REQUEST FOR PROPOSALS

FOR

HOMELESS ASSISTANCE SERVICES

Issue Date
TUESDAY, FEBRUARY 22, 2011

Issued By
Westchester County Planning Department
148 Martine Avenue, Room 400
White Plains, New York 10601

Edward Buroughs, Commissioner of Planning

Due Date
FRIDAY, APRIL 1, 2011 AT 5:00 PM

Interested parties may obtain the complete RFP, including application, from the Westchester County website for Requests for Proposals at www.westchestergov.com/rfp.

Planning Department Contact:

Dana Sanchez, Program Administrator
Westchester County Planning Department
148 Martine Avenue, Room 414
White Plains, NY 10601
Phone: (914) 995-4602
Email: das5@westchestergov.com

Please be advised that all matters concerning this RFP, from the date of issuance until the contract awards are made, are to be directed in writing to the above named contact person.

An original and two (2) completed copies of the proposal MUST be received no later than FRIDAY, APRIL 1, 2011 AT 5:00 PM at the following address:

DANA SANCHEZ
PROGRAM ADMINISTRATOR
WESTCHESTER COUNTY DEPARTMENT OF PLANNING
148 MARTINE AVENUE, ROOM 414
WHITE PLAINS, NEW YORK 10601
REQUEST FOR PROPOSALS
WESTCHESTER COUNTY PLANNING DEPARTMENT

I.) BACKGROUND

The Emergency Shelter Grants (“ESG”) program was originally established by the Homeless Housing Act of 1986. In 1987, the ESG program was incorporated into subtitle B of title IV of the McKinney-Vento Homeless Assistance Act. Westchester County is a direct recipient of ESG funds on an annual basis.

In 2009, the Homeless Emergency and Rapid Re-Housing Transition of Housing (“HEARTH”) Act was enacted. The HEARTH Act amended and reauthorized the McKinney-Vento Homeless Assistance Act. One of the changes under the HEARTH Act is that the ESG Program will be known as the Emergency Solutions Grant (“ESG”) Program. Under the new ESG program, new eligible activities will be implemented. However, it is not expected that the new ESG program will be effective during the 2011 fiscal year.

The ESG program is designed to be the first step in a continuum of care plan of assistance to prevent homelessness and to enable homeless individuals and families to move toward independent living, and to address the immediate needs of persons residing on the street and needing emergency shelter or transitional housing.

The objectives of the ESG program are to increase the number and quality of emergency shelters and transitional housing facilities for homeless individuals and families, to operate these facilities and provide essential social services, and to help prevent homelessness.

CATEGORIES OF ELIGIBLE ACTIVITIES

Below are descriptions of each type of activities that can be funded by ESG funds under this RFP.

1.) Rehabilitation

ESG funds can be used for renovation, rehabilitation or conversion of existing buildings to increase the quality and quantity of emergency shelters and transitional housing for homeless persons and families. There are restrictions on the use of improved shelters based on the type of improvements.

- Major rehabilitation - rehab costs in excess of 75% of the value of the building before rehabilitation or conversion - change in the use of building to an emergency shelter for the homeless & where the cost of conversion & any rehabilitation exceed 75% of the value of the building before conversion.
- Rehabilitation - rehabilitation costs that involves costs of 75% or less of the value of the building before renovation.

- Any assistance carried out under this activity shall be sufficient to ensure that the building involved is safe and sanitary.

Use Restrictions on Renovation, Major Rehabilitation, and Conversion

The statute and regulation require certain continued use standards for shelters receiving ESG funds for improvement based upon the amount of the improvement.

Each recipient shall certify to the County that 1) it will:

a. in the case of assistance involving major rehabilitation or conversion, maintain any building for which assistance is used under this program as a shelter for homeless individuals and families for not less than a 10-year period; or

b. in the case of assistance involving rehabilitation (other than major rehabilitation or conversion), maintain any building for which assistance is used under this program as a shelter for homeless individuals and families for not less than a 3-year period.

2.) Essential Services

ESG funds can be used to provide essential services, to address the needs of homeless persons living on the street, in emergency shelter or in transitional housing. Essential services can address the immediate needs of the homeless, and can help enable homeless persons become more independent and to secure permanent housing. The provision of essential services, including services concerned with employment, health, drug abuse or education. In addition, essential services for homeless persons may be funded in day shelters or soup kitchens that are designed to serve predominantly homeless persons.

Services must be a new service, or a quantifiable increase in the level of service above that which the nonprofit organization provided during the immediately preceding 12-month period.

3.) Operation Costs

ESG funds can cover a broad array of emergency shelter and transitional housing operating costs. Eligible expenses such as payment for shelter maintenance, operation, rent, repairs, security, fuel, equipment, insurance, utilities, food and furnishings. Not more than 10 percent of the grant amount may be used for administration costs of staff.
ADDITIONAL REQUIREMENTS

1.) Homeless Participation Requirement

An important part of the ESG Program is the participation of homeless individuals in the policymaking process, operations and confidentiality policy of ESG recipients.

*Participation of Homeless Persons in Policy-making and Operations*

Recipients of ESG funds are required by law to provide for the participation of at least one homeless or formerly homeless person(s) in a policymaking function within the organization. This might include, for example, involvement of a homeless or formerly homeless person on the Board of Directors or similar entity that considers and sets policy or makes decisions for the recipient agency. Evidence of this requirement will be required if your proposal is accepted.

All recipients are required to involve participants in the operation of the ESG-funded program. This involvement includes the participants’ employment or volunteering in project activities such as construction, renovation, maintenance, general operation of facilities, or provision of services. For example, a shelter might involve participants in ongoing maintenance tasks or other operations of the facility such as staffing the reception desk. This involvement can include paid and/or volunteer work. Evidence of this requirement will be required if your proposal is accepted.

*Ensuring Confidentiality*

To ensure the safety and security of ESG project participants especially those persons fleeing domestic violence situations, ESG recipients are required to develop and implement procedures to guarantee the confidentiality of records concerning project participants. In addition, the address and location of family violence shelter facilities receiving ESG funding may not be publicly disclosed except with the written authorization of the person(s) responsible for the shelter facility's operation. Evidence of this requirement will be required if your proposal is accepted.

