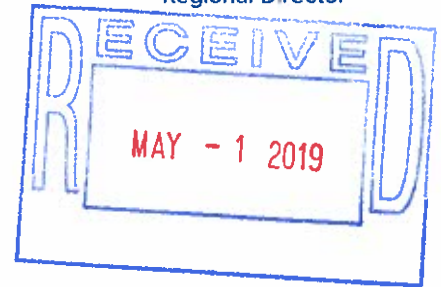




**Department of
Transportation**

ANDREW M. CUOMO
Governor

LANCE MacMILLAN, P.E.
Regional Director



April 26, 2019

Mr. Anthony J. Ruggiero, M.P.A.
Beacon City Administrator
One Municipal Plaza, Suite One
Beacon, NY 12508

**RE: PIN 8761.25, BEACON MAIN STREET
ACCESSIBILITY IMPROVEMENTS
CITY OF BEACON, DUTCHESS COUNTY**

SUPPLEMENTAL AGREEMENT #1 – D035057

Dear Mr. Ruggiero:

Enclosed are eight (8) Supplemental Agreements to include the construction and construction inspection funds and change the contract end date from 09/18 to 09/20 for the above-referenced project. Seven (7) executed copies of the agreement, EACH with original signatures, notarizations and certified, seal-stamped resolutions, should be returned to this office. A sample resolution is attached for your use.

As a reminder per Chapter 15, Administering Construction Contracts; Section 15.4.8 Civil Rights Reporting:

The Contractor and all subcontractors and suppliers will utilize New York State Department of Transportation Equal Employment Opportunity reporting software, which is currently "Equitable Business Opportunities" (EBO). The Sponsor will monitor prime's payments to subcontractor and ensure that subcontractors are paid promptly per specifications. In addition, the sponsor is to monitor EEO goals on a monthly basis and take corrective action if goals are not being met; reference NYSDOT Standard Specifications Section 102-11, Equal Employment Opportunity Requirements.

Your assistance in having the agreement approved by the City Council and signed by yourself and the City Attorney is appreciated. Of course, if you have any questions, please call me at (845) 431-5804 or e-mail at marshall.gioia@dot.ny.gov.

Sincerely,

Marshall Gioia
Contract Management Specialist
Region 8 Local Projects Unit

Enclosures

SUPPLEMENTAL AGREEMENT NO 1 to D035057

This Supplemental Agreement is by and between:

the New York State Department of Transportation ("NYSDOT"), having its principal office at
50 Wolf Road, Albany, New York, 12232, on behalf of New York State ("State");

And

City of Beacon (the Municipality/Sponsor)
Acting by and through the **City Administrator**
With its office at One Municipal Plaza, Suite One, Beacon, New York 12508

This amends the existing Agreement between the parties in the following respects only:

X Amends a previously adopted Schedule A by:

- ☐ amending a project description
- X** amending the contract end date
- X** amending the scheduled funding by:
 - X** adding additional funding:
 - X** adding construction phase which covers eligible costs incurred on/after _____
 - ☐ adding 1,2,3 phase which covers eligible costs incurred on/after xxxxxx
 - ☐ increasing funding for a project phases(s)
 - ☐ adding a pin extension
 - ☐ change from Non-Marchiselli to Marchiselli
 - ☐ deleting/reducing a project phase(s)
 - ☐ other (xxxxx)

☐ Amends a previously adopted Schedule "B"

☐ Amends a previously adopted agreement by adding Appendix 2-S – Iran Divestment Act

☐ Amends the Text of the Agreement as follows:

IN WITNESS WHEREOF, the parties have caused this agreement to be executed by its duly authorized officials as of the date first above written.

Approved for the Municipality/Sponsor

By: _____

Print Name: _____

Title: _____

Municipality/Sponsor Attorney:

By: _____

Print Name: _____

STATE OF NEW YORK)
)ss.:
COUNTY OF DUTCHESS)

On this _____ day of _____, 2019 before me personally came _____ to me known, who, being by me duly sworn did depose and say that he/she resides at _____; that he/she is the _____ of the Municipal/Sponsor Corporation described in and which executed the above instrument; that it was executed by order of the _____ of said Municipal/Sponsor Corporation pursuant to a resolution or other authorization which was duly adopted on _____ and which a certified copy is attached and made a part hereof, and that he/she signed his/her name thereto by like order.

Notary Public

By: _____
For Commissioner of Transportation

Agency Certification: In addition to the Acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this Contract.

