGE	$ 34.49
2016	2016	18	No		000 -01 -1110-410	000 -200	V1146 1 BX OF 100 COUNT PROTE	$ 14.89
2016	2016	19	No		000 -01 -1220-410	000 -200	V1146 TONER	$ 196.99
2016	2016	20	No		000 -01 -1220-410	000 -200	V1146 2 CORRECTION RIBBONS @	$ 26.32
2016	2016	21	No		000 -01 -1355-410	000 -200	V1146 PREINK GEL STAMP REFILL	$ 5.95
2016	2016	22	No		000 -01 -1355-410	000 -200	V1146 PREINK GEL STAMP REFILL	$ 5.95
2016	2016	23	No		000 -01 -1355-410	000 -200	V1146 INK MAG	$ 12.69
2016	2016	24	No		000 -01 -1410-410	000 -200	V1146 CORRECTION RIBBON	$ 7.49
2016	2016	25	No	3450	001 -07 -8010-410	001 -200	V1146 10 STENO BOOKS @ $1.25	$ 12.50
							INVOICE TOTAL (INVOICE ID: I37365547) =	$ 871.80

Invoice ID: i37445622 — Invoice Date: 09/06/2016 — Due Date: 10/24/2016

2016	2016	1	No	2016-1620- 000 -01 -1620-410	000 -200	V1170 CASE OF TOILET PAPER-WM	$ 62.99

Invoice ID: i38268441 — Invoice Date: 10/20/2016 — Due Date: 10/24/2016

2016	2016	1	No	2016-1620- 000 -01 -1620-410	000 -200	V1170 CASE OF MULTI-FOLD P. T	$ 75.98
2016	2016	2	No	2016-1620- 000 -01 -1620-410	000 -200	V1170 CASE OF KLEENEX FACIAL	$ 71.09
						INVOICE TOTAL (INVOICE ID: i38268441) =	$ 147.07
						CHECK TOTAL (CHECK #: 15853) =	$ 1,081.86

Vendor: WARREN S. REPLA — WARREN S. REPLANSKY,ESQ. — REMIT ADDRESS

Invoice ID: 2016SEPT13 — Invoice Date: 09/13/2016 — Due Date: 10/24/2016

2016	2016	1	No	010 -07 -0085-400	010 -230	V1133 RUGE'S 1.5 HR @ $165/HR	$ 247.50
						CHECK TOTAL (CHECK #: 15854) =	$ 247.50

Vendor: WILLIAMS LUMBER — WILLIAMS LUMBER & HOME CENTER — REMIT ADDRESS

Invoice ID: 25660 — Invoice Date: 09/02/2016 — Due Date: 10/24/2016

2016	2016	1	No	2016-1630- 000 -01 -1630-410	000 -200	V1139 STRING FOR WEEDWACKER	$ 16.31

Invoice ID: 31114 — Invoice Date: 09/07/2016 — Due Date: 10/24/2016

2016	2016	1	No	2016-MAIN- 000 -01 -1630-423	000 -200	V1139 MAINT-BLADE GRINDING WH	$ 3.75
2016	2016	2	No	2016-MAIN- 000 -06 -7140-440	000 -200	V1139 SIGN HRDWR-BALL FIELD-S	$ 8.24
						INVOICE TOTAL (INVOICE ID: 31114) =	$ 11.99

Invoice ID: 31602 — Invoice Date: 09/07/2016 — Due Date: 10/24/2016

2016	2016	1	No	2016-1630- 000 -01 -1630-410	000 -200	V1139 OIL FOR MOWER	$ 5.53

Invoice ID: 40979 — Invoice Date: 09/15/2016 — Due Date: 10/24/2016

2016	2016	1	No	2016-1620- 000 -01 -1620-410	000 -200	V1139 TH-BATTERIES-MENS RM	$ 7.91

Invoice ID: 46441 — Invoice Date: 09/19/2016 — Due Date: 10/24/2016

2016	2016	1	No	2016-7140- 000 -06 -7140-410	000 -200	V1139 NEW CHAIN FOR SWINGS	$ 140.25

Invoice ID: 49102-2016 — Invoice Date: 09/21/2016 — Due Date: 10/24/2016

2016	2016	1	No	2016-8160- 000 -07 -8160-440	000 -200	V1139 VENT REPAIR SUPPLIES	$ 42.93

Invoice ID: 55314 — Invoice Date: 09/26/2016 — Due Date: 10/24/2016

2016	2016	1	No	2016-5720- 000 -06 -5720-410	000 -200	V1139 FLAG	$ 33.59

TOWN OF RHINEBECK
PRELIMINARY ABSTRACT 10B V1098-V1173 44 CHECKS DUE DATE 10/24/20
Executed By: cworden

CAL YEAR	FY	TRANS	MAN	PO	ACCOUNT CODE	CREDIT CODE	DESCRIPTION	AMOUNT
2016	2016	2	No	2016-5720-	000 -06 -5720-410	000 -200	V1139 BOAT SNAP CLIPS	$ 6.60
						INVOICE TOTAL (INVOICE ID: 55314) =		$ 40.19
Invoice ID: 59507				Invoice Date: 09/29/2016	Due Date: 10/24/2016			
2016	2016	1	No	2016-1620-	000 -01 -1620-440	000 -200	V1139 PAINT SUPPLIES-REAR WIN	$ 14.03
Invoice ID: M08300				Invoice Date: 09/05/2016	Due Date: 10/24/2016			
2016	2016	1	No	3461	000 -07 -8810-410	000 -200	V1167 6 CUFT STEEL WHEELBARRO	$ 89.09
Invoice ID: M10986				Invoice Date: 09/05/2016	Due Date: 10/24/2016			
2016	2016	1	No	3461	000 -07 -8810-410	000 -200	V1167 1 LB 8X3 SQ DR COATED S	$ 8.45
2016	2016	2	No	3461	000 -07 -8810-410	000 -200	V1167 200CT 10X3-1/2' SQ DR C	$ 28.49
						INVOICE TOTAL (INVOICE ID: M10986) =		$ 36.94
						CHECK TOTAL (CHECK #: 15855) =		$ 405.17
						TOTAL CHECKS =		$ 55,705.11
						TOTAL BANK (TRUST AGENCY FD) =		$ 55,705.11

