

WS-3

7A

**AMERICAN GRILLE ON SENECA 2 INC
7901 SENECA ST
EAST AURORA, NY 14052**

To whom it may concern,

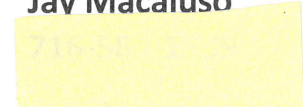
I'm asking for the board to approve a 30 day waiver for the American Grille on Seneca 2.

I was the original owner and I think we had a great business and clientele. I'm hoping to bring the business back to a successful restaurant again.

If you have any questions please feel free to contact me

Thank you for your time

Jay Macaluso



A blue ink handwritten signature of Jay Macaluso.

RECEIVED

NOV 03 2020

TOWN OF AURORA
TOWN CLERKS OFFICE

WHEREAS, Joseph Macaluso dba American Grille on Seneca 2 submitted a Notice of Intent to file a new application for an On-premises Alcoholic Beverage License for “liquor, wine, beer & cider” to be sold at 7901 Seneca Street, PO East Aurora, Town of Aurora, New York; and

WHEREAS, pursuant to the applicable provisions of the Alcohol and Beverage Control Law Section 110-b, Subdivision 1(b), the Town has been notified of their intent to file an application for a liquor license renewal with the New York State Liquor Authority; and

WHEREAS, a thirty (30) day hold before said application can be filed is mandated by New York Alcohol and Beverage Control Law, however, this time period may be waived by the municipality; and

NOW, THEREFORE, BE IT

RESOLVED, that the Aurora Town Board hereby authorizes the waiver of the thirty (30) day advance notice of American Grille on Seneca 2 intent to apply for a liquor license; and

BE IT FURTHER RESOLVED, the Town Clerk is hereby authorized and directed to notify Joseph Macaluso, President of American Grille 2; David Diziak, attorney for the applicant; and the New York State Liquor Authority indicating that the Town of Aurora has no objections to the application of American Grill on Seneca 2 and the waiver of such thirty (30) day notification.

WS-4 7B



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

MEMO

Date: November 3, 2020
To: The Town Board
From: Robert Goller *RGG*
Re: 2021 Health Insurance Plans

Attached for your review and approval are the employee health insurance plans for 2021. The current Blue Cross/Blue Shield plans are included, with price comparisons from 2020 to 2021. The two columns on the right are Univera and Independent Health plans, which are included for comparison purposes. If the plans are approved by the Town Board, employees and retirees will be notified in the Nov. 18 paychecks, with open enrollment scheduled for the month of December.

2021 Silver RENEWAL Benefit Comparison



Member • Associate • Agent/PA

In Network:	BCBS of WNY Silver POS 8100	BCBS of WNY Silver POS 8100	Univera Access Silver 2	Independent Health Max Silver
Annual Deductible Coinsurance	\$2,900 Single / \$5,800 Family 40%	\$2,900 Single / \$5,800 Family 40%	\$3,800 Single / \$6,800 Family	\$2,800 Single / \$5,600 Family
Annual Out of Pocket Max	\$6,900 Single / \$13,800 Family	\$6,900 Single / \$13,800 Family	Applicable where noted	Applies Where Indicated
PCP Office Visit	Deductible then 40% Coinsurance	Deductible then 40% Coinsurance	Deductible then \$10 Copay	\$7,550 Single / \$15,100 Family \$35 Copay
Specialist Visit	Deductible then 40% Coinsurance	Deductible then 40% Coinsurance	Deductible then \$50 Copay	Deductible then \$60 Copay
Sick Child Visit	Deductible then 40% Coinsurance	Deductible then 40% Coinsurance	Deductible then \$10 Copay	\$35 Copay
Radiology	Deductible then 40% Coinsurance	Deductible then 40% Coinsurance	Deductible then \$50 Copay	Deductible then \$60 Copay
Laboratory	Deductible then 40% Coinsurance	Deductible then 40% Coinsurance	Deductible then \$30 Copay	Deductible then \$35 Copay
Hospital Inpatient	Deductible then 40% Coinsurance	Deductible then 40% Coinsurance	Deductible then \$100 Copay	Deductible then \$35 Copay
Outpatient Facility / Surgery	Deductible then 40% Coinsurance	Deductible then 40% Coinsurance	Deductible then \$50 Copay	Deductible then \$60 Copay
Outpatient OT/PT/ST	Deductible then 40% Coinsurance	Deductible then 40% Coinsurance	Deductible then \$1000 Copay	Deductible then \$1,000 Copay
Emergency Room Care	Deductible then 40% Coinsurance	Deductible then 40% Coinsurance	Deductible then \$200 Copay	Deductible then \$200 Copay
Ambulance	Deductible then 40% Coinsurance	Deductible then 40% Coinsurance	Deductible then \$50 Copay	Deductible then \$60 Copay
Emergency Room Care	Deductible then 40% Coinsurance	Deductible then 40% Coinsurance	Deductible then \$350 Copay	Deductible then \$250 Copay
Ambulance	Deductible then 40% Coinsurance	Deductible then 40% Coinsurance	Deductible then \$350 Copay	Deductible then \$250 Copay
Urgent Care	Deductible then 40% Coinsurance	Deductible then 40% Coinsurance	Deductible then \$50 Copay	\$75 Copay
Maternity Care	Pre/Postnatal Care: Deductible then 40% Coinsurance	Pre/Postnatal Care: Deductible then 40% Coinsurance	Pre/Postnatal Care: \$0 Copay (cost share may apply)	Pre/Postnatal Care: Covered in Full
Outpatient Mental Health	Inpatient Maternity: Deductible then 40% Coinsurance	Inpatient Maternity: Deductible then 40% Coinsurance	Delivery: Deductible then \$1,000 Copay	Delivery: Deductible then \$1,000 Copay
Outpatient Mental Health	Deductible then 40% Coinsurance	Deductible then 40% Coinsurance	3 visits covered in full then \$10 copay	\$35 Copay
Chiropractor	Deductible then 40% Coinsurance	Deductible then 40% Coinsurance	Deductible then \$50 Copay	Deductible then \$60 Copay
Diabetic Supplies	Deductible then 40% Coinsurance	Deductible then 40% Coinsurance	Deductible then \$10 Copay	\$35 Copay
Prescription Coverage	After Deductible Tier 1 \$5 Tier 2 \$30 Tier 3 50%	After Deductible Tier 1 \$5 Tier 2 \$30 Tier 3 50%	Copay per 30 Day Supply Tier 1 \$10 Tier 2 \$50 Tier 3 \$50%	After Deductible (except Tier 1) Tier 1 \$15 Tier 2 \$50 Tier 3 50%
Deductible Coinsurance	\$5,000 Single / \$10,000 Family 50% after deductible	\$5,000 Single / \$10,000 Family 50% after deductible	\$5,000 Single / \$10,000 Family 40%	\$5,000 Single / \$10,000 Family 50%
Annual Out of Pocket Max	\$10,000 Single / \$20,000 Family (Embedded)	\$10,000 Single / \$20,000 Family	\$10,000 Single / \$20,000 Family	\$10,000 Single / \$20,000 Family
Extra Benefits	\$250 Wellness Card (HSA Eligible) Telemedicine \$0 Copay after deductible Creditable Coverage	\$250 Wellness Card (HSA Eligible) Telemedicine \$0 Copay after deductible Creditable Coverage	Wellness Rewards	Health Extras or Nutrition Benefit Telemedicine Copay: \$35
Rates	CURRENT	RENEWAL	Option 1	Option 2
Single	\$424.88	\$425.21	\$428.90	\$465.39
Double	\$849.76	\$850.42	\$857.80	\$930.78
Employee (Children)	\$722.30	\$722.86	\$729.13	\$791.16
Family	\$1,210.91	\$1,211.85	\$1,222.37	\$1,326.36
# of Enrollees				
Single	3	3	3	3
Double	2	2	2	2
Employee (Children)	0	0	0	0
Family	5	5	5	5
Total Monthly Premium	\$9,028.71	\$9,035.72	\$9,114.15	\$9,889.53
Total Annual Premium	\$108,344.52	\$108,428.64	\$109,369.80	\$118,674.36
Percentage of Increase (Calculated off current rates)		\$84.12 0.08%	\$1,025.28 0.95%	\$10,329.84 9.53%

