ITEM #2

City of Long Beach

INTEROFFICE MEMO

To: Daniel Creighton, City Manager
Frank Dikranis, Corporation Counsel
Inna Reznik, City Comptroller

From: Kenneth Arnold, P.E., Department of Public Works

Subject: **Request for City Council Resolution – Amend the Contract for Engineering Services in Conjunction with the Resilient Connectivity for Park Avenue Phase I and II**

Date: July 22, 2025

Pursuant to Resolution No. 81/22, duly adopted by the City Council on June 7, 2022, the City awarded the design/engineering services to NV5, 40 Marcus Drive, Melville, NY 11747. This design contract assumed that one project would be prepared for bidding. During project development it was decided to maximize the grant funding received that two design contracts would be bid. The effort associated with preparing and administering the second project required additional effort from the design consultant, NV5. It should be noted that the construction cost for Resilient Connectivity for Park Avenue, Phase II came in under budget and there remains grant funding that can be utilized for this additional service.

To cover the additional level of engineering design and construction administration services, additional funding is being requested in the amount of $38,273.89. This will be reimbursed at fifty percent as per the terms of the grant. There is urgency to get this request approved as the grant expires in August and the City needs to pay all vendors in order to claim reimbursement.

Funding for the additional engineering services from budget line: H1023.52344 (Resilient Connectivity)

cc: Steven Friedman, P.E., City Engineer
Steven Pambianchi, Dep, Corporation Counsel

ITEM #4

West Marine

Thank you for your order!

Order Number:	**02766134**
Order Date:	**July 16, 2025**
Total Order (10 Items):	**$721.62**

Check Order Status

Ship to Store

West Islip - 147 Sunrise Hwy | Store Info

15' Winch Strap with Snap Hook (1,100 lbs.) — **$19.99**

Qty: 1

5/8" Pin & Clip with Black PVC — **$6.99**

Qty: 4

2"L Stainless Steel Carabiner with Eye, 264lb. MWL

Qty: 4

$14.99

10L Voyager Dry Bag

Qty: 4

$29.95

Blackout Series 5,000 lbs Ball Mount, 2" Ball , 2" Drop

Qty: 2

$29.99

Store Pickup

West Islip - 147 Sunrise Hwy | Store Info

1500 lb. Manual Trailer Winch with Strap

Qty: 1

$54.99

Trailer Hitch Ball, 2" x 1" x 2" long, Plastic Base HD

Qty: 4

$21.99

Standard Adjustable Ball Mount

$44.99

Qty: 4

Multipurpose 5" Buoy - Red **$7.99**

Qty: 2

1/2" x 25' Economy Three-Strand Dock Line, White **$18.49**

Qty: 2

Subtotal	$663.56
Shipping	$0.00
Estimated Tax	
Sales	$58.06
Total	**$721.62**

Marine Rescue Products, Inc.
PO Box 3484
Newport, RI 02840
Toll Free (800) 341-9500
Fax (401) 848-9577
Email: staff@marine-rescue.com
www.Marine-Rescue.com
Fed ID #050382859

Invoice

Order # 175779A
Invoice Date 07/16/25
Page 1

Bill To	Ship To
Michael Hagen 555 west fulton street long beach, NY 11561	

Customer No.	Sales I.D.	Ship Via	Source	Terms
125113	WEB/WEB	UPC	R /	XXXXXXXX1029 AMERICAN EXPRSS

Ordered By	Warehouse	Phone Number	Reference #
		(516) 286-2541	000028137

Qty	B/O	Ship	Item #	Description	Un. Price	Ds	Amount
20	0	20	105 RED/ORANGE	SMALL PATROL RESCUE CAN RED/ORANGE	63.00	--	1260.00

MERCHANDISE INVOICE TOTAL $	1260.00
SHIPPING & HANDLING $	125.00
INVOICE TOTAL $	1385.00
CR. CARD: AE, APPR:173235 $	-1385.00

ITEM #5

P2PRESCUE.COM

ADDRESS
Long Beach Lifeguards
1 Westchester St.
Long Beach, NY 11561

SHIP TO
Long Beach Lifeguards
1 Westchester St.
Long Beach, NY 11561
Attn: Jake Jacobi
Ph: (317) 313-2223

Estimate 2202

DATE 07/07/2025

ACTIVITY	QTY	RATE	AMOUNT
Jet Ski Collar:Hypalon Red/Black; Includes Installation Hardware	1	2,695.00	2,695.00

Thank you for the opportunity and please don't hesitate to contact me with any questions.

