



Sullivan County Executive Committee

100 North Street
Monticello, NY 12701

Meeting Agenda - Final - Revised

Chairman Nadia Rajsz
Vice Chairman Joesph Perrello
Committee Member Matt McPhillips
Committee Member Brian McPhillips
Committee Member Nicholas Salomone Jr.
Committee Member Catherine Scott
Committee Member Luis Alvarez
Committee Member Amanda Ward
Committee Member Terry Blosser-Bernardo

Thursday, September 18, 2025

9:00 AM

Government Center

Call To Order and Pledge of Allegiance

Roll Call

Presentation: Childhood Cancer Awareness Month

Corporate Compliance Third Quarter Report

Public Comment

Resolutions:

1. The Legislative Discretionary Funding program is designed to assist Sullivan County and County-oriented entities with achieving such goals as public safety, public health, youth services, community development, and economic development [ID-7713](#)
2. Requesting Designation Under the Hudson Valley Community Preservation Act To Enable Local Farmland and Open Space Protection Programs [ID-7732](#)
3. RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO AUTHORIZE THE COUNTY MANAGER TO SIGN THE 2025-2026 ANNUAL PLAN UPDATE TO THE 2024-2028 FOUR-YEAR PLAN FOR THE SULLIVAN COUNTY OFFICE FOR THE AGING [ID-7754](#)

Sponsors: Office for the Aging and Deoul

Attachments: [25-pi-08-review-and-approval-standard-dates-pdf](#)

-
4. RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO AMEND RESOLUTION #256-22 FOR THE PURPOSE OF CONTINUING THE CURRENT LEASE ON A MONTH-BY-MONTH BASIS UNTIL SUCH TIME AS THE PARTIES ENTER INTO A NEW LEASE AGREEMENT. [ID-7758](#)
 5. Authorize County Manager to vote in favor of Chapter 11 Plan of Purdue Pharma L.P. [ID-7763](#)
 6. Amend Resolution No, 319-25 regarding the real property tax exemption for Veterans who have a 100 percent service connected disability [ID-7764](#)
 7. TO AMEND RESOLUTION NO. 202-16 AMENDING THE APPEARANCE FEES FOR STENOGRAPHERS [ID-7766](#)
 8. Authorize Sullivan County Early Intervention Program to reimburse respite providers for eligible children [ID-7767](#)
 9. Permit former owners to repurchase parcels [ID-7768](#)
Attachments: [2025 Repurch-PS 4 sch a](#)
 10. INTRODUCED BY THE EXECUTIVE COMMITTEE TO APPROVE ALLOCATION OF 2025-2026 New York State Office of Children and Family Services funding and COUNTY FUNDS TO YOUTH PROGRAMS [ID-7769](#)
Sponsors: Office for the Aging and Deoul
 11. To authorize an inter-municipal agreement with the Town of Forestburgh and Town of Thompson to establish a cooperative framework for the joint review of the Town Line Solar Project. [ID-7770](#)
 12. To declare Lead Agency and issue a Negative Declaration associated with the State Environmental Quality Review for the Callicoon Park. [ID-7771](#)
Attachments: [SC_Callicoon FEAF_CLEAN 07182025](#)
[feafpart2-9-12-25](#)
[feafpart3-9-11-25](#)
 13. Authorize the Sullivan County Visitors Association (SCVA) Tourism Grant Program [ID-7772](#)
Attachments: [County SCVA Tourism Grant Handbook FY2025-2026](#)
 14. "Opt In" to settlement agreements with eight (8) Opioid Manufacturers [ID-7773](#)
-

15. RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO ADOPT AN UPDATED PORTION OF THE HIPAA COMPLIANCE POLICY AND ADD SAID UPDATE TO THE SULLIVAN COUNTY EMPLOYEE PRACTICES HANDBOOK [ID-7774](#)

Attachments: [HIPAA COMPLIANCE POLICY_Final September 2025](#)

16. To authorize spending from the Sullivan County Opioid Settlement Fund [ID-7775](#)

Adjourn



Sullivan County

Legislative Memorandum

100 North Street
Monticello, NY 12701

File #: ID-7713

Agenda Date: 9/18/2025

Agenda #: 1.

Narrative of Resolution:

The Legislative Discretionary Funding program is designed to assist Sullivan County and County-oriented entities with achieving such goals as public safety, public health, youth services, community development, and economic development

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: \$5,453

Are funds already budgeted? Yes

Specify Compliance with Procurement Procedures: N/A

RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO AUTHORIZE FUNDING THROUGH THE LEGISLATIVE DISCRETIONARY FUNDING PROGRAM

WHEREAS, the Sullivan County Legislature adopted a Legislative Discretionary Contract Funding Program pursuant to Resolution No. 327-16; and

WHEREAS, the program is designed to assist Sullivan County and County-oriented entities with achieving such goals as public safety, public health, youth services, community development, and economic development; and

WHEREAS, the program review took place during the 2025 Budget process and the Legislature had an opportunity to assess the applications submitted;

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature approves the projects listed in the below “Schedule A” and the disbursement of the associated funds, and

BE IT FURTHER RESOLVED, that the Sullivan County Legislature authorizes the County Manager to enter into contracts with these award recipients for the contract period of January 1, 2025 through December 31, 2025 for said services as submitted in their application; and

BE IT FURTHER RESOLVED, that the below organizations may request that the County advance these funds with the acknowledgment that there shall be the appropriate proof submitted to the Management and Budget Division at the completion of their purchase or their program no later than December 31, 2025; and

BE IT FURTHER RESOLVED, said contracts to be in a form approved by the County Attorney.

“Schedule A”

2025 Legislative Discretionary Contract Funding

Applicant	Award Recommendation
Woodbourne Fire Department	\$5,453 (Legislator District 7)

Sullivan County

Legislative Memorandum

File #: ID-7732

Agenda Date: 9/18/2025

Agenda #: 2.

Narrative of Resolution:

Requesting Designation Under the Hudson Valley Community Preservation Act To Enable Local Farmland and Open Space Protection Programs

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: \$0

Are funds already budgeted? Choose an item.

If 'Yes,' specify appropriation code(s): Click or tap here to enter text.

If 'No,' specify proposed source of funds: Click or tap here to enter text.

Specify Compliance with Procurement Procedures:

RESOLUTION NO. INTRODUCED BY THE EXECUTIVE COMMITTEE REQUESTING DESIGNATION UNDER THE HUDSON VALLEY COMMUNITY PRESERVATION ACT TO ENABLE LOCAL FARMLAND AND OPEN SPACE PROTECTION PROGRAMS

WHEREAS, in recognition of the importance of preserving agricultural lands, open space, and natural resources, the Sullivan County Legislature seeks to empower local municipalities with the tools necessary to protect these assets. The Community Preservation Program, enabled through designation under the Hudson Valley Community Preservation Act of 2007, would allow municipalities to establish locally tailored preservation plans funded through a real property transfer tax; and

WHEREAS, Sullivan County municipalities have expressed interest in creating their own Open Space and Farmland Protection Programs through the establishment of Community Preservation Programs. These programs would allow municipalities to develop plans and provide funds, through the imposition of a real property transfer tax, for the protection and preservation of lands within their own communities; and

WHEREAS, the Sullivan County Agriculture and Farmland Protection Plan identifies farmland protection as a priority strategy for sustaining the county's agricultural economy and rural character, and supports mechanisms such as the Community Preservation Program to achieve these goals; and

WHEREAS, the Sullivan County Agriculture and Farmland Protection Board has endorsed the concept of Community Preservation Programs as a tool to advance farmland protection, consistent with the goals outlined in the county's Agriculture and Farmland Protection Plan; and

WHEREAS, municipalities within Sullivan County should have the same opportunity to opt for the creation of their own Community Preservation Programs;

NOW, THEREFORE, BE IT RESOLVED, that we, the Sullivan County Legislature, send a Home Rule Request in support of the New York State Legislature amending general municipal law and the tax law to include Sullivan County as a “designated community” within the Hudson Valley Community Preservation Act of 2007; and be it further

RESOLVED, that the Clerk of the Legislature be and is hereby authorized and directed to send a certified copy of this resolution to Honorable Kathy Hochul, the Governor of the State of New York, and to each member of the State Senate and Assembly whose districts include all or part of Sullivan County, so that they may be apprised hereof and take all necessary and appropriate action to enact this legislation.

Sullivan County

Legislative Memorandum

File #: ID-7754

Agenda Date: 9/18/2025

Agenda #: 3.

Narrative of Resolution:

RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO AUTHORIZE THE COUNTY MANAGER TO SIGN THE 2025-2026 ANNUAL PLAN UPDATE TO THE 2024-2028 FOUR-YEAR PLAN FOR THE SULLIVAN COUNTY OFFICE FOR THE AGING

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution:

Are funds already budgeted? Yes

If 'Yes,' specify appropriation code(s): Click or tap here to enter text.

If 'No,' specify proposed source of funds: Click or tap here to enter text.

Specify Compliance with Procurement Procedures:

WHEREAS, the Sullivan County Office for the Aging administers programs funded under the Older Americans Act (Title III), Wellness in Nutrition, the New York State Community Services for the Elderly Program, the Expanded In-Home Services for the Elderly Program, the Congregate Services Initiative, the State Transportation Program, the Caregiver Resource Center, the Health Insurance Information Counseling and Assistance Program, and Unmet Needs Funding, which authorize the expenditure of Federal and State funds to provide services for older residents of Sullivan County; and

WHEREAS, State and Federal regulations require the County to prepare and submit an Annual Plan outlining the services to be provided under the above-mentioned programs; and

WHEREAS, the New York State Office for the Aging requires submission of a Four-Year Plan for the period 2024-2028, with annual updates including funding applications, plan reviews, and related documentation; and

WHEREAS, the Sullivan County Office for the Aging has prepared the 2025-2026 Annual Plan Update to the 2024-2028 Four-Year Plan; and

WHEREAS, the regulations require the County Manager to sign the Annual Plan Update in order for the County to receive Federal and State funding allocations;

NOW, THEREFORE, BE IT RESOLVED, that the County Manager be and hereby is authorized to sign any and all applications, agreements, and documents necessary to implement the Sullivan County Office for the Aging 2025-2026 Annual Plan Update to the 2024-2028 Four-Year Plan; and

BE IT FURTHER RESOLVED, that such applications and agreements shall be in a form approved by the Sullivan County Department of Law; and

BE IT FURTHER RESOLVED, that all commitments and agreements are contingent upon receipt of the necessary Federal and State allocations; and

BE IT FURTHER RESOLVED, that should Federal and/or State funding, including Older Americans Act

(Title III) funding, be terminated, the County shall not be obligated to continue any actions or services initiated through the use of such funding.

ANNUAL UPDATE REVIEW AND APPROVAL

Must be signed by the AAA Director (and the Chief Officer of the Governing Body of the Sponsoring Organization if the other than County, New York City, or Native American Organization).

I hereby submit for approval the 2025-26 Annual Update to the 2024-28 Four Year Plan (hereafter referred to as the Plan) for Older Americans Act (OAA) programs, New York State Community Services for the Elderly (CSE) Program and Expanded In-Home Services for the Elderly Program (EISEP), and the applications for funding indicated below:

Program	Program Period	Program Applied For
Title III-B	January 1, 2025 to December 31, 2025	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title III-C	January 1, 2025 to December 31, 2025	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title III-D	January 1, 2025 to December 31, 2025	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title III-E	January 1, 2025 to December 31, 2025	<input type="checkbox"/> Yes <input type="checkbox"/> No
EISEP	April 1, 2025 to March 31, 2026	<input type="checkbox"/> Yes <input type="checkbox"/> No
CSE	April 1, 2025 to March 31, 2026	<input type="checkbox"/> Yes <input type="checkbox"/> No
CSI	April 1, 2025 to March 31, 2026	<input type="checkbox"/> Yes <input type="checkbox"/> No
WIN	April 1, 2025 to March 31, 2026	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unmet Need	April 1, 2025 to March 31, 2026	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation	April 1, 2025 to March 31, 2026	<input type="checkbox"/> Yes <input type="checkbox"/> No
CRC	April 1, 2025 to March 31, 2026	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIICAP	April 1, 2025 to March 31, 2026	<input type="checkbox"/> Yes <input type="checkbox"/> No

I agree to comply with all applicable federal, state and local laws and regulations, program standards, and standard assurances which affect any funds, (including matching funds and program income) used for the programs described in this Plan. I have read and agree to comply with all of the Standard Assurances (Attachment A) in the Plan. In addition, I certify that no amendments have been made nor will be made to the Standard Assurances in the Plan. Furthermore, I agree to comply with all attachments submitted as part of this Plan and indicated on the Attachment Checklist.

I also certify that the information contained in the Priority Services Schedule (Attachment B) is true and correct.

I also certify that this organization is not currently suspended or debarred as defined in 2 CFR part 376.

Signature of AAA Director

Print/Type Name

Date

Signature of the Chief Executive Officer of the Governing Body of the Sponsoring Organization
(if other than County, New York City, or Native American Organization)

Date

Print/Type Name

Print/Type Title

LOCAL GOVERNMENT EXECUTIVE REVIEW AND APPROVAL

Must be signed ONLY if the AAA intends to apply for CSE program or EISEP state aid pursuant to the New York State Elder Law.

I, _____ being the Chief Executive Officer of the Governing Board of
Print/Type Name

this _____ (County, New York City, or Native American Organization), do hereby
certify that:

1. The _____, an AAA established pursuant to the OAA of 1965, as
amended, has been duly designated by me pursuant to New York State Elder Law §214.

[] CSE

[] EISEP

2. This Plan for the OAA and New York State CSE and/or EISEP pursuant to New York State Elder Law, is
hereby approved for submission to the New York State Office for the Aging.

