

SUPERVISOR
JOLENE M. JEFFE
(716) 652-7590
jjeffe@townofaurora.com



TOWN CLERK
LIBROCK
652-3280
aurora.com

5A

TOWN OF AURORA

300 Gleed Avenue, East Aurora, NY 14052
www.townofaurora.com

November 12, 2013

To: Town Board
From: Jolene Jaffe
Re: Preliminary Budget Changes

Below is a list of the few remaining changes to the Preliminary Budget. Most are due to additional data received by the Town.

- Taxable Valuation after SCAR & Article 7 settlements as of 10/31/13
 - Town Outside Village changed from \$ 311,927,307 to \$311,805,707
 - General changed from \$ 524,084,005 to \$523,834,905
- Added Village Delinquent Water - \$543.13
- Added Town of Aurora Delinquent Water - \$372.56
- Changed SR8189.401 Recycling Services from \$2000 to \$7000 and SR 8189.200 Rubbish Equipment from \$10,000 to \$5000 due to the need for tub grinding in 2014.
- Added South Wales Fire Department Amount to be Raised of \$158,642
- Changed Supervisor lines as follows to provide for contracted accounting services without changing total appropriations:
 - Added A1220.101 Part-time Clerical - \$5781
 - Removed A1220.102 Assistant to the Supervisor
 - Added A1220.403 Accounting Contractual Services - \$45,000
- Per Dave Gunner, increased Highway labor lines to include shift differential:
 - Increased DB5142.100 Snow Removal – Town Wages to \$74,450
 - Increased DB5148.100 Services for Other Governments – Snow Wages to \$74,450

I request the Town Board's approval of the above changes.

Then we can adopt the budget as amended.

Please let me know if you have any questions.

5C

TOWN OF AURORA
300 GLEED AVENUE, EAST AURORA, NY 14052
BUILDING DEPARTMENT
(716) 652-7591

MEMO

TO: Jolene Jeffe & Town Board Members
FROM: Don Owens, Chairman, Planning Board
DATE: November 7, 2013

=====

The following actions were taken at the November 6, 2013 meeting of the Planning & Conservation Board:

William Voss moved to recommend to the Town Board that they approve the dwelling group at 16 Woodcrest Drive, PO Orchard Park, Town of Aurora NY, with the condition that the swale be adjusted and re-graded on the southwest portion so that the water drains to the wetlands to the northeast. Seconded by Charles Snyder.

See attached amended drainage plan.

Upon a vote being taken: ayes – six noes – one (Adams) Motion Carried.

SUPERVISOR
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(716) 652-7590



GC

JK
JK
30

TOWN OF AURORA
300 Glead Ave., East Aurora, NY 14052
www.townofaurora.com

TOWN COUNCIL MEMBERS

Jeffrey T. Harris
jharris@townofaurora.com

11/5/2013

James F. Collins
jcollins@townofaurora.com

Supervisor & Board Members,

James J. Bach
jbach@townofaurora.com

Attached is a letter, to be signed by the Supervisor, committing the cooperation of the Town of Aurora for the Western New York Stormwater Coalition's application for funds for further assistance in attaining the Coalitions goals as stated. This letter does not commit any additional funds or grant matches from the Town, but is merely a letter reinforcing the Town's commitment and membership in the WNYSWC. The Board's continued support for this program would be appreciated.

Susan A. Friess
sfriess@townofaurora.com

SUPT. OF HIGHWAYS

David M. Gunner
(716) 652-4050
highway@townofaurora.com

William R. Kramer

A handwritten signature in cursive script that reads "William R. Kramer".

