

ERIE COUNTY WATER AUTHORITY

INTEROFFICE MEMORANDUM

04/07/2025

TO: Terrence D. McCracken, Secretary to the Authority

FROM: Lavonya C. Lester, Director of Administration

SUBJECT: Landscape Professional Service Contract Amendment #6 PN#202100004

On April 15, 2021, the Authority entered a professional service contract with New York State Industries for the Disabled (NYSID) and the Erie County Chapter NYSARC, Inc. d/b/a The Arc Erie County (Arc) for landscaping services throughout the Authority's footprint.

The services provided include the restoration of lawns, mowing, maintaining flowers, flower beds, tree trimming, shrubbery and the cleanup of leaves, trash, and litter. It also includes salting at Van de Water and Sturgeon Point locations. Landscape services are being provided at the Service Center, Van De Water, Sturgeon Point and (53) fifty-three additional service locations.

The Administration Department is looking to extend this contract for the fourth and final contract extension which extends the contract to April 2026. The monthly cost will remain the same at \$39,533.18 or \$316,265.45 this season. The only potential modification in cost would be a prevailing wage increase which is not scheduled to occur until July 2025. We will not know this cost until the wages are released by the NYS Department of Labor on July 1st, 2025.

As a continuation of services, the Administration department is recommending that NYSID and Arc continue to perform the landscaping services for the duration of the contract. The Authority has been satisfied with the quality of work performed over the course of these four years and would like to maintain a business relationship with NYSID and The Arc.

Budget_Information:

The following department units and budget lines will be used to pay for the services.

Control Dept	Unit:1020 401000 620319	Approx. 67% total cost
Sturgeon Point	Unit:1010 401000 620119	Approx. 16% total cost
Van De Water	Unit:1015 401000 620219	Approx. 9% total cost
Service Center	Unit:3070 401000 680019	Approx. 7% total cost

ERIE COUNTY WATER AUTHORITY AUTHORIZATION FORM For Approval/Execution of Board Meeting Documents

Document Name:	Project No.:	
Description:		
Item Description:		
Choose one:		
Other:		
Action Requested:		
Choose one:		
Other:		
Approvals Required: APPROVED AS TO CONTENT:	\land \land \land	
Chief Financial Officer	Oprice onting	Date: 04/07/2025
Chief Operating Officer		Date: 04/07/2025
Claims Rep. – Risk Manager	Molly Jo Musarra **	Date: <u>4/7/2025</u>
Comptroller		Date:
Director of Administration	Navonya Lestee	Date:04/08/2025
Director of Distribution		Date:
Director of Human Resources		Date:
Director of IT		Date:
Director of Production		Date:
Director of Water Quality		Date:
Executive Engineer	Jenard & Bonalik	Date:4/8/2025
General Counsel (Legal)		Date: <u>4/8/2025</u>
Other:		Date:
APPROVED FOR BOARD RESOLUTION Secretary to the Authority	N: The former	Date: 04/08/2025
Remarks:		
Resolution Date:	Item No:	

**Pending receipt of insurance docs.

AMENDMENT NO. 6 TO PROFESSIONAL SERVICES AGREEMENT FOR LANDSCAPING SERVICES

AMENDMENT, effective April 17, 2025, to the Professional Services Agreement effective on April 15, 2021, by and between

ERIE COUNTY WATER AUTHORITY

295 Main Street, Room 350 Buffalo, New York 14203

hereinafter referred to as the "Authority," and

NEW YORK STATE INDUSTRIES FOR THE DISABLED, INC. 11 Columbia Circle Drive

Albany, New York 12203

hereinafter referred to as "NYSID," and

ERIE COUNTY CHAPTER NYSARC, INC. d/b/a THE ARC ERIE COUNTY NEW YORK 30 Wilson Road Williamsville, New York 14221

hereinafter referred to as the "ARC,"

WHEREAS, on April 15, 2021, the Authority executed an agreement with NYSID and ARC to provide landscaping services to the Authority (the "Agreement") for a one-year term from April 15, 2021 through April 14, 2022, with four potential one-year extensions; and

WHEREAS, on November 10, 2021, the parties executed Amendment No. 1 to the Agreement reducing pricing of certain line items in the Agreement; and

WHEREAS, on April 7, 2022 the parties executed Amendment No. 2 to the Agreement extending the term of the Agreement to April 14, 2023; and

WHEREAS, on November 17, 2022, the parties executed Amendment No. 3 to the Agreement increasing the unit prices set forth in the Agreement as a result of an increase in the Prevailing Wage Schedule applicable to this Agreement; and

WHEREAS, on April 20, 2023, the parties executed Amendment No. 4 to the Agreement extending the term of the Agreement to April 14, 2024; and

WHEREAS, on March 21, 2024, the parties executed Amendment No. 5 to the Agreement extending the term of the Agreement to April 14, 2025; and

WHEREAS, in accordance with paragraph 3.02 of the Contract, the parties may amend the Agreement by written amendment authorized by resolution of the Authority's Board of Commissioners; and

WHEREAS, the parties wish to extend the Agreement for an additional one-year period from April 15, 2025 through April 14, 2026;

NOW, THEREFORE, in consideration of mutual promises herein set forth, the parties agree to the following:

(1) The parties agree that §§ 2.02 through 2.04 of the Agreement are deleted in their entirety and replaced with the following:

2.02 The Service Provider agrees to provide landscaping and salting services at the following per visit unit prices, which include all labor, materials, equipment, travel time and tolls to the Service Locations.

SITE	PER VISIT UNIT PRICE	ESTIMATED UNITS	ESTIMATED ANNUAL TOTAL COST
1: George W. Markle Tank and Windom Pump Station	\$731.22	20	\$14,624.40
2: Hamburg Booster Station	\$161.19	20	\$3,223.80
3: Lakeview Booster Station	\$203.69	20	\$4,073.80
4: Sturgeon Point Water Treatment Plant	\$1,956.29	20	\$39,125.80
5: John Horner Pumping Station	\$191.96	20	\$3,839.20
6: George O. Guenther Pumping Station	\$419.10	20	\$8,382.00
7: Chestnut Ridge Tank	\$216.88	20	\$4,337.60
8: East Aurora Station	\$242.82	20	\$4,856.40
9: Leydecker Road Station	\$140.68	20	\$2,813.60
10: Broadway Pump Station and Tank	\$246.18	20	\$4,923.60

1. For General Grounds Maintenance (as described in §1.02 (B)(8)):

11: Service Center/Stephen L.	\$429.36	20	\$8,587.20
Vukelic Pumping Station12: Sandridge Tank – Alden	\$246.19	20	\$4,923.80
13: Wehrle Drive Tank	\$213.94	20	\$4,278.80
14: Pine Hill Pumping Station	\$353.16	20	\$7,063.20
15: Pleasantview Tank	\$275.49	20	\$5,509.80
16: Depew Pumping Station, University Avenue	\$135.40	20	\$2,708.00
17: Richard F. Ball Pumping Station and Tanks	\$338.51	20	\$6,770.20
18: Jerome D. Van de Water Raw Water Station	\$\$356.97	20	\$7,139.40
19: Van de Water Filter Plant	\$713.64	20	\$14,272.80
20: Clark Street Pump Station	\$237.10	20	\$4,742.00
21: Jewett-Holmwood Pumping Station	\$201.93	20	\$4,038.60
22: Marilla Pump Station	\$164.13	20	\$3,282.60
23: Harris Hill Pump Station	\$254.98	20	\$5,099.60
24: William Street Pump Station	\$164.13	20	\$3,282.60
25: Gartman Road Pump Station	\$178.78	20	\$3,575.6
26: Eden 1 Pump Station	\$220.05	20	\$4,401.00
27: Eden 2 Pump Station	\$212.48	20	\$4,249.60
28: Marilla Tank	\$249.12	9	\$2,242.08
29: Eden 3 Pump Station and	\$136.28	20	\$2,725.60
Tank 30: Eden 4 Tank	\$212.48	20	\$4,249.60
31: North Boston Pump	\$133.35	20	\$2,667.00
Station 32: Crestwood Tank	\$135.40	9	\$1,218.60

