

**TOWN OF MALONE  
TOWN BOARD  
REGULAR MEETING – February 28, 2024**

**CALL MEETING TO ORDER - PLEDGE TO THE FLAG**

**MINUTES: for review & approval:**

February 14, 2024 – Regular Meeting

**REPORTS:**

**OLD BUSINESS:**

*IFE Proposals Perimeter Fence, Phase 2 Design*

**SUPERVISOR REPORTS:**

*Board Motion:* Permission to sign MCF Physicals for Scott Fairchild, Michael Maneely and Gary Spinner, and add them to the Franklin County Self Insurance Plan.

*Fee for Adopting Dogs*

**BOARD MEMBER /COMMITTEE ITEMS:**

**SUPERINTENDENT OF HIGHWAYS REPORTS:**

**CORRESPONDENCE:**

*From Village of Malone:* Thomas Hill Solar Farm Project Lead Agency Declaration.

*From Town Clerk Monica:* Request to attend NYS Town Clerk Association Conference in Albany.

*From Friends of the North Country:* NYS Office of Community Renewal 2021 Housing Grant Update (689HR305-21).

*From Carla Gerber:* Webster Street Road.

**NEW BUSINESS:**

**EXECUTIVE SESSION (if warranted)**

**TOWN OF MALONE  
TOWN BOARD  
REGULAR MEETING – February 28, 2024**

<b><u>BILLS FOR AUDIT &amp; PAYMENT:</u></b>	<b><i>Batch No. Voucher Nos.</i></b>
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<i>General Fund (A)</i>	\$
<i>Part Town General Fund (B)</i>	
<i>Highway Outside (DB)</i>	
<i>Highway Town Wide (DA)</i>	
<i>Trust &amp; Agency (T)</i>	
<i>Community Development (CD)</i>	
<i>Airport Capital Projects (H4)</i>	
<i>Escrow Capital (H2)</i>	
<i>Landfill Capital Project (H7)</i>	

***GRAND TOTAL        \$***

**ADJOURN:**  
The next regular Town Board meeting is scheduled for March 13, 2024, preceded by IDA Meeting at 5:45 p.m.

Andrea Stewart, Supervisor                      Terrence Maguire, Deputy Supervisor                      Jody Johnston, Councilor  
Brian Taylor, Councilor                      Paul Walbridge, Councilor

***ALSO PRESENT:***

Lily McCaffrey, Deputy Town Clerk                      Denice Hudson, Budget Officer  
Michael Andrews, Highway Superintendent                      John Manley, Deputy Highway Superintendent  
Alex Violo, Malone Telegram

***CALL TO ORDER:*** Supervisor Stewart called the Regular Meeting to order at 6:00 PM with the Pledge of Allegiance.

***MINUTES:*** For review and approval

***RESOLUTION 43 - 2024 – Minutes***

Upon motion by Councilor Johnston, second by Deputy Maguire the following resolution was  
ADOPTED Ayes 5 Johnston, Stewart, Taylor, Walbridge, Maguire

Nays 0

***Approval of regular meeting minutes on January 24th, 2024.***

***Reports:***

***RESOLUTION 44 -2024- Reports***

Upon motion by Councilor Walbridge, second by Deputy Maguire the following resolution was.  
ADOPTED Ayes 5 Stewart, Taylor, Johnston, Walbridge, Maguire

Nays 0

***Resolved to approve the following reports:***

***Justice Main – January 2024***

***Justice Fisher – January 2024***

***Code officer – January 2024***

***Town Clerk – January 1<sup>st</sup>, 2023 – December 31<sup>st</sup>, 2023***

***Airport Manager – January 2024***

***Supervisors Report – January 2024***

***Town Clerk - January 2024***

***Budget to Actual – January 2024***

***OLD BUSINESS:***

***RESOLUTION 45 -2024- Ford 150***

Upon motion by Supervisor Stewart, second by Deputy Maguire the following resolution was  
ADOPTED Ayes 5 Stewart, Taylor, Johnston, Walbridge, Maguire

Nays 0

***Approval to move forward with financing 2023 Ford-F150 Super Cab vehicle purchase through  
Community Bank at a rate of 4.99% unless financing from ourselves is feasible.***

***SUPERVISORS REPORTS:***

***RESOLUTION 46 -2024- MCF Physicals***

Upon motion made by Councilor Taylor, seconded by Councilor Walbridge the following resolution was  
ADOPTED Ayes 5 Stewart, Maguire, Johnston, Walbridge, Taylor

Nays 0

***Permission to sign MCF Physicals for Malcom Jones, Barry Stuckles, John Russell, and Mark Tredo,  
and add them to the Franklin County Self Insurance Plan.***

*Permission to sign FY'24 Pre-Application Perimeter Fence Phase Construction as per ACIP, and as budgeted, total project cost of \$376,782.00.*

**RESOLUTION 48 -2024- Fence Phase 2 Design**

Upon motion made by Councilor Taylor, seconded by Councilor Walbridge the following resolution was ADOPTED Ayes 5 Stewart, Maguire, Johnston, Walbridge, Taylor

Nays 0

*Permission to sign FY'24 Pre-Application Perimeter Fence Phase 2 Design as per ACIP, and as budgeted, total project cost of \$144,602.00.*

**RESOLUTION 49 -2024- Letters to Independent Fee Examinations**

Upon motion made by Councilor Walbridge, seconded by Councilor Johnston the following resolution was ADOPTED Ayes 5 Stewart, Maguire, Johnston, Walbridge, Taylor

Nays 0

*Permission to send letters for three Independent Fee Examinations pertaining to Engineering costs for the Perimeter Fence, Phase 2 (Design) project.*

**BOARD MEMBER/COMMITTEE ITEMS:**

Deputy Maguire spoke about his concerns for the roadways in the town and their decreasing conditions due to diverted traffic trying to avoid Main Street. Maguire recommended sending a letter to DOT to inquire about making Main Street flow better to help maintain Town roads.

**SUPERINTENDENT OF HIGHWAY REPORTS:**

Superintendent Andrews talked about the successful progress of cleaning out the debris on the Bloomer Road. He mentioned he talked to the Budget Officer and Code Officer about building a salt shed in the late summer / early fall of this year as it would be a good and useful addition for the Town. Superintendent Andrews proposed the idea of purchasing a ditch mower to assist with maintaining the sides of the roadways.

**CORRESPONDENCE:**

*From Charter Communications: Channel Lineup change*

*From Federated Insurance: 2/3 Spaulding Ave, Malone loss.*

*From NYS Homes and Community Renewal: Comprehensive Monitoring Report NYS CDBG Project #689HR313-19.*

*From New York State Department of Environmental Conservation: Renewed Mining Permit for Robinson Gravel Pit*

**RESOLUTION 50 -2024- NYS DEC**

Upon motion made by Deputy Maguire, seconded by Councilor Walbridge the following resolution was ADOPTED Ayes 5 Stewart, Maguire, Johnston, Walbridge, Taylor

Nays 0

*Approval of renewing Mining Permit for Robinson Gravel Pit*

**EXECUTIVE SESSION**

RESOLUTION 51 -2024- Enter Session

Upon motion made by Deputy Maguire, seconded by Councilor Walbridge the following resolution was ADOPTED Ayes 5 Stewart, Maguire, Johnston, Walbridge, Taylor

Nays 0

*Approval to enter executive session at 6:34PM*

*Approval to exit executive session at 6:53PM.*

*RESOLUTION 53 -2024- Court Clerk Position*

Upon motion made by Councilor Walbridge, seconded by Deputy Maguire the following resolution was ADOPTED Ayes 5 Stewart, Maguire, Johnston, Walbridge, Taylor

Nays 0

*Approval to post Court Clerk position on social media website and bulletin board.*

*RESOLUTION 54 -2024- Court Clerk Hours*

Upon motion made by Councilor Walbridge, seconded by Councilor Johnston the following resolution was ADOPTED Ayes 5 Stewart, Maguire, Johnston, Walbridge, Taylor

Nays 0

*Approval to move Court Clerk hours to 40 hours for 8 weeks.*

<b>BILLS FOR AUDIT &amp; PAYMENT:</b>	<b>Batch No. 1369</b>	<b>Voucher Nos. 9-162</b>
<i>General Fund (A)</i>		\$45,831.35
<i>Part Town General Fund (B)</i>		\$4,203.37
<i>Highway Outside (DB)</i>		\$7852.72
<i>Highway Town Wide (DA)</i>		\$17,071.11
<i>Trust and Agency (T)</i>		\$35,317.84
<i>Community Development (CD)</i>		\$73,613.19
<i>East Water (FE)</i>		\$322.82
<i>West Water (FW)</i>		\$17,462.51
<i>Airport Capital Projects (H4)</i>		\$8,516.21
<i>Escrow Capital (H2)</i>		\$4,659.75
<i>Landfill Capital Project (H7)</i>		\$1,380.00
<i>Fire Protection (SF)</i>		\$491,940.00
<i>Ambulance District (SM)</i>		\$300,000.00

**Grand Total - \$1,008,170.87**

*RESOLUTION 55 -2024 Bills*

Upon Motion by Deputy Maguire, second by Councilor Walbridge the following resolution was ADOPTED Ayes 5 Stewart, Johnston, Taylor, Walbridge, Maguire

Nays 0

Resolved to pay the bills listed.

*RESOLUTION 56 -2024 Adjourn*

Upon Motion of Councilor Taylor and seconded by Supervisor Stewart the following resolution Was ADOPTED Ayes 5 Stewart, Johnston, Taylor, Walbridge, Maguire

Nays 0

The next Regular Board Meeting will be at 6:00 p.m. on February 28<sup>th</sup>, 2024, at 27 Airport Rd. Malone, NY 12953.

RESPECTFULLY SUBMITTED,

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Lily McCaffrey, Deputy Town Clerk

## Denice Hudson

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**From:** Bray, Shawn <Shawn.Bray@mtbgroup.com>  
**Sent:** Monday, February 19, 2024 8:09 AM  
**To:** Denice Hudson  
**Cc:** Andrea Stewart  
**Subject:** RE: Request for Quotes for IFE

Denice:

I reviewed the provided consultant scope and propose a lump sum fee of \$1,925 to complete the IFE. The IFE will be completed within 7 calendar days of Town authorization. I look forward to hearing from you.

Thanks.