Signature (Use ink. "per" signature not acceptable)

Print/Type Title

Date

Sullivan County

Legislative Memorandum

File #: ID-7758

Agenda Date: 9/18/2025

Agenda #: 4.

Narrative of Resolution:

RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO AMEND RESOLUTION #256-22 FOR THE PURPOSE OF CONTINUING THE CURRENT LEASE ON A MONTH-BY-MONTH BASIS UNTIL SUCH TIME AS THE PARTIES ENTER INTO A NEW LEASE AGREEMENT.

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: \$4,065.25 monthly

Are funds already budgeted? Yes

If 'Yes,' specify appropriation code(s): A-6293-47-4701 Department Rentals

If 'No,' specify proposed source of funds: N/A

Specify Compliance with Procurement Procedures: N/A

WHEREAS, the Center for Workforce Development rents space from the New York State Department of Labor (NYSDOL) to form the Sullivan County Career Center which is required by the Federal Workforce Innovation and Opportunity Act (WIOA); and

WHEREAS, the Department of Labor leases space at 50 North Street, Monticello, New York and is the Leaseholder. Resolution #256-22 covered the lease period from 7/1/22 through 6/30/25 at \$4,065.25 per month; and

WHEREAS, this Resolution is being amended since a new lease agreement has not been agreed upon by all parties. This amendment is to include language that should the lease expire without a new lease being in place, the terms and conditions of the lease shall continue on a month-to-month basis until such time as a new lease agreement is in place; and

NOW, THEREFORE, BE IT RESOLVED, that Resolution #256-22 is amended to provide for month-to-month leasing of the premises under the same terms and conditions as stated in the original lease until such time as the parties enter into a new Lease Agreement; and

BE IT FURTHER RESOLVED, that all other provisions of Resolution #256-22 shall remain unchanged.

Sullivan County

Legislative Memorandum

File #: ID-7763

Agenda Date: 9/18/2025

Agenda #: 5.

Narrative of Resolution:

Authorize County Manager to vote in favor of Chapter 11 Plan of Purdue Pharma L.P.

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: \$0

Are funds already budgeted? Choose an item.

If 'Yes,' specify appropriation code(s): Click or tap here to enter text.

If 'No,' specify proposed source of funds: Click or tap here to enter text.

Specify Compliance with Procurement Procedures:

RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO ALLOW THE COUNTY MANAGER TO VOTE IN FAVOR OF THE CHAPTER 11 PLAN OF REORGANIZATION OF PURDUE PHARMA L.P. AND ITS AFFILIATED DEBTORS ("PURDUE"), AND TO PARTICIPATE IN THE SETTLEMENT OF PURDUE'S ESTATE IN BANKRUPTCY AND THE DIRECT SETTLEMENT OF LITIGATION AGAINST PURDUE

WHEREAS, the opioid crises has devastated countless families and communities in Sullivan County; and

WHEREAS, having risen to the status of an epidemic the County of Sullivan wishes to take steps to address this crisis in a meaningful way; and

WHEREAS, many of the opioids placed into the chain of commerce in Sullivan County have been produced by Purdue Pharma ("Purdue") and its affiliates; and

WHEREAS, the County of Sullivan has joined with many other municipalities in prosecuting litigation against several of the manufacturers and distributors of opioids, including, without limitation, Purdue; and

WHEREAS, in 2019, while the litigation against Purdue was pending, Purdue filed for reorganization pursuant to Chapter 11 of the United States Bankruptcy Code; and

WHEREAS, the County of Sullivan, along with many other municipalities, is a claimant against Purdue's estate in bankruptcy (the "Estate"); and

WHEREAS, the parties to the underlying litigation against Purdue have been engaged in settlement negotiations; and

WHEREAS, the proposed settlement of the underlying litigation will be implemented in connection with Purdue's bankruptcy proceeding, and consists of, among other things, a settlement of direct claims against the Sackler family held by states, local governments, and other creditors ("Direct Settlement") and a settlement of the Estate ("Estate Settlement"); and

WHEREAS, the deadline for submissions to participate in the Direct Settlement and to approve Purdue's bankruptcy plan, which will provide distributions from the Estate Settlement, is September 30, 2025; and

WHEREAS, the Direct Settlement and the Estate Settlement will ensure payments to Sullivan County bringing much needed funding to our community to assist in abating the opioid crisis.

NOW THEREFORE BE IT RESOLVED, that effective September 18, 2025 the County Manager is hereby authorized to vote in favor of Purdue's bankruptcy plan on behalf of the County of Sullivan; and it is further

RESOLVED, that the County Manager is hereby authorized to participate in the Direct Settlement and the Estate Settlement on behalf of the County of Sullivan.



Sullivan County

Legislative Memorandum

100 North Street
Monticello, NY 12701

File #: ID-7764

Agenda Date: 9/18/2025

Agenda #: 6.

Narrative of Resolution:

Amend Resolution No, 319-25 regarding the real property tax exemption for Veterans who have a 100 percent service connected disability

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: \$0

Are funds already budgeted? Choose an item.

If 'Yes,' specify appropriation code(s): Click or tap here to enter text.

If 'No,' specify proposed source of funds: Click or tap here to enter text.

Specify Compliance with Procurement Procedures:

RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE TO AMEND RESOLUTION NO. 319-25 BY URGING THE GOVERNOR TO PASS THE REAL PROPERTY TAX EXEMPTIONS FOR VETERANS WHO HAVE A 100 PERCENT SERVICE CONNECTED DISABILITY

WHEREAS, the Sullivan County Legislature passed Resolution No. 319-25 on August 21, 2025 urging the Assembly and Senate to pass Assembly Bill 2025-A.74 and Senate Bill S1183, and

WHEREAS, the County of Sullivan was just notified that the New York State Assembly passed 2025-A.74 back in May 2025 and the New York State Senate passed S1183 back in June 2025, and

WHEREAS, Resolution No. 319-25 needs to be amended to urge New York State Governor Kathy Hochul to sign the bill.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby amends Resolution No. 319-25 by urging the Governor Hochul to sign Assembly Bill 2025-A.74 and Senate Bill S1183 into law.

BE IT FURTHER RESOLVED, that the remainder of Resolution No. 319-25 remains the same and unchanged.

Sullivan County

Legislative Memorandum

File #: ID-7766

Agenda Date: 9/18/2025

Agenda #: 7.

RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO AMEND RESOLUTION NO. 202-16 AMENDING APPEARANCE FEES AND APPOINTING AUTHORITY OF STENOGRAPHERS.

WHEREAS, Resolution No. 202-16 was adopted by the Sullivan County Legislature on April 21, 2016, and

WHEREAS, Article 10-A of the Judiciary Law §321 authorizes the District Attorney to appoint stenographers to take testimony given before the grand juries in said county and §327 authorizes the County Legislature to fix compensation for said stenographers.

WHEREAS, the Grand Jury stenographic appearance fees were last set in 2016; and

WHEREAS, in addition to appearance fee compensation, Grand Jury stenographers are authorized to receive fees for transcription services as set forth in 22NYCRR 108.2

NOW THEREFORE BE IT RESOLVED the compensation of Grand Jury stenographers are authorized and shall be as follows:

Stenographer appearance fees shall not exceed \$225.00 per hour
G/L A1165-47-4704

BE IT FURTHER RESOLVED, that fees other than appearance fees shall be as authorized by 22 NYCRR 108.2

BE IT FURTHER RESOLVED, that the foregoing rates shall be effective as of August 1, 2025.

BE IT FURTHER RESOLVED, that everything else in Resolution No. 202-16 shall remain the same and unchanged.

Sullivan County

Legislative Memorandum

File #: ID-7767

Agenda Date: 9/18/2025

Agenda #: 8.

Narrative of Resolution:

Authorize Sullivan County Early Intervention Program to reimburse respite providers for eligible children

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution:

Are funds already budgeted? Choose an item.

If 'Yes,' specify appropriation code(s):

If 'No,' specify proposed source of funds

Specify Compliance with Procurement Procedures:

Following OPWDD (Office for People with Developmental Disabilities) guidance

RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE TO AUTHORIZE SULLIVAN COUNTY EARLY INTERVENTION PROGRAM TO REIMBURSE RESPITE PROVIDERS FOR ELIGIBLE CHILDREN

WHEREAS, The Early Intervention Program (EIP), in accordance with New York State Department of Education provides for respite services to eligible children; and

WHEREAS, Respite services are intended to provide support to parents or other caregivers who may otherwise be overwhelmed by the intensity and constancy of caregiving responsibilities that may be necessary for a child with special needs; and

WHEREAS, children must meet eligibility criteria for the Early intervention Program (EIP), and the respite services must be included on the eligible child's Individualized Family Service Plan (IFSP); and

WHEREAS, there is no Department of Health list of approved respite providers, Early Intervention officials must first reach out to agencies and individuals with experience in respite service delivery, such as those under the Office for People With Developmental Disabilities (OPWDD) Family Support Services Program; and

WHEREAS, this includes family reimbursement approaches in which families select, train, and supervise respite care workers; and

WHEREAS, respite providers need not be licensed or certified professionals; and

WHEREAS, the Department of Health allocates funds to municipalities for reimbursement of respite services on a population-based formula; and

WHEREAS, municipalities set the reimbursement rate for respite services; and

WHEREAS, the Early Intervention Official (EIO) determines the rate which is consistent with those currently used for

respite services under OPWDD Family Support Services Program; and

WHEREAS, the EIO for Sullivan County has determined the reimbursement rate to be \$17.50 per hour based on OPWDD guidance; and

WHEREAS, the Early Intervention Program (EIP) requests Sullivan County be allowed to pay the respite provider directly rather than reimburse the parent or caregiver; and

NOW, THEREFORE BE IT RESOLVED, that Sullivan County EIP be authorized to reimburse respite care providers at the recommended rate of \$17.50 per hour effective June 1, 2025, and;

BE IT FURTHER RESOLVED, that the respite care provider be reimbursed directly.

Sullivan County

Legislative Memorandum

File #: ID-7768

Agenda Date: 9/18/2025

Agenda #: 9.

Narrative of Resolution:

Permit former owners to repurchase parcels

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: Click or tap here to enter text.

Are funds already budgeted? Choose an item.

If 'Yes,' specify appropriation code(s): Click or tap here to enter text.

If 'No,' specify proposed source of funds: Click or tap here to enter text.

Specify Compliance with Procurement Procedures:

RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE TO PERMIT FORMER OWNERS TO REPURCHASE PARCELS THAT WERE ACQUIRED BY THE COUNTY OF SULLIVAN BY VIRTUE OF AN IN REM TAX FORECLOSURE PROCEEDING

WHEREAS, pursuant to the provisions of Article 11 of the NYS Real Property Tax Law and pursuant to the Judgment of Foreclosure signed by the Hon. James Farrell, Sullivan County Court Judge dated June 24, 2025 and recorded in the Sullivan County Clerk's Office on June 25, 2025, the County of Sullivan foreclosed upon all of the parcels noted on Schedules "A" annexed hereto; and

WHEREAS, after July 1, 2025, the County of Sullivan took title to various parcels noted on Schedule "A" by Deed dated and recorded on the 7th day of July, 2025 in the Sullivan County Clerk's Office as Instrument #2025-4863; and

WHEREAS, in accordance with Sullivan County Local Law No. 6 of 2024, the County has received applications requesting that the parcels set forth on Schedule "A" attached hereto, be reacquired by the former owner(s) in consideration for the amount of delinquent taxes, interest, penalties, auction fees and recording fees, as the same were repurchased after the County took title to the same; and

WHEREAS, once a court order is executed, the County's judgment on the parcels indicated on Schedules "A" will be removed and any and all liens upon the parcels on Schedule "A" shall be reinstated, nunc pro tunc.

NOW, THEREFORE, BE IT RESOLVED, the Sullivan County Legislature hereby approves the repurchases of the properties listed on Schedule “A” for the total sum of the delinquent taxes, interest, penalties, auction fees and recording fees, if applicable, pursuant to Sullivan County Local Law No. 6 of 2024.

REPURCHASE #4 - SCHEDULE "A"

482000 18.-1-13.4	Daniel and Tisha Curry
482000 32.-2-10.6	Adar Villas NYS 17B LLC
482000 37.-1-23./0401	J&G Family Irrevocable Trust
482000 42.-14-4	Oleg Gouivan
482000 42.-14-6	Oleg Gouivan
482000 42.-24-10	Jeanne Edelman, Remainderman; Alan Edelman, Life Tenant
482000 49.-12-3	Paul Chevalier
482801 103.-1-1	Manny Dancour & Eliya Menachem
482889 28.-1-50	1613 East 29 LLC
482889 42.-1-10.2	Hilda Steiger
482889 51.-3-10.2	Bernard & Marion Schickman
482889 51.-3-10.4	Bernard & Marion Schickman
482889 58.B-3-18	Alva Pisapia
482889 58.D-2-3	Robert Kelly Living Trust
482889 60.-1-56.1/2201	Leib Lefkowitz
483400 15.-1-62	Ihor Gene Duly
483400 15.-2-26	Gileta Enterprises LLC
483689 6.-1-29	Hyman Sommer
483689 6.-1-36	Mubeen Ashraf
483689 11.-2-7	Peter P Papapetru & Panagioti Amaxas
483689 11.-2-8	Peter P Papapetru & Panagioti Amaxas
483689 20.-3-4	Timmie Edwards
483689 22.-3-3	Jacqueline Tellez
483689 23.-1-45	Peter Guirguis
483689 35.-2-30.1	Kurt A. Malik
483689 47.-7-7	Thomas LaGattuta
484089 3.-1-9	Mattie A Kelley
484089 14.-1-22.2	Back River Hope Inc.
484601 111.-4-31	Roosa Avenue LLC
484601 112.-7-5	Roosa Avenue LLC
484601 113.-4-9	Broadway Estates Holding LLC
484601 115.-6-22	Menachem Friedman
484601 119.-3-21	Iglesia de Dios of Monticello
484601 119.-3-22	Iglesia de Dios of Monticello
484601 119.-3-30	Iglesia de Dios of Monticello
484601 119.-6-9	Mendel Guttman
484689 28.-1-4.13	100 Hamilton LLC
484689 28.-1-4.17	100 Hamilton LLC
484689 28.-1-4.41	100 Hamilton LLC
484689 52.C-1-43	Robert Kelly Living Trust
484689 52.J-5-12	Muriel Haberman
484689 52.K-2-24	Virgilio Soto
482801 105.-5-1	Nathan Blumenberg
482801 105.-5-2.1	Nathan Blumenberg
484089 66.-1-25.1	Nathan Blumenberg



Sullivan County
Legislative Memorandum

100 North Street
Monticello, NY 12701

File #: ID-7769

Agenda Date: 9/18/2025

Agenda #: 10.