This comparison is intended to be a brief summary of benefits only. It is not a contract. In the event of a dispute, subscriber contract will control.

2021 BCBS Platinum RENEWAL Benefit Comparison

In Network:	BCBS of WNY Platinum POS Plus	BCBS of WNY Platinum POS Plus	Independent Health FlexFit Platinum	Univera Access Standard Gold
Annual Deductible	\$0	\$0	\$0	\$600 Single / \$1,200 Family
Coinsurance	0%	0%	0%	Applicable where noted
Annual Out of Pocket Max	\$3,500 Single / \$7,000 Family	\$3,500 Single / \$7,000 Family	\$5,250 Single / \$10,500 Family	\$4,000 Single / \$8,000 Family
PCP Office Visit	\$5 Copay	\$5 Copay	\$10 Copay	Deductible then \$25 Copay
Specialist Visit	\$25 Copay	\$25 Copay	\$40 Copay	Deductible then \$40 Copay
Sick Child Visit	\$5 Copay	\$5 Copay	\$10 Copay	Deductible then \$25 Copay
Radiology	\$25 Copay	\$25 Copay	\$40 Copay	Deductible then \$40 Copay
Laboratory	Covered in Full	Covered in Full	\$10 Copay	Deductible then \$40 Copay
Hospital Inpatient	\$500 Copay	\$500 Copay	\$500 Copay	Deductible then \$1000 Copay
Outpatient Facility / Surgery	\$150 Copay	\$150 Copay	\$75 Copay	Deductible then \$100 Copay
Outpatient OT/PT/ST	\$5 Copay	\$5 Copay	\$40 Copay	Deductible then \$30 Copay
Emergency Room Care	\$150 Copay	\$150 Copay	\$150 Copay	Deductible then \$150 Copay
Ambulance	\$150 Copay	\$150 Copay	\$150 Copay	Deductible then \$150 Copay
Urgent Care	\$40 Copay	\$40 Copay	\$75 Copay	Deductible then \$60 Copay
Maternity Care	Pre/Postnatal Care: \$5 per visit Copay	Pre/Postnatal Care: \$5 per visit Copay	Pre/Postnatal Care: Covered in Full	Pre/Postnatal Care: \$0 Copay (Cost Share May Apply)
Outpatient Mental Health	Inpatient Maternity: \$500 Copay	Inpatient Maternity: \$500 Copay	Delivery: \$500 Copay	Delivery: Deductible then \$1,000 Copay
Chiropractor	\$5 Copay	\$5 Copay	\$10 Copay	Deductible then \$25 Copay
Diabetic Supplies	\$5 Copay	\$5 Copay	\$40 Copay	Deductible then \$40 Copay
Prescription Coverage	Copay per 30 Day Supply	Copay per 30 Day Supply	Copay per 30 Day Supply	Copay per 30 Day Supply
	Tier 1 \$5	Tier 1 \$5	Tier 1 \$5	Tier 1 \$10
	Tier 2 \$25	Tier 2 \$25	Tier 2 \$30	Tier 2 \$35
	Tier 3 50%	Tier 3 50%	Tier 3 50%	Tier 3 \$70
Out-of-Network:	\$0,000 Single / \$10,000 Family (Embedded 50% after deductible)	\$5,000 Single / \$10,000 Family (EM) 50% after deductible	\$5,000 Single / \$10,000 Family (TF) 20%	\$5,000 Single / \$10,000 Family 40%
Coinsurance	50% after deductible	50% after deductible		
Annual Out of Pocket Max	\$0,000 Single / \$20,000 Family (Embedded)	\$10,000 Single / \$20,000 Family (EM)	\$10,000 Single / \$20,000 Family (EM)	\$10,000 Single / \$20,000 Family
Extra Benefits	\$250 Wellness Card Telemedicine \$0 Copay Creditable Coverage	\$250 Wellness Card Telemedicine \$0 Copay Creditable Coverage	Health Extras or Nutrition Benefit Telemedicine Copay: \$10	Wellness Rewards Telemedicine \$0 after deductible
Rates	CURRENT	RENEWAL	Option 1	Option 2
Single	\$620.38	\$613.05	\$615.10	\$572.86
Double	\$1,240.76	\$1,226.10	\$1,230.20	\$1,145.72
Employee (Children)	\$1,054.65	\$1,042.19	\$1,045.67	\$973.87
Family	\$1,768.08	\$1,747.65	\$1,753.04	\$1,632.65
# of Enrollees				
Single	7	7	7	7
Double	9	9	9	9
Employee (Children)	0	0	0	0
Family	3	3	3	3
Total Monthly Premium	\$20,813.74	\$20,569.20	\$20,636.62	\$19,219.45
Total Annual Premium	\$249,764.88	\$246,830.40	\$247,639.44	\$230,633.40
Percentage of Increase (Calculated off current rates)		(\$2,954.48) -1.17%	(\$2,125.44) -0.85%	(\$19,131.48) -7.66%