SHAWN BRAY, P.E.  
MRB Group  
D: 585.340.3625

**From:** Denice Hudson <budgetofficer@malonetown.com>  
**Sent:** Friday, February 16, 2024 2:42 PM  
**To:** Bray, Shawn <Shawn.Bray@mtbgroup.com>  
**Cc:** Andrea Stewart <supervisor@malonetown.com>  
**Subject:** Request for Quotes for IFE

Good Afternoon.

Please see attached letter.

Thank you for your assistance in this regard.

Denice A. Hudson

*Denice A. Hudson*

Denice A. Hudson  
Bookkeeper/Budget Officer/Secretary to the Supervisor  
Town of Malone  
27 Airport Road  
Malone, New York 12953  
(518)483-1860 (Phone)  
(518)483-1445 (Fax)  
[budgetofficer@malonetown.com](mailto:budgetofficer@malonetown.com)



McFarland Johnson

Andrea M. Stewart, Town Supervisor  
Town of Malone  
Malone-Dufort Airport  
Malone, NY 12953

February 16, 2024

**Re: Malone-Dufort Airport  
Perimeter Fence, Phase 2 (Design)**

Dear Ms. Stewart,

We are pleased to submit this proposal to render engineering services in preparation of an IFE for:

**Perimeter Fence, Phase 2 (Design)**

(hereinafter called the "Project"). Our Basic Services will consist of preparation of an IFE for the subject project in accordance with the requirements of FAA AC 150/5100-14E. We ask you to furnish us with any additional information relating to your requirements not currently identified, including any special or extraordinary considerations for the Project or special services you may require. Additionally, we ask you to make available all pertinent reports, data, or other information necessary for our performance and upon which we may rely in performing services hereunder.

The Basic Services described herein shall be completed and the final IFE shall be submitted within 5 calendar days of the date of your acceptance of this proposal. If you should request any modifications or changes to the general scope or extent of the Project, the time allowed for performance of our services will be adjusted equitably.

In exchange for performance of our services, you agree to pay us for Basic Services a Lump Sum fee of \$2,000.

**This fee proposal assumes all work will be accomplished from our office and no travel to the site will be required.**

This proposal constitutes the entire agreement between us with respect to its subject matter and supersedes all prior and contemporaneous written or oral understandings with respect to that subject matter. This proposal may be amended, supplemented, modified, or canceled only by a written instrument signed by both parties.

If this proposal meets with your approval, kindly acknowledge the same on the line indicated below and return to the undersigned. This proposal will become an agreement upon your acceptance, as acknowledged below. Your acceptance will constitute authorization to proceed. The proposal will remain open for acceptance until Friday, March 8, 2024 unless modified by us in writing.

Thank you for this opportunity. We look forward to working with you on this project.

Very truly yours,  
McFarland Johnson

Gregory T. Topping, P.E.  
Regional Design Manager

Accepted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By: \_\_\_\_\_  
Authorized Representative

## Denice Hudson

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**From:** Greg Topping <gtopping@mjinc.com>  
**Sent:** Friday, February 16, 2024 3:56 PM  
**To:** Denice Hudson  
**Cc:** Andrea Stewart  
**Subject:** RE: Request for Quotes for IFE  
**Attachments:** Proposal Malone Perimeter Fence, Phase 2 Design - IFE proposal.pdf

Denice,  
Please find attached a proposal for the request Independent Fee Estimate (IFE) for the Perimeter Fence Design project. Please contact me at 585 261-1218 if you have any questions.

Thank you,  
Greg Topping



**McFARLAND  
JOHNSON**



**GREG TOPPING, PE**  
REGIONAL DIVISION MANAGER

585-905-0970

GTOPPING@MJINC.COM

WWW.MJINC.COM

**From:** Denice Hudson <budgetofficer@malonetown.com>  
**Sent:** Friday, February 16, 2024 2:43 PM  
**To:** Greg Topping <gtopping@mjinc.com>  
**Cc:** Andrea Stewart <supervisor@malonetown.com>  
**Subject:** Request for Quotes for IFE

You don't often get email from [budgetofficer@malonetown.com](mailto:budgetofficer@malonetown.com). [Learn why this is important](#)

Good Afternoon.

Attached please find a letter pertaining to a request for an IFE.

Thank you for your assistance in this regard.

Denice A. Hudson

*Denice A. Hudson*

Denice A. Hudson  
Bookkeeper/Budget Officer/Secretary to the Supervisor



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Town of Malone  
27 Airport Road  
Malone, New York 12953  
(518)483-1860 (Phone)  
(518)483-1445 (Fax)  
[budgetofficer@malonetown.com](mailto:budgetofficer@malonetown.com)

## Denice Hudson

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**From:** James Dolan <JDolan@cscos.com>  
**Sent:** Tuesday, February 20, 2024 8:49 AM  
**To:** Denice Hudson  
**Cc:** Andrea Stewart  
**Subject:** RE: Request for Quote for IFE

Good morning Ms. Hudson:

C&S will not be able to provide a quotation or perform an IFE at this time.

Thank you very much for the invitation, and best of luck with your project.

Best regards –

JD



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### James Dolan Managing Engineer – Aviation

direct: (315) 703-4391

cell: (315) 243-7428

[jdolan@cscos.com](mailto:jdolan@cscos.com)

499 Col. Eileen Collins Blvd. | Syracuse, NY 13212

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**From:** Denice Hudson <budgetofficer@malonetown.com>  
**Sent:** Friday, February 16, 2024 2:41 PM  
**To:** James Dolan <JDolan@cscos.com>  
**Cc:** Andrea Stewart <supervisor@malonetown.com>  
**Subject:** Request for Quote for IFE

Good Afternoon.

Please see attached letter pertaining to a request for a quote for an IFE.

Thank you for your assistance in this regard.

**FRANKLIN COUNTY FIRE ADVISORY BOARD**  
**MEDICAL EVALUATION SHEET**

Department: Malone CALL Fireman

Firefighter / EMT Name: Scott Fairchild Current Classification: Intermediate

Firefighter / EMT Address: 3834 J.T. Kt. 11B Malone NY 14553 D.O.B: 12/26/65

Signature: Scott Fairchild Phone #: 518-483-4149

By signing this document you hereby certify that the above named firefighter is a lawful member of your fire department and has had a physical and classified by a physician:

Chief's Name: Gregory Peoge Date: ~~12/12/23~~ 2/19/24

Chief's Signature: Gregory Peoge

By signing this document you hereby certify that the above named firefighter has been approved by the Town/Village Board/Board of Commissioner's (Jurisdiction Having Authority) and should be added to the Franklin County Self Insurance Plan:

Authorized Name: Shane Date: ~~12/12/23~~

Authorized Signature: \_\_\_\_\_

**CATEGORY "A" FIREFIGHTERS:**

This evaluation is valid for three years for individuals who are less than 30 years of age, for two years for individuals between 30 and 39 years of age, and for one year for individuals 40 and over. Individuals must also be re-evaluated whenever there is any change in his or her health status, or if recommended by a medical examiner to be done sooner. **An EKG and a pulmonary function test shall be performed, if deemed necessary by the medical examiner.**

**CATEGORY "B,C,D,E" FIREFIGHTERS:**

The medical examiner performing this evaluation will determine the time interval for this category. However, the time interval shall not exceed five years. Individuals must also be re-evaluated whenever there is any change in his or her health status, or if recommended by a medical examiner to be done sooner. **An EKG shall be performed, if deemed necessary by the medical examiner.**

Date of next physical exam: 12-1-24

Attn Medical Examiner: The extensiveness and frequency of the physical examination given should be based on the firefighters physical duties, age and health status.

## PHYSICAL CLASSIFICATIONS BY DUTIES OF FIREFIGHTER / EMT

### Firefighter "A" - Interior / Exterior Firefighter (SCBA)

A firefighter in the level "A" category may be required to wear a self contained breathing apparatus (SCBA) or respirator along with appropriate personal protective gear such as full firefighter turn out gear in any hazardous atmospheric conditions. This firefighter should also be capable of using hand tools (axes), pike poles, ladders, etc.), power tools (chainsaws, demo saws, extrication tools, etc.). In addition, this firefighter will need to be able to stretch and operate hose lines with up to 125 pounds of pressure, and heavy physical exertion for periods of time up to forty minutes. This Firefighter will be trained to the NYS Firefighter 1 level, or be in training to achieve the Firefighter 1 level. Equivalents: NYS Essentials, Initial Fire Attack and Haz Mat Ops, Basic, Intermediate and Haz Mat Ops, Scene Support Operations and Firefighter I, or BEFO and IFO are acceptable.

### Firefighter "B-SCBA" - Exterior / Support Role Firefighter (SCBA)

A firefighter in the level "B-SCBA" category must be able to wear appropriate personal protective gear such as full firefighter turn out gear and an SCBA. The "B-SCBA" firefighter performs Non-Interior firefighter support roles including exterior firefighting support, pump operations, aerial apparatus operations, and similar support roles on the fire ground. They must be able to pick up hose lines & equipment, and may be required to reload trucks with tools & hose lines, etc. This Firefighter will be trained to the FF1 level or Scene Support Level with appropriate SCBA training. Equivalents: NYS Essentials, Basic, Scene Support Operations or BEFO are acceptable.

### Firefighter "B" - Exterior / Support Role Firefighter

A firefighter in the level "B" category must be able to wear appropriate personal protective gear such as full firefighter turn out gear. This firefighter will be limited to EMS operations & fire ground support only. They must be able to pick up hose lines & equipment, and may be required to reload trucks with tools & hose lines, etc. (Tanker drivers, MVA support, Fire investigators, etc). This Firefighter will be trained to the Scene Support Operations Level. Equivalents: NYS Essentials and Haz Mat Ops, Basic and Haz Mat Ops, Scene Support or BEFO.

### Firefighter "C" - Support Role (No Firefighting Duties)

A Firefighter in the level "C" category must be able to wear an ANSI- Compliant Safety vest & helmet. They will be directing traffic, teaching fire prevention, or taking photographs, preparing and delivering meals or lifting light equipment (25 pounds or less). This firefighter will not be required to perform any duties involving heavy exertion or heavy lifting. This Firefighter will be trained to the Scene Support Operations Level. Equivalents: NYS Essentials and Haz Mat Ops, Basic and Haz Mat Ops, Scene Support or BEFO.

