



**THIS IS A LEGALLY BINDING CONTRACT. REVIEW WITH
YOUR ATTORNEY PRIOR TO SIGNING**

GREENE COUNTY PARAMEDIC CANDIDATE TRAINING TUITION PROGRAM

**This Agreement made this ____ day of _____, 2026 by and between the County of
Greene, (County) with a place of business at 411 Main Street, Catskill, NY 12414 and
_____, (Borrower), with an address at**

WHEREAS, the County of Greene will offer, in accordance with Resolution No.: 274 of the year 2025, a total of TWENTY (20) Paramedic Training Awards in the individual amounts of up to FOURTEEN THOUSAND, FIVE HUNDRED (\$14,500.00) DOLLARS each, to approved candidates who successfully apply for, attend and complete an accredited paramedic training certification program.

The parties hereto agree as follows:

APPLICATION: **Borrower** shall make application to the Greene County Department of Human Resources, located at 411 Main Street, Suite 339, Catskill, NY 12414 prior to June 30, 2026.

APPROVAL. Upon approval of the application by the Greene County Administrator or his designee, at his/her sole discretion, the **Borrower** shall attend and satisfactorily complete a New York State accredited Paramedic Training program.

TUITION. Upon timely submission of a tuition invoice from an accredited Paramedic Training Program, the County shall pay or cause to pay the invoiced tuition amount directly to the Training Program institution or reimburse the Borrower directly upon sufficient proof that the invoice has already been paid by the Borrower. Tuition shall include the cost(s) associated with books and study materials. Tuition shall not include travel or travel related expenses.

EXAMINATION. Borrower shall sit for and pass the New York State Department of Health (DOH), Division of Emergency Medical Services certification examination, as soon as practicable, upon completion of the Paramedic Training Program referenced above.

EMPLOYMENT. Upon receipt of passing grade and receiving Paramedic certification, Borrower agrees to accept full time employment as a Paramedic at location located within the geographic boundaries of Greene County at the County's sole discretion and direction and maintain such employment, at that location or another location, at the direction of the County for no less than FOUR (4) continuous years. Full-time employment shall be defined as no less than FORTY (40) hours per week. Notwithstanding the foregoing, in order to be eligible for employment at a municipal agency, borrower must participate in the Greene County Paramedic civil service examination (training and experience) and be reachable on the eligible list.

FORGIVENESS. Upon satisfactory completion of all material requisites of this Agreement, including without limitation, FOUR (4) years of uninterrupted employment in an approved Emergency Medical Services selected by the County, Borrower shall have no further obligations due and owing to the County under this agreement.

DEFAULT. Borrower's failure to satisfactorily complete the training program and/or fail to pass the Paramedic certification, and/or fail to accept and/or complete FOUR (4) years of employment with the Greene County Emergency Services entity, as directed by the County, shall constitute a default of this Agreement. Any extensions for retesting shall be at the sole discretion of the County and shall only be valid and of effect if in writing and delivered by the County to the Borrower via U.S. Postal Service First Class Mail.

NOTICE OF DEFAULT AND REMEDY(IES). In the event of a default of any provision(s) of this Agreement the Borrower shall repay all tuition paid by the County on Borrower's behalf to County within THIRTY (30) days of notice thereof. Notice of Default shall be sent to Borrower via U.S. Postal Service First Class Mail. If Borrower has relocated and has failed to provide the County with a forwarding address; notice of default published in a newspaper of general circulation in Greene County, one day per week for TWO (2) consecutive weeks shall be deemed adequate notice of default.

If the Borrower has been employed as a Paramedic, at the direction of the County, and fails, for any reason whatsoever, to maintain said employment for the FOUR (4) year period contemplated by this Agreement, the repayment remedy shall be on a per diem pro-rata basis.

BANKRUPTCY: Borrower hereby acknowledges and agrees, to the extent permitted by law, that any monies owed as a result of default of this Agreement are not dischargeable in any court of Bankruptcy.

MERGER CLAUSE. This agreement contains the final, complete and exclusive statement of the agreement between the parties hereto with respect to the transaction(s) contemplated herein

and all prior or contemporaneous written and/or oral agreements with respect to the subject matter hereof are merged herein.

TITLES. Titles and Headings in this Agreement are for convenience only and shall not affect the meaning or construction of any provision of this Agreement.

VENUE. The parties hereto agree that if any disputes arise between the County and Borrower, as relates to this agreement, that jurisdiction and venue shall lie in the appropriate Supreme or County Courts in and for the County of Greene.

COUNTY OF GREENE

BORROWER

By: _____
Patrick S. Linger
Chairman, Legislature

By: _____
Name _____

APPROVED AS TO FORM
EDWARD I. KAPLAN, ESQ.
GREENE COUNTY ATTORNEY

STATE OF NEW YORK }
COUNTY OF GREENE } ss.:

On _____, 2026, before me, the undersigned, personally appeared Patrick S. Linger, personally known to me or proved 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 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 }
COUNTY OF GREENE } ss.:

On _____, 2026, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies) and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public