

AGREEMENT
By and Between
The County of Fulton, New York
19 N. William Street
Johnstown, New York 12095
and
Veterans Service Agency
County of Montgomery, New York
P.O. Box 1500
Fonda, New York
Telephone: (518) 853-8152
Federal Identification No. 14-6002566

WITNESSETH:

This Agreement is made this ____ day of _____, 20__, by and between the County of Fulton, New York, hereinafter referred to as the COUNTY, and County of Montgomery, hereinafter referred to as the CONTRACTOR, for the following specific services:

The agreement documents listed below, along with the schedule A, constitutes the entire contract between the principals and supersedes all prior negotiations and representations, written or oral. In the event of conflict between this agreement and other documents listed, the terms of this agreement shall be the controlling terms of the contract.

The CONTRACTOR agrees to perform the services as required by the agreement documents for the sum herein set forth and to accept payment in the manner herein provided.

The agreement documents, which are attached and incorporated by reference herein, consist of the following:

1. Schedule A – Scope of Services;
2. Copy of required insurance documents;
3. Copy of resolution of Fulton County Board of Supervisors and Montgomery County Executive which authorized this agreement.

The County agrees to make payments on account of the agreement price as follows:

The Contractor shall submit itemized invoices to the Fulton County Veterans Service Agency. Services will be billed per the Schedule A – Scope of Services. The Fulton County Veterans Service Agency will then submit all pertinent information for audit processing.

DURATION OF AGREEMENT - This agreement shall endure for the period of January 1, 2018 until December 31, 2018.

TERMINATION CLAUSE - This agreement may be terminated only upon a 30-day mutually-agreeable written notice signed by both parties, or upon a 90-day unilateral written notice.

NON-DISCRIMINATION CLAUSE - The County of Montgomery does not discriminate in employment or program service delivery on the basis of race, color, religion, age, sex, national origin, ancestry, non-job-related handicap, place of birth, General Education Development certificate (GED), marital status, sexual preference/orientation, or veteran status.

EXECUTORY CLAUSE - This Agreement and any amendments thereof shall take effect when executed by the parties and approved by the County of Fulton. Both parties to this Agreement agree that this Agreement shall be deemed executory only to the extent of money available to the County of Fulton for the performance of the terms hereof and no liability on account thereof shall be incurred by the County of Fulton beyond money available for the purposes thereof.

RESPONSIBILITY - The County of Fulton assures that it is responsible for ensuring that the services provided pursuant to this Agreement comply with all pertinent provisions of federal, state and local laws, rules and regulations.

SAVING CLAUSE - The Contractor shall not assign or transfer this Agreement, or any part thereof, or any interest therein, without first receiving written approval from the County of Fulton. All modifications of, or changes in, the terms of this Agreement must be in writing.

~~*LIMITATION OF LIABILITY~~ - For any damage or costs resulting from error, omissions, or other professional negligence in the performance of the Contractor's services, the Contractor's liability to all claimants at any time will be limited to a sign aggregate sum not to exceed \$50,000 or the Contractor's fee, whichever is greater.

***RENEWAL OF AGREEMENT** - This agreement may be renewed annually hereafter with the mutual, written consent of the parties, by attaching an addendum hereto, as long as all terms, conditions, price for services and maximum allowable cost remains the same. Any material changes will necessitate a new agreement with the needed authorization of the Fulton County Board of Supervisors and Montgomery County Executive.

AGREED TO BY:

COUNTY OF FULTON:

CONTRACTOR:

BY: _____

BY: _____

NAME: _____

NAME: _____

TITLE: Chairman, Board of Supervisors

TITLE: Montgomery County Executive

DATE: _____

DATE: _____

Sworn to before me this _____ day
of _____ 20 ____

Sworn to before me this _____ day
of _____ 20 ____

Notary Public

Notary Public

SCHEDULE A

Scope of Services

This shall serve as a summary of services to be provided to the Fulton County Veteran Service Agency regarding the Montgomery County Department of Youth, ATI & Veteran's Services transporting Fulton County Veterans to and from the VA Medical Center in Albany.

The services will be offered at a chargeable rate of \$30.00 per veteran one way and \$60.00 per veteran round trip, not to exceed \$9,000.00 per year.

The pick-up points for the Fulton County Veterans are McDonald's in Johnstown and the City Police Department Parking Lot in Gloversville. Fulton County Veterans should be at their scheduled pick-up location by 6:30AM to await pick-up between approximately 6:30AM and 7:00AM depending on the assigned schedule. Please note that the Montgomery County van will have this 30-minute window to arrive at the pick-up location, and Fulton County is expected to notify their veterans accordingly.

Fulton County Veterans will be dropped off at the same location when they return from the VA Medical Center.

If the Montgomery County van arrives at the location and the veteran is not there and it is during this timeframe, the one-way rate will be charged. The Montgomery County van leaves the VAMC after the last veteran finishes his or her appointment and all prescriptions are taken care of.

Fulton County Veterans will call the Fulton County Veterans Service Agency to request the Montgomery County van service. The Fulton County Veterans Service Agency will then contact Montgomery County to verify the van is running and has room. Montgomery County Veterans will have priority when it comes to the transportation to the VA Medical Center. The following information is required by Montgomery County at the time transportation is requested and shall be provided by the Fulton County Veterans Service Agency:

- Full name of veteran
- Last four digits of social security number
- Specified pick up location
- Time of scheduled appointment
- Call back number (Preferably a cell phone number), but at minimum a contact # in case of last minute or early morning changes to the route.

