

**REQUEST FOR PROPOSALS**  
**FOR**  
**THE PROVISION OF**  
**A TIER II FAMILY SHELTER IN MOUNT VERNON**

**ISSUE DATE: March 24, 2017**  
**DUE DATE: April 28, 2017 no later than 11:00 a.m.**

Issued By:

Kevin M. McGuire  
Commissioner

Westchester County  
Department of Social Services  
112 East Post Road  
White Plains, New York 10601

## **I. PROPOSAL INFORMATION**

The County of Westchester (the “County”), acting by and through its Department of Social Services (the “Department” or “WCDSS”), is requesting proposals from qualified vendors to provide a Tier II Family Shelter facility in Mount Vernon, New York as well as manage and provide support services to homeless families residing at the facility.

Copies of this Request for Proposals (“RFP”) may be downloaded from the County’s website for RFP’s: <http://www.westchestergov.com/rfp> .

### **A.) PROCUREMENT SCHEDULE**

Issue Date:	March 24, 2017
Requests for Clarification Due:	April 7, 2017 at 11:00 a.m.
Written Responses to Requests for Clarification Posted:	by close of business April 13, 2017
Due Date:	April 28, 2017 no later than 11:00 a.m.

### **B.) REQUESTS FOR CLARIFICATION**

All requests for clarification must be submitted, as set forth below, no later than 11:00 a.m. on April 7, 2017. All requests for clarification must be written and emailed to Barbara Gist at [bag3@westchestergov.com](mailto:bag3@westchestergov.com)

Formal written responses will be distributed by the County by close of business on April 13, 2017 by being posted on the County website for RFPs: <http://www.westchestergov.com/rfp>

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

### **C.) PROPOSAL SUBMISSION**

Each proposer must submit one (1) original and five (5) copies of its proposal to:

Barbara Gist  
Westchester County Department of Social Services  
Office of Temporary Housing Assistance  
85 Court Street, 5<sup>th</sup> Floor  
White Plains, New York 10601

The proposal must be in a sealed envelope clearly marked: “Proposal – Tier II Family Shelter in Mt. Vernon”. Absolutely no email or facsimile copies will be accepted.

The original and all copies of each proposer's proposal must be received by the County by the stated due date. The County is not responsible for any internal or external delivery delays that may cause the proposer's proposal to arrive beyond the deadline. 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.

#### **D.) RFP AMENDMENTS OR ADDENDA**

Should the County find it necessary to amend this RFP and/or issue any addenda, such documents will be posted to the County's website for RFPs: <http://www.westchestergov.com/rfp>. Proposers shall have an affirmative obligation to periodically monitor the website for such amendments or addenda.

## **II. BACKGROUND, SCOPE OF WORK, ANTICIPATED TERM AND PROPOSAL CONTENT**

### **A.) BACKGROUND**

The County of Westchester provides emergency shelter for many families in need of immediate shelter. Currently over 130 families from the City of Mount Vernon require emergency shelter placement. There are two Family Shelters in the City of Mount Vernon operated by the County of Westchester. The purpose of this RFP is to secure a 46-bed Tier II family shelter (the "Facility").

### **B.) SCOPE OF WORK**

In addition to providing the Facility itself (i.e. the building), the successful proposer will provide all of the services necessary to operate in the Facility a Tier II Family Shelter in Mount Vernon (the "Services"), including, but not necessarily limited to, those described below.

As defined in 18 NYCRR Part 900 ("Part 900"), a Tier II Shelter provides shelter and services to ten (10) or more homeless families including, at a minimum, private rooms, access to three (3) nutritional meals a day, supervision, assessment services, permanent housing preparation services, recreational services, information and referral services, health services, and child-care services, in accordance with Part 900. Accordingly, the Services will include the provision of all of the services required under Part 900.

In providing the Services, the successful proposer must comply with all applicable provisions of Part 900, as well as any other applicable laws, rules, and regulations, including, but not necessarily limited to, 18 NYCRR 352.35 and 18 NYCRR Parts 430 and 491.

