



Jim Sofranko, Supervisor
PO Box 180, West Shokan, NY 12494
845-657-8118 x 4
olivesupervisor@gmail.com

June 26, 2023

Re: Smart Growth Comprehensive Plan contract #C1002350 – Contract Backdate

To Whom It May Concern,

The Town of Olive submitted a 2021 NYS Consolidated Funding Application for a Smart Growth Comprehensive Plan (SGCP) grant. The town was not awarded the SGCP grant during that round but was encouraged, during the review process, to reapply in 2022. The town was, and is, under considerable pressure to complete a Comprehensive Plan due to increased interest in land use and development during the years of the COVID pandemic.

In order to move forward toward its first Comprehensive Plan, the Town of Olive executed a contract with LaBella Associates on May 17, 2022 to complete Phase 1 of the Comprehensive Plan. This would enable LaBella to assist the town in reapplying for the SGCP grant in the 2022 round of the CFA while also beginning the work on the comprehensive plan. The scope of work in the contract entitled Town of Olive Comprehensive Plan, Phase 1, included:

- Formation of a Comprehensive Plan Committee
- Public outreach including a town survey, pop-up sessions at community events, and attendance at community meetings
- Review and documentation of existing plans, programs, and regulations
- Suggested goals and priorities
- Submission of the 2022 Consolidated Funding Application to complete funding for the Town of Olive Comprehensive Plan in 2023

The Town Board of the Town of Olive accepted and approved the Summary Report of the Comprehensive Plan, Phase 1 submitted by LaBella on December 13, 2022. The scope of the work in the contract was considered complete.

The Town of Olive would like to backdate the 2023 SGCP contract #C1002350 to May 17, 2022 enabling the Town of Olive to include the work completed in the 2022 Town of Olive Comprehensive Plan, Phase 1 in the 2023 SGCP.

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

Thank you,

A handwritten signature in black ink, appearing to read "Jim Sofranko", written over a horizontal line.

Jim Sofranko



Jim Sofranko, Supervisor
PO Box 180, West Shokan, NY 12494
845-657-8118 x 4
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June 18, 2023

Re: Smart Growth Comprehensive Plan contract #C1002350 – MWBE Requirements

To Whom It May Concern,

The Town of Olive was pleased to be awarded a NYS Department of State (NYSDOS) Smart Growth Comprehensive Plan (SGCP) grant on January 4, 2023 to complete the town's first Comprehensive Plan. A Request for Proposal (RFP) was written by the town using the information provided in the NYSDOS Attachment C Workplan. The RFP was solicited, as a single source in accordance with the Town of Olive Procurement Policy and Procedures, to LaBella Associates in April 2023 and a proposal was received from LaBella on June 1, 2023.

The Town Board of Olive, at its June 13, 2023 meeting, approved the proposal submitted by LaBella Associates to complete the Town of Olive Comprehensive Plan using the SGCP funding. The LaBella proposal states the "planning process will include all relevant tasks and comply with all requirements specified by the NYS Department of State which is providing funding for the Comprehensive Plan".

However, upon receiving the unexecuted Master Grant Contract on June 2, 2023 it was realized the MWBE utilization goal was 30% obligation but further broken down into 15% Minority-owned Business Enterprise (MBE) and Women-owned Business Enterprise (WBE) in Attachment B-1-Expenditure Budget. Neither the Town of Olive nor LaBella associates realized this requirement prior to soliciting and accepting the proposal form LaBella.

The town would like to request the contract be modified to simply require a 30% MBWE utilization without the specific 15% utilization breakdown for MBE and WBE.

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

Thank you,

A handwritten signature in black ink, appearing to read "Jim Sofranko", written over a white background.

Jim Sofranko

IN WITNESS THEREOF, the parties hereto have executed or approved this Master Contract on the dates below their signatures.

