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June 23, 2022

Louis Saulino, P.E.  
Director of Public Works  
City of Glen Cove  
City Hall  
9 Glen Street  
Glen Cove, NY 11542

Reference: **Award Recommendation**  
**Glen Cove Golf Course – Demolition**  
City of Glen Cove  
109 Lattingtown Road  
Glen Cove, New York 11542  
**Bid No. 2022-008**

Dear Mr. Saulino:

Cashin Associates, P.C. (CA) has reviewed the bid received by the City of Glen Cove for the above referenced project. The bid was received at City Hall and were opened on June 17, 2022.

The results of the bid received are as follows:

1. Panzner Demo and Abatement Corp.	<u>\$ 59,750.00</u>
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CA has reviewed the Demolition Bid submitted by Panzner Demo and Abatement Corp. and find bid reasonable, responsible and responsive. The intent of the project is the partial demolition and removal of the existing Clubhouse structure located at the Glen Cove Golf Course and as shown and detailed on the contract documents prepared by CA, dated May 2022.

Panzner Demo and Abatement Corp. recently provided similar services for the Broad Cove Duck Farm project located in Aquebogue, NY where CA provided oversight services. Panzner Demo and Abatement Corp. completed the project on time and on budget.

Based on information available from the New York State Department of Labor Standards, Panzner Demo and Abatement Corp. is not on the debarred/ineligible to bid list.

Based on the above information, CA finds no reason to recommend against awarding the contract to Panzner Demo and Abatement Corp.

If you have any questions or need additional information, please do not hesitate to contact the undersigned.

Sincerely,

CASHIN ASSOCIATES, P.C.



Joseph Iannucci, AIA, CEO, LEED AP  
Vice President

Cc: Rocco Graziosi , COGC

21022.1 I:\PROJECTS\City of Glen Cove\21022.100 Clubhouse\Corresp\Bid Award Recom 6-22-22.doc

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# CITY OF GLEN COVE

## Vehicle Use & Procedure Policy

**Scope:** All City Personnel Excluding Those Covered by Police Department and/or Harbor Patrol Vehicle Use Policies

**Purpose:** To establish guidelines for the operation of City of Glen Cove motor vehicles by City employees and to assure the vehicles are operated in a safe, appropriate manner for the benefit of City residents.

### Municipal Vehicles

It is the policy of the City of Glen Cove to authorize the utilization of vehicles for use by certain officials and designated personnel in the performance of their employment responsibilities, either during the work shift or on a twenty-four (24) hour on-call basis. City vehicles are to be assigned solely to assist City personnel in the performance of their City responsibilities.

### Expense Reimbursement

It is the policy of the City of Glen Cove to reimburse personnel for expenses they incur as a result of personal vehicle use, as set forth in Section J. Receipts and an Expense Reimbursement Control Form must be submitted in order for personnel to be reimbursed for such expenses. Expense reimbursement is for travel outside the City of Glen Cove. Personnel will not be reimbursed for use of personal vehicles within the City without advance approval from the Department Head or as specifically authorized by a collective bargaining agreement.

### Criteria

City Vehicles may be issued only to personnel who travel between sites on a regular basis as part of their job function or, when approved by the Mayor, for 24-hour use.

## **PROCEDURE**

### **A. Garaging of Vehicles**

All municipal vehicles, except those authorized for twenty-four (24) hour use, shall be garaged at the end of each day in assigned municipal parking lots. No vehicles, except those authorized for twenty-four (24) hour use, are to be driven home at the end of the workday.

### **B. Assignment of Municipal Vehicles**

- 1) Department heads shall be responsible for the assignment of municipal vehicles based upon an employee's job responsibilities. Department Heads should assign such vehicles in a manner consistent with departmental workload and personnel function.
- 2) Assigned drivers must report any vehicle accident to their supervisor or department head immediately and provide the City Clerk with a police accident report within thirty days of the accident.
- 3) Assigned drivers must provide their driver licenses, to be entered into the DMV's License Event Notification System (LENS), and their Motor Vehicle Records, including any moving violations within the prior three years and any license suspensions or revocations.
- 4) Department Heads are responsible for assuring that vehicles are properly maintained and routinely washed.
- 5) Department Heads are responsible to the Mayor for a full accounting of all municipal vehicle usage. The assignment of vehicles may be rescinded at the Mayor's sole and absolute discretion.
- 6) All original titles for City vehicles be held by the City Clerk.

### **C. Assignment of Municipal Vehicles for 24-Hour Use (Vehicle Approved for Commuting Purposes)**

1) The assignment of vehicles for twenty-four (24) hour use will be made by the Mayor and will only be considered for personnel who require a vehicle for the ordinary and necessary discharge of their job functions every day, throughout the day. Employees assigned a vehicle for 24-hour use will necessarily utilize such vehicle for commuting to and from their homes. Criteria to be used in determining eligibility for 24-hour vehicle use, include:

- officially designated on-call status;
- requirement for frequent emergency availability; and
- emergency or other equipment contained in the vehicle (communication devices alone do not qualify); and

- other such criteria as the Mayor find appropriate.

Such assignment may be rescinded by the Mayor at the Mayor's sole and absolute discretion.

- 2) When commuting, the assigned vehicle use is limited to direct travel to and from the employee's residence and workplace. The vehicle shall not be utilized for travel outside a direct commuting route, for personal reasons or for any commercial use.
- 3) Personnel who are assigned vehicles for 24-hour use shall maintain a weekly mileage log detailing miles traveled, broken out by date and purpose (e.g. commuting, inter-site travel, etc.), to be submitted to their immediate supervisor or department head each month.
- 4) GPS or other position tracking devices may be installed in any municipal vehicles and may be used to verify monthly mileage logs and the work-related nature of vehicle use.
- 5) Whenever a person assigned a vehicle for 24-hour service, no longer has such assignment, the authorization for 24-hour use shall be re-evaluated.
- 6) Personnel assigned municipal vehicles for 24-hour use will be given a copy of this policy and will be required to sign a confirmation of receipt and an agreement of compliance.
- 7) Personnel authorized to commute in a City vehicle may be subject to imputed income regulations as set forth by the Internal Revenue Service, which considers a certain portion of the vehicle use (namely commuting to and from work ) to be income for the purposes of income taxation. The Finance Department shall be responsible for determining any taxable benefit for all personnel assigned City vehicles for 24 hour use, based on documentation provided by the various department heads, to include schedules of affected employees and their mandatory weekly mileage logs prepared pursuant to Paragraph C(3).

#### **D. Operation and Maintenance of Vehicles**

All personnel are required to adhere to the following minimum rules of operation of municipal vehicles:

- 1) Rules of the Road: All traffic, driving and road regulations are to be strictly observed, excepting emergency, construction and sanitation vehicles as required in the performance of their duties.

- 2) Use of Safety Restraints: Seat belts, shoulder harness, and other restraints shall be worn at all times vehicle is in motion, by driver and all passengers.
- 3) Passengers must remain safely seated inside a vehicle while in operation, with the exception of passengers of vehicles designed to carry passengers externally, in which case passengers must follow all safety recommendations of the vehicle manufacturer. In no case shall drivers permit passengers to ride externally while a vehicle is in operating in reverse.
- 4) Cell phone use during the operation of a City vehicle, unless in accordance with New York State Vehicle and Traffic Law requirements, is strictly prohibited. While operating municipal vehicles, employees' communications shall be limited to work-related communications and personal cases of emergency.
- 5) Texting while operating a City vehicle is strictly prohibited and cause for disciplinary action including dismissal.
- 6) Use of Controlled Substances: Use of alcohol, drugs, or prescription medications which violates the New York State Vehicle and Traffic Law is strictly prohibited and cause for disciplinary action including dismissal.
- 7) Use of any tobacco products is forbidden in City vehicles.
- 8) The transportation of firearms, weapons or explosives is forbidden in any City vehicle unless such items are directly related to the job function of the driver.
- 9) The Department of Public Works is responsible for ensuring the performance of vehicle maintenance.
- 10) All vehicles must be locked when not occupied and in use.
- 11) No signage other than as approved by the Mayor and relating to vehicle purpose, or as mandated by regulation, may be affixed to the vehicle. Bumper stickers are strictly prohibited.
- 12) Gasoline is supplied exclusively through the City facility for City-owned vehicles except authorized long-distance travel or authorized local travel when the City facility is closed.
- 13) City vehicles may be operated only by the City personnel assigned such vehicles. Operation by other than the assigned personnel may be cause for disciplinary action or dismissal.