This comparison is intended to be a brief summary of benefits only. It is not a contract. In the event of a dispute, subscriber contract will control.



KIERCOM

Communications Inc.



WS-5

7C

November 3, 2020

Town of Aurora,

Thank you for contacting Kiercom for your cabling needs. This quote is to run 5 cat5e cables to various locations in the senior center to accommodate the new phones. The price will be \$160.00 per cable. Please contact me with any questions or to schedule. Thank you.

Sincerely,
Mike Kierejewski

SUPERVISOR
JAMES J. BACH
(716) 652-7590
jbach@townofaurora.com



WS-6 7D

(716) 652-3280
townclerk@townofaurora.com

TOWN OF AURORA
575 Oakwood Avenue, East Aurora, NY 14052
www.townofaurora.com

MEMO

TO: Town Board
FROM: Kathleen Moffat
RE: Workers Compensation Renewal
DATE: 11/09/20

As you may recall, we entered into a 2 year term (2020-2021) with the Comp Alliance for our workers comp insurance. I have been informed the rates for 2021 are decreasing and the Town has the opportunity to realize the savings if we agree to extend into a new 2 year term (2021-2022).

The current 2021 contribution is \$78,292. Upon approval, the new contribution rate for 2021 and 2022 would be \$74,378. I respectfully request approval to extend into a new 2 year term with the Comp Alliance and permit the Supervisor to sign the Member Participation Agreement reflecting the new term.

Kathleen Moffat

From: Shawn Roes <sroes@wrightinsurance.com>
Sent: Thursday, November 5, 2020 12:21 PM
To: Kathleen Moffat
Subject: Comp Alliance New 2-year term/extension
Attachments: TO Aurora Participation Agreement 2021 2022 Comp Alliance.pdf

Good Afternoon Kathleen, as we discussed we are able to provide a new two year term for the Town as a result of rates improving in 2021. The yearly contributions would be:

2021 = \$74,378

2022 = \$74,378

Your current 2021 contribution is \$78,292 so this option would be an immediate cost savings in 2021 and provide budget predictability through 2022.

Should you choose to extend into a new 2-year term we would just need the attached participation agreement completed as it reflects the new term for 2021 and 2022.

Shawn M. Roes

Regional Marketing & Technology Manager



www.compalliance.org



Wright Risk Management

A Division of Brown and Brown Insurance

Please remember that insurance coverage cannot be bound, amended or canceled by leaving an electronic or voice mail message. Thank you.

CONFIDENTIALITY NOTICE

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New York State
Municipal Workers'
Compensation Alliance

Member Participation Agreement

Member: Town of Aurora

Agent: Direct

Participation Period: 1/1/21-12/31/22

The New York State Municipal Workers' Compensation Alliance (Comp Alliance) is a group self-insurance program – a network of municipal employers that have joined together for the purpose of providing the workers' compensation and employers' liability coverages required by New York State Law. By participating in the Comp Alliance, you are pooling your resources with other municipalities in New York State to obtain workers' compensation coverage for your employees, leading to lower administrative costs, diligent claims management and loss control services specifically tailored to the unique risks faced by municipalities. As a member of the Comp Alliance, there are certain legal responsibilities that you must be aware of and which remain enforceable even in the event of withdrawal from the Comp Alliance. Please review this participation agreement carefully and contact the Comp Alliance with any questions.