Bank: TRUST AGENCY MM TRUST AGENCY MM

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Vendor: GREENPLAN INC. GREENPLAN INC. REMIT ADDRESS

Invoice ID: 6649				Invoice Date: 06/22/2016	Due Date: 10/24/2016			
2016	2016	1	No	2016-GP-66	010 -07 -0085-400	010 -230	V1162 V RUGE'S ZONING PETITIO	$ 1,472.50
						CHECK TOTAL (CHECK #: 15856) =		$ 1,472.50

Vendor: MORRIS ASSOCIAT MORRIS ASSOCIATES, P.S., LLC REMIT ADDRESS

Invoice ID: 0077360				Invoice Date: 09/23/2016	Due Date: 10/24/2016			
2016	2016	1	No	2016-MA-77	010 -07 -0085-400	010 -230	V1163 V SOLOMON 8-14 THRU 9-1	$ 334.65
						CHECK TOTAL (CHECK #: 15857) =		$ 334.65

Vendor: PLANNERS EAST PLANNERS EAST INC. REMIT ADDRESS

Invoice ID: 2016-SEPT-10				Invoice Date: 10/13/2016	Due Date: 10/24/2016			
2016	2016	1	No	2016-PE-SE	010 -07 -0085-400	010 -230	V1119 GRUBIAK SEPT 2.25 HRS @	$ 297.00
Invoice ID: 2016-SEPT-11				Invoice Date: 10/13/2016	Due Date: 10/24/2016			
2016	2016	1	No	2016-PE-SE	010 -07 -0085-400	010 -230	V1121 KOFF AUG & SEPT 1.75HRS	$ 231.00
Invoice ID: 2016-SEPT-13				Invoice Date: 10/13/2016	Due Date: 10/24/2016			
2016	2016	1	No	2016-PE-SE	010 -07 -0085-400	010 -230	V1131 KPH2 RIVER RD SEP 3.625	$ 478.50
Invoice ID: 2016-SEPT-14				Invoice Date: 10/13/2016	Due Date: 10/24/2016			
2016	2016	1	No	2016-PE-SE	010 -07 -0085-400	010 -230	V1122 LOBOTSKY AUG/SEPT 3.375	$ 445.50
Invoice ID: 2016-SEPT-15				Invoice Date: 10/13/2016	Due Date: 10/24/2016			
2016	2016	1	No	2016-PE-SE	010 -07 -0085-400	010 -230	V1123 MORING SEPT 1.375HRS @	$ 181.50
Invoice ID: 2016-SEPT-16				Invoice Date: 10/13/2016	Due Date: 10/24/2016			
2016	2016	1	No	2016-PE-SE	010 -07 -0085-400	010 -230	V1124 NEMMERS SEPT 2 HRS @ $1	$ 264.00
Invoice ID: 2016-SEPT-17				Invoice Date: 10/13/2016	Due Date: 10/24/2016			
2016	2016	1	No	2016-PE-SE	010 -07 -0085-400	010 -230	V1127 PHANTOM GAR DEC-SEPT 1.	$ 247.50
Invoice ID: 2016-SEPT-18				Invoice Date: 10/13/2016	Due Date: 10/24/2016			
2016	2016	1	No	2016-PE-SE	010 -07 -0085-400	010 -230	V1128 SANTORO AUG .875 HRS @	$ 115.50
Invoice ID: 2016-SEPT-19				Invoice Date: 10/13/2016	Due Date: 10/24/2016			
2016	2016	1	No	2016-PE-SE	010 -07 -0085-400	010 -230	V1125 SCHMITT AUG/SEPT 1.875@	$ 247.50
Invoice ID: 2016-SEPT-20				Invoice Date: 10/13/2016	Due Date: 10/24/2016			
2016	2016	1	No	2016-PE-SE	010 -07 -0085-400	010 -230	V1126 SOLOMON AUG/SEPT .875 H	$ 115.50
Invoice ID: 2016-SEPT-21				Invoice Date: 10/13/2016	Due Date: 10/24/2016			
2016	2016	1	No	2016-PE-SE	010 -07 -0085-400	010 -230	V1130 SOSNOFF SEPT 1.5 HRS @	$ 198.00
Invoice ID: 2016-SEPT-22				Invoice Date: 10/13/2016	Due Date: 10/24/2016			
2016	2016	1	No	2016-PE-SE	010 -07 -0085-400	010 -230	V1129 WILLIAMS LUM AUG&SEPT 1	$ 214.50
Invoice ID: 2016SEPT				Invoice Date: 10/13/2016	Due Date: 10/24/2016			
2016	2016	1	No	2016-PE-SE	010 -07 -0085-400	010 -230	V1113 BAPTIST HOME AUG 1.125H	$ 148.50
Invoice ID: 2016SEPT01				Invoice Date: 10/13/2016	Due Date: 10/24/2016			
2016	2016	1	No	2016-PE-SE	010 -07 -0085-400	010 -230	V1112 ARNDT AUG 1.625HRS @ $1	$ 214.50
Invoice ID: 2016SEPT03				Invoice Date: 10/13/2016	Due Date: 10/24/2016			
2016	2016	1	No	2016-PE-SE	010 -07 -0085-400	010 -230	V1114 BIRNBAUM AUG .125HRS @	$ 16.50
Invoice ID: 2016SEPT05				Invoice Date: 10/14/2016	Due Date: 10/24/2016			
2016	2016	1	No	2016-PE-SE	010 -07 -0085-400	010 -230	V1115 EVEREADY AUG .875 HRS @	$ 115.50
Invoice ID: 2016SEPT06				Invoice Date: 10/13/2016	Due Date: 10/24/2016			
2016	2016	1	No	2016-PE-SE	010 -07 -0085-400	010 -230	V1116 GAR @ RBK AUG/SEPT 4.75	$ 627.00