### Firefighter "D" - Administrative Role (No Firefighting Duties)

A firefighter in the level "D" category will serve as an administrative member only. They will not participate in any on-scene operations. Their duties will include clerical work, meetings and radio operations.

### EMS Only "E" — Emergency Medical Services Only (Non-Fire Based)

An EMS/EMT/Ambulance driver in the level "E" category will perform only EMS duties. The EMS/EMT/Ambulance driver must be able to wear an ANSI – Compliant Safety vest & helmet and be able to lift light equipment (25 pounds or less). EMT's must meet New York State physical requirements for EMT certification. This individual must maintain Haz Mat Ops certification.

Class "A"	Class "B"	Class "B-SCBA"	Class "C"	Class "D"	Class "E"
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Based on my evaluation, the above listed firefighter,

☒ Has no medical or physical condition, which, in my opinion, would interfere with the performance of his/her firefighting duties as a firefighter under classification circled above.

☐ Has a medical or physical condition, which in my opinion, would interfere with the performance of his/her firefighting duties as a firefighter.

☐ Does not have any evidence (signs or symptoms) of cancer at this time.

Healthcare Provider (MD/PA,NP):

Stacy Melonzie

Signature:

S. Melonzie

Date:

12/1/23

## FRANKLIN COUNTY FIRE ADVISORY BOARD

## MEDICAL EVALUATION SHEET

Department: MACOLE CALLEPOMEFirefighter's Name: MICHAEL J MULLERFirefighter's Address: 2 CHERRY ST D.O.B.: 12/22/1951Signature: [Signature] Phone #: 578-654-9556

By signing this document you hereby certify that the above named firefighter is a lawful member of your fire department and has had a physical and classified by a physician:

Chief's Name: 2809 PEOPLE DRURY ROAD Date: 2/19/24Chief's Signature: [Signature]

By signing this document you hereby certify that the above named firefighter has been approved by the Town/Village Board/Board of Commissioner's (Jurisdiction Having Authority) and should be added to the Franklin County Self Insurance Plan:

Authorized Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

CATEGORY "A" FIREFIGHTERS:

This evaluation is valid for three years for individuals who are less than 30 years of age, for two years for individuals between 30 and 39 years of age, and for one year for individuals 40 and over. Individuals must also be re-evaluated whenever there is any change in his or her health status, or if recommended by a medical examiner to be done sooner. An EKG and a pulmonary function test shall be performed, if deemed necessary by the medical examiner.

CATEGORY "B,C,D,E" FIREFIGHTERS:

The medical examiner performing this evaluation will determine the time interval for this category. However, the time interval shall not exceed five years. Individuals must also be re-evaluated whenever there is any change in his or her health status, or if recommended by a medical examiner to be done sooner. An EKG shall be performed, if deemed necessary by the medical examiner.

Date of next physical exam: 2/14/25

Attn Medical Examiner: The extensiveness and frequency of the physical examination given should be based on the firefighters physical duties, age and health status.

## PHYSICAL CLASSIFICATIONS BY DUTIES OF FIREFIGHTERS

**Firefighter "A" - Interior/ Exterior Firefighter (SCBA)**

A firefighter in the level "A" category may be required to wear a self contained breathing apparatus (SCBA) or respirator along with appropriate personal protective gear such as full firefighter turn out gear in any hazardous atmospheric conditions. This firefighter should also be capable of using hand tools (axes, pike poles, ladders, etc.) and power tools (chainsaws, demo saws, extrication tools, etc.). In addition, this firefighter will need to be able to stretch and operate hose lines with up to 125 pounds of pressure, and heavy physical exertion for periods of time up to forty minutes.

**Firefighter "B-SCBA" - Exterior / Support Role Firefighter (SCBA)**

A firefighter in the level "B-SCBA" category must be able to wear appropriate personal protective gear such as full firefighter turn out gear and a SCBA. The "B-SCBA" firefighter performs Non-Interior firefighter support roles including exterior firefighting support, pump operations, aerial apparatus operations, and similar support roles on the fire ground. They must be able to pick up hose lines & equipment, and may be required to load trucks with tools & hose lines, etc.

**Firefighter "B" – Exterior / Support Role Firefighter**

A firefighter in the level "B" category must be able to wear appropriate personal protective gear such as full firefighter turn out gear. This firefighter will be limited to EMS operations & fire ground support only. They must be able to pick up hose lines & equipment, and may be required to reload trucks with tools & hose lines, etc. (Tanker drivers, EMT's, MVA support, Fire investigators, etc).

**Firefighter "C" - Support Role (No Firefighting Duties)**

A firefighter in the level "C" category must be able to wear an ANSI- Compliant Safety vest & helmet. They will be directing traffic, teaching fire prevention, or taking photographs, preparing and delivering meals or lifting light equipment (25 pounds or less). This firefighter will not be required to perform any duties involving heavy exertion or heavy lifting.

**Firefighter "D"- Administrative Role (No Firefighting Duties)**

A firefighter in the level "D" category will serve as an administrative member only. They will not participate in any on-scene operations. Their duties will include clerical work, meetings and radio operations.

**EMS Only "E" – Emergency Medical Services Only (Non-Fire Based)**

An EMS/EMT in the level "E" category will perform only EMS duties. The EMS/EMT must be able to wear an ANSI- Compliant Safety vest & Helmet and be able to lift equipment (25 pounds or less). EMT's must meet New York State physical requirements for EMT certification.

Circle the class of firefighter that this evaluation is being performed for:

Class "A"	Class "B"	Class "B-SCBA"	Class "C"	Class "D"	Class "E"

Based on my evaluation, the above listed firefighter,

- ( ) Has no medical or physical condition, which, in my opinion, would interfere with the performance of his/her firefighting duties as a firefighter under classification circled above.
- ( ) Has a medical or physical condition, which in my opinion, would interfere with the performance of his/her firefighting duties as a firefighter.

Healthcare Provider (MD,PA,NP):

*Josh Cooper*

Signature:

Date:

*2/14/24*

## FRANKLIN COUNTY FIRE ADVISORY BOARD

## MEDICAL EVALUATION SHEET

Department: Malone Call FiremenFirefighter's Name: GARY SPINNERFirefighter's Address: 9 willowest Malone NY 12853 D.O.B: 08/07/55Signature: Henry Spinner Phone #: 518 524 0085

By signing this document you hereby certify that the above named firefighter is a lawful member of your fire department and has had a physical and classified by a physician:

Chief's Name: Gary Spinner Date: 2/19/24Chief's Signature: Gary Spinner

By signing this document you hereby certify that the above named firefighter has been approved by the Town/Village Board/Board of Commissioner's (Jurisdiction Having Authority) and should be added to the Franklin County Self Insurance Plan:

Authorized Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

CATEGORY "A" FIREFIGHTERS:

This evaluation is valid for three years for individuals who are less than 30 years of age, for two years for individuals between 30 and 39 years of age, and for one year for individuals 40 and over. Individuals must also be re-evaluated whenever there is any change in his or her health status, or if recommended by a medical examiner to be done sooner. An EKG and a pulmonary function test shall be performed, if deemed necessary by the medical examiner.

CATEGORY "B,C,D,E" FIREFIGHTERS:

The medical examiner performing this evaluation will determine the time interval for this category. However, the time interval shall not exceed five years. Individuals must also be re-evaluated whenever there is any change in his or her health status, or if recommended by a medical examiner to be done sooner. An EKG shall be performed, if deemed necessary by the medical examiner.

Date of next physical exam: 2/19/25

Attn Medical Examiner: The extensiveness and frequency of the physical examination given should be based on the firefighters physical duties, age and health status.

## PHYSICAL CLASSIFICATIONS BY DUTIES OF FIREFIGHTER / EMT

### Firefighter "A" - Interior / Exterior Firefighter (SCBA)

A firefighter in the level "A" category may be required to wear a self contained breathing apparatus (SCBA) or respirator along with appropriate personal protective gear such as full firefighter turn out gear in any hazardous atmospheric conditions. This firefighter should also be capable of using hand tools (axes, pike poles, ladders, etc.), power tools (chainsaws, demo saws, extrication tools, etc.). In addition, this firefighter will need to be able to stretch and operate hose lines with up to 125 pounds of pressure, and heavy physical exertion for periods of time up to forty minutes. This Firefighter will be trained to the NYS Firefighter 1 level, or be in training to achieve the Firefighter 1 level. Equivalents: NYS Essentials, Initial Fire Attack and Haz Mat Ops, Basic, Intermediate and Haz Mat Ops, Scene Support Operations and Firefighter I, or BEFO and IFO are acceptable.

### Firefighter "B-SCBA" - Exterior / Support Role Firefighter (SCBA)

A firefighter in the level "B-SCBA" category must be able to wear appropriate personal protective gear such as full firefighter turn out gear and an SCBA. The "B-SCBA" firefighter performs Non-Interior firefighter support roles including exterior firefighting support, pump operations, aerial apparatus operations, and similar support roles on the fire ground. They must be able to pick up hose lines & equipment, and may be required to reload trucks with tools & hose lines, etc. This Firefighter will be trained to the FF1 level or Scene Support Level with appropriate SCBA training. Equivalents: NYS Essentials, Basic, Scene Support Operations or BEFO are acceptable.

### Firefighter "B" - Exterior / Support Role Firefighter

A firefighter in the level "B" category must be able to wear appropriate personal protective gear such as full firefighter turn out gear. This firefighter will be limited to EMS operations & fire ground support only. They must be able to pick up hose lines & equipment, and may be required to reload trucks with tools & hose lines, etc. (Tanker drivers, MVA support, Fire investigators, etc). This Firefighter will be trained to the Scene Support Operations Level. Equivalents: NYS Essentials and Haz Mat Ops, Basic and Haz Mat Ops, Scene Support or BEFO.

### Firefighter "C" - Support Role (No Firefighting Duties)

A firefighter in the level "C" category must be able to wear an ANSI- Compliant Safety vest & helmet. They will be directing traffic, teaching fire prevention, or taking photographs, preparing and delivering meals or lifting light equipment (25 pounds or less). This firefighter will not be required to perform any duties involving heavy exertion or heavy lifting. This Firefighter will be trained to the Scene Support Operations Level. Equivalents: NYS Essentials and Haz Mat Ops, Basic and Haz Mat Ops, Scene Support or BEFO.