33: Keller Road Station	\$135.40	20	\$2,708.00
34: Rice Hill Tank	\$161.19	9	\$1,450.71
35: Violet Street Station and Tank	\$161.19	20	\$3,223.80
36: Long Street Tank	\$131.88	20	\$2,637.60
37: Janice Street Tank	\$131.88	20	\$2,637.60
38: Ward Road Tank	\$212.05	9	\$1,908.45
39: Scherff Road Tank	\$247.21	9	\$2,224.89
40: Cole Road Tank	\$209.55	9	\$1,885.95
41: Benning Road Tank	\$209.55	9	\$1,885.95
42: Veterans Park Station and Tank	\$247.21	20	\$4,944.20
43: Colvin Tank	\$247.21	20	\$4,944.20
44: Trevett Road Station	\$140.68	9	\$1,266.12
45: Wohlhueter Tank	\$212.93	9	\$1,916.37
46: East Hill Station	\$185.37	20	\$3,707.40
47: Kulp Road Tank	\$262.01	9	\$2,358.09
48: Jennings Road Station	\$127.78	20	\$2,555.60
49: East Church Street Tank	\$171.01	20	\$3,420.20
50: Trevett Road Tank	\$123.09	9	\$1,107.81
51: Emery Station and Tank	\$153.86	20	\$3,077.20
52: Aurora Station and Tank	\$165.59	20	\$3,311.80
53: Griffin Mills Pump Station	\$161.19	20	\$3,223.80
54: Newstead Tank	\$210.57	20	\$4,211.40

55: Shadagee Road Station	\$155.92	20	\$3,118.40
56: Ellis Road	\$133.35	9	\$1,200.15
57: Castle Hill	\$123.09	9	\$1,107.81
58: Depew – Ledyard, George Urban	\$296.01	9	\$2,664.09
59: Evans Pump Station	\$185.37	20	\$3,707.40
60: Evans Tank	\$262.01	9	\$2,358.09

2. **Rough Mowed Areas** (as described in §1.02 (B)(9)):

SITE	PER VISIT UNIT PRICE	ESTIMATED UNITS	ESTIMATED ANNUAL TOTAL COST
Sturgeon Point Water Treatment Plant	\$813.14	7	\$5,691.98
Van de Water Raw Water Station and Filter Plant	\$815.26	7	\$5,706.82

3. Spring and Fall Clean Up (as described in $\S1.02$ (B)(11)):

Spring Unit Price is \$17,489.82 per season.

Fall Unit Price is \$19,952.17 per season.

4. Salting Services (as described in §1.02 (C)):

SITE	PER VISIT UNIT PRICE
Sturgeon Point Water Treatment Plant	\$385.28
Van de Water Raw Water Station and Treatment Plant	\$385.28

2.03 The Service Provider agrees to accept payment for landscaping services, including all labor, equipment, and travel time, provided at the direction of the Facilities Manager in excess of the duties provided for under the provisions of this Agreement at an hourly rate of \$47.98.

2.04 The unit prices set forth in § 2.02 of this Agreement and the hourly rate set forth in § 2.03 of this Agreement includes hourly wages at prevailing wage rates, fringe benefits, equipment costs, an administrative overhead fee (15%), and a preferred source fee (4%). The Authority agrees that

PN202100004

the unit prices and hourly rates will be adjusted annually on July 1st based on any changes in prevailing wages under Article 9 of the New York State Labor. Provided the administrative fee and preferred source fee percentages are not changed, the Authority agrees to such an adjustment of the prevailing wage and supplemental benefits only. The Authority further agrees that such an adjustment may be approved by the Authority's Director of Administration.

(2) The parties agree all other terms and conditions of the Contract shall continue in effect until April 14, 2026;

(3) This Amendment may be executed in counterparts, each of which is deemed an original, but all of which together are deemed to be one and the same agreement.

IN WITNESS WHERETO, the parties hereto have caused this Amendment No. 6 to be signed by their respective duly constituted officers, attested and sealed pursuant to proper authority.

ERIE COUNTY WATER AUTHORITY

By ______ Jerome D. Schad, Chair

NEW YORK STATE INDUSTRIES FOR THE DISABLED, INC.

By___

Meredith Hartman, Vice President of Contract Administration

ERIE COUNTY CHAPTER NYSARC, INC. d/b/a THE ARC ERIE COUNTY NEW YORK

By___

Douglas DiGesare, Chief Executive Officer

STATE OF NEW YORK)COUNTY OF ERIE) ss:

On the _____ day of March, in the year 2025, before me personally came Jerome D. Schad, to me known, who, being by me duly sworn, did depose and say that he resides in Amherst, New York, that he is the Chair of the Board of Commissioners for the Erie County Water Authority described in the above instrument; and that he signed his name thereto by order of the Board of Commissioners.

Notary Public

STATE OF NEW YORK)COUNTY OF ALBANY) ss:

On the _____ day of _____, in the year 2025, before me personally came Meredith Hartman, to me known, who, being by me duly sworn, did depose and say that she resides in Saratoga County, New York, that she is the Vice President of Contract Administration of New York State Industries for the Disabled, Inc., described in the above instrument; and that she signed her name thereto by order of the Board of Directors of said Corporation.

Notary Public

STATE OF NEW YORK)COUNTY OF ERIE) ss:

On the _____ day of _____, in the year 2025, before me personally came Douglas DiGesare, to me known, who, being by me duly sworn, did depose and say that he resides in Kenmore, New York, that he is the Chief Executive Officer of Erie County Chapter NYSARC, Inc. d/b/a The ARC Erie County, described in the above instrument; and that he signed his name thereto by order of the Board of Directors of said Corporation.

Notary Public

PN202100004



8							
Date Sent:	January 9, 2025						
Contracting Agency:	Erie County Water Authority PLEASE UPDATE						
Customer Contact:	Lavonya Lester INFORMATION IF						
Job Title:	Director of Administration NEEDED						
Street Address:	295 Main Street				Branner and marked from the factor of the second		
City, State Zip:	Buffalo, NY 14203	3					
Phone: 716-685-8565			E-I	Mail: llester@e	ecwa.org		
Member Agency: C	enters/Allentown Ir	ndustries	d/b/a The	ARC Erie Cou	Inty New York or Heritage		
	eeping, Lawn Mair		now Rem	oval			
Location: Various Lo	cations - Buffalo N	Y					
Proposed Price:	See Notes						
If a Renewal, Current Cor	ntract # _ 2021	00004 Amendr	nent No. 5	5			
Proposed Term:	04/1	5/2025 - 04/14/2	2026 Opti	on 4 of 4			
This form is not a contra price. If requested, a co service.	act; it is only an a ost analysis can b	cknowledgme e provided for	nt of you your rev	r concurrence iew document	to the above proposed ing proposed cost of		
Clauses for wages and sup Labor Published Prevailing All contracts with NYC Pre benefits and other related	g Wage Schedules. vailing Wage Sche	dules must cont	ain escala	tion clauses for	the annual NYS Department of r wages and supplemental vailing Wage Schedule.		
Contract Notes:Renewal Monthly Total: \$39,533.18 Annual Total: \$316,265.4 Salting Per Occurrence: \$ Extra Services Hourly Ra *Subject To Prevailing Wa **Please send certified pa	3 5 3385.28 te: \$47.98 age Adjustments A	s Mandated By	NYS DO	, L*			
If you are in agreement w fax. Upon receipt, NYSID have any questions, pleas	will apply to the N	IYS Office of Ge	eneral Se	rvices for price	ossible and return by mail or approval if necessary. If you v. Please fax or mail to:		
New York State Indus	stries for the Disab	led, Inc.	E-mail:	tclose@nysid.	.org		
ATTN: Close, Tega	n		Phone:	518-694-0256			
11 Columbia Circle D	rive						
Albany, NY 12203-5	156						
		Authorized Sig	nature:				
NYSID Account Repr	esentative	Printed Name:					
Werder, Margie		Job Title:					
		Date:			an geografia a sur ann an ann an ann an ann an ann ann an		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