Cliff J. Ray
Founder/Owner
P2P Rescue
910-547-9344
cliff@p2prescue.com

SUBTOTAL	2,695.00
TAX (7%)	0.00
SHIPPING	125.00
TOTAL	**$2,820.00**

Accepted By

Accepted Date

Please make checks payable and mail to:
Endurant Sports, LLC
PO BOX 1648
Wrightsville Beach, NC 28480

Fiberglass rescue boards are manufactured in North Carolina. If P2P Rescue products are sold outside of North Carolina, there will be no applicable North Carolina sales or use tax. Please consult your local tax advisor to ascertain if sales or use tax applies at intended destination.

ITEM #6

CITY OF LONG BEACH

Request for Proposals for

ATM Machines

RFP#2025-158

CITY COUNCIL
Brendan Finn, President
Christopher Fiumara, Vice President
John D. Bendo
Roy Lester
Michael Reinhart

CITY MANAGER
Daniel Creighton

CORPORATION COUNSEL
Frank Dikranis, Esq.

Purchasing Department

City Hall • 1 West Chester Street • Long Beach, New York 11561
(516) 431-1006 (P)
Purchasing@longbeachny.gov • www.longbeachny.gov


ATM Consultants
Your ATM Outsourcing Partner

TABLE OF CONTENTS

ATM Consultants
190 Blydenburgh Road
Islandia, NY 11749
www.atm-consult.com

Date: June 18th 2025

To:
City of Long Beach- Purchasing Department
City Hall- 1 Wester Chester Street
Long Beach, NY 11561

Proposal to Manage Five ATMs within the City of Long Beach

Dear City of Long Beach Purchasing Department

On behalf of ATM Consultants I am pleased to submit this proposal to manage and operate five (5) Automated Teller Machines (ATMs) within the city limits of Long Beach. Our company is committed to providing secure, reliable, and convenient ATM services that align with the city's goals for improved financial accessibility and public service.

1. **Company Background**

ATM Consultants is an eight year-old financial technology firm specializing in the deployment, maintenance, and servicing of ATMs across the state of New York. Our operations are fully compliant with local, state, and federal regulations, and we take pride in delivering high uptime, responsive customer service, and advanced security features. We have managed these 5 ATMs in partnership with FourLeaf FCU for the past 5 years. The team at ATM consultants have the knowledge and expertise to create a better ATM experience for your cardholders. We specialize in creating reliable ATM operations plans for financial institutions - saving time and money on maintenance, compliance, cash loading, management, processing and all other daily requirements for an ATM/ITM fleet.

2. **Project Scope**

We propose to continue to operate, and maintain five strategically located ATMs within Long Beach. These units will be placed in high-traffic areas, such as:

- City Hall
- Rec Center
- Ice Arena
- Boardwalk- 2 ATMs.

3. **Services Provided**

Our ATM management includes:

- **Installation & Setup**: Delivery, site preparation, and activation of ATMs.
- **Maintenance**: Regular service, software updates, and 24/7 emergency response.
- **Cash Management**: Secure cash handling and replenishment in partnership with licensed armored carriers.
- **Monitoring**: Remote uptime and transaction monitoring.
- **Customer Support**: 24/7 phone support and live technician dispatch when needed.

4. **Security & Compliance**

All machines will be EMV-compliant and equipped with anti-skimming, encryption, and surveillance features. We are PCI-DSS compliant and ensure full adherence to ADA accessibility requirements.

5. **Benefits to the City**

- Enhanced financial access for residents and visitors
- Increased foot traffic to selected areas
- No capital or operational cost to the City
- Surcharge Free access for members of FourLeaf FCU

6. **Proposal Terms**

We are prepared to enter a 3–5 year management agreement, with annual performance reviews and mutual termination clauses built in. Full insurance, liability coverage, and city permits will be secured prior to installation. ATM Consultants will retain all surcharge income generated by these ATMs. Given the high cost to borrow cash, ATM Consultants would not be able to share any revenue with the City of Long Beach. ATM Consultants would need to continue to brand the ATMs FourLeaf FCU for the term of the arrangement. FourLeaf FCU cardholders would need to continue to have surcharge free access to the ATMs.

CONTACTS

Name	Contact Information
Chris Delzotti	732.977.9321
Executive Vice President	cdelzotti@atm-consult.com

STATEMENT OF UNDERSTANDING

By signing in the space provided below, the undersigned certifies, under penalty of perjury, as follows:

1. I am duly authorized to submit this Bid/Proposal on behalf of the below listed sole proprietorship/company/partnership/corporation.

