

**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

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

# STATE OF NEW YORK CONTRACT FOR GRANTS FACE PAGE

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|--|--|--|
| <b>CURRENT CONTRACT TERM:</b><br><br>FROM: 12/1/2019 TO: 11/30/2024<br><br><b>AMENDED TERM:</b><br><br>FROM: 12/1/2019 TO: 12/31/2027  |  | <b>CONTRACT FUNDING AMOUNT:</b><br><i>(Fixed Term - enter current period amount; Simplified Renewal - enter cumulative amount to date; Multi-year - enter total projected amount of the contract)</i><br><br>CURRENT: \$4,133,506.00<br><br>AMENDED:<br><br><b>FUNDING SOURCES:</b><br><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other |
| <b>ATTACHMENTS INCLUDED AS PART OF THIS AGREEMENT (select all that apply):</b><br><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Appendix A<br/> <input type="checkbox"/> Attachment A:<br/><br/> <input type="checkbox"/> Attachment B:<br/><br/> <input type="checkbox"/> Attachment C: Work Plan<br/> <input type="checkbox"/> Attachment D: Payment and Reporting Schedule<br/> <input type="checkbox"/> Other         </div> <div style="width: 66%;"> <input type="checkbox"/> A-1 Agency Specific Terms and Conditions<br/> <input type="checkbox"/> A-2 Program Specific Terms and Conditions<br/> <input type="checkbox"/> A-3 Federally Funded Grants and Requirements Mandated by Federal Laws<br/> <input type="checkbox"/> B-1 Expenditure Based Budget<br/> <input type="checkbox"/> B-2 Performance Based Budget<br/> <input type="checkbox"/> B-3 Capital Budget<br/> <input type="checkbox"/> B-4 Capital Budget<br/> <input type="checkbox"/> B-1(A) Expenditure Based Budget (Amendment)<br/> <input type="checkbox"/> B-2(A) Performance Based Budget (Amendment)<br/> <input type="checkbox"/> B-3(A) Capital Budget (Amendment)<br/> <input type="checkbox"/> B-4 (A) Net Deficit Budget (Amendment)         </div> </div> |  |  |

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: \_\_\_\_\_