## **E. Emergency Medical Response Vehicles**

All EMS vehicles, equipment, and assigned technicians will be in compliance with Article 30 NYS Code, Parts 800.23 and 800.26. The responsibility for assuring such compliance resides with the Department Head.

## **F. Fire Chief Vehicles**

**Authorized Operators:** The City Fire Chief shall be the principal operator of the Chief's vehicle. The Chief may authorize another active member of the Fire Department, the EMS or other fire departments to use said vehicle solely in furtherance of firematic/EMS duties and support thereof. Any operator of this vehicle must be an active member in good standing of the Fire Department or EMS, hold a valid and current operator's license issued by the New York State Department of Motor Vehicles and be fully familiar with and capable of the operation of any equipment affixed to the vehicle (radios, 4-wheel drive, snow plow, etc.).

During times of more than 24-hours absence from the City, the Chief may designate a Fire Department/ EMS Officer to assume his duties during such absence, including authorizing use of the Chief's vehicle. In the case where no person is designated to fill in during the Chief's absence, the vehicle should be parked at the main fire/EMS station at 8 – 10 Glen Cove Ave., Glen Cove, NY.

**Authorized Passengers:** Any current member of the Fire Department/EMS, City personnel, and those members of outside fire/EMS agencies assisting the Fire Department/EMS may ride in the Chief's vehicle during emergencies or firematic/EMS duties and support as needed. Courtesy rides may be given to victims of incidents where there is no other way of transport. Distance to be dropped off will be at the discretion of the Chief.

Invited family members (to include the Chief's wife, husband, significant other and/or children) may ride in the Chief's vehicle with the Chief. However, arrangements shall be made in advance for the transportation of any non-fire/EMS passengers if at any time the Chief must respond to an emergency.

## **G. General Vehicle Use Regulations**

Municipal vehicles may only be used for legitimate municipal business.

- 1) Municipal vehicles shall not be used to transport any individual who is not directly or indirectly related to municipal business. Passengers shall be limited to City employees and individuals who are directly associated with City work activity (committee members, consultants, contractors, etc.) Family members and friends shall not be transported in City vehicles except as permitted under paragraph F



herein. Picking up or dropping off family and friends at school, work, etc. is prohibited.

- 2) Personnel who operate municipal vehicles shall have a valid New York State motor vehicle operator's license of the class required for the specific vehicle being operated.
- 3) Vehicles should contain only those items for which the vehicle is designed. The City shall not be liable for the loss or damage of any personal property transported in the vehicle.
- 4) Personnel are expected to keep municipal vehicles clean, and to report to their supervisor any malfunction or damage.
- 5) Personnel who are assigned vehicles on a 24-hour basis are expected to park such vehicles in safe locations and lock them.
- 6) All personnel are expected to operate vehicles in a safe, courteous, and legal fashion as representatives of the City of Glen Cove.
- 7) Personnel who incur parking or other non-moving violation fines in municipal vehicles will be personally responsible for their payment unless the payment of such fines by the City is approved by the Mayor. Moving violation tickets are the responsibility of the cited individual, including red light camera and school bus camera violations.
- 8) Personnel who are issued citations for any offense while using a municipal vehicle must notify their supervisor immediately when practicable, but in no case more than twenty-four (24) hours later. Failure to provide such notice will be grounds for disciplinary action. The City reserves the right to require completion of a safe driving course by any personnel authorized, or prospectively authorized, to use a municipal vehicle at any time during employment.
- 9) Any personnel assigned a municipal vehicle who is arrested for or charged with a motor vehicle offense for which the punishment includes suspension or revocation of the motor vehicle license, whether or not such charge involves the use of a municipal vehicle, shall notify his/her supervisor immediately when practicable, but in no case later than twenty-four (24) hours. Conviction for such an offense may be grounds for loss of municipal vehicle privileges and/or further disciplinary action.
- 10) No personnel may use a municipal vehicle for travel more than 20 miles from the City of Glen Cove or for out of state use without advance approval of the Mayor. Department Heads may establish such procedures to monitor and record such use as they deem appropriate.



## **H. Reporting of Accidents**

Whenever a municipal vehicle is involved in an accident, or subject to damage, or in the event a personal vehicle is damaged during an approved, work-related trip, the personnel operating the vehicle is required to immediately notify his/her immediate supervisor or department head. The employee shall be responsible for obtaining a police accident report and filing it with the City Clerk if the accident took place outside Glen Cove City limits.

## **I. Registering and Insuring a Vehicle**

The Finance Department and Department of Public Works shall coordinate all municipal vehicle insurance, trade-ins, and auctions. Vehicle registrations are to be coordinated by the respective Departments.

## **J. Expense Reimbursement – Personal Vehicles**

- 1) Expense reimbursement is intended for work-related travel outside the City of Glen Cove. Personnel will not be reimbursed for the use of a personal automobile within the City without advance approval of the Mayor or unless specifically authorized by a collective bargaining agreement.
- 2) When personnel are authorized to use a personal automobile for work-related travel, they shall be reimbursed at a rate established by the IRS standard mileage rate in effect on the date of travel. In addition to the mileage rate, the City will reimburse personnel authorized to travel outside the City, driving personal or municipal vehicles, for tolls and reasonable parking expenses evidenced by written receipts. Personnel will not be reimbursed for tolls which they would normally pay during their normal commute to and from work. In order to be reimbursed for personal automobile use, personnel shall complete the Travel Expense Form. This form should be submitted to the Department Head for approval prior to submission to the Controller for payment.
- 3) Personnel who are authorized to use personal vehicles for work related travel are required to show proof to their Department Head auto liability insurance coverage of:
  - Bodily Injury: \$100,000/\$300,000 (per person/per accident)
  - Property Damage: \$50,000

## **K. Special Circumstances**

This policy is intended to provide a basic framework governing the use of personal and municipal vehicles in the City of Glen Cove, and, as such, cannot contain procedures governing every situation that might arise. Personnel seeking clarification of or exemption from the provisions of this policy should contact the

Mayor who will provide such clarification and may authorize exceptions to the policy under mitigating circumstances.

**L. Sanctions**

Failure to comply with any provisions of this policy may result in disciplinary action up to and including removal of City vehicle privileges, suspension, and/or termination from City service. All costs incurred by the City as a result of a violation of this policy are to be reimbursed by the personnel responsible for such violation.

**M. Non-supersedure of Existing Agreements**

Notwithstanding any provision herein, this policy shall not supersede the terms of the Collective Bargaining Agreement between the City and the CSEA.

**N. Acknowledgment**

Within 90 days of the adoption or any subsequent amendment of this policy, and during the hiring of new employees, all covered employees will be provided and must acknowledge receipt of a complete copy of this policy.