2.) Reporting Requirements

Recipients of ESG funds will be required to provide annual accomplishment data on the persons assisted with ESG funds as follows:

1.) Total Number of Persons Served by race and ethnicity
2.) Total Number of Persons Served by Gender and Age unaccompanied 18 and over and unaccompanied under 18.
3.) Total Number of Family Households with Children Headed by Single Parents by Gender and Age.
4.) Total Number of Family Households by Age (Two Parents 18 and Over with Children, Two Parents Under 18 with Children, Family Households with No Children)
5.) Total Number Served of Persons and Households.
6.) Total Number of Subpopulations Served such as chronically homeless (emergency shelter only), severely mentally ill, chronic substance abuse, other disability, veterans, persons with HIV/AIDS, victims of domestic violence, elderly.

**LIST OF CONSORTIUM COMMUNITIES**

ARDSLEY LARCHMONT PLEASANTVILLE
BEDFORD LEWISBORO PORT CHESTER
BRIARCLIFF MANOR MAMARONECK TOWN POUND RIDGE
BRONXVILLE MAMARONECK RYE BROOK VILLAGE
BUCHANAN MOUNT KISCO RYE CITY
CORTLANDT NEW CASTLE RYE TOWN
CROTON-ON-HUDSON NORTH CASTLE SCARSDALE
DOBBS FERRY NORTH SALEM SLEEPY HOLLOW
EASTCHESTER OSSINING TOWN SOMERS
ELMSFORD OSSINING VILLAGE TARRYTOWN
GREENBURGH PEEKSKILL TUCKAHOE
HARRISON PELHAM TOWN YORKTOWN
HASTINGS-ON-HUDSON PELHAM VILLAGE
IRVINGTON PELHAM MANOR

II.) **SCOPE OF WORK**

This Request For Proposals (“RFP”) is being issued to seek proposals specifically for the purpose of providing homeless assistance relating to emergency shelter for the homeless.

Under the ESG program, there are three categories of ESG eligible activities that can be funded under this RFP as follows:

1. Rehabilitation
2. Essential Services
3. Operation Costs

*See above, under ‘I.) Background,’ for the definition of each eligible activity*

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1 The United States Department of Housing and Urban Development (“HUD”) defines a homeless person as “someone who is living on the street or in an emergency shelter, or who would be living on the street or in an emergency shelter without HUD’s homelessness assistance.”
III.) REQUESTS FOR CLARIFICATION

All requests for clarification of this RFP must be submitted in writing to Dana Sanchez, Program Administrator, at the address indicated in the cover page of this RFP, and must be received no later than 5:00 PM on MONDAY, MARCH 14, 2011. Written responses will be distributed by the County by THURSDAY, MARCH 17, 2011.

NO COMMUNICATIONS OF ANY KIND WILL BE BINDING AGAINST THE COUNTY, EXCEPT FOR THE FORMAL WRITTEN RESPONSES TO ANY WRITTEN REQUEST FOR CLARIFICATION

IV.) PROPOSAL EVALUATION:

The County shall apply the following evaluation criteria in selecting a proposer with whom to commence contract negotiations. Such criteria are not necessarily listed in order of importance. The County reserves the right to weigh its evaluation criteria in any manner it deems appropriate.

Proposal Evaluation Criteria:

- Organizational development and experience
- Type of services to be provided to clients
- Number of clients to be assisted with supportive services
- Number of clients to be assisted with financial assistance
- Cost/benefit ratio (number of clients assisted per dollar for each type of services, etc.)

V.) PROPOSAL REQUIREMENTS

PACKAGES MUST BE MARKED: “REQUEST FOR PROPOSAL FOR HOMELESS ASSISTANCE SERVICES”

1) An original and two (2) completed copies of the proposal MUST be received no later than FRIDAY, APRIL 1, 2011 AT 5:00 PM the following address:

   DANA SANCHEZ
   PROGRAM ADMINISTRATOR
   WESTCHESTER COUNTY DEPARTMENT OF PLANNING
   148 MARTINE AVENUE, ROOM 414
   WHITE PLAINS, NEW YORK 10601

2) The proposal must set forth that it will constitute a valid, binding and continuing offer at the prices set forth in the proposal for a period of one hundred and eighty (180) days from the deadline for acceptance of proposals as set forth herein.

3) The proposer must complete and submit Schedule “A” as part of its proposal.
4) The proposer must complete and submit the forms attached hereto as Schedules “B”, “C”, and “D” as part of its proposal.

5) The proposer must return a signed copy of the “Proposer Certification” in Section XIV.

6) Proposals MUST be signed. Unsigned proposals will be rejected.

7) Proposers may be required to give an oral presentation to the County to clarify or elaborate on the written proposal.

8) No proposal will be accepted from nor any agreement awarded to any proposer that is in arrears upon any debt or in default of any obligation owed to the County. Additionally, no agreement will be awarded to any proposer that has failed to satisfactorily perform pursuant to any prior agreement with the County.

VI.) LEGAL UNDERSTANDINGS

Please take notice, by submission of a proposal in response to this request for proposals, proposing entity agrees to and understands:

• That any proposal, attachments, additional information, etc. submitted pursuant to this Request for Proposals constitute merely a suggestion to negotiate with the County of Westchester and is not a bid under Section 103 of the New York State General Municipal Law;

• Submission of a proposal, attachments, and additional information shall not entitle the proposing entity to enter into a service agreement with the County of Westchester for the required services;

• By submitting a proposal, the proposing entity agrees and understands that the County of Westchester is not obligated to respond to the proposal, nor is it legally bound in any manner whatsoever by submission of same;

• That any and all counter-proposals, negotiations or any communications received by a proposing entity, its officers, employees or agents from the County, its elected officials, officers, employees or agents, shall not be binding against the County of Westchester, its elected officials, officers, employees or agents unless and until a formal written agreement for the services sought by this RFP is duly executed by both parties and approved by the Westchester County Board of Acquisition & Contract and the Office of the Westchester County Attorney.

