

AGREEMENT

THIS AGREEMENT, bearing the date set forth on the signature page, by and between the COUNTY OF DUTCHESS, a municipal corporation with offices at 22 Market Street, Poughkeepsie, New York 12601 (hereinafter referred to as the “COUNTY”) and TOWN OF BEEKMAN, a municipality within Dutchess County, whose address is 4 Main Street, Poughquag, New York 12570 (hereinafter referred to as the “MUNICIPALITY”).

WITNESSETH:

WHEREAS, New York State General Municipal Law Section 239 requires local municipalities to refer applications for certain planning and zoning actions to the Dutchess County Department of Planning & Development for review, and

WHEREAS, the New York General Municipal Law Section 239 further requires the County to assess all such applications as to whether the requested action would have a “county wide” or “inter-community” impact and comment on same, and

WHEREAS, the current referral process results in the processing of applications each year from towns, villages, and cities to the County, a portion of which have neither county-wide or inter-community impact, and

WHEREAS, New York State General Municipal Law authorizes the County to enter into agreements with local municipalities in order to determine which, if any, of the local municipal actions subject to referral may be deemed strictly matters of local determination, and therefore, not subject to the referral process, and

WHEREAS, pursuant to Resolution Nos. 2015246 and 2025131, the County Legislature authorized municipal corporation agreements for the elimination of the necessity of the County’s review and comment on such local actions pursuant to General Municipal Law Section 239, and

WHEREAS, it is hereby mutually agreed by and between the parties hereto as follows:

1. TERM OF AGREEMENT: This Agreement shall be effective as of the date of January 1, 2026 and shall terminate on December 31, 2026, unless otherwise terminated as set forth herein. The term of this Agreement shall be extended automatically on an annual basis, for a total not to exceed five (5) years from the original agreement date. If either party decides to

terminate this Agreement, either party shall send a written notice of termination to the other party at least thirty (30) days before the end of any term. This Agreement shall terminate upon thirty (30) days written notice by either party to the other.

2. PAYMENT: None.

3. REFERRALS TO BE ELIMINATED: The following actions shall be eliminated from the referral and review process:

- a. administrative amendments (zoning amendments regarding fees, procedures, penalties, etc.);
- b. special use permits, use variances and area variances for residential uses;
- c. renewals/extensions of site plans or special permits that have no changes from previous approvals;
- d. sign permits where no variance is required;
- e. site plans for single family homes;
- f. site plans for duplex homes; and
- g. site plans for ADUs/Carriage houses/accessory buildings when associated with an SFR.

4. REFERRALS NOT TO BE ELIMINATED: The following actions shall not be eliminated from the referral and review process:

- a. comprehensive/master plans;
- b. zoning amendments (standards, uses, definitions, district regulations, etc.);
- c. re-zonings involving all map changes;
- d. other local laws and/or other authorizations adopted pursuant to zoning (wetlands, historic preservation, affordable housing, architectural review, etc.);
- e. site plans (excluding single family homes, duplex homes, accessory buildings when associated with a Single Family residence); and
- f. special permits, use variances, and area variances for all non-residential uses.

5. NOTICES: Except as otherwise provided in this Agreement, notice required to be given pursuant to this Agreement shall be made in writing and addressed to the following or such other person as the parties may designate:

Commissioner of Planning & Development
Dutchess County Dept. of Planning & Development
85 Civic Center Plaza, Suite 107

Poughkeepsie, NY 12601

Town of Beekman
Attn.: Office of the Supervisor
4 Main Street
Poughquag, NY 12570

6. COUNTERPARTS; SIGNATURES TRANSMITTED BY ELECTRONIC MEANS: This Agreement may be executed in any number of counterparts, all of which taken together shall constitute one agreement, and any of the parties hereto may execute this Agreement by signing any such counterpart. A facsimile or signature transmitted by electronic means applied hereto or to any other document shall have the same force and effect as a manually signed original. This provision contemplates giving legal force and effect to copies of signatures. This provision does not contemplate the use of “electronic signatures” as regulated by New York State Technology Law Article 3, “Electronic Signatures and Records Act.”

7. ENTIRE AGREEMENT: The term of this Agreement, including any attachments, represent the final intent of the parties. Any modifications, rescission or waiver of the terms of this Agreement must be in writing and executed and acknowledged by the parties with the same formalities accorded in this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement made this _____ day of _____, 2025.

APPROVED AS TO FORM:

ACCEPTED: COUNTY OF DUTCHESS

County Attorney’s Office

BY:

Susan J. Serino, County Executive

APPROVED AS TO CONTENT:

TOWN OF BEEKMAN

Eoin Wrafter, Commissioner
Dutchess County Dept. of Planning
& Development

BY:

Mary Covucci, Town Supervisor



Civil & Environmental Engineering Consultants
174 Main Street, Beacon, New York 12508 (Main Office and Mailing Address)
13 Chambers Street, Newburgh, New York 12550 (Satellite Office)
Phone: 845-440-6926
www.HudsonLandDesign.com

December 3, 2025

Supervisor Mary Covucci and Members of the Town Board
Town of Beekman
4 Main Street
Poughquag, New York 12570

Re: Town Hall Lower Floor HVAC Improvements (RFP: 2025-0731)
Contractor Request for Payment #2

Dear Supervisor Covucci and Members of the Town Board:

Hudson Land Design (HLD) is in receipt of Application and Certificate for Payment #2 (Rev. 3) dated November 24, 2025 from Vamco Sheet Metal, Inc. requesting payment in the amount of \$223,660.51 less 10% retainage (\$22,366.05) less previous payment of \$25,155.00 for a total of \$176,139.46 (see attached). The contractor has requested full or partial payment of the items on the continuation sheet that is attached to the payment request application, covering the period of October 8, 2025 through November 30, 2025. HLD has reviewed the request and agrees with the quantity of work completed per the continuation sheet.

Therefore, we suggest that the Town Board authorize payment to Vamco Sheet Metal, Inc. in the amount of \$176,139.46 in order to satisfy Application and Certification for Payment #2. Should you have any questions, please feel free to call me at 845-440-6926.

Sincerely,

Daniel G. Koehler, P.E.
Principal

cc: Tom Carey, Town Financial Consultant (via email)
Linda Bloomer, Town Bookkeeper (via email)
Laureen Abbatantuono, Town Clerk (via email)
Joseph G. McKay, Esq., Town Attorney (via email)
HLD file

enc: Application and Certificate for Payment #2 (Rev. 3) with Continuation Sheets
Certified Payroll (Vamco Sheet Metal, J & J Sass Electric)
Partial Release (Vamco Sheet Metal, J & J Sass Electric)
Town Voucher

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G732 (Instructions on reverse side) PAGE ONE OF PAGES

Owner: Town of Beekman
4 Main Street
Poughquag, NY 12570

PROJECT: Lower Floor HVAC Improvements

APPLICATION: 2R3

Distribution to:
OWNER
CONST MANAGER
ARCHITECT
CONTRACTOR
OTHER

PERIOD TO: 11/30/2025

PROJECT NOS: RFP: 2025-0731

CONTRACTOR: CONTRACT DATE: 9/16/2025

VIA CONTRACTOR: Vamco Sheet Metal, Inc.
3050 Route 9
Cold Spring, NY 10516

FROM SUBCONTRACTOR:

CONTRACT FOR: Beekman Town Hall

CONTRACTOR'S APPLICATION FOR PAYMENT

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for the Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

1	ORIGINAL CONTRACT SUM	\$270,000.00
2	Net Change by Change Orders	\$0.00
3	CONTRACT SUM TO DATE (Line 1 +/- 2)	\$ 270,000.00
4	TOTAL COMPLETED & STORED TO DATE	\$223,660.51

5 RETAINAGE:

a. 10% of Completed Work (Columns D + E on G703) \$22,366.05

b. % of stored Material (Column F on G703) \$ -

CONTRACTOR: Vamco Sheet Metal, Inc.

By:  Date: 12/1/25

State of: New York

County of: Putnam

Subscribed and sworn to before me this 1st day of December 2025

Notary public:  My Commission expires: 8/8/28

STEPHANIE BELL
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01BE6346169
Qualified in Putnam County
Commission Expires August 8, 2028

CERTIFICATE FOR PAYMENT

6	TOTAL EARNED LESS RETAINAGE	\$ 22,366.05
7	LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 4 less Line 5 Total)	\$201,294.46
8	CURRENT PAYMENT DUE (Line 6 from prior Certificate)	\$ 25,155.00
9	BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$ 176,139.46

SUMMARY OF CHANGE ORDERS	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month including Change Orders		
TOTAL	\$0.00	\$0.00
NET CHANGES by Change Order	\$0.00	\$0.00

AMOUNT CERTIFIED \$176,139.46

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified)

CONSTRUCTION MANAGER:  Date: 12/3/2025

By: ARCHITECT: (NOTE: If Multiple Prime Contractors are responsible for performing portions of the Project, the Architects Certification is not required.)

By: This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment as without prejudice to any rights of the Owner or Contractor under this Contract.

CONTINUATION SHEET

111 DOCUMENT G703

Project: Lower Floor HVAC Improvements

APPLICATION NO. 283

PAGE OF PAGES 2

Project: Lower Floor HVAC Improvements												
APPLICATION NO. 243												
Nov 24, 2025												
Nov 20, 2025												
PERIOD TO												
Project No: RFB: 2025-0731												
ITEM NO	DESCRIPTION OF WORK	Labor/ Material Beckman Town Hall	C	D	E		F	G		H	I	
					FROM PREVIOUS APPLICATION (D + E)	WORK COMPLETED THIS PERIOD		TOTAL	% (G - C)			
			SCHEDULED VALUE W/CT				OPPOSITELY STORED (NOT IN D OR E)	COMPLETED AND STORED TO DATE (D+E+F)		TO FINISH (C - G)	RETAINAGE (HP VARIABLE RATE) 2.5%	
	Bond		\$6,655.00	\$6,655.00	\$0.00			\$6,655.00	100.00%	\$0.00	\$665.50	
	Insurance		\$3,295.00	\$3,295.00	\$0.00			\$3,295.00	100.00%	\$0.00	\$329.50	
	Shop Drawings		\$8,000.00		\$7,200.00			\$7,200.00	90.00%	\$800.00	\$720.00	
	Mobilization		\$3,000.00	\$3,000.00	\$0.00			\$3,000.00	100.00%	\$0.00	\$300.00	
	Demobilization		\$3,000.00		\$1,500.00			\$1,500.00	50.00%	\$1,500.00	\$150.00	
	Demolition		\$15,000.00	\$15,000.00	\$0.00			\$15,000.00	100.00%	\$0.00	\$1,500.00	
	Ductwork	L	\$18,000.00		\$18,000.00			\$18,000.00	100.00%	\$0.00	\$1,800.00	
	Control Dampers	M	\$16,800.00		\$16,800.00			\$16,800.00	100.00%	\$0.00	\$1,680.00	
	Air Outlets	M	\$1,000.00		\$1,000.00			\$1,000.00	100.00%	\$0.00	\$100.00	
	ACR Piping	M	\$800.00		\$800.00			\$800.00	100.00%	\$0.00	\$80.00	
	Heat Pumps - HP-1, 2, 3, 4, 5	L	\$2,100.00		\$2,100.00			\$2,100.00	100.00%	\$0.00	\$210.00	
	ACCU - HPCU-1	M	\$2,000.00		\$2,000.00			\$2,000.00	100.00%	\$0.00	\$200.00	
	ERV - 1 & 2	L	\$2,500.00		\$2,500.00			\$2,500.00	100.00%	\$0.00	\$250.00	
	Exhaust Fan	L	\$1,200.00		\$1,200.00			\$1,200.00	100.00%	\$0.00	\$120.00	
	HP-1, 2, 3, 4, 5, HPCU-1, ERV-1 & 2, EF-1	M	\$35,000.00		\$35,000.00			\$35,000.00	100.00%	\$0.00	\$3,500.00	
	Electric Fintube	L	\$700.00		\$0.00			\$0.00	0.00%	\$700.00	\$0.00	
	Electrical	M	\$950.00		\$0.00			\$0.00	0.00%	\$950.00	\$0.00	
	Concrete Pad	LM	\$65,000.00		\$39,000.00			\$39,000.00	60.00%	\$26,000.00	\$3,900.00	
	Equipment Start Up	LM	\$5,000.00		\$5,000.00			\$5,000.00	100.00%	\$0.00	\$500.00	
	Mechanical Insulation	L	\$3,000.00		\$0.00			\$0.00	0.00%	\$3,000.00	\$0.00	
	Testing & Balancing	LM	\$12,000.00		\$11,760.00			\$11,760.00	98.00%	\$240.00	\$1,176.00	
	Allowance	L	\$6,000.00		\$0.00			\$0.00	0.00%	\$6,000.00	\$0.00	
	Return Grilles \$1,976.51		\$10,000.00		\$2,850.51			\$2,850.51	28.51%	\$7,149.49	\$285.05	
	Change Round Hoods to Square Painted Louvers \$674.00											
	GRAND TOTALS		\$270,000.00	\$27,950.00	\$195,710.51	\$0.00		\$223,660.51	82.84%	\$46,339.49	\$22,366.05	