How Group Self-Insurance Works: Each member of the Comp Alliance makes an annual funding contribution that is used to pay for claims incurred during the year over the lifetime of the claim. To help ensure that the funding contributions remain fair, they are designed to reflect each member's projected ultimate costs of claims based on their loss experience and payroll. Funds that are not used to pay claims during the year are placed in reserve to pay the future costs of the claims. These future funds are invested so that the interest received can help offset the future costs of the claims. In the event that there are surplus funds after all future liabilities are determined, the excess may be used to offset future rates or be paid back to the member. Conversely, in the event that the funds are not sufficient to pay future liabilities, members may be called upon to pay a supplemental assessment. To protect against this possibility, the Comp Alliance makes every effort to accurately determine the future liabilities of the program to ensure that its assets are sufficient to pay its total liabilities.

Joint and Several Liability

Each member shall be responsible, jointly and severally, for all liabilities of the Plan under the Workers' Compensation Law and all rules and regulations enacted pursuant thereto incurred during its respective period of membership in the Comp Alliance.

A supplemental assessment may be levied in the event that the Comp Alliance does not have sufficient assets to meet its anticipated liabilities. The Comp Alliance works diligently to protect against this possibility by ensuring the annual funding contribution collected from members is sufficient to meet its anticipated liabilities each year. It also strives to maintain a modest surplus that may be used to offset any assessment that is required. In the event that supplemental assessments shall ever be required for any given year, the assessments will be distributed equitably among members for that year in accordance with a plan adopted by the Board of Trustees. The proportionate share of the members funding contribution and ultimate loss for the year in question will be considered in distributing the assessment.

Executive Director: Michael Kenneally
518-465-0128

Claims: Howard Bitner
516-750-9376

Member Services: Aaron Reader
866-697-7665

A. Coverages Provided by the Comp Alliance

Workers' Compensation Coverage: provides medical and indemnity (lost time) benefits to employees who are injured in the course of their employment with the municipality.

Employers' Liability Coverage: provides coverage for third party actions that are brought against the municipalities arising out of an injury to a municipal employee that occurred in course of his or her employment.

The Comp Alliance provides both Workers' Compensation Coverage and Employers' Liability Coverage pursuant to the New York State Workers' Compensation Law.

- The Comp Alliance will pay the medical and indemnity benefits required of its members by the Workers' Compensation Law for injuries to employees that arise out of the employment of its employees.
- The Comp Alliance will defend any claim or proceeding against its members for benefits payable under the Workers' Compensation Law.
- The Comp Alliance will pay amounts that its members are obligated to pay to third parties that arise from an injury to an employee caused by an event that occurred in the course of this agreement (Employer Liability payments).
- The Comp Alliance will not pay any amounts that the employer is not obligated to pay under the Workers' Compensation Law, or the rules and regulations adopted pursuant thereto. This includes any payments, or portion thereof, that a member may make that are covered by other insurance that the member may maintain, or that the employer may extend to its employees.
- The Comp Alliance will only make indemnity payments up to the amounts awarded by the Workers' Compensation Board. Any member who has in place a "full pay" or similar policy that grants a greater benefit to its employees will be solely liable for the difference between the amounts so paid and the amounts awarded by the Workers' Compensation Board.

B. Member Responsibilities

The responsibilities of each member are set forth in detail in the Plan Document. Each member is responsible for knowing its obligations to the Comp Alliance. As a member of the Comp Alliance, you agree to accept and be bound by the terms, conditions and provisions of the Plan Document and Bylaws of the Comp Alliance, and by the New York State Workers' Compensation Law and the regulations promulgated pursuant thereto.

Pursuant to the Plan Document, each member:

- agrees to cooperate with the plan and furnish information necessary for the administration of the plan.
- will timely pay all necessary funding contributions, supplemental assessments and NYS assessments.
- will keep accurate records of all workers' compensation and employers' liability claims.
- is responsible for the prompt reporting of the claims.
- will timely and accurately report its quarterly payroll to the Comp Alliance for NYS assessments.
- will assist the Comp Alliance with the reconciliation of payroll reported on form GA-4 each quarter.

Executive Director: Michael Kenneally
518-465-0128

Claims: Howard Bitner
516-750-9376

Member Services: Aaron Reader
866-697-7665

C. Services Provided by the Comp Alliance

The Comp Alliance is a full service, workers' compensation program that provides not only for the payment of claims, but a host of other services to help its members understand the workers' compensation law, their responsibilities, and how to minimize losses in the workplace. Among the services provided by the Comp Alliance are:

Claims Administration:

- Assist members with the implementation of an internal claims reporting system and, as necessary, train members' personnel to ensure the ongoing effectiveness of the reporting system.
- Review and, as necessary, investigate all reported claims to determine compensability
- Prepare and distribute checks for appropriate payment of medical, lost time benefits and expenses.
- Monitor medical treatment and review all medical bills in an effort to minimize medical costs.
- Pursue subrogation whenever it is reasonably anticipated that the Plan may be reimbursed for payments made.
- Provide each member with loss run on quarterly basis, which shall include, at a minimum, the: file/claim number; date of accident; name and occupation of injured employee/claimant; description of accident; type of injury/body part; status of claim and classification/severity code; and total medical, indemnity and expense incurred, including payments plus outstanding reserves established by the Plan Manager.
- Represent municipality before the workers' compensation board

Loss Control Services

- Loss control inspections to all of members on a regular, recurring basis
- Distribution of information on the establishment and maintenance of safety committees
- Development and training on best practice policies and procedures

Member Services

- Educate members on the changes to Workers' Compensation Law
- Interactive Website with information and resources on Workers' Compensation Law, municipal risk management,
- Online claims portal to allow members access to their claims information (in development).

