



VILLAGE OF DOBBS FERRY BOARD OF TRUSTEES AGENDA

MEETING DATE: FEBRUARY 23, 2021
AGENDA ITEM SECTION: MATTERS REQUIRING ACTION
AGENDA ITEM NO. : 2
AGENDA ITEM: CONSIDER A MOTION TO CERTIFY AND APPROVE THE 2020/2021 DOBBS FERRY VOLUNTEER AMBULANCE CORPS SERVICE AWARD POINTS LISTING AS SUBMITTED BY THE DOBBS FERRY VOLUNTEER AMBULANCE CORPS
ITEM BACKUP DOCUMENTATION: 1. DOBBS FERRY VOLUNTEER AMBULANCE CORPS SERVICE AWARD DATA REQUEST PACKAGE

2020 DATA REQUEST PACKAGE PROCESS CHECKLIST

Please follow the steps below in order to complete the Data Request Package.



Mark the checkboxes as items are completed.

AMBULANCE COMPANY – Deadline: March 31, 2021



Complete the 2020 Service Award Program Ambulance Records listing using the *Instructions* provided.



Certify that the listing is correct by completing the 2020 *AMBULANCE COMPANY SERVICE CERTIFICATION FORM* (green form).



Send the entire Data Request Package to the Board of the Sponsoring Municipality by March 31, 2021.

SPONSORING BOARD – Deadline: May 1, 2021



Review and approve the 2020 Service Award Program Ambulance Records listing by signing the 2020 *SPONSOR APPROVAL FORM* (blue form).



Send the entire Data Request Package back to the AMBULANCE COMPANY for posting by May 1, 2021.

AMBULANCE COMPANY – Deadline: Post immediately upon receipt



Complete the "NOTICE TO VOLUNTEERS" section of the 2020 *AMBULANCE COMPANY POSTING CERTIFICATION FORM* (purple form).



Post this form and 2020 Service Award Program Ambulance Records listing for no less than 30 days at the ambulance company headquarters in view for all members.



At the end of the posting period, complete the remaining sections of the posting form and send the entire Data Request Package to the Sponsoring Board.

SPONSORING BOARD – Deadline: July 1, 2021



Review and certify the 2020 Service Award Program Ambulance Records listing by signing the 2020 *SPONSOR AUTHORIZATION FORM* (pink form).



Send the completed Data Request Package to:
Penflex, Inc.
50 Century Hill Drive, Suite 3
Latham, NY 12110

2020 Service Award Program Ambulance Records

Dobbs Ferry Volunteer Ambulance Company Service Award Program

	Last name	First name	MI	Date of Birth	Gender	Accrued Service Credit	2020 Points Earned	Mailing Address	City, State & Zip Code	Status
1	Ehlberg	Brent	M.	██████	M	2	57	████████████████████	LC	Active
2	Hoo III	Walter	L.	██████	M	3	61	████████████████████	LC	Active
3	Lloyd	Brian	A.	██████	M	5	20	████████████████████	LC	Active
4	Lloyd	Ellen	M.	██████	F	8	31	████████████████████		Active
5	MacArthur	Peter	L.	██████	M	9	59	████████████████████		Active
6	Marron	Michael	P.	██████	M	13	3	████████████████████		Active
7	Rauhofer	Franklin	R.	██████	M	16	88.5	████████████████████	Active	Military Leave
8	Rauhofer	Mary	E.	██████	F	24	98	████████████████████		Active
9	Rooney	Joseph	R.	██████	M	8	50.5	████████████████████		Active
10	Rosenberg	Jared	M.	██████	M	16	22	████████████████████		Active
11	Trezza	James	C.	██████	M	18	18.4	████████████████████		Active
12	Begelman	Walter		██████	M	5	N/A	████████████████████		Entitled 5/2014
13	Cataldo	Patricia	A.	██████	F	9	N/A	████████████████████		Entitled 4/2019
14	Halpenny	Vera	E.	██████	F	8	N/A	████████████████████		Entitled 4/2017
15	Hogan	David	K.	██████	M	7	N/A	████████████████████		Entitled 2/2012
16	Juback	Judith	J.	██████	F	7	N/A	████████████████████		Entitled 9/2005

Please reference the *Instructions* before completing the listing. All blank entries must be completed prior to certification.

