

AGREEMENT

THIS AGREEMENT made this _____ day of _____ 2025, by and between the TOWN OF HALFMOON, a municipal corporation with offices located at 2 Halfmoon Town Plaza, Halfmoon, New York, 12065, hereinafter the TOWN, and the SOUTHERN SARATOGA COUNTY QUILTERS FOR THE QUILTS OF VALOR FOUNDATION, a not for profit corporation with offices located at _____, herein after the FOUNDATION.

WHEREAS, it is recognized that there is a need for providing support for Veterans residing in Halfmoon and around the country; and

WHEREAS, the FOUNDATION began in 2003, with the intention of attempting to ease the tension and the impacts of serving our country by providing comfort through awarding a specially made quilt to our Veterans; and

WHEREAS, the Town Board of the Town of Halfmoon is ever cognizant of the importance of providing support for our Veterans and recognizes the vital role that Veterans play in our community;

NOW THEREFORE, the parties agree as follows:

1. The FOUNDATION agrees to award handmade quilts to our Veterans to assist in providing comfort and support.
2. The FOUNDATION agrees to organize and coordinate the quilt making program and to distribute the quilts in accordance with the FOUNDATION guidelines.
3. The FOUNDATION shall comply with the rules associated with utilizing TOWN property as a location for their quilting activities.
4. The FOUNDATION agrees to indemnify, defend and hold harmless the Town from any claim out of its acts or omissions and from any and all losses whatsoever, whether for personal injuries or property damage, including but not limited to the costs of litigation, attorneys fees, filing fees and expenses of each and every nature.
5. The term of this agreement shall be from June _____, 2024, through December 31, 2024.

6. The TOWN shall contribute \$750.00 to the FOUNDATION to assist with the costs of supplies for the creation of the quilts.

TOWN OF HALFMOON

By: Kevin J. Tollisen
Town Supervisor

SOUTHERN SARATOGA COUNTY QUILTERS FOR THE QUILTS
OF VALOR FOUNDATION

By:

STATE OF NEW YORK)
TOWN OF HALFMOON) ss.:
COUNTY OF SARATOGA)

On the _____ day of _____, 2024, before me the undersigned, personally appeared, KEVIN J. TOLLISEN, personally known to me or provide to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledge to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

STATE OF NEW YORK)
TOWN OF HALFMOON) ss.:
COUNTY OF SARATOGA)

On the _____ day of _____, 2024, before me the undersigned, personally appeared, _____, personally known to me or provided to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her capacity, and that by her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public