APPROVED AS TO FORM:
STATE OF NEW YORK ATTORNEY GENERAL

By: _____
Assistant Attorney General

COMPTROLLER'S APPROVAL:

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

SCHEDULE A – Description of Project Phase, Funding and Deposit Requirements
NYSDOT/ State-Local Agreement - Schedule A for PIN 8761.25

OSC Municipal Contract #: D035057		Contract Start Date: <u>8/10/2015</u> (mm/dd/yyyy) Contract End Date: <u>9/30/2020</u> (mm/dd/yyyy) <input checked="" type="checkbox"/> Check, if date changed from the last Schedule A			
Purpose:		<input type="checkbox"/> Original Standard Agreement <input checked="" type="checkbox"/> Supplemental Schedule A No. 1			
Agreement Type:		<input checked="" type="checkbox"/> Locally Administered Municipality/Sponsor (Contract Payee): City of Beacon Other Municipality/Sponsor (if applicable): <input type="checkbox"/> State Administered <i>List participating Municipality(ies) and the % of cost share for each and indicate by checkbox which Municipality this Schedule A applies.</i> <input type="checkbox"/> Municipality: _____ % of Cost share <input type="checkbox"/> Municipality: _____ % of Cost share <input type="checkbox"/> Municipality: _____ % of Cost share			
Authorized Project Phase(s) to which this Schedule applies: <input checked="" type="checkbox"/> PE/Design <input checked="" type="checkbox"/> ROW Incidentals <input type="checkbox"/> ROW Acquisition <input checked="" type="checkbox"/> Construction/CI/CS					
Work Type: BIKE/PED./FACILITIES		County (If different from Municipality): Dutchess County			
Marchiselli Eligible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(Check, if Project Description has changed from last Schedule A): <input type="checkbox"/>			
Project Description: Beacon Main Street Accessibility Improvements, City of Beacon, Dutchess County					
Marchiselli Allocations Approved FOR ALL PHASES <i>All totals will calculate automatically.</i>					
Check box to indicate change from last Schedule A	State Fiscal Year(s)	Project Phase			TOTAL
		PE/Design	ROW (RI & RA)	Construction/CI/CS	
<input type="checkbox"/>	Cumulative total for all prior SFYs	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<input type="checkbox"/>	Current SFY	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Authorized Allocations to Date		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

A. Summary of allocated MARCHISELLI Program Costs FOR ALL PHASES *For each PIN Fiscal Share below, show current costs on the rows indicated as "Current.". Show the old costs from the previous Schedule A on the row indicated as "Old." All totals will calculate automatically.*

PIN Fiscal Share	"Current" or "Old" entry indicator	Federal Funding	Total Costs	FEDERAL Participating Share	STATE MARCHISELLI Match	LOCAL Matching Share	LOCAL DEPOSIT AMOUNT (Required only if State Administered)
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL CURRENT COSTS:			\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

NYSDOT/State-Local Agreement – Schedule A

B. Summary of Other (including Non-allocated MARCHISELLI) Participating Costs FOR ALL PHASES For each PIN Fiscal Share, show current costs on the rows indicated as "Current.". Show the old costs from the previous Schedule A on the row indicated as "Old." All totals will calculate automatically.

Other PIN Fiscal Shares	'Current' or 'Old' entry indicator	Funding Source	TOTAL	Other FEDERAL	Other STATE	Other LOCAL
8761.25.121	Current	TAP	\$210,000.00	\$168,000.00	\$0.00	\$42,000.00
	Old	TAP	\$210,000.00	\$168,000.00	\$0.00	\$42,000.00
8761.25.221	Current	TAP	\$7,000.00	\$5,600.00	\$0.00	\$1,400.00
	Old	TAP	\$7,000.00	\$5,600.00	\$0.00	\$1,400.00
8761.25.321	Current	TAP	\$958,000.00	\$766,400.00	\$0.00	\$191,600.00
	Old		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00
	Current		\$ 0.00	\$0.00	\$0.00	\$0.00
	Old		\$ 0.00	\$0.00	\$0.00	\$0.00
TOTAL CURRENT COSTS:			\$1,175,000.00	\$940,000.00	\$ 0.00	\$235,000.00

C. Local Deposit(s) from Section A:

\$ 0.00

Additional Local Deposit(s)

\$

Total Local Deposit(s)

\$ 0.00

D. Total Project Costs All totals will calculate automatically.

Total FEDERAL Cost	Total STATE MARCHISELLI Cost	Total OTHER STATE Cost	Total LOCAL Cost	Total ALL SOURCES Cost
\$940,000.00	\$ 0.00	\$ 0.00	\$235,000.00	\$1,175,000.00

E. Point of Contact for Questions Regarding this Schedule A (Must be completed)
Name: Marshall GioiaPhone No: 845-431-5804

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

[illegible]