CONTRACTOR:

Town of Olive
45 Watson Hollow Road, P.O. Box 180
West Shokan, NY 12494

By: _____

Printed Name

Title: _____

Date: _____

STATE AGENCY:

NYS Department of State
One Commerce Plaza
99 Washington Avenue – Suite 1010
Albany, NY 12231

By: _____

Printed Name

Title: _____

Date: _____

STATE OF NEW YORK

COUNTY OF _____

On the ____ day of _____, _____, before me personally appeared _____, to me known, who being by me duly sworn, did depose and say that he/she resides at _____, that he/she is the _____ of the _____, the contractor described herein which executed the foregoing instrument; and that he/she signed his/her name thereto as authorized by the contractor name on the face page of this Master Contract.

(Notary) _____

ATTORNEY GENERAL'S SIGNATURE

By: _____

Printed Name

Title: _____

Date: _____

STATE COMPTROLLER'S SIGNATURE

By: _____

Printed Name

Title: _____

Date: _____

Town of Olive - Contract C1002350
 Town of Olive Smart Growth Comprehensive Plan

Contact Update Form

Please update/specify information for up to (4) people to receive contract related correspondence from DOS. Ideally, we would want to see the CEO, Grant Administrator, Project Manager and MWBE Liaison listed on this form.

All changes should be made in the Changes/Additions/Corrections column.

Changes/Additions/Corrections

Official mailing address of the Town of Olive	Town of Olive 45 Watson Hollow Road, P.O. Box 180 West Shokan, NY 12494	
Supervisor of the Town of Olive:	Name: James Sofranko Title: Supervisor Affiliation: Town of Olive Email: olivesupervisor@gmail.com Phone: 845-657-8118	
Contact Person #1:	Name: Barbara Johnston Title: Project Manager/ Grant Administrator Affiliation: LaBella Associates Email: bjohnston@labellapc.com Phone: (585) 295-6636	
Contact Person #2:	Name: Drew Boggess Title: Deputy Supervisor Affiliation: Town of Olive Email: dboggesstownofolive@gmail.com Phone: 845-657-2049	
MWBE Liaison:	Name: James Sofranko Title: Supervisor Affiliation: Town of Olive Email: olivesupervisor@gmail.com Phone: 845-657-8118	

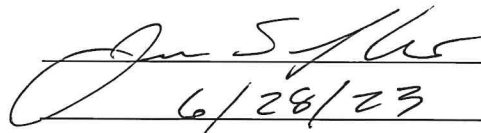
Contract Review Form

- On Face Page (page 1), are the Contractor Name, Federal Tax ID Number and NYS Vendor ID Number correct? YES NO
- On Face Page (page 2), does the Current Contract Term and Period reflect the time period during which all project costs will be incurred (including match)? YES YES NO
- In Attachment B, does the budget accurately reflect the anticipated costs and MWBE goals for the project? YES YES NO
- In Attachment B, Category E, are all known subcontractors accurately reflected? YES YES NO
- In Attachment C, does the project description and work program tasks accurately reflect the work to be undertaken for the project? YES NO
- Confirm that the Town of Olive is registered in the NYS Contract System and that the MWBE Liaison is able to access the NYSCS. YES NO
Not needed as subcontractor already selected with 30% MWBE participation
- Confirm that MWBE Form A (or copy of EEO policy) is included in this submission (for planning contracts over \$25,000 and construction projects over \$100,000). YES NO
- Confirm that MWBE Form B (for the grantee, as well as any known subcontractors) are included in this submission (for contracts over \$250,000). YES NO
Not required
- Confirm that MWBE Form D or MWBE Form D-1 is included in this submission, and that MWBE Form D will be resubmitted each time any new MWBE subcontractors are selected during the life of the contract. YES NO
- Confirm that the Vendor Responsibility Questionnaire has been completed for any NFP Grantees receiving \$50,000 or more, as well as any known subcontractors receiving \$100,000 or more in State Funds, and that Disability and Workers' Comp certificates are included in this submission for any NFP Grantees. YES NO
- Confirm that all appropriate financial documentation related to this contract will be retained during the life of the contract and for six years following the final contract payment, and that the documentation will be submitted as necessary to support payment requests and/or as requested by DOS. YES NO
- Confirm that all documentation related to procurements under this contract, including documentation related to Good Faith Effort to secure MWBE utilization, will be retained during the life of the contract and submitted as requested by DOS (see attached document "MWBE Good Faith Effort Documentation"). YES NO