10%
P&G

Certified Payroll Report

☐ Submission of Final DBRA Certified Payroll Form

☒ Prime Contractor

☐ Sub Contractor

Project Name	132-Beekman Town Hall	Project No. or Contract No.	RFP: 2025-0731	Certified Payroll No.	7
Project Location	4 Main Street, LU 38	Prime Contractor's Business Name	VAMCO SHEET METAL INC.	Week Ending Date	10/14/2025
Wage Determination No.		Prime Contractor Address	3090 ROUTE 9, COLD SPRING, NY 63956		

Worker Entry No.	Worker Name	Worker Identifying No.	(J) Journeyworker/ (RA) Registered Apprentice	Labor Classification	Pay Type	Hours Worked by Day							Total Hours Worked for the Week	Paid Hours on Check	Hourly Wage Rate	Gross Amt Earned	Total Fringe Benefit Credit	Payment in Lieu of Fringe Benefits	Fringe Number	Gross Amt Earned for All Work	Deduction for All Work					Total Deduction	Net Payment to Worker for All Work
						Wed 8	Thu 9	Fri 10	Sat 11	Sun 12	Mon 13	Tue 14									Social Security	Medicare	Federal Tax	State Tax	Fringe Benefits		
1	Henry S. Kim	6992	RA (3)	A3	ST		8.00	8.00				8.00	24.00	24.00	23.37	572.88	0.00	0.00	1506	1,041.20	64.56	15.10	85.00	45.27	91.04	302.97	739.23
2	Jesse Colon	6906	J	Straight Time	OT	8.00						8.00	24.00	24.00	47.23	1,133.52	0.00	0.00	1507	2,211.60	137.12	32.06	354.00	115.60	86.71	735.49	1,476.11
3	Jhonson A Cardona	4410	J	Straight Time	OT	8.00						5.00	21.00	21.00	47.23	991.83	0.00	0.00	1508	2,211.60	137.12	32.07	187.00	113.92	331.58	801.69	1,409.91
4	Kole D Petit	8043	RA (6)	A6	ST	8.00						8.00	16.00	16.00	31.04	495.64	0.00	0.00	1509	1,083.20	67.16	15.70	91.00	48.58	-5.28	217.16	866.04

Project Name	132-Besman	Project No. or Contract No.	RFP 2025-0731	Prime Contractor's Business Name	VAMCO SHEET METAL INC.
Project Location		Certified Payroll No.	5	Certifying Official's Name and Title	Michael Vattorio, Vice President
Week Ending Date	10/14/2025				

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

- ☒ The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefit rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
- ☒ All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
- ☒ The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
- ☒ Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OAL"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

Apprenticeship Program Name	Registered	Name of Labor Classification	
LU 33	☐ OA ☒ SAA	A3	A6

- ☒ Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

HOURLY CREDIT FOR FRINGE BENEFITS

If an amount is listed in (B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

FB Name FB Type Plan No.	☒ Funded	☐ Unfunded	TOTAL HOURLY CREDIT
Name of Worker			
Henry S. Kim			
Jessie Colon			
Jrionson A. Cardona			
Kyle D. Patti			

- ☒ All workers on the project have been paid the full weekly wages earned, and no retroactive deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

Additional Remarks

Signature of Certifying Official	Date	Telephone Number	Email Address
	10/16/2025	914-950-3660	michael@vamco-sm.com

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE, AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

Certified Payroll Report

☐ Submission of Final DBRA Certified Payroll Form

☒ Prime Contractor

☐ Sub Contractor

Project Name	132 Beekman Town Hall	Project No. or Contract No.	RFP: 2025-0731	Certified Payroll No.	8
Project Location	4 Main Street, Poughquag, NY 12570	Prime Contractor's Business Name	VAMCO SHEET METAL INC.	Week Ending Date	10/21/2025
Wage Determination No.	LU 38	Prime Contractor Address	3080 ROUTE 9, COLD SPRING, NY 63856		

Worker Entry No.	Worker Name	Worker Identifying No.	(J) Journeyworker/ (RA) Registered Apprentice	Labor Classification	Pay Type	Hours Worked by Day							Total Hours Worked for the Week	Paid Hours on Check	Hourly Wage Rate	Gross Amt Earned	Total Fringe Benefit Credit	Payment in Lieu of Fringe Benefits	Fringe Number	Gross Amt Earned for All Work	Deduction for All Work					Total Deduction	Net Payment to Worker for All Work
						Wed 15	Thu 16	Fri 17	Sat 18	Sun 19	Mon 20	Tue 21									Social Security	Medicare	Federal Tax	State Tax	Fringe Benefits		
1	Henry S. Kim	6992	RA (3)	A3	ST	8.00	8.00	8.00	8.00	8.00	8.00	8.00	32.00	32.00	23.87	763.84	0.00	0.00	0.00	1,041.20	64.55	15.09	86.00	46.27	91.04	302.95	738.25
2	Jesse Colon	6995	J	Straight Time	ST	8.00	8.00	8.00	8.00	8.00	8.00	8.00	40.00	40.00	47.23	1,889.20	0.00	0.00	0.00	2,211.60	137.12	32.07	364.00	115.60	231.58	880.37	1,331.23
3	Jhonson A Cardona	4410	J	Straight Time	ST	8.00	8.00	8.00	8.00	8.00	8.00	8.00	24.00	24.00	47.23	1,133.52	0.00	0.00	0.00	2,211.60	137.12	32.07	187.00	113.92	331.58	801.69	1,409.91
4	Kole D Petri	8043	RA (6)	A6	ST	8.00	8.00	2.00	8.00	8.00	8.00	8.00	34.00	34.00	31.04	1,055.36	0.00	0.00	0.00	1,150.90	71.36	16.69	99.00	52.30	59.61	289.96	860.94

Project Name	132-Beckman	Project No. or Contract No.	REP: 2025-0731	Prime Contractor's Business Name	VANCO SHEET METAL INC.
Project Location		Certified Payroll No.	6	Certifying Official's Name and Title	Michael Vetro, Vice President
Week Ending Date	10/21/2025				

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:
The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefit rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

Apprenticeship Program Name	Registered	OA	SAA	Name of Labor Classification
LU 38				A3, A5

Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

HOURLY CREDIT FOR FRINGE BENEFITS				
If an amount is listed in (6b) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded				
FB Name	FB Type	Plan No.	TOTAL HOURLY CREDIT	
Name of Worker				
Henry S Kim				
Jesse Colon				
Jhonson A Cardona				
Kyle D Petti				

All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

Additional Remarks

Signature of Certifying Official

Email Address

Telephone Number

Date

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE) AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO INSPECTION IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

Certified Payroll Report

☐ Submission of Final DBRA Certified Payroll Form

☒ Prime Contractor

☐ Sub Contractor

Project Name	132 Beekman Town Hall	Project No. or Contract No.	RFP: 2025-0711	Certified Payroll No.	9
Project Location	4 Main Street, Poughquag, NY 12570	Prime Contractor's Business Name	VAMCO SHEET METAL INC.	Week Ending Date	10/28/2025
Wage Determination No.	LU 38	Prime Contractor Address	3090 ROUTE 9, COLD SPRING, NY 63855		

Worker Entry No.	Worker Name	Worker Identifying No.	(J) Journeyworker/ (RA) Registered Apprentice	Labor Classification	Pay Type	Hours Worked by Day							Total Hours Worked for the Week	Paid Hours on Check	Hourly Wage Rate	Gross Amt Paid for ST, OT and DT	Gross Fringe Benefit Earned	Total Fringe Benefit Credit	Payment in Lieu of Fringe Benefits	Gross Amt Earned for All Work	Deduction for All Work					Net Payment to Worker for All Work
						Wed 22	Thu 23	Fri 24	Sat 25	Sun 26	Mon 27	Tue 28									Social Security	Medicare	Federal Tax	State Tax	Fringe Benefits	
1	Henry S. Kim	6992	RA (3)	A3	ST OT DT	5.00							5.00	5.00	23.87	119.35	0.00	0.00	1,041.20	64.55	15.10	86.00	45.27	75.35	287.28	753.92
2	Kyle D Petri	8043	RA (3)	A6	ST OT DT	8.00							8.00	8.00	31.04	248.32	0.00	0.00	1,083.20	67.15	15.71	91.00	48.58	-5.28	217.16	866.04

Project Name	132-Speckman	Project No. or Contract No.	RFP 2025-0731	Prime Contractor's Business Name	VANCO SHEET METAL INC.
Project Location		Certified Payroll No.	5	Certifying Official's Name and Title	Michael Vitorino, Vice President
Week Ending Date	10/28/2025				

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:
The payroll information submitted with this statement is correct and complete for the above project during the above period.
The wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefit rates for the classification(s) of work actually performed, as specified in the wage regulations incorporated into the contract.
All regular payrolls and all other basic records that the contractor is required to maintain for the payroll period are accurate and will be made available upon request from the agency or the Department of Labor.
The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

Apprenticeship Program Name	Registered	OA	SAA	Name of Labor Classification
LU 3A	☐	☐	☒	A3 AE

Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

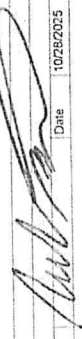
HOURLY CREDIT FOR FRINGE BENEFITS

If an amount is listed in (B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

FB Name	FB Type	Plan No.	Funded	Unfunded	TOTAL HOURLY CREDIT
Name of Worker					
Henry S Kim			☒	☐	
KG6 D Pch					

All workers on the project have been paid the full weekly wages earned, and no relatives or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

Additional Remarks

Signature of Certifying Official	Date	Telephone Number	Email Address
	10/28/2025	914-960-3650	michael@vancosm.com

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY ASSISTED CONTRACTS INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

Certified Payroll Report

☒ Prime Contractor ☐ Sub Contractor

☐ Submission of Final DBRA Certified Payroll Form

Project Name	132-Beekman Town Hall	Project No. or Contract No.	Certified Payroll No.	10
Project Location	Beekman Town Hall, 4 Main Street,	Prime Contractor's Business Name	VAMCO SHEET METAL INC.	Week Ending Date
Wage Determination No.	LU 38	Prime Contractor Address	3090 ROUTE 9, COLD SPRING, NY 63956	