In addition to the foregoing, by submitting a proposal, the proposing entity also understands and agrees that the County of Westchester reserves the right, and may at its sole discretion exercise, the following rights and options with respect to this Request for Proposals, except to the extent restricted by applicable law, including, but not limited to,
the Westchester County Procurement Policy, as amended:

- To reject proposals that do not conform in all material respects to the RFP or meet the minimum evaluation criteria;
- To reject all proposals;
- To issue additional solicitations for proposals and/or amendments to this RFP;
- To waive any irregularities in proposals received after notification to all proposers;
- To negotiate for amendments or other modifications to proposals;
- To conduct investigations with respect to the qualifications of each proposer;
- To exercise its discretion and apply its judgment with respect to any aspect of this RFP, the evaluation of proposals, and the negotiations and award of any contract;
- To enter into an agreement for only portions (or not to enter into an agreement for any) of the services contemplated by the proposals with one or more of the proposers;
- To select the proposal that best satisfies the interests of the County and not necessarily on the basis of price or any other single factor in the evaluation criteria;
- While this is a Request For Proposals and not a bid, the County reserves the right to apply the case law under General Municipal Law § 103 regarding bidder responsibility in determining whether a proposer is a responsible vendor for the purpose of this RFP process;
- The County assumes no responsibility or liability of any kind for costs incurred in the preparation or submission of any proposal;
- The County is not responsible for any internal or external delivery delays which may cause any proposal to arrive beyond the stated deadline. To be considered, proposals MUST arrive at the place specified herein and be time stamped prior to the deadline.

VII.) CONTRACT

After selection of the successful proposer, and following contract negotiations, a formal written contract will be prepared by the County of Westchester and will not be binding until signed by both parties and approved by the Westchester County Board of Acquisition & Contract and the Office of the County Attorney.

NO RIGHTS SHALL ACCRUE TO ANY PROPOSER BY THE FACT THAT A PROPOSAL HAS BEEN SELECTED BY THE COUNTY FOR SUBMISSION TO THE BOARD OF ACQUISITION & CONTRACT FOR CONTRACT APPROVAL. SAID BOARD HAS THE RIGHT TO REJECT ANY RECOMMENDATION AND THE APPROVAL OF SAID BOARD IS NECESSARY BEFORE A VALID AND BINDING CONTRACT MAY BE EXECUTED BY THE COUNTY.
VIII.) **NON-COLLUSION**

The proposer, by signing the proposal, does hereby warrant and represent that any ensuing agreement has not been solicited, secured or prepared directly or indirectly, in a manner contrary to the laws of the State of New York and the County of Westchester, and that said laws have not been violated and shall not be violated as they relate to the procurement or the performance of the agreement by any conduct, including the paying or the giving of any fee, commission, compensation, gift, gratuity or consideration of any kind, directly or indirectly, to any County employee, officer or official.

IX.) **CONFLICT OF INTEREST**

The award of a contract is subject to provisions of all Federal, State and County laws. All firms must disclose with their proposals the name of any officer, director or agent who is also an employee of the County of Westchester. Further, all firms must disclose the name of any County officer, employee, or elected official who owns, directly or indirectly, an interest of ten percent or more in the firm or any of its subsidiaries or affiliates.

X.) **PROPOSALS SUBJECT TO FREEDOM OF INFORMATION LAW**

The New York State Freedom of Information Law as set forth in Public Officers Law, Article 6, Sections 84-90, mandates public access to government records. However, proposals submitted in response to this RFP may contain technical, financial background or other data, public disclosure of which could cause substantial injury to the proposer's competitive position or constitute a trade secret. Proposers who have a good faith belief that information submitted in their proposals is protected from disclosure under the New York Freedom of Information Law shall:

a) insert the following notice in the front of its proposal:

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“NOTICE
The data on pages ___ of this proposal identified by an asterisk (*) contains technical or financial information constituting trade secrets or information the disclosure of which would result in substantial injury to the proposer’s competitive position.
The proposer requests that such information be used only for the evaluation of the proposal, but understands that any disclosure will be limited to the extent that the County considers proper under the law. If the County enters into an agreement with this proposer, the County shall have the right to use or disclose such information as provided in the agreement, unless otherwise obligated by law.”
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and
b) clearly identify the pages of the proposals containing such information by typing in bold face on the top of each page " * THE PROPOSER BELIEVES THAT THIS INFORMATION IS PROTECTED FROM DISCLOSURE UNDER THE STATE FREEDOM OF INFORMATION LAW."

The County assumes no liability for disclosure of information so identified, provided that the County has made a good faith legal determination that the information is not protected from disclosure under applicable law or where disclosure is required to comply with an order or judgment of a court of competent jurisdiction. The contents of the proposal which is accepted by the County, except portions "Protected from Disclosure", may become part of any agreement resulting from this RFP.

XI.) MBE/WBE

Pursuant to Local Law No. 27-1997, it is the goal of the County to use its best efforts to encourage, promote and increase the participation of business enterprises which are owned and controlled by persons of color or women in contracts and projects funded by the County. Therefore, the County asks Proposers to complete the questionnaire attached hereto as SCHEDULE “B”.

XII.) DISCLOSURE FORM:

To avoid conflicts of interest and the appearance of impropriety, the Proposer shall be required to complete the Disclosure Form attached hereto as SCHEDULE “C”.

XIII.) CRIMINAL DISCLOSURE FORM

The Proposer agrees to complete the Criminal Background Disclosure as required by Executive Order No. 1-2008 and attached hereto as SCHEDULE “D” through “D-5” which is hereby incorporated by reference.
XIV.) PROPOSER CERTIFICATION

The undersigned agrees and understands that this proposal and all attachments, additional information, etc. submitted herewith constitute merely an offer to negotiate with the County of Westchester and is NOT A BID. Submission of this proposal, attachments, and additional information shall not obligate or entitle the proposing entity to enter into a service agreement with the County of Westchester for the required services. The undersigned agrees and understands that the County of Westchester is not obligated to respond to this proposal nor is it legally bound in any manner whatsoever by the submission of same. Further, the undersigned agrees and understands that any and all proposals and negotiations shall not be binding or valid against the County of Westchester, its directors, officers, employees or agents unless an agreement is signed by a duly authorized officer of the County of Westchester and approved by the Westchester County Board of Acquisition & Contract and by the Office of the County Attorney.

It is understood and agreed that the County of Westchester reserves the right to reject consideration of any and all proposals including, but not limited to, proposals which are conditional or incomplete. It is further understood and agreed that the County of Westchester reserves all rights specified in the Request for Proposals.

It is represented and warranted by those submitting this proposal that except as disclosed in the proposal, no officer or employee of the County of Westchester is directly or indirectly a party to or in any other manner interested in this proposal or any subsequent service agreement that may be entered into.

__________________________
Proposer Name

By: _________________________
Name and Title
STATE OF NEW YORK )
COUNTY OF )

On the __________ day of ________________ in the year 20__ 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.