D. Purpose of Agreement:

The purpose of this Participation Agreement ("the Agreement") is to set forth the respective responsibilities of the Comp Alliance and its members for the efficient and economical evaluation, processing, administration, defense and payment of claims for workers' compensation payments and employers' liability payments through self-insurance and otherwise. The rights and responsibilities set forth in this agreement shall at all times be subject to, and read in conjunction with, the rights, duties and responsibilities of set forth in the Plan Document, the New York State Workers' Compensation Law and all applicable rules, regulations and procedures promulgated by the Workers' Compensation Board of the State of New York.

Executive Director: Michael Kenneally
518-465-0128

Claims: Howard Bitner
516-750-9376

Member Services: Aaron Reader
866-697-7665



E. Assessments payable to the Workers' Compensation Board

All members are required to pay an assessment to the New York State Workers' Compensation Board to fund its administration and operations. Until such time as the Workers' Compensation Board implements a system of direct employer charges, the Comp Alliance is required to collect and pay this amount on behalf of its members.

The assessment is charged on a quarterly basis, and is based upon the member's reported payroll for each quarter. This charge is separate from your funding contribution to the Comp Alliance, and an estimated, annual assessment fee is collected from each member with its yearly funding contribution. The collection of an estimated amount up front is necessary to comply with the strict payment schedule set by the Workers' Compensation Board and to help protect members from costly penalties resulting from late reporting and payment.

The assessment that is charged by the Workers' Compensation Board each quarter is based upon the member's actual payroll for the quarter, as reported to the Comp Alliance on form GA-4. Since the actual payroll reported each quarter may deviate from the payroll used to estimate the member's annual assessment charge, the Comp Alliance will reconcile the assessment charges paid on your behalf with the amount that we have collected. The reconciliation will show whether the member's estimated assessment is adequate to cover the *actual* assessment. Where the amount collected (estimated assessment) is more than the actual amount paid out, the member will receive a credit towards the following year's estimated assessment. Where the amount collected is less than the actual amount paid out, the member will receive a debit on the following year's assessment.

The payroll submitted by each member on form GA-4 will be reconciled against the payroll it submits to the NYS Department of Taxation and Finance by the Workers' Compensation Board each quarter. The Comp Alliance will receive this reconciliation and members will be called upon to assist the Comp Alliance in clarifying any discrepancies. The Comp Alliance will then submit a reconciliation report to the Workers' Compensation Board explaining any discrepancies along with a payment, if necessary, for the difference owed to the Workers' Compensation Board from the particular member's assessment funds.

Members who withdraw from the Comp Alliance program remain responsible for any assessments due and owing to the Workers' Compensation Board for the period of time that they were a member. Members who withdraw from the Comp Alliance will receive any overpayments after the assessment for the last quarter of their membership has been paid.

In witness whereof, the parties have executed this participation agreement intending to fully bound by its terms and conditions.

Member: Town of Aurora
Date: _____
By: _____
Name: _____
Title: _____
Term: 1/1/21-12/31/22

Comp Alliance
Date: October 1, 2020
By: *Michael Kenneally*
Name: Michael Kenneally
Title: Executive Director

Executive Director: Michael Kenneally
518-465-0128

Claims: Howard Bitner
516-750-9376

Member Services: Aaron Reader
866-697-7665

7E

TOWN OF AURORA
575 OAKWOOD AVENUE, EAST AURORA, NY 14052

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

MEMO

TO: Supervisor Bach and Town Board
FROM: William Kramer, Code Enforcement Officer
DATE: October 22, 2020

=====

I respectfully request approval to change Jennifer Calkins' status from Seasonal Clerk PT to Clerk PT effective November 2nd 2020.

Thank you,



William Kramer



8A

TOWN OF AURORA
Southside Municipal Center
300 Glead Avenue, East Aurora, NY 14052

From: Martha L. Librock, Town Clerk Monthly Statement – Tax Collection

To: James J. Bach, Town of Aurora Supervisor

Pursuant to Section 27 Subd. 1 of the Town Law, I hereby make the following statement of all fees and monies received by me during the month of Oct, 2020 in connection with the collection of taxes, excepting only such fees the application and payment of which are otherwise provided for by law:

Received From	Type of Receipt	Amount
Taxes	School tax	\$ 19,594,383.41
Taxes	Penalties	17,223.21
Taxes	Interest	0
Taxes	NOW Acct Interest	680.69
Taxes		
	Total Received	19,612,287.31

State of New York
County of Erie
Town of Aurora

Martha L. Librock, being duly sworn, says that she is the Town Clerk of the Town of Aurora; that the foregoing is a full and true statement of all fees and monies applicable to tax collection received by her during the month stated excepting only such fees and monies the application of which are otherwise provided for by law.