Worker Entry No.	Worker Name	Worker Identifying No.	(J) Journeyworker/ (RA) Registered Apprentice	Labor Classification	Pay Type	Hours Worked by Day							Total Hours Worked for the Week	Paid Hours	Hourly Wage Rate Paid for ST, OT and DT	Gross Amt Earned	Total Fringe Benefit Credit	Payment in Lieu of Fringe Benefits	Gross Amt Earned for All Work	Deduction for All Work					Net Payment to Worker for All Work
						Wed 23	Thu 30	Fri 31	Sat 1	Sun 2	Mon 3	Tue 4								Social Security	Medicare	Federal Tax	State Tax	Fringe Benefits	
1	Henry S. Kim	5992	RA (3)	A3	ST	8.00	8.00	8.00	8.00	8.00	8.00	32.00	32.00	23.87	763.84	0.00	0.00	1,041.20	64.55	15.10	86.00	46.27	91.04	302.96	738.24
2	Jesse Colon	5905	J	Straight Time	ST	8.00	8.00	8.00	8.00	8.00	8.00	22.50	22.50	47.23	1,062.68	0.00	0.00	2,211.61	137.12	32.07	354.00	115.60	231.58	890.37	1,331.24
3	Jhonson A Cardona	4410	J	Straight Time	ST	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	47.23	377.84	0.00	0.00	884.64	54.85	12.83	31.00	37.07	132.99	268.74	615.90
4	Kole D Petri	8043	RA (6)	A6	ST	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	31.04	93.12	0.00	0.00	1,083.20	67.16	15.70	91.00	48.58	-5.28	217.16	866.04

Project Name	132 Beckman Town Hall	Project No. or Contract No.	Prime Contractor's Business Name	VAMCO SHEET METAL INC.
Project Location	Beckman Town Hall, 4 Main Street, Poughkeepsie, NY 12570	Certified Payroll No.	Certifying Official's Name and Title	Michael Vattorio, Vice President
Week Ending Date	11/4/2025			

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

- ☒ The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefit rates for the classification(s) of work actually performed, as specified in the wage determination(s) filed with the Department of Labor.
- ☒ All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
- ☒ The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
- ☒ Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OAT"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

Apprenticeship Program Name	Registered	OA	SAA	A3, A5	Name of Labor Classification
LU 38					

- ☒ Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

HOURLY CREDIT FOR FRINGE BENEFITS

If an amount is listed in (B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

FB Name FB Type Plan No.	Funded	Unfunded	TOTAL HOURLY CREDIT
Name of Worker			
Henry S. Kim			
Jesse Colon			
Jirionson A. Cardona			
Kelle D. Patti			

- ☒ All workers on the project have been paid the full weekly wages earned, and no retroactive deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

Additional Remarks

Signature of Certifying Official	Date	11/6/2025	Telephone Number	914-960-3660	Email Address	michael@vamco.com
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THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 100.1 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE, AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

Certified Payroll Report

☐ Submission of Final DBRA Certified Payroll Form

☒ Prime Contractor

☐ Sub Contractor

Project Name		132 Beekman Town Hall		Project No. or Contract No.		11	
Project Location		Beekman Town Hall, 4 Main Street,		VAMCO SHEET METAL INC.		Week Ending Date	
Wage Determination No.		LU 38		3090 ROUTE 9, COLD SPRING, NY 63859			
		Prime Contractor Address					

Worker Entry No.	Worker Name	Worker Identifying No.	(J) Journeyworker/ (RA) Registered Apprentice	Labor Classification	Pay Type	Hours Worked by Day							Total Hours Worked for the Week	Paid Hours on Check	Hourly Wage Rate Paid for ST, OT and DT	Gross Amt Earned	Total Fringe Benefit Credit	Payment in Lieu of Fringe Benefits	Check Number	Gross Amt Earned for All Work	Deduction for All Work					Net Payment to Worker for All Work
						Wed 5	Thu 6	Fri 7	Sat 8	Sun 9	Mon 10	Tue 11									Social Security	Medicare	Federal Tax	State Tax	Fringe Benefits	
1	Henry S. Kim	6952	RA (3)	A3	ST		8.00	8.00					15.00	23.87	381.92	0.00	0.00	1535	832.95	51.64	12.08	61.00	34.81	72.95	232.48	600.48
2	Jesse Colon	6906	J	Straight Time	ST	8.00	8.00	8.00			8.00	32.00	47.23	1,511.36	0.00	0.00	1536	1,769.28	109.69	25.65	264.00	86.69	165.38	651.41	1,117.87	

Project Name	132-Beekman Town Hall	Project No. or Contract No.	Prime Contractor's Business Name
Project Location	Beekman Town Hall, 4 Main Street, Poughkeepsie, NY 12570	Certified Payroll No.	1
Week Ending Date	11/11/2025		Michael Vetrone, Vice President

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefit rates for the classification(s) actually performed, as specified in the wage determination(s) incorporated into the contract.

All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.

The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OAT"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. There verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

Apprenticeship Program Name	Registered	Name of Labor Classification
LU 33	☐ OA ☒ SAA ☐ A3	

Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

HOURLY CREDIT FOR FRINGE BENEFITS

If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

FB Name	FB Type	Plan No.	Funded	Unfunded	TOTAL HOURLY CREDIT
Name of Worker					
Henry S. Kim					
José Colon					

All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

Additional Remarks

Signature of Certifying Official	Date	11/17/2025	Telephone Number	Email Address
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THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (SEE SECTION 1001 OF TITLE 18 AND SECTION 1122 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST

Certified Payroll Report

☐ Submission of Final DBRA Certified Payroll Form

☒ Prime Contractor

☐ Sub Contractor

Project Name	132-Beekman Town Hall	Project No. or Contract No.	Certified Payroll No.	12
Project Location	Beekman Town Hall, 4 Main Street.	Prime Contractor's Business Name	VAMCO SHEET METAL INC.	Week Ending Date
Wage Determination No.	LU 33	Prime Contractor Address	3050 ROUTE 9, COLD SPRING, NY 63856	

Worker Entry No.	Worker Name	Worker Identifying No.	(J) Journeyworker/ (RA) Registered Apprentice	Labor Classification	Pay Type	Hours Worked by Day							Total Hours Worked for the Week	Paid Hours on Check	Hourly Wage Rate Paid for ST, OT and DT	Gross Amt Earned	Total Fringe Benefit Credit	Payment in Lieu of Fringe Benefits	Check Number	Gross Amt Earned for All Work	Deduction for All Work					Total Deduction	Net Payment to Worker for All Work
						Wed 12	Thu 13	Fri 14	Sat 15	Sun 16	Mon 17	Tue 18									Social Security	Medicare	Federal Tax	State Tax	Other (Must Specify and see instructions)		
1	Henry S. Kim	6932	RA (3)	A3	ST OT DT		8.00						8.00	8.00	23.87	190.95	0.00	0.00	1549	832.95	51.65	12.07	61.00	34.81	50.01	219.54	613.42
2	Jesse Colon	6905	J	Straight Time	ST OT DT	8.00	8.00						16.00	16.00	47.23	755.68	0.00	0.00	1550	2,005.28	124.33	29.08	316.00	100.87	148.33	719.61	1,286.67
3	Kole D. Petit	8043	RA (6)	A6	ST OT DT	8.00							8.00	8.00	31.04	248.32	0.00	0.00	1552	812.40	50.37	11.78	55.00	33.68	-28.81	125.02	687.38

Project Name	132 Beckman Town Hall	Project No. or Contract No.	Prime Contractor's Business Name
Project Location	Beckman Town Hall, 4 Main Street, Poughkeepsie, NY 12570	1	Michael Vebiano, Vice President
Week Ending Date	11/19/2025		

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:
 The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefit rates for the classification(s) of work actually performed, as specified in the wage determination incorporated into the contract.

- ☒ All regular payrolls and all other basic records that the contractor is required to maintain for the payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
- ☒ The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
- ☒ Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor (OEA), or a State Apprenticeship Agency (SAA) recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

Apprenticeship Program Name	Registered	OA	SAA	Name of Labor Classification
LU 38				A3, A6

- ☒ Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

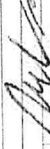
HOURLY CREDIT FOR FRINGE BENEFITS

If an amount is listed in (6b) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded

Name of Worker	FB Name FB Type Plan No	Funded	Unfunded	TOTAL	
				HOURLY	CREDIT
Henry S. Kim		☒	☐		
Jesse Colon		☐	☐		
Kyle D. Pelt		☐	☐		

- ☒ All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

Additional Remarks

Signature of Certifying Official	Date	Telephone Number	Email Address
	11/20/2025	914-960-3660	michael@vamacom.com

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE, AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

☐ Submission of Final DBRA Certified Payroll Form☒ Prime Contractor

Project Name	132-Beeckman Town Hall	Project No. or Contract No.		Prime Contractor's Business Name	VAMCO SHEET METAL INC.
Project Location	Beeckman Town Hall, 4 Main Street, Poughkeepsie, NY 12670	Certified Payroll No.	1	Certifying Official's Name and Title	Michael Valarino, Vice President
Week Ending Date	11/25/2025				

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

☒ The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefit rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.

☒ All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.

☒ The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

☒ Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OAT"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

Apprenticeship Program Name	Registered	Name of Labor Classification
LU 38	☐ OA ☒ SAA ☐ A3	

☒ Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

HOURLY CREDIT FOR FRINGE BENEFITS			
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded			
FB Name	Plan No.	Funded	Unfunded
Henry S. Kim		☒	☐
Jesse Colon		☐	☐

☒ All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

Signature of Certifying Official	Date	Telephone Number	Email Address
	11/24/2025	914-980-3560	michael@vamcosm.com

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.



U.S. Wage and Hour Division

Rev. Dec. 2008

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Department of Labor
Wage and Hour Division

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR ☒ OR SUBCONTRACTOR ☐	ADDRESS 30 Grand St PO Box 1910 Kingston, NY 12402	OMB No.: 1235-0008 Expires: 09/30/2025
PROJECT AND LOCATION 2815-Vamco Beekman Town Hall-Tax Ex 3090 ROUTE 9 COLD SPRING, NY 10516		PROJECT OR CONTRACT NO

PAYROLL NO -1	FOR WEEK ENDING 10/04/2025	(4) DAY AND DATE		(5)	(6)	(7)	(8) DEDUCTIONS		(9)
Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2)	# of W/H Exmp	(3) Work Classification	(4) DAY AND DATE		(5)	(6)	(7)	(9) Net Wages Paid For Week
				SUN MON TUE WED THU FRI SAT	Total Hours	Rate of Pay	Gross Amount Earned	FICA	

No Work This Period									
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Under certain conditions, Form WH-347 is optional. It is mandatory for covered contractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.1, 5.5(a). The Copeland Act (40 U.S.C. § 3145) requires contractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Public Burden Statement:

Date 11/17/25

I, Damian Scott

Finance Manager

(Name of signatory party)

(Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

J & J Sass Electric, Inc

on the

(Contractor or Subcontractor)

Vamco Beekman Town Hall-Tax Ex

; that during the payroll period commencing on the

(Building or Work)

28th day of September, 2025, and ending the 4th day of October 2025.

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

J & J Sass Electric, Inc

from the full

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 943, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 3145), and described below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

NAME AND TITLE

Damian Scott

Finance Manager

SIGNATURE

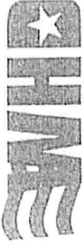


THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)



U.S. Wage and Hour Division

Rev. Dec. 2008

NAME OF CONTRACTOR ☒ OR SUBCONTRACTOR ☐		ADDRESS 30 Grand St Kingston, NY 12402		PO Box 1910		OMB No.: 1235-0008 Expires: 09/30/2026		
PAYROLL NO 0		FOR WEEK ENDING 10/11/2025		PROJECT AND LOCATION 2815-Vamco Beekman Town Hall-Tax Ex 3090 ROUTE 9 COLD SPRING, NY 10516		PROJECT OR CONTRACT NO		
(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE SUN MON TUE WED THU FRI SAT 10/05 10/06 10/07 10/08 10/09 10/10 10/11	(5) Total Hours	(6) Rate of Pay	(7) Gross Amount Earned	(8) DEDUCTIONS FICA Fed W/H Tax State & Local W/H Tax Union Deductions Other	(9) Net Wages Paid For Week
No Work This Period								
On the completion of Form WH-347, if required, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a), The Copeland Act (49 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "turnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3) require contractors to submit weekly a copy of the statement to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits. Public Burden Statement We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room 53502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.								