TOWN OF RHINEBECK
PRELIMINARY ABSTRACT 10B V1098-V1173 44 CHECKS DUE DATE 10/24/20
Executed By: cworden

CAL YEAR	FY	TRANS	MAN	PO	ACCOUNT CODE	CREDIT CODE	DESCRIPTION	AMOUNT
Invoice ID: 2016SEPT07					Invoice Date: 10/13/2016	Due Date: 10/24/2016		
2016	2016	1	No	2016-PE-SE	010 -07 -0085-400	010 -230	V1117 GMER HLLW APR-SEPT 2.87	$ 379.50
Invoice ID: 2016SEPT08					Invoice Date: 10/13/2016	Due Date: 10/24/2016		
2016	2016	1	No	2016-PE-SE	010 -07 -0085-400	010 -230	V1118 GMER HLLW APR-SEPT 2.87	$ 247.50
Invoice ID: 2016SEPT10					Invoice Date: 10/13/2016	Due Date: 10/24/2016		
2016	2016	1	No	2016-PE-SE	010 -07 -0085-400	010 -230	V1120 JACOB SEPT 1.5HRS @ $13	$ 198.00

CHECK TOTAL (CHECK #: 15858) = $ 4,983.00

TOTAL CHECKS = $ 6,790.15

TOTAL BANK (TRUST AGENCY MM) = $ 6,790.15

TOTAL PAYMENTS = $ 62,495.26

TOWN CLERK CERTIFICATION

I HEREBY CERTIFY THAT THESE CLAIMS WERE AUDITED AND ALLOWED

BY THE TOWN BOARD ON _____ TO BE PAID.

_____ _____
DATE TOWN CLERK

TOWN OF RHINEBECK

RESOLUTION NO. 2016232

CAPITAL PROJECTS ABSTRACT, 2 CHECKS FOR $4,272.45

WHEREAS, the Town Bookkeeper has submitted the attached Capital Project Abstract to the Town Board for approval; and

WHEREAS, the Town Board has reviewed the attached Capital Project Abstract and finds it appropriate for payment; now, therefore, be it

RESOLVED, that the attached Capital Project Abstract is approved for payment.

PRELIMINARY CAPITAL PROJECT ABSTRACT FOR 10-24-2016 2 Checks

Bank Account M&T15004204347155

ABSTRACT #	VOUCHER #	Vendor Name	Voucher Amount	H27 FUND #043 Rhinebeck Dock Improvements	H62 FUND #078 Rhineson TTSM Park	H101 FUND #101 TTSM Trails	Total of Funds
							$ -
10	14	Crawford & Associates	$ 4,200.00		$ 4,200.00		$ 4,200.00
10	15	Daily Freeman	$ 72.45		$ 72.45		$ 72.45
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ 4,272.45
Total Capital Project Abstracts for Oct. 24, 2016 meeting			$ 4,272.45	$ -	$ 4,272.45	$ -	$ 4,272.45

TOWN OF RHINEBECK

RESOLUTION NO. 2016233

BUDGET TRANSFERS AND AMENDMENTS

WHEREAS, the Town Bookkeeper has submitted the following budget transfers and amendments:

now, therefore, be it

RESOLVED, that the Bookkeeper is authorized to make the foregoing budget transfers, amendments, and any necessary bookkeeping entries.

TOWN OF RHINEBECK

RESOLUTION NO. 2016234

HANDBOOK FOR TOWN OF RHINEBECK VOLUNTEERS

WHEREAS, the Town Board is updating policies and procedures for employees, appointed and elected officials, and volunteer committee members; and

WHEREAS, a volunteer handbook is useful for volunteer committee members to clarify the roles, responsibilities and expectations of such volunteers; and

WHEREAS, the attached Volunteer Handbook ("Handbook") provides the definition and purpose of the Town committees on Aging, Cemetery, Historic Structures, Open Space Affordable Housing, Recreation, and the Thomas Thompson-Sally Mazzarella Park (collectively, the "Committees"); now, therefore, be it

RESOLVED, that the Town Clerk shall post the Handbook on the Town website, distribute the Handbook to all existing members of the Committees, and ensure that all newly appointed members to the Committees receive the Handbook as the official volunteer manual for members of the Committees.

Town of RHINEBECK
Volunteer Handbook

On Becoming a Volunteer for the Town of Rhinebeck

Thank you very much for considering giving time to your community as a member of one of the volunteer Committees that serve the interests of the people of Rhinebeck. That kind of generosity of spirit is a vital part of what makes Rhinebeck what it is.

Committees are established by the Town Board for the purpose of advising the Board on matters pertaining to the Town. There are some requirements for appointment by the Rhinebeck Town Board to any of the committees listed in this handbook. There is also an expectation of respect for the public and for fellow members of the committee and a willingness to do one's share of the work. No one expects a new appointee to be a complete expert in the subject area of a committee. However, personal initiative in getting up to speed is expected.

Before filing an application for appointment to fill a vacancy on one of the committees, you should get in touch with that committee's chairperson and learn as much as possible about the committee. Consider the frequency of meetings, and their time and place. If attending the regular meetings would be a hardship for you, you might consider another committee with a more convenient schedule. Reliable attendance at meetings is a must. Naturally, events in one's personal life may occasionally preclude attending a regularly scheduled meeting, and that is understandable.

In addition, members must maintain a high degree of honesty, integrity and open mindedness in the handling of all committee matters. While members serve as a part of a team, they must be able to think independently and be able to make a decision when called upon to do so.

If you are appointed to a committee you should immediately contact the chairperson of your respective committee.

Volunteerism is the heartbeat of a community. Its citizens could not maintain the character of our town without much selfless contribution of time and effort. We -- and the Town -- are grateful for your interest and involvement.

The Town of Rhinebeck

TOWN OF RHINEBECK COMMITTEES

AGING COMMITTEE

Established in 2006, the Town Committee on Aging identifies and considers the needs of older Rhinebeck residents and recommends improvements to programs and activities for seniors in and around Rhinebeck. All meetings are held at 1pm at Town Hall on the first Monday of each month, unless there is a holiday, in which case the meeting will be held on the second Monday. Contact the Chair for more information.