2. That he/she will furnish any and all items upon which prices are bid at the price set forth for each item bid with a **CASH DISCOUNT OF 0 %, IF ANY.**

3. That he/she has the capacity to and will abide by all terms and conditions pursuant to this bid, including but not limited to the Bid Documents, Bid Specifications, General Conditions, and bid prices hereto.

4. That he/she agrees to make or accept payment in accordance with the requirements of the Bid Documents, Bid Specifications, General Conditions, and bid prices hereto; and

5. That he/she will, if his/her Bid/Proposal is accepted, enter into a Contract with the City of Long Beach pursuant to the terms and conditions set forth in the Bid Documents, Bid Specifications, General Conditions, and bid prices hereto.

6. That he/she certified that his/her sole proprietorship/company/partnership/corporation will carry all types of insurance specified in the contract.

7. Is the response that you are providing compliant with the instructions set forth in this solicitation for bids?

   ☐ Yes ☐ No

The undersigned further stipulates that the information in this Proposal is, to the best of its knowledge, true and accurate.

Signature

Christopher Deltorchi
Name of Bidder

EVP
Title of Person Signing

Sworn to and subscribed on

this 21 day of July, 2025

EUGENE S. CERULLI
Notary Public of New Jersey
ID#2354853
Commission Expires Jan. 26, 2027

(Notary Public)

DISCLOSURE FORM

The signatory of this questionnaire certifies under oath the truth and correctness of all statements and of all answers to interrogatories hereinafter made.

Provide answers to each of the following and supporting documentation, where necessary:

1. **Adverse Equal Opportunity Determinations**: Identify all adverse determinations against your Company/Corporation/Partnership, or its employees or persons acting on its behalf, with respect to actions, proceedings, claims or complaints concerning violations of federal, state or municipal equal opportunity laws or regulations. N/A

2. **Convictions and Unscrupulous Practice**: Has your Company/Corporation/Partnership, or any of its employees present or past, or anyone acting on its behalf, ever been cited for unscrupulous practice, or been convicted of any crime or offense arising directly or indirectly from the conduct of your Company/Corporation/Partnership's business, or has any of your Company/Corporation/Partnership's officers, director or persons exercising substantial policy discretion ever been convicted of any crime or offense involving business/financial misconduct or fraud? If so, describe the convictions and surrounding circumstances in detail. N/A

3. **Pending or Threatened Actions/Suits**: Describe any past or present action, suit, proceeding or investigation pending or threatened against your Company/Corporation/Partnership including, without limitation, any proceeding known to be contemplated by government authorities, private parties, or current or former clients. N/A

4. **Criminal Misconduct**: Has your Company/Corporation/Partnership, or any of its employees, or anyone acting on its behalf, been indicted or otherwise charged in connection with any criminal matter arising directly or indirectly from the conduct of your Company/Corporation/Partnership's business which is still pending, or has any of the Company/Corporation/Partnership's officers, directors or persons exercising substantial policy discretion been indicted or otherwise charged in connection with any criminal matter involving business or financial misconduct or fraud which is still pending? If so, describe the indictments or charges and surrounding circumstances in detail. N/A

5. **Conflicts of Interest**: disclose any of the following, and describe any procedures your Company/Corporation/Partnership has, or would adopt, to assure the City that a conflict of interest would not exist in the future): N/A

(a) Any material financial relationships that your Company/Corporation/Partnership or any Company/Corporation/Partnership employee has that may create a conflict of interest or the appearance of a conflict of interest in contracting with or representing the City. N/A

(b) Any family relationship that any employee of your Company/Corporation/Partnership has with a member, employee, or official of the City or that may create a conflict of interest or the appearance of a conflict of interest in contracting with or representing the City. **(Please Note: Proposals from City of Long Beach Employees and/or their immediate families may be rejected based on conflict of interest grounds)**. N/A

(c) Any other matter that your Company/Corporation/Partnership believes may create a conflict of interest or the appearance of a conflict of interest in contracting with or representing the City. N/A

6. **Financial Disclosure**: Submit with this Disclosure Statement Form, any one of the following three items:
   (a) a financial statement, prepared on an accrual basis, in a form which clearly indicates: Bidder's (1) assets, liabilities and net worth; (2) date of financial statement; and (3) name of Vendor preparing statement.
   (b) a letter of credit reference from a recognized bank or financial institution; or
   (c) a certified copy of a credit report from a recognized credit bureau, such as Dun and Bradstreet or TRW.