Narrative of Resolution:

INTRODUCED BY THE EXECUTIVE COMMITTEE TO APPROVE ALLOCATION OF 2025-2026 New York State Office of Children and Family Services funding and COUNTY FUNDS TO YOUTH PROGRAMS

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: \$317,786.00

Are funds already budgeted? Yes

If 'Yes,' specify appropriation code(s): A7310.40.4013; A7310-47-4794

Estimated Cost Breakdown by Source

County: \$130,000.00

Grant(s): \$0.00

State: \$187,786.00

Other: \$0.00

Federal Government: \$0.00

(Specify): \$0.00

Specify Compliance with Procurement Procedures:

WHEREAS, the County of Sullivan contracts with various agencies for services to youth through the Sullivan County Youth Bureau; and

WHEREAS, the County of Sullivan has appropriated \$130,000.00 in the 2025 Sullivan County budget and NYS Office of Children and Family Services has appropriated \$187,786 to provide funding to such agencies for their youth programs; and

WHEREAS, the Sullivan County Youth Bureau recommends the allocation of such funds to the following projects, in amounts not to exceed those listed:

County-funded programs:

Catskill Fly Fishing Center & Museum	\$ 8,000.00
Nesin Cultural Arts, Inc-Adaptive Lessons	\$ 4,000.00
Nesin Cultural Arts, Inc.-Baby and Me	\$ 5,000.00
Nesin Cultural Arts, Inc.-Connect to Your Future	\$ 5,000.00
Nesin Cultural Arts, Inc.-El Sistema	\$ 9,000.00
Nesin Cultural Arts, Inc.-Music and Theory Composition	\$ 1,000.00
River Rep Theatre Inc.	\$ 2,000.00

Rock Hill Fire Dept. Cub Scout Pack 101	\$ 5,000.00
Rock Hill Fire Dept. Girls Count Pack 1101	\$ 5,000.00
Sullivan 180, Inc.- MLK, Jr. Youth Summit 2026	\$10,000.00
Sullivan Public-Sunday Free Art Classes	\$ 5,000.00
Sullivan Public-Afterschool Program	\$10,000.00
Town of Cohecton- Youth Recreation	\$10,000.00
Town of Mamakating-Youth Recreation	\$10,000.00
Town of Thompson-Monthly Events	\$ 5,000.00
Tusten Social-Teen Enrichment Program	\$ 6,000.00
The Valley Fellowship, Ltd.-Roots & Boots	\$ 2,000.00
Town of Bethel-Youth Recreation	\$ 8,000.00
Town of Thompson-Thursday Night Lights	\$10,000.00
Town of Tusten-Winter recreation	<u>\$10,000.00</u>
	\$130,000.00

New York State Office of Children and Family Services Funded Programs:

Youth Development Programs

County of Sullivan Administrative Costs-YDP	\$13,517.00
Bethel Woods Center for the Arts, Inc.- P.L.A.Y.	\$10,000.00
Town of Wallkill Boys & Girls Club-Monticello	\$ 8,000.00
Cornell Cooperative Extension Sullivan County-4H	\$10,000.00
The Delaware Company-Student Days	\$ 3,660.00
Fallsburg Library-Career Exploration & Employment	\$ 3,000.00
Fearless! Hudson Valley-Youth Education Program	\$10,000.00
Hurleyville Performing Arts Centre, Inc-Children's Creative	\$ 9,717.00
Jeff Stone Arch Inc.-The Hive Afterschool Program	\$ 4,000.00
Livingston Manor Free Library-Manor Ink	\$11,225.00
Nesin Cultural Arts, Inc.-Visual Arts	\$ 4,000.00
Town of Fallsburg-Museum Trip	<u>\$ 3,000.00</u>
	\$90,119.00

Youth Sports and Education Opportunity Funding

County of Sullivan Administrative Costs-YSEF	\$ 8,132.00
Cornell Cooperative Extension Sullivan County- Music & Movement	\$10,000.00
Delaware Youth Center	\$10,000.00
Town of Fallsburg-Holiday Mountain Ski Trip	\$ 6,000.00

Town of Fallsburg-Learn to Swim	\$ 3,000.00
Homestead School-Whole Student Wellness	\$ 4,080.00
Mamakating Library-Bike Safety Day	\$ 3,000.00
Nesin Cultural Arts, Inc.-Dance & Movement	\$ 5,000.00
Town of Thompson-Youth Sports Program	<u>\$ 5,000.00</u>
	\$54,212.00

Teams Funding

County of Sullivan Administrative Costs	\$ 6,518.00
Hudson Valley Athletic Club	<u>\$36,937.00</u>
	\$43,455.00

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature, for the County of Sullivan, approve the allocation to the aforementioned list of projects; and

BE IT FURTHER RESOLVED, that the County Manager be and hereby is authorized to execute any and all necessary documentation and papers in connection herewith, in such form as approved by the Sullivan County Department of Law.

Sullivan County

Legislative Memorandum

File #: ID-7770

Agenda Date: 9/18/2025

Agenda #: 11.

Narrative of Resolution:

To authorize an inter-municipal agreement with the Town of Forestburgh and Town of Thompson to establish a cooperative framework for the joint review of the Town Line Solar Project.

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: N/A

Are funds already budgeted? Choose an item.

If 'Yes,' specify appropriation code(s): Click or tap here to enter text.

If 'No,' specify proposed source of funds: Click or tap here to enter text.

Specify Compliance with Procurement Procedures:

RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO AUTHORIZE AN INTERMUNICIPAL AGREEMENT WITH THE TOWN OF THOMPSON AND TOWN OF FORESTBURGH TO ESTABLISH A COOPERATIVE FRAMEWORK FOR THE JOINT REVIEW OF THE TOWN LINE SOLAR PROJECT

WHEREAS, the Townline Solar Project ("Project") is proposed to be located within the Town of Thompson and the Town of Forestburgh, Sullivan County, New York; and

WHEREAS, the Project will be subject to review by the New York State Office of Renewable Energy Siting ("ORES") pursuant to Executive Law § 94-c and its implementing regulations; and

WHEREAS, the Participating Governments each have an interest in ensuring that the Project is reviewed in a coordinated manner that protects environmental, land use, public health, safety, and community interests; and

WHEREAS, ORES regulations provide for the availability of local agency account ("intervenor") funds to assist municipalities and local parties in participating in the permitting process; and

WHEREAS, the Participating Governments desire to jointly engage legal counsel and environmental/planning consultants to assist with the coordinated review of the Project and to maximize the potential to obtain and efficiently use intervenor funds.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature authorizes the County Manager to execute an intermunicipal agreement with the Town of Thompson and the Town of Forestburgh to establish a cooperative framework for the joint review of the Project, including the joint engagement of legal counsel and environmental/planning consultants, and to outline the mutual understandings regarding cost-sharing, coordination, and decision-making.; and

BE IT FURTHER RESOLVED, that the agreement shall be in a form that is approved by the County Attorney.

Sullivan County

Legislative Memorandum

File #: ID-7771

Agenda Date: 9/18/2025

Agenda #: 12.

Narrative of Resolution:

To declare Lead Agency and issue a Negative Declaration associated with the State Environmental Quality Review for the Callicoon Park.

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: N/A

Are funds already budgeted? Choose an item.

If 'Yes,' specify appropriation code(s): Click or tap here to enter text.

If 'No,' specify proposed source of funds: Click or tap here to enter text.

Specify Compliance with Procurement Procedures:

RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE TO DECLARE THE COUNTY OF SULLIVAN AS LEAD AGENCY AND ISSUE A NEGATIVE DECLARATION OF ENVIRONMENTAL IMPACT IN REGARDS TO THE STATE ENVIRONMENTAL QUALITY REVIEW ACT (SEQRA) REQUIRMENTS FOR THE CALLICOON RIVERSIDE PARK, IN THE HAMLET OF CALLICOON

WHEREAS, The County of Sullivan ("County") has proposed the creation of a new riverside park on an abandoned campground on the banks of the Delaware River ("Project"); and

WHEREAS, the County has purchased a large parcel of land for the purpose of creating this park; and

WHEREAS, the Project is subject to the requirements of the State Environmental Quality Review Act (SEQRA) as defined in Title 5 NYCRR Section 617; and

WHEREAS, in accordance with the SEQRA requirements, the County of Sullivan is eligible to act as Lead Agency for the Project; and

WHEREAS, the Division of Planning, Community Development and Environmental Management has completed the review of the Title 5 NYCRR Section 617 regulations and has determined that the project will not have a significant adverse impact on the environment and concludes that the County Legislature issues a Negative Declaration.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature does hereby authorize the County of Sullivan to declare designation of and act as Lead Agency for the SEQRA process for the project; and

BE IT FURTHER RESOLVED, that the Sullivan County Legislature hereby accepts the Environmental Assessment described in the SEQRA Environmental Assessment Form ("EAF" attached hereto); and

BE IT FURTHER RESOLVED, that the Sullivan County legislature hereby issues a negative declaration

pursuant to the provisions of SEQRA and authorizes the County Manager, Chairperson of the County Legislature, and/or their authorized representative (as required by the source) to sign the EAF and any related SEQRA documents, in a form approved by the County Attorney.

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:		
Project Location (describe, and attach a general location map):		
Brief Description of Proposed Action (include purpose or need):		
Name of Applicant/Sponsor:		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:
Project Contact (if not same as sponsor; give name and title/role):		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:
Property Owner (if not same as sponsor):		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:

B. Government Approvals

B. Government Approvals, Funding, or Sponsorship. (“Funding” includes grants, loans, tax relief, and any other forms of financial assistance.)

Government Entity	If Yes: Identify Agency and Approval(s) Required	Application Date (Actual or projected)
a. City Counsel, Town Board, or Village Board of Trustees <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. City, Town or Village Planning Board or Commission <input type="checkbox"/> Yes <input type="checkbox"/> No		
c. City, Town or Village Zoning Board of Appeals <input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Other local agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
e. County agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
f. Regional agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
g. State agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
h. Federal agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
i. Coastal Resources. <i>i.</i> Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>ii.</i> Is the project site located in a community with an approved Local Waterfront Revitalization Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>iii.</i> Is the project site within a Coastal Erosion Hazard Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		

C. Planning and Zoning

C.1. Planning and zoning actions.

Will administrative or legislative adoption, or amendment of a plan, local law, ordinance, rule or regulation be the only approval(s) which must be granted to enable the proposed action to proceed? ☐ Yes ☐ No

- **If Yes**, complete sections C, F and G.
- **If No**, proceed to question C.2 and complete all remaining sections and questions in Part 1

C.2. Adopted land use plans.

a. Do any municipally- adopted (city, town, village or county) comprehensive land use plan(s) include the site where the proposed action would be located? ☐ Yes ☐ No

If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located? ☐ Yes ☐ No

b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway; Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?) ☐ Yes ☐ No

If Yes, identify the plan(s):

c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, or an adopted municipal farmland protection plan? ☐ Yes ☐ No

If Yes, identify the plan(s):

C.3. Zoning	
a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. If Yes, what is the zoning classification(s) including any applicable overlay district?	□ Yes □ No
<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	
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? If Yes,	□ Yes □ No
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? _____	
b. What police or other public protection forces serve the project site? _____	
c. Which fire protection and emergency medical services serve the project site? _____	
d. What parks serve the project site? _____ _____	

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)? _____	
b. a. Total acreage of the site of the proposed action?	_____ acres
b. b. Total acreage to be physically disturbed?	_____ acres
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?	_____ 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: _____ _____ _____	

f. Does the project include new residential uses? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, show numbers of units proposed.				
	<u>One Family</u>	<u>Two Family</u>	<u>Three Family</u>	<u>Multiple Family (four or more)</u>
Initial Phase	_____	_____	_____	_____
At completion	_____	_____	_____	_____
of all phases	_____	_____	_____	_____

g. Does the proposed action include new non-residential construction (including expansions)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes,	
i. Total number of structures _____	
ii. Dimensions (in feet) of largest proposed structure: _____ height; _____ width; and _____ length	
iii. Approximate extent of building space to be heated or cooled: _____ square feet	

h. Does the proposed action include construction or other activities that will result in the impoundment of any liquids, such as creation of a water supply, reservoir, pond, lake, waste lagoon or other storage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes,	
i. Purpose of the impoundment: _____	
ii. If a water impoundment, the principal source of the water: <input type="checkbox"/> Ground water <input type="checkbox"/> Surface water streams <input type="checkbox"/> Other specify:	

iii. If other than water, identify the type of impounded/contained liquids and their source.	