CEMETERY COMMITTEE

The Town Cemetery Committee advises and makes recommendations to the Town Board on all cemetery operational and maintenance matters. The Committee meets the first Thursday of every month at 1:00 pm in the Town Hall. The Town cemetery is also supported by the Friends of Rhinebeck Cemetery, Inc., a not-for-profit organization working to promote and optimize the history, design and ecology of the cemeteries under the Town of Rhinebeck's jurisdiction.

HISTORIC STRUCTURES COMMITTEE

The Historic Structures Committee was formed to protect Rhinebeck's historic buildings.

OPEN SPACE AND AFFORDABLE HOUSING COMMITTEE

The Open Space and Affordable Housing Committee was established in 2006 to recommend strategies designed to: 1) promote the creation of housing that is affordable for Rhinebeck's moderate-income workers and senior citizens; and 2) preserve Rhinebeck's open space and natural resources. Regular meetings are held at 5:30pm in the Starr Library on the second Thursday of each month. From time to time there may be two meetings per month.

THE RECREATION ADVISORY COMMITTEE

The Recreation Advisory Committee was created by Local Law 4 of 2016 to advise and consult with the Town Board regarding all recreation programs, parks and recreation facilities of the Town located in the Town of Rhinebeck and/or the Village of Rhinebeck. The Town's Recreation Department programs include a summer camp, swim lessons, winter basketball, volleyball and zumba programs for adults and children; the annual Spring Egg Hunt; and concerts. The Rhinebeck Manta Rays swim team works with the Recreation Department to provide an exciting, competitive youth swim team program during summer months.

THOMAS THOMPSON-SALLY MAZZARELLA PARK COMMITTEE

The Thomas Thompson-Sally Mazzarella Park Committee investigates and recommends to the Town Board recreational uses of the park lands, including all aspects of the land use and funding priorities required for the Town Board to approve and implement comprehensive plans to develop the Park.

How to Volunteer

1. When a position on a committee becomes vacant, either through resignation or the expiration of a term of office, the Town of Rhinebeck will advertise the vacancy on the Town website.
2. Individuals interested in the vacancy should respond by filling out an application obtained from the Town Clerk.
3. After reviewing the applications, perspective candidates may be invited for an interview with the Town Board and the appropriate committee chairperson. Interviews are held in executive session.
4. Following candidate interviews, the Board will discuss the merits of the candidates and vote on which candidate will be selected to fill the vacancy. All votes are made in public.
5. You will be notified of your selection.
6. Where appropriate, the candidate may be asked to sign a form disclosing any business or affiliation the candidate or their spouse might have with the Town of Rhinebeck.

7. The selected candidate, upon appointment, should contact their committee chairperson regarding meeting dates and preparation that needs to be done prior to the next meeting.

About Committee Appointments

If you have been appointed to fill an unexpired term, your appointment will end at that time of the original appointment. For instance, Mr. X was appointed to a three year term on the Recreation Committee to begin January 1, 2016 and to expire December 31, 2018. Mr. X resigns his position half way through his term. The Town Board accepts the resignation, posts the vacancy, and interviews candidates. In August 2017 the Town Board appoints Ms. Y to the remainder of Mr. X's term, which ends December 31, 2018.

All appointees, when their terms are nearing completion, may write to the Town Board indicating interest in reappointment. There are no automatic reappointments. The Town will post the vacancy, conduct interviews and then make a decision. If an incumbent wishes to be interviewed, he or she may request it. The chairperson of the affected Committee may be invited to participate in the interview, which will be conducted in private. The fact that the Town will interview candidates is no reflection on the incumbent who indicated an interest in reappointment. It is the policy of the Town to keep the process open and available to any who wish to participate.

Your Obligations as a Committee Member

Becoming a member of a town committee requires that you take on certain obligations and responsibilities. When deciding whether or not to put your name forward as a volunteer, you should bear in mind the following:

Attendance: You are required to attend meetings. To that end, a number of committees have set a limit on the number of meetings a member can miss before he or she is asked to resign their appointment. Everyone understands that you are giving your time to the Town. However, without the effective input of all members, the committee structure simply does not operate effectively. If you have any concerns about attending meetings on a regular basis, you should not volunteer until you have the time free to fully commit to a committee. Please feel free to ask your perspective committee chairperson what the attendance requirements are for his/her committee. In addition, should you be appointed to a committee, you are expected to notify the committee chairperson twenty-four hours in advance if you cannot attend a regular scheduled meeting. If there is the possibility of an extended absence, you should also notify the chair immediately and discuss the impact your absence might have on the committee.
Finally, with regard to attendance, it is important that committee members be on time for all meetings.

Workload: Committee members are not only expected to attend meetings on a regular basis, but are also expected to undertake whatever preparation might be required for a meeting. This may include planning and/or preparing for relevant events, and/or research on a particular issue. Whatever the preparation needed, committee members should arrive at meetings fully prepared for the meeting's agenda.

In addition, it is strongly recommended that you have an awareness of other committees in Rhinebeck. Since no one committee operates in isolation, it is important to understand the connection various town committees have and how your work intersects with the work of others.

Conduct: Committee members represent the Town of Rhinebeck. It is important, therefore, that members conduct themselves in a professional and courteous manner. A member of a Committee who misses three consecutive meetings without just cause, fails to actively participate in the functions of the Committee, fails to fill his or her duties, or who exhibits disruptive behavior may be removed by the Town Board after a public or private hearing, the choice of which is decided by the Committee member in question. While it is understood that any meeting can get discordant at times, committee members who do not conduct themselves appropriately towards the public or fellow committee members run the risk of not being reappointed at the end of their term or being removed from their position upon review and agreement of the Town Board. In addition, the Town of Rhinebeck expects all committee members to conduct themselves in an ethical manner. Any committee member who might perceive a conflict of interest with a matter before their committee is expected to make the chairperson aware of the situation. Should you ever have any questions regarding a possible conflict of interest, it is important that you seek out the advice of the Ethics Committee. More information on the Ethics Committee can be found at the end of this document.