Martha L. Librock, Town Clerk

Subscribed and Sworn to before me
this 3rd day of November, 2020

Notary Public

SHERYLA. MILLER
Reg. #01MI6128663
Notary Public, State of New York
Qualified In Erie County
Commission Expires June 13, 2021



8B

TOWN OF AURORA
Southside Municipal Center
300 Glead Avenue, East Aurora, NY 14052

From: Barbara A. Halt, Water Clerk

Monthly Statement – Water Fee Collection

To: James J. Bach, Town of Aurora Supervisor

Pursuant to Section 27 Subd. 1 of the Town Law, I hereby make the following statement of all fees and monies received by me during the month of October, 2020 in connection with the collection of water fees, excepting only such fees the application and payment of which are otherwise provided for by law:

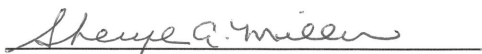
Received From	Type of Receipt	Amount
Water Billing	Water Bills	\$1468.93
	Total Received	\$1468.93

State of New York
County of Erie
Town of Aurora

Barbara A. Halt, being duly sworn, says that she is the Water Clerk of the Town of Aurora; that the foregoing is a full and true statement of all fees and monies applicable to water fee collection received by her during the month stated excepting only such fees and monies the application of which are otherwise provided for by law.


Barbara A. Halt, Water Clerk

Subscribed and Sworn to before me
this 3rd day of November, 2020


Notary Public

SHERYLA A. MILLER
Reg. #01MI6128663
Notary Public, State of New York
Qualified In Erie County
Commission Expires June 13, 2021

Month_Year Reported: ----> October 2020 CLERK'S MONTHLY REPORT
 Town Name: -----> Town of Aurora
 Prepared By: -----> Martha L. Librock
 Date Submitted: -----> Nov, 02 2020

80

TO THE Supervisor:

Pursuant to Section 27, Subd. 1, of the Town Law, I hereby make the following statement of all the fees and monies received by me in connection with my office, during the month above stated, excepting only such fees and monies the application and payment of which are otherwise provided for by law.

RSC Code	Revenue Description rpt_RT_CMR_03_2011	Item Count	Total Revenue	Town Portion	Other Disburses
100	SPORTING LICENSE REVENUE	20	2,505.00	122.77	2,382.23
200	DOG LICENSE REVENUE	208	2,640.00	2,392.00	248.00
301	MARRIAGE LICENSE	9	360.00	157.50	202.50
303	CERTIFIED MARRIAGE CERTIFICATE	9	100.00	100.00	0.00
602	DEATH CERTIFICATE	2	70.00	70.00	0.00
621	PETITION TO TB FOR REZONING	1	35.00	35.00	0.00
Report Totals:		249	5,710.00	2,877.27	2,832.73

REVENUES TO SUPERVISOR - CLERK FEES	485.27
REVENUES TO SUPERVISOR - DOG FEES	2,392.00
TOTAL TOWN REVENUES TO SUPERVISOR:	2,877.27

Amount paid to NYS DEC REVENUE ACCOUNTING	2,382.23
Amount paid to DEPT. OF AG. AND MARKETS	248.00
Amount paid to STATE HEALTH DEPARTMENT FOR MARRIAGE LICENSES	202.50
TOTAL DISBURSED TO OTHER AGENCIES:	2,832.73
TOTAL DISBURSED:	5,710.00 ✓

NOVEMBER 3 2020 JAMES J BACH Supervisor,
 State of New York, County of Erie, Town of Aurora

Martha L. Librock being duly sworn, says that she/he is the Town Clerk of the Town of Aurora that the foregoing is a full and true statement of all Fees and Monies received by her/him during the month stated, excepting only such Fees the application and payment of which are otherwise provided for by law.

Subscribed and Sworn to before me
 this 3rd day of November 2020

Martha L Librock
 Town Clerk

Sheryl A. Miller Notary Public

SHERYL A. MILLER
 Reg. #01MI6128663
 Notary Public, State of New York
 Qualified In Erie County
 Commission Expires June 13, 2021

**TOWN OF AURORA SENIOR CENTER
DIRECTOR'S REPORT
MONTH OF October 2020**

81

The mission of the Town of Aurora Senior Center is to help older adults remain healthy and active through participation in recreational pursuits and to provide leadership and advocacy to ensure the availability of leisure and recreational opportunities for seniors.

ADMINISTRATION:

We continue to follow all the guidelines from the CDC and Erie County. Our staff is still temping everyone who enters, contact tracing sheets and wavers are signed by everyone. With our windows open the fresh air is circulating throughout the facility daily as recommended. On October 27th the Senior Center Directors met at the Orchard Park Center. We all need the support these meetings offer us and a chance to share new information, updates, and guidance. Each of our locations has much the same and some very different obstacles. We started our virtual University Express program on October 19th with a presentation by Lyn Chimera on Gardening for a sustainable future. On October 28th we offered Inflammation: the silent perpetrator presented by Janice Nowak, MS, RD, CDN. It feels good for both the staff and members to restart some our normal programs but in an altered format.

REVENUE & EXPENDITURES: See Supervisor's Report

PROGRAMS:

Title: WORKOUT ROOM
Day & time: M-F 8:00am- 4:00pm
Participants: Approximately 45 per day
Title: LINE DANCING
Day & time: Mondays, 9:00 – 10:00 (beginners) 10:15 – 1:15 (advanced)
Participants: 58 people
Supervisors: Nance Baranowski
Title: SENIOR NOTES
Day & time: Mondays, 12:45 – 2:30pm
Participants: 23 people
Supervisor: Kathy Almeter
Title: EUCHRE
Day & time: Mondays, 1:00 – 4:00pm
Participants: 24 people
Title: PINOCHLE
Day & Time: Fridays, 1:00 – 4:00pm
Participants: 20 people
Title: CERAMICS
Day & time: Tuesdays, 10:00am – 4:00pm
Participants: 35 people
Supervisor: Elaine Schiltz
Title: EXERCISE CLASS
Day & time: Tuesdays & Wednesdays 8:30 – 9:30am
Participants: 14 people
Title: TAI CHI
Day & time: Tuesdays & Thursdays 3:00 beginners 3:30veterans
Supervisor: Judy Augustyniak & Susan Ott
Participants: 15 people
Title: TAI CHI – advanced
Day & time: Mondays 10:00 & Thursdays 9:00am
Supervisor: Dennis Desmond
Participants: 15
Title: YOGA
Day & time: Wednesdays, 9:45 – 11:00am
Supervisor: Irene Kulbacki
Participants: 22 people
Title: BOWLING
Day & time: Wednesdays, 1:00pm
Supervisor: Barb D'Amato
Participants: 48 people
Title: PAINTING
Day & time: Wednesdays, 1:00 – 3:30pm
Supervisor: Walt Carrick
Participants: 8-10 people
Title: BRIDGE
Day & time: Wednesdays, 9:30am – 2:00pm
Supervisor: Dave Lorcom
Participants: 40 people
Title: SENIOR CLUB
Day & time: Thursdays, 10:00am – 3:00pm
President: Joyce Salansky
Title: PACE (people with arthritis can exercise)
Day & time: Fridays, 9:00 – 10:00am
Supervisor: Donna Bodekor
Participants: 12 people
Title: SEWING & QUILTING
Day & time: Tuesday 10-2pm

Supervisor: Terry Piper
 Participants: 12 people
 Title: WOOD CARVING
 Day & time: Fridays, 1:00 – 4:00pm
 Supervisor: Walt Carrick
 Participants: 10 people
 Title: 55 ALIVE – Defensive driving classes
 Day & time: 1st Monday & Wednesday of the month – Jan 2021
 Supervisor: AARP trained teachers
 Participants: 34 people max.
 Title: SCRABBLE
 Day & time: Wednesdays 9:30-11:00am
 Supervisor: Dianne Bender
 Participants: 8+ people
 Title: FIBER ARTS
 Day & time: Tuesdays 1st & 3rd
 Participants: 12 people
 Title: MAHJONG
 Day & time: Mondays 2:00pm
 Supervisor: Lou Plotkin
 Participants: 12
 Title: MEXICAN DOMINOS
 Day & time: Thursdays 9:30 am
 Supervisor: Laurie Smith
 Participants: 8+
 Title: BOOK CLUB
 Day & time: 2nd Wednesday of the month
 Supervisor: Barb Dadey
 Participants: 8-10
 Title: Chess Club
 Day & time: Thursdays 10:00am
 Supervisor: Roberto Gesualdi
 Participants: 10
 Title: Wii Bowling
 Day & time: Tuesdays 12:30pm
 Supervisor: Jerry Young
 Participants: 12
 Title: Portrait Sketching
 Day & time: Fridays
 Supervisor: Kurt Almond
 Participants: varies 4-8

TRIPS

EVENTS & OTHER ACTIVITIES

NUTRITIONAL LUNCH PROGRAM

Lunches are offered daily at a donation of \$3.00. Our weekly count for the program averaged 152 per week. Lunch totals for the month of October 2020

Week of Oct. 5	167	Week of Oct. 12	129
Week of Oct. 19	156	Week of Oct. 26	157

Submitted by: Donna Bodekor

All Calls & Complaints

8E

Summary Report by Date: 09-01-2020 through 09-30-2020, for Category: BUILDING DEPARTMENT

Caller Name/Address	Date/Phone	Notes	Closed
Building Department Work Requi			
Kathy Town Library	09-04-20	Please do a maintenance check on the Whaley St door alarm and advise us. Sean K -Moved unit up on door for better connection. Also replaced battery.	09-09-20
Sheryl M Town Clerk's Office	09-04-20	Dispose of broken recycle bins from Clerk's hall. Jason-15 minutes	09-04-20
Kathy Town Library	09-04-20	Please trim low hanging/dead branches along parking lots and sidewalks. Pelase trim the two evergreens in front so they are not in front of windows. REplace American flag and return it to high mast. Jason-9/9-4.5 hours 9/10-2.5 hours	09-10-20
Kathleen 300 Gleed	09-08-20	Please pick up 4 gallons of hand sanitzier from Erie County at the warehouse on 3080 William St, Cheektowaga, NY. Go in the entrance two doors west or Union. Keep 2 for highway and give other 2 to Kathleen. Mike B	09-09-20
Donna Senior Center	09-09-20	Bees are still buzzing around front door. Please spray again. Jason-could not locate nest, but sprayed around general area.	09-09-20
Kathleen Supervisor's Office	09-15-20	Collect Electric recycling sometime today. 2 printers, 10 computers, 3 monitors, some keyboards. Mike and Dan	09-15-20
Kathy, Paula Town Library	09-17-20	Would like advise on how to highlight steps for safety. Mike and Dan-Painted edge of steps, front and back entrances. 2.5 hours	09-23-20
Donna Senior Center	09-18-20	please remove vinyl baseboard in craft room. There is a bucket of glue in boiler room, not sure if it's still good. Mike and Dan-.5 hours.	09-23-20
Jim 300 Gleed	09-21-20	Remove 30 minute parking signs from outside old town hall. Store with signs for future use. Move bike rack to Warren Dr by lacrosse fields. Move picnic bench from pool to Warren. Bike rack has bike padlocked to it	09-24-20