Date 11/17/25

I, Damian Scott

(Name of signatory party)

Finance Manager

(Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

J & J Sass Electric, Inc

(Contractor or Subcontractor)

Vamco Beekman Town Hall-Tax Ex

(Building or Work)

; that during the payroll period commencing on the

5th day of October, 2025, and ending the 11th day of October, 2025,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

J & J Sass Electric, Inc

(Contractor or Subcontractor)

from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 942, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in

the above referenced payroll, payments of fringe benefits as listed in the contract

have been or will be made to appropriate programs for the benefit of such

employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

--	--

SIGNATURE

NAME AND TITLE

Damian Scott

Finance Manager

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3726 OF TITLE 31 OF THE UNITED STATES CODE.



U.S. Wage and Hour Division

Rev. Dec. 2008

OMB No.: 1235-0008
Expires: 09/30/2028

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

U.S. Department of Labor

Wage and Hour Division

NAME OF CONTRACTOR ☒ OR SUBCONTRACTOR ☐

J & J Sess Electric, Inc.

PAYROLL NO. 0

FOR WEEK ENDING

10/18/2025

ADDRESS 30 Grand St PO Box 1910
Kingston, NY 12402

PROJECT AND LOCATION 2815-Vanmco Beekman Town Hall-Tax Ex

3090 ROUTE 9

COLD SPRING, NY 10515

PROJECT OR CONTRACT NO.

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE							(5) Rate of Pay	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week	
			SUN 10/12	MON 10/13	TUE 10/14	WED 10/15	THU 10/16	FRI 10/17	SAT 10/18			FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions		Other Deductions
			HOURS WORKED EACH DAY														
No Work This Period																	

When completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to furnish weekly a statement with respect to the wages paid each employee during the preceding week. U.S. Department of Labor (DOL) regulations at 29 C.F.R. 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and accurate and that each laborer or mechanic has been paid not less than the per hour Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room 3302, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

EXCEPTION (CRAFT) EXPLANATION

REMARKS:

SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE



U.S. Wage and Hour Division
Rev. Dec. 2008

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR ☒ OR SUBCONTRACTOR ☐		ADDRESS 30 Grand St Kingston, NY 12402		PROJECT OR CONTRACT NO.	
J & J Sass Electric, Inc.		PO Box 1910		OMB No: 1235-0008 Expires: 09/30/2026	
PAYROLL NO. 1	FOR WEEK ENDING 10/25/2025	PROJECT AND LOCATION 2815-Vamco Beekman Town Hall-Tax Ex 3090 ROUTE 9 COLD SPRING, NY 10516			

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE										(5) Total Hours	(6) Rate of Pay	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week
			HOURS WORKED EACH DAY							FICA	Fed W/H Tax	State & Local W/H Tax				Union Deductions	Other	Total Deductions		
			SUN 10/19	MON 10/20	TUE 10/21	WED 10/22	THU 10/23	FRI 10/24	SAT 10/25											
DEFABIO, COLLIN 198 Highland Ave Marlboro, NY 12542 ...--0605	S0	A11-Appr 1	REG	8.00	8.00	8.00	8.00	8.00	8.00	8.00	40.00	17.00/1.00	720.00	55.08	47.20	28.61	68.80	3.39	203.03	515.92
POLICASTRO, SHEA 16 FLORENCE STREET KINGSTON, NY 12401 ...--6105	S0	CJ1-Electrician- Z1	REG	8.00	8.00	8.00	8.00	8.00	8.00	8.00	40.00	56.50/10.00	2,660.00	203.49	471.30	149.84	506.40	0.60	1,331.63	1,328.37

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction projects to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction projects to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20010

Date 11/17/25

I, Damian Scott

(Name of signatory party)

Finance Manager

(Title)

do hereby state

(1) That I pay or supervise payment of the persons employed by

J & J Sass Electric, Inc

on the

(Contractor or Subcontractor)

Vanmo Beekman Town Hall-Tax Ex

(Building or Work)

; that during the payroll period commencing on the

19th day of October, 2025, and ending the 25th day of October, 2025.

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

from the full

J & J Sass Electric, Inc

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3.129 CFR Subtitle A, issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 106, 72 Stat. 967; 40 U.S.C. 3145), and described below:

FICA, Medicare, Federal/State Withholding Taxes, DISABILITY INSURANCE, NYS PAID FAMILY LEAVE, I

VACA-PAY

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

SIGNATURE

NAME AND TITLE

Damian Scott

Finance Manager

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 13 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.



U.S. Wage and Hour Division
Rev. Dec. 2008

U.S. Department of Labor Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR ☒ OR SUBCONTRACTOR ☐		ADDRESS 30 Grand St. PO Box 1910 Kingston, NY 12402		PROJECT OR CONTRACT NO.	
J & J Sass Electric, Inc.		2		2815-Vanco Beekman Town Hall-Tax Ex	
FOR WEEK ENDING		11/01/2025		PROJECT AND LOCATION 3090 ROUTE 9 COLD SPRING, NY 10516	
(1) Name and Individual Identifying number (e.g. last four digits of Social Security number of worker)		(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE	
POLICASTRO, SHEAA 15 FLORENCE STREET KINGSTON, NY 12401 ***-**-6105		S0	CJ1-Electrician-I Z1	SUN 10/26 10/27 10/28 10/29 10/30 10/31 11/01 HOURS WORKED EACH DAY	
				8.00 8.00 8.00 8.00 8.00 8.00 8.00	
				Gross Amount Earned	
				532.00 2,527.00	
				Rate of Pay	
				56.50/10.00	
				FICA 40.70	
				Fed W/H Tax 92.50	
				State & Local W/H Tax 29.41	
				Union Deductions 101.28	
				Other Deductions 0.13	
				Total Deductions 264.02	
				Net Wages Paid For Week 267.98	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 2.2, 5.5(m). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(m)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Public Burden Statement

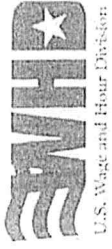
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 18 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev. Dec. 2008

NAME OF CONTRACTOR ☒ OR SUBCONTRACTOR ☐	ADDRESS 30 Grand St Kingston, NY 12402	PO Box 1910	OMB No.: 1235-0008 Expires: 09/30/2035
PAYROLL NO. 3	FOR WEEK ENDING 11/09/2025	PROJECT AND LOCATION 2815-Vamco Beekman Town Hall-Tax Ex 3090 ROUTE 9 COLD SPRING, NY 10516	PROJECT OR CONTRACT NO.

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week		
			SUN	MON	TUE	WED	THU	FRI	SAT				FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions		Other Deductions	
			11/02	11/03	11/04	11/05	11/06	11/07	11/08										
			HOURS WORKED EACH DAY																
			No Work This Period																

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 28 C.F.R. §§ 2.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to furnish weekly a statement with respect to the wages paid each employee during the preceding week. U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(a) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Public Burden Statement

Date 11/17/25

I, Damian Scott

(Name of signatory party)

Finance Manager

(Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

J & J Sass Electric, Inc

(Contractor or Subcontractor)

Vanco Beerman Town Hall-Tax Ex ; that during the payroll period commencing on the

(Building or Work)

2nd day of November, 2025, and ending the 8th day of November 2025.

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

J & J Sass Electric, Inc

(Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations.

Part 3 (29 CFR Subpart A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
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REMARKS:

NAME AND TITLE	SIGNATURE
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Damian Scott

Finance Manager

SIGNATURE



THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.



U.S. Wage and Hour Division
Rev. Dec. 2008

PAYROLL
(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR ☒ OR SUBCONTRACTOR ☐		ADDRESS 30 Grand St PO Box 1910 Kingston, NY 12402		OMB No.: 1235-0008 Expires: 09/30/2023	
J & J Sass Electric, Inc.		PROJECT AND LOCATION 2815-Vamco Beekman Town Hall-Tax Ex 3090 ROUTE 9 COLD SPRING, NY 10516		PROJECT OR CONTRACT NO.	

PAYROLL NO. 4	FOR WEEK ENDING 11/15/2025
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(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE	(5) Total Hours							(6) DEDUCTIONS	(7) Gross Amount Earned	(8) FICA W/H Tax State & Local Deductions	(9) Net Wages Paid For Week
				SUN	MON	TUE	WED	THU	FRI	SAT				
			11/09	11/10	11/11	11/12	11/13	11/14	11/15					
			HOURS WORKED EACH DAY											

No Work This Period

While completion of Form WH-347 is optional, it is required for covered contractors, and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. § 3.3. 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room 33502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Date 11/17/25

I, Damian Scott
(Name of signatory party)

Finance Manager
(Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

J & J Sass Electric, Inc

on the

(Contractor or Subcontractor)

Vamco Beekman Town Hall-Tax Ex

; that during the payroll period commencing on the

(Building or Work)

9th day of November, 2025, and ending the 15th day of November 2025.

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

J & J Sass Electric, Inc

from the full

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357; 40 U.S.C. 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXPLANATION

EXCEPTION (CRAFT)

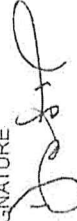
REMARKS:

NAME AND TITLE

Damian Scott

Finance Manager

SIGNATURE



THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3725 OF TITLE 31 OF THE UNITED STATES CODE.

CONTRACTOR/SUBCONTRACTOR
PARTIAL RELEASE AND LIEN
WAIVER

Date: December 1, 2025
Project: Beekman Town Hall Lower Floor HVAC
Address: 4 Main Street
City: Poughquag, New York 12570
County: Dutchess
State: New York
Owner: Town of Beekman
Contractor: Vamco Sheet Metal, Inc.

Contract Date: October 2, 2025
Contract Price: \$270,000
Net Extras & Deductions: _____
Adjusted Contract Price: _____
Amount Previously Paid: \$25,155.00
Current Payment Due: \$176,139.46
Balance Due: \$68,705.54

In the consideration of payment made by **TOWN OF BEEKMAN** to Vamco Sheet Metal, Inc. for all work, labor, materials, equipment and services furnished through the period ending Nov 30th, 2025 and pursuant to Payment Application #2 in connection with the project named above.

The UNDERSIGNED hereby releases the Owner listed above, through the date of this Partial Release and Waiver of Lien, from any and all claims and demands of every kind and character, including, but not limited to claims for labor and/or materials and/or equipment and/or additional work and/or delays under the aforesaid contract in any way growing out of or connected with said contract. The undersigned does hereby covenant and agree not to claim or file a mechanic's lien or any other lien against the contract and/or premises for materials furnished or labor performed in connection with such a project to date listed above.

The UNDERSIGNED further warrants that:

- 1) All subcontractors employed by the undersigned upon this project have been fully paid to this date hereof;
- 2) All workmen employed by it or its subcontractors upon this project have been fully paid to this date hereof;
- 3) All materialmen from whom the undersigned or its subcontractors have purchased materials used in this project have been paid for the materials delivered on or prior to this date;
- 4) None of such workmen and/or materialmen have any claims or demand or right of lien; and
- 5) He/She is an authorized officer with full power to execute this Partial Release and Waiver of Lien.

IN WITNESS WHEREOF, the contractor or subcontractor named below has executed this Partial Release and Lien Waiver this Nov 24th day of November, 2025.

CONTRACTOR/SUBCONTRACTOR:

Signature: 

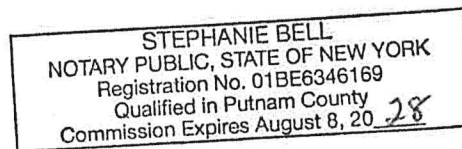
Print Name: Michael Vettorino

Title: Vice President

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

On this 1st day of December, in the year 2025, before me personally came
Michael Vettorino, who, being by me duly sworn, did depose and say that he/she resides
at Spark Hill, NY, that he/she is the Vice President of Vamco Sheet
Metal, Inc., the corporation described in and which executed the foregoing Partial Release and Lien Waiver,
and that he signed his name thereto by authority of the Board of Directors of the corporation.