See attached documents in lieu of signed form

FORM 3 Service Cost Summary

Preferred Source Facilitating Entity	NYSID		
Purchasing Agency Name	Erie County Water Authority	Application Date	1/9/2025
Contact Name	Stanley A. Jemiolo Jr.		
Contact Email	sjemiolo@ecwa.org		
Contact Phone Number	(716) 685-8242		
Contact Street Address	3030 Union Road		
City, State, Zip Code	Cheektowaga, NY 14227		
Project Name	Grounds		
Proposed Start Date	04/15/2025 - 04/14/2026 Option 4 of 4		

	Disabled/Blind Labor Job Title	Estimated Number of Employees	Number of Hours	Но	ourly Wage	Total		
l su	Landscape Laborer	10.00	3,490.00	\$	22.61	\$ 78,908.90		
Ei I	Lanscape Laborer- Mandated Sick Leave	10.00	116.33	\$	22.61	\$ 2,630.30		
cat						\$ ing and the second s		
l E						\$ -		
ec						\$ -		
Labor contract specifications	Disabled/Blind Labor Total	Total FTE	Total Hours	то	otal Annual Hours	Total Wages		Direct sabled/Blind Vages Total
1 1 2 2		1.8494	3,606.33		1950	\$ 81,539.20	\$	81,539.20
Direct								
\$ ¹	Non-Disabled/Sighted Labor Job Title	Estimated Number of Employees	Number of Hours	Ho	ourly Wage	Total		
kir	Contract Landscape Supervisor	4.00	1,600.00	\$	22.61	\$ 36,176.00		
working	Landscape Supervisor-Mandated Sick Leave	4.00	53.33	\$	22.61	\$ 1,205.87		
>						\$ (-))		
9						\$ -		
People	Non-Disabled/Sighted Labor Total	Total FTE	Total Hours	Тс	otal Annual Hours	Total Wages	Dis	Direct Non- abled/Sighted Vages Total
		0.8479	1,653.33		1950	\$ 37,381.87	\$	37,381.87

Total All Direct Labor Wages \$

118,921.06

FTES	Total Direct Disabled/Blind Labor Hours	3,606.33	DIRECT LABOR WORKFORCE AFFIRMATION
	Total All Direct Labor Hours	5,259.67	
atio	Disabled/Blind Labor Ratio: Percentage Disabled Labor Hours (Total Disabled Direct Labor / Total All Direct Labor Hours)	68.5658%	I affirm that fifty percent or more of the total direct labor hours needed for the provision of these services will be worked by employees who are disabled, blind, visually impaired or a qualified veteran as required by the State Finance Law Section 162(4)(b).
at	FTEs (Direct Disabled Labor)	1.8494	
d L	FTEs (Total Direct Labor)	2.6973	
Disabled			Type or Print Name: <u>Tegan Close</u> Signature: <u>Jegan Close</u>

3	Indirect Disabled/Blind Labor Job Title	Estimated Number of Employees	Number of Hours	Hou	irly Wage	Total	
	Landscape Laborer Travel Time	10.00	617.00	\$	22.61	\$ 13,950.37	
	Landscape Laborer Mandatory Sick Leave	10.00	20.57	\$	22.61	\$ 465.01	
						\$ -	
and a						\$ -	

FORM 3 Service Cost Summary

	Preferred Source Facilitating Entity		NYSID					
	Purchasing Agency Name	Erie County Wate	er Authority			Application Date		1/9/2025
	Contact Name	Stanley A. Jemiol	o Jr.					
	Contact Email	sjemiolo@ecwa.org						
	Contact Phone Number	(716) 685-8242						
	Contact Street Address	3030 Union Road	1					
	City, State, Zip Code	Cheektowaga, N	Y 14227					
	Project Name	Grounds						
	Proposed Start Date	04/15/2025 - 04/1	4/2026 Option 4	of 4				
specifications.	Indirect Disabled/Blind Labor Total	Total FTE	Total Hours			Total Wages	Dis	Indirect abled/Blind Wages
ü		0.3270	637.57			\$ 14,415.38	\$	14,415.3
specifications.	Indirect Non-Disabled/Sighted Labor Job Title	Estimated Number of Employees	Number of Hours	Но	ourly Wage	Total		
	Contract Landscape Supervisor Travel time	4.00	283.50	\$	22.61	\$ 6,409.94		
	Mandated Sick Leave	4.00	9.45	\$	22.61	\$ 213.66		
	Lawn & Landscape Operations Manager	1.00	400.00	\$	25.24	\$ 10,096.00		
	Manager Mandated Sick Leave	1.00	13.33	\$	25.24	\$ 336.53		
	Contract Landscape Supervisor Mandated Sick Leave	4.00	650.00 21.67	\$ \$	22.61 22.61	\$ 14,696.50 \$ 489.88		
	Indirect Non-Disabled/Sighted Labor Total	Total FTE	Total Hours	Φ	22.01	\$ 489.88 Total Wages		direct Non- bled/Sighte Wages
		0.7066	1,377.95	-		\$ 32,242.52	\$	32,242.

Total All Indirect Labor Wages

46,657.90

\$

Total All Wages \$ 165,578.96 \$

Benefit Type	Rate	2002	abled/ Blind abor Total		n-Disabled/ Ihted Labor Total	1			
Workers Compensation	0.051	\$	4,893.68	\$	3,550.84	\$	8,444		
FICA	0.0765	\$	7,340.53	\$	5,326.27	\$	12,666		
Medical Insurance	0.104	\$	9,979.28	\$	7,240.94	\$	17,220		
Liability Insurance	0.023	\$	2,206.96	\$	1,601.36	\$	3,808		
Disability	0.006	\$	575.73	\$	417.75	\$	993		
Unemployment Insurance	0.094	\$	9,019.73	\$	6,544.69	\$ 15,50			
403B	0.02	\$	1,919.09	\$	1,392.49	\$	3,31		
	e 9 Supplemental Benefits	\$	35,934,99	s	26.074.33	\$	62 009		
Total Fringe Benefits (Excluding Article		\$ Supp	35,934.99 Diemental Be	\$ nefi	26,074.33 ts	\$	62,009		
		Supp		nefi		\$ Non-Disabled/ Sighted Labor Total	1		
Total Fringe Benefits (Excluding Article	Article 9 S	Supp	plemental Be	nefi	ts Disabled/ lind Labor	Non-Disabled/ Sighted Labor	1		
Total Fringe Benefits (Excluding Article Employee/Job Title	Article 9 S	Supp	plemental Be	nefi [B	ts Disabled/ lind Labor Total	Non-Disabled/ Sighted Labor			
Total Fringe Benefits (Excluding Article Employee/Job Title Disabled/ Blind Direct	Article 9 S	Supp	plemental Be	nefi B	ts Disabled/ lind Labor Total	Non-Disabled/ Sighted Labor			
Total Fringe Benefits (Excluding Article Employee/Job Title Disabled/ Blind Direct Disabled/ Blind Direct	Article 9 S	Supp	plemental Be	nefi B	ts Disabled/ lind Labor Total	Non-Disabled/ Sighted Labor Total			