Date: ______________

________________________________________
Notary Public
SOLE CORPORATE OFFICER ACKNOWLEDGMENT

STATE OF NEW YORK )
                      ) ss.:
COUNTY OF )

On this _______ day of ________________, 20__, before me, the undersigned,

personally appeared _________________________________, personally known to me or
(Name of Sole Officer)

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 executed the same in
his/her capacity as President and sole officer and director of ___________________________,
(Name of Corporation)

the corporation described in and which executed the within instrument, and acknowledged that
he/she owns all the issued and outstanding capital stock of said corporation, and that by he/she
signed the within instrument on behalf of said corporation.

__________________________________
Notary Public
CERTIFICATE OF AUTHORITY  
(CORPORATION)

I, ____________________________________________________________,  
(Officer other than officer signing contract)  
certify that I am the ______________________________________________________ of  
(Title)  
the ___________________________________________________________ a corporation duly  
(Name of Corporation)  
organized and in good standing under the  
(Law under which organized, e.g., the New York Business Corporation Law)  
named in the foregoing agreement; that _____________________________________________  
(Person executing agreement)  
who signed said agreement on behalf of the _________________________________________  
(Name of Corporation)  
was, at the time of execution ___________________________________________________  
>Title of such person)  
of the Corporation and that said agreement was duly signed for and on behalf of said Corporation  
by authority of its Board of Directors, thereunto duly authorized and that such authority is in full  
force and effect at the date hereof.

______________________________  
(Signature)

STATE OF NEW YORK )  
) ss.:  
COUNTY OF )

On the _____ day of __________ in the year 20__ before me, the undersigned, a  
Notary Public in and for said State, _____________ personally appeared,  
personally known to me or proved to me on the basis of satisfactory evidence to be the officer  
described in and who executed the above certificate, who being by me duly sworn did depose  
say that he/she resides at _____________,  
and he/she is an officer of said corporation; that he/she is duly authorized to execute said  
certificate on behalf of said corporation, and that he/she signed his/her name thereto pursuant to  
such authority.

___________________________________  
Notary Public  
Date:
CERTIFICATE OF AUTHORITY  
(LIMITED LIABILITY COMPANY)

I, ____________________________________________________________,
(member or manager other than person executing the agreement)
certify that I am a ____________________ of ______________________________________
(member/manager)                      (Name of Limited Liability Company)
(the “LLC”) duly organized under the Laws of the State of ______________________;
(Name of State)
___________________________________ who signed said Agreement on behalf of the LLC
(Person Executing Agreement)

was, at the time of execution, a manager of the LLC; that said Agreement was duly signed for
and on behalf of said LLC and as the act of said LLC for the purposes therein mentioned.

______________________________
(Signature)

STATE OF NEW YORK        )
) ss.:  
COUNTY OF ____________ )

On the ______ day of ___________ in the year 20__ before me, the undersigned, a
Notary Public in and for said State, ___________________________________ personally appeared,
personally known to me or proved to me on the basis of satisfactory evidence to be the
member/manager described in and who executed the above certificate, who being by me duly
sworn did depose and say that he/she resides at ______________________________________,
and he/she is a member/manager of said LLC; that he/she is duly authorized to execute said
certificate on behalf of said LLC, and that he/she signed his/her name thereto pursuant to such
authority.

Date:  _______  ________________________________

Notary Public
CERTIFICATE OF AUTHORITY
(PARTNERSHIP)

I, _________________________________________________________,
(Partner other than Partner signing contract)
certify that I am a General Partner of ________________________________________,
(Name of Partnership)
a partnership duly organized under __________________________________________,
(Law under which partnership is organized)
and named in the foregoing Agreement; that _____________________________________,
(Partner Executing Agreement)
who signed said Agreement on behalf of the Partnership was, at the time of execution, a
General Partner of said Partnership; that said Agreement was duly signed for and in behalf of
said Partnership and as the act and deed of said firm for the purposes therein mentioned.

____________________________
(Signature)

STATE OF NEW YORK            )
) ss.:                      
COUNTY OF                    )

On this _______ day of _____________, in the year 20__ before me, the
undersigned, a Notary Public in and for said State, ___________________________ personally
appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the
General Partner described in and who executed the above certificate, who being by me duly
sworn did depose and say that he/she resides at ______________________________________,
and he/she is a general partner of said Partnership; that he/she is duly authorized to execute said
certificate on behalf of said Partnership, and that he/she signed his/her name thereto pursuant to
such authority.

_________________________________
Notary Public
SCHEDULE “A”

PLEASE NOTE: All proposers must complete and submit Parts I, II, and III of Schedule “A”. Only proposers proposing construction projects must complete and submit Part IV of Schedule “A”.

PART I

Please respond on a separate sheet(s) of paper to each of the questions listed below.

1. Describe the type of services your Agency proposes to provide with ESG funds.

2. Describe the type of services your Agency provides, and how these services are related to the services you propose to provide with ESG funds.

3. Describe the type of services your Agency has previously provided under the ESG program? If any.

4. Describe the need for the proposed services and methodology use to justify the need for the services.

5. Describe the population served, the community of origin, the number of beds, how long a resident is permitted to stay and the types of services provided to residents. The number of persons to be assisted under the ESG proposed activities.

6. Is this a continuation or expansion of an existing service? If so, describe the modifications to the original service. Is it a new service? do you have the staff to implement the program and do you have office space to accommodate the proposed services?

7. What other resources exist for your targeted population? Describe sources and amounts and indicate which source will be used to comply with HUD's matching requirements under the ESG Program. Please attach letters from other funding sources that will be used to support the dollar-to-dollar matching requirements towards the program.
**FY 2011 BUDGET**

<table>
<thead>
<tr>
<th>List of Activity</th>
<th>A Source of Matching Funds</th>
<th>B ESG Amount Requested</th>
<th>C Total Amount (A+B)</th>
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<tbody>
<tr>
<td>Essential Services</td>
<td></td>
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<tr>
<td>Operation Costs</td>
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<td>Rehabilitation</td>
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<tr>
<td>Total</td>
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</tbody>
</table>

Note: Under this program, there is a dollar-to-dollar match requirement that must be available at the time of contract award. Your budget should indicate the sources of your matching funds.

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2 Copies of matching commitment letters must be attached.
SCHEDULE “A”  
PART III

The following items are required to be submitted as part of your response to Schedule “A”.  
Please make sure all attachments are labeled.