### Firefighter "D" - Administrative Role (No Firefighting Duties)

A firefighter in the level "D" category will serve as an administrative member only. They will not participate in any on-scene operations. Their duties will include clerical work, meetings and radio operations.

### EMS Only "E" – Emergency Medical Services Only (Non-Fire Based)

An EMS/EMT/Ambulance driver in the level "E" category will perform only EMS duties. The EMS/EMT/Ambulance driver must be able to wear an ANSI – Compliant Safety vest & helmet and be able to lift light equipment (25 pounds or less). EMT's must meet New York State physical requirements for EMT certification. This individual must maintain Haz Mat Ops certification.

Circle the class of firefighter that this evaluation is being performed for:

Class "A"

Class "B"

Class "B-SCBA"

Class "C"

Class "D"

Class "E"

Based on my evaluation, the above listed firefighter,

- ( ) Has no medical or physical condition, which, in my opinion, would interfere with the performance of his/her firefighting duties as a firefighter under classification circled above.
- ( ) Has a medical or physical condition, which in my opinion, would interfere with the performance of his/her firefighting duties as a firefighter.
- ( ) Does not have any evidence (signs or symptoms) of cancer at this time.

Healthcare Provider (MD,PA,NP): Dr. Anjni Bhagat MD

Signature: Chm

Date: 2/19/24



## NOTICE

### SEORA DECLARATION OF INTENT TO BE LEAD AGENCY

To: Town of Malone  
Malone Dufort Airport  
New York State Department of Environmental Conservation  
New York State Department of Transportation

From: Village of Malone

Date: February 14, 2024

Subject: Quantum DPI Group Inc. on behalf of Thomas Hill Village of Malone Solar LLC -  
Thomas Hill Solar Farm Project – 189 Ft. Covington St. – Lead Agency Declaration

The Village of Malone has received an application from Quantum DPI Group Inc. on behalf of Thomas Hill Village of Malone Solar LLC (the “Applicant”) to connect a 5.0 MW solar farm at 189 Fort Covington Street, Malone, NY 12953, incorporating 34.85 acres of land, wholly within the Village of Malone limits.

The Village has determined that the Proposed Action is a Type 1 Action with respect to the New York State Environmental Quality Review Act (SEQRA).

The Village of Malone hereby declares its intent to serve as the Lead Agency with regard to this Proposed Action under the requirements of the New York State Environmental Quality Review Act (SEQRA).

In accordance with the provisions of SEQRA, unless you submit a written objection to the Village Board within thirty (30) calendar days from the mailing of this notification, the Village Board will automatically assume the role of Lead Agency.

Enclosed with this notice are Part 1 of the Environmental Assessment Form and the Project Narrative which has been submitted by the Applicant.

Enclosures

cc: Franklin County Department of Planning and Development

RECEIVED  
FEB 20 2024  
TOWN OF MALONE

RECEIVED  
FEB 20 2024  
TOWN OF MALONE

**VILLAGE OF MALONE  
RESOLUTION NO. 12-2024**

**RESOLUTION OF INTENT TO CLAIM LEAD AGENCY STATUS PURSUANT TO THE  
STATE ENVIRONMENTAL QUALITY REVIEW ACT FOR THE PROPOSED  
THOMAS HILL SOLAR FARM PROJECT**

**WHEREAS**, the Village of Malone Board of Trustees (the “Village”) has before it a project (the “Project”) consisting of the proposed construction and connection of a 5.0 MW Solar Farm at 189 Fort Covington Street, situated wholly within the Village of Malone; and

**WHEREAS**, the Village has prepared a Full Environmental Assessment Form (“EAF”) and other supporting documentation in furtherance of the Project; and

**WHEREAS**, the Village has determined in accordance with 6 NYCRR 617.6 that: the proposed action qualifies as a Type I Action under the New York State Environmental Quality Review Act (“SEQRA”); coordinated SEQRA review shall be undertaken and the Village desires to act as SEQRA “Lead Agency” (as that term is defined in SEQRA) for purposes of conducting that coordinated review;

**NOW, THEREFORE, BE IT RESOLVED** that:

1. The Village of Malone Board of Trustees hereby declares its intent to act as “Lead Agency” (as said term is defined in SEQRA) with respect to a coordinated review of the Project pursuant to SEQRA.
2. In accordance with the requirements of SEQRA, the Village’s counsel shall arrange for distribution of its notice of intent to be “Lead Agency” and is hereby authorized to take such actions as are necessary and appropriate to assist the Village in fulfilling the requirements under SEQRA for the Project.
3. This resolution shall take effect immediately.

Motion Made By: Trustee McKee

Seconded By: Trustee Boyea

Approved by Board of Trustees on: February 12, 2024

  
Rebahka L. Scaccia, Village Clerk



**QUANTUM DPI GROUP INC**

**PROPOSED THOMAS HILL VILLAGE OF MALONE SOLAR FARM**

**ATTACHMENT D:**

**FULL ENVIRONMENTAL ASSESSMENT FORM**

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# *Full Environmental Assessment Form Part 1 - Project and Setting*

## **Instructions for Completing Part 1**

**Part 1 is to be completed by the applicant or project sponsor.** Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification.

Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the applicant or project sponsor to verify that the information contained in Part 1 is accurate and complete.

## **A. Project and Applicant/Sponsor Information.**

Name of Action or Project: Thomas Hill Village of Malone Solar Farm			
Project Location (describe, and attach a general location map): Two properties located east of 189 Fort Covington Sv Route 37, Malone, NY, 12953, with Tax ID numbers of 98.71-2-1 and 98.80-9-1.100			
Brief Description of Proposed Action (include purpose or need): Build one (1) Solar Farm, 5.00MW (AC) consisting of 2V/15 fixes structure mounted panels with corresponding equipment, including inverters, transformers, electrical protection facility and interconnection poles/equipment for connection to National grid.			
Name of Applicant/Sponsor: Quantum DPL Group Inc.		Telephone: (518) 390-8677	
		E-Mail: lluis.torrent@quantum.group	
Address: PO BOX 11038			
City/PO: Albany	State: NY	Zip Code: 12211	
Project Contact (if not same as sponsor, give name and title/role): LLUIS TORRENT, DIRECTOR		Telephone: (518) 390-8677	
		E-Mail: lluis.torrent@quantum.group	
Address: PO BOX 11038			
City/PO: Albany	State: NY	Zip Code: 12211	
Property Owner (if not same as sponsor): SMITH FAMILY RENTALS LLC		Telephone: +1 (518) 572-8166	
		E-Mail: bigtoweirone@aol.com	
Address: PO BOX 562			
City/PO: MALONE	State: NY	Zip Code: 12953	

### C.3. Zoning

- a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. ☒ Yes ☐ No  
If Yes, what is the zoning classification(s) including any applicable overlay district?  
PD \_\_\_\_\_

- b. Is the use permitted or allowed by a special or conditional use permit? ☒ Yes ☐ No

- c. Is a zoning change requested as part of the proposed action? ☐ Yes ☒ No  
If Yes,  
i. What is the proposed new zoning for the site? \_\_\_\_\_

### C.4. Existing community services.

- a. In what school district is the project site located? Malone Central School District

- b. What police or other public protection forces serve the project site?  
Malone Police Department

- c. Which fire protection and emergency medical services serve the project site?  
17818 - VILLAGE OF MALONE

- d. What parks serve the project site?  
West Street Park

### D. Project Details

#### D.1. Proposed and Potential Development

- a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational, if mixed, include all components)? Commercial Solar Farm

- b. a. Total acreage of the site of the proposed action? 34.85 acres

- b. Total acreage to be physically disturbed? 23.00 acres

- c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 42.71 acres

- c. Is the proposed action an expansion of an existing project or use? ☐ Yes ☒ No

- i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % \_\_\_\_\_ Units: \_\_\_\_\_

- d. Is the proposed action a subdivision, or does it include a subdivision? ☐ Yes ☒ No

If Yes,

- i. Purpose or type of subdivision? (e.g., residential, industrial, commercial, if mixed, specify types)

- ii. Is a cluster/conservation layout proposed? ☐ Yes ☐ No

- iii. Number of lots proposed? \_\_\_\_\_

- iv. Minimum and maximum proposed lot sizes? Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

- e. Will the proposed action be constructed in multiple phases? ☐ Yes ☒ No

- i. If No, anticipated period of construction: \_\_\_\_\_ months

ii. If Yes:

- Total number of phases anticipated \_\_\_\_\_
- Anticipated commencement date of phase 1 (including demolition) \_\_\_\_\_ month \_\_\_\_\_ year
- Anticipated completion date of final phase \_\_\_\_\_ month \_\_\_\_\_ year
- Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: \_\_\_\_\_

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:

iii. Will the proposed action cause or result in disturbance to bottom sediments?

If Yes, describe:

☐ Yes ☒ No

iv. Will the proposed action cause or result in the destruction or removal of aquatic vegetation?

If Yes:

☐ Yes ☒ No

- acres of aquatic vegetation proposed to be removed: \_\_\_\_\_

- expected acreage of aquatic vegetation remaining after project completion: \_\_\_\_\_

- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access): \_\_\_\_\_

- proposed method of plant removal: \_\_\_\_\_

- if chemical/herbicide treatment will be used, specify product(s): \_\_\_\_\_

v. Describe any proposed reclamation/mitigation following disturbance: \_\_\_\_\_

c. Will the proposed action use, or create a new demand for water?

If Yes:

☐ Yes ☒ No

i. Total anticipated water usage/demand per day: \_\_\_\_\_

gallons/day

ii. Will the proposed action obtain water from an existing public water supply?

☐ Yes ☐ No

If Yes:

- Name of district or service area: \_\_\_\_\_

- Does the existing public water supply have capacity to serve the proposal?

☐ Yes ☐ No

- Is the project site in the existing district?

☐ Yes ☐ No

- Is expansion of the district needed?

☐ Yes ☐ No

- Do existing lines serve the project site?

☐ Yes ☐ No

iii. Will line extension within an existing district be necessary to supply the project?

If Yes:

- Describe extensions or capacity expansions proposed to serve this project: \_\_\_\_\_

- Source(s) of supply for the district: \_\_\_\_\_

iv. Is a new water supply district or service area proposed to be formed to serve the project site?