2020 Service Award Program Ambulance Records

Dobbs Ferry Volunteer Ambulance Company Service Award Program

	Last name	First name	MI	Date of Birth	Gender	Accrued Service Credit	2020 Points Earned	Mailing Address	City, State & Zip Code	Status
17	Mathisen	Angela	R.	██████	F	6	N/A	████████████████████		Entitled 11/2012
18	Bender	Roger	B.	██████	M	5	0	████████████████████		Terminated Vested
19	Bernstein	Graham	H.	██████	M	7	0	████████████████████		Terminated Vested
20	Blum	Nicholas	P.	██████	M	8	0	████████████████████		Terminated Vested
21	Constant	William	C.	██████	M	8	0	████████████████████		Terminated Vested
22	Dominici	Michael	A.	██████	M	13	0	████████████████████		Terminated Vested
23	Johnston	Jennifer		██████	F	7	0	████████████████████		Terminated Vested
24	Kaplan	Michael	F.	██████	M	12	0	████████████████████		Terminated Vested
25	Queren	Mary		██████	F	5	0	████████████████████		Terminated Vested
26	Rosenberg	Elizabeth	A.	██████	F	6	0	████████████████████		Terminated Vested
27	Simmons	Lawrence	G.	██████	M	7	0	████████████████████		Terminated Vested
28	Thanos	Aristidis		██████	M	7	0	████████████████████		Terminated Vested
29	Trenholm	Erica	J.	██████	F	6	0	████████████████████		Terminated Vested

Please reference the *Instructions* before completing the listing. All blank entries must be completed prior to certification.

Dobbs Ferry Volunteer Ambulance Company Service Award Program

[illegible]

2020 AMBULANCE COMPANY SERVICE CERTIFICATION FORM

SERVICE AWARD PROGRAM

Village of Dobbs Ferry
Dobbs Ferry Volunteer Ambulance Company

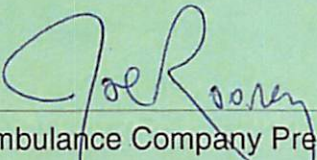
DEADLINE: MARCH 31, 2021

INSTRUCTIONS

New York State General Municipal Law requires that the list of members of the Ambulance Company indicating those who earned a year of Service Credit during 2020, those who did not earn a year of Service Credit in 2020, those who were granted Prior Service Credit (years of Service Credit earned prior to the program's effective date) in 2020, and those who waived participation must be certified under oath by the President, Secretary and Chief (or comparable officers). Once complete, the entire 2020 Data Request Package should be sent to the Village of Dobbs Ferry for approval.

CERTIFICATION

We certify under oath that the attached list includes all Active Members of the Ambulance Company during the 2020 calendar year and indicates the points earned by each volunteer in accordance with the Service Award Program Point System which will be used to determine who will be credited with a year of service. We further certify that any prior service credit reported on the listing was earned during 2020 in accordance with the provisions of the Service Award Program.


Ambulance Company President

1-10-21
Date


Ambulance Company Secretary

1/10/21
Date


Ambulance Company Chief

01/16/2021
Date

DESIGNATION OF BENEFICIARY FORM

Dobbs Ferry Volunteer Ambulance Company
Volunteer Ambulance Worker Service Award Program

PLEASE PRINT CLEARLY

***** PARTICIPANT DATA - PLEASE FILL OUT COMPLETELY *****

Jacob, M, Eisner
Volunteer First Name, MI, Last Name
[REDACTED] Dobbs Ferry NY 10522 Dobbs Ferry Volunteer Ambulance Corps
Volunteer Mailing Address City State Zip Ambulance Company

***** PRIMARY BENEFICIARY(IES) *****

	First, MI, Last Name	Relation	Date of Birth	Soc. Sec. No.	Mailing Address	City	State	Zip
1.	[REDACTED]							
2.								
3.								

***** CONTINGENT BENEFICIARY(IES) *****

	First, MI, Last Name	Relation	Date of Birth	Soc. Sec. No.	Mailing Address	City	State	Zip
1.								
2.								
3.								

***** SIGNATURE AND WITNESS *****

I hereby designate my primary beneficiary(ies) to share equally any benefits payable from the above named Service Award Program due upon my death. If all of the primary beneficiary(ies) have predeceased me, I designate the contingent beneficiary(ies) to share equally any benefits due upon my death.

[Signature] 10/17/20
Volunteer Signature and Date

Witness Signature and Date
Witness must be a Notary, or an Official of the Village or Ambulance Company

***** NOTES *****

Please consult with your ATTORNEY before naming a minor child or your ESTATE as a beneficiary. Naming a minor child or your estate will cause a delay in the payment of any benefits due upon your death. Consider this designation carefully.

All beneficiaries, other than an estate or trust to be created upon your death, must have a social security number.

If you designate more than 3 primary beneficiaries and/or 3 contingent beneficiaries, attach 2 forms together. Be sure to sign both and clearly indicate that your beneficiary designations are continued on a 2nd form (e.g. on 1st form write "page 1 of 2" and on 2nd form write "page 2 of 2").

2020 SPONSOR APPROVAL FORM
SERVICE AWARD PROGRAM

Village of Dobbs Ferry
Dobbs Ferry Volunteer Ambulance Company

DEADLINE: MAY 1, 2021

This form is to be signed by either the clerk (along with a copy of the certified resolution) or by all members of the Village of Dobbs Ferry governing board once the certified points listing has been reviewed and approved by the Board. Once this form has been completed, the entire Data Request Package should be returned to the Ambulance Company so that the list can be posted for at least 30 days as required by New York State Law.