RECEIVER OF TAXES

Barbara Halt
(716) 652-7596
tax@townofaurora.com

SUPT. OF BUILDING

Patrick J. Blizniak
(716) 652-7591
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ASSESSOR

Thelma Hornberger
assessor@townofaurora.com
(716) 652-0011

DIR. OF RECREATION

Peggy M. Cooke

SUPERVISOR
JOLENE M. JEFFE
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TOWN COUNCIL MEMBERS

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(716) 652-8866
peggy@townofaurora.com

TOWN ATTORNEY
Ronald P. Bennett

TOWN JUSTICE
Jeffrey Markello
Douglas W. Marky

HISTORIAN
Robert L. Goller
(716) 652-7944
historian@townofaurora.com

FAX: (716) 652-3507

TDD (716) 714-1001
For the Hearing Impaired

Cooperating MS4 Letter of Intent

MS4 Name: Town of Aurora
Located in County of: Erie
General Permit #: NYR20A131
Stormwater Contact: William Kramer
Mailing Address: 300 Glead Ave, East Aurora, NY 14052
Telephone Number: 716-652-7591

The Town of Aurora, in partnership with the Western New York Stormwater Coalition, is cooperating on the application for the New York State Department of Environmental Conservation's Round 11 Water Quality Improvement Project – MS4 Phase II Stormwater Implementation being made by the Erie County Department of Environment and Planning. The proposed project, entitled *Western New York Stormwater Coalition: MS4 Assistance Project*, has two primary objectives:

1. To assist newly designated MS4s with completion of a gap analysis and with field verification and GIS mapping of their stormwater outfalls; and,
2. To assist existing MS4s with newly designated Urbanized Areas with expanding the geographic area of their Stormwater Management Program to achieve full compliance with GP-0-10-002.

Should the project receive funding, the Town of Aurora will follow up with a Letter of Commitment that clearly defines the work to be accomplished and the roles and responsibilities of the partnership.

Signature:

Date:

Title:

5D

600 NORTHERN BOULEVARD, GREAT NECK, N.Y. 11021-5202

APPLICATION

To be attached to and form a part of Policy No. _____ of the First Rehabilitation Insurance Company of America.

We hereby apply for a GROUP DISABILITY POLICY to be based upon the following statements and to provide benefits that will meet with the requirements of the New York State Disability Benefits Law for the employees of:

1. Town of Aurora (herein called the Policyholder)

2. Business Address ~~5 South Grove Street~~ 300 Glead Ave.
E. Aurora, NY 14052

Address at which Payroll Records are maintained Same

FEIN: 16-6002169

Telephone Number of office at which Payroll Records are maintained _____

3. Nature of Business Municipality (Unemployment Insurance Account No.) _____

4. This policy is to be effective from 12:01 A.M. Standard Time on 1/1/2014 and shall continue in force until cancelled in accordance with the policy provisions. The benefits provided shall be as follows:

Waiting Period Accident-Sickness	Maximum Duration	% of Wages	Weekly Benefits Maximum	In-Hospital Indemnity
7 Days - 7 Days <input checked="" type="checkbox"/>	26 Weeks <input checked="" type="checkbox"/>	50% <input checked="" type="checkbox"/>	\$170.00 <input checked="" type="checkbox"/>	Excluded <input checked="" type="checkbox"/>
0 Days - 7 Days <input type="checkbox"/>	___ Weeks <input type="checkbox"/>	60% <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	Included <input type="checkbox"/>
		66 2/3% <input type="checkbox"/>		

5. Name, Address, and Unemployment Insurance Account No. of other Employers to be covered by this application. (If none, so state)

none

6. (a) ~~All employees as defined in and subject to the New York Disability Benefits Law are to be insured, except the following (if none, so state)(if union employees excluded, so state)~~

all employees that work 40 Hr. week
(see att.)

(b) Any Sole Proprietor or Co-Partner who desires to be insured and who is specifically named herein

7. Total number of Employees to be insured? Male? Female?
(Include Corporate Officers) 17 9

8. (a) Name of Policyholder's Worker's Compensation Insurance Carrier
New York State Worker's Compensation Alliance

(b) Previous Disability Carrier Zurich

9. Premiums: Based on information furnished the Company, premiums shall be calculated in the following manner: (Check applicable option).