FORM 3 Service Cost Summary

	Preferred Source Facilitating Entity		NYSID			
5	Purchasing Agency Name	Erie County Wate	er Authority		Application Date	1/9/2025
ĕ	Contact Name	Stanley A. Jemio	lo Jr.			
Ë	Contact Email	siemiolo@ecwa.org	sjemiolo@ecwa.org		7	
Project Information	Contact Phone Number	(716) 685-8242				
5	Contact Street Address	3030 Union Road	1		1	
eci	City, State, Zip Code	Cheektowaga, N	Y 14227		-	
5	Project Name	Grounds				
2	Proposed Start Date	04/15/2025 - 04/*	4/2026 Option 4	of 4		
	Description	Fringe Benefits (Excluding Article 9 Supplemental Benefits)	Article 9 Supplemental Benefits		Total All Benefits	
	Disabled/ Blind Labor	\$ 35,934.99	\$ -	\$		35,934.9
	Non- Disabled/ Sighted Labor	\$ 26,074.33	\$-	\$		26,074.3
	Total All Ben	Total All Benefits \$				62,009.3

Total All Wages + Benefits \$ 227,588.28

Open State Insurance Type Cost Total Insurance Insurance Type \$				
Description of the second se	8	Insurance Type	Cost	Total Insuranc
Description of the second se	La			\$
S				\$
				\$

	Description:	Or	iginal Cost	Useful Life/Years	Prorate	ed/ Annual Cost	0.
n	Toro 22" FWD Powered by Honda 160CC: \$389.00: A	\$	77.80	1.00	\$	77.80	389
51500	Toro 22" FWD Smart Stow Mower: \$379.00: B	\$	75.80	1.00	\$	75.80	379
	2 60" Gravely Pro Turn 660 w/Baggers: \$15,028.11 ea=\$30,056.22 C	\$	6,011.24	3.00	\$	2,003.75	30056.22
	1- Red Max Blowers- \$619: F-1	\$	123.80	3.00	\$	41.27	619
	1- 61" Wright Standard Mower: \$10,595.00: J-1	\$	2,119.00	3.00	\$	706.33	10595
	2- 60" Gravely Proturn Mowers: \$11,712.06 ea= \$23,424.12: J	\$	4,684.82	3.00	\$	1,561.61	23424.12
	Gas Cans 10 total (5 Gal. & 2.5 Gal): \$781.30: P	\$	146.26	3.00	\$	48.75	731.3
	Bobcat SS185 Skid Loader: \$33,692.16: Q	\$	6,738.43	5.00	\$	1,347.69	33692.16
	Y-2 200 GL Skid Sprayer- D	\$	1,081.72	5.00	\$	216.34	5408.58
	2022 Isuzu Box Truck \$79,110.00: : E	\$	15,822.00	5.00	\$	3,164.40	79110
	Subtotal				\$	9,243.74	Total Equipment Amortization
							\$ 9,243.7

Equipment Operating Costs Description Quantity Price **Total Cost** Gas and Oil Trucks & Equipment: \$19,037.50: R Maintenance- Equipment \$25,000: S 1.00 5,330.50 \$ \$ 5,330.50 \$ \$ 1.00 \$ 7,000.00 7,000.00 Other (Specify) Total Equipment Operating Cost Subtotal \$ 12,330.50 12,330.50 \$

Description	Quantity	Price	Total Cost
Hand Tools- total: \$1,043.32: W	1.00	\$ 20.89	\$ 20.89
Herbicide Applications: X	1.00	\$ 3,491.10	\$ 3,491,10
 Top Soil	20.00	\$ 34.00	\$ 680.00
Premium Land Mix 25lbs	4.00	\$ 53.50	\$ 214.00
 Seed Aid Cover Grow 40bs	4.75	\$ 24.25	\$ 115.19
 Mulch	20.00	\$ 28.00	\$ 560.00

Subtotal

FORM 3 Service Cost Summary

_				_		•			
	Preferred Source Facilitating Entity		NYSID			l			
	Purchasing Agency Name	Erie County Wate	er Authority			Application Date			1/9/2025
Project information	Contact Name	Stanley A. Jemio				Application Date	•	I	11312023
	Contact Email	sjemiolo@ecwa.org							
	Contact Phone Number					-			
	Contact Street Address	4							
	City, State, Zip Code	3030 Union Road Cheektowaga, NY 14227							
	Project Name								
	Proposed Start Date								
			the second s	-					
	Herbicide Application Chemicals: Z/Z	-1	1.00	\$	1,999.46	\$	1,999.46		
				-		\$ \$		-	
	Subtotal		19			\$	7,080.64		otal Supplies and Non- Amortized Equipment
								\$	7,080.6
	Description		Quantity		Price	Total Cost			
	Safety Gear- PPE, Boots, Shirts, Safety Glasses		1.00	\$	1,092.57	\$	1.092.57	\$	5,485.2
	DEC Recertification: AB		1.00	\$	150.00	\$	150.00	\$	150.0
	Pesticide Business Registration: AB		1.00	\$	300.00	\$	300.00	\$	300.00
	2010 Ford Box Truck-Engine Replacement, transm \$16,061.87	ission, repairs-	1.00	\$	1,980.00	\$	1,980.00	\$	16,061.8
	Bobcat Tires-\$1436.96		1.00	\$	150.00	\$	150.00	\$	1,436.9
						2	1000		

-						-
С	on	trac	t S	bub	tot	al

Total Other Cost \$ 3,672.57

\$

3,672.57

259,915.72

	Description	Rate %	-	Fotal Cost	
Fees	Administrative Overhead	17.00%	\$	44,185.67	
and F	Subtotal With Overhead		\$	304,101.40	
erhead	Preferred Source Fee	4.00%	\$	12,164.06	
Overt	Subtotal With Overhead and Fees		\$	316,265.45	Subtotal with Overhead and Fees Total
			\$	316,265.45	\$ 316,265.45

\$

\$

Contract Total \$ 316,265.45

			Term		
5 -	Initial Contract Term (In Years)		1	
is fe			Term	Frequency	Annual Total
ens	Options for Extensions				\$ 316,265.45
Ext	n normalitye, gewann nich ein skylennich i sower is einer in die henrig werden waarder. Oker - waard die eenste	Description	Amount	Frequency	Monthly Total
0-	Cost Escalator (If applicable)				\$ 39,533.18

Torm

12/13/2022

Т

FORM 3 Salting Per Occurrence

Purchasing Agency Name	Erie County Water Authority	Date	1/9/2025
Contact Name	Stanley A. Jemiolo Jr.		
Contact Email	sjemiolo@ecwa.org		
Contact Phone Number	(716) 685-8242		
Contact Street Address	3030 Union Road		
City, State, Zip Code	Cheektowaga, NY 14227		
Project Name	Salting per Occurrence		
Proposed Start Date	4.15.25 - 4.14.26 Option 4 of 4		