## Acknowledgment of Receipt

I hereby acknowledge receipt of a complete copy of the City of Glen Cove Municipal Vehicle Use Policy adopted by the City Council on [DATE]. I hereby agree not to operate any municipal vehicle for personal use and to abide by the provisions of this policy:

Read, signed and agreed to:

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(Print Personnel Name)

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(Personnel Signature)

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(Date)

---

(Mayor's Signature)

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(Date)

**BID#2022-007 – Construction Services for the Lead Service Line Replacement Program**

	<b>Maccarone Plumbing</b>	<b>QUANTITY*</b> (based on estimates)	<b>UNITS</b>	<b>UNIT PRICE</b>	<b>SUBTOTAL</b>
<b>ITEM #</b>	<b>ITEM NAME</b>				
<b>A.1</b>	MEET WITH CUSTOMER TO REVIEW	1	LUMP SUM	200.00	200.00
<b>A.2</b>	SERVICE LINE REPLACEMENT	100	LF	70.00	7,000.00
<b>A.3</b>	SERVICE LINE REPLACEMENT	15	LF	440.00	6,600.00
<b>A.4</b>	SERVICE LINE REPLACEMENT	50	LF	325.00	16,250.00
<b>A.5</b>	SERVICE LINE REPLACEMENT	100	LF	75.00	7,500.00
<b>B.1</b>	REPLACE STREET CURB	10	LF	76.00	760.00
<b>C.1</b>	REPLACE CONCRETE SIDEWALK	5	SQ. FT	65.00	325.00
<b>D.1</b>	TEMPORARY ROAD REPAIR	10	SQ. FT	62.00	620.00
<b>E.1</b>	PERMANENT ASPHALT FINAL ROAD REPAIR	10	SQ. FT	112.50	1,125.00
<b>F.1</b>	PERMANENT CONCRETE ROAD REPAIR	10	SQ. FT	115.00	1,150.00
<b>G.1</b>	RESEED DISTURBED LAWN	25	SQ. FT	10.00	250.00
<b>H.1</b>	REMOVE AND REPLANT SHRUB	1	EACH	65.00	65.00
<b>I.1</b>	REMOVE AND REPLANT SHRUB	1	EACH	100.00	100.00
<b>J.1</b>	REIFFLABLE WATER PITCHER	1	EACH	65.00	65.00
<b>K.1</b>	CAUSE, FACILITATE APPLICATIONS FOR PERMITS	1	EACH	150.00	150.00



City of Glen Cove  
9 Glen Street  
Glen Cove, NY 11542

## BUDGET AMENDMENT

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Department: FINANCE (ARPA)

**BUDGET YEAR 2022**

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	EST. REVENUE INCREASE (DECREASE)	APPROPRIATION INCREASE (DECREASE)
A1310-43002	OTHER FED AID - ARPA	\$64,250	
A1310-54365	ARPA GOVT SERVICES		\$64,250

**Reason for Amendment:**

**TO APPROPRIATE AMERICAN RESCUE PLAN ACT (ARPA)**

**FUNDS TO THE FOLLOWING CITY PROJECTS:**

**GLEN COVE MUNICIPAL GOLF COURSE CLUBHOUSE [ABATEK \$4,500]**

**GLEN COVE MUNICIPAL GOLF COURSE CLUBHOUSE [PANZER \$59,750]**

**Department Head Signature:**

Michael A. Piccirillo

Digitally signed by Michael A. Piccirillo  
DN: cn=Michael A. Piccirillo, o=City of Glen  
Cove, email=mpiccirillo@glencoveny.gov, c=US  
Date: 2022.06.16 16:43:33 -0400

**Date:** JUNE 21, 2022

**City Controller Approval:**

**Date:** JUNE 21, 2022

**City Council Approval-Resolution Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

ANKER'S ELECTRIC SERVICE, INC  
10 SOUTH FIFTH STREET P.O. Box 378  
LOCUST VALLEY, NEW YORK 11560  
TEL. (516) 676-1333 Fax 516-676-7166

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Craig Johansen  
President  
[cjanker57@hotmail.com](mailto:cjanker57@hotmail.com)

Denis O'Regan  
Vice President  
[denisoregan3@aol.com](mailto:denisoregan3@aol.com)

June 22, 2022

[jbellfiore@glencoveny.gov](mailto:jbellfiore@glencoveny.gov)

**Re: June 15, 2022 -Ball Park Proposal Breakdown**

**Labor:** 64 hours @ \$92.00 = \$5,888.00

**Material:**

1" PVC Conduit Schedule 80 500' @ \$1.60 = \$800.00  
Markup 7% = \$56.00

1" EMT Conduit 60 @ \$2.38 = \$142.80  
Markup 7% = \$10.00

#10 XLP-USE Copper wire  
1120' @ .55 cents = \$616.00  
Markup 7% = \$43.10

Circuit breaker/receptacle/misc. \$27.20  
Markup 7% = \$1.90

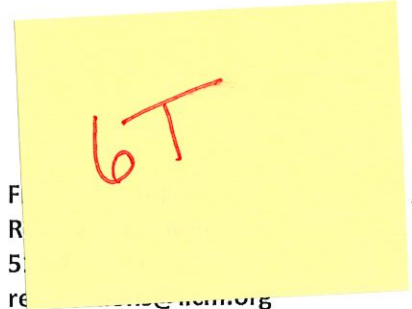
**Total: \$7,585 .00**

June 8, 2022

Group Contact Information  
(516) 676-3766  
maggie@glencoveny.gov



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## Group Visit Itinerary

City of Glen Cove Parks & Recreation  
Maggie Warner  
9 Glen Street  
Glen Cove, NY 11542

Reservation ID: 13950497  
Date of Visit: 7/26/2022 Boys 1,2,3,4 + PF  
Tour Start Time: 10:00 AM  
Tour End Time: 11:30AM

Program	Registered	Price Per	Ext. Price
Super Summer at LICM - Group Student	40	\$13.00	\$520.00
Super Summer at LICM - Chaperone	4	\$0.00	\$0.00
Total:			\$520.00
Deposit Required:			\$260.00
Balance:			\$520.00

You have chosen to reserve the Super Summer guided tour which includes Bubbles, Pattern Studio, Communication Station, Feasts for Beasts and Keva.

**PLEASE NOTE: Facemasks are recommended for all field trip participants regardless of vaccination status. This policy enables us to protect the health of all our visitors.**

You have chosen not to include a cafeteria reservation during your visit.

Please return a copy of this itinerary, your 50% non-refundable and non-transferable deposit in the amount of **\$260.00**, and a signed copy of the Signature Page by **6/26/2022**. Please be aware that if your group sends more payment than is required, the payment will be processed in full and there are no refunds.

Please arrive 15 minutes prior to your Tour Start Time to allow for orderly check-in. Any changes must be approved by the Reservations Manager prior to your visit, including changes in the number of visitors. Reservation changes may not be made on the day of your visit.

Please see our policies on the next page and our [FAQ page](#) for more details. Thank you for your cooperation and we look forward to your visit!



June 8, 2022

Group Contact Information  
(516) 676-3766  
maggie@glencoveny.gov



Nandine Hemraj  
Reservations Manager  
516-224-5869  
reservations@licm.org

## Signature Page

**This page must be sent back with your 50% deposit payment.**

By signing this Signature Page, you are stating that you have read and understand the above policies and agree to follow them. You are also stating that you have read and understand the policies listed on the FAQ page.

**This page is for the Visitor Coordinator's signature (the person who actually made the reservation) and the signatures of any Group Leaders that are attending.**

Once signed, please send a copy of this signature page and your 50% deposit to:

Long Island Children's Museum  
ATTN: Reservations  
11 Davis Avenue  
Garden City, NY 11530

Email: reservations@licm.org  
or  
Fax: (516) 394-8060

_____ Visitor Coordinator Signature	_____ Please Print Name	_____ Date
_____ Group Leader #1 Signature	_____ Please Print Name	_____ Date
_____ Group Leader #2 Signature	_____ Please Print Name	_____ Date
_____ Group Leader #3 Signature	_____ Please Print Name	_____ Date
_____ Group Leader #4 Signature	_____ Please Print Name	_____ Date

**Group Name:** City of Glen Cove Parks & Recreation

**Reservation ID:** 13950497

**Date of Visit:** 7/26/2022

June 8, 2022

Group Contact Information  
(516) 676-3766  
maggie@glencoveny.gov



Frances Sheng  
Reservations Manager  
516-224-5869  
reservations@licm.org

## Group Visit Itinerary

City of Glen Cove Parks & Recreation  
Maggie Warner  
9 Glen Street  
Glen Cove, NY 11542

Reservation ID: 13950523  
Date of Visit: 7/27/2022 *Pee Wee*  
Tour Start Time: 10:00 AM  
Tour End Time: 11:30 AM

Program	Registered	Price Per	Ext. Price
Super Summer at LICM - Group Student	40	\$13.00	\$520.00
Super Summer at LICM - Chaperone	4	\$0.00	\$0.00
Group Cafeteria 11:30 AM		\$50.00	\$50.00
Total:			\$570.00
Deposit Required:			\$285.00
Balance:			\$570.00

You have chosen to reserve the Super Summer guided tour which includes Bubbles, Pattern Studio, Communication Station, Feasts for Beasts and Keva.

