

**Business of the Village Board
Village of Saranac Lake**

Bill #186-2025

Date: 12-22-2025

SUBJECT: DRI contract extension

DEPT OF ORIGIN: Village Manager

DATE SUBMITTED: 12-12-2025

SUMMARY STATEMENT

Approve DOS contract extension for DRI

MOVED BY: Scollin SECONDED BY: Ryan

VOTE ON ROLL CALL:

MAYOR WILLIAMS	<u>Yes</u>
TRUSTEE RYAN	<u>Yes</u>
TRUSTEE WHITE	<u>Yes</u>
TRUSTEE SCOLLIN	<u>Yes</u>
TRUSTEE BRUNETTE	<u>Yes</u>

STATE OF NEW YORK CONTRACT FOR GRANTS FACE PAGE

STATE AGENCY (Name & Address): NYS Department of State One Commerce Plaza 99 Washington Avenue – Suite 1010 Albany, NY 12231	BUSINESS UNIT/DEPT ID: DOS01/3800000 CONTRACT NUMBER: C1001616 CONTRACT TYPE (select one) <input type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input checked="" type="checkbox"/> Fixed Term Agreement
CONTRACTOR NAME: SARANAC LAKE VILLAGE OF	TRANSACTION TYPE: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Amendment - NCTE
CONTRACTOR IDENTIFICATION NUMBERS: NYS VENDOR ID Number: 1000003055 Federal Tax ID Number: 15-6001376	PROJECT NAME: Parks, Streetscapes, and Connectivity Improvements AGENCY IDENTIFIER: 19-DRI-53 ASSISTANCE LISTINGS (formerly CFDA) NUMBER (ALN) (Federally Funded Grants Only):
CONTRACTOR PRIMARY MAILING ADDRESS: Village of Saranac Lake 39 Main Street Saranac Lake, NY 12983	CONTRACTOR STATUS: <input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Municipality, Code: <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Individual <input type="checkbox"/> Not-for-Profit Charities Registration Number: n/a
CONTRACTOR PAYMENT ADDRESS: <input checked="" type="checkbox"/> Check if same as primary mailing address	Exemption Status/Code: 3A/02 <input type="checkbox"/> Sectarian Entity
CONTRACTOR MAILING ADDRESS <input checked="" type="checkbox"/> Check if same as primary mailing address	
CONTRACTOR PRIMARY E-MAIL ADDRESS: mayorwilliams@saranaclakeny.gov	

STATE OF NEW YORK CONTRACT FOR GRANTS FACE PAGE

CURRENT CONTRACT TERM:	CONTRACT FUNDING AMOUNT:
FROM: 12/1/2019	TO: 11/30/2024
	<i>(Fixed Term - enter current period amount; Simplified Renewal - enter cumulative amount to date; Multi-year - enter total projected amount of the contract)</i>
AMENDED TERM:	CURRENT: \$4,133,506.00
FROM: 12/1/2019	AMENDED:
TO: 12/31/2027	FUNDING SOURCES:
	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Federal
	<input type="checkbox"/> Other

ATTACHMENTS INCLUDED AS PART OF THIS AGREEMENT (select all that apply):

- Appendix A
- Attachment A:
 - A-1 Agency Specific Terms and Conditions
 - A-2 Program Specific Terms and Conditions
 - A-3 Federally Funded Grants and Requirements Mandated by Federal Laws
- Attachment B:
 - B-1 Expenditure Based Budget
 - B-2 Performance Based Budget
 - B-3 Capital Budget
 - B-4 Capital Budget
 - B-1(A) Expenditure Based Budget (Amendment)
 - B-2(A) Performance Based Budget (Amendment)
 - B-3(A) Capital Budget (Amendment)
 - B-4 (A) Net Deficit Budget (Amendment)
- Attachment C: Work Plan
- Attachment D: Payment and Reporting Schedule
- Other

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

CONTRACTOR:

Village of Saranac Lake
39 Main Street
Saranac Lake, NY 12983

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 they reside at
_____, that they are the _____
of the _____, the contractor described herein which executed the foregoing
instrument; and that they signed their name thereto as authorized by the contractor named on the face page of this
Contract for Grants.

(Notary) _____

ATTORNEY GENERAL'S SIGNATURE

Printed Name

Title: _____

Date: _____

STATE COMPTROLLER'S SIGNATURE

Printed Name

Title: _____

Date: _____