iv. Approximate size of the proposed impoundment. Volume: _____ million gallons; surface area: _____ acres	
v. Dimensions of the proposed dam or impounding structure: _____ height; _____ length	
vi. Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete):	

D.2. Project Operations

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite)	
If Yes:	
i. What is the purpose of the excavation or dredging? _____	
ii. How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site?	
<ul style="list-style-type: none"> • Volume (specify tons or cubic yards): _____ • Over what duration of time? _____ 	
iii. Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them.	

iv. Will there be onsite dewatering or processing of excavated materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe. _____	

v. What is the total area to be dredged or excavated? _____ acres	
vi. What is the maximum area to be worked at any one time? _____ acres	
vii. What would be the maximum depth of excavation or dredging? _____ feet	
viii. Will the excavation require blasting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ix. Summarize site reclamation goals and plan: _____	

b. Would the proposed action cause or result in alteration of, increase or decrease in size of, or encroachment into any existing wetland, waterbody, shoreline, beach or adjacent area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes:	
i. Identify the wetland or waterbody which would be affected (by name, water index number, wetland map number or geographic description): _____	

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? Yes ☐ No ☐
 If Yes, describe: _____

iv. Will the proposed action cause or result in the destruction or removal of aquatic vegetation? ☐ Yes ☐ No ☐
 If Yes:

- 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? ☐ Yes ☐ No ☐
 If Yes:

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? ☐ Yes ☐ No ☐
 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? ☐ Yes ☐ No ☐
 If Yes:

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? ☐ Yes ☐ No ☐
 If Yes:

- 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 ☐

<ul style="list-style-type: none"> • Do existing sewer lines serve the project site? _____ • Will a line extension within an existing district be necessary to serve the project? _____ <p>If Yes:</p> <ul style="list-style-type: none"> • Describe extensions or capacity expansions proposed to serve this project: _____ _____ _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>iv. Will a new wastewater (sewage) treatment district be formed to serve the project site? _____</p> <p>If Yes:</p> <ul style="list-style-type: none"> • Applicant/sponsor for new district: _____ • Date application submitted or anticipated: _____ • What is the receiving water for the wastewater discharge? _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>v. If public facilities will not be used, describe plans to provide wastewater treatment for the project, including specifying proposed receiving water (name and classification if surface discharge or describe subsurface disposal plans): _____ _____ _____</p>		
<p>vi. Describe any plans or designs to capture, recycle or reuse liquid waste: _____ _____ _____</p>		
<p>e. Will the proposed action disturb more than one acre and create stormwater runoff, either from new point sources (i.e. ditches, pipes, swales, curbs, gutters or other concentrated flows of stormwater) or non-point source (i.e. sheet flow) during construction or post construction? _____</p> <p>If Yes:</p> <p>i. How much impervious surface will the project create in relation to total size of project parcel?</p> <p style="padding-left: 40px;">_____ Square feet or _____ acres (impervious surface)</p> <p style="padding-left: 40px;">_____ Square feet or _____ acres (parcel size)</p> <p>ii. Describe types of new point sources. _____ _____</p> <p>iii. Where will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent properties, groundwater, on-site surface water or off-site surface waters)? _____ _____</p> <ul style="list-style-type: none"> • If to surface waters, identify receiving water bodies or wetlands: _____ _____ • Will stormwater runoff flow to adjacent properties? _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>iv. Does the proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater? _____</p>		
<p>f. Does the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel combustion, waste incineration, or other processes or operations? _____</p> <p>If Yes, identify:</p> <p>i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles) _____</p> <p>ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers) _____</p> <p>iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation) _____ _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>g. Will any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit, or Federal Clean Air Act Title IV or Title V Permit? _____</p> <p>If Yes:</p> <p>i. Is the project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet ambient air quality standards for all or some parts of the year) _____</p> <p>ii. In addition to emissions as calculated in the application, the project will generate:</p> <ul style="list-style-type: none"> • _____ Tons/year (short tons) of Carbon Dioxide (CO₂) • _____ Tons/year (short tons) of Nitrous Oxide (N₂O) • _____ Tons/year (short tons) of Perfluorocarbons (PFCs) • _____ Tons/year (short tons) of Sulfur Hexafluoride (SF₆) • _____ Tons/year (short tons) of Carbon Dioxide equivalent of Hydrofluorocarbons (HFCs) • _____ Tons/year (short tons) of Hazardous Air Pollutants (HAPs) 		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)? <input type="checkbox"/> Yes <input type="checkbox"/> No</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? <input type="checkbox"/> Yes <input type="checkbox"/> No</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? <input type="checkbox"/> Yes <input type="checkbox"/> No</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 <input type="checkbox"/> Randomly between hours of _____ to _____.</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 _____</p> <p>iv. Does the proposed action include any shared use parking? Yes <input type="checkbox"/> No <input type="checkbox"/></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 ½ mile of the proposed site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? <input type="checkbox"/> Yes <input type="checkbox"/> No</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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>l. Hours of operation. Answer all items which apply.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____ </td> <td style="width: 50%; vertical-align: top;"> <p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____ </td> </tr> </table>		<p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____ 	<p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____
<p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____ 	<p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____ 		

<p>m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes:</p> <p>i. Provide details including sources, time of day and duration:</p> <p>_____</p> <p>_____</p>	
<p>ii. Will the proposed action remove existing natural barriers that could act as a noise barrier or screen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe: _____</p> <p>_____</p>	
<p>n. Will the proposed action have outdoor lighting? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes:</p> <p>i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:</p> <p>_____</p> <p>_____</p>	
<p>ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe: _____</p> <p>_____</p>	
<p>o. Does the proposed action have the potential to produce odors for more than one hour per day? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures: _____</p> <p>_____</p> <p>_____</p>	
<p>p. Will the proposed action include any bulk storage of petroleum (combined capacity of over 1,100 gallons) or chemical products 185 gallons in above ground storage or any amount in underground storage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Product(s) to be stored _____</p> <p>ii. Volume(s) _____ per unit time _____ (e.g., month, year)</p> <p>iii. Generally, describe the proposed storage facilities: _____</p> <p>_____</p>	
<p>q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Describe proposed treatment(s):</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>ii. Will the proposed action use Integrated Pest Management Practices? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Describe any solid waste(s) to be generated during construction or operation of the facility:</p> <ul style="list-style-type: none"> • Construction: _____ tons per _____ (unit of time) • Operation : _____ tons per _____ (unit of time) <p>ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:</p> <ul style="list-style-type: none"> • Construction: _____ _____ • Operation: _____ _____ <p>iii. Proposed disposal methods/facilities for solid waste generated on-site:</p> <ul style="list-style-type: none"> • Construction: _____ _____ • Operation: _____ _____ 	

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. <input type="checkbox"/> Urban <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Rural (non-farm) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____ ii. If mix of uses, generally describe: _____ _____			
b. Land uses and coverytypes on the project site.			
Land use or Coverytype	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces			
• Forested			
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)			
• Agricultural (includes active orchards, field, greenhouse etc.)			
• Surface water features (lakes, ponds, streams, rivers, etc.)			
• Wetlands (freshwater or tidal)			
• Non-vegetated (bare rock, earth or fill)			
• Other Describe: _____ _____			

<p>c. Is the project site presently used by members of the community for public recreation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>i. If Yes: explain: _____</p>	
<p>d. Are there any facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed day care centers, or group homes) within 1500 feet of the project site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes,</p> <p>i. Identify Facilities: _____</p> <p>_____</p>	
<p>e. Does the project site contain an existing dam? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Dimensions of the dam and impoundment:</p> <ul style="list-style-type: none"> • Dam height: _____ feet • Dam length: _____ feet • Surface area: _____ acres • Volume impounded: _____ gallons OR acre-feet <p>ii. Dam's existing hazard classification: _____</p> <p>iii. Provide date and summarize results of last inspection: _____</p> <p>_____</p>	
<p>f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Has the facility been formally closed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> • If yes, cite sources/documentation: _____ <p>ii. Describe the location of the project site relative to the boundaries of the solid waste management facility: _____</p> <p>_____</p> <p>iii. Describe any development constraints due to the prior solid waste activities: _____</p> <p>_____</p>	
<p>g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: _____</p> <p>_____</p>	
<p>h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Yes – Spills Incidents database <input type="checkbox"/> Yes – Environmental Site Remediation database <input type="checkbox"/> Neither database </div> <div> Provide DEC ID number(s): _____ Provide DEC ID number(s): _____ </div> </div> <p>ii. If site has been subject of RCRA corrective activities, describe control measures: _____</p> <p>_____</p> <p>iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide DEC ID number(s): _____</p> <p>iv. If yes to (i), (ii) or (iii) above, describe current status of site(s): _____</p> <p>_____</p>	

v. Is the project site subject to an institutional control limiting property uses? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> • 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? <input type="checkbox"/> Yes <input type="checkbox"/> No • Explain: _____ _____ 	
E.2. Natural Resources On or Near Project Site	
a. What is the average depth to bedrock on the project site? _____ feet	
b. Are there bedrock outcroppings on the project site? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what proportion of the site is comprised of bedrock outcroppings? _____ %	
c. Predominant soil type(s) present on project site: _____ % _____ % _____ %	
d. What is the average depth to the water table on the project site? Average: _____ feet	
e. Drainage status of project site soils: <input type="checkbox"/> Well Drained: _____ % of site <input type="checkbox"/> Moderately Well Drained: _____ % of site <input type="checkbox"/> Poorly Drained _____ % of site	
f. Approximate proportion of proposed action site with slopes: <input type="checkbox"/> 0-10%: _____ % of site <input type="checkbox"/> 10-15%: _____ % of site <input type="checkbox"/> 15% or greater: _____ % of site	
g. Are there any unique geologic features on the project site? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No ii. Do any wetlands or other waterbodies adjoin the project site? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes to either <i>i</i> or <i>ii</i> , 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? <input type="checkbox"/> Yes <input type="checkbox"/> No iv. For each identified regulated wetland and waterbody on the project site, provide the following information: <ul style="list-style-type: none"> • 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of impaired water body/bodies and basis for listing as impaired: _____ _____	
i. Is the project site in a designated Floodway? <input type="checkbox"/> Yes <input type="checkbox"/> No	
j. Is the project site in the 100-year Floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No	
k. Is the project site in the 500-year Floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No	
l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <ul style="list-style-type: none"> i. Name of aquifer: _____ See Figure 5 - Aquifer Map 	

<p>m. Identify the predominant wildlife species that occupy or use the project site: _____</p> <p>_____</p> <p>_____</p>	
<p>n. Does the project site contain a designated significant natural community? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Describe the habitat/community (composition, function, and basis for designation): _____</p> <p style="margin-left: 20px;">ii. Source(s) of description or evaluation: _____</p> <p style="margin-left: 20px;">iii. Extent of community/habitat:</p> <ul style="list-style-type: none"> • Currently: _____ acres • Following completion of project as proposed: _____ acres • Gain or loss (indicate + or -): _____ acres 	
<p>o. Does project site contain any species of plant or animal that is listed by the federal government or NYS as endangered or threatened, or does it contain any areas identified as habitat for an endangered or threatened species? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Species and listing (endangered or threatened): _____</p> <p>_____</p> <p>_____</p>	
<p>p. Does the project site contain any species of plant or animal that is listed by NYS as rare, or as a species of special concern? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Species and listing: _____</p> <p>_____</p> <p>_____</p>	
<p>q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, give a brief description of how the proposed action may affect that use: _____</p> <p>_____</p>	
<p>E.3. Designated Public Resources On or Near Project Site</p>	
<p>a. Is the project site, or any portion of it, located in a designated agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center; margin: 0;">See Figure 4 - Agricultural District Map</p> <p>If Yes, provide county plus district name/number: _____</p>	
<p>b. Are agricultural lands consisting of highly productive soils present? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">i. If Yes: acreage(s) on project site? _____</p> <p style="margin-left: 20px;">ii. Source(s) of soil rating(s): _____</p>	
<p>c. Does the project site contain all or part of, or is it substantially contiguous to, a registered National Natural Landmark? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Nature of the natural landmark: <input type="checkbox"/> Biological Community <input type="checkbox"/> Geological Feature</p> <p style="margin-left: 20px;">ii. Provide brief description of landmark, including values behind designation and approximate size/extent: _____</p> <p>_____</p> <p>_____</p>	
<p>d. Is the project site located in or does it adjoin a state listed Critical Environmental Area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. CEA name: _____</p> <p style="margin-left: 20px;">ii. Basis for designation: _____</p> <p style="margin-left: 20px;">iii. Designating agency and date: _____</p>	

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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: See Section F <i>i.</i> Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site <input type="checkbox"/> Historic Building or District <i>ii.</i> Name: _____ <i>iii.</i> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Have additional archaeological or historic site(s) or resources been identified on the project site? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <i>i.</i> Describe possible resource(s): _____ <i>ii.</i> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <i>i.</i> Identify resource: _____ <i>ii.</i> Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): _____ <i>iii.</i> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <i>i.</i> Identify the name of the river and its designation: _____ <i>ii.</i> Is the activity consistent with development restrictions contained in 6NYCRR Part 666? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ Date _____

Signature _____ Title _____



Disclaimer: The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources to confirm data provided by the Mapper or to obtain data not provided by the Mapper.