**PLEASE NOTE:** Facemasks are recommended for all field trip participants regardless of vaccination status. This policy enables us to protect the health of all our visitors.

Please return a copy of this itinerary, your 50% non-refundable and non-transferable deposit in the amount of **\$285.00**, and a signed copy of the Signature Page by **6/27/2022**. Please be aware that if your group sends more payment than is required, the payment will be processed in full and there are no refunds.

Please arrive 15 minutes prior to your Tour Start Time to allow for orderly check-in. Any changes must be approved by the Reservations Manager prior to your visit, including changes in the number of visitors. Reservation changes may not be made on the day of your visit.

Please see our policies on the next page and our FAQ page for more details. Thank you for your cooperation and we look forward to your visit!

June 8, 2022

Group Contact Information  
(516) 676-3766  
maggie@glencoveny.gov



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Reservations Manager  
516-224-5869  
reservations@licm.org

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_____ Visitor Coordinator Signature	_____ Please Print Name	_____ Date
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_____ Group Leader #2 Signature	_____ Please Print Name	_____ Date
_____ Group Leader #3 Signature	_____ Please Print Name	_____ Date
_____ Group Leader #4 Signature	_____ Please Print Name	_____ Date

**Group Name:** City of Glen Cove Parks & Recreation

**Reservation ID:** 13950523

**Date of Visit:** 7/27/2022

11 Davis Avenue • Garden City, NY 11530 • 516-224-5801 • [www.licm.org](http://www.licm.org)

June 8, 2022

Group Contact Information  
(516) 676-3766  
maggie@glencoveny.gov



Nandine Hemraj  
Reservations Manager  
516-224-5869  
reservations@licm.org

## Group Visit Itinerary

City of Glen Cove Parks & Recreation  
Maggie Warner  
9 Glen Street  
Glen Cove, NY 11542

Reservation ID: 13950536  
Date of Visit: 8/3/2022 *Girls 1, 2, 3, 4*  
Tour Start Time: 10:00 AM  
Tour End Time: 11:30 AM

Program	Registered	Price Per	Ext. Price
Super Summer at LICM - Group Student	40	\$13.00	\$520.00
Super Summer at LICM - Chaperone	4	\$0.00	\$0.00
Group Cafeteria 11:30 AM			\$50.00
		<b>Total:</b>	\$570.00
		<b>Deposit Required:</b>	\$285.00
		<b>Balance:</b>	\$570.00

You have chosen to reserve the Super Summer guided tour which includes Bubbles, Pattern Studio, Communication Station, Feasts for Beasts and Keva.

**PLEASE NOTE: Facemasks are recommended for all field trip participants regardless of vaccination status. This policy enables us to protect the health of all our visitors.**

The cafeteria has been reserved for your group at the time(s) indicated above.

Please return a copy of this itinerary, your 50% non-refundable and non-transferable deposit in the amount of **\$285.00**, and a signed copy of the Signature Page by **7/4/2022**. Please be aware that if your group sends more payment than is required, the payment will be processed in full and there are no refunds.

Please arrive 15 minutes prior to your Tour Start Time to allow for orderly check-in. Any changes must be approved by the Reservations Manager prior to your visit, including changes in the number of visitors. Reservation changes may not be made on the day of your visit.

Please see our policies on the next page and our [FAQ page](#) for more details. Thank you for your cooperation and we look forward to your visit!

June 8, 2022

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or  
Fax: (516) 394-8060

_____ Visitor Coordinator Signature	_____ Please Print Name	_____ Date
_____ Group Leader #1 Signature	_____ Please Print Name	_____ Date
_____ Group Leader #2 Signature	_____ Please Print Name	_____ Date
_____ Group Leader #3 Signature	_____ Please Print Name	_____ Date
_____ Group Leader #4 Signature	_____ Please Print Name	_____ Date

**Group Name:** City of Glen Cove Parks & Recreation

**Reservation ID:** 13950536

**Date of Visit:** 8/3/2022

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## INDEPENDENT CONTRACTOR AGREEMENT

AGREEMENT IS HEREBY MADE between the Agency and Independent Contractor set forth below according to the following terms, conditions, and provisions:

1. IDENTITY OF  
AGENCY

AGENCY is identified as follows:

Name: City of Glen Cove, Glen Cove Senior Center

Address: 130 Glen Street

City/State/Zip: Glen Cove, NY 11542

Telephone: 516.759.9610

2. IDENTITY OF  
INDEPENDENT  
CONTRACTOR

The Independent Contractor (hereafter "IC") is identified as follows:

Name: Bon Journey NY LLC

Type Entity: ( ☒ ) Sole Proprietorship ( ☐ ) Partnership ( ☐ ) Corporation

Address: 9 Aquaview Court

City/State/Zip: Huntington, NY 11743

Business Telephone: 917.494.2358

3. WORK TO BE  
PERFORMED

AGENCY desires that IC perform, and IC agrees to perform the following work:

(1) Musical Performances for our Circle of Friends Evening Programming  
at a rate of \$700 for (1) Event; 1.5 hours total for music.

4. TERMS OF  
PAYMENT

AGENCY shall pay IC according to the following terms and conditions: IC shall be paid

\$700 total for (1) Event

Dates: June 29<sup>th</sup> 2022

5. REIMBURSE-  
MENT OF  
EXPENSES

AGENCY shall not be liable to IC for any expenses paid or incurred by IC unless otherwise agreed in writing.

6. EQUIPMENT,  
TOOLS,  
MATERIALS, OR  
SUPPLIES

Glen Cove Senior Center will provide all equipment, tools, materials and/or supplies to accomplish the work agreed to be performed. Should IC wish to purchase "supplies", IC must first obtain Glen Cove Senior Center prior written approval before it may be a reimbursable expense. IC must maintain "supplies" in good working condition through time of contract; failure may result in surcharges.

7. FEDERAL, STATE  
AND LOCAL  
PAYROLL TAXES

Neither Federal, not State, nor local income tax, nor payroll tax of any kind shall be withheld or paid by AGENCY on behalf of IC or the employees of IC. IC shall not be treated as an employee with respect to the services performed hereunder for federal or state tax purposes.

8. FRINGE BENEFITS &  
COMPEN-  
SATION

Because IC is engaged in IC's own independent business, WORKER'S IC is not eligible for and shall not participate in any employer pension, health, or another fringe benefit plan of the AGENCY. Likewise, no worker's compensation insurance shall be obtained by AGENCY concerning IC or the employees of IC. IC shall comply with the worker's compensation law concerning IC and the employees of IC.

9. WORK PRODUCT  
OWNERSHIP

Any copyrightable works, ideas, discoveries, inventions, patents, products, or other information (collectively, the "Work Product") developed in whole or in part by IC in connection with the Services shall be the exclusive property of Agency. Upon request, IC shall sign all documents necessary to confirm or perfect the exclusive ownership Agency to the Work Product.

10. CONFIDENTIALTY

IC will not at any time or in any manner, either directly or indirectly, use for the personal benefit of IC or divulge, disclose, or communicate in any manner any information that is proprietary to Agency. IC will protect such information and treat it as strictly confidential. This provision shall be effective after the termination of this Agreement. Upon termination of this Agreement, IC will return to Agency all records, notes, documentation, and other items that were used, created, or controlled by IC during the term of this Agreement.



