

**Town Board Meeting  
Town of Bergen  
August 25, 2015**

**I Call to Order 7:00pm.**

**Prayer** Almighty God, grant us wisdom that we may remember as we work, that we are servants of our constituency and all our decisions should be in the best interests of the Town and its citizens, entirely unblemished by any thoughts of personal benefit. Bless us with tolerance and understanding for opinions differing from our own and help us keep an open mind in gathering information before voting on all issues. Help us overcome any ignorance of our duties and enable us to learn more of the intricacies of the roles we have assumed. May we rest assured to know You are with us and will guide us through all we do. Amen.  
**Pledge to the flag**

- II Privilege of the Floor** -Joseph Montagna, Account Executive w/ Time Warner Cable Business Class  
- Amanda Bow from YWCA

**III Approval of Meeting Minutes for – August 11, 2015.**

**IV Communications:**

1. Refuse & Garbage Bid tabulation
2. Mercy EMS report for July 2015

**V Board Members' items for addition to the agenda**

**VI Reports:**

- Zoning / Code Enforcement
- Highway

**-Committees**

- Parks
- Buildings, Grounds & Facilities.
- Village Relations

**VII Old Business:**

- Update on America's Best Communities grant
- Discuss internet service
- Discuss Cable Franchise negotiation proposal from Cohen Law Group

**VIII New Business:**

- Discuss Refuse & Garbage Bid results / Award Contract

**X Next Meeting Day:** - Regular Meeting Tuesday Sept. 8th, 2015, at 7:00 PM in the Courtroom,  
Audit of the bills at 6:45 PM

**XI Adjournment:**

# Town Of Bergen Refuse Garbage Bids

①

8/21/15

**Bid #** 1      **Bidder Name:** WASTE MANAGEMENT OF N.Y. LLC

Included with Bid		
Bid Form	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Cert. of Non Collusion	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Waiver of Immunity	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
*Cert. of Insurance	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
5% Bid Bond	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

	1st 12 mos.	2nd 12 mos.
ITEM 1 Monthly Rate:	\$ 4116 <sup>25</sup> /MO.	\$ 4245 <sup>00</sup> /MO.
ITEM 1 Monthly Rental:	\$ 17 <sup>00</sup> /MO.	\$ 17 <sup>50</sup> /MO.
ITEM 1 Per Trip Service:	\$ 46 <sup>00</sup> /LIFT	\$ 47 <sup>00</sup> /LIFT
ITEM 2 Cost per 30yd Container:	\$ 423 <sup>30</sup> /HAUL	\$ 431 <sup>75</sup> /HAUL
ITEM 3, Opt. A	\$ 247 <sup>80</sup> /HAUL	\$ 252 <sup>75</sup> /HAUL
ITEM 3, Opt. B / Container Rental	\$ 75 <sup>00</sup>	\$ 75 <sup>00</sup>
ITEM 3, Opt. B / Recycle Container Ser	\$ 247 <sup>80</sup> /HAUL	\$ 252 <sup>75</sup> /HAUL

Notes or Exceptions: \_\_\_\_\_  
 \*Certificate of insurance req'd by successful bidder.

**Bid #** \_\_\_\_\_      **Bidder Name:** \_\_\_\_\_

Included with Bid		
Bid Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cert. of Non Collusion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Waiver of Immunity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*Cert. of Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5% Bid Bond	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	1st 12 mos.	2nd 12 mos.
ITEM 1 Monthly Rate:	\$ _____	\$ _____
ITEM 1 Monthly Rental:	\$ _____	\$ _____
ITEM 1 Per Trip Service:	\$ _____	\$ _____
ITEM 2 Cost per 30yd Container:	\$ _____	\$ _____
ITEM 3, Opt. A	\$ _____	\$ _____
ITEM 3, Opt. B / Container Rental	\$ _____	\$ _____
ITEM 3, Opt. B / Recycle Container Ser	\$ _____	\$ _____

Notes or Exceptions: \_\_\_\_\_  
 \*Certificate of insurance req'd by successful bidder.

**Bid #** \_\_\_\_\_      **Bidder Name:** \_\_\_\_\_

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	1st 12 mos.	2nd 12 mos.
ITEM 1 Monthly Rate:	\$ _____	\$ _____
ITEM 1 Monthly Rental:	\$ _____	\$ _____
ITEM 1 Per Trip Service:	\$ _____	\$ _____
ITEM 2 Cost per 30yd Container:	\$ _____	\$ _____
ITEM 3, Opt. A	\$ _____	\$ _____
ITEM 3, Opt. B / Container Rental	\$ _____	\$ _____
ITEM 3, Opt. B / Recycle Container Ser	\$ _____	\$ _____

Notes or Exceptions: \_\_\_\_\_  
 \*Certificate of insurance req'd by successful bidder.