APPROVAL

By resolution of the Village of Dobbs Ferry governing board, the 2020 points listing of all volunteer ambulance workers of the Dobbs Ferry Volunteer Ambulance Company has been approved. Attached is a copy of the certified board resolution approving the listing.

Clerk

Date

If a copy of the certified resolution is not available, please have all members of the governing board sign below. The Village of Dobbs Ferry herein approves the volunteer ambulance worker Service Award Program list of all 2020 active volunteer ambulance workers of the Ambulance Company.

Governing Board Member

Date

Governing Board Member

Date

Governing Board Member

Date

Governing Board Member

Date

Governing Board Member

Date

2020 AMBULANCE COMPANY POSTING CERTIFICATION FORM

SERVICE AWARD PROGRAM

Village of Dobbs Ferry
Dobbs Ferry Volunteer Ambulance Company

NOTICE TO VOLUNTEERS

You have 30 days from the date on which the approved listing was posted (noted below) to review your points and service information. In the event that the information on the listing does not match your records, first notify the person noted below. If your appeal is not satisfactorily resolved, you must send a written appeal to the Sponsoring Board.

To comply with New York State Law, after the 2020 points listing has been approved by the governing board of the Village of Dobbs Ferry, it must be posted in the Ambulance Company's principal headquarters for a period of at least 30 days. Please have the person responsible for compiling the points and/or prior service enter their name and contact information on the form below, and enter the date on which the listing and this form were first posted. When the 30-day posting period is complete, please sign the bottom section of this form and enter the date the list was removed. Then please return the entire Data Request Package to the Village of Dobbs Ferry for final authorization.

This section must be completed by the person responsible for compiling the points:

Name

Title

E-mail address

Phone number

Date the approved listing was posted: _____

Date the approved listing was removed: _____

POSTING CERTIFICATION

When the 30-day posting period is complete, please enter the date on which the listing was removed (above) and sign (below). Please forward the entire 2020 Data Request Package to the Village Board for final approval.

I hereby certify that the approved listing was posted for no less than 30 days.

_____ No changes were made to the listing.

_____ Changes have been made to the listing and an explanation is attached.

Signature

Date

2020 SPONSOR AUTHORIZATION FORM

SERVICE AWARD PROGRAM

Village of Dobbs Ferry
Dobbs Ferry Volunteer Ambulance Company

DEADLINE: JULY 1, 2021

This form is to be signed by the Mayor of the Village of Dobbs Ferry after the 2020 listing has been posted for at least 30 days, as certified by the completion of the 2020 Ambulance Company Posting Certification Form. Please sign and return the entire Data Request Package to:

Penflex, Inc.
50 Century Hill Drive, Suite 3
Latham, NY 12110

AUTHORIZATION

I hereby authorize Penflex, Inc. to use the data submitted herein for the active volunteer ambulance worker Service Award Program 2020 records. I understand this data will be used to determine the funding requirements of the Service Award Program, the eligibility of participants to be paid Service Award Program benefits and the amount of benefits to be paid to such persons. I understand that if any of the 2020 administrative services provided by Penflex, Inc. must be redone due to errors in the data submitted herein, there may be an additional charge payable by the Program Sponsor. I further understand that Penflex, Inc. will not be liable for any errors in the calculation of the amounts due or payable from the Service Award Program Trust Fund which are the direct result of an error(s) in the data submitted herein.

Signature

Mayor

Village of Dobbs Ferry

Date

How to report points for a member who was on **MILITARY LEAVE**

We encourage you to complete and return this sheet along with the final year-end listing for each participant who was on Military Leave at any point during the year.

Member name: _____

Date member went on Military Leave: _____

Date member returned from Military Leave: _____ (if applicable)

☐ ***If the member was on Military Leave for the entire year, enter "50" points.***
Indicate on the listing that the member was on leave for the entire year - write "Full year".

☐ ***If the member was on Military Leave for only part of the year...***

Enter the number of points earned prior to *or* upon returning from leave: _____ pts

Prorate the number of points earned on Military Leave.

$\left(\frac{\# \text{ of months}}{12} + \frac{\# \text{ of days}}{365} \right) \times 50 \text{ pts}$ **+** _____ pts

Add the point rows above for the member's annual total: **=** _____ pts

Example:

A member earns **35** points as an active member through August 21st. He went on Military Leave beginning August 21st and was out for the remainder of the year.

Therefore, the number of complete months on leave is 4 (September through December), and the number of days on leave is 11 (August 21st through August 31st).

Prorated: $\left(\frac{4}{12} + \frac{11}{365} \right) \times 50 = 18 \text{ pts}$ **Total:** $35 + 18 = 53$

You can also prorate by calculating the total number of days between dates. There are several websites that you can use to do this. Try searching "*calculate days between dates*" and enter the date range (including the end date). Divide this number by 365 and multiply by 50 to get the number of prorated points for Military Leave.

Note: Military Leave Service Credit will be awarded based on the provisions of the Program.