If the above information is not provided in full, the request for transportation may be denied until all information is obtained.

Fleet # 402

NEW YORK STATE INSURANCE IDENTIFICATION CARD

716 US SPECIALTY INSURANCE COMPANY

Name & Address of Issuer Cool Insuring Agency Inc.
518-783-2665/518-783-81 784 Troy-Schenectady Road
Latham, New York 12110

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

MONTGOMERY;COUNTY
20 PARK STREET P O B
FONDA NY 12068

Policy Number
CPKG80120268

Effective Date Expiration Date
01/01/2018 01/01/2019

12:01 a.m. 12:01 a.m.
(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2008 FORD
Year Make

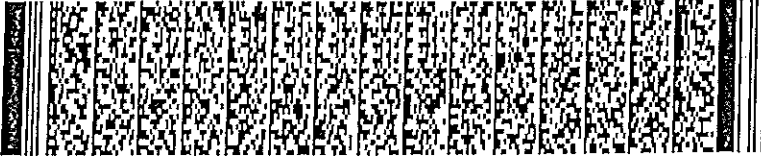
1FBNE31L88DA62854
Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FS-20

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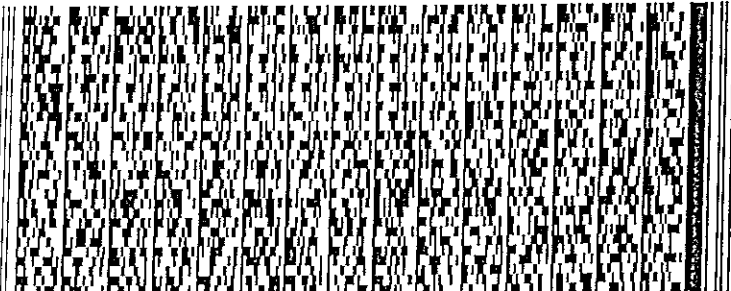
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FS-20

FAX: Scannable Bar Code



FAX INSTRUCTIONS:

- 1. The entire page must be faxed.
2. If submitted to DMV, either the entire page or the second ID card and large scannable bar code will be retained
3. A faxed ID card must be replaced with a scannable ID card within 14 days of the effective date.
4. DMV will not accept a faxed ID card without a scannable barcode

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Applicable with respect to the following
Motor Vehicle:

2010 CHEVR
Year Make

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name of the insured must coincide.

1GA2GZDG5A1111969

Vehicle Identification Number

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MONTGOMERY;COUNTY
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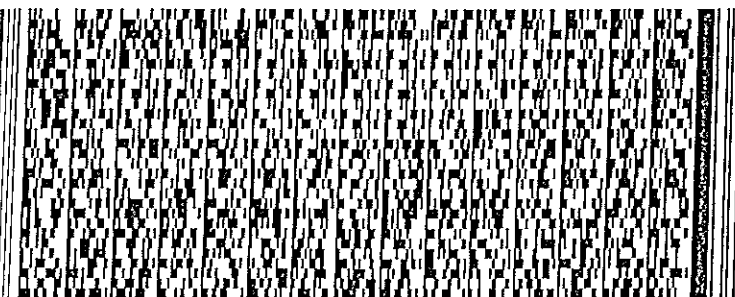
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<u>2015</u>	<u>ELDOR</u>
Year	Make
<u>1FDEE3FLOGDC08355</u>	
Vehicle Identification Number	

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Resolution No. 487

Supervisor GREENE offered the following Resolution and moved its adoption:

RESOLUTION AUTHORIZING AGREEMENT BETWEEN THE FULTON COUNTY
VETERANS SERVICE AGENCY AND MONTGOMERY COUNTY VETERANS SERVICE
AGENCY FOR TRANSPORTATION SERVICES IN 2018

RESOLVED, That the Chairman of the Board be and hereby is authorized to sign an agreement between the Fulton County Veterans Service Agency and Montgomery County Veterans Service Agency for transportation services for Fulton County veterans to and from the Veterans' Medical Center, in Albany, NY, at a cost not to exceed \$9,000.00; (\$30.00 each way) effective January 1, 2018 through December 31, 2018; and, be it further

RESOLVED, That said contract is subject to the approval of the Fulton County Attorney; and, be it further

RESOLVED, That said cost be a charge against the applicable Veterans Agency account; and, be it further

RESOLVED, That certified copies of this Resolution be forwarded to the County Treasurer, Fulton County Veterans Service Agency Director, Montgomery County Veterans Service Agency, Budget Director/ County Auditor and Administrative Officer/Clerk of the Board.

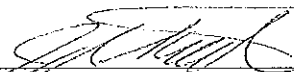
Seconded by Supervisor BORN and adopted by the following vote:

TOTAL: Ayes: 19 Nays: 0 Absent: 1 (Supervisor Waldron)

STATE OF NEW YORK }
COUNTY OF FULTON } ss:

I, Jon R. Stead, Clerk of the Board of Supervisors of Fulton County hereby certify that I have compared the foregoing resolution with the original resolution, adopted by the Board of Supervisors of said County, at a duly called and held meeting of said Board on the 11th day of DECEMBER 2017, and the same is a true and correct transcript therefrom and the whole thereof.

Witness my hand and official seal
this 11th day of DECEMBER 2017


Clerk of the Board of Supervisors of Fulton County