#### **Operational Plan**

New York State has given permission to WCDSS for the Facility to operate as a Tier II Family Shelter pending final approval of an operational plan for the Facility. The successful proposer

will be required to submit to the County, for its review, approval, and subsequent submission of the plan to New York State, an operational plan to operate the Facility that complies with all of the requirements of Part 900. The successful proposer will be required to submit to the County an initial draft of its operational plan within forty-five (45) days of the commencement of any contract resulting from this RFP and submit to the County a final draft of its operational plan within ninety (90) days of the commencement of any contract resulting from this RFP. The successful proposer will be required to work with the County to make any changes to the operational plan that may be found to be necessary or appropriate, in the sole discretion of the County. The successful proposer will also be required to work with the County to prepare a new operational plan when preparation of such a plan is required by applicable law, or when the County determines that it is necessary or appropriate for such a plan to be prepared. All work concerning the operational plan for the Facility that is performed by the successful proposer will be subject to the approval of WCDSS and/or the New York State Office of Children and Family Services (“NYS OCFS”).

### Referral, Admission and Intake

Families eligible for temporary housing assistance will be referred for placement at the Facility by the WCDSS Office of Temporary Housing Assistance. The successful proposer is expected to have established intake procedures for admission of such families. All family members must have a preliminary health examination by qualified medical personnel to ascertain the general health of the family and presence of communicable disease. The preliminary health examination should occur at intake, but in no case later than twenty-four (24) hours after admission to the Facility. Persons identified with a communicable disease must be isolated and quarantined at the Facility or, if necessary, referred to an appropriate medical facility.

Upon admission, the family must be provided with a copy of the Facility’s rules setting forth their rights and responsibilities while residing in the Facility. A written preliminary needs determination (intake assessment), as defined by WCDSS, and as further described in Part 900.10, of the family’s immediate needs must be completed within two (2) days of the family’s admission to the Facility. The preliminary needs assessment/intake assessment must be made available to WCDSS on or before the family’s eligibility certification appointment, at which the family’s ongoing eligibility and temporary assistance needs will be determined.

Additionally, within three (3) days of a family’s admission to the Facility, the successful proposer’s staff must assist the family with enrolling their children in school. In coordination with WCDSS, the successful proposer’s staff will facilitate the arrangement of school transportation, if necessary.

### Residential Services

As part of the Services, the selected proposer must provide residential services including, but not necessarily limited to, the following:

- Health services, including a preliminary health examination (as described above).

- Assessment services, identifying immediate and long-term needs.
- Informational and referral services to assist families to return to permanent housing.
- Recreational services.
- Child care services necessary for the parent or caregiver to keep or seek employment and housing, attend appointments, school, training, etc. Child care must be in compliance with all applicable New York State and local requirements concerning licensing and operations.
- Access to three (3) well balanced meals per day.
- Supervision at the Facility.
- Furnishings and equipment including toys, linens and toiletries.
- Housing services that include assistance in obtaining permanent housing, including assistance in locating adequate available housing; providing referrals to such housing; providing assistance in securing needed documents; providing assistance in the completion and filing of housing applications; scheduling of appointments for viewings and inspections of premises; providing in assistance in preparing for interviews; and providing assistance in competency skills concerning leases, landlord/tenant rights, etc.

PLEASE NOTE: WCDSS is emphasizing that a vendor utilize a Housing First approach in securing permanent, suitable and affordable housing for families. WCDSS will provide appropriate supports including, but not necessarily limited to, the guarantee and payment of broker's fees, security deposits, first month's rent, and furniture allowances, based on existing Temporary Assistance rules and regulations. The successful proposer for the Services may NOT act as the broker in these instances.

#### Casework Services Performed by WCDSS

WCDSS staff will be responsible for eligibility certification and casework services for families residing at the Facility, including referrals to treatment, employment/job search providers and secondary sources of income and assistance; the development of Employment Plans and Independent Living Plans ("ILPs"); and monitoring of compliance with the ILPs and temporary assistance requirements. WCDSS and the selected proposer will collaborate regarding the family's needs, income status and any other special considerations that must be addressed in order for the family to secure permanent housing.