11. TERM OF  
AGREEMENT

This agreement shall become effective on June 1<sup>st</sup>, 2022  
and shall terminate on July 31<sup>st</sup>, 2022

12. TERMINATION  
WITHOUT CAUSE

Without cause, either party may terminate this agreement after giving 30 day written notice to the other of intent to terminate without cause. The parties shall deal with each other in good faith during the 30-day period after any notice of intent to terminate without cause has been given.

13. TERMINATION  
WITH CAUSE

With reasonable cause, either party may terminate this agreement effective immediately upon the giving of written notice of termination for cause. Reasonable cause shall include:

- A. Material violation of this agreement
- B. Any act exposing the other party to liability to others for personal injury or property damage.

14. NO AUTHORITY  
TO BIND CLIENT

IC has no authority to enter into contracts or agreements on behalf of the AGENCY. This agreement does not create a partnership between the parties.

15. ENTIRE  
AGREEMENT

This is the entire agreement of the parties and cannot be changed or modified orally.

16. SEVERABILITY

If any part of this agreement shall be held unenforceable, the rest of this agreement will nevertheless remain in full force and effect.

17. AMENDMENTS

This agreement may be supplemented, amended, or revised only in writing by agreement of the parties.

For Senior Center Use  
Log #: \_\_\_\_\_  
Date: \_\_\_\_\_

**\*AGENCY:**

City of Glen Cove, Glen Cove Senior Center  
Agency Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mayor  
Title

\_\_\_\_\_  
Date

**\*INDEPENDENT CONTRACTOR**

Bon Journey NY LLC

Firm/Individual Name

  
Signature

\_\_\_\_\_  
Independent Contractor  
Title

6/6/2022  
Date

## INDEPENDENT CONTRACTOR AGREEMENT

AGREEMENT IS HEREBY MADE between the Agency and Independent Contractor set forth below according to the following terms, conditions, and provisions:

1. IDENTITY OF  
AGENCY

AGENCY is identified as follows:

Name: City of Glen Cove, Glen Cove Senior Center

Address: 130 Glen Street

City/State/Zip: Glen Cove, NY 11542

Telephone: 516.759.9610

2. IDENTITY OF  
INDEPENDENT  
CONTRACTOR

The Independent Contractor (hereafter "IC") is identified as follows:

Name: James Gibb "Let the Good Times Roll"

Type Entity: (\*) Sole Proprietorship ( ) Partnership ( ) Corporation

Address: 135 Buchanan Street

City/State/Zip: Centerport, NY 11721

Business Telephone: 631.418.5305

3. WORK TO BE  
PERFORMED

AGENCY desires that IC perform, and IC agrees to perform the following work:

(1) Musical Performances for our Circle of Friends Evening Programming  
at a rate of \$350 for (1) Event; 1.5 hours total for music.

4. TERMS OF  
PAYMENT

AGENCY shall pay IC according to the following terms and conditions: IC shall be paid

\$350 total for (1) Event

Dates: July 27<sup>th</sup> 2022

5. REIMBURSE-  
MENT OF  
EXPENSES  

AGENCY shall not be liable to IC for any expenses paid or incurred by IC unless otherwise agreed in writing.
6. EQUIPMENT,  
TOOLS,  
MATERIALS, OR  
SUPPLIES  

Glen Cove Senior Center will provide all equipment, tools, materials and/or supplies to accomplish the work agreed to be performed. Should IC wish to purchase "supplies", IC must first obtain Glen Cove Senior Center prior written approval before it may be a reimbursable expense. IC must maintain "supplies" in good working condition through time of contract; failure may result in surcharges.
7. FEDERAL, STATE  
AND LOCAL  
PAYROLL TAXES  

Neither Federal, not State, nor local income tax, nor payroll tax of any kind shall be withheld or paid by AGENCY on behalf of IC or the employees of IC. IC shall not be treated as an employee with respect to the services performed hereunder for federal or state tax purposes.
8. FRINGE BENEFITS &  
COMPEN-  
SATION  

Because IC is engaged in IC's own independent business, WORKER'S IC is not eligible for and shall not participate in any employer pension, health, or another fringe benefit plan of the AGENCY. Likewise, no worker's compensation insurance shall be obtained by AGENCY concerning IC or the employees of IC. IC shall comply with the worker's compensation law concerning IC and the employees of IC.
9. WORK PRODUCT  
OWNERSHIP  

Any copyrightable works, ideas, discoveries, inventions, patents, products, or other information (collectively, the "Work Product") developed in whole or in part by IC in connection with the Services shall be the exclusive property of Agency. Upon request, IC shall sign all documents necessary to confirm or perfect the exclusive ownership Agency to the Work Product.
10. CONFIDENTIALTY  

IC will not at any time or in any manner, either directly or indirectly, use for the personal benefit of IC or divulge, disclose, or communicate in any manner any information that is proprietary to Agency. IC will protect such information and treat it as strictly confidential. This provision shall be effective after the termination of this Agreement. Upon termination of this Agreement, IC will return to Agency all records, notes, documentation, and other items that were used, created, or controlled by IC during the term of this Agreement.

11. TERM OF  
AGREEMENT

This agreement shall become effective on July 1<sup>st</sup>, 2022  
and shall terminate on August 31<sup>st</sup>, 2022

12. TERMINATION  
WITHOUT CAUSE

Without cause, either party may terminate this agreement after giving 30 day written notice to the other of intent to terminate without cause. The parties shall deal with each other in good faith during the 30-day period after any notice of intent to terminate without cause has been given.

13. TERMINATION  
WITH CAUSE

With reasonable cause, either party may terminate this agreement effective immediately upon the giving of written notice of termination for cause. Reasonable cause shall include:

- A. Material violation of this agreement
- B. Any act exposing the other party to liability to others for personal injury or property damage.

14. NO AUTHORITY  
TO BIND CLIENT

IC has no authority to enter into contracts or agreements on behalf of the AGENCY. This agreement does not create a partnership between the parties.

15. ENTIRE  
AGREEMENT

This is the entire agreement of the parties and cannot be changed or modified orally.

16. SEVERABILITY

If any part of this agreement shall be held unenforceable, the rest of this agreement will nevertheless remain in full force and effect.

17. AMENDMENTS

This agreement may be supplemented, amended, or revised only in writing by agreement of the parties.

For Senior Center Use  
Log #: \_\_\_\_\_  
Date: \_\_\_\_\_

**\*AGENCY:**

City of Glen Cove, Glen Cove Senior Center  
Agency Name

\_\_\_\_\_  
Signature                      Mayor                      \_\_\_\_\_  
Title                      Date

**\*INDEPENDENT CONTRACTOR**

James Gibb "Let the Good Times Roll"  
Firm/Individual Name

James Gibb                      Independent Contractor                      6/8/22  
Signature                      Title                      Date

**2022 Contract with Jack Morelli Music Inc. Amendment**

6W

AMENDMENT # 2 IS HEREBY MADE between the Agency and Independent Contractor set forth below according to the following terms, conditions and provisions:

1. IDENTITY OF  
AGENCY

AGENCY is identified as follows:

Name: City of Glen Cove, Glen Cove Senior Center

Address: 130 Glen Street

City/State/Zip: Glen Cove, NY 11542

Telephone: (516)759-9615

2. IDENTITY OF  
INDEPENDENT  
CONTRACTOR

The Independent Contractor (hereafter "IC") is identified as follows:

Name: Jack Morelli Music Inc.

Type Entity: (\*) Sole Proprietorship ( ) Partnership ( ) Corporation

Address: 64 Academy Lane

City/State/Zip: Levittown, NY 11756

Business Telephone: 631.335.2390

[jackmorellimusic@gmail.com](mailto:jackmorellimusic@gmail.com)

3. AMENDMENT #2

AGENCY desires that IC perform and IC agrees to perform the following work amended as per original Agreement #17 Amendment Provision:

(1) Additional Musical Performance for Circle of Friends at a rate of \$850.00.



**\*AGENCY:**

City of Glen Cove, Glen Cove Senior Center

Agency Name

\_\_\_\_\_  
Signature


\_\_\_\_\_  
Mayor  
Title

\_\_\_\_\_  
Date

**\*INDEPENDENT CONTRACTOR (CONSULTANT)**

Jack Morelli Music Inc.