THE CITY RETAINS THE ABSOLUTE RIGHT TO REJECT ANY BID/PROPOSAL THAT FAILS TO INCLUDE COMPLETE DISCLOSURE STATEMENT FORM.

Dated at _____,

this 21st day of July 2025.

_____

(Signature, if Individual)

By: _____

(Seal, if corporation) (Signature)

Print Name: ATM Consultants

(Legal Business Name of Company/Partnership/Corporation)

Print Title: EVP of Sales

[MANDATORY AFFIDAVIT(S) AND ACKNOWLEDGMENT APPEARS ON FOLLOWING PAGE]

----------(Affidavit for Individual)----------

Chris Delzotti being duly sworn, deposes and says, under penalty of perjury, that: a) he/she is an authorized representative of the Bidder/Proposer; b) he/she has read all statements and answers to this DISCLOSURE STATEMENT FORM, including the attached letter of credit/certified copy of credit report or financial statement submitted pursuant to interrogatory number 7 Financial Disclosure; c) the attached letter of credit/certified copy of credit report or financial statement, taken from his/her books, is a true and accurate statement of his/her financial condition as of the date thereof; and b) all of the foregoing qualification information is true, complete, and accurate.

----------(Affidavit for Partnership)----------

Chris Delzotti being duly sworn, deposes and says, under penalty of perjury, that: a) he/she is a member of the partnership of _____, b) he/she has read all statements and answers this DISCLOSURE STATEMENT FORM, including the attached letter of credit/certified copy of credit report or financial statement submitted pursuant to interrogatory number 7 Financial Disclosure; c) he/she is familiar with the books of said partnership showing its financial condition; c) the attached letter of credit/certified copy of credit report or financial statement, taken from the books of said partnership, is a true and accurate statement of the financial condition of the partnership as of the date thereof; and d) all of the foregoing qualification information is true, complete and accurate.

----------(Affidavit for Corporation)----------

Chris Delzotti being duly sworn, deposes and says, under penalty of perjury, that: a) he/she is EVP of Sales of _____ (Full Legal Name of Corporation); b) he/she has read all statements and answers this DISCLOSURE STATEMENT FORM, including the attached letter of credit/certified copy of credit report or financial statement submitted pursuant to interrogatory number 7 Financial Disclosure; c) he/she is familiar with the books of said corporation showing its financial condition; c) the attached letter of credit/certified copy of credit report or financial statement, taken from the books of said corporation, is a true and accurate statement of the financial condition of said corporation as of the date thereof; and d) that all of the foregoing qualification information is true, complete and accurate.

----------(Acknowledgement)----------

Christopher Delzotti being duly sworn, deposes and says, under penalty of perjury, that he/she is EVP Sales of ATM Consultants (Name of Bidder) that he/she is duly authorized to make the foregoing affidavit and that he/she makes it on behalf of ( ) himself/herself: ( ) said partnership; (✓) said corporation.

Sworn to before me this 21 day of July, 2025, in the County of Union, State of N.J.

(Notary Public)

My commission expires: EUGENE S. CERULLI
Notary Public of New Jersey
ID#2354853
Commission Expires Jan. 26, 2027

NON-COLLUSIVE PROPOSAL CERTIFICATION

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;

(2) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

I, hereby certify under the penalties of perjury that the foregoing statement is true.

By: _____

Bidder's Signature

Print Name Christopher Delzotti_

_____

Legal Name of Individual or Business Name of Company/Partnership/Corporation - ATM Consultants

_____

Address - 190 Blydenburgh Road Islandia, NY 11749

_____

Date - 7/21/2025

_____

Title - EVP of Sales

_____

Bidder's Federal Tax Identification # (Do Not Use SS#) 81-3431738

_____

Email Address - cdelzotti@atm-consult.com

[MANDATORY ACKNOWLEDGMENT APPEARS ON FOLLOWING PAGE]

----------**(Acknowledgment for Individual)**----------

STATE OF)
ss.:
COUNTY OF)

On _____, 20____ before me personally came_____ to me known, and known to me to be the individual(s) described in, and who executed the foregoing NON-COLLUSIVE BIDDING CERTIFICATION, and duly acknowledged to me that s/he executed the same.