B.i.i [Coastal or Waterfront Area]	No
B.i.ii [Local Waterfront Revitalization Area]	Yes
C.2.b. [Special Planning District]	Yes - Digital mapping data are not available for all Special Planning Districts. Refer to EAF Workbook.
C.2.b. [Special Planning District - Name]	NYS Major Basins:Upper Delaware
E.1.h [DEC Spills or Remediation Site - Potential Contamination History]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Listed]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Environmental Site Remediation Database]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.iii [Within 2,000' of DEC Remediation Site]	No
E.2.g [Unique Geologic Features]	No
E.2.h.i [Surface Water Features]	Yes - Digital mapping information on local, New York State, and federal wetlands and waterbodies is known to be incomplete. Refer to the EAF Workbook.
E.2.h.ii [Surface Water Features]	Yes - Digital mapping information on local, New York State, and federal wetlands and waterbodies is known to be incomplete. Refer to the EAF Workbook.
E.2.h.iii [Surface Water Features]	Yes - Digital mapping information on local, New York State, and federal wetlands and waterbodies is known to be incomplete. Refer to the EAF Workbook.
E.2.h.iv [Surface Water Features - Wetlands Name]	Federal Waters
E.2.h.v [Impaired Water Bodies]	No
E.2.i. [Floodway]	Yes
E.2.j. [100 Year Floodplain]	Yes

E.2.k. [500 Year Floodplain]	Yes
E.2.l. [Aquifers]	Yes
E.2.l. [Aquifer Names]	Principal Aquifer
E.2.n. [Natural Communities]	Yes
E.2.n.i [Natural Communities - Name]	Floodplain Grassland
E.2.n.i [Natural Communities - Acres]	0.2
E.2.o. [Endangered or Threatened Species]	Yes
E.2.o. [Endangered or Threatened Species - Name]	Comely Shiner, Swallowtail Shiner, Dwarf Wedgemussel, Brook Floater, Bald Eagle
E.2.p. [Rare Plants or Animals]	Yes
E.2.p. [Rare Plants or Animals - Name]	Delaware River Clubtail
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]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.3.f. [Archeological Sites]	Yes
E.3.i. [Designated River Corridor]	Yes
E.3.i.i. [Designated River Corridor - Name]	Delaware River

Full Environmental Assessment Form
Part 2 - Identification of Potential Project Impacts

Project :

Date :

Part 2 is to be completed by the lead agency. Part 2 is designed to help the lead agency inventory all potential resources that could be affected by a proposed project or action. We recognize that the lead agency's reviewer(s) will not necessarily be environmental professionals. So, the questions are designed to walk a reviewer through the assessment process by providing a series of questions that can be answered using the information found in Part 1. To further assist the lead agency in completing Part 2, the form identifies the most relevant questions in Part 1 that will provide the information needed to answer the Part 2 question. When Part 2 is completed, the lead agency will have identified the relevant environmental areas that may be impacted by the proposed activity.

If the lead agency is a state agency **and** the action is in any Coastal Area, complete the Coastal Assessment Form before proceeding with this assessment.

Tips for completing Part 2:

- Review all of the information provided in Part 1.
- Review any application, maps, supporting materials and the Full EAF Workbook.
- Answer each of the 18 questions in Part 2.
- If you answer “**Yes**” to a numbered question, please complete all the questions that follow in that section.
- If you answer “**No**” to a numbered question, move on to the next numbered question.
- Check appropriate column to indicate the anticipated size of the impact.
- Proposed projects that would exceed a numeric threshold contained in a question should result in the reviewing agency checking the box “Moderate to large impact may occur.”
- The reviewer is not expected to be an expert in environmental analysis.
- If you are not sure or undecided about the size of an impact, it may help to review the sub-questions for the general question and consult the workbook.
- When answering a question consider all components of the proposed activity, that is, the “whole action”.
- Consider the possibility for long-term and cumulative impacts as well as direct impacts.
- Answer the question in a reasonable manner considering the scale and context of the project.

1. Impact on Land Proposed action may involve construction on, or physical alteration of, the land surface of the proposed site. (See Part 1. D.1) <i>If “Yes”, answer questions a - j. If “No”, move on to Section 2.</i>				<input type="checkbox"/> NO	<input type="checkbox"/> YES
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur		
a. The proposed action may involve construction on land where depth to water table is less than 3 feet.	E2d	<input type="checkbox"/>	<input type="checkbox"/>		
b. The proposed action may involve construction on slopes of 15% or greater.	E2f	<input type="checkbox"/>	<input type="checkbox"/>		
c. The proposed action may involve construction on land where bedrock is exposed, or generally within 5 feet of existing ground surface.	E2a	<input type="checkbox"/>	<input type="checkbox"/>		
d. The proposed action may involve the excavation and removal of more than 1,000 tons of natural material.	D2a	<input type="checkbox"/>	<input type="checkbox"/>		
e. The proposed action may involve construction that continues for more than one year or in multiple phases.	D1e	<input type="checkbox"/>	<input type="checkbox"/>		
f. The proposed action may result in increased erosion, whether from physical disturbance or vegetation removal (including from treatment by herbicides).	D2e, D2q	<input type="checkbox"/>	<input type="checkbox"/>		
g. The proposed action is, or may be, located within a Coastal Erosion hazard area.	B1i	<input type="checkbox"/>	<input type="checkbox"/>		
h. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>		

2. Impact on Geological Features The proposed action may result in the modification or destruction of, or inhibit access to, any unique or unusual land forms on the site (e.g., cliffs, dunes, minerals, fossils, caves). (See Part 1. E.2.g) <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If "Yes", answer questions a - c. If "No", move on to Section 3.</i>			
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. Identify the specific land form(s) attached: _____	E2g	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may affect or is adjacent to a geological feature listed as a registered National Natural Landmark. Specific feature: _____	E3c	<input type="checkbox"/>	<input type="checkbox"/>
c. Other impacts: _____		<input type="checkbox"/>	<input type="checkbox"/>

3. Impacts on Surface Water The proposed action may affect one or more wetlands or other surface water bodies (e.g., streams, rivers, ponds or lakes). (See Part 1. D.2, E.2.h) <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If "Yes", answer questions a - l. If "No", move on to Section 4.</i>			
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may create a new water body.	D2b, D1h	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may result in an increase or decrease of over 10% or more than a 10 acre increase or decrease in the surface area of any body of water.	D2b	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may involve dredging more than 100 cubic yards of material from a wetland or water body.	D2a	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action may involve construction within or adjoining a freshwater or tidal wetland, or in the bed or banks of any other water body.	E2h	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action may create turbidity in a waterbody, either from upland erosion, runoff or by disturbing bottom sediments.	D2a, D2h	<input type="checkbox"/>	<input type="checkbox"/>
f. The proposed action may include construction of one or more intake(s) for withdrawal of water from surface water.	D2c	<input type="checkbox"/>	<input type="checkbox"/>
g. The proposed action may include construction of one or more outfall(s) for discharge of wastewater to surface water(s).	D2d	<input type="checkbox"/>	<input type="checkbox"/>
h. The proposed action may cause soil erosion, or otherwise create a source of stormwater discharge that may lead to siltation or other degradation of receiving water bodies.	D2e	<input type="checkbox"/>	<input type="checkbox"/>
i. The proposed action may affect the water quality of any water bodies within or downstream of the site of the proposed action.	E2h	<input type="checkbox"/>	<input type="checkbox"/>
j. The proposed action may involve the application of pesticides or herbicides in or around any water body.	D2q, E2h	<input type="checkbox"/>	<input type="checkbox"/>
k. The proposed action may require the construction of new, or expansion of existing, wastewater treatment facilities.	D1a, D2d	<input type="checkbox"/>	<input type="checkbox"/>

I. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
----------------------------------	--	--------------------------	--------------------------

4. Impact on groundwater The proposed action may result in new or additional use of ground water, or may have the potential to introduce contaminants to ground water or an aquifer. (See Part 1. D.2.a, D.2.c, D.2.d, D.2.p, D.2.q, D.2.t) <i>If "Yes", answer questions a - h. If "No", move on to Section 5.</i>			
	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may require new water supply wells, or create additional demand on supplies from existing water supply wells.	D2c	<input type="checkbox"/>	<input type="checkbox"/>
b. Water supply demand from the proposed action may exceed safe and sustainable withdrawal capacity rate of the local supply or aquifer. Cite Source: _____	D2c	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may allow or result in residential uses in areas without water and sewer services.	D1a, D2c	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action may include or require wastewater discharged to groundwater.	D2d, E2l	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action may result in the construction of water supply wells in locations where groundwater is, or is suspected to be, contaminated.	D2c, E1f, E1g, E1h	<input type="checkbox"/>	<input type="checkbox"/>
f. The proposed action may require the bulk storage of petroleum or chemical products over ground water or an aquifer.	D2p, E2l	<input type="checkbox"/>	<input type="checkbox"/>
g. The proposed action may involve the commercial application of pesticides within 100 feet of potable drinking water or irrigation sources.	E2h, D2q, E2l, D2c	<input type="checkbox"/>	<input type="checkbox"/>
h. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

5. Impact on Flooding The proposed action may result in development on lands subject to flooding. (See Part 1. E.2) <i>If "Yes", answer questions a - g. If "No", move on to Section 6.</i>			
	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may result in development in a designated floodway.	E2i	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may result in development within a 100 year floodplain.	E2j	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may result in development within a 500 year floodplain.	E2k	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action may result in, or require, modification of existing drainage patterns.	D2b, D2e	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action may change flood water flows that contribute to flooding.	D2b, E2i, E2j, E2k	<input type="checkbox"/>	<input type="checkbox"/>
f. If there is a dam located on the site of the proposed action, is the dam in need of repair, or upgrade?	E1e	<input type="checkbox"/>	<input type="checkbox"/>

g. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
----------------------------------	--	--------------------------	--------------------------

6. Impacts on Air The proposed action may include a state regulated air emission source. <input type="checkbox"/> NO <input type="checkbox"/> YES (See Part 1. D.2.f., D.2.h, D.2.g) <i>If "Yes", answer questions a - f. If "No", move on to Section 7.</i>			
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. If the proposed action requires federal or state air emission permits, the action may also emit one or more greenhouse gases at or above the following levels: i. More than 1000 tons/year of carbon dioxide (CO ₂) ii. More than 3.5 tons/year of nitrous oxide (N ₂ O) iii. More than 1000 tons/year of carbon equivalent of perfluorocarbons (PFCs) iv. More than .045 tons/year of sulfur hexafluoride (SF ₆) v. More than 1000 tons/year of carbon dioxide equivalent of hydrochloroflouorocarbons (HFCs) emissions vi. 43 tons/year or more of methane	D2g D2g D2g D2g D2g D2h	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. The proposed action may generate 10 tons/year or more of any one designated hazardous air pollutant, or 25 tons/year or more of any combination of such hazardous air pollutants.	D2g	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may require a state air registration, or may produce an emissions rate of total contaminants that may exceed 5 lbs. per hour, or may include a heat source capable of producing more than 10 million BTU's per hour.	D2f, D2g	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action may reach 50% of any of the thresholds in "a" through "c", above.	D2g	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action may result in the combustion or thermal treatment of more than 1 ton of refuse per hour.	D2s	<input type="checkbox"/>	<input type="checkbox"/>
f. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

7. Impact on Plants and Animals The proposed action may result in a loss of flora or fauna. (See Part 1. E.2. m.-q.) <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If "Yes", answer questions a - j. If "No", move on to Section 8.</i>			
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may cause reduction in population or loss of individuals of any threatened or endangered species, as listed by New York State or the Federal government, that use the site, or are found on, over, or near the site.	E2o	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may result in a reduction or degradation of any habitat used by any rare, threatened or endangered species, as listed by New York State or the federal government.	E2o	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may cause reduction in population, or loss of individuals, of any species of special concern or conservation need, as listed by New York State or the Federal government, that use the site, or are found on, over, or near the site.	E2p	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action may result in a reduction or degradation of any habitat used by any species of special concern and conservation need, as listed by New York State or the Federal government.	E2p	<input type="checkbox"/>	<input type="checkbox"/>

e. The proposed action may diminish the capacity of a registered National Natural Landmark to support the biological community it was established to protect.	E3c	<input type="checkbox"/>	<input type="checkbox"/>
f. The proposed action may result in the removal of, or ground disturbance in, any portion of a designated significant natural community. Source: _____	E2n	<input type="checkbox"/>	<input type="checkbox"/>
g. The proposed action may substantially interfere with nesting/breeding, foraging, or over-wintering habitat for the predominant species that occupy or use the project site.	E2m	<input type="checkbox"/>	<input type="checkbox"/>
h. The proposed action requires the conversion of more than 10 acres of forest, grassland or any other regionally or locally important habitat. Habitat type & information source: _____	E1b	<input type="checkbox"/>	<input type="checkbox"/>
i. Proposed action (commercial, industrial or recreational projects, only) involves use of herbicides or pesticides.	D2q	<input type="checkbox"/>	<input type="checkbox"/>
j. Other impacts: _____		<input type="checkbox"/>	<input type="checkbox"/>

8. Impact on Agricultural Resources The proposed action may impact agricultural resources. (See Part 1. E.3.a. and b.) <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If "Yes", answer questions a - h. If "No", move on to Section 9.</i>			
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may impact soil classified within soil group 1 through 4 of the NYS Land Classification System.	E2c, E3b	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may sever, cross or otherwise limit access to agricultural land (includes cropland, hayfields, pasture, vineyard, orchard, etc).	E1a, E1b	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may result in the excavation or compaction of the soil profile of active agricultural land.	E3b	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action may irreversibly convert agricultural land to non-agricultural uses, either more than 2.5 acres if located in an Agricultural District, or more than 10 acres if not within an Agricultural District.	E1b, E3a	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action may disrupt or prevent installation of an agricultural land management system.	E1 a, E1b	<input type="checkbox"/>	<input type="checkbox"/>
f. The proposed action may result, directly or indirectly, in increased development potential or pressure on farmland.	C2c, C3, D2c, D2d	<input type="checkbox"/>	<input type="checkbox"/>
g. The proposed project is not consistent with the adopted municipal Farmland Protection Plan.	C2c	<input type="checkbox"/>	<input type="checkbox"/>
h. Other impacts: _____		<input type="checkbox"/>	<input type="checkbox"/>