#### Computer Software and Internet Access

The selected proposer will be required to use any computer software/application(s) that is (/are) provided or specified by the County, New York State Office of Temporary and Disability Assistance (NYS-OTDA), Westchester County Continuum of Care (CoC) and United States Department of Housing and Urban Development (HUD) in order to provide all or part of the services requested in this RFP. The County anticipates providing training to the selected proposer for the use of the software/application(s) provided by the County. The selected proposer is required to have Internet access to the extent it is necessary for use in conjunction with such software/application(s).

## Staffing

The successful proposer(s) will be required to provide sufficient staffing to provide the Services. Required staff include, but are not limited to, those needed to supervise, secure, monitor and maintain the facility; those needed to provide all services required under Part 900; and those clerical and administrative support staff needed to ensure that any and all billing (as described below), reports, plans and documentation required by WCDSS is completed and submitted in a timely fashion.

## Billing

The selected proposer(s) will be responsible for maintaining records and receipts for all program expenses and submit said records and receipts to WCDSS with their monthly billings. Such billings must be submitted within fifteen (15) days of the end of each month. These records and receipts will be reviewed in light of the billed amount by the WCDSS Office of Fiscal Operations in conjunction with the payment to the vendor. If charges are billed to WCDSS on the voucher form and sufficient documentation is not produced or submitted to verify the claim, the charge may, at WCDSS' discretion, not be allowed.

## Reporting

The goal is for all families who enter the Facility to quickly move to transitional or permanent housing and that none of the families return to the emergency shelter system. The selected proposer will be required to submit Performance Measurement Indicators ("PMI") reports, data and/or information including, but not necessarily limited to, statistical forms submitted in the format defined by WCDSS. Monthly performance outcomes to be reported include, and are not limited to, the following indicators:

- Average length of stay for all families
- Average length of stay for families who secured permanent housing
- Number of families with length of stay over six (6) months
- Number of families transferred to transitional housing
- Number of families who secured permanent housing
- Number of families exited out of facility to other
- Number of families returned to the facility within one (1) year

The PMI reports should accompany the monthly invoices (described above) and will be due within fifteen (15) days of the end of each month. The selected proposer will be responsible for the collection, validation and maintenance of data used to evaluate program performance. WCDSS will have the right, when PMI information is not submitted, to withhold payment until such time as the PMI information is received by WCDSS.

## Shelter Inspections

WCDSS arranges for the inspection of all WCDSS-contracted shelter facilities. These inspections follow the guidelines as more fully detailed in Chapter II (Regulations of the

Department of Social Services) of Title 18 of the New York Codes, Rules, and Regulations, including, without limitation, those in Part 900.14 (“18 NYCRR Ch. II”) and the Westchester County Sanitary Code, which is in Chapter 873 of the Laws of Westchester County (“Chapter 873”). All inspections will include, but are not limited to, a review of maintenance, vermin control, cleanliness, furnishings, security and safety, as well as a review of any applicable documents pertaining to compliance with any federal, state, or local laws, rules, regulations, codes or ordinances or any other items that assure that the residents are in a safe and comfortable environment and the operation of the Facility is in accordance with operational requirements imposed.

For an inspection conducted by the NYS-OTDA, pursuant to 18 NYCRR Ch. II or other applicable law, the selected proposer(s) must grant access to the Facility immediately for such inspection. For regular inspections conducted by WCDSS, the selected proposer(s) must grant access to the Facility for such inspection within seventy-two (72) hours of notification that an inspection is going to take place. For inspections conducted by WCDSS based on a complaint regarding health and safety, the selected proposer(s) must grant access to the Facility immediately for such inspection.

WCDSS will provide the selected vendor with a report regarding the findings of any inspection conducted by WCDSS.

### **C.) TERM**

The term of any ensuing agreement resulting from this RFP is anticipated to be one (1) year, commencing on or about July 1, 2017, with the County having the sole option to extend the term for up to five (5) additional one (1) year terms, at the rates indicated in the approved proposal.