Removal: Committee members shall, at all times and during the course of public meetings or public hearings, conduct themselves in a civil manner and shall not shout at, berate or be rude to their fellow members or anyone else they are doing business with on behalf of the Town, whether in private or public. The Town Board may remove, after public hearing, for cause, any Committee member. Cause for removal shall include, but shall not be limited to: (a) failure to disclose a conflict of interest as required by the Town's Code of Ethics; (b) physical or mental impairment affecting the member's ability to perform his or her functions; (c) failure to comply with the applicable provisions of the Rhinebeck Code of Ethics; (d) failure to comply with any rules or regulations as may be prescribed for the conduct of Committee members by the respective Committees; (e) failure to comply with the provisions of this Handbook or any amendments thereto, including non-compliance with the meeting attendance requirements as established in this Handbook; and (f) such other and further cause as may be established at a hearing conducted in accordance with the procedure set forth herein.

How to Contact a Committee

As noted previously, if you are interested in a specific committee, it is suggested that you contact the appropriate committee chairperson and learn as much as you can about the committee's work. If possible, it also suggested that you attend a meeting of the committee to learn more about its mission and operations. You can contact a specific committee by calling or e-mailing the chairperson. More information is available on the Town website or by calling Town Hall at 845-876-3409.

THE ETHICS BOARD

The Ethics Board administers the Ethics Law of the Town of Rhinebeck. Conduct for officers, employees and representatives of the Town were established by Local Law 2 of 2010. Among other things, the Ethics Board is charged with investigating and adjudicating alleged violations of the ethics rules, making disciplinary recommendations to the Town Board, and issuing advisory opinions at the request of the Supervisor or Town Board members. A list including the Chair and members can be found on the Town website or by calling the Clerk's office at 845-876-3409.

TOWN OF RHINEBECK

RESOLUTION NO. 2016235

FORMATION OF BUILDING, PLANNING, AND ZONING PROCESS REVIEW COMMITTEE

WHEREAS, the Board wishes to review the Town's permitting and approval process in the Building, Planning and Zoning Departments; and

WHEREAS, a citizen committee comprised of knowledgeable members to study and report to the Board would best accomplish this task; now, therefore, be it

RESOLVED, that the Board hereby forms a citizen committee called the "Building, Planning and Zoning Process Review Committee" ("Committee"); and, be it further

RESOLVED, that Kathryn Clark, Woody Dierze, Kathy Hammer, Melodye Moore, Michael Trimble, Allan Scheer and Elizabeth Spinzia are appointed to the Committee; and, be it further

RESOLVED, that the Committee is directed to review the permitting and approval process in the Building, Planning and Zoning Departments and provide the Board with recommendations on how to make the process as user friendly and streamlined as possible for our residents.

TOWN OF RHINEBECK

RESOLUTION NO. 2016236

EMPLOYEE HEALTH INSURANCE POLICIES

WHEREAS, the Town has certain employee health insurance policies with MVP and CDPHP that are expiring; and

WHEREAS, the Town is in receipt of the attached renewal documents for CDPHP and MVP; and

WHEREAS, the Town also wishes to add the attached vision policy with Davis Vision; and

WHEREAS, the attached documents show the terms and other pertinent details of the policies; now, therefore, be it

RESOLVED, that the Board agrees to obtain the attached policies and the Town Supervisor is authorized to execute the attached documents and any other documents necessary to obtain the policies.

MVP Select Care, Inc.
Health Reimbursement Account
Administrative Fee Renewal Proposal
TOWN OF RHINEBECK

Effective Date: December 1, 2016 through November 30, 2017
Quote Expiration Date: October 31, 2016

Per Participant Per Month Administrative Fee, Including Debit Cards: **$4.50** ↓

Other Charges:

Discrimination Testing *(per test)*: $350 ↑

SPD Summary Material Modification: $150 per SMM -

Claims Run Out Service:

Charges for the first three months following the termination date are based upon the following percentages of the total administrative fee for the month prior to termination:

Month 1: 100% ✓ Month 2: 50% ✓ Month 3: 50% ✓

Note: ACH Payment Processing is required for Services that include Direct Deposit Processing and Debit Card Administration. Pre-funding is required for all debit card enabled accounts.

This MVP Select Care, Inc. Administrative Fee Renewal shall constitute an amendment to the Schedule of Compensation in the Administrative Services Agreement between MVP Select Care, Inc. and TOWN OF RHINEBECK. This Administrative Fee Renewal shall govern in the event of any conflict between this Administrative Fee Renewal and the Agreement.

Agreement:

Client Signature: _____

Title: Supervisor · E. Spinzia **Date:** _____

MVP Signature: _____

Title: _____ **Date:** _____

Subject to Home Office Approval
2JES

Renewal, Small
Group #423689
9/20/2016

ANCILLARY RENEWAL APPLICATION

Thank you for choosing MVP Health Care® as your Spending Account Administrator. This document ensures that important operational criteria regarding your plan is gathered, reviewed and accepted prior to implementation. This form must be completed in its entirety and submitted to your MVP Sales Representative prior to plan implementation. If you have questions or need assistance completing this application, please contact your MVP representative.

SECTION 1: COMPANY INFORMATION

Company Name: Town of Rhinebeck Plan Renewal Date: 12/1/2016

Company Contact: Shelly Day Phone: 845-876-7952 Email Address: town.business@rhinebeck-ny.gov

Financial Contact: (if different) Same Phone: Email Address:

Broker Agency: Marshall & Sterling MVP Broker ID: MVP Group Number: 423689

ANCILLARY SERVICES REQUESTED

- ☑ Health Reimbursement Arrangement (HRA)
- ☐ Flexible Spending Account (FSA)
- ☐ Limited Purpose FSA (LP FSA)
- ☐ Dependent Care Reimbursement Account (DCA)
- ☐ Parking/Transit

Please list any owners* to be excluded from the HRA
N/A (Municipality)

**Only owners of a C Corp. are eligible for an HRA*

SECTION 2: BENEFIT INFORMATION (does not need to be completed for FSA-only groups)

Option 1: Plan Name Silver 8
MVP Facets PID

Option 2: Plan Name
MVP Facets PID

Option 3: Plan Name
MVP Facets PID

Preventive Drug Rider ☐ Yes or ☐ No

MVP HRA Product ID

HEALTH PLAN DEDUCTIBLE:

Single	$ 3500
2 Person	$ 7000
Parent + Child(ren)	$ 7000
Family	$ 7000

SECTION 3: HRA (Health Reimbursement Arrangement)

SELECT YOUR HRA PLAN

☑ **Employer First Plan**

The Employer First HRA plan is designed to be coupled with a High Deductible Health Plan with a member cost share in the back of the plan.

