



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 13, 2026

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

**Re: 2025-2026 New York State Transportation Contract**

Dear Honorable Council 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 State Transportation Program for the contract period April 1, 2025 – March 31, 2026.

**The total budget is: \$7,621**

Funds for State Transportation program are to be deposited into revenue code A4803.1 to provide for appropriation in budget Code A7020.401 & A7020.402

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

March 11, 2026

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

**RE: NY State Transportation Services Contract: PY 2025 - 2026**

Dear Mr. Early:

Attached to the e-mail that was sent with this letter is a blank copy of the New York State Transportation Program contract for various transportation costs. The contract is comprised of an Agreement and Schedules "A", "B", "C", "D", "E", "F" and "G," for the program period commencing retroactively on April 1, 2025 and continuing through March 31, 2026. State funding for the contract will be in an amount not-to-exceed \$7,621. Please be advised that the Department of Senior Programs and Services ("Department") may reduce the funding for the contract if the New York State Office for the Aging reduces the Department's grant funding, in which case you will be notified.

**NOTICE:**

The updated Standard Assurances form received from NYSOFA, referenced in the IMA as Schedule "G" of the Agreement, has been included.

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 Department. **Please DO NOT fill-out the contract electronically as we want to maintain the integrity of the document.** Non-compliance with these requests will result in the contract returned to the municipality. Please print a 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 and keep a completed copy of the agreement for your records.

Return the **ENTIRE** completed originally signed agreement and all supporting schedules to me at the address in the footer below.

Refer to the "Standard Insurance Provisions" in Schedule "C" for detailed information regarding **ALL** required insurances, which should be submitted with the contract, or the contract will be on hold pending receipt of any missing insurance form or any form that is not adequately filled out.

Remember to list the County of Westchester as “Additional Insured” on the Certificate of Liability Insurance.

Please direct program related questions to your contract monitor Beverly Carter at 914-813-6058 or via e-mail at [bdcl@westchestercountyny.gov](mailto:bdcl@westchestercountyny.gov). Questions pertaining to the processing of the contract should be directed to me at 914-813-6058 or via e-mail at [benl@westchestercountyny.gov](mailto:benl@westchestercountyny.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Bency Liju", with a horizontal line underneath and two dots below the line.

Bency Liju  
Program Administrator (Contract Management)

Attachments