1.) Latest Audited Financial Statement  
2.) Support Letters for Matching Contribution  
3.) Non-Profit Certificate of Incorporation and By-Laws  
4.) Non-Profit Mission Statement (Date of Mission Statement: _____)  
5.) Non-Profit List of Board of Directors with titles and professional affiliations  
6.) Non-Profit Annual Operating Statement for your organization  
7.) Non-Profit most recent Annual Report  
8.) Non-Profit 501C(3) Status Certification  
9.) Certification of Proposal’s Accuracy and Completeness\(^3\) (below)

CERTIFICATION

I certify that the application being submitted is accurate and complete:

_____________________________________________  ______________________
Signature of Authorizing Official     Date

____________________________________________  ______________________
Typed Name & Title of Authorizing Official    Phone #

Applicant Name: _______________________________________________

Federal I.D. #: _______________________________________________

Mailing Address: _______________________________________________

                     _______________________________________________

CONTACT:

Contact Person: _______________________________________________

Phone #: ___________________________ Fax #: _____________________

E-mail address: _______________________________________________

\(^3\) This certification is different than the certification you are required to sign and submit under Section XIV of the RFP. Both certifications must be completed and submitted as part of your proposal.
This section is designed to help the Department determine the readiness of your project.

CONSTRUCTION/REHABILITATION PROJECT:

A. Do you have site control?  □ Yes □ No

B. Do you have architectural drawings and specifications?  □ Yes □ No

C. Have you identified other funding sources?  □ Yes □ No

   What are they? Do you have commitments? If yes, attach letters for compliance of HUD's matching requirements.

D. Do you have at least three (3) bid proposals for the proposed rehabilitation project?  □ Yes □ No

   (Proposals must be attached)

E. Will a review of your project be required by:

   • Architectural Review Board □ Yes □ No
   • Local Building Inspection/Department □ Yes □ No
   • Planning Board □ Yes □ No
   • Zoning Board of Appeals □ Yes □ No
   • Other (specify) _____________________ □ Yes □ No

F. Have retained the services of a consultant? If yes, check appropriate box:

   □ Architect  □ financial analyst  □ attorney
   □ Civil engineer  □ environmental engineer/soil  □ planner
ENVIRONMENTAL CONSIDERATIONS
(For construction projects ONLY)

Listed below are environmental issues concerning all rehabilitation projects. Check ✓ the boxes applicable to your project.

1. The project is located in, is adjacent to, will impact or will involve:

   A. 100 year Floodplain (refer to the Flood Insurance Rate Map)  Yes ☐ No ☐
   B. A New York State-designated wetland or locally-Significant wetland (if yes, enclose a copy of local Wetland ordinance)  ☐ ☐
   C. A State and/or Federally designated coastal zone  ☐ ☐
   D. A designated local or County designated Critical Environmental Area  ☐ ☐
   E. The installation or rehabilitation of storm or Sanitary sewer systems  ☐ ☐
   F. A zoning or special permit action  ☐ ☐
   G. A State or County Road  ☐ ☐

2. If the answer to "C" is yes, does the community have A Local Waterfront Revitalization Plan (LWRP)?  ☐ ☐
   A. Is the project consistent with the LWRP?  ☐ ☐
   B. If not, have amendments to the LWRP been adopted?  ☐ ☐

3. Has a New York State Environmental Quality Review (SEQR) of the project been initiated? If yes, include documentation.  ☐ ☐
HISTORIC PRESERVATION CONSIDERATIONS
(For construction projects ONLY)

Listed below are historic preservation questions relevant to all construction projects for which ESG funds are requested and received. Check √ the boxes applicable to your project.

1. Is the proposed project adjacent to or will it involve or impact buildings or districts eligible for or listed in the National or State Register or Historic Places?
   □ Yes □ No
   A. If yes, which buildings or districts?
      _______________________________________________________________
      _______________________________________________________________

   B. Describe the impact of the proposed project on these buildings or districts.
      _______________________________________________________________
      _______________________________________________________________
      _______________________________________________________________
      _______________________________________________________________

2. Does your community have a local landmarks ordinance?
   □ Yes □ No

3. Are any of the buildings adjacent to, involved in, or Affected by the proposed project locally designated as Individual landmarks, or as part of a local historic district?
   □ Yes □ No
   A. If yes, which buildings?
      _______________________________________________________________
      _______________________________________________________________
      _______________________________________________________________

   B. Describe the impact of the proposed project on the locally designated buildings.
      _______________________________________________________________
      _______________________________________________________________
      _______________________________________________________________
As part of the County’s program to encourage the meaningful and significant participation of business enterprises owned and controlled by persons of color or women in County contracts, and in furtherance of Section 308.01 of the Laws of Westchester County, completion of this form is required.

The term persons of color means a United States citizen or permanent resident alien who is and can demonstrate membership of one of the following groups: (a) Black persons having origins in any of the Black African racial groups; (b) Hispanic persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of either Indian or Hispanic origin regardless of race; (c) Native American or Alaskan native persons having origins in any of the original peoples of North American; or (d) Asian or Pacific Islander persons having origins in any of the Far East countries, South East Asia, the Indian sub-continent or the Pacific Islands.

An enterprise owned and controlled by persons of color or women means a business enterprise including a sole proprietorship, limited liability partnership, partnership, limited liability corporation or corporation that is (a.) at least 51% owned by one or more persons of color or women; (b.) an enterprise in which such ownership by persons of color or women is real, substantial and continuing; (c.) an enterprise in which such ownership interest by persons of color or women has and exercises the authority to control and operate, independently, the day-to-day business decisions of the enterprise; and (d.) an enterprise authorized to do business in this state which is independently owned and operated.

In addition, a business enterprise owned and controlled by persons of color or women shall be deemed to include any business enterprise certified as an MBE or WBE pursuant to Article 15-a of the New York State Executive Law and implementing regulations, 9 NYCRR subtitle N Part 540 et seq., or as a small disadvantaged business concern pursuant to the Small Business Act, 15 U.S.C. 631 et seq., and the relevant provisions of the Code of Federal Regulations as amended.