### **D.) PROPOSAL CONTENT**

Each proposal must include the listed items below. Proposals that do not contain everything specified below and/or do not conform to the below-described guidelines for proposals will not be reviewed or considered. Please be sure to include all information requested.

- 1.) Proposer Certification (Section IV)
- 2.) Schedule D: Questionnaire Regarding Business Enterprises Owned and Controlled by Persons of Color or Women
- 3.) Schedule E: Disclosure of Relationships to County
- 4.) Schedule F: Criminal Background Disclosure
- 5.) The proposer’s responses to the questions outlined in Schedule “A”
- 6.) Price proposal, consisting of an individual Schedule “B” and Schedule “B-1” for **each year** of the anticipated term (i.e., year 1; year 2, which is the first option year; year 3, which is the second option year; year 4, which is the third option year; year 5, which is the fourth option year; and year 6, which is the fifth and final option year).

Please be advised that proposals must conform to the following guidelines:

- 1.) Proposals **MUST** be signed with **ORIGINAL SIGNATURES** on **ALL DOCUMENTS** that require signatures. The proposal must contain a cover letter, written on the proposer's letterhead, which states the date of submission of the proposal and states the following: **“This proposal constitutes a valid, binding and continuing offer at the prices set forth in this proposal for a period of one hundred and twenty (120) days from the date of submission of this proposal.”** The cover letter must be signed by a person authorized by the proposer to make a binding proposal. Proposals that lack the required statement or have an unsigned cover letter will be rejected.
- 2.) Proposals must be typed or printed in black ink. All corrections made by the proposer must be made prior to the due date for proposals, and must be initialed and dated by the proposer. No changes will be allowed after the due date for proposals.

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

### **III. LEGAL**

#### **A.) UNDERSTANDINGS**

**Please take notice**, by submission of a proposal in response to this RFP, the proposer agrees to and understands that:

- any proposal, attachments, additional information, etc. submitted pursuant to this RFP 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;
- 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 RFP, 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 requirements;
- To reject all proposals;
- To issue additional solicitations for proposals and/or amendments to this RFP;
- To waive any irregularities in proposals received;
- 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 one or more agreements, for all or only portions of the services solicited by this RFP, with one or more of the proposers, or to not to enter into an agreement for any of the services solicited by this RFP;
- To select the proposal from a responsible proposer that is most advantageous to the County and not necessarily on the basis of price or any other single factor or criterion;
- While this is an RFP 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.

## **B.) PROPOSAL EVALUATION**

In selecting a proposer with whom to commence contract negotiations, and in ultimately awarding a contract pursuant to this RFP, the County will choose the proposal from a responsible proposer that is most advantageous to the County, and otherwise in accordance with the County's Procurement Policy.

In order to determine what proposal is most advantageous, the County will evaluate all proposals on the basis of the criteria specified below, and weigh those criteria in the manner specified below. As indicated below, while the costs associated with the services will be one of the criteria, it is not the sole criterion.

1.) **(25 points out of 100)** — Demonstrated ability, qualifications, and experience in areas including, but not necessarily limited to, the following:

- Experience providing emergency shelter, shelter services, and/or transitional housing for the homeless or collaborating with other organizations to provide emergency

shelter, shelter services, and/or transitional housing for the homeless.

- Experience working with the WCDSS population to be served by the services being solicited by this RFP including such experience working with the County, working with New York City, and/or counties of similar size to Westchester.
- The ability, qualifications, and experience of the proposer's staff, including the availability from the proposer of bilingual and multilingual staff and culturally competent services.
- Experience with landlord/tenant advocacy, managing supportive housing programs, and developing effective working relationships with landlords and property managers.
- Experience coordinating with governments (including the County and WCDSS) and/or community-based service providers that might impact the clients to be served by the services being solicited by this RFP.

