

AMHERST GOVERNMENT FINANCIAL ADVISORY BOARD (AGFAB)

AGENDA

MICHAEL SZUKALA
Councilmember &
Liaison Officer

Chairman

JASON
ZAKLIKOWSKI
Chair

PATRICIA DUNNE
Secretary

MEMBERS

JOHN DIPASQUALE
HELAINE SANDERS
DAVID KINDA

DEPT. LIAISONS

JENNIFER ADAMS
Interim
Comptroller

LYNDA JUUL
Director of Finance

Meeting Date: Thursday, October 23, 2025
Meeting Location: Northtown Center
1615 Amherst Manor Dr
Amherst, NY 14221
Meeting Time: 7:00pm

I. Rollcall

Attendee Name	Present (X)	Arrived
Jason Zaklikowski	☐	
Helaine Sanders	☐	
John DiPasquale	☐	
Patricia Dunne	☐	
David Kinda	☐	
Michael Szukala	☐	
Jennifer Adams	☐	
Lynda Juul	☐	
	☐	

	Yes	No
QUORUM MET? (At least 4 members present)	☐	☐

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II. Discussion and Approval of preceding meeting minutes

Item Number	Date of Meeting to approve minutes from	VOTE			
		AYE	NAY	Abstain	N/A
M1.	September 18, 2025				
M2.					

III. Old Business

Item Number	Item	Date of Carry Over	VOTE			
			AYE	NAY	Abstain	N/A
OB1.	Presentation from NYS OSC: What to Expect from an OSC Audit (50:03 Run-time)	9/18/2025				
OB2.						

IV. New Business

Item Number	Item	VOTE			
		AYE	NAY	Abstain	N/A
NB1.	Town Board response to AFGAB Correspondence 2025-01 "Review of Management Response, Corrective Action Evaluation, Board Recommendation for Departmental Policies and Procedures as noted in the Management Letter"				
	1) An analysis of how many days late each submission was.				
	2) A listing of all departments who have failed to provide the Comptroller's Office with the financial packet of bank reconciliation(s) and revenue report(s) by the 15th of each month for January 2025 through June 2025.				
NB2.	Town Board response to AFGAB Correspondence 2025-02 "Review of Management Response, Corrective Action Evaluation, Board Recommendation for Grant Management as noted in the Management Letter"				
	1) Grant Management Policies and Procedures a) Copies of and a walkthrough of the policies and procedures regarding the Town's Grant Management.				
	2) A report listing of grants with open receivables. This listing is to include the following: a) The name of the department b) The name of the grant c) The name of the grantor d) The grant period e) The CRM number associated with the Grant f) The amount collected g) The amount due h) The date final reimbursement needs to be submitted by				

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V. Request(s) / Communication(s) to the Board

Item Number	Item	VOTE			
		AYE	NAY	Abstain	N/A
RC1.					

VI. Adjournment