



CITY OF MOUNT VERNON, NY  
DEPARTMENT OF RECREATION

**SHAWYN PATTERSON-HOWARD**  
*Mayor*

City Hall, One Roosevelt Square  
Mount Vernon, NY 10550  
(914) 665-2420 – Fax: (914) 665-2421

**KATHLEEN WALKER-PINCKNEY**  
*Commissioner*  
**ANDRÉ G. EARLY**  
*Deputy Commissioner*

March 26, 2026

Honorable Members of the City Council  
Through the Office of the Mayor  
1 Roosevelt Square  
Mount Vernon, New York 10550

**RE: 2025 Title IIIB Transportation Services Contract**

Dear Honorable Members:

This letter comes to request that the City Council retroactively enact Legislation that would enable the Mayor to enter into agreement with the Westchester County Office of Senior Programs and Services under the IIIB Transportation Services Contract Program for the contract period January 1, 2025 – December 31, 2025.

The total budget is:

|                     |          |
|---------------------|----------|
| <b>Total Budget</b> | \$41,838 |
| County Share        | \$24,684 |
| Local Share         | \$17,154 |

Funds for IIIB Transportation program are to be deposited in revenue code A4803.1 to provide for an appropriation in budget Code A6774.104, A6774.458

Thank you in advance for your cooperation and consideration in this matter.

Sincerely,

André G. Early, Deputy Commissioner

cc: Kathleen Walker-Pinckney, Commissioner  
Shawyn Patterson-Howard, Mayor  
Darren Morton, Comptroller  
Brian Johnson, Corporation Counsel  
File



**Kenneth W. Jenkins**  
County Executive

Department of Senior Programs and Services

Mae Carpenter  
Commissioner

February 10, 2026

Ms. Andre G. Early  
Deputy Commissioner  
City of Mount Vernon  
City Hall - 1 Roosevelt Square  
Mount Vernon, NY 10550

**RE: Title III-B Transportation Services Contract, PY 2025**

Dear Ms. Early:

Attached to the e-mail that was sent with this letter is a blank copy of the contract for transportation services (“Services”) to be provided by the **City of Mount Vernon** (the “Municipality”) in accordance with Title III-B (“Program”) of the Older Americans Act, as amended. The contract is comprised of an Agreement and Schedules “A”, “B”, “C”, “D”, “E”, “F” and “G” and will be for a term retroactive to the program period commencing on January 1, 2025 and continuing through December 31, 2025. Federal funding for actual Services provided and data-entered in the New York State Office for the Aging’s (“NYSOFA”) Client Statewide Data System: PeerPlace, shall be for an amount not-to exceed **\$24,684.00**. The Municipality is required to contribute **\$17,154.00** in matching funds to the Services. Please be aware that the County of Westchester acting by and through its Department of Senior Programs and Services (“Department”) may reduce the amount payable to the Municipality if NYSOFA reduces funding for the Department, in which case you will be notified.

**You MUST use the original contract documents that we have provided. NO ALTERATIONS may be made to the contract without the prior consent of the Dept.** With the exception of the applicable Excel Pages, **DO NOT fill out the contract electronically as we want to maintain the integrity of the document.** Noncompliance with these requests will result in the contract returned to the Municipality. Print a hard copy of the contract and fill it out making sure that where signatures are required on all documents that they are original. Contracts with COPIED signatures are unacceptable. We also recommend that you keep a blank copy of the contract in the event that you need to reprint a page.

**NOTICE:**

An updated version of the Standard Assurances published by NYSOFA is incorporated into the Agreement as Schedule “G”

**INSURANCE DOCUMENTS:**

Please refer to the “Standard Insurance Provisions” in Schedule “C” for detailed information regarding ALL required insurances. The contract will be on hold pending receipt of any missing insurance certificate or any insurance certificate that is inadequately filled out. Remember to list the County of Westchester as “Additional Insured” on the Certificate of Liability Insurance.

**MONTHLY REPORTS:**

The Municipality is required to mail in the completed PeerPlace Monthly Report signed by the staff member responsible for the report. The reports should be received by the Department no later than the tenth (10th) day of the following month. The County reserves the right to withhold payment to the Municipality for its failure to submit the monthly report by the deadline until the monthly report is received by the County.

Send the completed contract to me at the address listed in the footer on the first page. We suggest that you keep a completed copy of the contract for your records.

Please direct program-related questions to your program liaison Beverly Carter at 914-813-6188, or via e-mail at [bdc1@westchestercountyny.gov](mailto:bdc1@westchestercountyny.gov). You may also contact me at 914-813-6058 or via e-mail at [benl@westchestercountyny.gov](mailto:benl@westchestercountyny.gov) for questions pertaining to the processing of the contract.

Sincerely,

A handwritten signature in black ink, appearing to read "Bency Liju", is written over a horizontal line. There are two small dots below the line.

Bency Liju  
Program Administrator (Contract Management)

Attachments