☐ **Retiree Only**

The Retiree Only HRA plan allows for Employers to fund a reimbursement account for Retirees that can be used to pay for qualified medical expenses, including medical insurance premiums at retirement.

☐ **Member First Plan**

The Member First HRA plan is designed to be coupled with a High Deductible Health Plan with member cost share in the front of the plan.

☐ **Post Deductible HRA w/Health Savings**

The Post Deductible HRA is designed to be coupled with an MVP Qualified High Deductible and integrated HSA. The post deductible HRA allows employers to provide a cost share towards the employee's deductible once the IRS minimum deductible has been reached.

☐ **Comprehensive HRA***

This HRA is designed to provide flexibility in cost share with deductible and copay. Please provide details in Section 4.

☐ **Wellness HRA***

Customize your employee's wellness program with MVP's custom card program.

* Requires prior approval.

SECTION 4: HRA FUNDING

EMPLOYER CONTRIBUTION

Single $ 2 Person $ Parent + Child(ren) $ Family $

Notes:

EMPLOYEE Out-of-Pocket before HRA funds are payable (Member First Plan):
Note: For post-deductible HRAs with integrated HSAs this will be the IRS established minimum.

Single $ 2 Person $ Parent + Child(ren) $ Family $

Comprehensive HRA: Indicate HRA/Employee cost share (i.e. 50%, 80/20, etc) _____

Note: For large group plans only, above funding amounts should match the medical quote contingency.

SECTION 5: ELIGIBLE HRA EXPENSES

Pharmacy	Medical	Dental	Vision
☑ RX Deductible	☑ Med Deductible	☐ Dental	☐ Vision
☐ RX Copay	☐ Med Copay		
☐ RX Coinsurance	☐ Med Coinsurance		
☐ OTC	☐ Insurance Premiums *(option is only for Retiree HRA Plans)*		

CLAIMS PROCESSING OPTIONS BY CLAIM CATEGORY
Please select one option for each claims category. If no option is checked, members must submit claims manually for reimbursement.

Pharmacy	Medical	Dental	Vision
☑ Debit Card	☐ Debit Card	☐ Debit Card	☐ Debit Card
☐ ACT Member Remit	☑ ACT Provider Remit (Integrated)		

NOTE: ACT = *Automatic Claims Transfer (must be MVP Member).*

SECTION 6: HRA BUSINESS RULES

Do you pro-rate HRA Contribution amounts based on eligibility date during the plan year? ☐ Yes or ☑ No

Do you currently allow year end balances in the HRA to roll over? ☐ Yes or ☑ No

If yes, Is there a cap on the maximum balance allowed in the HRA? Please provide maximum $ _____

How is the HRA offered under COBRA?
- ☑ Combined with the Health Plan (if member elects COBRA medical, they will automatically be reinstated in the HRA)
- ☐ Stand Alone Benefit (member must elect COBRA HRA separately from the medical plan)

Deadline to submit claims at the end of plan year: ☐ 90 days ☑ 180 days (MVP Standard) ☐ Other-please provide details

_____

Deadline to submit claims at termination of employment: ☐ 90 days ☑ 180 days (MVP Standard) ☐ Other-please provide details

_____

SECTION 7: HSA (can only be combined with a post-deductible HRA and/or Limited Purpose FSA) N/A

Do you also offer your employees an HSA? ☐ Yes or ☑ No
Do they have a separate health plan? ☐ Yes or ☐ No

Effective Date: HSA Bank:

Please indicate eligible employees to participate in the HSA

SECTION 8: FLEXIBLE SPENDING ACCOUNT N/A

Plan Year: Start Date: / / End Date: / /

FSA Plan Type ☐ Traditional FSA (All sec.213D qualifying expenses)

☐ Limited Purpose FSA (Limitations may be set by the employer for eligible reimbursements that meet IRS guidelines. Offered alongside an HSA.) Eligible Expenses: ☐ Dental ☐ Vision

FSA Employee Contribution Amount ☐ $2,550 IRS Maximum ☐ Other $

FSA Employer Contribution Amount $

FSA Rollover ☐ $500 IRS Maximum ☐ Other $

Will MVP be receiving rollover amounts from the prior plan year?* ☐ Yes or ☐ No
*(*after runout is completed)*

FSA Grace Period ☐ Yes or ☐ No
If yes, please provide the following based on the date of service of the claim:
☐ 2 ½ months (max.) ☐ Other: Days

Medical FSA can adopt either the $500 rollover option or the Grace Period. A plan may not have both.

Deadline to submit at the end of the plan year OR 2 ½ month extension ☐ 30 days ☐ 60 days ☐ 90 days ☐ Other-please provide details

Deadline to submit claims at termination of employment ☐ 30 days ☐ 60 days ☐ 90 days ☐ Other-please provide details

CLAIMS PROCESSING OPTIONS BY CLAIM CATEGORY

Please select one option for each claims category. Manual claims submission for reimbursement is automatically attached to each claim type. If no option is checked, members must submit claims manually for reimbursement.

Pharmacy	Medical	Dental	Vision
☐ Debit Card	☐ Debit Card	☐ Debit Card	☐ Debit Card
☐ ACT member Remit	☐ ACT Provider Remit (Integrated)		

Note: If you are offering an HRA with ACT provider remit, the FSA medical claims must also be provider remit.

Would you like to offer an FSA with an Open Access Debit Card for employees enrolling in the FSA who are not enrolled in the HRA? ☐ Yes ☐ No

Please provide current Payroll Schedule ☐ 52 Weeks ☐ 26 Weeks ☐ 12 Pays ☐ Other

First Payroll Start Date: / / Please provide payroll calendar if available.