☐ Yes ☐ No

If Yes:

- Applicant/sponsor for new district: \_\_\_\_\_

- Date application submitted or anticipated: \_\_\_\_\_

- Proposed source(s) of supply for new district: \_\_\_\_\_

v. If a public water supply will not be used, describe plans to provide water supply for the project: \_\_\_\_\_

vi. If water supply will be from wells (public or private), what is the maximum pumping capacity: \_\_\_\_\_ gallons/minute.

d. Will the proposed action generate liquid wastes?

If Yes:

☐ Yes ☒ No

i. Total anticipated liquid waste generation per day: \_\_\_\_\_ gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial, if combination, describe all components and approximate volumes or proportions of each): \_\_\_\_\_

iii. Will the proposed action use any existing public wastewater treatment facilities?

If Yes:

☐ Yes ☐ No

- Name of wastewater treatment plant to be used: \_\_\_\_\_

- Name of district: \_\_\_\_\_

- Does the existing wastewater treatment plant have capacity to serve the project?

☐ Yes ☐ No

- Is the project site in the existing district?

☐ Yes ☐ No

- Is expansion of the district needed?

☐ Yes ☐ No

<p>h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Estimate methane generation in tons/year (metric): _____</p> <p>ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): _____</p>					
<p>i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): _____</p>					
<p>j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. When is the peak traffic expected (Check all that apply): <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Weekend</p> <p><input checked="" type="checkbox"/> Randomly between hours of _____ 7 am _____ to _____ 5 pm _____.</p> <p>ii. For commercial activities only, projected number of truck trips/day and type (e.g., semi trailers and dump trucks): _____</p>					
<p>iii. Parking spaces: Existing _____ Proposed _____ Net increase/decrease _____ <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>iv. Does the proposed action include any shared use parking? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: _____</p> <p>vi. Are public/private transportation service(s) or facilities available within 1/2 mile of the proposed site? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>					
<p>k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Estimate annual electricity demand during operation of the proposed action: _____</p> <p>ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other): _____</p> <p>iii. Will the proposed action require a new, or an upgrade, to an existing substation? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span></p>					
<p>l. Hours of operation. Answer all items which apply.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: left;">i. During Construction:</th> <th style="width: 50%; text-align: left;">ii. During Operations:</th> </tr> <tr> <td> <ul style="list-style-type: none"> <li>• Monday - Friday: _____ 7 am to 5 pm _____</li> <li>• Saturday: _____ 7 am to 5 pm _____</li> <li>• Sunday: _____ n/a _____</li> <li>• Holidays: _____ n/a _____</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• Monday - Friday: _____ Operational 24/7; however _____</li> <li>• Saturday: _____ no manner hours of operation _____</li> <li>• Sunday: _____ _____</li> <li>• Holidays: _____ _____</li> </ul> </td> </tr> </table>		i. During Construction:	ii. During Operations:	<ul style="list-style-type: none"> <li>• Monday - Friday: _____ 7 am to 5 pm _____</li> <li>• Saturday: _____ 7 am to 5 pm _____</li> <li>• Sunday: _____ n/a _____</li> <li>• Holidays: _____ n/a _____</li> </ul>	<ul style="list-style-type: none"> <li>• Monday - Friday: _____ Operational 24/7; however _____</li> <li>• Saturday: _____ no manner hours of operation _____</li> <li>• Sunday: _____ _____</li> <li>• Holidays: _____ _____</li> </ul>
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s. Does the proposed action include construction or modification of a solid waste management facility? ☐ Yes ☒ No

If Yes:

i. Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): \_\_\_\_\_

ii. Anticipated rate of disposal/processing:

- \_\_\_\_\_ Tons/month, if transfer or other non-combustion/thermal treatment, or
- \_\_\_\_\_ Tons/hour, if combustion or thermal treatment

iii. If landfill, anticipated site life: \_\_\_\_\_ years

t. Will the proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste? ☐ Yes ☒ No

If Yes:

i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: \_\_\_\_\_

ii. Generally describe processes or activities involving hazardous wastes or constituents: \_\_\_\_\_

iii. Specify amount to be handled or generated \_\_\_\_\_ tons/month

iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: \_\_\_\_\_

v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility? ☐ Yes ☐ No

If Yes: provide name and location of facility: \_\_\_\_\_

If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility: \_\_\_\_\_

## E. Site and Setting of Proposed Action

### E.1. Land uses on and surrounding the project site

a. Existing land uses.

i. Check all uses that occur on, adjoining and near the project site.

- ☐ Urban ☒ Industrial ☒ Commercial ☒ Residential (suburban) ☐ Rural (non-farm)
- ☒ Forest ☒ Agriculture ☐ Aquatic ☐ Other (specify): \_\_\_\_\_

ii. If mix of uses, generally describe:

Project site consists of forested land. Residential, agricultural and industrial areas are adjacent to the project side.

b. Land uses and covertypes on the project site.

Land use or Covertype	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces	0	1.08	+1.08
• Forested	17.77	11.84	-5.93
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)	17.07	0	-17.07
• Agricultural (includes active orchards, field, greenhouse etc.)	0	0	0
• Surface water features (lakes, ponds, streams, rivers, etc.)	0	0	0
• Wetlands (freshwater or tidal)	0	0	0
• Non-vegetated (bare rock, earth or fill)	0	0	0
• Other Describe: solar panel fenced area	0	23.00	+23.00



v. Is the project site subject to an institutional control limiting property uses?

☐ Yes ☐ No

- If yes, DEC site ID number: \_\_\_\_\_
- Describe the type of institutional control (e.g., deed restriction or easement): \_\_\_\_\_
- Describe any use limitations: \_\_\_\_\_
- Describe any engineering controls: \_\_\_\_\_
- Will the project affect the institutional or engineering controls in place? ☐ Yes ☐ No

Explain: \_\_\_\_\_

## E.2. Natural Resources On or Near Project Site

a. What is the average depth to bedrock on the project site? \_\_\_\_\_ >6.5 feet

b. Are there bedrock outcroppings on the project site?

☐ Yes ☒ No

If Yes, what proportion of the site is comprised of bedrock outcroppings? \_\_\_\_\_ %

c. Predominant soil type(s) present on project site:

Forest	51.1 %
Grass / Pasture	21.1 %
Non-Cropland	9.7 %

d. What is the average depth to the water table on the project site? Average: \_\_\_\_\_ >6 feet

e. Drainage status of project site soils: ☒ Well Drained:

68 % of site

☒ Moderately Well Drained:

27 % of site

☒ Poorly Drained

5 % of site

f. Approximate proportion of proposed action site with slopes:

☒ 0-10%:

81 % of site

☒ 10-15%:

12 % of site

☒ 15% or greater:

7 % of site

g. Are there any unique geologic features on the project site?

☐ Yes ☒ No

If Yes, describe: \_\_\_\_\_

h. Surface water features.

i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)?

☐ Yes ☒ No

ii. Do any wetlands or other waterbodies adjoin the project site?

☒ Yes ☐ No

If Yes to either i or ii, continue. If No, skip to E.2.i.

iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency?

☒ Yes ☐ No

iv. For each identified regulated wetland and waterbody on the project site, provide the following information:

• Streams:	Name _____	Classification _____
• Lakes or Ponds:	Name _____	Classification _____
• Wetlands:	Name _____	Approximate Size _____
• Wetland No. (if regulated by DEC)	_____	

v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies? ☐ Yes ☒ No

If yes, name of impaired water body/bodies and basis for listing as impaired: \_\_\_\_\_

i. Is the project site in a designated Floodway?

☐ Yes ☒ No

j. Is the project site in the 100-year Floodplain?

☐ Yes ☒ No

k. Is the project site in the 500-year Floodplain?

☐ Yes ☒ No

l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer?

☒ Yes ☐ No

If Yes:

i. Name of aquifer: Principal Aquifer \_\_\_\_\_

e. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? ☒ Yes ☐ No

If Yes:

i. Nature of historic/archaeological resource: ☐ Archaeological Site ☐ Historic Building or District

ii. Name: \_\_\_\_\_

iii. Brief description of attributes on which listing is based: \_\_\_\_\_

f. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory? ☐ Yes ☒ No

g. Have additional archaeological or historic site(s) or resources been identified on the project site? ☐ Yes ☒ No

If Yes:

i. Describe possible resource(s): \_\_\_\_\_

ii. Basis for identification: \_\_\_\_\_

h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource? ☐ Yes ☒ No

If Yes:

i. Identify resource: \_\_\_\_\_

ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): \_\_\_\_\_

iii. Distance between project and resource: \_\_\_\_\_ miles.

i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666? ☐ Yes ☒ No

If Yes:

i. Identify the name of the river and its designation: \_\_\_\_\_

ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666? ☐ Yes ☐ No

#### F. Additional Information

Attach any additional information which may be needed to clarify your project.

If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

#### G. Verification

I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name Luis Torrent Date 06/23/2023

Signature  Title Director

E.2.o. [Endangered or Threatened Species]	No
E.2.p. [Rare Plants or Animals]	No
E.3.a. [Agricultural District]	No
E.3.c. [National Natural Landmark]	No
E.3.d [Critical Environmental Area]	No
E.3.e. [National or State Register of Historic Places or State Eligible Sites]	Yes - Digital mapping data for archaeological site boundaries are not available. Refer to EAF Workbook.
E.3.e. ii [National or State Register of Historic Places or State Eligible Sites - Name]	
E.3.f. [Archeological Sites]	No
E.3.i. [Designated River Corridor]	No



**QUANTUM DPI GROUP INC**

**PROPOSED**

## **THOMAS HILL VILLAGE OF MALONE SOLAR FARM**

189 Fort Covington St  
Malone, NY 12953

### **PROJECT NARRATIVE**

JUNE 23, 2023

**Prepared for:**  
Thomas Hill Village of Malone Solar LLC  
PO Box 11038  
Albany, NY 12211



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The solar photovoltaic (PV) system is proposed to be installed on leased land within an approximately 23.00 acre fenced portion of a 34.85 acre parcel. The Thomas Hill Village of Malone Solar Farm is expected to have a maximum capacity at the point of interconnection (POI) of 5 MW consisting of two curtailed 2500 kVA inverters.

The Applicant has already executed the Standardized Contract (Form K) with National Grid and paid the interconnection costs in full.