	Disabled/Blind Labor Job Title	Estimated Number of Employees	Number of Hours	Hourly Wage	Total	
	Snow Laborer	1.00	1.75	\$ 22.61	\$ 39.57	
					\$ -	
					\$ -	
					\$ -	
l ü					\$ -	
fi					\$ -	
Ca					\$ -	
l ii					\$ - \$ -	
virect Labor fulfill contract specifications	Disabled/Blind Labor Total	Total FTE	Total Hours	\$ 22.61	Total Wages	Direct Disabled/Blind Wages Total
COLA		0.0009	1.75	23	\$ 39.57	\$ 39.57
目に						
우 니	Non-Disabled/Sighted Labor Job Title	Estimated Number of Employees	Number of Hours	Hourly Wage	Total	
People working	Supervisor	1.00	1.25	\$ 22.61	\$ 28.26	
1 X					\$ -	
2 S					\$ -	
0					\$ -	
<u>a</u>					\$ -	
					\$ -	
					\$- \$-	
			- N. 2004 1. 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1		\$ - \$ -	
	Non-Disabled/Sighted Labor Total	Total FTE	Total Hours	Total Annual Hours	Total Wages	Direct Non- Disabled/Sighted Wages Total
		0.0006	1.25	1950	\$ 28.26	\$ 28.26

Total All Direct Labor Wages
\$ 67.83

ted to	Indirect Disabled/Blind Labor Job Title	Estimated Number of Employees	Number of Hours	Hourly Wage	Total	
elate	Laborer Travel time	1.00	0.50	\$ 22.61	\$ 11.31	
-					\$ 	
stly					\$ 15	

NYS OGS PREFERRED SOURCE SERVICE APPLICATION

FORM 3 Salting Per Occurrence

Jirect Labor Land titles not dire ecifications	Indirect Disabled/Blind Labor Total	Total FTE	Total Hours			To	tal Wages	indir Disabled Wag	/Blind
日本語		0.0003	0.50			\$	11.31	\$	11.31
				1		.			
드 등 중	Job Title	Estimated Number of Employees	Number of Hours		22.61		Totai		
Š	Supervisor Travel Time	1.00	0.50	\$	22.61	\$	11.31		
E						\$	-		
C O				\$	22.61	\$	-		
Managemer	Indirect Non-Disabled/Sighted Labor Total	Total FTE	Total Hours	\$	22.61	Tot	al Wages	Indirect Disabled/S Wage	Sighted
		0.0003	0.50			\$	11.31	\$	11.31

II Indirect Wages
\$ 22.61

- 22.61
- Total All Wages \$ 90.44

Benefit Type	Rate	Disabled/ Blin Labor Total	d Non-Disabled/ Sighted Labor Total		Total
Workers Compensation	0.051	\$ 2.5	\$ 2.02	\$	4.6
FICA	0.0765	\$ 3.89	\$ 3.03	\$	6.9
Medical Insurance	0.02		2 \$ 0.79	\$	1.8
Life Insurance	0.023	\$ 1.17	7 \$ 0.91	\$	2.0
Disability	0.006	\$ 0.3	\$ 0.24	\$	0.6
Unemployment Insurance	0.094	\$ 4.78	3 \$ 3.72	\$	8.
403B Agency Share	0.02	\$ 1.02	2 \$ 0.79	\$	1.1
Total Fringe Benefits (Excluding Ar Benefits	ticle 9 Supplemental	\$ 14.78	3 \$ 11.49	\$	26.
Employee/Job Title	Article 9 Sup # of Hours	plemental Bene Supplemental Benefit Rate	Disabled/ Blind Labor Total	Non-Disabled/ Sighted Labor Total	Total
Disabled/ Blind Direct			\$ -		, otai
Disabled/ Blind Direct			\$ -		
Non- Disabled/ Sighted Direct				<u>\$</u>	
				\$ -	
Non- Disabled/ Sighted Direct					

FORM 3 **Salting Per Occurrence**

		Su	ımn	nary	
, pescubion	(l Su	Fringe Benefits Excluding Article 9 pplemental Benefits)	S	Article 9 upplemental Benefits	Total All Benefits
Disabled/ Blind Labor	\$	14.78	\$	-	\$ 14.78
Non- Disabled/ Sighted Labor	\$	11.49	\$	-	\$ 11.49
Total All Ber	nefits				\$ 26.27

Total All Wages + Benefits 116.71 \$

	Summary Total (Other Insurance		
	Insurance Type	Cost	Total Ins	urance
	Health Insurance Agency Share	\$5.47		-
.				
The observation of the start of			·	· . · · · · · · · · · · · · · · · · · ·
			\$	5.47

St St	Description	Orlg	inal Cost	Useful Life/Years	1	orated/ ual Cost	<u> </u>
8	Ford F350 Pickup Truck-\$38,900 prorate .001923=\$74.80	\$	74.80	3.00	\$	24.93	
	Salter-\$3800 prorate .001923	\$	7.31	3.00	\$	2.44	
.0	Salt Barn/Storage-\$3644 prorate .001923	\$	7.01	3.00	\$	2.34	
<u>c</u>							
- 2 -							
0							
5	Subtotal				\$	29.71	Total Equipment Amortization
<u> </u>					I,		\$ 29.71

2	Description	Quantity	Price	τo	tal Cost		
	Gas and Oil-to provide salting services	6.00	\$ 2.75	\$	16.50		1
0	Equipment Maintenance	1	\$ 10.00	\$	10.00		
82	Other (Specify)			\$	-		
	Other (Specify)			\$	-		
5 07	Subtotal			\$	26.50	Total Equip Operating C	
		· · · · · · · · · · · · · · · · · · ·	 			\$	26.50
	Description	Quantity	Price	То	tal Cost		
d No ed	Rock Salt	2.00	\$ 69.12	\$	138.24		
P 8 5				\$	-		

02/03/2020

Supplies an Amortiz Equipme	Subtotal			\$ 138.24	Total Supplies and Non- Amortized Equipment
0)					\$ 138.24
	Description	Quantity	Price	Total Cost	
sts					
r Co					
Other Costs	Subtotal		\$-	\$ -	Total Other Cost
		L		1	\$ -

Contract Subtotal \$ 316.63

	Description	Rate %	Total Cost	
Fees	Administrative Overhead	17%	\$ 53.83	3
and	Subtotal With Overhead		\$ 370.46	3
erhead	Preferred Source Fee	4%	\$ 14.82	
Over	Subtotal With Overhead and Fees		\$ 385.28	Overhead and
				\$ 385.28

Contract Total \$ 385.28

	Initial Contract Term (In Ye	ears)	Term	1	
ns for 1sion			Term	Frequency	Per Occurrence Total
tter	Options for Extensions		4,1-year	options to renew	\$ 385.28
Option		Description	Amount	Frequency	Monthly Total
	Cost Escalator (If applicable)	pw	tbd	annual	



Preferred Source Service Application Service Cost Summary

FORM 3

Form 3 Instructions:

The Preferred Source Facilitating Entity must complete Form 3 in its entirety.

Additional rows and formulas may be inserted as needed in the sections below. The form is not locked.

Please delete unused tabs as applicable.

You must sign Form 3 and submit a scanned copy, along with the original Excel file to the Purchasing Agency for review. Upon Purchasing Agency concurrence of Form 4, submit Form 3 in both PDF and Excel formats with your completed application forms and attachments to NYS OGS at OGS.sm.PS_CM_PreferredSource@ogs.ny.gov.