_____ My commission expires:_____
(Notary Public)

----------**(Acknowledgment for Partnership)**----------

STATE OF)
ss.:
COUNTY OF)

On _____, 20____ before me personally came_____ to me known, who, by me duly sworn, did depose and say that deponent resides at_____; that deponent is a member of the partnership described in and which executed the foregoing NON-COLLUSIVE BIDDING CERTIFICATION; deponent is authorized to sign the foregoing NON-COLLUSIVE BIDDING CERTIFICATION.

_____ My commission expires:_____
(Notary Public)

----------**(Acknowledgement for Corporation)**----------

STATE OF NJ)
ss.:
COUNTY OF Union)

On July 21, 2025 before me personally came Christopher Delzotti to me known, who, by me duly sworn, did depose and say that deponent resides at 1294 Knollwood Rd Mountainside, NJ that deponent is the EVP of Sales of the corporation described in, and which executed the foregoing NON-COLLUSIVE BIDDING CERTIFICATION, that deponent knows the seal of the corporation, that the seal affixed to the NON-COLLUSIVE BIDDING CERTIFICATION, is the corporate seal, that it was affixed by order of the board of directors of the corporation; and that deponent signed deponent's name by like order.

_____ My commission expires:_____
(Notary Public)

EUGENE S. CERULLI
Notary Public of New Jersey
ID#2354853
Commission Expires Jan. 26, 2027

INSURANCE CERTIFICATION

TO BE COMPLETED BY AN AUTHORIZED INSURANCE AGENT

INSTRUCTIONS: Please complete this Insurance Certification and attach copies of proof of insurance as follows:

(a) **Commercial General Liability/Automobile Liability**: ACCORD-25 FORM.
(b) **Worker's Compensation**: Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 57 (2) evidencing proof of workers' compensation insurance *or* proof of Bidder not being required to secure same.
(c) **Disability Benefits Insurance**: Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 220 evidencing proof of disability benefits insurance *or* proof of Bidder not being required to secure same.
(d) **Business Interruption Insurance:** Certificates evidencing same (*if available*).

This form and all supporting documentation must be submitted with this Bid/Proposal even if said information is on-file with the City in connection with another bid, project or contract.

(Name and Address of Bidder) _____ATM Consultants_____

Name of Bid: __ATM Consultants ATM RFP_____ Bid Number: 190

(1) Commercial General Liability with completed operations (plus X.C.U. when applicable), to which the City of Long Beach has been added as additional insured, and Automobile Liability: $ 2,000,000.00 Combined single limit (bodily and personal injury/property damage).

Insurance Carrier (Commercial General Liability):

Cincinnati Speciality Underwriters Insurance Policy Number(s): CSU 0179454 _____

_____

_ (2) Worker's Compensation:

Insurance Carrier: ____Travelers Casualty Policy Number(s):UB-3594911A- 25 _____

(3) The above insurance is effective with New York State admitted insurance companies, and is A rated or equivalent to A rated.

(4) Policy cancellation or non-renewal shall be effective only upon thirty (30) days prior notice by certified mail to:

City of Long Beach, Corporation Counsel, 1 West Chester Street, Room 402, Long Beach, New York 11561

Authorized Insurance Agent's Signature and Title:

_____

Name, Insurance Affiliation and Address:

_____

Dated: 7/21/2025

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA FORM

The bidder hereby acknowledges that he/she has received and that he/she has considered in the preparation of his/her bids, all requirements in the following Addenda to this Bid/Proposal/Contract:

Note: This acknowledgement shall be signed by the person executing the Statement of Understanding. Insert additional pages, as necessary.

ADDENDUM NUMBER	DATE OF ADDENDUM	ACKNOWLEDGEMENT

☑ **NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS BID/PROPOSAL/CONTRACT.**

ACKNOWLEDGEMENT: _____

IMPORTANT NOTICE:

THIS FORM MUST BE COMPLETED AND SUBMITTED BY ALL BIDDERS. IF NO ADDENDA ARE RECEIVED, CHECK THE "NO ADDENDUM" BOX ABOVE AND SIGN THE ACKNOWLEDGMENT. THE CITY RETAINS THE ABSOLUTE RIGHT TO REJECT ANY BID/PROPOSAL THAT FAILS TO INCLUDE THIS ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA FORM.