## 2. Main features of the solar farm

The main features of the solar photovoltaic farm are shown in Table 1 below:

Name Applicant:	Quantum DPL Group Inc, on behalf Thomas Hill Village of Malone Solar LLC
Name of generating system:	Thomas Hill Village of Malone Solar Farm
Solar farm address:	189 Fort Covington St, Malone, NY 12953
Tax id number	98-71-2-1
Parcel area (acres)	34.85 acres
Property class	330 – RES 1
Name Network Service Provider:	National Grid
Proposed connection point (lat/long):	44.852773° / -74.300843°
Substation name / Feeder line number:	Malone / 36_27_89551
Connection point nominal voltage	13.2 kV
Generating unit make(s) and model(s)	SMA Sunny Central 2600 UP-US
Nameplate rating:	5000 kW

Table 1 – Broad description of the solar farm

## 3. Description of the site

The subject site is an irregularly shaped parcel that incorporates 34.85 acres of land on 189 Fort Covington St, in the Village of Malone, County of Franklin, New York, with a tax map number 98.71-2-1. Scott R Smith of the Village of Malone, New York is the current property owner.

According to the United States Geological Survey (USGS) Topographic Map, the subject site lies at approximately 685 feet above Mean Sea Level on the central part of the site and lies at 666 feet above Mean Sea Level on the eastern side of the site and 700 feet above Mean Sea Level on the western side of the parcel.



The solar array will be located on an approximately 23.00 acre fenced area and be accessed by Railroad Street. Disturbance activities include removal of brush and vegetation for the solar array, the roughly 850 feet of the 20 foot (min) wide access road, the construction of transformer pads, and the trenching for underground power lines.

There will be minimal grading for the entrance drive and no regrading of the site for the proposed project; the array will mimic existing grade.

As a screening measurement, a minimum of 50 ft tree buffer will remain around all the perimeter of the solar farm except on the Northern portion which borders another parcel controlled by Applicant in the Town of Malone. Evergreen trees will be planted and properly maintained on the south side of the solar farm, to increase the screening from the adjacent properties. The perimeter tree buffer area and the evergreen trees will be under direct control and care of the Applicant, Thomas Hill Village of Malone Solar LLC.

Figure 2 provides an overview of the proposed solar farm's site layout:

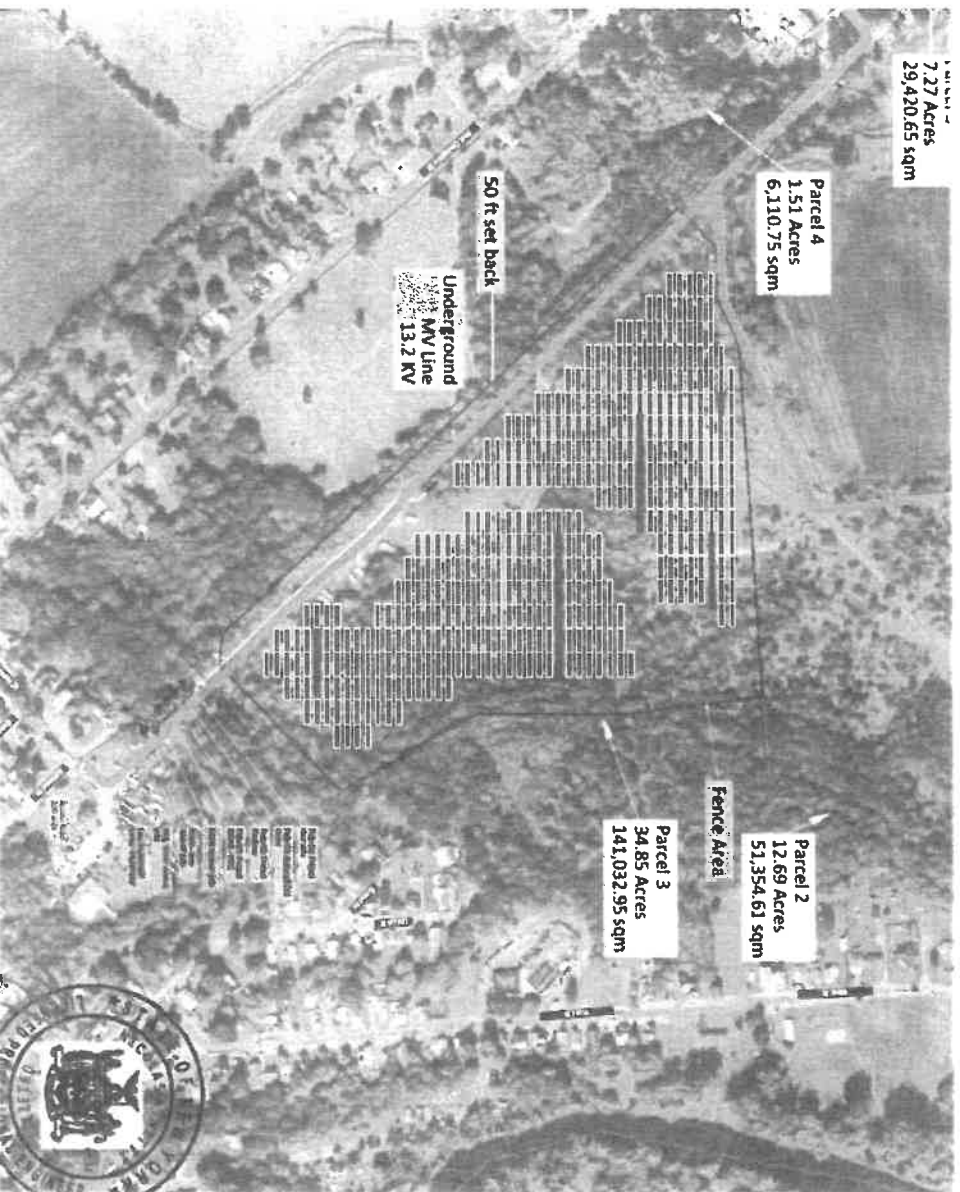


Figure 2 – Proposed site layout



**PART 2: TECHNICAL INFORMATION**

**1. Plant capability**

Table 4 provides an overview of Thomas Hill Village of M lene Solar Farm real power capability:

Parameter	Solar Farm	Unit	Remark
Plant MVA rating	5000	MVA	
Rated Active Power	5000	MW	
Maximum active power output (at the connection point)	5000	MW	At 25°C
Minimum active power output	0	MW	

Table 4 – Generator rating information

**2. Interconnection studies and contracts with National Grid**

Table 5 provides an overview of the studies and contracts entered with National Grid:

Milestone	Status	Date
Preliminary application and preliminary screening	Complete	7/15/2022
CESIR study	Complete	09/10/2022
25% down payment	Complete	06/15/2023
Standardized Agreement (Form K)	Complete	06/23/2023
75% payment	On-going	08/18/2023
Connection to the grid (expected)	On-going	06/11/2024

Table 5 – National Grid information

**3. Transformer**

The proposed generating system MV/LV transformer is presented in Table 6:

Parameter	Solar Farm	Unit	Remark
Number of transformers	1	Unit	
Number of windings	2	Unit	
Vector Group	Wye		
Rated kVA	5000	kVA	
Nominal Frequency	60	Hz	
Nominal voltages	13.2/0.6	kV/kV	





Nominal power	Curtailed 2500 Each	kW	
Nominal Frequency	60	Hz	Range 57 Hz to 63 Hz
Nominal AC voltage	600	V	Range 480V to 720 V
Power factor at rated power	1		
Grounding	Yes		Remote GFDI minus grounded

*Table 9 – Inverters information*

## 6. Solar modules

Table 10 provides an overview of the proposed solar modules:

Parameter	Solar Farm	Unit	Remark
Number of solar modules	11,312	Units	
Technology	Bifacial		
Nominal power	590	W	
Size	2191 x 1052 x 35	mm	
Maximum system voltage	1,500	V	
Maximum reverse current	20	A	
Maximum design load, Push/Pull	3600/1600	Pa	
Maximum Test load, Push/Pull	5400/2400	Pa	

*Table 10 – Solar modules information*



Sources: BaseMap - ESRI Aerial Imagery, 2023; Project Data - BTL, 2023; Wetlands - USFWS NWI, 2023; Streams - NYSDEC, 2015