Response Times Report

Trip Date IS BETWEEN 07/01/2015 AND 07/31/2015; AND Call Types IS A-MEMS 911 Response 1st Unit OR A-MEMS Squad Resp 1st Unit;  
AND Initial Priorities IS 911 EMERGENCY

**FD GEN BERGEN - EB**

Total number of responses including additional ambulance resources sent to scene and including additional patient contacts or refusals evaluated by crews on scene 13

Total number of Emergent First on Scene Responses for Mercy EMS 10

The total number of Emergency Responses: 13  
The total number of Non-Emergency Responses: 0

The total number of ALS (Paramedic) Responses or Evaluations: 11  
The total number of BLS (Basic or Intermediate) Responses or Evaluations: 2

Number of "Cancelled Enroute" 3  
Number of Responses that had a "Significant Weather Occurance" 0

6444	7/1/2015	14:53:32	MEDIC3	A-MEMS 911 Response 1st Unit
1490 & SHERIDAN RD				
NO TRANSPORT CANCELLED AT 15:00:01 CANCEL BY REQ Not Needed 911 EMERGENCY Response Time: 00:02:49				
Responded from Post: MEMS EAST POST				
6515	7/3/2015	04:59:05	MEDIC3	A-MEMS 911 Response 1st Unit
31 PONDVIEW DR				
NO TRANSPORT CANCELLED AT 05:09:52 CANCEL Cancelled Enroute 911 EMERGENCY Response Time: 01:29:11				
Responded from Post: MEMS UMMC Base				
6692	7/7/2015	10:21:43	MEDIC1	A-MEMS 911 Response 1st Unit
7762 CLINTON STREET RD 5				
NO TRANSPORT CANCELLED AT 10:40:31 CANCEL BY REQ Not Needed 911 EMERGENCY Response Time: 00:10:12				
Responded from Post: MEMS UMMC Base				
6710	7/7/2015	16:35:30	SQUAD1	A-MEMS Squad Resp 1st Unit
6650 N LAKE RD				
STRONG MEMORIAL HOSPITAL				
911 EMERGENCY Response Time: 00:15:30				
Responded from Post: No Assigned Post				
6765	7/9/2015	16:03:26	MEDIC1	A-MEMS 911 Response 1st Unit
7862 CLINTON STREET RD LOT 12				
STRONG MEMORIAL HOSPITAL				
911 EMERGENCY Response Time: 00:14:38				
Responded from Post: MEMS UMMC Base				
6947	7/13/2015	15:35:36	SQUAD6	A-MEMS Squad Resp 1st Unit
56 S LAKE AVE				
STRONG MEMORIAL HOSPITAL				
911 EMERGENCY Response Time: 00:18:58				
Responded from Post: No Assigned Post				
7009	7/15/2015	04:30:18	MEDIC2	A-MEMS 911 Response 1st Unit
7705 W BERGEN RD				
STRONG MEMORIAL HOSPITAL				
911 EMERGENCY Response Time: 00:15:21				
Responded from Post: MEMS UMMC Base				
7305	7/21/2015	12:02:39	BLS-1	A-MEMS 911 Response 1st Unit
7793 TOWNLINE RD				
NO TRANSPORT CANCELLED AT 12:10:11 CANCEL Cancelled Enroute 911 EMERGENCY Response Time: 18:25:37				
Responded from Post: MEMS Bank Street				
7358	7/22/2015	16:16:04	MEDIC2	A-MEMS 911 Response 1st Unit
7111 N BERGEN RD				
NO TRANSPORT CANCELLED AT 16:22:50 CANCEL Cancelled Enroute 911 EMERGENCY Response Time: 14:12:12				
Responded from Post: MEMS UMMC Base				
7410	7/23/2015	15:29:57	MEDIC4	A-MEMS 911 Response 1st Unit
8280 PEACHEY RD				
UNITY-PARK RIDGE HOSPITAL				
911 EMERGENCY Response Time: 00:19:51				
Responded from Post: MEMS UMMC Base				

8/24/15  
DSC

Genesee County 911  
Response Times Report



Trip Date IS BETWEEN 07/01/2015 AND 07/31/2015; AND Call Types IS A-MEMS 911 Response 1st Unit OR A-MEMS Squad Resp 1st Unit;  
AND Initial Priorities IS 911 EMERGENCY

**FD GEN BERGEN - EB**

7484 7/25/2015 14:16:29 MEDIC1 A-MEMS 911 Response 1st Unit  
N LAKE RD & BISSELL RD ROADSIDE  
NO TRANSPORT CANCELLED AT 14:43:15 CANCEL BY REQ-Not Needed 911 EMERGENCY Response Time 00:16:03  
Responded from Post: MEMS UMMC Base

7638 7/29/2015 17:25:46 MEDIC2 A-MEMS 911 Response 1st Unit  
83 S LAKE AVE APARTMENT 10 UNITED MEMORIAL MEDICAL CENTER  
911 EMERGENCY Response Time: 00:12:48  
Responded from Post: MEMS UMMC Base

7670 7/30/2015 12:41:15 BLS-1 A-MEMS 911 Response 1st Unit  
7228 WARBOYS RD  
NO TRANSPORT CANCELLED AT 13:05:45 CANCEL Handled by OTHER ME 911 EMERGENCY Response Time 00:08:41  
Responded from Post: No Assigned Post