Stephanie Bell
Notary
Public



Document G706A

Contractor's Affidavit of Release of Liens

PROJECT:

Beekman Town Hall Lower Floor HVAC

ARCHITECTS PROJECT NUMBER:

RFP: 2025-0731

CONTRACT FOR: Mechanical**CONTRACT DATED:** 10/2/25**OWNER**

ARCHITECT

CONTRACTOR

SURETY

OTHER

TO OWNER:Beekman Town Hall
4 Main Street
Poughquag, NY 12570**DATE:** 11-18-25STATE OF: New York
COUNTY OF: Putnam

The undersigned hereby certifies that to the best of the undersigned's knowledge, information and belief, except as listed below, the Releases or Waivers of Lien attached hereto include the Contractor, all Subcontractors, all suppliers of materials and equipment, and all performers of Work, labor or services who have or may have liens or encumbrances or the right to assert liens or encumbrances against any property of the Owner arising in any manner out of the performance of the Contract referenced above.

EXCEPTIONS: NONE**SUPPORTING DOCUMENTS ATTACHED HERETO:**

1. Contractor's Release or Waiver of Liens, conditional upon receipt of final payment.
2. Separate Releases or Waivers of Liens from Subcontractors and material and equipment suppliers, to the extent required by the Owner, accompanied by a list thereof.

Payment: #1 - October 30, 2025

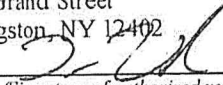
Electrical Subcontract

% of Completion: 50%**SUBCONTRACTOR:**

J&J Sass Electric

30 Grand Street

Kingston, NY 12402

BY: 

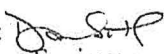
(Signature of authorized representative)

Travis Walsh

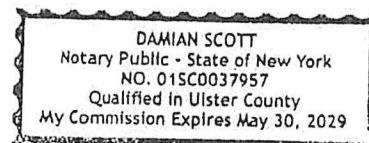
(Printed name and title)

Subscribed and sworn to before me on this date:

11.18.2025

Notary Public: 

My Commission Expires: May 30, 2029



Document G706A

Contractor's Affidavit of Release of Liens

PROJECT:

Beekman Town Hall Lower Floor HVAC

ARCHITECTS PROJECT NUMBER:

RFP: 2025-0731

CONTRACT FOR: Mechanical**CONTRACT DATED:** 10/2/25**OWNER**

ARCHITECT

CONTRACTOR

SURETY

OTHER

TO OWNER:

Beekman Town Hall
4 Main Street
Poughquag, NY 12570

DATE: 11-18-25

STATE OF: New York

COUNTY OF: Putnam

The undersigned hereby certifies that to the best of the undersigned's knowledge, information and belief, except as listed below, the Releases or Waivers of Lien attached hereto include the Contractor, all Subcontractors, all suppliers of materials and equipment, and all performers of Work, labor or services who have or may have liens or encumbrances or the right to assert liens or encumbrances against any property of the Owner arising in any manner out of the performance of the Contract referenced above.

EXCEPTIONS: NONE

SUPPORTING DOCUMENTS ATTACHED HERETO:

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Payment: #1 - November 11, 2025

Electrical Subcontract

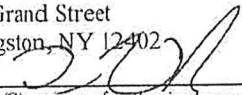
% of Completion: 75%

SUBCONTRACTOR:

J&J Sass Electric

30 Grand Street

Kingston, NY 12402

BY: 

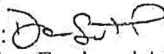
(Signature of authorized representative)

Travis Walsh

(Printed name and title)

Subscribed and sworn to before me on this date:

11-18-2025

Notary Public: 

My Commission Expires: May 30, 2029

DAMIAN SCOTT
Notary Public - State of New York
NO. 01SC0037957
Qualified in Ulster County
My Commission Expires May 30, 2029

VOUCHER

Voucher
Number 2Town of Beekman
4 Main Street
Poughquag, NY 12570Date Received 12/1/2025

Dept. _____

Claimants
Name &
AddressVamco Sheet Metal, Inc.
3090 Route 9
Cold Spring, NY 10516

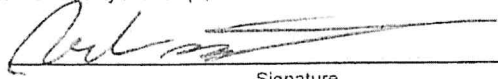
Fund-Appropriation	Amount
H.1620.0500	\$ 176,139.46
Total	\$ 176,139.46

Detailed invoices may be attached and total entered on this voucher
Certification below must be signed.

INVOICE DATE	INVOICE #	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
11/30/2025	1	Town of Beekman Beekman Town Hall Lower Floor HVAC Payment Application 3 Services 10/7/25-11/30/25 <i>payment #2, revision 3</i> <i>DBK</i>	\$176,139.46	\$ 176,139.46
		Total		\$176,139.46

CLAIMANT'S CERTIFICATION

Michael Veltrop certify that the above account in the amount of \$176,139.46 is true and correct; that the items, services, and disbursements were rendered to or for the municipality on the dates stated; that no part has been paid or satisfied; that taxes, from which the municipality is exempt, are not included; and that the amount claimed is actually due.

12/1/25
Date
SignatureVice President
Title

Department Approval

The above services or materials were rendered
or furnished to the municipality on the dates
stated and the charges are correct._____
Date_____
Authorized Official

Approval for Payment

This claim is approved and ordered paid
from the appropriations indicated above_____

Date_____

Auditing Board_____
Print Name of Authorized Official

MUNICIPAL COOPERATION AGREEMENT
ANIMAL CONTROL OFFICER

TOWN OF LAGRANGE
TOWN OF HYDE PARK
TOWN OF BEEKMAN
TOWN OF PLEASANT VALLEY
TOWN OF POUGHKEEPSIE
TOWN OF CLINTON

THIS AGREEMENT made the ____ day of _____, 2025, by and between the

(1) Town of Lagrange, a municipal corporation, having its principal place of business at 120 Stringham Road, Lagrangeville, NY 12540 (hereinafter "Lagrange"), the Town of Hyde Park, a municipal corporation, having its principal place of business at 4383 Albany Post Road, Hyde Park, NY 12538 (hereinafter "Hyde Park"); the Town of Beekman, a municipal corporation, having its principal place of business at 4 Main Street, Poughquag, NY 12570 (hereinafter "Beekman"); the Town of Pleasant Valley, a municipal corporation, having its principal place of business at 1554 Main Street, Pleasant Valley, NY 12569 (hereinafter "Pleasant Valley"); the Town of Poughkeepsie, a municipal corporation, having its principal place of business at One Overocker Road, Poughkeepsie, NY 12603 (hereinafter "Poughkeepsie"); the Town of Clinton a municipal corporation, having its principal place of business at 1215 Centre Road, Rhinebeck, NY 12572 (hereinafter "Clinton") and

WHEREAS, these six municipalities are empowered, pursuant to General Municipal Law Section 119-o, to enter into a municipal cooperative agreement with respect to sharing personnel including an Animal Control Officer ("ACO"); and

WHEREAS, it is the intention of the parties to create a shared ACO position between the five Towns on a basis which has been agreed to and is satisfactory to the Boards;

NOW, THEREFORE, IT IS AGREED AS FOLLOWS:

1. That Lagrange will employ a full-time ACO in its employment to be paid a salary of

\$60,0000. The position will be salaried to reflect the varying hours necessary such as the need to attend Court outside of typical working hours. Said ACO shall devote his/her time to each Town as needed. As an employee of Lagrange, the ACO shall be subject to its terms and conditions of employment. However, while on business for the other five (5) Towns, the ACO shall report to its Supervisor and follow its policies to the extent that they do not conflict with his/her terms and conditions of employment.

2. That the ACO will be provided with a vehicle provided by LaGrange and necessary maintenance and repair expenses will be shared among all Towns pursuant to their respective shares as set forth in paragraph 6 below.

3. All parties agree to work and be as flexible as possible with respect to the scheduling of the ACO so as to fulfill the needs of all communities with respect to this position.

4. That the parties agree that this agreement will be effective January 1, 202~~6~~⁵ for the calendar year; and thereafter, assessed with the intent to renew for a period of one year, and shall automatically renew unless 30 days prior to the expiration of any year, any party gives written notice to the other five (5) parties of its desire to terminate the agreement. Upon termination, the agreement will be of no force and effect.

5. It is agreed that the Town Comptroller of Lagrange shall remit a bill to the other Towns on a monthly basis with respect to reimbursement of the costs and expenses for Town's share of the ACO and payment of said bill shall be paid to LaGrange within 45 days of its receipt of said statement.

6. That the Towns specifically agree that all salary, benefits, and any other costs, including Social Security tax, Medicare tax, health insurance, dental insurance and any other benefits provided to the ACO shall be divided between the parties based upon its population according to the 2020 Census and call volume as established by the ACO call log from January to November of the year preceding renewal. The total call volume and population for all six

(6) Towns reflected in Exhibit A:

7. Leave time shall be equally distributed pursuant to each Town's pro rata share.

8. This position is an exempt position in the Town.

IN WITNESS HEREOF, the parties have hereunto set their hands and seal on the date above written. By signing below, each Supervisor represents that they have obtained a resolution of the Town Board agreeing to the terms of this Agreement.

TOWN OF LAGRANGE

By: _____

Alan Bell, Supervisor

TOWN OF HYDE PARK

By: _____

Alfred Torreggiani, Supervisor

TOWN OF BEEKMAN

By: _____

Mary B. Covucci, Supervisor

TOWN OF PLEASANT VALLEY

By: _____

Mary Albrecht, Supervisor

TOWN OF POUGHKEEPSIE

By: _____

Rebecca Edwards, Supervisor

TOWN OF CLINTON

By: _____

Mike Whitton, Supervisor

EXHIBIT A

						50% Call Count / 50% Population (2020 Census)
2025	Call Count			Population		
	LaGrange	176	18%	15,975	14%	16%
	Poughkeepsie	295	30%	45,471	41%	35%
	Hyde Park	280	28%	21,021	19%	24%
	Pleasant Valley	132	13%	9,799	9%	11%
	Beekman	64	6%	14,172	13%	10%
	Clinton	50	5%	4,037	4%	4%
	TOTAL	997	100.00%	110,475	100.00%	100%

TOWN OF BEEKMAN, NEW YORK



FUND BALANCE POLICY

Adopted 12/15/20
Revised 07/12/22
Revised 03/28/23
Revised 12/09/25

Town of Beekman NY Fund Balance Policy

Revised October 2025

I. Purpose

The Town of Beekman, New York, Fund Balance Policy purpose is to ensure that the Town maintains a prudent level of financial resources to protect against reducing service levels or revenue shortfalls, unexpected one-time expenditures and emergencies or disasters. The main goal is for the Town to maintain a strong fiscal position when confronted with negative economic trends or unusual expenditures.

II. Fund Balance Categories

The Governmental Accounting Standards Board (GASB) issued Statement Number 54, in 2009, entitled ***Fund Balance Reporting and Governmental Fund Type Definitions*** adopting five categories of fund balance. This statement was issued to bring greater clarity and consistency to fund balance reporting, and the usefulness of fund balance information. The categories of Fund Balance are defined as follows:

- A. Non-spendable Fund Balance – Consists of the amounts that cannot be spent either because of their form or because they must remain intact, and by definition, the money has already been spent. Prepaid expenses are at year end considered nonspendable fund balance.
- B. Restricted Fund Balance – Consists of amounts that are reserved for special legal restricted purposes such as capital reserves, debt reserves, repairs, insurances or other purposes imposed or allowed by enabling legislation. The Town has created several Restricted Fund Balances, (identified in section III), which should be used first until exhausted following the legal process and then use unrestricted fund balance.
- C. Committed Fund Balance – Consists of amounts constrained for specific purpose by the Town Board who must take formal action during or before the end of the fiscal year to add or remove the constraint.
- D. Assigned Fund Balance – Consists of amounts that are assigned/intended to be used for a specific purpose by the Town Board. The purpose of the assignment must be defined in the financial statements or annual budget. Encumbrances at year end are considered assigned fund balance.
- E. Unassigned Fund Balance – Consists of the remaining fund balance after considering the previous four categories. These funds are considered spendable for unexpected expenditures and revenue short falls.

