

MEMORANDUM

EL

TO: Richard Dionisio, Supervisor/Mayor
and Town Board Members

FROM: Gerry Salvo, Superintendent of Recreation

DATE: 2/15/2023

SUBJECT: South East Consortium Inter-Agency Agreement - 2023

Attached is the Inter-agency Agreement between the South East consortium and the Town of Harrison in the amount of \$21,355.00. Request to approve and authorize the Supervisor to execute the Agreement.



South East Consortium for Special Services, Inc. (SEC)

Inter-Agency Agreement for 2023 – Town of Harrison/Village of Harrison

This agreement made by and between the SEC, a not-for-profit corporation of the state of New York; City of Rye, a municipal corporation of the state of New York; Town of Harrison/Village of Harrison, a municipal corporation of the state of New York; Town of Mamaroneck municipal corporation of the state of New York; Town of Pelham, a municipal corporation of the state of New York; Town of Eastchester, a municipal corporation of the state of New York; Village of Rye -Brook, a municipal corporation of the state of New York; Village of Scarsdale, a municipal corporation of the state of New York; Village of Portchester, a municipal corporation of the state of New York; and the Village Mamaroneck, a municipal corporation of the state of New York shall enable said component municipalities the opportunity to provide collective programs of special recreation services and respite opportunities for citizens with Intellectual and /or Developmental Disabilities (I/DD) through participation in SEC as appropriate and available.

Now, therefore, the parties hereto agree as follows:

FIRST: The parties shall jointly operate a special recreation program for citizens with Intellectual and /or Developmental Disabilities (I/DD) residing or domiciled within the corporate limits of their respective municipalities to the best of its capabilities and available resources.

SECOND: The program shall be funded through each municipality in accordance with a schedule attachment hereto and main part hereto establishing respective shares which shall be in addition to any third-party sources of funding. Said local share shall be paid to SEC at the municipalities' earliest convenience in the current calendar year unless otherwise mutually agreed upon.

THIRD: The substantive program policy shall be the joint responsibility of all the parties, but shall be carried out administratively by the SEC in the same manner as any other program(s) for which said council would otherwise individually be responsible. Administrative services include, but not limited to accounting, payroll, legal, personal, insurance and risk management. In addition, the SEC on the behalf of the program, may apply and receive grants and other third party sources of revenue and may further enter into agreements on behalf of the program which other governmental agencies and not-for-profit organizations providing partial or full support of any program or activity to be provided hereunder.

FOURTH: The Board of Directors, consisting, in part, of a designee from each component municipality shall have policy - making power for the program, and which shall further have the power to adopt rules, regulations, and procedures for the governing of the program affairs in a manner consistent herewith.

FIFTH: The SEC shall procure and maintain liability insurance at its own cost and expense relating to all activities sponsored by and performed by the program which insurance shall protect the interest of the parties hereto as named insured's. Said insurance limit and amounts will be determined by resolution by the Board of Directors.

SIXTH: The Chief Fiscal Officer of the SEC shall be the Treasurer.

Proudly Serving

Town and Village of Mamaroneck • Town of Pelham • Village of Rye Brook • Village of Port Chester • Village of Larchmont • City of Rye
Town and Village of Scarsdale • Town of Eastchester • Village of Bronxville • Village of Tuckahoe • Town and Village of Harrison

South East Consortium



740 WEST BOSTON POST ROAD, SUITE 318 • MAMARONECK, NEW YORK • 10543-3357
TEL: (914) 698-5232 FAX: (914) 698-7125
www.seconec.org

February 10, 2023

Mr. Gerry Salvo, Superintendent
Department of Recreation
Town/Village of Harrison
1 Heineman Place
Harrison, NY 10528

STATEMENT FOR SERVICES AS FOLLOWS:

2023 Municipal Agreement between the South East Consortium for Special Services, Inc. (SEC) and the Town/Village of Harrison. Please remit at your earliest convenience. Please note this amount reflects zero increase from 2022.

AMOUNT DUE FOR 2023: \$21,355.00

Please sign both enclosed agreements and return one with your remittance.

Thank you.


Jennifer Spenner-Kind
Executive Director

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Town and Village of Scarsdale • Town of Eastchester • Village of Bronxville • Village of Tuckahoe • Town and Village of Harrison

SEVENTH: Programs shall be held through the component municipalities, utilizing existing and available municipal/community/commercial facilities and resources.

EIGHTH: The SEC shall provide special recreation programs and respite opportunities for component municipalities and will accommodate participants from outside the consortium area in accordance with agency guidelines currently enforced and in place.

NINTH: The agreement shall be in effective for the calendar year 2023 and upon further agreement of the parties, may be amended and /or extended from year to year thereafter.

TENTH: The SEC shall deliver to each component municipality a current Certificate of Insurance verifying the existence of such insurance and naming said component municipality as Additional Insured. The SEC shall hold harmless, indemnify, and defend the Town of Harrison/Village of Harrison, its employees, officials, and agents from any and all claims, suits and actions arising out of the activities of the special recreation and respite programs provided by the SEC. The SEC shall provide Town of Harrison/Village of Harrison a copy of the Certificate of Insurance naming the Town of Harrison/Village of Harrison as an Additional Insured.