2.) **(38 points out of 100)** — Demonstrated understanding of, and ability to provide, the services being solicited by the RFP. This includes, but is not necessarily limited to, the proposer's demonstration of the following:

- Effective and sufficient operational capacity (e.g., adequate, streamlined staffing; knowledge and experience with community and service organizations to which clients might need to be referred, experience transitioning homeless families to permanent housing).
- The proposer's plan and approach for providing the services solicited by this RFP.
- The proposer's plan and approach for the provision of a safe and secure facility.
- The proposer's plan for implementing and maintaining the processes and systems to coordinate and report services and statistics to WCDSS and service partners as needed.
- The proposer's relationships with private, community-based organizations and the ability of the proposer to readily access the services of those providers when needed

3.) **(37 points out of 100)** — Price proposal. This includes, but is not necessarily limited to, consideration of the following:

- Reasonableness of expenses.
- Proposed expenses being consistent with what is needed to provide the services solicited by the RFP.
- Adequate detail of the budgeted expenses in the budget justification provided, including the use of other funding sources to be used.

## C.) 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.

Each proposer accepts and agrees that, if selected by the County, it will be asked to sign a contract containing the following, or language in substantially the following form:

1.) INSURANCE, INDEMNIFICATION, AND DEFENSE

“The Contractor agrees to procure and maintain insurance naming the County as additional insured, as provided and described in Schedule “C”, entitled "Standard Insurance Provisions", which is attached hereto and made a part hereof. In addition to, and not in limitation of the insurance provisions contained in Schedule “C”, the Contractor agrees:

(a) that except for the amount, if any, of damage contributed to, caused by, or resulting from the negligence of the County, the Contractor shall indemnify and hold harmless the County, its officers, employees, agents, and elected officials from and against any and all liability, damage, claims, demands, costs, judgments, fees, attorneys' fees or loss arising directly or indirectly out of the performance or failure to perform hereunder by the Contractor or third parties under the direction or control of the Contractor; and

(b) to provide defense for and defend, at its sole expense, any and all claims, demands or causes of action directly or indirectly arising out of this Agreement and to bear all other costs and expenses related thereto.”

*See: Schedule “C” to this RFP for the “Standard Insurance Provisions”.*

2.) NON-DISCRIMINATION

“The Contractor expressly agrees that neither it nor any contractor, subcontractor, employee, or any other person acting on its behalf shall discriminate against or intimidate any employee or other individual on the basis of race, creed, religion, color, gender, age, national origin, ethnicity, alienage or citizenship status, disability, marital status, sexual orientation, familial status, genetic predisposition or carrier status during the term of or in connection with this Agreement, as those terms may be defined in Chapter 700 of the Laws of Westchester County. The Contractor acknowledges and understands that the County maintains a zero tolerance policy prohibiting all forms of harassment or discrimination against its employees by co-workers, supervisors, vendors, contractors, or others.”

### 3.) COMPLIANCE WITH LAWS

“The Contractor shall comply, at its own expense, with the provisions of all applicable local, state and federal laws, rules and regulations, including, but not limited to, those applicable to the Contractor as an employer of labor. The Contractor shall further comply, at its own expense, with all applicable rules, regulations and licensing requirements pertaining to its professional status and that of its employees, partners, associates, subcontractors and others employed to render the Work hereunder.”

### 4.) RECORDS

“All records or recorded data of any kind compiled by the Contractor in completing the Work described in this Agreement, including but not limited to written reports, studies, drawings, blueprints, computer printouts, graphs, charts, plans, specifications and all other similar recorded data, shall become and remain the property of the County. The Contractor may retain copies of such records for its own use and shall not disclose any such information without the express written consent of the Chief Information Officer. The County shall have the right to reproduce and publish such records, if it so desires, at no additional cost to the County.

Notwithstanding the foregoing, all work performed by Contractor under this Agreement by the Contractor are to be considered “works made for hire.” If any of the work performed does not qualify as “works made for hire,” the Contractor hereby assigns to the County all right, title and interest (including ownership of copyright) in such work and such assignment allows the County to obtain in its name copyrights, registrations and similar protections which may be available. The Contractor agrees to assist the County, if required, in perfecting these rights. The Contractor shall provide the County with at least one copy of each deliverable.

The Contractor agrees to defend, indemnify and hold harmless the County for all damages, liabilities, losses and expenses arising out of any claim that a deliverable infringes upon an intellectual property right of a third party. If such a claim is made, or appears likely to be made, the Contractor agrees to enable the County’s continued use of the deliverable, or to modify or replace it. If the County determines that none of these alternatives is reasonably available, the deliverable may be returned.”