9. Impact on Aesthetic Resources The land use of the proposed action are obviously different from, or are in sharp contrast to, current land use patterns between the proposed project and a scenic or aesthetic resource. (Part 1. E.1.a, E.1.b, E.3.h.) <i>If "Yes", answer questions a - g. If "No", go to Section 10.</i>			
		<input type="checkbox"/> NO	<input type="checkbox"/> YES
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. Proposed action may be visible from any officially designated federal, state, or local scenic or aesthetic resource.	E3h	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may result in the obstruction, elimination or significant screening of one or more officially designated scenic views.	E3h, C2b	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may be visible from publicly accessible vantage points: i. Seasonally (e.g., screened by summer foliage, but visible during other seasons) ii. Year round	E3h	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
d. The situation or activity in which viewers are engaged while viewing the proposed action is: i. Routine travel by residents, including travel to and from work ii. Recreational or tourism based activities	E3h E2q, E1c	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
e. The proposed action may cause a diminishment of the public enjoyment and appreciation of the designated aesthetic resource.	E3h	<input type="checkbox"/>	<input type="checkbox"/>
f. There are similar projects visible within the following distance of the proposed project: 0-1/2 mile 1/2 -3 mile 3-5 mile 5+ mile	D1a, E1a, D1f, D1g	<input type="checkbox"/>	<input type="checkbox"/>
g. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

10. Impact on Historic and Archeological Resources The proposed action may occur in or adjacent to a historic or archaeological resource. (Part 1. E.3.e, f. and g.) <i>If "Yes", answer questions a - e. If "No", go to Section 11.</i>			
		<input type="checkbox"/> NO	<input type="checkbox"/> YES
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may occur wholly or partially within, or substantially contiguous to, any buildings, archaeological site or district which is listed on the National or State Register of Historical 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.	E3e	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may occur wholly or partially within, or substantially contiguous to, an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory.	E3f	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may occur wholly or partially within, or substantially contiguous to, an archaeological site not included on the NY SHPO inventory. Source: _____	E3g	<input type="checkbox"/>	<input type="checkbox"/>

d. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
<p>If any of the above (a-d) are answered “Moderate to large impact may occur”, continue with the following questions to help support conclusions in Part 3:</p> <p>e.</p> <p>i. The proposed action may result in the destruction or alteration of all or part of the site or property.</p> <p>ii. The proposed action may result in the alteration of the property’s setting or integrity.</p> <p>iii. The proposed action may result in the introduction of visual elements which are out of character with the site or property, or may alter its setting.</p>	<p>E3e, E3g, E3f</p> <p>E3e, E3f, E3g, E1a, E1b</p> <p>E3e, E3f, E3g, E3h, C2, C3</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

<p>11. Impact on Open Space and Recreation</p> <p>The proposed action may result in a loss of recreational opportunities or a reduction of an open space resource as designated in any adopted municipal open space plan. (See Part 1. C.2.c, E.1.c., E.2.q.) <i>If “Yes”, answer questions a - e. If “No”, go to Section 12.</i></p>			
		<input type="checkbox"/> NO	<input type="checkbox"/> YES
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may result in an impairment of natural functions, or “ecosystem services”, provided by an undeveloped area, including but not limited to stormwater storage, nutrient cycling, wildlife habitat.	D2e, E1b E2h, E2m, E2o, E2n, E2p	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may result in the loss of a current or future recreational resource.	C2a, E1c, C2c, E2q	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may eliminate open space or recreational resource in an area with few such resources.	C2a, C2c E1c, E2q	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action may result in loss of an area now used informally by the community as an open space resource.	C2c, E1c	<input type="checkbox"/>	<input type="checkbox"/>
e. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

<p>12. Impact on Critical Environmental Areas</p> <p>The proposed action may be located within or adjacent to a critical environmental area (CEA). (See Part 1. E.3.d) <i>If “Yes”, answer questions a - c. If “No”, go to Section 13.</i></p>			
		<input type="checkbox"/> NO	<input type="checkbox"/> YES
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may result in a reduction in the quantity of the resource or characteristic which was the basis for designation of the CEA.	E3d	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may result in a reduction in the quality of the resource or characteristic which was the basis for designation of the CEA.	E3d	<input type="checkbox"/>	<input type="checkbox"/>
c. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

13. Impact on Transportation The proposed action may result in a change to existing transportation systems. <input type="checkbox"/> NO <input type="checkbox"/> YES (See Part 1. D.2.j) <i>If "Yes", answer questions a - f. If "No", go to Section 14.</i>			
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. Projected traffic increase may exceed capacity of existing road network.	D2j	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may result in the construction of paved parking area for 500 or more vehicles.	D2j	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action will degrade existing transit access.	D2j	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action will degrade existing pedestrian or bicycle accommodations.	D2j	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action may alter the present pattern of movement of people or goods.	D2j	<input type="checkbox"/>	<input type="checkbox"/>
f. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

14. Impact on Energy The proposed action may cause an increase in the use of any form of energy. <input type="checkbox"/> NO <input type="checkbox"/> YES (See Part 1. D.2.k) <i>If "Yes", answer questions a - e. If "No", go to Section 15.</i>			
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action will require a new, or an upgrade to an existing, substation.	D2k	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action will require the creation or extension of an energy transmission or supply system to serve more than 50 single or two-family residences or to serve a commercial or industrial use.	D1f, D1q, D2k	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may utilize more than 2,500 MWhrs per year of electricity.	D2k	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action may involve heating and/or cooling of more than 100,000 square feet of building area when completed.	D1g	<input type="checkbox"/>	<input type="checkbox"/>
e. Other Impacts: _____ _____			

15. Impact on Noise, Odor, and Light The proposed action may result in an increase in noise, odors, or outdoor lighting. <input type="checkbox"/> NO <input type="checkbox"/> YES (See Part 1. D.2.m., n., and o.) <i>If "Yes", answer questions a - f. If "No", go to Section 16.</i>			
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may produce sound above noise levels established by local regulation.	D2m	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may result in blasting within 1,500 feet of any residence, hospital, school, licensed day care center, or nursing home.	D2m, E1d	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may result in routine odors for more than one hour per day.	D2o	<input type="checkbox"/>	<input type="checkbox"/>

d. The proposed action may result in light shining onto adjoining properties.	D2n	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action may result in lighting creating sky-glow brighter than existing area conditions.	D2n, E1a	<input type="checkbox"/>	<input type="checkbox"/>
f. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

16. Impact on Human Health

The proposed action may have an impact on human health from exposure to new or existing sources of contaminants. (See Part 1.D.2.q., E.1. d. f. g. and h.)

☐ NO

☐ YES

If "Yes", answer questions a - m. If "No", go to Section 17.

	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action is located within 1500 feet of a school, hospital, licensed day care center, group home, nursing home or retirement community.	E1d	<input type="checkbox"/>	<input type="checkbox"/>
b. The site of the proposed action is currently undergoing remediation.	E1g, E1h	<input type="checkbox"/>	<input type="checkbox"/>
c. There is a completed emergency spill remediation, or a completed environmental site remediation on, or adjacent to, the site of the proposed action.	E1g, E1h	<input type="checkbox"/>	<input type="checkbox"/>
d. The site of the action is subject to an institutional control limiting the use of the property (e.g., easement or deed restriction).	E1g, E1h	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action may affect institutional control measures that were put in place to ensure that the site remains protective of the environment and human health.	E1g, E1h	<input type="checkbox"/>	<input type="checkbox"/>
f. The proposed action has adequate control measures in place to ensure that future generation, treatment and/or disposal of hazardous wastes will be protective of the environment and human health.	D2t	<input type="checkbox"/>	<input type="checkbox"/>
g. The proposed action involves construction or modification of a solid waste management facility.	D2q, E1f	<input type="checkbox"/>	<input type="checkbox"/>
h. The proposed action may result in the unearthing of solid or hazardous waste.	D2q, E1f	<input type="checkbox"/>	<input type="checkbox"/>
i. The proposed action may result in an increase in the rate of disposal, or processing, of solid waste.	D2r, D2s	<input type="checkbox"/>	<input type="checkbox"/>
j. The proposed action may result in excavation or other disturbance within 2000 feet of a site used for the disposal of solid or hazardous waste.	E1f, E1g E1h	<input type="checkbox"/>	<input type="checkbox"/>
k. The proposed action may result in the migration of explosive gases from a landfill site to adjacent off site structures.	E1f, E1g	<input type="checkbox"/>	<input type="checkbox"/>
l. The proposed action may result in the release of contaminated leachate from the project site.	D2s, E1f, D2r	<input type="checkbox"/>	<input type="checkbox"/>
m. Other impacts: _____ _____			

17. Consistency with Community Plans The proposed action is not consistent with adopted land use plans. (See Part 1. C.1, C.2. and C.3.) <i>If “Yes”, answer questions a - h. If “No”, go to Section 18.</i>			
		<input type="checkbox"/> NO	<input type="checkbox"/> YES
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action’s land use components may be different from, or in sharp contrast to, current surrounding land use pattern(s).	C2, C3, D1a E1a, E1b	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action will cause the permanent population of the city, town or village in which the project is located to grow by more than 5%.	C2	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action is inconsistent with local land use plans or zoning regulations.	C2, C2, C3	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action is inconsistent with any County plans, or other regional land use plans.	C2, C2	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action may cause a change in the density of development that is not supported by existing infrastructure or is distant from existing infrastructure.	C3, D1c, D1d, D1f, D1d, E1b	<input type="checkbox"/>	<input type="checkbox"/>
f. The proposed action is located in an area characterized by low density development that will require new or expanded public infrastructure.	C4, D2c, D2d D2j	<input type="checkbox"/>	<input type="checkbox"/>
g. The proposed action may induce secondary development impacts (e.g., residential or commercial development not included in the proposed action)	C2a	<input type="checkbox"/>	<input type="checkbox"/>
h. Other: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

18. Consistency with Community Character The proposed project is inconsistent with the existing community character. (See Part 1. C.2, C.3, D.2, E.3) <i>If “Yes”, answer questions a - g. If “No”, proceed to Part 3.</i>			
		<input type="checkbox"/> NO	<input type="checkbox"/> YES
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may replace or eliminate existing facilities, structures, or areas of historic importance to the community.	E3e, E3f, E3g	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may create a demand for additional community services (e.g. schools, police and fire)	C4	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may displace affordable or low-income housing in an area where there is a shortage of such housing.	C2, C3, D1f D1g, E1a	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action may interfere with the use or enjoyment of officially recognized or designated public resources.	C2, E3	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action is inconsistent with the predominant architectural scale and character.	C2, C3	<input type="checkbox"/>	<input type="checkbox"/>
f. Proposed action is inconsistent with the character of the existing natural landscape.	C2, C3 E1a, E1b E2g, E2h	<input type="checkbox"/>	<input type="checkbox"/>
g. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

Project :

Date :

Full Environmental Assessment Form
Part 3 - Evaluation of the Magnitude and Importance of Project Impacts
and
Determination of Significance

Part 3 provides the reasons in support of the determination of significance. The lead agency must complete Part 3 for every question in Part 2 where the impact has been identified as potentially moderate to large or where there is a need to explain why a particular element of the proposed action will not, or may, result in a significant adverse environmental impact.

Based on the analysis in Part 3, the lead agency must decide whether to require an environmental impact statement to further assess the proposed action or whether available information is sufficient for the lead agency to conclude that the proposed action will not have a significant adverse environmental impact. By completing the certification on the next page, the lead agency can complete its determination of significance.

Reasons Supporting This Determination:

To complete this section:

- Identify the impact based on the Part 2 responses and describe its magnitude. Magnitude considers factors such as severity, size or extent of an impact.
- Assess the importance of the impact. Importance relates to the geographic scope, duration, probability of the impact occurring, number of people affected by the impact and any additional environmental consequences if the impact were to occur.
- The assessment should take into consideration any design element or project changes.
- Repeat this process for each Part 2 question where the impact has been identified as potentially moderate to large or where there is a need to explain why a particular element of the proposed action will not, or may, result in a significant adverse environmental impact.
- Provide the reason(s) why the impact may, or will not, result in a significant adverse environmental impact
- For Conditional Negative Declarations identify the specific condition(s) imposed that will modify the proposed action so that no significant adverse environmental impacts will result.
- Attach additional sheets, as needed.

Determination of Significance - Type 1 and Unlisted Actions

SEQR Status: ☐ Type 1 ☐ Unlisted

Identify portions of EAF completed for this Project: ☐ Part 1 ☐ Part 2 ☐ Part 3

Upon review of the information recorded on this EAF, as noted, plus this additional support information

and considering both the magnitude and importance of each identified potential impact, it is the conclusion of the _____ as lead agency that:

☐ A. This project will result in no significant adverse impacts on the environment, and, therefore, an environmental impact statement need not be prepared. Accordingly, this negative declaration is issued.

☐ B. Although this project could have a significant adverse impact on the environment, that impact will be avoided or substantially mitigated because of the following conditions which will be required by the lead agency:

There will, therefore, be no significant adverse impacts from the project as conditioned, and, therefore, this conditioned negative declaration is issued. A conditioned negative declaration may be used only for UNLISTED actions (see 6 NYCRR 617.7(d)).

☐ C. This Project may result in one or more significant adverse impacts on the environment, and an environmental impact statement must be prepared to further assess the impact(s) and possible mitigation and to explore alternatives to avoid or reduce those impacts. Accordingly, this positive declaration is issued.