1. Are you a business enterprise which is owned and controlled by persons of color or women in accordance with the standards listed above?
   ________ No
   ________ Yes (as a business owned and controlled by persons of color)
   ________ Yes (as a business owned and controlled by women)

2. Are you certified with the State of New York as a minority business enterprise (“MBE”) or a women business enterprise (“WBE”)?
   ________ No
   ________ Yes (as a MBE)
   ________ Yes (as a WBE)
   If yes, official documentation of such certification must be attached hereto.
3. If you are a business owned and controlled by persons of color, please specify, the minority classifications which apply: _______________________________________

4. If you are certified with the State of New York as an MBE, please specify the minority classifications which apply: _______________________________________

5. Are you certified with the Federal Government as a small disadvantaged business concern?
   ________ No
   ________ Yes

Name of Firm/Business Enterprise: _______________________________________________
Address: ______________________________________________________________________
Name/Title of Person completing MBE/WBE Questionnaire: ___________________________
Signature: _____________________________________________________________________

Date: ___________   ___________________________________   Notary Public
SCHEDULE “C”

REQUIRED DISCLOSURE OF RELATIONSHIPS TO COUNTY
(Prior to execution of a contract by the County, a potential County contractor must complete, sign and return this form to the County)

Contract Name and/or ID No.:
(To be filled in by County)

Name of Contractor:
(To be filled in by Contractor)

A.) Related Employees:

1. Are any of the employees that you will use to carry out this contract with Westchester County also an officer or employee of the County, or the spouse, or the child or dependent of such County officer or employee?

   Yes _____   No _____

   If yes, please provide details:________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

B.) Related Owners:

1. If you are the owner of the Contractor, are you or your spouse, an officer or employee of the County?

   Yes _____   No _____

   If yes, please provide details:________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

To answer the following question, the following definition of the word “interest” shall be used:

   Interest means a direct or indirect pecuniary or material benefit accruing to a county officer or employee, his or her spouse, child or dependent, whether as the result of a contract with the county or otherwise. For the purpose of this chapter, a county officer or employee shall be deemed to have an "interest" in the contract of:

   i. His/her spouse, children and dependents, except a contract of employment with the county;
   ii. A firm, partnership or association of which such officer or employee is a member or employee;
   iii. A corporation of which such officer or employee is an officer, director or employee; and
iv. A corporation of which more than five (5) percent of the outstanding capital stock is owned by any of the aforesaid parties.

2. Do any officers or employees of the County have an interest in the Contractor or in any proposer that will be used for this contract?

   Yes _____  No _____

   If yes, please provide details:________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

   Authorized Company Official shall sign below and type or print information below the signature line:

   __________________________________________

   Name:

   Title:

   Date:
SCHEDULE “D”

CONTRACTOR
CRIMINAL BACKGROUND DISCLOSURE INSTRUCTIONS

Pursuant to Executive Order 1-2008 and subject to the applicable provisions of New York Correction Law §§ 752 and 753, the County shall have the right to bar the following “Persons Subject to Disclosure” (Persons shall mean individuals or legal entities) from providing work or services to the County or from being on County property:

(a) Consultants, Contractors, Licensees, Lessees of County owned real property, their principals, agents, employees, volunteers or any other person acting on behalf of said Contractor, Consultant, Licensee, or Lessee who is at least sixteen (16) years old, including but not limited to Subconsultants, Subcontractors, Sublessees or Sublicensees who are providing services to the County; and

(b) Any family member or other person, who is at least sixteen (16) years old, residing in the household of a County employee who lives in housing provided by the County located on County property.

If any of the above mentioned Persons Subject to Disclosure has either one of the following:

(a) A conviction of a crime (all felonies and misdemeanors as defined under the New York State Penal Law or the equivalent under Federal law or the laws of any other State);

(b) A pending criminal proceeding for a crime(s) as defined above; or

(c) A refusal to answer such questions.

Where the following criteria apply:

(a) If any of the Persons Subject to Disclosure providing work or services to the County in relation to a County Contract are not subject to constant monitoring by County staff while performing tasks and/or while such persons are present on County property pursuant to the County Contract; and

(b) If any of the Persons Subject to Disclosure providing work or services to the County, in relation to a County Contract may, in the course of providing those services, have
access to sensitive data (for example, Social Security Numbers and other personal/secure data); facilities (secure facilities and/or communication equipment); and/or vulnerable populations (for example, children, seniors and the infirm).

Accordingly, the Contractor is required to review these Instructions and complete Schedule “D-1” as well as any other applicable criminal disclosure forms (i.e., “Schedules D-2” through “D-5,” together with “D-1,” collectively referred to as “Disclosure Forms”).

However, the following Persons Subject to Disclosure are exempt from Executive Order 1-2008: (i) those persons for whom the County has already conducted a background check and issued a security clearance that is in full force and effect; or (ii) those persons for whom another state or federal agency having appropriate jurisdiction has conducted a security and/or background clearance or has implemented other protocols or criteria for this purpose that apply to the subject matter of this Contract that is in full force and effect.

If a Person Subject to Disclosure is exempt from the disclosure described in Executive Order 1-2008 because of either “i” or “ii” above, then the Contractor shall notify the Procuring Officer in the respective Department of its claim of exemption and it shall be the responsibility of the Procuring Officer to verify each exemption. If the Procuring Officer determines that the Contractor is exempt under sections “i” or “ii” above, the Procuring Officer shall confirm same with the Contractor and maintain a written record including all supporting details of the verification of and acknowledgement of said exemption.

If the Procuring Officer determines that the Contractor is not exempt under sections “i” or “ii” above, the Procuring Officer shall notify the Contractor in writing, and the appropriate Disclosure Forms shall be required.

It shall be the Contractor’s duty to disclose and to inquire of each and every Person Subject to Disclosure, whether they have been convicted of a crime or whether they are currently exempt.

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4 “Procuring Officer” shall mean the head of the department or the individual(s) authorized by the head(s) of the department(s) undertaking the procurement and with respect to those matters delegated to the Bureau of Purchase and Supply pursuant to Section 161.11(a) of the Laws of Westchester County, the Purchasing Agent.
subject to pending criminal charges. It shall be the duty of the Contractor to submit a completed Certification Form annexed hereto as Schedule “D-1,” which certifies that the Contractor and every Person Subject to Disclosure has been asked whether they have been convicted of a crime or are currently subject to pending criminal charges.

Should the Contractor or any Person Subject to Disclosure (also referred to as “Person”) affirmatively advise that they have been convicted of a crime said Person shall be identified in Schedule “D-2” and shall complete Schedule “D-3,” entitled, “Criminal Background Disclosure Form For Persons Who Have Been Convicted of A Crime.”