### 5.) FUNDING AND APPROPRIATIONS

“The Contractor recognizes and acknowledges that the obligations of the

County under this Agreement are subject to the County's receipt of funds (the "Funds") from the United States and New York State, and that no liability shall be incurred by the County beyond the Funds made available to the County for this Agreement. The Contractor agrees that the County shall not be liable for any of the payments hereunder unless and until the County Commissioner of Finance has received said Funds or the Funds have been made available to said commissioner. Without limiting the foregoing, in the event the County makes any payment(s) hereunder in advance of receiving all or part of the Funds, if the Funds for such payment(s) is not subsequently received by the Commissioner of Finance, the Contractor shall repay to the County such payment(s).

If, for any reason, the full amount of the Funds is not paid over or made available to the County, the County may terminate this Agreement immediately or reduce the amount payable to the Contractor, in the discretion of the County. The County shall give prompt notice of any such termination or reduction to the Contractor. If the County subsequently offers to pay a reduced amount to the Contractor, then the Contractor shall have the right to terminate this Agreement upon reasonable prior written notice.

The parties also recognize and acknowledge that the obligations of the County under this Agreement are subject to annual appropriations by its Board of Legislators pursuant to the Laws of Westchester County. Therefore, this Agreement shall be deemed executory only to the extent of the monies appropriated and available. The County shall have no liability under this Agreement beyond funds appropriated and available for payment pursuant to this Agreement. The parties understand and intend that the obligation of the County hereunder shall constitute a current expense of the County and shall not in any way be construed to be a debt of the County in contravention of any applicable constitutional or statutory limitations or requirements concerning the creation of indebtedness by the County, nor shall anything contained in this Agreement constitute a pledge of the general tax revenues, funds or moneys of the County. The County shall pay amounts due under this Agreement exclusively from legally available funds appropriated for this purpose. The County shall retain the right, upon the occurrence of the adoption of any County Budget by its Board of Legislators during the term of this Agreement or any amendments thereto, and for a reasonable period of time after such adoption(s), to conduct an analysis of the impacts of any such County Budget on County finances. After such analysis, the County shall retain the right to either terminate this Agreement or to renegotiate the amounts and rates set forth herein. If the County subsequently offers to pay a reduced amount to the Contractor, then the Contractor shall have the right to terminate this Agreement upon reasonable prior written notice.

This Agreement is also subject to further financial analysis of the impact of any New York State Budget (the “State Budget”) proposed and adopted during the term of this Agreement. The County shall retain the right, upon the occurrence of any release by the Governor of a proposed State Budget and/or the adoption of a State Budget or any amendments thereto, and for a reasonable period of time after such release(s) or adoption(s), to conduct an analysis of the impacts of any such State Budget on County finances. After such analysis, the County shall retain the right to either terminate this Agreement or to renegotiate the amounts and rates approved herein. If the County subsequently offers to pay a reduced amount to the Contractor, then the Contractor shall have the right to terminate this Agreement upon reasonable prior written notice.”

#### **D.) 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.

#### **E.) CONFLICT OF INTEREST**

The award of a contract is subject to provisions of all Federal, State and County laws. All proposers 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 proposers 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 proposer or any of its subsidiaries or affiliates.

#### **F.) CONTENTS OF PROPOSAL AND 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:

**“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."**

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.

#### **G.) MBE/WBE**

Pursuant to Section 308.01 of the Laws of Westchester County, 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, all proposers are required to complete the questionnaire attached to this RFP as Schedule "D".

#### **H.) REQUIRED DISCLOSURE OF RELATIONSHIPS TO COUNTY**

All proposers are required to submit with their proposal the Disclosure Form attached to this RFP as Schedule "E".

#### **I.) CRIMINAL BACKGROUND DISCLOSURE**

All proposers are required to submit the Criminal Background Disclosure form attached to this RFP as Schedule "F".