III. Restricted/Assigned & Unassigned Fund Balances

A. Restricted Reserve Fund Balances

The Town shall strive to maintain various restricted reserves to guard against a service disruption or to deal with unforeseen emergencies. The sources for the restricted reserve fund balances will come from surplus funds (excess of revenues over expenditures), or one-time revenues, or other sources designated by the Town Board. All expenditures or uses / or additions to restricted reserve fund balances require prior Town Board Approval. Restricted Reserves shall only be used for the legal purposes in which they are intended.

The Town created and maintains the following restricted reserve fund balances. If the restricted reserve fund balances falls below the established required minimum levels, the Town shall include within its annual budget a plan to restore reserves to the required levels.

- **Contingency & Tax Stabilization Reserve:** Is a Reserve in the General Fund to provide a financial cushion to cover revenue shortfalls resulting from unexpected economic changes or recessionary periods and/or to provide funds for emergency or disaster expenditures created under GML 6-e with a balance of \$1,000,000. The appropriation and use of the reserve is recommended by the Supervisor approved by two thirds of the town Board pursuant to GML 6-e guidelines.
- **Repair Reserve;** Is a reserve in the General Fund to pay for non-recurring repairs to town capital assets or equipment created under GML 6-d with a minimum balance of \$100,000. A resolution appropriating monies form the Reserve is subject to a public hearing and must be approved by two thirds vote of the Town Board. In an emergency monies may be appropriated without a public hearing but must be repaid within two years.
- **Insurance and Claims Reserve:** Is a Reserve in the General Fund to pay judgements or claims and uninsured losses created under GML 6-n with a minimum balance of \$50,000. Funds may be used with approval of two thirds vote of the town Board.
- **Accrued Benefit Liability Reserves:** Are Reserves in both the General and Highway Funds created to provide for the STAFF accumulated compensation created under GML 6-p. The Town maintains the reserves equal to the accrued compensation year end dollar liability plus the 8% for benefits. Changes are approved annually by majority vote of the Town Board.
- **Pension Liability Reserve:** Is a Reserve in the General Fund created under GML 6-s to provide for the Annual contribution to the NYS Retirement System for those employees enrolled in the state retirement system. The Reserve is adjusted annually to the amount in the NYERS Annual Report and approved by majority vote of the Town Board.
- **Highway Equipment and Machinery Capital Reserve:** Is a Reserve in the Highway Fund created under GML 6-c to pay for the replacement of Highway Equipment and Machinery with a minimum balance of \$100,000. All proceeds of the Sale of Highway Equipment are added to this fund annually. Use of the money are subject to permissive referendum and with approval of two thirds vote of the Town Board.
- **Snow + Ice Removal and Road Reserve:** Is a Reserve in the Highway Fund created under GML 6-f to pay for the excessive cost of removal of snow and ice from roads, and for the cost of repairing roads damaged by extraordinary or continued winter storms. A resolution appropriating money from the reserve is subject to public hearing and approval of two thirds vote of the Town Board.

B. Assigned Fund Balances

The Town created and maintains in the General Fund an Assigned Fund Balance for Capital Expense Purposes. The annual uses and sources are approved by the Town Board.

The Town may also Assign Fund Balance for use in Annual Budgets.

C. Unassigned Fund Balance

This unassigned Fund Balance is the uncommitted remaining sources in the Fund Balance. It is the policy of the Town of Beekman to maintain other government fund budgets in such a way that there will be sufficient uncommitted resources to cover cash flow needs, or to provide Funds for emergencies needs, and to provide investment earnings.

IV. Policy Statements/Guidelines-Unassigned Fund Balance:

- A. State Law allows local governments to maintain a “reasonable amount” of Unassigned Unreserved Fund Balance from one year to the next. The Unassigned Fund Balance range in the General Fund shall be not less than 10% and not more than 30% of the total Town Wide Adopted Budgeted Expenditures. The Town wide Budget includes the General and Highway Funds expenditures combined.
- B. In the event the Unassigned Fund Balance in the General Fund exceeds the maximum level of 30%, the excess may be utilized for any lawful purpose approved by the Town Board. The excess may be appropriated to fund one-time expenditures, or for capital expenses, or for the creation or increase in legitimate restricted fund balances. Examples of use of unassigned Fund Balance are:
 - 1) Transfer excess to the Restricted Reserve Funds
 - 2) Transfer excess to the Capital Projects or Nonrecurring expenditure purposes
 - 3) Assigned Funds as a revenue source in the subsequent year budget
- C. In the event the Unassigned Fund Balance in the General Fund falls below the minimum level of 10%, the Town Supervisor shall prepare and submit to the Town Board a plan to restore the unassigned fund balance to the minimum level in the next fiscal year or other appropriate period of time.
- D. The Finance Office shall annually monitor and verify the Town’s compliance with this policy and report to the Town Supervisor estimated Fund Balances. The limits above will be applied to the Unassigned Fund Balance in General Fund for the most recent audited fiscal year, divided by the total adopted town-wide expenditures budget for the ensuing fiscal year.
- E. The Town Supervisor shall report annually to the Town Board the results of the above calculations and make recommendations for the use of excess funds or the replenishment of unassigned fund balance.

V. Periodic Review:

The Town Board is the authorized body to approve changes to this Policy as deemed necessary.

Mary Covucci

From: Dani Plastini
Sent: Monday, November 24, 2025 9:33 AM
To: Mary Covucci; Secretary to the Town of Beekman Supervisor
Subject: 250th EVents
Attachments: doc00084520251124093105.pdf

Here are invoices/contracts for the following events

1/9/25 American History Trivia
David Strickland \$500
Just for Fun Popcorn Machine \$107.50

2/7/26 Souperbowl/Chili contest
Alexander Prizgintas Cello Show - Songsof Patrotism \$200

6/26/26 Offical Birthday Ceebration/Beach Opening
Legion Fireworks \$7500
GenXtra Band \$400

Dani Plastini
Recreation Director

Town of Beekman
Recreation and Parks
Home of Creekside Cove Mini-Golf

845-227-5783
Fax 845-227-9685

www.beekmanrec.com
<http://www.facebook.com/BeekmanRec>

Address: 29 Recreation Center Road, Hopewell Junction, NY 12533

The mission of the Town of Beekman Recreation & Parks Department is to provide recreational opportunities which will encourage a healthy and active lifestyle. We strive to promote lifelong leisure skills and to enhance the quality of life and sense of community for all residents of the Town of Beekman.

-----Original Message-----

From: recscanner@townofbeekmanny.us <recscanner@townofbeekmanny.us>
Sent: Monday, November 24, 2025 9:31 AM
To: Dani Plastini <recdirector@townofbeekmanny.us>
Subject:

ECOSYS MA2600cwfx
[d4:f0:c9:23:3b:7a]

GenXtra
174 Martin Rd
LaGrangeville, NY 12540
9142043693
GenXtraBand@gmail.com

Invoice

For Live Music Engagement
Summer Concert Series
Beekman Town Recreation Park
June 26, 2026
6-8:30 pm

Band to provide all equipment, access to electricity required.

\$400

Payable by cash or check to:

Frank Yanoti



Entertainment Invoice

Client: TOWN OF BEEKMAN RECREATION AND PARKS.

Invoice #: 01092026.

Date: November 18, 2025.

Client/Description/Date	Rate
01. Town of Beekman Recreation Quiz Party JAN 9 2025.	\$500.00

Total due: \$500.00

If applicable, please make check payable to:

David L. Strickland

1322 NY 52 Apt. 3

Fishkill, NY 12524

or

CASH APP: 845-242-2997 (\$DLSVoicePro)

VENMO: @DavidLStrickland-69

Quote ID# 53071719

\$ Prices

Rentals	\$107.50
Labor Install Fee	\$12.90
Damage Waiver	\$7.00
Subtotal	\$127.40
Tax	+\$0.00
Total	\$127.40

📅 Event Information

Event Name	Town Event	Start	6:00pm Fri, Jan 9, 2026
Organization	Town of Beekman	End	8:00pm Fri, Jan 9, 2026
Address	29 Recreation Center Road Hopewell Junction, NY 12533	Tax Exempt	Yes
Surface	Indoor	Delivery Type	Customer Pick-Up
Referral	Friend	Volunteers	0
		Number of Gue...	

Customer Pick Up Friday 9am - 3pm
Customer Return Monday or Tuesday 9am -3pm
1157 Route 311 Patterson, NY 12563

Rentals



Popcorn Tabletop 1 \$70.00



Popcorn pack 10 \$29.50



Popcorn Bags 80 \$8.00

📞 Contact Information

First Name	Dani	Home Phone	
Last Name	Plastini	Office Phone	
Address	29 Recreation Center Road	Cell Phone	(845) 227-5783
	Hopewell Junction, NY 12533	Fax Number	
Email	recdirector@townofbeekmanny.us	Coupon	

ALEXANDER PRIZGINTAS

Phone: 845-774-9856

Invoice Number: 2726

Date: 2/7/26

Event Location: Town of Beekman Recreation Dept.

2/7/26: Cello Show, One Hour, COD Rate: \$200.00

Total: \$200.00

Address to:

Alex Prizgintas
8 Shuit Place, Central Valley, NY, 10917

845-774-9856

ow42957@gmail.com



Legion Fireworks Co., Inc.
10 Legion Lane Wappingers Falls, NY 12590
(845)831-8328

**THIS CONTRACT AND AGREEMENT for the sale of fireworks made and concluded 9/29/2025
by and between Legion Fireworks Co., Inc. (*Legion*) and Town of Beekman (*Sponsor*).**

WITNESSETH: for and in consideration of the sum of One Dollar, each to the other in hand receipt of which is hereby acknowledged, and of the terms and conditions hereinafter mentioned, Legion and the Sponsor do actually and severally agree to perform their several covenants and to guarantee terms, conditions and payments of this contract.

Legion agrees to sell and furnish unto the Sponsor, a Fireworks Display in accordance with a program proposed and agreed upon at the time of the signing of this agreement, said Fireworks to be furnished for display on the following dates:
6/26/2026 Rain Date: 7/3/26 - 7/5/26 not available for rain date.

Legion agrees to furnish unto the Sponsor at least two experienced professional display operators to present the said display, said display operators to be agents of Legion and to act under instructions and directions of the Sponsor. Legion shall also provide display liability in the amount of \$5 Million dollars coverage (combined single limit) for protection against claims of bodily injury or property damage arising solely out of the operators of Legion.

The Sponsor agrees to procure and furnish, in accordance with Local or State Law, a suitable place to display the said fireworks. The Sponsor also agrees to secure all police, Fire, Local and State permits, and to arrange for any security bonds if required by Law in their community. In the interest of safety and to prevent damage to fireworks, claims of alleged negligence, or injury to its reputation; Legion reserves the right to determine inclement weather conditions which will prevent the giving of said display. The sponsor shall always have the right to postpone to a rain date ONLY ON condition of inclement weather. In the event a rain date is declined by the sponsor at the time of the signing of this agreement, the sponsor agrees to pay Legion a cancellation fee amounting to fifteen (15%) percent of the display price stated below. Said fee shall be for reimbursement to Legion for expenses incurred with display preparation, equipment rentals and display operator labor. The Sponsor agrees to furnish necessary Police and Fire protection, including crowd control and auto parking.