Should the Contractor or any Person Subject to Disclosure advise that they are subject to pending criminal charges, said Person shall be identified in Schedule “D-2” and shall complete the form annexed hereto as Schedule “D-4,” entitled, “Criminal Background Disclosure Form For Persons Who Are Subject to Pending Criminal Charges.”

Should the Contractor or any Person Subject to Disclosure refuse to answer whether they have been convicted of a crime or are currently subject to pending criminal charges, the name and title of said Person(s) shall be listed in Schedule “D-5.”

It shall be the duty of the Contractor to submit to the Procuring Officer all of the attached applicable Disclosure Forms prior to the commencement of this Contract. It is the responsibility of each Contractor to assure that all of their proposed Subcontractors complete the criminal background and disclosure certification forms and submit the forms to the Procuring Officer before they will be approved to perform work on the contract.

Under no circumstances shall the existence of a language barrier serve as a basis for the waiver of or an exception to this obligation. If the Contractor needs to obtain translation services to fulfill this obligation, it shall be at the sole cost and expense of the Contractor.

The Contractor shall be required to make the same inquiry and forward updated Disclosure Forms to the Procuring Officer regarding additional Persons Subject to Disclosure in
connection with this Contract during the term of this Contract. **NO NEW PERSON SUBJECT TO DISCLOSURE SHALL PERFORM WORK OR SERVICES OR ENTER ONTO COUNTY PREMISES UNTIL THE UPDATED DISCLOSURE FORMS ARE FILED WITH THE PROCURING OFFICER.**

**THE CONTRACTOR HAS A CONTINUING OBLIGATION TO MAINTAIN THE ACCURACY OF THE DISCLOSURE FORMS FOR THE DURATION OF THIS CONTRACT, INCLUDING ANY AMENDMENTS OR EXTENSIONS THERETO AND SHALL PROVIDE ANY UPDATES TO THE COUNTY AS NECESSARY TO COMPLY WITH THE DISCLOSURE REQUIRED BY EXECUTIVE ORDER 1-2008.**

Any failure by the Contractor to comply with the disclosure requirements of Executive Order 1–2008, absent proof of exemption deemed satisfactory by the County Procuring Officer, may be considered by the County a material breach by the Contractor and shall be grounds for immediate termination of this Agreement by the County.
Contract # ____________________
Name of Contractor/Subcontractor ____________________________

SCHEDULE “D-1”

CONTRACTOR AND ALL PERSONS SUBJECT TO DISCLOSURE\(^5\) CERTIFICATION FORM

IF THIS FORM IS COMPLETED BY A SUBCONTRACTOR CHECK HERE\(^6\) ________

I, ____________________________________________________________________,
(Name of Person Signing Below)

(CHECK APPLICABLE ANSWER BELOW)

_____ a principal of the Contractor & authorized to execute this Certification Form;
_____ a representative of the Contractor & authorized to execute this Certification Form;

(CHECK APPLICABLE RESPONSES FOR SECTIONS A AND B BELOW)

A. PRINCIPAL/REPRESENTATIVE/CONTRACTOR DISCLOSURE

I am a principal or a representative of the Contractor authorized to execute this Certification Form and based upon my own personal knowledge or having made all necessary efforts to obtain the facts my answers to the questions below are as follows:

1) Have you or the Contractor ever been convicted of a crime (all felonies and misdemeanors as defined under the New York State Penal Law or the equivalent under Federal law or the laws of any other State) including, but not limited to, conviction for commission of fraud, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property?

_____ Yes  _____ No

\(^5\) Persons Subject to Disclosure are identified and defined in Schedule “D,” pursuant to Executive Order 1-2008.
\(^6\) If this Certification Form is being completed by a Subcontractor, please consider all references to “Contractor” to mean “Subcontractor.”
2) Are you or the Contractor subject to any pending criminal charges (all felonies and misdemeanors as defined under the New York State Penal Law or the equivalent under Federal law or the laws of any other State)?

   _____Yes    _____No

B. PERSONS SUBJECT TO DISCLOSURE

I hereby certify that all of the Persons Subject to Disclosure, as previously defined under this Contract that will or are intended to provide services, work or intended to be on County property under this Contract have been asked the following questions and their responses are as follows:

1) Have you ever been convicted of a crime (all felonies and misdemeanors as defined under the New York State Penal Law or the equivalent under Federal law or the laws of any other State) including, but not limited to, conviction for commission of fraud, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property?

   _____Yes    _____No

2) Are you subject to any pending criminal charges (all felonies and misdemeanors as defined under the New York State Penal Law or the equivalent under Federal law or the laws of any other State)?

   _____Yes    _____No

If the answer is “yes,” to any of the questions in Sections “A,” or “B” above, please list the names and titles of all such Persons in Schedule “D-2.”
In addition, the Persons identified in Schedule “D-2” must complete Schedule “D-3” or “D-4.”
Schedule “D-3” must be completed by those Persons who have previously been convicted of a crime.

Schedule “D-4” is provided for those Persons who are subject to pending criminal charges.

If a Person refuses to answer any of the questions in Sections “A” or “B” above, the name and title of said Person shall be listed in Schedule “D-5.”

**CONTRACTOR CERTIFICATION**

I hereby certify that all of the information provided herein is true and accurate and that all additional required Disclosure Forms have been completed.

It is understood and agreed that to the extent that new Persons Subject to Disclosure are proposed to be added after execution of this Certification Form, the Contractor shall not utilize such persons or permit said individual onto County property until the updated Disclosure Forms are filed with the Procuring Officer.

No Person Subject to Disclosure shall perform work or services or enter onto County premises until the Disclosure Forms are filed with the Procuring Officer.

It is further understood and agreed that the Contractor has a continuing obligation to maintain the accuracy of the Disclosure Forms for the duration of this Contract, including any amendments or extensions thereto, and shall provide any updates to the information to the County as necessary to comply with the requirements of Executive Order 1-2008.

____________________________
Name: 
Title: 
Date: 

__________________________________                                  ___________________
Notary Public       Date
** ATTENTION **

IF YOU HAVE ANSWERED “NO” TO ALL OF THE QUESTIONS CONTAINED IN SCHEDULE “D-1,” PLEASE DISREGARD ALL OF THE FORMS LOCATED AFTER THIS PAGE.
Contract # ____________________

Name of Contractor/Subcontractor ________________________

**SCHEDULE “D-2”**

**NAMES AND TITLES OF PERSONS SUBJECT TO DISCLOSURE THAT ANSWERED “YES” TO ANY QUESTION IN SCHEDULE “D-1”**

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. ________________________________________________________________
6. ________________________________________________________________

Note: If more names and titles must be added, please attach a separate page entitled, “Schedule D-2 Continued.”