SECTION 9: DEPENDENT CARE N/A

Maximum DCA Election ☐ $5,000 IRS Maximum ☐ Other $

DCA Grace Period ☐ Yes or ☐ No
If yes, please provide the following based on the date of service of the claim:
☐ 2 ½ months (max) ☐ Other: Days

Deadline to submit at the close of the 2 ½ month extension: ☐ 30 days ☐ 60 days ☐ 90 days ☐ Other-please provide details

If no, deadline to submit at the end of the plan year:

☐ 30 days ☐ 60 days ☐ 90 days ☐ Other-please provide details

SECTION 10: PARKING & TRANSIT N/A

Plan Year: Start Date: / / End Date: / /

Parking Reimbursement Accounts ☐ Yes or ☐ No
Allow post tax payroll deductions ☐ Yes or ☐ No
Maximum annual employee contribution amount $

Transit Reimbursement Accounts ☐ Yes or ☐ No
Allow post tax payroll deductions ☐ Yes or ☐ No
Maximum annual employee contribution amount $

Please provide current Payroll Schedule ☐ 52 Weeks ☐ 26 Weeks ☐ 12 Pays ☐ Other

SECTION 11: BANKING INFORMATION (complete this section only if banking information has changed)

Name of Financial Institution:

Routing Number: Bank Account Number:

Bank Account Type: ☐ Checking or ☐ Savings

All POS (Debit Card) transactions and manual claims will initially settle from an MVP owned bank account. MVP will automatically pull settlement charges from the bank account designated on this form daily or weekly based on the method chosen on this application. Monthly Administrative fees related to Ancillary Services that are not paid within 30 days will also be paid via ACH from the bank account provided.

Please confirm with your financial institution that there are no debit blocks on your account prior to the effective date of services.

Town of Rhinebeck (The "Company") does hereby authorize MVP Health Care® to withdraw at such time as it deems necessary the amount owing for the provision of flexible spending accounts (FSA) &/or health reimbursement arrangements (HRA) and other operating costs of the Company's plan. That in the case of an automatic bank debit form of payment, it shall be Company's responsibility to verify whether these payments are properly debited to its bank account, and Company will undertake to notify MVP of any change in information relating to Company's account for purposes of ensuring the proper application of payments.

Employer Signature:

Title: Supervisor Date: / /

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Health Insurance Company of New Hampshire, Inc.; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

MVP HEALTH CARE

RECERTIFICATION FORM FOR SMALL GROUP RENEWALS

Group Name:

Group Name:	**Town of Rhinebeck**
Federal Tax ID:	**146002401**

Group Administration Details: See attached Underwriting Guides for employee definitions and calculations

A. Total number of Full-Time Employees:	
B. Total number of Part-Time Equivalent Employees:	
C. Total Number of Full-Time Equivalent Employees (FTE): (A + B)	

Only Complete This Section If You Have Separate Entities with Multiple Tax Identification Numbers

Is this group owned by another entity or entities? Yes or No

If **YES,** does the same person or set of people own more than 80 percent of each entity? Yes or No

If you answered yes to **both** questions, please reach out to your Account Representative as your combined groups FTE's may now reflect the definition of a large group,

Group Contact Information (Please list all physical addresses for the business on page 2):

Mailing Address:

Address 1:	**80 East Market Street**		
Address 2:			
City	**Rhinebeck**	State: **NY**	Zip: **12572**
County:	**Dutchess**		
Phone number:	**845-876-7952 x12**		
Email address:			

Billing Address:

Address 1:	**Same**		
Address 2:			
City		State:	Zip:
County:			
Phone number:			
Email address:			

Health Benefits Administrator Contact Information

Main Contact	Name:	**Shelly Day**
Billing Contact	Name:	**Shelly Day**

Broker Information:

Broker or Agency Name: **Marshall & Sterling**

Marshall & Sterling INSURANCE

Town of Rhinebeck, 12/1/2016

Insurance Carrier		MVP-CURRENT PLAN	MVP
Plan Name		MVP Liberty HDHP Silver 3 NY-EPOH-SS-003-N (HSA)	MVP Liberty Silver 8 (HSA)
Metal Level		Silver	Silver
Deductible Type		Aggregate	Aggregate/Embedded**
Plan Type		EPO HDHP	EPO HDHP
Annual INN Deductible Individual		$1,500	$3,500
Annual INN Deductible Family		$3,000	$7,000
Coinsurance (In-Network)		50% (Refer to COC)	N/A
Annual INN OOP Limits		$6,350/$12,700	$5,500/$11,000
Annual OON Deductible		N/A	N/A
Coinsurance (Out-of-Network)		N/A	N/A
Annual OUT OOP Limits		N/A	N/A
Primary Care Visit		$25 copay after deductible	100% after deductible
Specialist Visit		$50 copay after deductible	100% after deductible
Inpatient Hospital		$500 copay after deductible	100% after deductible
Outpatient Surgery		$200 copay after deductible	100% after deductible
Emergency Room		$300 copay after deductible	100% after deductible
Outpatient Lab		$25 copay after deductible-PCP $50 copay after deductible-Specialist	100% after deductible
Outpatient X-Ray		$25 copay after deductible-PCP $50 copay after deductible-Specialist	100% after deductible
Rx Deductible		Integrated deductible	Integrated deductible
Tier 1/Tier 2/Tier 3		10/40/60	10/40/60
Creditable Coverage		YES	YES
AM Best Rating***		B+	B+
RATES			
Single Plan Rate	0	$497.79	$555.89
Employee/Spouse Plan Rate	5	$995.58	$1,111.78
Employee/Child(ren) Plan Rate	2	$846.24	$945.01
Family Plan Rate	5	$1,418.70	$1,584.29
Monthly Total		$13,763.88	$15,370.37
Annual Total		$165,166.56	$184,444.44
Annual Difference			$19,277.88 12%
HRA FUNDING ANALYSIS			
Plan Type		HDHP	HDHP
HRA Funding*			100%
Individual	0	$2,700.00	$3,500.00
Family	12	$5,400.00	$7,000.00
HRA Utilization			
100%		$64,800.00	$84,000.00
60%		$38,880.00	$50,400.00
Total at 60% Utilization		$204,046.56	$234,844.44
Annual Difference			$30,797.88 15%
Pediatric Dental			Additional cost to be added to any policy with dependents under the age of 19: Emp/Sp: $18.39 / Emp/Child(ren): $34.94 / Family: $34.94

*HRA Fees are not included. Costs vary per HRA vendor. CDPHP deductible funding limit of 50%, other carriers no limit. In general, self-employed individuals, including partners in a partnership and more-than-2% shareholders in an S corporation, cannot participate. Speak with your legal or tax advisor for further guidance.