It is further agreed the Sponsor will provide a continuous barricade, rope line or snow fence to establish an ash fallout zone between spectators, parked automobiles or dwellings; and the place of discharge of fireworks. The only authorized persons in the fallout zone during the display shall be the professional display operators furnished by Legion. The Sponsor agrees to keep the fallout zone free of all persons during and immediately after the display to facilitate inspection for any dud fireworks by the display operators. Until the display site has been thoroughly inspected and cleaned, the Sponsor agrees to take all necessary precautions to guard and prevent persons from entering the display site area. The Sponsor hereby agrees to indemnify and hold harmless Legion from any personal injuries or property damage which result from the Sponsors failure to perform the obligations set forth in this paragraph.

The Sponsor agrees to pay Legion or its duly authorized agent for collection, the sum of **\$7,500.00** dollars said fireworks display. Payments to be made as follows:

%15 Deposit of \$1,125.00 due at signing of the contract. \$6,375.00 Due immediately following the display.

In the event of late payment, the Sponsor agrees to pay Legion a finance charge of Two (2%) percent per month on the unpaid balance. All payments shall be made by draft or certified check payable to the order of Legion Fireworks Co., Inc. unless otherwise specified and authorized in writing. Should Sponsor fail to pay to Legion the agreed upon contract price as specified above, as and for Legion's services, the Sponsor hereby agrees to pay any and all reasonable attorney's fees incurred as a result of collecting any and all sums due and owing pursuant to this agreement and further agrees to pay all disbursements, including but not limited to filing fees, process serving fees, investigative fees, and any other reasonably incurred disbursements and/or expense made in connection with the collection of monies due and owing Legion pursuant to this agreement. It is further agreed by the Sponsor that in the event of a lawsuit initiated for the purpose of collecting the agreed upon contract price as set forth in this agreement, the sponsor hereby waives any and all counter-claims and/or defenses thereto.

This contract shall not be construed to create a partnership between the parties or persons mentioned herein.

In the event of fire, accident, strikes, delay, flood, act of God or government or other causes beyond the control of Legion which prevent the delivery of said materials, the parties hereto release each other from any and all performances of the covenants herein contained and from damages resulting from breach thereof.

IN WITNESS WHEREOF, WE SET OUR HANDS AND SEALS TO THIS AGREEMENT IN DUPLICATE THE DAY AND YEAR FIRST ABOVE WRITTEN.

ATTEST: LEGION FIREWORKS CO., INC.

SPONSOR:

Roberta L. Theiss, President

Signature

Print Name / Title

SUE SERINO
COUNTY EXECUTIVE



ROBERT H. BALKIND, P.E.
COMMISSIONER

DAVID C. WHALEN
DEPUTY COMMISSIONER

DUTCHESS COUNTY GOVERNMENT
DEPARTMENT OF PUBLIC WORKS

INVOICE

Date: December 9, 2025

To: Mary B. Covucci, Town of Beekman Supervisor

Re: Beekman Salt Shed Intermunicipal Agreement Joint Project

Total Invoice Amount: \$130,698.00

Please deliver the check to
Dutchess County DPW
626 Dutchess Turnpike
Poughkeepsie NY 12603.

The check should be made out to the Commissioner of Finance. Copies of paid invoices will be provided.

If you have any questions regarding this invoice, please contact
Public Works office (486-2906).

H0649.1620.23970

Thank you,

A handwritten signature in cursive script, reading "Mary F. Aldrich".

Mary F. Aldrich
Director Fiscal Services
Dutchess County DPW

Contractor	Task	Amount
NSI	Roof, Siding, and paint	\$ 164,000.00
	Additional material	\$ 66,358.00
Veith	light replacement and enclosure repairs	\$ 31,038.00
	New project total	\$ 261,396.00

NSI CLEAN WORLDWIDE INC

70 maple drive
Middletown, NY 10941 US
+1 9146490030
sales123service@gmail.com

INVOICE

BILL TO

TOWN OF BEEKMAN
4 Main St
POUGHQUAG, NY 12570

INVOICE # 3324**DATE** 12/04/2025**DUE DATE** 01/03/2026**TERMS** Net 30

ACTIVITY	QTY	RATE	AMOUNT
GUTTERS	1	2,500.00	2,500.00
225 LF			
6 K STYLE GUTTERS (0.32) Royal Brown			
Leaders and Downspouts 3x4			
Elbows			
End caps			
Gutter Hangers / Brackets			
Screws & Fasteners			
Gutter Sealant			
Gutter guard (Leaf guards)			

BALANCE DUE**\$2,500.00**



CompuWeather

2025-2026 COMPUWEATHER FORECASTING & ADVISORY SERVICE SIGN-UP

ACCOUNT NAME: TOWN OF BEEKMAN
DEPARTMENT: _____
ADDRESS: 4 MAIN ST Poughkeepsie, NY 12570
CONTACT: MARY COVUCCI TITLE: TOWN SUPERVISOR
PHONE: _____ FAX: _____
EMAIL: SUPERVISOR@TOWNOFBEEKMAN.NY.US

Please choose one of the following advisory programs for the 2025-2026 forecast season:

- ☐ **12-Month "FULL YEAR" Winter Weather & Severe Weather Advisory Service - \$10 / Day**
A full year, 12-month package comprised of Winter Weather Advisory Service & Severe Weather Advisory Service for the period of September 1, 2025 through August 31, 2026 - See terms of service below – Most Popular Package! - **Annual Billing - \$3700 / \$2100 Discounted Rate**

- ☒ **6-Month "WINTER ONLY" Winter Weather Advisory Service - \$12 / Day**
A seasonal 6-Month Winter Weather Advisory Service provided from November 1, 2025 through December 31, 2025 - See specific terms of service below – **Winter Protection Service!**
Price - \$2400 / \$1500 Discounted Rate

WINTER WEATHER ADVISORY SERVICE – Customized, location specific, professional service provided from November 1, 2025 to April 30, 2026 – Includes: Initial Advisory (via call, fax and/or email) direct from our meteorologists prior to the onset of a Winter Storm Event (i.e. snow, ice pellets, freezing rain, etc.) and subsequent updates through the completion of each Winter Storm Event to keep you aware of changing conditions **PLUS** unlimited call-in phone access to our meteorologists 24x7 for questions and verbal updates.

SEVERE WEATHER ADVISORY SERVICE – Customized, location specific, professional service provided throughout the year – You will be advised on anticipated high winds (Over 40 MPH during non-winter months (May-Oct) & over 45 MPH during winter months (Nov-April)) and/or severe thunderstorm or tornado watches issued for your county by the National Weather Service. Notifications are provided 24 hours a day, 7 days a week. This service is a complimentary service to the Winter Weather Advisory Service. Also included is unlimited call-in phone access to our meteorologists 24x7 for questions and verbal updates.

You will be emailed an Invoice. No payment is required at this time.

☐ CHECK HERE if PO # is not yet available & will be sent in the future.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

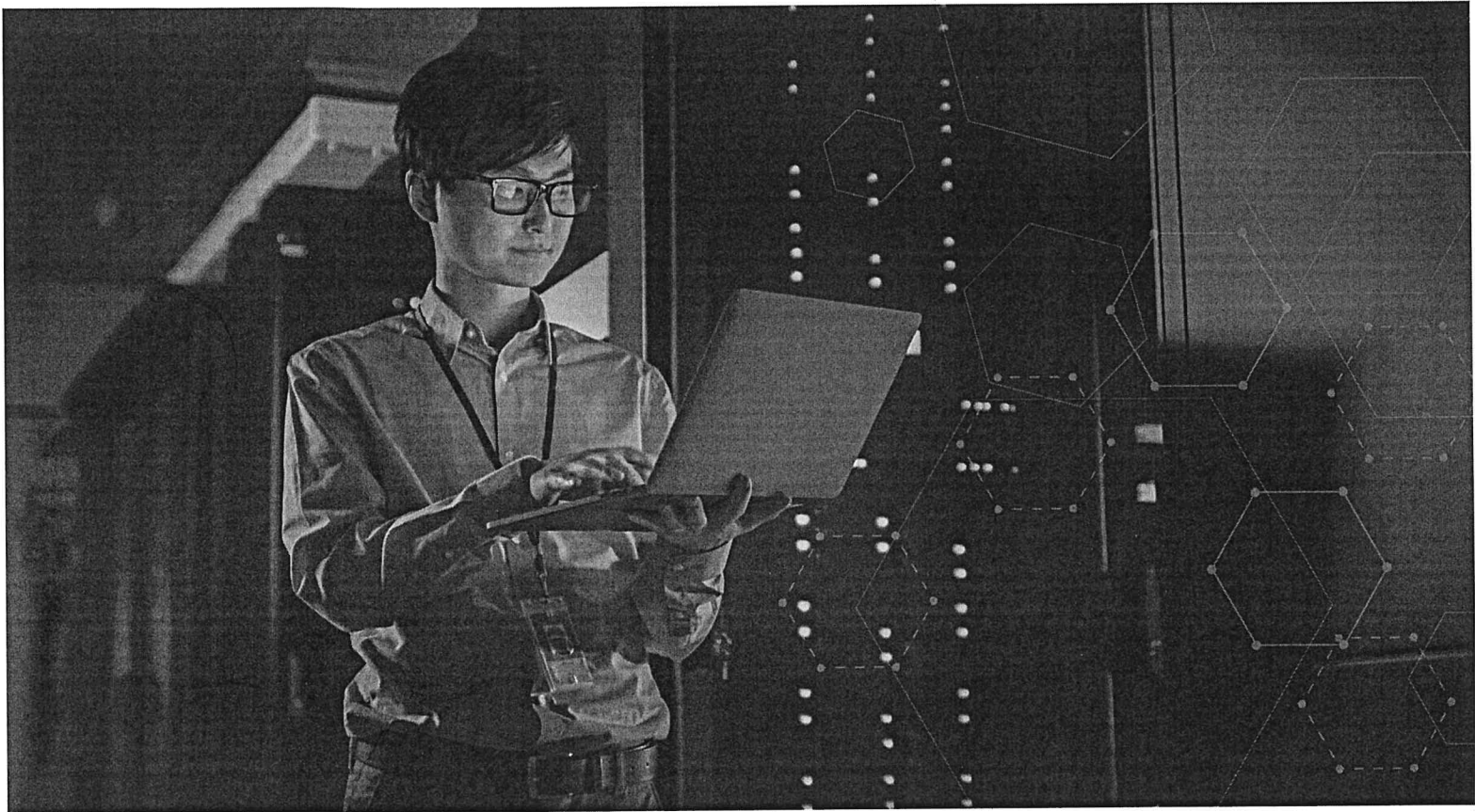
Accounting Contact: _____ Phone: _____

Email: _____

Please return this form via email to jbria@compuweather.com

CompuWeather assumes no responsibility or liability for the accuracy or timely delivery of forecasts or for any damages suffered or claimed as a result thereof. Forecasts and forecasting services are provided for informational purposes only. Weather-related decisions and the responsibility resulting from those decisions remain at all times with the client. Weather prediction is affected by many variables and is not an exact science. CompuWeather employs modern forecast tools and highly qualified personnel and will strive to produce the most accurate forecasts at all times. The transmission of forecasts, advisories, alerts or information of any kind, may be subject to delays and/or failures of transmission. CompuWeather shall not be liable for any loss or damage caused by any errors or omissions in forecasts, advisories and alerts or for delays or failure of transmission beyond an amount equal to: A) one month's service fee, or B) 1/12th annual service fee, whichever is less.

Notwithstanding anything to the contrary herein, no additional payment(s) shall be required of the Town of Beekman (the "Town") under this agreement. All services rendered by CompuWeather hereunder shall be covered by the full payment to CompuWeather of the amount due under the "2025-2026 COMPUWEATHER FORECASTING & ADVISORY SERVICES SIGN-UP" dated July 21, 2025, and executed by the Hon. Tony Coviello, Highway Superintendent (the "Contract"). Such full payment under the Contract shall satisfy all payment obligations of the Town both under the Contract and hereunder. A copy of the Contract is annexed hereto and incorporated herein.