Caller Name/Address	Date/Phone	Notes	Closed
Liz Highway Offices	09-22-20	Please empty paper recycling tote	09-23-20
Donna Bodekor Senior Center	09-22-20	1.Install blinds in craft room. 2.replace bulb in canister light near bathrooms and front entrance near exercise room. 3.Handicap post needs two screws. 4.Front vestibule groar needs to be replsced in several spots. Contractor electricians are working in panal rooms. In the electrical panels. Replaced lights bove bathrooms and there is no power to fixture, advised Donna something must have been unhocked and power was terminated to the fixture.She will have project mgr. look into it. Chipped and sawed out grout in vestibule, fixed and regROUTED broken areas and cleaned when dry. Installed blinds.	10-13-20
Sheryl Town Hall	09-24-20	Please pick up 2 cases of paper from Clerk's office and deliver to Senior Center. Jason-5 hours	09-24-20
Donna Bodekor Senior Center	09-24-20	Replace canister lightbulb in dining area. 9/29/20- Replaced bulbs and recepticals, base broke off in socket. M. Evens, D. Harris	09-29-20
Dave D Highway Building	09-30-20	Replace flag in front of building. Rope may need to be replaced. May be able to use high lift to reach it.	
Total count: Building Department Work Requi			14

All Calls & Complaints

Summary Report by Date: 09-01-2020 through 09-30-2020, for Category: PARKS - PARKS

Caller Name/Address	Date/Phone	Notes	Closed
Parks			
Elaine West Falls Building	09-03-20	Check windows, may be broken. Also please put the best first base on diamond #3 from diamond #1 on 9/9 Jason-Window not broken, just not closed all the way. New base installed.	09-09-20
Elaine Warren Drive Playground	09-08-20	Clean up feces on playground equipment. Jason had already been called out to do it on Monday.	09-07-20
Elaine Hamlin Park	09-14-20	Put up volleyball net closest to electric at park. Net is at Rec dept.	09-18-20
Dave G Knox Equestrian Field	09-28-20	Turn water off at Knox. Return water meter to Erie County Water Authority. 9/30/20- Water turned off. M.Evens, D. Harris	
Total count: Parks			4

Town of Aurora
All Calls & Complaints

Summary Report by Date: 10-01-2020 through 10-31-2020, for Category: BUILDING DEPARTMENT WORK REQUI -

Caller Name/Address	Date/Phone	Notes	Closed
Building Department Work Requi			
Town Clerk Oakwood Ave.	10-08-20	Pickup pavers from 892 Jewett Holmwood Road and deliver to Senior Center. 10/9/20 Done J.Buranisch, D. Harris	10-09-20
Town Clerk Gleed Avenue	10-13-20 (716)652-3280	Remove murals and door stickers in hallways.	10-21-20
Pool/ Snack Shack	10-13-20	Window was broken out.	
Donna Senior Center	10-14-20	Front door is open. Does Mike E need to do anything else with tile or grout at door? Mike E-done	10-16-20
Donna Senior Center	10-16-20	Please install handicap post by front door. we have the post inside our office. Mike B-need 3/5 masonry drill for 2 holes. Done-10/21	10-21-20
Martha 575 Oakwood	10-19-20	Move construction supplies to various store rooms at new town hall. Mike B, Jason, Jim	10-21-20
Sheryl Town Hall	10-21-20	Please deliver 10 recycling bins to Clerk's office. Delivered 20 Jason and Jim F	
Sheryl M. Town: Clerk's Office	10-26-20	Pick up 2 cases of paper from Clerk's office and deliver to Town Court's Office. Jason-15 min	10-27-20
Donna Senior Center	10-26-20	Rake leaves around Senior Center and Town Hall. Jason: 10/27-4 hrs, 10/29-2 hrs, 10/30-2 hrs	10-30-20
Total count: Building Department Work Requi			9

TOWN OF AURORA DOG CONTROL REPORT:

8F

PHONE CALLS RECEIVED	TOWN OF AURORA	EAPD	NYSP	TOTAL CALLS
Attack/Fighting				
Barking	1			
Bites		1		
Cats				
Damage by Dogs				
Dangerous Dogs				
Deceased Dogs				
Found Dogs		1		
Injured/Sick				
Licensing				
Loose/Unleashed Dogs	3	4		
Lost Dogs				
Miscellaneous Calls				
Mutual Aid				
MVC-Dogs/Cats				
Other Animals				
Threatening Dogs	1			
Welfare	1			
TOTAL	6	6	0	12

IMPOUNDMENTS:

DATE	BREED	AMOUNT
9/9/2020	Maltese	\$45
9/25/2020	Golden Retriever	\$25
9/29/2020	Mixed Collie	\$25
	TOTAL	\$95

COURT:

TOWN OF AURORA DOG CONTROL REPORT:

PHONE CALLS RECEIVED	TOWN OF AURORA	EAPD	NYSP	TOTAL CALLS
Attack/Fighting				0
Barking		2		
Bites				
Cats				
Damage by Dogs				
Deceased Dogs				
Found Dogs		1		
Injured/Sick				
Licensing				
Loose/Unleashed Dogs		4		
Lost Dogs	2	1		
Miscellaneous Calls				
Mutual Aid		1		
MVC-Dogs/Cats				
Other Animals				
Threatening Dogs				
Welfare				
TOTAL	2	9	0	11

IMPOUNDMENTS:

DATE	BREED	AMOUNT
10/10/2020	Pyrenees mix	\$45
10/19/2020	Husky	\$45
10/19/2020	Husky	\$50
10/29/2020	French Bulldog	\$45
10/29/2020	Terrier	\$45
	TOTAL	\$230

COURT: 0