** This MVP plan features an Aggregate deductible and an Embedded out-of-pocket maximum.

** This CDPHP plan features an Aggregate deductible and an Embedded out-of-pocket maximum.

** This Oxford plan features an Aggregate deductible and an Embedded out-of-pocket maximum.

Rates reflect Dependents covered to age 26. Age 29 rider available at an additional cost.

***A.M. Best Ratings last updated 6/9/14.

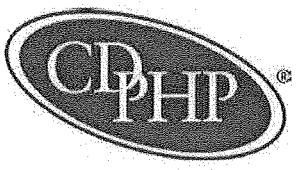
PRINT NAME: Elizabeth Spinzia

SIGN:

DATE:

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment.

Paperwork Due Date:
10/31/2016



Group Name: Town of Rhinebeck-Medicare
Group Number: 20031270
Account Representative: Jordan Flynn
Phone: (518) 641-5146 **Email: Jordan.Flynn@cdphp.com**

If you would like to renew the benefits outlined below, please complete, sign, and fax this form to CDPHP at (518) 641-5008 or submit it to your broker. If we do not hear from you by November 30, 2016, your current health care coverage will terminate with CDPHP, effective December 31, 2016.

Medicare Advantage Benefit Package Recommendation and Rates*

Effective 1/1/2017 - 12/31/2017

Medical Plan:	PPO $10-$15 (with $0 IP copay) BS 105
Office Visit:	$10 copayment
Specialist Visit:	$15 copayment
Inpatient Hospital	No copayment
Rx Rider:	Rx 524 5-tier $0/$10/$30/$50/$50
Dental Rider:	592 ($250 yearly allowance)
Tier	**2017 Monthly Premium**
Individual	$ 321.00

*The proposed 2017 rates and benefits may be a close match but are not identical to your current benefit plan. Please review your renewal information carefully. It may not reflect recent conversations you may have had with your broker or CDPHP representative about changes to your plan.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed $5,000 and the stated value of the claim for each such violation.

Print Name:_____ Title:_____
Signature: _____ Date: _____

Remember that CDPHP has a wide range of product offerings to fit any budget. Please contact your broker or CDPHP account representative at (518) 641-5146 to discuss alternative benefit solutions customized to fit your business needs.

cc: Marshall and Sterling, Inc.

MEDICARE ADVANTAGE RENEWAL

September 28, 2016

Group #: 20031270

Health Benefit Administrator
Town of Rhinebeck-Medicare
80 E Market St
Rhinebeck, NY 12572

Dear Employer:

The benefits and premium rates for your health insurance policy are changing. The following chart includes a high-level overview of your existing plan design, as well as the plan that is the most comparable for 2017.

	Proposed 2017 Benefit Package	Current 2016 Benefit Package
Medical Plan:	PPO $10-$15 (with $0 IP copay) BS 105	PPO $10-$15 (with $0 IP copay) BS 105
Office Visit Copay:	$10 copayment	$10 copayment
Specialist Visit Copay:	$15 copayment	$15 copayment
Inpatient Hospital:	No copayment	No copayment
Outpatient Surgery:	$125 copayment	$125 copayment
Emergency Room:	$75 (waived if admitted)	$75 (waived if admitted)
Ambulance:	$100 copayment	$100 copayment
Urgent Care:	$25 copayment	$50 copayment
Rx Rider:	Rx 524 5-tier $0/$10/$30/$50/$50	Rx 524 5-tier $0/$10/$30/$50/$50
Dental Rider:	592 ($250 yearly allowance)	592 ($250 yearly allowance)
	Proposed 2017 Monthly Premium	**Current 2016 Monthly Premium**
Individual:	$ 321.00	$ 287.20

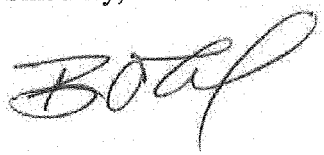
Please note the following employer guidelines for CDPHP® Group Medicare products:

- All prospective Medicare beneficiaries for this plan should be provided a Medicare pre-enrollment book. Contact your CDPHP account representative for additional books.
- Existing Medicare enrollees in this plan will receive an Annual Notice of Change (ANOC) prior to January 1, 2017.
- All existing CDPHP Group Medicare members will receive new identification cards prior to January 1, 2017.

- CDPHP Group Medicare members must reside in the CDPHP 24-county service area: Albany, Broome, Chenango, Columbia, Delaware, Dutchess, Essex, Fulton, Greene, Hamilton, Herkimer, Madison, Montgomery, Oneida, Orange, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Ulster, Warren, and Washington.
- Subscribers and dependents must be retired or ineligible for commercial group benefits to enroll in a Group Medicare plan. *This rule does not apply to groups with fewer than 20 employees.
- Enrollment forms must be dated and received by CDPHP prior to the requested effective date and are always effective the first day of the month.
- Member disenrollment requests must be received prior to the effective date and include documentation. Contact your broker or CDPHP account representative for additional guidelines regarding member disenrollment.

Remember that CDPHP has a wide range of product offerings to fit any budget. Please contact your broker or CDPHP account representative at 641-5146 to discuss alternative benefit solutions customized to fit your business needs.

Sincerely,



Brian O'Grady
Senior Vice President, Sales
Capital District Physicians' Health Plan, Inc.