Logically Project Statement of Work

New Cabling/Wiring for Comcast VoIP system

Quote # 1059714
Version 1

Prepared for:

Town of Beekman

Amy Goetz
seniorclerk@townofbeekmanny.us

Prepared For:	Sales Contact:	Proposal #	1059714.1
Town of Beekman	Logically	Date Issued:	11.21.2025
Amy Goetz	John Hanlin	Expiration Date:	12.19.2025
4 Main St	Phone: (540) 903-9095		
Poughquag, NY 12570	Email: john.hanlin@logically.com		

Statement of Work

Logically is presenting this statement of work to provide updated cabling and VoIP switching infrastructure to Town of Beekman

Deliverables:

Discovery, Documentation and Collaboration

- Discovery, Planning and Design
- Client and project kickoff collaboration

Phase 1 - Set up new voice infrastructure

- Install new wall mount cabinet and patch panel in server closet for voice infrastructure, run Cat-6 cabling to 20 phone locations
- Install and configure new PoE switch for VOIP phones and link to VoIP zone on firewall
- Update photos and documentation

PROJECT SPECIFIC ASSUMPTIONS:

- Client is aware that this SOW will involve the labor and product to replace the VoIP specific infrastructure at Town of Beekman
- Logically would like to point out that if this SOW is signed, that it would also lower the labor for the additional wireless access point quote that was recently proposed, as this SOW would handle the wiring component
- Client is aware that this is a fixed fee project and any items not explicitly defined in this scope of work will be considered as a change order as a separate billable engagement
- Client is aware that the creation or delivery of formal network documentation, including diagrams, topologies, and routing maps, is outside the scope of this engagement
- Client is aware that any items not explicitly defined in this scope of work will be considered as a change order as a separate billable engagement
- To provide professional services in a timely manner, Logically Services will begin the scheduling of technical resources once all required hardware and licensing (fulfilled through Logically and/or other sources) has been confirmed available.

CLIENT RESPONSIBILITIES:

- Provide a single Point of Contact (POC) assigned to this project to work in conjunction with Logically engineers. POC will be available during all scheduled work to be performed and able to communicate with Logically engineers as needed.
- POC will coordinate Client vendors, subcontractors, and any third-party manufactures.
- Provide access with proper licenses to all necessary systems, tools and third-party products required for Logically engineers to complete its assigned tasks for successful outcomes.
- Complete all identified pre-requisites in order for successful project execution.
- Provide all required hardware, software, licensing, etc. needed for successful project completion prior to project start.
- Provide any available documentation regarding the current state of the network and systems on which Logically will perform services.
- Client is aware that Logically's time spend with vendors may vary heavily depending on the vendor's specific needs
- Client is aware that any 3rd party vendors may have their own separate statement of work, which is not reflected in this SOW

Statement of Work

GENERAL ASSUMPTIONS:

- All work will be performed during normal business hours, Monday through Friday, 8:30 a.m. to 5:30 p.m., except holidays unless otherwise agreed to in advance.
- All work performed after normal business hours will be an additional charge.
- All tasks will be performed over a consecutive timeframe unless otherwise agreed to by all parties.
- All work listed in this SOW must be completed within 120 days of signature unless agreed to milestones have been established and agreed to in writing.
- All parties must attend a Kick-Off Call (KOC) with assigned Logically PM to review project. No date to start services will be set without attending.
- All required hardware, licenses, etc. will be purchased and provided by the client prior to engagement.
- Project timelines are an estimate only and may be subject to change.
- Project delays may add more Logically hours to the project and increase costs.
- All work will be performed remotely unless otherwise agreed to in advance.
- Logically assumes no responsibility or liability for the Client's source data integrity.
- Logically is not responsible or held accountable for the "health" of the Client's hardware or network. If network or hardware health are deemed insufficient or problematic, all remote work will stop until issues are addressed.??
- Logically will in "good faith" work within the Client's schedule and time frame to ensure as little down time as possible (i.e. after normal business hours/ weekends) and to complete project in timely manner. However, during unforeseen events, (death, illness, acts of nature, etc.) Logically reserves the right to reschedule as needed.
- Client warrants that it has obtained all necessary approvals for Logically to process personal data. In addition, the Client warrants that the content, use or processing of the data is not illegal and does not infringe any rights of third parties or any statutory or regulatory provisions.
- All changes to scope, schedule or additional work needed during the project must be relayed to Logically PM for Change Order process.

Project Prerequisites & Client Responsibilities

- Client will designate a single point of contact for all communications and to support coordination with all Client staff.
- Client is responsible for purchasing any equipment, software, or licenses not included as part of the project such as cables, anti-virus, etc.
- Client is responsible for providing any wiring or cabling services required to implement this project.
- Client is responsible for any carpentry requirements such as drilling holes for cables, mounting computers or monitor brackets, anchoring server racks, installing conduit, etc.
- Client is responsible for the procurement and scheduling of all utilities, including Internet Services

Standard Notes & Assumptions

Note: Any changes to the following assumptions may result in a change in scope to the project and resulting change order.

- Logically will be granted remote access with Admin privileges to modify and configure.
- Logically does not dispose of equipment, but can recommend companies to utilize their service.
- Vendors should request 48-hour notice to access server room (other than for emergencies).
- Vendors should coordinate and plan with Logically if they wish to change or add devices with IP addresses.
- Vendors should not plug in RJ45 or fiber to any network devices.
- During the project, both parties will communicate changes prior to implementation for impact review.
- Internet/Network connection is capable of typical broadband speeds.
- All software in Client's environment is up to current vendor-supported levels.
- Work will be remote unless otherwise noted; if necessary Logically will be granted on site access to any areas required to complete requested work.

Statement of Work

- Travel is billed portal to portal at standard consulting rates.
- Work may necessitate down time for Client or its workers. Down time required within business hours will be agreed upon prior to any outage.
- All work will take place during normal business hours of M – F, 8 am – 5 pm, unless otherwise noted. Request for after-hours and weekend work may result in a change order.
- Projects involving hardware installation could take as long as 5 weeks to begin the implementation, from the time that the contract is signed and product prepayment has been received. Some products can take 2-3 weeks to be delivered, and product staging and testing can take 1-2 weeks to complete before installation can begin.
- Sufficient power and power protection for the new hardware is in place or will be purchased by Client.
- Sufficient space is available for any new equipment.
- Project delays on the part of Client will result in a new timeline, dependent on engineering availability.
- If the tasks outlined in this Statement of Work are on hold for more than 60 days by Client, a project reengagement fee may apply.
- All specifications and information provided to Logically by Client are correct and accurate to the best of Client's knowledge. Incorrect or inaccurate information from Client may result in a change request from Logically and additional hours.

Hardware	Price	Qty	Ext. Price
HPE 6000 24G Class4 PoE 4SFP 370W Switch - 24 Ports - Manageable	\$1,288.91	1	\$1,288.91
Misc Cabling materials: All wiring, plates, jacks, patch cords for frame, wallmount rack, wiremold, patch panel, misc hardware	\$4,500.00	1	\$4,500.00
Subtotal:			\$5,788.91

Project Labor	Price	Qty	Ext. Price
Project Implementation	\$7,200.00	1	\$7,200.00
Subtotal:			\$7,200.00

Quote Summary

Description	Amount
Hardware	\$5,788.91
Project Labor	\$7,200.00
Subtotal:	\$12,988.91
Shipping:	\$60.00
Total:	\$13,048.91

Terms and Conditions

Work Order - Terms and Conditions:

1. Pricing is valid for a period of thirty (30) calendar days from the date of submission. All pricing is shown in U.S. dollars and may not include applicable or accurate taxes, shipping, travel duty, or export.
2. If any approved quote is terminated early for any reason, other than by Logically for convenience, an early termination fee (ETF) will

be due from Customer to Logically on the termination date. The termination charge is set forth in the applicable Terms. Customer waives any claims of a termination constituting a penalty.

3. Invoices paid by credit card will be assessed as a 3% convenience fee, except in states where prohibited. No additional fee will be charged for check, ACH, or wire payment.
4. Unless otherwise agreed in writing, payment for services is due within 15 days of the date of issuance of the invoice by Logically. Customer shall pay a late payment charge of one and one-half percent (1.5%) per month, or the maximum rate permitted by applicable law on unpaid amount for each calendar month or fraction thereof for payment to Logically in arrears.
5. Customer agrees to pay all court costs and reasonable attorney's fees incurred in the collection of any amount past due. Customer acknowledges Logically may participate in, and retain the benefit of, vendor incentive plans, rebate programs, or other programs with, among others, its travel providers wherein Logically may receive benefits, such as frequent flyer miles or other considerations.
6. All sales are final and returns or exchanges are not accepted unless the item is defective or damaged upon delivery. However, in certain pre-approved situations, such as errors in order fulfillment or other exceptional circumstances, a return may be permitted at our discretion. In cases where a return is approved, a restocking fee of 20% will be applied to cover processing, repackaging, and administrative costs. To qualify for a return, the item must be in its original, unused condition and reported within 14 days of receipt. Customers seeking a return due to a pre-approved situation must provide necessary documentation and obtain authorization prior to sending the item back.

Non-Recurring Services - Terms and Conditions:

1. Labor rates may be adjusted with ninety (90) days written notice to Customer.
2. Fees for projects outside of onboarding: 25% of the project and 100% of the project management will be billed upon acceptance and is due at contract signing.
3. Labor fees will be invoiced monthly as resources are consumed.

Payment Information:

4. If the billing information is different from the undersigned, please provide below:
 - a. First and Last Name
 - b. Title
 - c. Email Address
 - d. Phone Number
 - e. Mailing Address

This Work Order ("Agreement") is entered into by Winxnet, LLC, doing business as Logically ("Logically"), a Delaware limited liability company having its principal offices at 5747 Perimeter Drive, Suite 110, Dublin Ohio 43017 ("Logically") and the undersigned customer ("Customer") and is subject to the terms and conditions herein, including the Master Services Agreement (MSA) located at:
<https://www.logically.com/agreements/masterservices-agreement>

Cloud and Security Services will be governed by the terms below:

<https://www.logically.com/agreements/cloudservices-agreement>

<https://www.logically.com/agreements/securitymanagement-terms-and-conditions>

This "Agreement" is effective as of the signature date by the Customer below ("Effective Date").

Acceptance

Town of Beekman

Signature: _____

Name: Amy Goetz _____

Effective Date: _____

Mary Covucci

From: John Hanlin <john.hanlin@logically.com>
Sent: Friday, November 21, 2025 4:06 PM
To: Senior Clerk
Cc: Steve Rappaport; Sharon Wohrman; Mary Covucci
Subject: New Cabling/Wiring for Comcast VoIP system for the Town of Beekman
Attachments: Town of Beekman - New Comcast VoIP System Cabling & Wiring Proposal.pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello Amy,

Good afternoon and happy Friday to you! I left you a voicemail earlier today. I've gone ahead and worked up a proposal for Logically to perform cabling and wiring work to support your new Comcast VoIP system. Though not reflected on the proposal, as mentioned in my VM, we can provide a \$400 credit (to be used in the near term or the future) once both proposals are signed off on (the proposal here and the other SOWS for the new wireless access point). Please let us know if you have any questions.

You can digitally approve the quote for this project via the link below:

[View and approve your quote](#)

Once confirmation has been received that the quote has been approved, a Project Manager will be assigned to you and they will schedule a project kickoff call which will include a summary of the project, project deliverables, and a high-level timeline estimate for project delivery.

Thank you for choosing Logically for your IT and Cybersecurity needs. Have a great day!

Best Regards,
John



John P. Hanlin
Account Manager

📞 (614) 896-3352 | 📠 (540) 903-9095 | ✉ john.hanlin@logically.com | 🌐 www.logically.com



[REFER A FRIEND](#) | [BOOK A DEMO](#)

Book time to meet with me

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