Name of Action:

Name of Lead Agency:

Name of Responsible Officer in Lead Agency:

Title of Responsible Officer:

Signature of Responsible Officer in Lead Agency:

Date:

Signature of Preparer (if different from Responsible Officer)

Date:

For Further Information:

Contact Person:

Address:

Telephone Number:

E-mail:

For Type 1 Actions and Conditioned Negative Declarations, a copy of this Notice is sent to:

Chief Executive Officer of the political subdivision in which the action will be principally located (e.g., Town / City / Village of)

Other involved agencies (if any)

Applicant (if any)

Environmental Notice Bulletin: <http://www.dec.ny.gov/enb/enb.html>

Sullivan County

Legislative Memorandum

File #: ID-7772

Agenda Date: 9/18/2025

Agenda #: 13.

Narrative of Resolution:

Authorize the Sullivan County Visitors Association (SCVA) Tourism Grant Program

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: \$600,000

Are funds already budgeted? No

If 'Yes,' specify appropriation code(s): Click or tap here to enter text.

If 'No,' specify proposed source of funds: A-6410-40-4011

Specify Compliance with Procurement Procedures:

RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO AUTHORIZE THE SULLIVAN COUNTY & SULLIVAN COUNTY VISITORS ASSOCIATION (SCVA) TOURISM GRANT PROGRAM

WHEREAS, the Sullivan County Legislature ("Legislature") is committed to supporting successful tourism programming events; and

WHEREAS, Sullivan County ("County") had previously adopted the Tourism Sector Enhancement Grant Program ("TSEG") and guidelines; and

WHEREAS, the SCVA has proposed the Sullivan County & Sullivan County Visitors Association Tourism Grant Program ("Program") that combines TSEG with an existing program administered by SCVA; and

WHEREAS, applications for funding through the Program shall be reviewed by a selection committee consisting of the following members:

- Matt McPhillips, Legislator District 1
- Catherine Scott, Legislator District 5
- Amanda Ward, Legislator District 8
- Terry Bernardo, Legislator District 9
- Heather Brown, Commissioner of Planning
- Tanya Hahn, SCVA Board Member
- Scott Samuelson, SCVA Board Member
- Michael Martelon, President/CEO SCVA; and

WHEREAS, any funding awards through the Program that exceed \$25,000 shall require approval from the

Sullivan County Legislature; and

WHEREAS, the contract between SCVA and the County must be modified to provide funding for this program.

NOW THEREFORE BE IT RESOLVED, that the Sullivan County Legislature hereby authorizes the attached Sullivan County & Sullivan County Visitors Association Tourism Grant Program; and

BE IT FURTHER RESOLVED, that a selection committee consisting of the members as outlined above shall be responsible for reviewing all applications, and may make awards of up to \$25,000; and

BE IT FURTHER RESOLVED, that any funding awards in excess of \$25,000 shall require approval from the Sullivan County Legislature; and

BE IT FURTHER RESOLVED, that authorization of the Tourism Sector Enhancement Grant Program is hereby rescinded; and

BE IT FURTHER RESOLVED, that the County Manager is authorized to enter into a modification agreement with Sullivan County Visitors Association to provide an additional \$600,000 for the purpose of funding this program, in such form as approved by the County Attorney.

Sullivan County & Sullivan County Visitors Association (SCVA) Tourism Grant Program Handbook

FY2025-2026

Purpose

The SCVA Tourism Grant Program exists to reinvest lodging tax revenues into strategic tourism development initiatives that generate overnight stays, strengthen Sullivan County's visitor economy, and enhance the region's appeal through events, culture, and hyper-local storytelling.

Guiding Principles

- Roomnights First: The origin of our funding is lodging tax. Our top priority is supporting initiatives that demonstrably drive overnight visitation.
- Equity Through Structure: Funding is allocated across distinct grant categories to ensure fairness, transparency, and strategic alignment.
- Performance-Oriented: We reward outcomes, not intentions. Post-grant reporting is mandatory.
- Scalable Investment: Grant funding is capped at 25% of SCVA's annual budget to ensure its sustainability.

Total Grant Funding Available: \$750,000 *(based on a total budget of \$3+ million)*

Category Allocations

Category	% Allocation	Budget Cap
Roomnight-Focused Grants	60%	\$450,000
Arts & Culture Enhancement	15%	\$112,500
Hamlet & Micro-Brand Grants	10%	\$75,000
Events & Festivals Support	15%	\$112,500

Roomnight-Focused Grants (Up to \$450,000 Total)

Purpose: To support programs, marketing campaigns, and initiatives that increase overnight visitation to Sullivan County.

- Eligible Uses:
 - Lodging-linked promotions or packages
 - Event-driven campaigns with proven visitor draw
 - Tech incentives for lodging data sharing
 - Digital ad co-ops with regional hospitality partners
- Evaluation Criteria:
 - Forecasted roomnights
 - Booking window and LOS (length of stay) targets
 - Inclusion of lodging partners
 - Data capture or analytics proposed
- Reporting Requirements:
 - Proof of lodging impact (e.g., zip code data, hotel partner metrics, Key Data Dashboard exports)

Arts & Culture Enhancement (Up to \$112,500 Total)

Purpose: To amplify the county's arts scene as a key amenity for cultural travelers and off-season visitors.

- Eligible Uses:
 - Exhibitions or installations targeting visitors
 - Artist residencies with public-facing programming
 - Venue enhancement for tourism use
 - Arts festivals with multi-day visitor appeal
- Evaluation Criteria:
 - Visitor relevance and public access
 - Alignment with shoulder season objectives
 - Marketing reach outside Sullivan County
 - Contribution to the county's brand narrative
- Reporting Requirements:
 - Attendance demographics
 - Tourism media mentions or campaign metrics

Village, Hamlet & Micro-Brand Grants (Up to \$75,000 Total)

Purpose: To help local chambers, civic groups, and businesses develop unique, visitor-facing identities.

- Eligible Uses:
 - Logo/brand development
 - Seasonal campaigns tied to DMO strategy
 - Interpretive signage, wayfinding, storytelling
 - Local walking tours, maps, or history projects
- Evaluation Criteria:
 - Quality and consistency of brand story
 - Link to DMO-wide messaging pillars
 - Ability to improve visitor navigation or awareness
 - Collaboration with businesses or artists
- Reporting Requirements:
 - Brand/toolkit usage by local stakeholders
 - Social/digital performance or engagement

Events & Festivals Support (Up to \$112,500 Total)

Purpose: To seed, scale, or sustain high-quality events that increase visitor interest and extend length of stay.

- Eligible Uses:
 - Production support or vendor hiring
 - Ticketing, logistics, or ADA upgrades
 - Event marketing with overnight promotion
 - Traffic management or safety improvements
- Evaluation Criteria:
 - Multi-day visitor potential
 - Geographic draw (especially beyond 60-mile radius)
 - Lodging integration (packages, codes, referrals)
 - Track record or scalability of the event
- Reporting Requirements:
 - Attendance and zip code reporting
 - Visitor surveys or occupancy partner feedback

Grant Timeline

Phase	Date Range One	Date Range Two
Applications Open:	September 1, 2025	January 6, 2026
Info Sessions:	September 10–20, 2025	January 13–23, 2026
Applications Due:	October 15, 2025	February 14, 2026
Awards Announced:	November 15, 2025	March 14, 2026
Funds Distributed:	January 2026	April 2026
Reports Due:	Within 60 days post-project	Within 60 days post-project

Marketing Approval and In-Kind Requests

SCVA Marketing Approval, Consulting, Creative and Media Assistance

- Marketing Approval: For the purposes of developing marketing consistency in the county, SCVA will require marketing plan and creative development to be approved by SCVA in advance of execution.
- Consulting: By request, SCVA will provide marketing consultation by request.
- Creative: By request, SCVA will work with its local agency to provide creative development and execution to grantees.
- Media: By requested, SCVA will provide media in local/regional partner publications with the ability to drive awareness in the region.

Application Requirements

- Completed online application form
- Detailed budget with matching funds (preferred)
- Project plan and timeline
- Expected visitor impact, especially overnight
- Commitment to provide final reporting
- Marketing Approval and In-Kind Requests documentation

Tracks and Scoring

Two Grant Tracks

- *Catalyst Grants*: New ideas, new audiences, innovation (risk-tolerant).
- *Legacy Grants*: Proven winners with established ROI or roomnight impact (risk-managed).

Post-Grant Accountability

- Require a one-page report including:
 - ✓ Lodging metrics or zip code capture
 - ✓ Visitor-facing outcomes (web visits, walk-ins, etc.)
 - ✓ Learnings or tweaks for next cycle

Communication & Support

- SCVA staff will host grant workshops for first-time applicants.
- FAQs, sample applications, and reporting templates will be posted online.
- Staff is available for 1-on-1 consultations by appointment.

Scoring Rubric (Applied Across All Categories)

Criteria	Weight
Alignment with Category Goals	15%
Visitor/Community Impact Potential	25%
Feasibility and Budget Clarity	15%
Matching Funds	15%
Marketing/Outreach Strategy	15%
Innovation, Equity, or Underserved Area	15%

Sullivan County

Legislative Memorandum

File #: ID-7773

Agenda Date: 9/18/2025

Agenda #: 14.

Narrative of Resolution:

“Opt In” to settlement agreements with eight (8) Opioid Manufacturers

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: \$0

Are funds already budgeted? Choose an item.

If ‘Yes,’ specify appropriation code(s): Click or tap here to enter text.

If ‘No,’ specify proposed source of funds: Click or tap here to enter text.

Specify Compliance with Procurement Procedures:

RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO ALLOW THE COUNTY MANAGER TO “OPT IN” TO SETTLEMENT AGREEMENTS ON BEHALF OF SULLIVAN COUNTY TO RESOLVE OPIOID LITIGATION AGAINST EIGHT OPIOID MANUFACTURERS, ALVOGEN, AMNEAL, APOTEX, HIKMA, INDIVIOR, MYLAN, SUN, AND ZYDUS

WHEREAS, the opioid crisis has devastated countless families and communities in Sullivan County; and

WHEREAS, having risen to the status of an epidemic the County of Sullivan wishes to take steps to address this crisis in a meaningful way; and

WHEREAS, many of the opioids placed into the chain of commerce in Sullivan County have been produced by Alvogen, Amneal, Apotex, Hikma, Indivior, Mylan, Sun, and/or Zydus (collectively, the “Manufacturers”); and

WHEREAS, the County of Sullivan has joined with many other municipalities in prosecuting litigation against several of the manufacturers and distributors of opioids, including, without limitation, the Manufacturers; and

WHEREAS, proposed nationwide settlement agreements (“Settlements”) have been reached that would resolve opioid litigation brought by states, local political subdivisions, and special districts against the Manufacturers; and

WHEREAS, eligible subdivisions, including Sullivan County, within each participating state, including the State of New York, must decide whether to participate in each Settlement; and

WHEREAS, any subdivision that does not participate cannot directly share in any of the settlement

funds, even if the subdivision's state is settling and other participating subdivisions are sharing in settlement funds; and

WHEREAS, in order for the County to be considered for initial participation calculations and payment eligibility under the Settlements, the County must complete, execute and submit the Combined Participation Form and Release and the Sharing Agreement provided by the Opioids Implementation Administrator, on or before October 8, 2025.

NOW THEREFORE BE IT RESOLVED, that effective upon the passing of this resolution the County Manager is hereby authorized to complete, execute and submit the Combined Participation Form and Release, the Sharing Agreement, and any other necessary documents, in such form as shall be approved by the County Attorney, on behalf of the County of Sullivan; and it is further

RESOLVED, that the County Manager, and or County Attorney, is hereby authorized to participate in the Settlement discussions and negotiations on behalf of the County of Sullivan.



Sullivan County

Legislative Memorandum

100 North Street
Monticello, NY 12701

File #: ID-7774

Agenda Date: 9/18/2025

Agenda #: 15.

Narrative of Resolution:

RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO ADOPT AN UPDATED PORTION OF THE HIPAA COMPLIANCE POLICY AND ADD SAID UPDATE TO THE SULLIVAN COUNTY EMPLOYEE PRACTICES HANDBOOK

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: Click or tap here to enter text.

Are funds already budgeted? Choose an item.

If 'Yes,' specify appropriation code(s): Click or tap here to enter text.

If 'No,' specify proposed source of funds: Click or tap here to enter text.

Specify Compliance with Procurement Procedures:

WHEREAS, since the adoption of the County of Sullivan's HIPAA Compliance Policy, there have been numerous changes to regarding the subject matter; and

WHEREAS, the Commissioner of Human Resources/Personnel Officer has been working with the County's Compliance Officer to update the aforementioned policy to ensure that the County's policy is in full compliance with the current laws; and

WHEREAS, the Sullivan County Legislature has reviewed the proposed updated HIPAA Compliance Policy;

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby adopts the attached updated HIPAA Compliance Policy and same may replace the current HIPAA Compliance Policy in the Sullivan County Employee Practices Handbook effective immediately.

HIPAA COMPLIANCE POLICY

Sullivan County is considered a “hybrid entity” under the Health Insurance Portability Accountability Act of 1996 (or HIPAA) – i.e., an entity whose business activities include both covered and non-covered functions. Therefore, certain County divisions, departments, offices and agencies will regularly deal with individuals’ personal health information (PHI) and others may not. Whether or not you regularly deal with such information, the County’s HIPAA standards apply to you.

It is our policy that each employee shall comply with the HIPAA Privacy Rule and Security Rule, and each employee shall protect the confidentiality of protected health information (as discussed below).