#### **J.) INDEPENDENT PRICE DETERMINATION**

By submission of a proposal, the proposer certifies, and in the case of a joint proposal each party

certifies as to its own organization, that in connection with this proposal:

1. The prices in the proposal have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any proposer; and
2. Unless otherwise required by law, the prices which have been quoted in the proposal have not been knowingly disclosed by the proposer and will not knowingly be disclosed by the proposer prior to award directly or indirectly to any other proposer; and
3. No attempt has been made or will be made by the proposer to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.

[NO FURTHER TEXT ON THIS PAGE]

**IV.) 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:  
Title:

*You Must Complete the Applicable Acknowledgement and Certificate of Authority Document(s), Which Are on the Pages Following This Page*

**ACKNOWLEDGMENT**

STATE OF NEW YORK        )  
  ) ss.:  
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





**CERTIFICATE OF AUTHORITY**  
**(CORPORATION)**

I, \_\_\_\_\_,  
(Officer other than officer signing document for the corporation)

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 document; that \_\_\_\_\_  
(Person signing the document for the corporation)

who signed said document on behalf of the \_\_\_\_\_  
(Name of Corporation)

was, at the time of signing \_\_\_\_\_  
(Title of such person)

of the Corporation and that said document 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 and 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

**CERTIFICATE OF AUTHORITY**  
**(LIMITED LIABILITY COMPANY)**

I, \_\_\_\_\_,  
(member or manager other than person signing the document for the LLC)

certify that I am a \_\_\_\_\_ of \_\_\_\_\_  
(member/manager) (Name of Limited Liability Company)

(the "LLC") duly organized under the Laws of the State of \_\_\_\_\_; that  
(Name of State)

\_\_\_\_\_ who signed said the document on behalf of the LLC  
(Person signing the document)

was, at the time of signing, a manager of the LLC; that said document 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.

\_\_\_\_\_  
Notary Public





## SCHEDULE "A"

The proposer must provide, on one or more separate sheets of paper, a response to each question listed below. Please be sure to thoroughly answer each question and provide all necessary information. However, your responses to all of these questions must not exceed ten (10) pages in total, excluding your response to question #5 (regarding job descriptions), which will not be counted as part of the 10-page total.

- 1.) Provide the following information: the proposer's name, address, telephone number, and Federal ID number, and the name, title, e-mail address, and telephone number of the proposer's contact person.
- 2.) Provide address of proposed facility; indicate ownership if applicable and age of facility. If leased, copy of current or proposed lease agreement should accompany proposal.
- 3.) Describe the proposer's experience providing emergency shelter and shelter services for the homeless or collaborating with other organizations to provide emergency shelter and shelter services for the homeless.
- 4.) Describe the proposer's ability, qualifications, and experience working with the population to be served by the services being solicited by this RFP. Please also be sure to specify such experience gained in working with the County, New York City, and/or counties of similar size to Westchester.
- 5.) Describe the ability, qualifications, and experience of the proposer's staff, including the availability from the proposer of bilingual and multilingual staff and culturally competent staff members.
- 6.) Provide a job description for each staff position that will be involved in providing services solicited by this RFP.
- 7.) Describe the proposer's experience working in landlord/tenant advocacy, managing supportive housing programs, and developing effective working relationships with landlords and property managers.
- 8.) Describe the proposer's experience coordinating with governments and/or community-based service providers that might impact the clients to be served by the services being solicited by this RFP. Please be sure to specify any such experience with WCDSS.
- 9.) Describe the proposer's effective operational capacity, including, not necessarily limited to, the following: staffing; knowledge and experience with community and service organizations to which clients might need to be referred; and demonstrable experience transitioning homeless families to permanent housing.
- 10.) Describe the plan and approach for providing the services solicited by this RFP.
- 11.) Describe the plan and approach for the provision of security.
- 12.) Describe the proposer's plan for implementing and maintaining the processes and systems to coordinate and report services and statistics to WCDSS and service partners as needed.
- 13.) Describe the proposer's relationships with private, community-based organizations and the ability of the proposer to access the services of those providers when needed.
- 14.) Describe how the costs described in your budget in Schedule "B" are consistent with what is needed to provide the services solicited by this RFP.
- 15.) Describe each and every source of funding that you anticipate using for, or otherwise in support of, the provision of the services solicited by this RFP.