A. Groups of 1 to 5 Employees Statutory Benefits

Annual Rates - (Remit Premium in Advance) \$42.00 per Male Employee
\$87.00 per Female Employee

B. 6 to 49 Employees - Please check coverage requested.
Monthly Per Capita Rates: (Billed Quarterly in Arrears)

	MALE	FEMALE
<input checked="" type="checkbox"/> Statutory Benefits	\$3.25	\$7.00
<input type="checkbox"/> Statutory Benefits (including In-Hospital Indemnity)	\$3.90	\$8.40
<input type="checkbox"/> Statutory Benefits, Payroll Rate Factor _____		

C. 50 or More Employees;

- Monthly Rate based upon covered payroll (first \$340 per week per employee)
Payroll Rate Factor _____
- Monthly per Capita Rates Male \$_____ Female \$_____
- Bill Quarterly in Arrears Bill Monthly

MAXIMUM EMPLOYEE CONTRIBUTION. The Policyholder understands and agrees that the contribution of any employee toward the total premium shall not exceed 1/2 of 1% of wages received on and after the effective date of this policy, subject to a maximum of 60 cents per week.

Required Statement: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime."

Dated at _____ this _____ day of _____ 19 _____

Badger & Gunner, Inc. 0399-0011

(Producer)

(Employer)

24 Pine Street, East Aurora, NY 14052

(Address)

011



By

(Authorized Signature)

Action #49 Retirement Health Ins. Policy (Cont.)

future coverage. The Town Board may, but need not, elect at a subsequent time to either eliminate all coverage for retirees or to provide a portion rather than the total cost of defined coverage.

4. The cost of all coverage will be subject to the approval of necessary budget allocations to pay for same on an annual basis.

Councilman Suttell seconded the motion.

Upon a vote being taken:

Councilman Irving	Aye
Councilman Suttell	Aye
Councilman Cotton	Abstain
Councilman Thomason	Aye
Supervisor Green	Aye

Ayes - Five Nays - None Abstension - One

Councilman Cotton noted that being a new Board Member, he was not familiar with the previous policy on retirement health insurance and did not feel comfortable voting on the resolution.

Supervisor Green informed the Board that a change of Insurance Carriers for the Town Disability Insurance necessitates a new resolution being adopted concerning the non-mandated disability insurance the Town will continue at Town expense to cover the following positions:

Assessor, Appraiser, Assessor Clerk, Deputy Town Clerk, Supervisor's Secretary, Dog Control Officer, Recreation Director, Recreation Supervisor, Recreation Clerk Typist, Working Crew Chief, Parks Laborer, Highway Superintendent, Senior Citizens Supervisor, Superintendent of Buildings, Building Inspector, Building Clerk, and full-time Highway Personnel.

Action #50
Disability
Insurance
Coverage
Approved.

Supervisor Green moved a motion to approve the above resolution.

Councilman Suttell seconded the motion.

Upon a vote being taken: Unanimously approved.

Extension #4 to Water District #10 was discussed by the Board.

Councilman Cotton duly moved a motion to accept the Extension to Water District #10, noting the extension consists of Idlewood Drive.

Action #51
Extension #4
to Water
Dist. #10
Unanimously
Approved.

Councilman Thomason seconded the motion.

Upon a vote being taken:

Councilman Irving	Aye
Councilman Suttell	Aye
Councilman Cotton	Aye

(Continued)

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GA

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October 29, 2013

To: Town Board
From: Jolene Jaffe
Re: Floor Replacement

Attached are 3 quotes obtained to replace the flooring and carpet in one of the rooms in Duck Duck Goose. They ranged from \$3785 to \$4105. A little over a year ago, the solid flooring was damaged by the janitor when she was trying to clean it using the wrong cleaning solution. We tried to fix it by painting it but it has not held up. I would like to suggest that the Town pay for ½ of the cost of the floor replacement to attempt to cover the damage that was caused by the Town.

I ask that the Town Board approve the floor replacement by Aurora Floor Covering at the low cost of \$3,785 to be paid equally by the town (A1620.422) and the tenant.