NEW YORK STATE | Workers' Compensation Board

CERTIFICATE OF INSURANCE COVERAGE
NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS Disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

1a. Legal Name & Address of Insured (use street address only)

ATM CONSULTANTS LLC
190 BLYDENBURGH ROAD UNIT 5
ISLANDIA, NY 11749

Work Location of Insured *(Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)*

1b. Business Telephone Number of Insured

1c. Federal Employer Identification Number of Insured or Social Security Number

813431738

2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)

3a. Name of Insurance Carrier

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

3b. Policy Number of Entity Listed in Box 1a

LNY796926001

3c. Policy effective period

07/01/2024 to 06/30/2025

4. Policy provides the following benefits:

- [X] A. Both disability and Paid Family Leave benefits.
- [ ] B. Disability benefits only.
- [ ] C. Paid Family Leave benefits only.

5. Policy covers:

- [X] A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
- [ ] B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave benefits insurance coverage as described above.

Date Signed 06-10-2025 By *Elizabeth Tello*

(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number (212) 553-8074 Name and Title: ELIZABETH TELLO – ASSISTANT DIRECTOR, STATUTORY SERVICES

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

State of New York
Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed By

(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and Paid Family Leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1 Insurance brokers are NOT authorized to issue this form.

DB-120.1 (12-21)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/02/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:
AUTOMATIC DATA PROCESSING INSURANCE AGCY INC 1 ADP BLVD MS 325 ROSELAND, NJ 07068 (877) 677-0428	PHONE (A/C, No, Ext): (877) 677-0428 FAX (A/C, No): (877) 677-0430 E-MAIL ADDRESS: spcbicadp@travelers.com

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
ATM CONSULTANTS LLC 190 BLYDENBURG RD STE 5 ISLANDIA, NY 11749	INSURER A : TRAVELERS CASUALTY AND SURETY COMPANY	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 114887943101351 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB-3S94911A-25	06/15/2025	06/15/2026	X PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
IF THE LEGAL STATUS OF THE INSURED NOTED ON THIS CERTIFICATE IS AN ELECTIVE ENTITY (SOLE PROPRIETOR/PARTNERSHIP/LLC).
NEW JERSEY SOLE PROPRIETORS AND PARTNERS COVERAGE ENDORSEMENT WC 29 03 07 (00) IS ATTACHED TO THE WORKERS COMPENSATION POLICY LISTED ON THIS CERTIFICATE.

CERTIFICATE HOLDER

CASH CONNECT, A DIVISION OF WILMINGTON
SAVINGS FUNDS SOCIETY BANK
700 PRIDES CROSSING
NEWARK, DE 19713

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Renan M. Beltran

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA FORM

The bidder hereby acknowledges that he/she has received and that he/she has considered in the preparation of his/her bids, all requirements in the following Addenda to this Bid/Proposal/Contract:

Note: This acknowledgement shall be signed by the person executing the Statement of Understanding. Insert additional pages, as necessary.

ADDENDUM NUMBER	DATE OF ADDENDUM	ACKNOWLEDGEMENT

☐ **NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS BID/PROPOSAL/CONTRACT.**

ACKNOWLEDGEMENT: _____

IMPORTANT NOTICE:

THIS FORM MUST BE COMPLETED AND SUBMITTED BY ALL BIDDERS. IF NO ADDENDA ARE RECEIVED, CHECK THE "NO ADDENDUM" BOX ABOVE AND SIGN THE ACKNOWLEDGMENT. THE CITY RETAINS THE ABSOLUTE RIGHT TO REJECT ANY BID/PROPOSAL THAT FAILS TO INCLUDE THIS ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA FORM.

ITEM #7

City of Long Beach

INTEROFFICE MEMO

To: Daniel Creighton, City Manager
Frank Dikranis, Corporation Counsel
Inna Reznik, City Comptroller

From: Kenneth Arnold, P.E. of Public Works

Subject: **Request for City Council Resolution – Amend Professional Engineering Services Contract for the City Hall Building Façade Rehabilitation**

Date: July 24, 2025

As per Resolution No. 11/25 of February 4, 2025, the City entered into a contract with Walker Consultants for Professional Engineering Services for the above stated project. However, it was determined the request for resolution did not include the expenses for B&L hazardous materials surveying, testing and reports.

Please prepare a resolution for the regularly scheduled August 5, 2025 City Council meeting for an additional $21,725.00, bringing the total approved amount of $151,555.00

Walker Consultants
49 W. 39th Street
New York, NY 10018

Funding for this project is available from budget line:
H1024.53101 $39,294.00 (City Buildings) $21,725.00

cc: Steven Friedman, P.E. City Engineer
Steven Pambianchi, Dep. Corporation Counsel