DEFINITIONS

“Affected Individual” for the purposes of this policy only, an Affected Individual means a County employee, contractor, vendor, intern, and volunteer or any party acting on behalf of the County.

“Business Associate” means a person or entity who creates, receives, maintains or transmits protected health information for a function or activity of the County which involves the use or disclosure of individually identifiable health information. Examples of functions include claims processing or administration, data analysis, processing or administration, quality assurance, billing and benefit management. Services include legal, accounting and consulting.

“Covered Health Care Component” means each of the County departments designated as “health care components” of the County (see Health Care Components of the County section).

“Protected Health Information” or “PHI” means individually identifiable health information collected from an individual; any information, including demographic information, collected from an individual that is created or received by Sullivan County, its workforce or business associates. PHI can relate to past, present or future physical, or mental health or condition of an individual. In addition, PHI can relate to past, present or future payment for the provision of healthcare to an individual which identifies the individual or with respect to which there is reasonable basis to believe that information can be used to identify the individual. Examples of PHI include (but are not limited to):

- Name, address (including street address, city, county, zip code, and equivalent geocodes), names of employer, names of relatives, elements of dates (birth, death, admission and discharge), telephone numbers, fax numbers, electronic mail addresses, social security number, medical record number, member or account number, certificate/ license number, voice/fingerprints, photos, occupation or any other unique identifying number of characteristic or code.

“Retaliation” for the purposes of this policy only, retaliation is any adverse action taken against an individual and includes but is not limited to discharge, suspension, discipline, demotion, penalization, harassment, intimidation, threats, change of assignment, exclusion, avoidance, shunning, lack of recognition, discrimination or being passed over for promotion or assignment against any Affected Individual or recipient of service.

“Workforce” is defined as employees, elected officials, volunteers, trainees, and other persons who conduct, in the performance of work for Sullivan County, is under the direct control of Sullivan County, whether or not they are paid by the covered entity.

HIPAA PRIVACY AND SECURITY OFFICERS

The Compliance Officer is the HIPAA Privacy Officer and is designated by the Sullivan County Manager. The Compliance Office is located on the 2nd floor of the Government Center. The Compliance Officer can be reached at 845-807-0664 or Sullivanprivacyofficer@sullivanyny.gov

Sullivan County's Chief Information Officer is identified as the HIPAA Security Officer by the Sullivan County Manager. The HIPAA Security Officer can be reached at 845-807-0110 or Sullivansecurityofficer@sullivanyny.gov

HEALTH CARE COMPONENTS OF THE COUNTY

Each of the following are hereby designated “health care components” under HIPAA Regulations:

- Department of Social Services (Medicaid and Personal Care)
- The Department of Community Services (Behavioral Health Clinic)
- Public Health Services (LTHHC, CHHA, Early Intervention, Preschool Supported Health Services)
- Adult Care Center
- Office for the Aging (Case Management)
- Risk Management & Insurance (Self-Insured Plan)
- Bureau of EMS (EMS Fly Car Services)
- Jail (Medical Unit)

NOTICE OF PRIVACY PRACTICES

The Notice of Privacy Practices is created by the Compliance Office and shall contain all information required under federal regulations regarding the Notice of Privacy Practices.

Each Covered Health Care Component shall prominently post a copy of the current Notice of Privacy Practices in a location accessible to individuals applying for or receiving services.

Each Covered Health Care Component shall post the current version of its Notice of Privacy Practices on the website where services are described.

Any individual applying for or receiving health care services from Sullivan County shall be provided with the Covered Health Care Component’s Notice of Privacy Practices at the first encounter, or as soon thereafter as is possible.

Acknowledgement of Receipt of the Notice of Privacy Practices shall be attempted and retained in accordance with the Covered Health Care Component’s departmental procedures. If an Acknowledgment of Receipt cannot be obtained, the Covered Health Care Component must document the attempt to obtain the acknowledgment and the reasoning why a signed acknowledgment could not be obtained. Record retention requirements shall apply.

INVOLVING INFORMATION TECHNOLOGY SERVICES

To safeguard protected health information, all software utilized by any County Division, Department, Office, Agency, or Unit of the County must be under the jurisdiction of the Division of Information

Technology Services. Departments wishing to utilize new and updated software shall engage the Chief Information Officer before engaging with services, vendors, contractors, etc.

BUSINESS ASSOCIATES AND BUSINESS ASSOCIATE AGREEMENTS

The County shall include in any health care-related contract with a third party a statement regarding HIPAA Privacy obligations, also known as the Business Associate Agreement (BAA).

In collaboration with the County Attorney's Office, the HIPAA Privacy Officer and the HIPAA Security Officer are the responsible individuals for the County's Business Associate Agreement template. Departments are responsible for understanding which services and operations require a Business Associate Agreement.

Business Associate Agreements are also in place between specific County departments that share protected health information. For example, the Department of Public Health has a BAA in place with several departments due to the nature of information exchanged.

Failure to follow the terms of a Business Associate Agreement or contract with the County may result in sanctions including and up to termination of contract.

DEPARTMENT PRIVACY DESIGNEES

The County Manager shall appoint a Privacy Designee in each Covered Health Care Component. Department Privacy Designees are expected to facilitate and maintain the upholding of all County and Department HIPAA Compliance Privacy and Security policies and procedures. Department Privacy Designees sit on the County's Administrative Oversight Committee (AOC). The HIPAA Privacy Officer is responsible for creating and updating the County's privacy standards and communicating with each Privacy Designee who will be responsible for the coordination and implementation of the respective department's privacy standards.

Department Privacy Designees shall consult the HIPAA Privacy Officer and/or the HIPAA Security Officer when questions and or concerns arise on the application of County and Department Privacy and Security Policy or Procedure. Department Privacy Designees shall inform the HIPAA Privacy Officer and the HIPAA Security Officer immediately of any HIPAA Compliance issue that arises. The report shall include evidence describing the issue, outstanding questions and concerns, and key witness information. Department Privacy Designees are expected to keep the HIPAA Compliance Office abreast of changes, updates, new issues, etc. during the course of an active investigation. Departments and Department Privacy Designees are expected to cooperate throughout the investigation and demonstrate professionalism at all times.

COVERED HEALTH CARE COMPONENT WALKTHROUGHS

On a monthly basis, the Department Privacy Designee in each Covered Health Care Component shall complete a walkthrough of their department to ensure compliance with the County's HIPAA standards. Walkthroughs specifically apply to all environments and scenarios where Protected Health Information (PHI) is accessed, stored, processed, or transmitted. This includes, but is not limited to, physical locations where PHI is handled, electronic systems used for PHI management, and all staff interactions involving PHI. The scope of the walkthrough is designed to ensure comprehensive adherence to HIPAA standards across all relevant facets of departmental operations. The HIPAA Security Officer and HIPAA Privacy Officer will conduct quarterly unannounced visits in each Covered Health Care Component to further reinforce comprehensive HIPAA compliance.

COMPLAINT PROCESS

Complaints should be first reported to the respective department's Privacy Designee. The Department Privacy Designee shall then contact the HIPAA Privacy Officer. If the Department Privacy Designee is not available or if the individual prefers, questions, concerns and complaints can be forwarded to the HIPAA Privacy Officer or in the absence of such officer, to the County Manager.

It is the policy of Sullivan County that all complaints relating to the protection of health information be investigated and resolved in a timely fashion. The HIPAA Privacy Officer is duly authorized to review and investigate complaints and implement resolutions in collaboration with the HIPAA Security Officer if the complaint stems from a valid area of non-compliance with the HIPAA Privacy and Security Rule. Any recommendations for employee discipline will be made to the appropriate department head, the Commissioner of Human Resources, the County Attorney, and the Deputy County Manager.

The HIPAA Privacy Officer is the responsible individual for reporting founded breaches to the Office of Civil Rights (OCR). Reporting to other regulatory authorities (NYS Office of Mental Health, NYS Department of Health, etc.) may be required depending on the nature of the incident and shall be reported, as necessary, by the HIPAA Privacy Officer.

EDUCATION/TRAINING

Sullivan County provides training on HIPAA standards to members of the workforce which includes employees in the County's Covered Health Care Components and County departments designated as Business Associates of such Covered Health Care Components.

The training shall be provided to all members of the workforce within a reasonable period of time after an individual joins the workforce and annually thereafter.

The training shall be provided to each member of the workforce whose functions are affected by a material change in the policies or procedures required by the Privacy or Security Rule, within a reasonable period of time after the material change becomes effective.

Participation in training shall be documented and include the date of training, trainer's name, participants and the topics covered.

The County's HIPAA standards can be found on the SC Portal and are listed under HIPAA Compliance. All employees should review this information at least annually.

MINIMUM NECESSARY: ROLE-BASED ACCESS

Sullivan County workforce and Business Associates will access or disclose only the minimum amount of PHI necessary to provide services and benefits to clients. This will be in accordance with the Covered Health Care Component's department-specific policies.

Sullivan County workforce will make reasonable effort to limit the amount of PHI used or disclosed to the minimum necessary to effectively accomplish the activity. Departments subject to the requirements stated herein shall implement procedures for safeguarding PHI especially when a conflict of interest is noted. Sullivan County workforce will follow the Covered Health Care Component's department specific policies for the minimum necessary PHI to be used or disclosed.

Accessing PHI out of curiosity is not allowed. You must only access the PHI that is necessary for you to perform your job. The County conducts audits in PHI containing platforms for instances of unauthorized access. This is called snooping for PHI and may result in disciplinary action including and up to termination.

CONFLICTS OF INTEREST

The County considers it to be a conflict of interest for its workforce to provide healthcare to family members or where another conflict of interest exists. All Affected Individuals shall fully disclose all situations involving an actual or potential conflict of interest, whenever such situations arise in written format.

The written disclosure shall include the Affected Individual(s) full name, department(s) and title(s), the date the conflict was made known, and a description of the actual or potential conflict.

The County will take reasonable efforts to ensure that Affected Individuals are not assigned to their family members. In dire emergency situations, an Affected Individual may provide a service where a conflict of interest exists.

MEDICAL RECORD REQUESTS

All PHI obtained on behalf or created on a patient/client is confidential and is to be safeguarded in accordance with County policy and procedure.

Sullivan County will not use or disclose information unless either:

- The client has authorized the use or disclosure in accordance with the County's standards.
- The use or disclosure is permitted by Sullivan County policy or federal and/or state law or regulation.

Sullivan County's Covered Health Care Components will adopt procedures to reasonably safeguard client information.

All complaints related to the unauthorized use or disclosure of protected health information shall be promptly reported.

NON-RETAILIATION

The County is committed to a non-retaliation policy and recognizes the various State and Federal applicable laws and will protect any Whistleblower. Retaliation is any adverse action taken against an individual because they:

- Exercised any right established under the County's HIPAA Compliance standards and procedures.
- Participated in any process established by the County's HIPAA Compliance standards including the filing of a complaint or participating in the investigation of such complaint.

- Testified, assisted, or participated in an investigation, compliance review, proceeding, or hearing relating to the policies and procedures.

Any County employee or individual doing business with the County who engages in retaliation may be subject to disciplinary action including but not limited to termination or sanctions including but not limited to termination of contract.

DISCIPLINARY ACTION: SANCTIONS

Failure to adhere to the County's HIPAA Compliance standards may result in additional training, counseling or disciplinary action including but not limited to and including termination. A monetary fine could be imposed by the government on the individual that breaches patient/client confidentiality.

Sullivan County

Legislative Memorandum

File #: ID-7775

Agenda Date: 9/18/2025

Agenda #: 16.

Narrative of Resolution:

To authorize spending from the Sullivan County Opioid Settlement Fund

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: \$27,486

Are funds already budgeted? No

If 'Yes,' specify appropriation code(s): Click or tap here to enter text.

If 'No,' specify proposed source of funds: Sullivan County Opioid Settlement Fund

Specify Compliance with Procurement Procedures: Response to R-23-17

RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO AUTHORIZE SPENDING FROM THE SULLIVAN COUNTY OPIOID SETTLEMENT FUND

WHEREAS, the County of Sullivan is a party to litigation seeking to hold opioid supply chain participants accountable for harm done to our community and many others; and

WHEREAS, approved uses of these funds include the treatment of opioid use disorder, support for people in treatment and recovery, connecting people to care, addressing the needs of criminal justice-involved persons, addressing the needs of pregnant or parenting women and their families, preventing the over-prescribing and dispensing of opioids, preventing overdose deaths, supporting first responders, and providing coordination, training, research and analysis of all of these efforts; and

WHEREAS, settlements with some, but not all, of the litigants permit use of said funds for the purpose of funding law enforcement expenditures related to the opioid epidemic; and

WHEREAS, County staff and Pillar Leads of the Sullivan County Drug Task Force have identified additional opportunities to enhance collective efforts at reducing the harmful effects of substance use disorder in our community; and

WHEREAS, the Sullivan County Sheriff's Office and District Attorney's Office have made effective use of technology tools in narcotics investigations and has a continued need to use such tools to break apart illicit drug distribution networks.

NOW, THEREFORE, BE IT RESOLVED, that the following additional expenditures of Sullivan County's Opioid Settlement Funds are authorized:

NOT TO EXCEED: \$27,486 - Cellebrite and GrayKey Subscription renewals

BE IT FURTHER RESOLVED, that the Sullivan County Legislature authorizes the Sullivan County Manager to make the necessary budget amendments to increase revenue and expense accounts based on the spending plan; and

BE IT FURTHER RESOLVED, that the Sullivan County Legislature authorizes the Sullivan County Manager to procure the items and services in this spending plan including the authority to enter into the necessary contracts upon satisfactory completion of all applicable Sullivan County acquisition policies, with such contracts to be in a form as the County

Attorney shall approve.