Firm/Individual Name



Jack Morelli

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Independent Contractor  
Title

June 16, 2022

\_\_\_\_\_  
Date

**2022 Contract with All About Speech Therapy- Amendment #**

AMENDMENT # 1 IS HEREBY MADE between the Agency and Independent Contractor so according to the following terms, conditions, and provisions:

**1. IDENTITY OF  
AGENCY**

AGENCY is identified as follows:

Name: City of Glen Cove, Glen Cove Senior Center

Address: 130 Glen Street

City/State/Zip: Glen Cove, NY 11542

Telephone: (516)759-9615

**2. IDENTITY OF  
INDEPENDENT  
CONTRACTOR**

The Independent Contractor (hereafter "IC") is identified as follows:

Name: All About Speech Therapy LLC

Type Entity: ( ☒ ) Sole Proprietorship ( ☐ ) Partnership ( ☐ ) Corporation

Address: 15 Maxine Avenue

City/State/Zip: Plainview, NY 11803

Business Telephone: 516.526.1523

Email: lindagailspeech@gmail.com

**3. AMENDMENT # 1**

AGENCY desires that IC perform, and IC agrees to perform the following work as per original Agreement's #17 Amendment Provision:

Socialization group lead by speech therapists.

**4. TERMS OF  
PAYMENT**

AGENCY shall pay IC according to the following terms and conditions: IC shall be paid

\$1,200.00 total for contract amended term to be paid in monthly payments of \$200.00 for (6) months.

Date: \_\_\_\_\_

This agreement shall become effective on July 1<sup>st</sup>, 2022  
and shall terminate on December 31<sup>st</sup>, 2022

Page 2 of 2

**Pamela D. Panzenbeck**  
Mayor

**Michael A. Piccirillo**  
Controller  
mpiccirillo@glencoveny.gov



**CITY OF GLEN COVE**  
**OFFICE OF THE CITY CONTROLLER**  
City Hall, 9 Glen Street, Glen Cove, NY 11542

Phone  
Fax

[www.glencoveny.gov](http://www.glencoveny.gov)

62

## TRAINING REQUEST FORM

Date: 5/23/22

Your Name: Charmaine Clarke Department: Youth Services and Recreation

Class Requested: Best Ever Anxiety Treatment Techniques Cost of Class: \$219.99

Date(s) of Class(es): On demand for up to 3 months

### Costs Associated with Class:

Airfare: Car Service:

Hotel: Meals:

Rental Car: Parking:

Gas:

Mileage:

Tolls:

Total Estimated Cost of Class plus Expenses: \$ 219.99

FUND LINE: A7050-55450

Department Head Signature:

*Spiro Tsirkas*

\*Must obtain City Council Approval before training class/conference. This could take at least two weeks.

**Pamela D. Panzenbeck**  
Mayor

**Michael A. Piccirillo**  
Controller  
mpiccirillo@glencoveny.gov



**CITY OF GLEN COVE**  
**OFFICE OF THE CITY CONTROLLER**  
City Hall, 9 Glen Street, Glen Cove, NY 11542

Phone: (516) 676-2000  
Fax: (516) 759-6791

[www.glencoveny.gov](http://www.glencoveny.gov)

## TRAINING REQUEST FORM

Date: 5/23/22

Your Name: Carolina Guastella Department: Youth Services and Recreation

Class Requested: Best Ever Anxiety Treatment Techniques Cost of Class: \$219.99

Date(s) of Class(es): On demand for up to 3 months

### Costs Associated with Class:

Airfare: Car Service:

Hotel: Meals:

Rental Car: Parking:

Gas:

Mileage:

Tolls:

Total Estimated Cost of Class plus Expenses: \$ 219.99

FUND LINE: A7050-55450

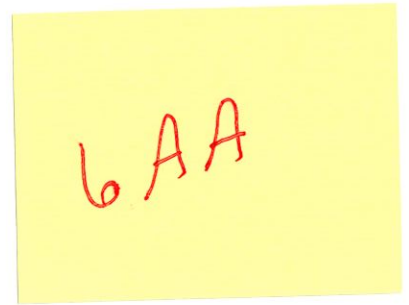
Department Head Signature:

*Spiro Tsirkas*

\*Must obtain City Council Approval before training class/conference. This could take at least two weeks.



Pamela D. Panzenbeck  
Mayor



## CITY OF GLEN COVE

City Hall, 9 Glen Street, Glen Cove, NY 11542

### TRAINING REQUEST FORM

DATE: 6/16/2022

CLASS(ES)/ CONFERENCE REQUESTED	\$ CPL for Camp staff - American Red Cross
DATE(S) OF CLASS(ES)/ CONFERENCE	6/18/2022
LOCATION OF CLASS(ES)/ CONFERENCE	Glen Cove YMCA

	EMPLOYEE NAME	DEPARTMENT
1.	Alessandra Sicuranza	Recreation - Camp
2.	Jackelyn Patsis	
3.	Mary Monahan	
4.	Sofia Greco	
5.	Don Aulson	
6.	Francesca Piccirillo	
7.	Isabella Bitano	
8.	Emily McCarthy	
9.	Gianna Marconi	
10.		

#### EXPENSES ASSOCIATED WITH CLASS(ES)/CONFERENCE:

COST OF CLASS(ES)/CONFERENCE	\$35.00 per person
AIRFARE	— billed by American
CAR SERVICE	— Red Cross
GAS	—
HOTEL	—
MEALS	—
MILEAGE	—
PARKING	—
RENTAL CAR (SEE PURCHASING AGENT)	—
TOLLS	—
TOTAL ESTIMATED COST:	280.00 \$0.00
FUND LINE:	A7055-55442

DEPARTMENT HEAD SIGNATURE:

\*MUST OBTAIN CITY COUNCIL APPROVAL BEFORE TRAINING CLASS/CONFERENCE. THIS PROCESS COULD TAKE AT LEAST 4-6 WEEKS AND SHOULD BE SENT TO THE CITY CLERK.

Pamela D. Panzenbeck  
Mayor

Michael A. Piccirillo  
Controller  
mpiccirillo@glencoveny.gov



CITY OF GLEN COVE  
OFFICE OF THE CITY CONTROLLER  
City Hall, 9 Glen Street, Glen Cove, NY 11542

6BB

## TRAINING REQUEST FORM

Date: June 9, 2022

Your Name: Sgt. Salvatore Bifone

Department: Police

Class Requested: Taser Instructor Certification

Cost of Class: \$375.00

Date(s) of Class(es): August 8, 2022

### Costs Associated with Class:

Airfare:

Car Service:

Hotel:

Meals:

Rental Car:

Parking:

Gas:

Mileage:

Tolls:

Total Estimated Cost of Class plus Expenses: \$ 375.00

FUND LINE: A3120-55442

Department Head Signature:

A handwritten signature in black ink, appearing to be "J. Bifone", is written over a horizontal line.

\*Must obtain City Council Approval before training class/conference. This could take at least two weeks.



**Pamela D. Panzenbeck**  
*Mayor*



**Michael A. Piccirillo**  
*Controller*  
mpiccirillo@glencoveny.gov

**CITY OF GLEN COVE**  
**OFFICE OF THE CITY CONTROLLER**  
City Hall, 9 Glen Street, Glen Cove, NY 11542

Phone: (516) 676-2000  
Fax: (516) 759-6791

[www.glencoveny.gov](http://www.glencoveny.gov)

## **TRAINING REQUEST FORM**

Date: June 9, 2022

Your Name: Det. David Milanese Department: Police

Class Requested: Taser Instructor Certification Cost of Class: \$375.00

Date(s) of Class(es): August 8, 2022

### Costs Associated with Class:

Airfare:	Car Service:
Hotel:	Meals:
Rental Car:	Parking:
Gas:	
Mileage:	
Tolls:	

Total Estimated Cost of Class plus Expenses: \$ 375.00

FUND LINE: A3120-55442

Department Head Signature:

A handwritten signature in black ink, appearing to be "D. Milanese", is written over a horizontal line.