**CONTRACTOR CERTIFICATION**

I hereby certify that all of the information provided herein is true and accurate and that all additional required Disclosure Forms have been completed.

**No Person Subject to Disclosure shall perform work or services or enter onto County premises until the Disclosure Forms are filed with the Procuring Officer.**

It is understood and agreed that to the extent that new Persons Subject to Disclosure are proposed to be added after execution of this Certification Form, the Contractor shall not utilize such persons or permit said individual onto County property until the updated Disclosure Forms are filed with the Procuring Officer.

It is further understood and agreed that the Contractor has a continuing obligation to maintain the accuracy of the Disclosure Forms for the duration of this Contract, including any amendments or extensions thereto, and shall provide any updates to the information to the County as necessary to comply with the requirements of Executive Order 1-2008.

Name: __________________
Title: __________________
Date: __________________

Notary Public

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7 If this Certification Form is being completed by a Subcontractor, please consider all references to “Contractor” to mean “Subcontractor.”
CRIMINAL BACKGROUND DISCLOSURE FORM FOR PERSONS WHO HAVE BEEN CONVICTED OF A CRIME

The conviction of a crime will not automatically result in a denial of your right to work on a County contract, your right to be on County property or your license, but may, if the County determines that the prior conviction(s) create an unacceptable risk. However, if you fail to list any part of your conviction history, whether due, but not limited to any omission, intentional falsification or any failure to disclose for any reason, you may be prohibited from working or being on County property without any risk assessment. If it is later determined that you failed to disclose a criminal conviction for any reason, your right to work on a County contract, be on County property or your license may be terminated at any time.

I, ______________________________, am ______________________________
(Name of Person Signing Below) (Title Relevant to Contract)

1) Describe the reason for being on County property if applicable, identify the specific duties and responsibilities on this project which you intend to perform for the County, including but not limited to, access to sensitive data and facilities and access to vulnerable populations.

2) Please list all criminal convictions along with a brief description of the crime(s) (including all felonies and misdemeanors as defined under the New York State Penal Law or the equivalent under Federal law or the laws of any other State).

3) Please provide the date and place of each conviction.

4) Please provide your age at the time of each crime for which you were convicted.
5) Please provide the legal disposition of each case.

6) Please provide any information either produced by yourself or someone on your behalf in regards to your rehabilitation and good conduct.

I certify that this information is correct and complete. I understand that providing false or incomplete information or withholding by omission or intention pertinent information will be cause for refusing further consideration of my employment on this project.

No Person Subject to Disclosure shall perform work or services or enter onto County premises until the Disclosure Forms are filed with the Procuring Officer.

I understand that I have a continuing obligation to maintain the accuracy of this form for the duration of this Contract, including any amendments or extensions thereto, and shall provide any updates to the information to the County as necessary to comply with the requirements of Executive Order 1-2008.

By my signature below I hereby affirm that all of the facts, statements and answers contained herein and all attachments are true and correct.

Name: ____________________________
Title: ____________________________
Date: ____________________________

Notary Public ____________________________ Date ____________________________
SCHEDULE “D-4”

CRIMINAL BACKGROUND DISCLOSURE FORM FOR PERSONS WHO ARE SUBJECT TO PENDING CRIMINAL CHARGES

A pending criminal charge will not automatically result in a denial of your right to work on a County contract, your right to be on County property or your license, but may, if the County determines that the pending charge(s) create an unacceptable risk. However, if you fail to list any part of your conviction history, whether due, but not limited to any omission, intentional falsification or any failure to disclose for any reason, you may be prohibited from working or being on County property without any risk assessment. If it is later determined that you failed to disclose a criminal conviction for any reason, your right to work on a County contract, be on County property or your license may be terminated at any time.

I, ______________________________, am ______________________________
(Name of Person Signing Below) (Title Relevant to Contract)

1) Describe the reason for being on County property and if applicable, identify the specific duties and responsibilities on this project which you intend to perform for the County, including but not limited to, access to sensitive data and facilities and access to vulnerable populations.

2) Please identify all pending criminal charges (all felonies and misdemeanors as defined under the New York State Penal Law or the equivalent under Federal law or the laws of any other State).

3) Please briefly describe the nature of the pending charges and the date upon which it is alleged that a crime was committed.
I certify that this information is correct and complete. I understand that providing false or incomplete information or withholding by omission or intention pertinent information will be cause for refusing further consideration of my employment on this project.

**No Person Subject to Disclosure shall perform work or services or enter onto County premises until the Disclosure Forms are filed with the Procuring Officer.**

I understand that I have a continuing obligation to maintain the accuracy of this form for the duration of this Contract, including any amendments or extensions thereto, and shall provide any updates to the information to the County as necessary to comply with the requirements of Executive Order 1-2008.

By my signature below I hereby affirm that all of the facts, statements and answers contained herein and all attachments are true and correct.

____________________________
Name:
Title:
Date:

Notary Public __________________ Date
SCHEDULE “D-5”

PERSONS THAT REFUSED TO ANSWER

Please list the names and titles of each Person that refused to answer any of the questions in “Schedule D-1.”

1. _________________________________________________________________
2. _________________________________________________________________
3. _________________________________________________________________
4. _________________________________________________________________
5. _________________________________________________________________
6. _________________________________________________________________

CONTRACTOR CERTIFICATION

I hereby certify that all of the information provided herein is true and accurate.

No Person Subject to Disclosure shall perform work or services or enter onto County premises until the Disclosure Forms are filed with the Procuring Officer.

It is understood and agreed that to the extent that new Persons Subject to Disclosure are proposed to be added after execution of this Certification Form, the Contractor shall not utilize such persons or permit said individual onto County property until the updated Disclosure Forms are filed with the Procuring Officer.

It is further understood and agreed that the Contractor has a continuing obligation to maintain the accuracy of the Disclosure Forms for the duration of this Contract, including any amendments or extensions thereto, and shall provide any updates to the information to the County as necessary to comply with the requirements of Executive Order 1-2008.

__________________________________
Name:
Title:
Date:

Notary Public

8 If this Certification Form is being completed by a Subcontractor, please consider all references to “Contractor” to mean “Subcontractor.”