**Legend**

Project Site

Fence Line

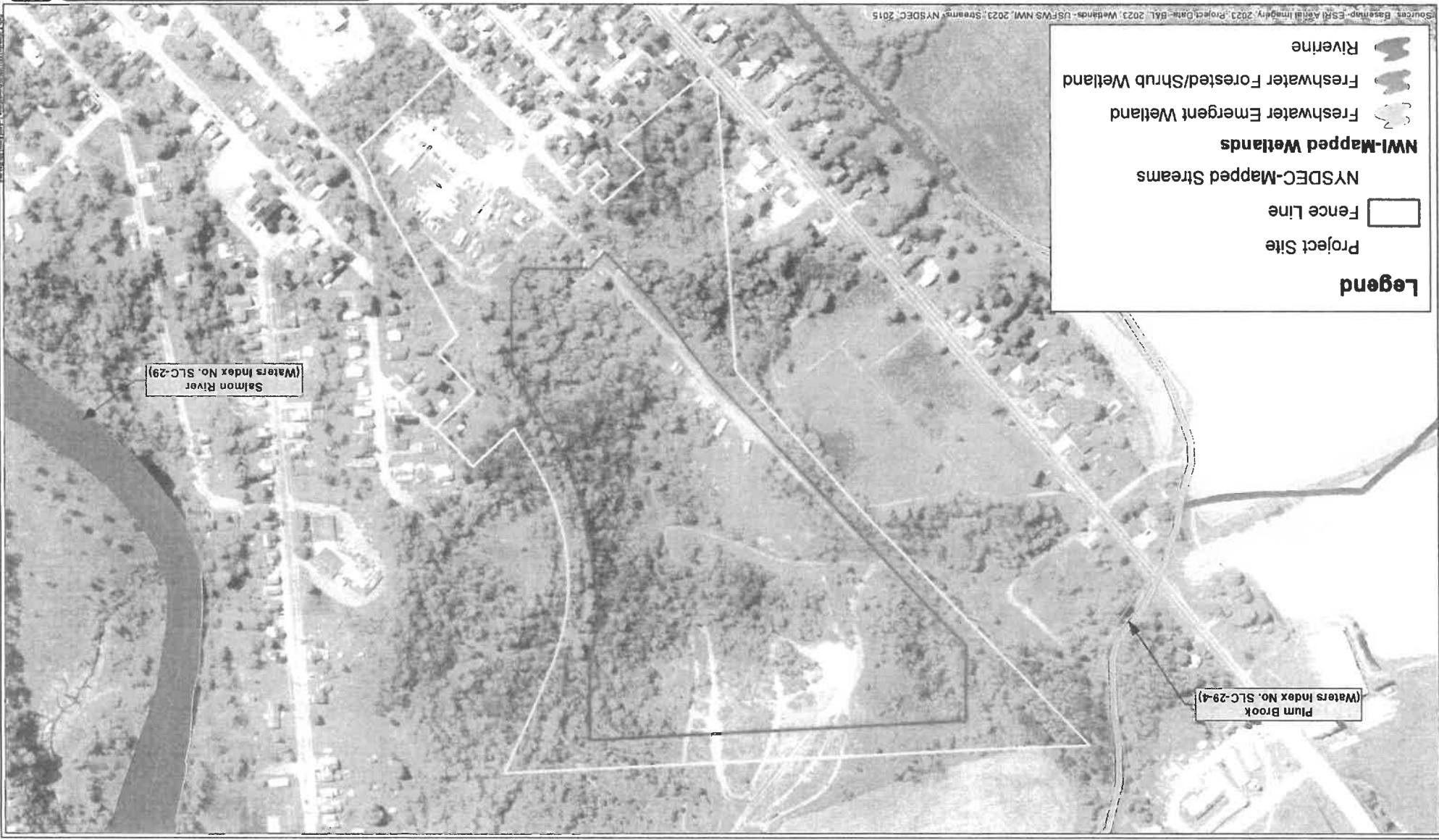
NYSDEC-Mapped Streams

NWI-Mapped Wetlands

Freshwater Emergent Wetland

Freshwater Forested/Shrub Wetland

Riverine



Plum Brook  
(Waters Index No. SLC-29-4)

Salmon River  
(Waters Index No. SLC-29)

1 inch = 350 feet



Thomas Hill Village of Malone LLC

**Aerial Project Site Map**

Franklin County  
New York  
November 2023

Project No. 2396.001  
Figure 2

## Denice Hudson

---

**From:** Denice Hudson  
**Sent:** Tuesday, February 20, 2024 3:49 PM  
**To:** 'Bridget Cook'; Andrea Stewart  
**Cc:** Bridget O'Toole; terryماغuire1985@gmail.com; Abby Monica  
**Subject:** RE: Thomas Hill Documents  
**Attachments:** Thomas Hill SEQRA Intent to be Lead Agency.pdf

Good Afternoon.

Attached is the Notice of SEQRA Declaration of Intent to be Lead Agency received today from the Village pertaining to Thomas Hill.

Please note that it states that the written objection should be received by the Village Board within 30 calendar days from mailing of this notification, which was February 14<sup>th</sup> according to the Pitney Bowes stamp on the envelope.

Should you need anything further, please do not hesitate to contact me, Andy or Abby.

Denice

Denice A. Hudson

*Denice A. Hudson*

Denice A. Hudson  
Bookkeeper/Budget Officer/Secretary to the Supervisor  
Town of Malone  
27 Airport Road  
Malone, New York 12953  
(518)483-1860 (Phone)  
(518)483-1445 (Fax)  
[budgetofficer@malonetown.com](mailto:budgetofficer@malonetown.com)

**From:** Bridget Cook <[bcook@heathotoole.com](mailto:bcook@heathotoole.com)>  
**Sent:** Thursday, February 8, 2024 12:12 PM  
**To:** Andrea Stewart <[supervisor@malonetown.com](mailto:supervisor@malonetown.com)>  
**Cc:** Abby Monica <[clerk@malonetown.com](mailto:clerk@malonetown.com)>; Bridget O'Toole <[BOToole@heathotoole.com](mailto:BOToole@heathotoole.com)>; terryماغuire1985@gmail.com; Denice Hudson <[budgetofficer@malonetown.com](mailto:budgetofficer@malonetown.com)>  
**Subject:** RE: Thomas Hill Documents

Hi Andy,

Ok good to know. The Town should be considered an involved, or at least interested party because it is right next door and because of the airport. I know the County sent feedback on their FEAf over the summer and copied the Town because of the airport. So hopefully the Town is included in the SEQR notifications.

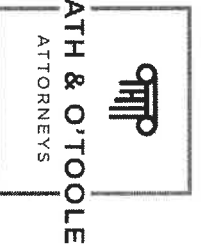
So we could wait to see if SEQR is "gearing up" if the Town is provided notice and any application documents. It looks like the Village has a meeting on Monday and a workshop on February 26<sup>th</sup> so I can check those agendas.

If we do FOIL it doesn't matter who sends it, it is up to you. I found a form on their website for FOILs I've attached. If we do need to FOIL we would request all documents, meeting minutes, and correspondence regarding the Thomas Hill Village of Malone Solar Project. If we FOIL we may have to pay per sheet so it would be nice if they just send us a courtesy copy so let's wait until at least next week to see if they talk about the project at their meeting on Monday.

Thanks,

Bridget Cook, Esq.  
Associate Attorney  
[bcook@heathotoole.com](mailto:bcook@heathotoole.com)

Heath & O'Toole PLLC  
66 Public Square  
PO Box 200  
Holley, NY 14470  
(P) 585-638-6331



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**From:** Andrea Stewart <[supervisor@malonetown.com](mailto:supervisor@malonetown.com)>  
**Sent:** Thursday, February 8, 2024 11:21 AM  
**To:** Bridget Cook <[bcook@heathotoole.com](mailto:bcook@heathotoole.com)>  
**Cc:** Abby Monica <[clerk@malonetown.com](mailto:clerk@malonetown.com)>; Bridget O'Toole <[BOToole@heathotoole.com](mailto:BOToole@heathotoole.com)>; [terrymaquire1985@gmail.com](mailto:terrymaquire1985@gmail.com); Denise Hudson <[budgetofficer@malonetown.com](mailto:budgetofficer@malonetown.com)>  
**Subject:** RE: Thomas Hill Documents

We have not seen or heard anything about the Thomas Hill village project, although at a community event earlier in the week, the Mayor stated they were gearing up to do the SEQR for that project, whatever that meant! Do you wish to foil them or should I....if its me, tell me what you want me to ask for!

Andy

**From:** Bridget Cook <[bcCook@heathotoole.com](mailto:bcCook@heathotoole.com)>  
**Sent:** Thursday, February 8, 2024 10:43 AM  
**To:** Andrea Stewart <[supervisor@malonetown.com](mailto:supervisor@malonetown.com)>  
**Cc:** Abby Monica <[clerk@malonetown.com](mailto:clerk@malonetown.com)>; Bridget O'Toole <[BOToole@heathotoole.com](mailto:BOToole@heathotoole.com)>  
**Subject:** Thomas Hill Documents

Hi Andy,

We were wondering if the Town has received any courtesy application/SEQRA documents on the proposed Thomas Hill Village of Malone Solar Farm? As this solar farm is right next to the Thomas Hill Solar Farm in the Town we'd like to review it to help with a cumulative impact analysis. There's no rush on getting them as the Thomas Hill project in the Town doesn't have a complete application yet, but we thought it may be worth FOILING the Village documents unless the Town already has them or unless there is an easier way to get them.

Thanks!

Bridget Cook, Esq.  
Associate Attorney  
[bcCook@heathotoole.com](mailto:bcCook@heathotoole.com)

Heath & O'Toole PLLC  
66 Public Square  
PO Box 200  
Holley, NY 14470  
(P) 585-638-6331



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# Town of Malone

27 Airport Road • Malone, New York 12953

February 20<sup>th</sup>, 2024


Andrea Stewart, Town Supervisor  
Town Board Members  
Town of Malone  
27 Airport Road  
Malone, New York 12953

Dear Supervisor and Board Members:

I would like permission to attend the New York State Town Clerk Association 2024 Annual Conference being held in Albany from April 21- April 24, 2024, with all expenses paid by the Town of Malone.

Thank you for your attention to the above.

Very truly yours,

  
Abby Monica  
Town Clerk

SUPERVISOR 518-483-1860	TOWN CLERK 518-483-4740	ASSESSOR 518-483-2030	RECEIVER OF TAXES 518-483-4740	CODE OFFICER 518-483-0048	SUPT. OF HIGHWAYS 518-483-2431
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# NEW YORK STATE TOWN CLERKS ASSOCIATION

  
**CROWNE PLAZA**  
AN IHG® HOTEL  
ALBANY – THE DESMOND HOTEL

April 21-24, 2024

To make your conference reservation please mail or email (not both) this form to the address below:

ONE FORM PER PERSON

Crowne Plaza Albany – The Desmond Hotel  
Attention: Francine Johnson Group Rooms Reservationist  
Email: [fjohnson@desmondhotels.com](mailto:fjohnson@desmondhotels.com)

660 Albany Shaker Road, Albany, New York 12211

**FORMS MUST BE RECEIVED NO LATER THAN April 18, 2024**

Check In Time: 4:00PM

Check Out Time: 12:00PM

**THREE NIGHT PACKAGE 4/21/24:**

Sunday 4/21/24 – Wednesday 4/24/24

Includes Deluxe Overnight Accommodations for (3) nights (Sunday, Monday, and Tuesday) and Sunday Dinner Buffet, Monday, Tuesday and Wednesday Breakfasts, Monday, Tuesday and Wednesday Lunches and Tuesday Banquet Dinner Package is Tax Exempt and includes service charge.

☐ \$765.00 per person  
Single Occupancy

☐ \$560.00 per person  
Double Occupancy

☐ \$501.00 per person  
Triple Occupancy

☐ \$472.00 per person  
Quad Occupancy

**TWO NIGHT PACKAGE – 4/21/24:**

Sunday 4/21/24 – Tuesday 4/23/24

Includes Deluxe Overnight Accommodations for (2) nights (Sunday and Monday) and Sunday Dinner Buffet, Monday and Tuesday Breakfasts, Monday, and Tuesday Lunches Package is Tax Exempt and includes service charge.