Kubalas Carpets Plus

455 Olean Road
 East Aurora, NY 14052

Estimate

Date	Estimate #
10/8/2013	2088

Name / Address
duck duck goose gleed ave East Aurora ny 687 2995 fx

Project

Description	Qty	Rate	Total
traus , legacy laminate	1	3,300.00	3,300.00T
cove base, removal, toilet r/r		583.00	583.00T

Subtotal	\$3,883.00
Sales Tax (8.75%)	\$339.76
Total	\$4,222.76

6B

TOWN OF AURORA
300 GLEED AVE, EAST AURORA, NY 14052

BUILDING DEPARTMENT
(716) 652-7591
FAX (716) 652-3507

MEMO

TO: AURORA TOWN BOARD
FROM: Pat Blizniak
DATE: October 23, 2013
SUBJECT: NFBOA Conference

=====

I am requesting approval for Bill and I to attend the Niagara Frontier Building Officials Conference on January 27-29, 2014 at the Millennium Hotel, Buffalo, NY. The attendance will qualify as part of the continuing education credits required by the State of New York.

The cost is \$275 each for NFBOA Members, which we are. This will be taken from budget line A3620.404 for 2014. It is assumed that this budget line starts the 2014 year with a proposed \$1000.00 balance. The approximate mileage would be \$15 a day.



ERIE COUNTY DEPT. OF SENIOR SERVICES PROGRAM CONTRACT

6E

1. TITLE OF PROGRAM: Transportation and Escort Services

2. CONTRACT PERIOD: From January 1, 2014 to December 31, 2014

3. VEHICLE INFORMATION: Primary Vehicle: 2006 Ford 12 Passenger Van
Vin# 1FBNE31LX6HA35726

Available Spares: TBD

4. ORGANIZATION:

Name: **Town of Aurora**

Mailing Address: The Southside Municipal Center
300 Gleed Avenue
East Aurora, New York 14052

Office Phone: (716) 652-7590

Executive Director/Administrator: Jolene M. Jeffe, Town Supervisor

Email: jjeffe@townofaurora.com

6. PROGRAM CONTACT:

Name, Title: Peggy Cooke, Director of Transportation

Mailing Address: 300 Gleed Avenue
East Aurora, New York 14052

Office Phone: (716) 652-8866

Email: peggy@townofaurora.com

Estimated Value of this Agreement: \$500

MEMORANDUM OF UNDERSTANDING

6F

County of Erie
STOP-DWI Office

2013

And

Town of Aurora

- The Town of Aurora Operates a Town Court (The Court).
- Various Police agencies make DWI Arrests within the Court's geographic boundaries.
- The arrests result in legal cases that are adjudicated by the Court.
- The Court collects information about the cases disposed there.
- The STOP-DWI Office has need of that information for statistical and administrative purposes.
- The STOP-DWI Office will pay the Town of Aurora \$10.00 (Ten Dollars) for the following information on each case of 1192-1,2,2a, 3, 4, 4a, 1193-1C & 5112a (ii), (iii):

For each case: First, Last Name, Middle Initial, DOB of Defendant, Date Of Arrest, Charges Laid, Disposition, Date of Disposition, Fine, Other Sanctions, Arresting Agency.

- Term of this MOU is January 1, 2013 to December 31, 2013
- A STOP-DWI Court Report or a DWI/AUO Disposition Report listing the case data will be sent to the STOP-DWI Office by July 15 of the current year for the first half of the year and January 15 of the following year for the second half.
- Upon receipt of the January 15th report and invoice letter, the STOP-DWI Office will forward one payment in the amount of \$10.00 for each case reported during the year.

Agreed:

Jolene M. Jeffe
Supervisor

Date: _____

John Glascott, Commissioner
Erie County Central Police Services

Date: _____

Approved as to form:

By: _____
Greg Kammer, Ass't Co. Attorney

John F. Sullivan, Director
STOP-DWI Office
County of Erie

Date: _____

Document # _____ Date: _____

By: _____
Richard Tobe, Deputy Co. Executive