Preferred Source Facilitating Entity	NYSID		
Purchasing Agency Name	Erie County Water Authority	Date	1/0/2025
Contact Name Contact Email	Stanley A. Jemiolo Jr.	Date	1/9/2025
Contact Email	sjemiolo@ecwa.org		
Contact Phone Number	(716) 685-8242		
Contact Street Address	3030 Union Road		
City, State, Zip Code	Cheektowaga, NY 14227		
Project Name	Extra Services Hourly Rate		
City, State, Zip Code Project Name Proposed Start Date	4.15.25 - 4.14.26 Option 4 of 4		

	Disabled/Blind Labor Job Title	Estimated Number of Employees	Number of Hours	Hourly Wage	Total	
	Landscape Laborer- Edge/Weed/Prune	1.00	0.51	\$ 22.61	\$ 11.53 \$ -	
					\$-	
s					\$ -	
l io					\$ - \$ -	
cat					\$ -	
ļ Ķ					\$ -	
specifications					\$ -	
Direct Labor to fulfill contract	Disabled/Blind Labor Total	Total FTE	Total Hours	\$ 22.61	Total Wages	Direct Disabled Wages Total
La loo		0.0003	0.51	23	\$ 11.53	\$ 11.53
l lili	Non-Disabled Labor	Estimated Number of	Number of			
o fu	Job Title	Employees	Hours	Hourly Wage	Total	
	Contract Landscape Supervisor	1.00	0.49	\$ 22.61	\$ 11.08	
working					\$- \$-	
10/					\$ -	
					\$ -	
People					\$ -	
e e					\$ -	
1 "					\$ -	
	Non-Disabled Labor Total	Total FTE	Total Hours	Total Annual Hours	\$ Total Wages	Direct Non- Disabled Wages Total
		0.0003	0.49	1950	\$ 11.08	\$ 11.08



ated	Indirect Disabled/Blind Labor Job Title	Estimated Number of Employees	Number of Hours	Hourly Wage	Total	
e	Landscape Laborer - Travel Time	1.00	0.0625	\$ 22.61	\$ 1.41	