\*Must obtain City Council Approval before training class/conference. This could take at least two weeks.

Pamela D. Panzenbeck  
Mayor

Michael A. Piccirillo  
Controller  
mpiccirillo@glencoveny.gov



CITY OF GLEN COVE  
OFFICE OF THE CITY CONTROLLER  
City Hall, 9 Glen Street, Glen Cove, NY 11542

Phone: (516) 676-2000  
Fax: (516) 759-6791

[www.glencoveny.gov](http://www.glencoveny.gov)

## TRAINING REQUEST FORM

Date: June 9, 2022

Your Name: PO Derek Valance

Department: Police

Class Requested: Taser Instructor Certification

Cost of Class: \$375.00

Date(s) of Class(es): August 8, 2022

### Costs Associated with Class:

Airfare: \_\_\_\_\_ Car Service: \_\_\_\_\_

Hotel: \_\_\_\_\_ Meals: \_\_\_\_\_

Rental Car: \_\_\_\_\_ Parking: \_\_\_\_\_

Gas: \_\_\_\_\_

Mileage: \_\_\_\_\_

Tolls: \_\_\_\_\_

Total Estimated Cost of Class plus Expenses: \$ 375.00

FUND LINE: A3120-554 42

Department Head Signature: \_\_\_\_\_

A handwritten signature in black ink, appearing to be "D. Valance", written over a horizontal line.

\*Must obtain City Council Approval before training class/conference. This could take at least two weeks.

Pamela D. Panzenbeck  
Mayor

Michael A. Piccirillo  
Controller  
mpiccirillo@glencoveny.gov



CITY OF GLEN COVE  
OFFICE OF THE CITY CONTROLLER  
City Hall, 9 Glen Street, Glen Cove, NY 11542

Phone (516) 676-2000  
Fax (516) 759-6791

[www.glencoveny.gov](http://www.glencoveny.gov)

## TRAINING REQUEST FORM

Date: June 9, 2022

Your Name: PO John Calamusa

Department: Police

Class Requested: Taser Instructor Certification

Cost of Class: \$0.00

Date(s) of Class(es): August 8, 2022

### Costs Associated with Class:

Airfare: \_\_\_\_\_ Car Service: \_\_\_\_\_

Hotel: \_\_\_\_\_ Meals: \_\_\_\_\_

Rental Car: \_\_\_\_\_ Parking: \_\_\_\_\_

Gas: \_\_\_\_\_

Mileage: \_\_\_\_\_

Tolls: \_\_\_\_\_

\* No Cost - Credit from class that was cancelled during COVID.

Total Estimated Cost of Class plus Expenses: \$ 0.00

FUND LINE: A3120-55442

Department Head Signature: \_\_\_\_\_

\*Must obtain City Council Approval before training class/conference. This could take at least two weeks.

Pamela D. Panzenbeck  
Mayor

Michael A. Piccirillo  
Controller  
mpiccirillo@glencoveny.gov



CITY OF GLEN COVE  
OFFICE OF THE CITY CONTROLLER  
City Hall, 9 Glen Street, Glen Cove, NY 11542

Phone (516) 676-2000  
Fax (516) 759-6791

[www.glencoveny.gov](http://www.glencoveny.gov)

## TRAINING REQUEST FORM

Date: June 9, 2022

Your Name: PO Peter Michaleas Department: Police

Class Requested: Taser Instructor Certification Cost of Class: \$0.00

Date(s) of Class(es): August 8, 2022

### Costs Associated with Class:

Airfare: Car Service:

Hotel: Meals:

Rental Car: Parking:

Gas:

Mileage:

Tolls:

\* No Cost - Credit from class that was cancelled during COVID.

Total Estimated Cost of Class plus Expenses: \$ 0.00

FUND LINE: A3120-55442

Department Head Signature: 

\*Must obtain City Council Approval before training class/conference. This could take at least two weeks.



6CC

CITY OF GLEN COVE  
9 Glen Street, Glen Cove, NY 11542  
(516) 676-3345

EVENT PERMIT

NAME OF APPLICANT Rajeev Maini PHONE ---  
ADDRESS OF APPLICANT ~~3030~~ 3 PRATT BLVD Glen Cove NY 1157

E-MAIL ---  
NAME OF EVENT TO BE HELD INDIAN WEDDING PROCESSION Pulaski & Glen

DATE(S) OF EVENT June 10th, 2022  
TIME(S) OF EVENT 11Am - 1130Am

LOCATION OF EVENT The Metropolitan PULASKI ST & Glen street.

NAME & ADDRESS OF OWNER OF PREMISES 3656 S. Farm Ranch Rd  
Beth Page 11714 N.Y.

EVENT SPONSOR IS: FOR PROFIT ☒ (\$25.00) NON-PROFIT ☐  
Check Payable to: The City of Glen Cove

DATE: 6/2/2022 SIGNED: Rajeev Maini  
DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
APPLICANT

OWNER OF PROPERTY

INCLUDE A COPY OF CERTIFICATE OF LIABILITY INSURANCE NAMING:  
THE CITY OF GLEN ADDITIONALLY INSURED FOR \$1,000,000 PER INCIDENT.

IF THE EVENT IS A ROAD RACE OR PARADE  
INCLUDE A MAP OF THE RACE COURSE or PARADE ROUTE

PERMIT APPROVED ON: 6/8/2022 CITY CLERK T. Pemberton PERMIT # 27-2022

Call the City Clerk @516-676-3345 For a breakdown of the costs for traffic control for this event. Payment is due prior to issuance of the Event Permit. Payable to: The City of Glen Cove

2 Traffic Patrol Officers @ 4 hours on duty x \$ 12 each average salary per hour \$

Received  
6/8/2022  
#1590



CITY OF GLEN COVE  
9 Glen Street, Glen Cove, NY 11542  
(516) 676-3345

## EVENT PERMIT

NAME OF APPLICANT Lorrie Colichio PHONE: \_\_\_\_\_

ADDRESS OF APPLICANT 20 Pinehurst Drive, Bellport, NY 11713

E-MAIL: \_\_\_\_\_

NAME OF EVENT TO BE HELD: 2022 Independence Day Celebration

DATE(S) OF EVENT July 4<sup>th</sup>, 2022 / RD: July 5<sup>th</sup>, 2022

TIME(S) OF EVENT 9:15PM

LOCATION OF EVENT Barge on Hempstead Harbor off Morgan Park

NAME & ADDRESS OF OWNER OF PREMISES City of Glen Cove, 9 Glen Street, Glen Cove, NY 11542

EVENT SPONSOR IS: FOR PROFIT ☐ (\$25.00) NON-PROFIT ☐  
*Check Payable to: The City of Glen Cove*

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
APPLICANT

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
OWNER OF PROPERTY

**INCLUDE A COPY OF CERTIFICATE OF LIABILITY INSURANCE NAMING:  
THE "CITY OF GLEN COVE" AS ADDITIONALLY INSURED FOR \$1,000,000 PER INCIDENT.**

**IF THE EVENT IS A ROAD RACE OR PARADE**  
INCLUDE A MAP OF THE RACE COURSE or PARADE ROUTE

-----

PERMIT APPROVED ON: \_\_\_\_\_ CITY CLERK \_\_\_\_\_ PERMIT # \_\_\_\_\_

-----

Call the City Clerk @516-676-3345 For a breakdown of the costs for traffic control for this event. Payment is due prior to issuance of the Event Permit. Payable to: The City of Glen Cove

\_\_\_\_ Traffic Patrol Officers @ \_\_\_\_\_ hours on duty x \$ \_\_\_\_\_ average salary per hour \$ \_\_\_\_\_