*****If any questions above are answered "NO", a written explanation must be attached to this form*****

Signature of the Supervisor:

Date:


6/28/23

Enter the name, phone number and email address of the individual(s) that we should contact if we have questions while executing this contract:

Name: Barbara Johnston, Project Manager Phone: (585) 295-6636
Email Address: bjohnston@labellapc.com

FORM A
MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL
EMPLOYMENT OPPORTUNITY POLICY STATEMENT

M/WBE AND EEO POLICY STATEMENT

I, James Sofranko, the Olive Town Supervisor
agree to adopt the following policies with respect to the project being developed or services rendered at
the Town of Olive:

M/WBE This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participations goals set by the State for that area in which the State-funded project is located, by taking the following steps:

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
- (2) Request a list of State-certified M/WBEs from AGENCY and solicit bids from them directly.
- (3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
- (4) Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
- (5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
- (6) Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

EEO (a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.

(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex disability or marital status.

(c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.

(d) Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

(e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract

Agreed to this 28th day of JUNE, 20 23

By: 

Print: James Sofranko Title: Town Supervisor

James Sofranko, Town Supervisor is designated as the Minority Business Enterprise Liaison
(Name of Designated Liaison)

responsible for administering the Minority and Women-Owned Business Enterprises- Equal Employment Opportunity (M/WBE-EEO) program.

M/WBE Contract Goals

30.00% Minority and Women's Business Enterprise Participation

~~15.00%~~ Minority Business Enterprise Participation

~~15.00%~~ Women's Business Enterprise Participation

EEO Contract Goals

_____ % Minority Labor Force Participation

_____ % Female Labor Force Participation

(Authorized Representative)

Title: Town Supervisor

Date: _____

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

<p>CURRENT CONTRACT TERM: FROM: 7/1/2023 TO: 6/30/2026</p> <p>CURRENT CONTRACT PERIOD: FROM: 7/1/2023 TO: 6/30/2026</p> <p>AMENDED TERM: FROM: TO:</p> <p>AMENDED PERIOD: FROM: TO:</p>	<p>CONTRACT FUNDING AMOUNT: <i>(Multi-year – enter total projected amount of the contract; Fixed Term/Simplified Renewal – enter current period amount)</i></p> <p>CURRENT: \$54,000.00</p> <p>AMENDED:</p> <p>FUNDING SOURCES: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other</p>
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FOR MULTI-YEAR AGREEMENTS ONLY – CONTRACT PERIOD AND FUNDING AMOUNT:
(Out years represent projected funding amounts)

#	CURRENT PERIOD	CURRENT AMOUNT	AMENDED PERIOD	AMENDED AMOUNT
1				
2				
3				
4				
5				

ATTACHMENTS PART OF THIS AGREEMENT:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Attachment A:

<input checked="" type="checkbox"/> Attachment B:

<input checked="" type="checkbox"/> Attachment C: Work Plan
<input checked="" type="checkbox"/> Attachment D: Payment and Reporting Schedule
<input type="checkbox"/> Other: | <input checked="" type="checkbox"/> A-1 Program Specific Terms and Conditions
<input type="checkbox"/> A-2 Federally Funded Grants

<input checked="" type="checkbox"/> B-1 Expenditure Based Budget
<input type="checkbox"/> B-2 Performance Based Budget
<input type="checkbox"/> B-3 Capital Budget
<input type="checkbox"/> B-1(A) Expenditure Based Budget (Amendment)
<input type="checkbox"/> B-2(A) Performance Based Budget (Amendment)
<input type="checkbox"/> B-3(A) Capital Budget (Amendment) |
|--|---|