In witness where of the parties here to have executed this agreement as the day in the year above written.

South East Consortium for Special Services, Inc.

By: 
Jennifer Spenner-Kind, Executive Director

Date: 2/13/2023

Town of Harrison/Village of Harrison

By: _____

Print name and title.

Signature

Date: _____



SOUTEAS-03

MEGHANAKANGOKAR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
NFP Property & Casualty Services, Inc.
707 Westchester Avenue
Suite 201
White Plains, NY 10604

CONTACT Jennifer Collins

PHONE
(A/C, No, Ex) (802) 489-7211FAX
(A/C, No) (802) 223-1545E-MAIL
ADDRESS: jen.collins@nfp.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Philadelphia Indemnity Insurance Company

18058

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

South East Consortium for Special Services Inc.
740 West Boston Post Road Ste. 31B
Mamaroneck, NY 10543

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LYR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		PHPK2416091	6/20/2022	6/20/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Employee benefit \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2416091	6/20/2022	6/20/2023	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA/LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB815285	6/20/2022	6/20/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 PRODUCTS COMPLETE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Abuse & Molestation			PHPK2416091	6/20/2022	6/20/2023	Limit \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 401, Additional Remarks Schedule, may be attached if more space is required)

Town of Harrison Village of Harrison is named Additional insureds as respects to General Liability so long as a written contract or agreement to such exists with the named insured prior to a loss.

CERTIFICATE HOLDER

CANCELLATION

Town of Harrison Village of Harrison
c/o Municipal Bldg.
1 Heineman Place
Harrison, NY 10528

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Town of Harrison
Village of Harrison

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



Workers'
Compensation
Board

CERTIFICATE OF INSURANCE COVERAGE

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

1a. Legal Name & Address of Insured (use street address only) WCSC SOUTHEAST CONSORTIUM FOR SPECIAL SERVICES INC DBA SOUTHEAST CONSORTIUM 740 WEST BOSTON POST ROAD SUITE 312 MAMARONECK, NY 10543 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1b. Business Telephone Number of Insured 914-698-6232 1c. Federal Employer Identification Number of Insured or Social Security Number 133076622
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Town of Harrison/Village of Harrison c/o Municipal Bldg. 1 Helmenan Place Harrison, NY 10528	3a. Name of Insurance Carrier ShelterPoint Life Insurance Company 3b. Policy Number of Entity Listed in Box "1a" DBL270987 3c. Policy effective period 01/01/2022 to 12/31/2023

4. Policy provides the following benefits:

- ☒ A. Both disability and paid family leave benefits.
☐ B. Disability benefits only.
☐ C. Paid family leave benefits only.

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 7/20/2022 By 
 (Signature of Insurance carrier's authorized representative or NYS Licensed Insurance Agent of that Insurance carrier)

Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wob.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed _____ By _____
 (Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

DB-120.1 (12-24)





New York State Insurance Fund

PO Box 66699, Albany, NY 12206

nysif.com

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)

***** 133076622

SOUTH EAST CONSORTIUM FOR
SPECIAL SERVICES INC
740 WEST BOSTON POST ROAD
MAMARONECK NY 10543



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER SOUTH EAST CONSORTIUM FOR SPECIAL SERVICES INC 740 WEST BOSTON POST ROAD MAMARONECK NY 10543		CERTIFICATE HOLDER TOWN OF HARRISON VILLAGE OF HARRISON 1 HEINEMAN PLACE HARRISON NY 10528	
POLICY NUMBER W 785 498-7	CERTIFICATE NUMBER 56639	POLICY PERIOD 06/01/2022 TO 06/01/2023	DATE 6/30/2022

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 785498-7, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 718417849

South East Consortium for Special Services, Inc. Number of Citizens Served/Program Hours for 2022

Municipality	Contribution	Citizens Served	Program Hours	Transportation Hours	Total Hours	Cost Per Hour
Town of Eastchester	\$28,586	88	7,475	504	7,979	\$3.59
Town of Mamaroneck/Village of Larchmont/Village of Mamaroneck	\$25,415	74	5,724	282	6,006	\$4.24
Village of Port Chester	\$21,829	17	1,056	248	1,304	\$16.74
Town/Village of Harrison	\$21,355	30	2,841.75	128	2,969.75	\$7.19
Village of Scarsdale	\$16,394	37	3,256.25	474	3,730.25	\$4.38
City of Rye	\$13,972	24	1,904	368	2,272	\$6.15
Town of Pelham	\$12,090	20	1,837	112	1,949	\$6.21
Village of Rye Brook	\$7,381	13	675.25	16	691.25	\$10.68
Village of Mamaroneck (Rye Neck only)	\$6,419	11	1,137	16	1,153	\$5.57