CITY OF GLEN COVE  
9 Glen Street  
Glen Cove, NY 11542  
516-676-3345

LEE

## GARVIES POINT EVENT PERMIT

NAME OF APPLICANT: Glen Cove Chamber of Commerce

PHONE: \_\_\_\_\_

ADDRESS OF APPLICANT: 306 Glen Street, Suite 207

E-MAIL: \_\_\_\_\_

NAME OF EVENT TO BE HELD: Glen Cove NY Fall Family Festival

DATE OF EVENT: 9/24/2022 TIME OF EVENT: 10 AM - 4:30 PM

EVENT LOCATION: Simkins Park + Esplanade

NAME & ADDRESS OF OWNER OF PREMISES: Randall 10/4/2022 City of Glen Cove

IDA RXR

IF THE EVENT IS A ROAD RACE OR A PARADE – INCLUDE A MAP OF THE RACE CORSE OR PARADE ROUTE

EVENT SPONSOR IS: \_\_\_\_\_

FOR PROFIT [ ] \$25.00 FEE  
Check Payable to: Glen Cove IDA

NON-PROFIT [X]

DATE: 3/22/2022

SIGNED: [Signature]  
APPLICANT

DATE: 5/27/2022

SIGNED: [Signature]  
OWNER OF PROPERTY

ADDRESS: 49 Herb Hill Rd

Maintain commercial general liability insurance for claims resulting from the event, which policy shall name the following as additional insured on a primary and non-contributory basis (include a copy of certificate of liability insurance. Evidencing the below parties and as additional insured.)

1. City of Glen Cove
2. Glen Cove Industrial Development Agency
3. Glen Cove Local Economic Development Corporation
4. RXR Glen Isle Partners LLC
5. The Garvies Point Master Association Inc. (The "Master Association") and any Member, Manager and Officer of the Master Association.

Limits of insurance must be at least \$2,000,000 per occurrence and general aggregate, or limits of liability insurance actually maintained, whichever is greater.

PERMIT APPROVED ON: \_\_\_\_\_ CITY CLERK \_\_\_\_\_ PERMIT # \_\_\_\_\_

**Please call the City Clerk @ 516-676-3345 FOR A BREAKDOWN OF THE COST FOR TRAFFIC CONTROL FOR THIS EVENT. PAYMENT IS DUE PRIOR TO ISSUANCE OF THE EVENT PERMIT**  
**Payable to: The City of Glen Cove**

# \_\_\_\_\_ Traffic Patrol Officers @ \_\_\_\_\_ Hours on duty X \$ \_\_\_\_\_ Average salary per hour \$ \_\_\_\_\_



CITY OF GLEN COVE  
9 Glen Street  
Glen Cove, New York 11542  
(516) 676-3345

6FF

## LAWN SIGN PERMIT

NAME OF APPLICANT Dean Mayreis

ORGANIZATION NCRT Sisterhood

NAME OF EVENT LGBTQ+ crash course (6/30/22)

ADDRESS 86 Crescent Beach Rd

PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

NO. OF SIGNS (20 maximum) 10

DATE SIGNS ERECTED 06/23/2022  
(Two week limit)

DATE SIGNS REMOVED BY 07/02/2022  
(within 48 hours after the event)

DATE RESOLUTION APPROVED \_\_\_\_\_

SIGN DIMENSIONS \_\_\_\_\_  
(maximum 20 inches x 20 inches)

**PERSON RESPONSIBLE FOR REMOVING SIGNS:**

ALL SIGNS TO BE REMOVED BY) 07/02/2022

NAME Dean Mayreis

ADDRESS 5 Beatrice Lane

PHONE NUMBER 676-4178 CELL 655-9309

E-MAIL ADDRESS dmayreis@optonline.net

DATE: 06/24/2022 SIGNED *Dean Mayreis*  
Applicant


PERMIT APPROVED ON: \_\_\_\_\_  
City Clerk

Kindly allow at least 4 weeks notice to submit permit request.

CITY OF GLEN COVE  
9 Glen Street  
Glen Cove, New York 11542  
(516) 676-3345

666

## LAWN SIGN PERMIT

NAME OF APPLICANT Cove Janine Fakiris  
ORGANIZATION Cove Animal Rescue  
NAME OF EVENT Cove Animal Rescue Casino Night  
ADDRESS 40 Shore Rd, Glen Cove NY 11542  
PHONE NUMBER \_\_\_\_\_  
E-MAIL ADDRESS Coveanimalrescue@gmail.com  
NO. OF SIGNS (20 maximum) 20  
DATE SIGNS ERECTED ASAP  
(Two week limit)  
DATE SIGNS REMOVED July 29, 2022  
(within 48 hours after the event)  
DATE RESOLUTION APPROVED \_\_\_\_\_  
SIGN DIMENSIONS 20" x 20"  
(maximum 20 inches x 20 inches)  
**PERSON RESPONSIBLE FOR REMOVING SIGNS:**  
ALL SIGNS TO BE REMOVED BY Cove Animal Rescue  
NAME Janine Fakiris  
ADDRESS 40 Shore Rd GC NY 11542  
PHONE NUMBER 516 676 5913 CELL 516 492 1480  
E-MAIL ADDRESS Coveanimalrescue@gmail.com  
DATE: 6/17/22 SIGNED   
Applicant  
PERMIT APPROVED ON: \_\_\_\_\_ City Clerk

Kindly allow at least 4 weeks notice to submit permit request.

CITY OF GLEN COVE  
9 Glen Street  
Glen Cove, New York 11542  
(516) 676-3345

6HH

## LAWN SIGN PERMIT

NAME OF APPLICANT Church of St. Rocco  
ORGANIZATION Angie Colangelo  
NAME OF EVENT Fest of St. Rocco  
ADDRESS 18 Third Street, Glen Cove  
PHONE NUMBER 516 383 8681  
E-MAIL ADDRESS macsun722@hotmail.com  
NO. OF SIGNS (20 maximum) 20  
DATE SIGNS ERECTED July 11, 2022  
(Two week limit)  
DATE SIGNS REMOVED 8/2/2022  
(within 48 hours after the event)  
DATE RESOLUTION APPROVED \_\_\_\_\_  
SIGN DIMENSIONS ✓  
(maximum 20 inches x 20 inches)  
**PERSON RESPONSIBLE FOR REMOVING SIGNS:**  
ALL SIGNS TO BE REMOVED BY) \_\_\_\_\_  
NAME Angie Colangelo  
ADDRESS 18 Third Street  
PHONE NUMBER \_\_\_\_\_ CELL 516 383 8681  
E-MAIL ADDRESS \_\_\_\_\_  
DATE: 6/7/2022 SIGNED Angie Colangelo  
Applicant  
PERMIT APPROVED ON: \_\_\_\_\_  
City Clerk

Kindly allow at least 4 weeks notice to submit permit request.





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CITY OF GLEN COVE  
9 Glen Street  
Glen Cove, New York 11542  
(516) 676-3345

## LAWN SIGN PERMIT

NAME OF APPLICANT

Glen Cove Chamber of Commerce

ORGANIZATION

Glen Cove Chamber of Commerce

NAME OF EVENT

Fall Family Festival

ADDRESS

30a Glen St. Suite 207 Glen Cove NY

PHONE NUMBER

(516) 676-6666

E-MAIL ADDRESS

info@glen Covechamber.org

NO. OF SIGNS (20 maximum)

20

DATE SIGNS ERECTED  
(Two week limit)

9/10/2022

DATE SIGNS REMOVED  
(within 48 hours after the event)

9/24/2022

DATE RESOLUTION APPROVED

SIGN DIMENSIONS  
(maximum 20 inches x 20 inches)

20" x 20"

### PERSON RESPONSIBLE FOR REMOVING SIGNS:

NAME

Jane Krauter, VP Glen Cove Chamber

ADDRESS

30a Glen St Glen Cove NY

PHONE NUMBER

(516) 676-6666 CELL (516) 384-4331

EMAIL ADDRESS

info@glen Covechamber.org

DATE: \_\_\_\_\_

SIGNED \_\_\_\_\_  
Applicant

PERMIT APPROVED ON: \_\_\_\_\_

City Clerk

Kindly allow at least 4 weeks notice to submit permit request.