	2 1				\$ -	· · · ·
- E					\$ - \$ -	
	Indirect Disabled Labor Total	Total FTE	Total Hours		Total Wages	Indirect Disable Wages
		0.0000	0.06		\$ 1.41	\$ 1.4
Indirect Labor ersight and titles not to specifications.	Indirect Non-Disabled Labor Job Title	Estimated Number of Employees	Number of Hours	22.61	Total	
្ត ខ្មុំ ខ	Landscape Laborer - Travel Time	1.00	0.0625	\$ 22.61	\$ 1.41	
	Lawn & Landscape Operations Manager	1.00	0.01	\$ 25.24	\$ 0.25 \$ -	
Management	Indirect Non-Disabled Labor Total	Total FTE	Total Hours	\$ 22.61	Total Wages	Indirect Non- Disabled Wages
÷.2		0.0000	0.07		\$ 1.67	\$ 1.6
						Total All Indired Labor Wages \$ 3.0 Total All Wages \$ 25.0
		Development (Freehoulders Ar	N.=A			
	Fringe	Benefits (Excluding Ar	ticle 9 Suppleme	ntal Benefits)		<u> </u>
	Benefit Type	Rate	ticle 9 Suppleme Disabled/ Blind Labor Total	ntal Benefits) Non-Disabled/ Sighted Labor Total		Total
	Benefit Type Workers Compensation	Rate 0.051	Disabled/ Blind Labor Total \$0.66	Non-Disabled/ Sighted Labor Total \$ 0.65	\$	1.3
	Benefit Type Workers Compensation FICA	Rate 0.051 0.0765	Disabled/ Blind Labor Total \$0.66 \$0.99	Non-Disabled/ Sighted Labor Total \$ 0.65 \$ 0.97	\$	1.3
	Benefit Type Workers Compensation FICA Medical Insurance	Rate 0.051 0.0765 0.05	Disabled/ Blind Labor Total \$ 0.66 \$ 0.99 \$ 0.65	Non-Disabled/ Sighted Labor Total \$ 0.65 \$ 0.97 \$ 0.64	\$ \$ \$	1.3 1.9 1.2
	Benefit Type Workers Compensation FICA Medical Insurance Liability Insurance	Rate 0.051 0.0765 0.05 0.023	Disabled/ Blind Labor Total \$ 0.66 \$ 0.99 \$ 0.65 \$ 0.30	Non-Disabled/ Sighted Labor Total \$ 0.65 \$ 0.97 \$ 0.64 \$ 0.29	\$ \$ \$ \$	1.3 1.9 1.2 0.0
	Benefit Type Workers Compensation FICA Medical Insurance Liability Insurance Disability Unemployment Insurance	Rate 0.051 0.0765 0.05	Disabled/ Blind Labor Total \$ 0.66 \$ 0.99 \$ 0.65 \$ 0.30 \$ 0.08	Non-Disabled/ Sighted Labor Total \$ 0.65 \$ 0.97 \$ 0.64	\$ \$ \$	1.3 1.9 1.2
	Benefit Type Workers Compensation FICA Medical Insurance Liability Insurance Disability	Rate 0.051 0.0765 0.05 0.023 0.006	Disabled/ Blind Labor Total \$ 0.66 \$ 0.99 \$ 0.65 \$ 0.30 \$ 0.08 \$ 1.22	Non-Disabled/ Sighted Labor Total \$ 0.65 \$ 0.97 \$ 0.64 \$ 0.29 \$ 0.08	\$ \$ \$ \$ \$	1.3 1.9 1.2 0.0
	Benefit Type Workers Compensation FICA Medical Insurance Liability Insurance Disability Unemployment Insurance	Rate 0.051 0.0765 0.023 0.006 0.094 0.02	Disabled/ Blind Labor Total \$ 0.66 \$ 0.99 \$ 0.65 \$ 0.30 \$ 0.08 \$ 1.22 \$ 0.26	Non-Disabled/ Sighted Labor Total \$ 0.65 \$ 0.97 \$ 0.64 \$ 0.29 \$ 0.08 \$ 1.20	\$ \$ \$ \$ \$	1.3 1.5 1.2 0.5 0.1 2.4
9	Benefit Type Workers Compensation FICA Medical Insurance Liability Insurance Disability Unemployment Insurance 403B Agency Share	Rate 0.051 0.0765 0.023 0.006 0.094 0.02	Disabled/ Blind Labor Total \$ 0.66 \$ 0.99 \$ 0.65 \$ 0.30 \$ 0.08 \$ 1.22 \$ 0.26	Non-Disabled/ Sighted Labor Total \$ 0.65 \$ 0.97 \$ 0.64 \$ 0.29 \$ 0.08 \$ 1.20 \$ 0.25	\$ \$ \$ \$ \$ \$ \$	1.3 1.5 1.2 0.6 0.1 2.4 0.6
auents	Benefit Type Workers Compensation FICA Medical Insurance Liability Insurance Disability Unemployment Insurance 403B Agency Share	Rate 0.051 0.0765 0.05 0.023 0.006 0.094 0.02 Supplemental Benefits	Disabled/ Blind Labor Total \$ 0.66 \$ 0.99 \$ 0.65 \$ 0.30 \$ 0.08 \$ 1.22 \$ 0.26	Non-Disabled/ Sighted Labor Total \$ 0.65 \$ 0.97 \$ 0.64 \$ 0.29 \$ 0.08 \$ 1.20 \$ 0.25	\$ \$ \$ \$ \$ \$ \$	1.3 1.5 1.2 0.6 0.1 2.4 0.6
ployee Be	Benefit Type Workers Compensation FICA Medical Insurance Liability Insurance Disability Unemployment Insurance 403B Agency Share	Rate 0.051 0.0765 0.05 0.023 0.006 0.094 0.02 Supplemental Benefits	Disabled/ Blind Labor Total \$ 0.66 \$ 0.99 \$ 0.65 \$ 0.30 \$ 0.08 \$ 1.22 \$ 0.26 \$ 4.15	Non-Disabled/ Sighted Labor Total \$ 0.65 \$ 0.97 \$ 0.64 \$ 0.29 \$ 0.08 \$ 1.20 \$ 0.25	\$ \$ \$ \$ \$ \$ \$	1.3 1.5 1.2 0.6 0.1 2.4 0.5 8.2
ployee Be	Benefit Type Workers Compensation FICA Medical Insurance Liability Insurance Disability Unemployment Insurance 403B Agency Share Total Fringe Benefits (Excluding Article 9 Total Fringe Benefits (Excluding Article 9 Employee/Job Title Disabled/ Blind Direct	Rate 0.051 0.0765 0.05 0.023 0.006 0.094 0.02 Supplemental Benefits Article 9 Supple	Disabled/ Blind Labor Total \$ 0.66 \$ 0.99 \$ 0.65 \$ 0.30 \$ 0.08 \$ 1.22 \$ 0.26 \$ 4.15 mental Benefits Supplemental	Non-Disabled/ SIghted Labor Total \$ 0.65 \$ 0.97 \$ 0.64 \$ 0.29 \$ 0.08 \$ 1.20 \$ 0.25 \$ 4.08 Disabled/ Blind Labor Total \$ -	\$ \$ \$ \$ \$ \$ \$ Non-Disabled/ Sighted Labor	1.3 1.5 1.2 0.6 0.1 2.4 0.6
oyee Be	Benefit Type Workers Compensation FICA Medical Insurance Liability Insurance Disability Unemployment Insurance 403B Agency Share Total Fringe Benefits (Excluding Article 9 Total Fringe Benefits (Excluding Article 9 Employee/Job Title Disabled/ Blind Direct Disabled/ Blind Direct	Rate 0.051 0.0765 0.05 0.023 0.006 0.094 0.02 Supplemental Benefits Article 9 Supple	Disabled/ Blind Labor Total \$ 0.66 \$ 0.99 \$ 0.65 \$ 0.30 \$ 0.08 \$ 1.22 \$ 0.26 \$ 4.15 mental Benefits Supplemental	Non-Disabled/ SIghted Labor Total \$ 0.65 \$ 0.97 \$ 0.64 \$ 0.29 \$ 0.08 \$ 1.20 \$ 0.25 \$ 4.08 Disabled/ Blind Labor Total	\$ \$ \$ \$ \$ \$ \$ Non-Disabled/ Sighted Labor Total	1.3 1.5 1.2 0.6 0.1 2.4 0.5 8.2
ployee Be	Benefit Type Workers Compensation FICA Medical Insurance Liability Insurance Disability Unemployment Insurance 403B Agency Share Total Fringe Benefits (Excluding Article 9 Total Fringe Benefits (Excluding Article 9 Employee/Job Title Disabled/ Blind Direct Disabled/ Blind Direct Non- Disabled/ Sighted Direct	Rate 0.051 0.0765 0.05 0.023 0.006 0.094 0.02 Supplemental Benefits Article 9 Supple	Disabled/ Blind Labor Total \$ 0.66 \$ 0.99 \$ 0.65 \$ 0.30 \$ 0.08 \$ 1.22 \$ 0.26 \$ 4.15 mental Benefits Supplemental	Non-Disabled/ SIghted Labor Total \$ 0.65 \$ 0.97 \$ 0.64 \$ 0.29 \$ 0.08 \$ 1.20 \$ 0.25 \$ 4.08 Disabled/ Blind Labor Total \$ -	\$ \$ \$ \$ \$ \$ \$ \$ Non-Disabled/ Sighted Labor Total \$ -	1.3 1.5 1.2 0.6 0.1 2.4 0.5 8.2
ployee Be	Benefit Type Workers Compensation FICA Medical Insurance Liability Insurance Disability Unemployment Insurance 403B Agency Share Total Fringe Benefits (Excluding Article 9 Total Fringe Benefits (Excluding Article 9 Employee/Job Title Disabled/ Blind Direct Disabled/ Blind Direct Non- Disabled/ Sighted Direct Non- Disabled/ Sighted Direct	Rate 0.051 0.0765 0.023 0.006 0.094 0.02 Supplemental Benefits Article 9 Supple # of Hours	Disabled/ Blind Labor Total \$ 0.66 \$ 0.99 \$ 0.65 \$ 0.30 \$ 0.08 \$ 1.22 \$ 0.26 \$ 4.15 mental Benefits Supplemental	Non-Disabled/ Sighted Labor Total \$ 0.65 \$ 0.97 \$ 0.64 \$ 0.29 \$ 0.08 \$ 1.20 \$ 0.25 \$ 4.08 Disabled/ Blind Labor Total \$ - \$ -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1.3 1.6 1.2 0.5 0.1 2.4 0.5 8.2
ployee Be	Benefit Type Workers Compensation FICA Medical Insurance Liability Insurance Disability Unemployment Insurance 403B Agency Share Total Fringe Benefits (Excluding Article 9 	Rate 0.051 0.0765 0.023 0.006 0.094 0.02 Supplemental Benefits Article 9 Supple # of Hours	Disabled/ Blind Labor Total \$ 0.66 \$ 0.99 \$ 0.65 \$ 0.30 \$ 0.08 \$ 1.22 \$ 0.26 \$ 4.15 mental Benefits Supplemental	Non-Disabled/ SIghted Labor Total \$ 0.65 \$ 0.97 \$ 0.64 \$ 0.29 \$ 0.08 \$ 1.20 \$ 0.25 \$ 4.08 Disabled/ Blind Labor Total \$ -	\$ \$ \$ \$ \$ \$ \$ \$ Non-Disabled/ Sighted Labor Total \$ -	1.3 1.5 1.2 0.6 0.1 2.4 0.5 8.2
ployee Be	Benefit Type Workers Compensation FICA Medical Insurance Liability Insurance Disability Unemployment Insurance 403B Agency Share Total Fringe Benefits (Excluding Article 9 Total Fringe Benefits (Excluding Article 9 Employee/Job Title Disabled/ Blind Direct Disabled/ Blind Direct Non- Disabled/ Sighted Direct Non- Disabled/ Sighted Direct	Rate 0.051 0.0765 0.023 0.004 0.094 0.02 Supplemental Benefits # of Hours tal Benefits	Disabled/ Blind Labor Total \$ 0.66 \$ 0.99 \$ 0.65 \$ 0.30 \$ 0.08 \$ 1.22 \$ 0.26 \$ 4.15 mental Benefits Supplemental	Non-Disabled/ Sighted Labor Total \$ 0.65 \$ 0.97 \$ 0.64 \$ 0.29 \$ 0.08 \$ 1.20 \$ 0.25 \$ 4.08 Disabled/ Blind Labor Total \$ - \$ -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1.3 1.6 1.2 0.5 0.1 2.4 0.5 8.2
ployee Be	Benefit Type Workers Compensation FICA Medical Insurance Liability Insurance Disability Unemployment Insurance 403B Agency Share Total Fringe Benefits (Excluding Article 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Rate 0.051 0.0765 0.023 0.002 0.094 0.02 Supplemental Benefits # of Hours # of Hours ntal Benefits Sum Fringe Benefits (Excluding Article 9 Supplemental Benefits)	Disabled/ Blind Labor Total \$ 0.66 \$ 0.99 \$ 0.65 \$ 0.30 \$ 0.08 \$ 1.22 \$ 0.26 \$ 4.15 mental Benefits Supplemental Benefit Rate 	Non-Disabled/ Sighted Labor Total \$ 0.65 \$ 0.97 \$ 0.64 \$ 0.29 \$ 0.29 \$ 0.25 \$ 0.25 \$ 4.08 Disabled/ Blind Labor Total \$ - \$ -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1.3 1.2 0.6 0.1 2.4 0.5 8.2 Total \$ \$
ployee Be	Benefit Type Workers Compensation FICA Medical Insurance Liability Insurance Disability Unemployment Insurance 403B Agency Share Total Fringe Benefits (Excluding Article 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Rate 0.051 0.0765 0.023 0.002 0.094 0.02 Supplemental Benefits 4rticle 9 Supple # of Hours 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Disabled/ Blind Labor Total \$ 0.66 \$ 0.99 \$ 0.65 \$ 0.30 \$ 0.08 \$ 1.22 \$ 0.26 \$ 4.15 mental Benefits Supplemental Benefit Rate mary Article 9 Supplemental Benefits \$ 4.15	Non-Disabled/ Sighted Labor Total \$ 0.65 \$ 0.97 \$ 0.64 \$ 0.29 \$ 0.29 \$ 0.25 \$ 0.25 \$ 4.08 Disabled/ Blind Labor Total \$ - \$ - \$ -	\$ \$ \$ \$ \$ \$ \$ \$ \$ Non-Disabled/ Sighted Labor Total \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1.3 1.2 0.6 0.1 2.4 0.6 8.2 Total \$ s
ployee Be	Benefit Type Workers Compensation FICA Medical Insurance Liability Insurance Disability Unemployment Insurance 403B Agency Share Total Fringe Benefits (Excluding Article 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Rate 0.051 0.0765 0.023 0.006 0.094 0.02 Supplemental Benefits # of Hours # of Hours ntal Benefits Sum Fringe Benefits (Excluding Article 9 Supplemental Benefits) \$ 4.15 \$ 4.08	Disabled/ Blind Labor Total \$ 0.66 \$ 0.99 \$ 0.65 \$ 0.30 \$ 0.08 \$ 1.22 \$ 0.26 \$ 4.15 mental Benefits Supplemental Benefit Rate 	Non-Disabled/ Sighted Labor Total \$ 0.65 \$ 0.97 \$ 0.64 \$ 0.29 \$ 0.29 \$ 0.25 \$ 0.25 \$ 4.08 Disabled/ Blind Labor Total \$ - \$ -	\$ \$ \$ \$ \$ \$ \$ \$ \$ Non-Disabled/ Sighted Labor Total \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1.3 1.2 0.6 0.1 2.4 0.5 8.2 Total \$ \$