☐ \$488.00 per person  
Single Occupancy

☐ \$351.00 per person  
Double Occupancy

☐ \$312.00 per person  
Triple Occupancy

☐ \$292.00 per person  
Quad Occupancy

**TWO NIGHT PACKAGE – 4/22/24:**

Monday 4/22/24 – Wednesday 4/24/24

Includes Deluxe Overnight Accommodations for (2) nights (Monday and Tuesday) Tuesday and Wednesday Breakfasts, Tuesday and Wednesday Lunches and Tuesday Banquet Dinner Package is Tax Exempt and includes service charge.

☐ \$500.00 per person  
Single Occupancy

☐ \$363.00 per person  
Double Occupancy

☐ \$324.00 per person  
Triple Occupancy

☐ \$304.00 per person  
Quad Occupancy

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

EMAIL ADDRESS: \_\_\_\_\_

ROOMMATES NAME: \_\_\_\_\_

ROOMMATES NAME: \_\_\_\_\_

**Method of Guarantee & Payment**

All Reservations Must Be Guaranteed For Arrival For This Reservation To Be Accepted. Valid Purchase Orders, Checks (Received At Least 14 Days Prior To Arrival) And Major Credit Cards Are Accepted. Reservations Must Be Cancelled Without Charge No Later Than Thursday, April 18, 2024. Should You Fail To Arrive Or Cancel After April 18, 2024, You Will Be Charged For The Entire Package.

**\*Prevaling Taxes Will Apply To Packages Without A Valid NYS Tax Exempt Form Accompanied with Reservation Form\***

CREDIT CARD# \_\_\_\_\_

EXP: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Make Checks Or Purchase Orders Payable to the Crowne Plaza Albany – The Desmond Hotel **DO NOT SEND CURRENCY**



**NEW YORK STATE TOWN CLERKS ASSOCIATION  
2024 CONFERENCE REGISTRATION FORM  
The Desmond Hotel – Albany, NY  
April 21-24, 2024**

**INSTRUCTIONS:**

1. **COMPLETE ALL AREAS** – please include your email address
2. **ONLY ONE REGISTRANT PER FORM**
3. **SUBMIT REGISTRATION FORM AND CHECK** (payable to NYSCTCA) TOGETHER before 4/15/24

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ NY, ZIP \_\_\_\_\_  
TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_ PHONE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ (confirmation of receipt of registration will be emailed to you)  
YOUR TITLE: CLERK \_\_\_\_\_ DEPUTY \_\_\_\_\_ GUEST \_\_\_\_\_  
CHECK ALL THAT APPLY: NEW CLERK \_\_\_\_\_ NEW DEPUTY \_\_\_\_\_ FIRST CONFERENCE \_\_\_\_\_

My payment is enclosed: \_\_\_\_\_ or My payment was previously submitted: \_\_\_\_\_

**HOTEL GUEST** (must register separately with hotel before 04/21/24) or **COMMUTER**. CHECK ONE:

PLEASE SPECIFY: ARRIVAL DATE: \_\_\_\_\_ OR \_\_\_\_\_  
(Sun 4/21, Mon 4/22, Tues 4/23, Wed 4/24) CHECK IN TIME IS 4:00 PM DEPARTURE DATE: \_\_\_\_\_  
(meals included in hotel package) (\*\*\*purchase meals through NYSCTCA)  
CHECK OUT TIME IS NOON

**ALL REGISTRANTS MUST CHOOSE ONE:**

MEMBER CLERK/DEPUTY \$125.00 (Non-Member \$225) \_\_\_\_\_ \$ \_\_\_\_\_  
ONE DAY REGISTRATION MEMBER \$90.00 NON MEMBER \$165.00 \_\_\_\_\_ \$ \_\_\_\_\_  
COMPLIMENTARY REGISTRATION: Spouse/Guest \_\_\_\_\_ \$ \_\_\_\_\_ NC \_\_\_\_\_

**EXTRAS AND MEALS:**

Monday Night Towns Night \$50.00 \_\_\_\_\_ \$ \_\_\_\_\_  
Athenian Class (\$50.00) \_\_\_\_\_ \$ \_\_\_\_\_  
Notary Class (\$65.00) \_\_\_\_\_ \$ \_\_\_\_\_

REGISTRATION SUBTOTAL \$ \_\_\_\_\_

**\*\*COMMUTERS AND ANYONE WISHING TO PURCHASE ADDITIONAL MEALS NOT INCLUDED IN HOTEL PACKAGE:**

Sun. Kick-off Dinner Buffet/Mixer \_\_\_\_\_ @ \$51.00 each \_\_\_\_\_ \$ \_\_\_\_\_  
Mon. Breakfast \_\_\_\_\_ @ \$13.00 each Lunch \_\_\_\_\_ @ \$43.00 each \_\_\_\_\_ \$ \_\_\_\_\_  
Tues. Breakfast \_\_\_\_\_ @ \$13.00 each Lunch \_\_\_\_\_ @ \$43.00 each Banquet \_\_\_\_\_ @ \$63.00 each \_\_\_\_\_ \$ \_\_\_\_\_  
Wed. Breakfast \_\_\_\_\_ @ \$13.00 each Lunch \_\_\_\_\_ @ \$43.00 each \_\_\_\_\_ \$ \_\_\_\_\_

(All applicable lines) **REMIT CHECK PAYABLE TO NYSCTCA** \_\_\_\_\_ \$ \_\_\_\_\_

PLEASE NOTE ANY SPECIAL DIETARY REQUIREMENTS OR SPECIFIC ALLERGIES:

**MAIL CONFERENCE REGISTRATION FORM AND CHECK PAYABLE TO NYSCTCA TO:**

Patricia Kalba, Town of Somers, 335 Route 202, Somers, New York 10589

Email questions to: [registration@nystca.com](mailto:registration@nystca.com) – a response will be returned to you within 72 hours, or  
call 914-277-3323(office) or call 914-447-6143 (voice or text)





Friends of the North Country, Inc.  
1387 Hardscrabble Road  
Cadyville, NY 12918-1912

Phone: 518-293-5045  
Fax: 518-293-5017  
Email: cnarducci@friendsofthenorthcountry.org



***Friends of the North  
Country, Inc.***

***Board of Directors***

Crystal Narducci  
***Executive Director***

Bruce Garcia  
***Chair***

Gretchen Crowningshield  
***Vice Chair***

Amber Brown-Rose  
***Secretary***

Mark Kaiser  
***Treasurer***

***Sustaining  
Members***

Stephanie Clarke

Gabrielle Dion

Andrew Foster

Ashlee Maulding

RECEIVED

FEB 21 2024

TOWN OF MALONE

TO: TOWN OF MALONE  
Andrea Stewart, Supervisor  
Town Board Members

FROM: Hillari Kiroy  
Housing Coordinator

DATE: February 21, 2024

RE: NYS Office of Community Renewal 2021 Housing  
Rehabilitation Grant; 689HR305-21

The following updates are provided for your review at the **Regular** Meeting of the Town Board; February 28<sup>th</sup>, 2024.

- Client Project Status Report, page 2

\*Contract extended until 5/31/24.

*Friends of the North Country, Inc.  
serving our community one neighbor at a time*

- To assist with the provision of safe, decent, affordable housing.
- To undertake economic development, which supports community wide revitalization.
- To identify, designate and restore locally significant historic structures.
- To generally act as facilitators in the process of stabilization, growth, and development.



Friends of the North Country, Inc.  
1387 Hardscrabble Road  
Cadyville, NY 12918-1912

Phone: 518-293-5045  
Fax: 518-293-5017  
Email: [cnarducci@friendsofthenorthcountry.org](mailto:cnarducci@friendsofthenorthcountry.org)

**STATUS OF GRANT PROGRESS**

TOWN OF: MALONE

**HOUSING REHABILITATION PROGRAM**

Unit Goal: 8									
Client Number	Application In Progress	Application Complete	Assessment Complete	Work Write Up/ Scope of Work	Bidding	Board Approval	Pre-Construction Closing & Required Programmatic Document	Construction	Site-Specific Projects Complete
MA-21-03	1								
MA-21-08	1	1	1	1	1	1	1		
MA-21-04	1	1	1	1	1	1	1	1	1
	1								
	1								
MA-21-07	1	1	1	1	1	1	1	1	1
MA-21-02	1	1	1	1	1	1	1	1	1
	1								
MA-21-03	1	1	1	1	1	1	1	1	1
	1								
MA-21-01	1	1	1	1	1	1	1	1	
	1								
	1								
MA-21-06	1	1	1	1					
	1								
	1								
	1								
MA-21-05	1	1	1	1	1	1	1	1	1
	1								
	1								
MA-21-02	1	1	1	1					
	1	1							
	30	11	9	9	7	7	7	6	5

- To assist with the provision of safe, decent, affordable housing.
- To undertake economic development, which supports community wide revitalization.
- To identify, designate and restore locally significant historic structures.
- To generally act as facilitators in the process of stabilization, growth, and development.

**Carla Gerber**

*1435 Webster Street  
Malone, NY 12953*

**JANUARY 31, 2024**

**FOR THE RECORD**

**RECEIVED**

**To The Town of Malone, N.Y.**

**FEB 21 2024**

**TOWN OF MALONE**

I, Mrs. Carla Gerber a resident and TAXPAYER, residing at 1435 Webster St. Malone, N.Y. I presented in 2015 to The Town Board Supervisor, the Webster St. Road condition from Fish and Game Club to Fayed Rd. 1, 6 of miles unpaved, muddy, potholes road we residents and others travel daily, besides the school bus, ambulance, fire and police department.

This plea was denied repeatedly for years. I forwarded in 2018 an instantaneous letter with bipartisan signatures, that I personally collected from Webster St. Residents to Governor Cuomo office in Albany, N.Y. I explained this urgent matter and soon after I was contacted by the NY State Highway Commissioner with inquiries about my letter of complaint.

In October 2018 0.6 of a mile was paved by the Town of Malone with one mile unfinished.

The 1<sup>st</sup>. week of July 2022 an inquiry to me via phone from the Highway Dept. in Albany, N.Y. if Webster St. was completed with paving. My response: 1 mile unfinished.

In July 18-25 of 2022, the rest of 1 mile was completed by the Town of Malone. Now, we residents of Webster St. from Fish Game Club to Fayette Rd. have a safe privilege to travel and conduct our daily matters.

However, the sharp turn on Webster St. just after Fishing Game Club to the Bridge, along the swamp has no provision for safety to the date.

My special Thanks to the offices in Albany for the Help.

Thank you kindly

  
Mrs. Carla Gerber.