Total All Wages + Benefits

\$

33.92

	Summary To	tal Other Insurance	
The second sector of the second secon	Insurance Type	Cost	Total Insurance
			\$ -

	Description	ORATED	Useful Life/Years	rorated/ nual Cost	Prorated/700hrs
	1-Ford F350 Pickup Truck-\$38,900ea.	\$ 1,945.00	5.00	\$ 389.00	2.779
	12' Sure-Trac Dump Trailer- \$6,430	\$ 321.50	3.00	\$ 107.17	0.459
S	Special Hedge Trimmer- KN727: \$289 KMA01: \$289, KMG01: \$109, KMA01a-a1:\$299 total: \$986	\$ 49.30	3.00	\$ 16.43	0.070
Ŭ.	1-Red Max Blowers-\$499	\$ 24.95	3.00	\$ 8.32	0.036
5	1-Jackson 6cu ft wheelbarrow-\$125ea	\$ 6.25	3.00	\$ 2.08	0.009
	2-Ames 24.5" D handle aluminum scoop-\$34.98ea-\$69.96	\$ 3.50	3,00	\$ 1. 1 7	0.005
Ň	2-Fiskars 8.63" long handle shovel-\$23.49ea-\$46.98	\$ 2.35	3.00	\$ 0.78	0.003
þ	2-Echo bypass hand pruner w/teflon coat blade-\$24.99ea-\$49.98	\$ 2.35	3.00	\$ 0.78	0.003
	2-Fiskars bypass lopper-\$34.98ea-\$69.96	\$ 3.50	3.00	\$ 1.17	0.005
	2-Harper 24"outdoor push broom-\$38.44ea-\$76.88	\$ 3,84	3.00	\$ 1.28	0.005
9	2-Razor back 24 tine steel rake-\$19.98\$79.92	\$ 4.00	3.00	\$ 1.33	0.006
5	Stihl Chainsaw-\$589.99	\$ 29.50	3.00	\$ 9.83	0.042
Equi	Subtotal			\$ 539.34	Total Equipment Amortization
		 		 	\$ 3.42
					•

			T					
	Description	Quantity	F	Price	To	tal Cost		
Operating 5	Gas for Trucks	0.56	\$	2.75	\$	1.54		
	Gas for Equipment	0.03	\$	2.75	\$	0.08		
Å //	Other (Specify)				\$			
	Other (Specify)				\$	-		
Equipment Op Costs	Subtotal				\$	1.62	Total Eq Operatin	uipment 9 Costs
			_				\$	1.62
dupment	Description	Quantity	Pror	Price ated @ 5%	то	tal Cost	Total/7	00hrs
E S	Hand tools	1.00	\$	52.17	\$	52.17		0.07
3	Safety & Personal Protection Equipment	1.00	\$	274.26	\$	274.26		0.39
Ц Ц					\$	-		
0	······				\$	-		
Ň					\$	-		
Ľ					\$	-		
mortized					\$	-		
					\$	-		
Ś			-		\$ \$	-		
2			+		\$ \$	-		
R R					\$	-		
<u> </u>					Ψ.			
Supples	Subtotal				\$	326.43	Total Sup Non- Am Equip	ortized
		house a					\$	0.47

	Description	Quantity	Price	Total Cost	-
r Costs			2		-
Other (Subtotal		\$-	\$-	Total Other Co

T.

Contract Subtotal \$

39.43

(0	Description		Rate %		То	tal Cost		
Fee	Administrative Ove	erhead	17.00%		\$	6.70		
Overhead and Fees	Subtotal With Over	rhead			\$	46.14		
head	Preferred Source	Fee	4.00%		\$	1.85	-	
Dver	Subtotal With Overhead and Fees				\$	47.98	2003 (State States)	ad and
0							rees	Total
U							Fees	
J							\$	
5					НОЦ	JRLY	\$	47.98 ct Total
			Term		НОЦ	JRLY	\$ Contra	47.98 ct Total
	Initial Contract Term (In Years)	Term	1	НОГ	JRLY	\$ Contra	47.98 ct Total
	Sec. 20 and	In Years)	Term Term	1 Frequency	НОГ	JRLY	\$ Contra \$	47.98 ct Total
	Initial Contract Term (Options for Extensions	In Years)	Term	1 Frequency option to renew	Нос	JRLY	\$ Contra \$	47.98 ct Total 47.98 y Total
	Sec. 20 and	In Years)	Term		HOU	JRLY	\$ Contra \$ Hourl	47.98 ct Total 47.98