**SCHEDULE "B"**

**PROPOSED BUDGET FORM**  
**Proposer's Name: \_\_\_\_\_**

**OPERATION OF A TIER II FAMILY SHELTER IN MOUNT VERNON**

**YEAR ONE (Initial Year): July 1, 2017- June 30, 2018**

**Personnel:**

**Salaries**

Name	Position	Yearly Salary	FTE	Amount
			.00%	\$
				\$
Fringe %	Fringe items included			\$
<b>Total Salaries &amp; Fringe</b>				\$

Note: Please note that salaries in the category above are those salaries exclusively dedicated to the program. Any other salaries that give support to the program are considered administrative & overhead. Refer to the Administrative & Overhead category for more information.

**OTPS (Other than Personnel Services):**

Telecommunications				\$
Rent				\$
Miscellaneous	This should be specified in order not to include expenses already stated above.			-
<b>Total OTPS</b>				\$

<b>Total Direct Costs</b>	Total of Salaries & Fringe and OTPS			\$
<b>Administrative &amp; Overhead</b>	Administrative & Overhead expenses pertain to costs that the agency considers necessary in order to give support to the program being funded. DSS needs evidence that those expenses are distributed proportionately among other programs. This will guarantee that all costs charged to DSS are really in support of the program.			\$

<b>A&amp;O as % of Total Direct Costs</b>				__%
			<b>Total Budget</b>	\$

**SCHEDULE "B"**

**PROPOSED BUDGET FORM**  
**Proposer's Name: \_\_\_\_\_**

**OPERATION OF A TIER II FAMILY SHELTER IN MOUNT VERNON**

**YEAR TWO (1<sup>st</sup> Option): July 1, 2018- June 30, 2019**

**Personnel:**

**Salaries**

Name	Position	Yearly Salary	FTE	Amount
			.00%	\$
				\$
Fringe %	Fringe items included			\$
<b>Total Salaries &amp; Fringe</b>				\$

Note: Please note that salaries in the category above are those salaries exclusively dedicated to the program. Any other salaries that give support to the program are considered administrative & overhead. Refer to the Administrative & Overhead category for more information.

**OTPS (Other than Personnel Services):**

Telecommunications				\$
Rent				\$
Miscellaneous	This should be specified in order not to include expenses already stated above.			-
<b>Total OTPS</b>				\$

<b>Total Direct Costs</b>	Total of Salaries & Fringe and OTPS			\$
<b>Administrative &amp; Overhead</b>	Administrative & Overhead expenses pertain to costs that the agency considers necessary in order to give support to the program being funded. DSS needs evidence that those expenses are distributed proportionately among other programs. This will guarantee that all costs charged to DSS are really in support of the program.			\$

<b>A&amp;O as % of Total Direct Costs</b>				__%
		<b>Total Budget</b>		\$

**SCHEDULE "B"**

**PROPOSED BUDGET FORM**  
**Proposer's Name: \_\_\_\_\_**

**OPERATION OF A TIER II FAMILY SHELTER IN MOUNT VERNON**

**YEAR THREE (2<sup>ND</sup> Option): July 1, 2019- June 30, 2020**

**Personnel:**

Salaries

Name	Position	Yearly Salary	FTE	Amount
------	----------	---------------	-----	--------

			.00%	\$
--	--	--	------	----

Fringe %

Fringe items included

\$

\$

**Total Salaries & Fringe**

\$

Note: Please note that salaries in the category above are those salaries exclusively dedicated to the program. Any other salaries that give support to the program are considered administrative & overhead. Refer to the Administrative & Overhead category for more information.

**OTPS (Other than Personnel Services):**

Telecommunications

\$

Rent

\$

Miscellaneous

This should be specified in order not to include expenses already stated above.

-

**Total OTPS**

\$

**Total Direct Costs**

Total of Salaries & Fringe and OTPS

\$

**Administrative & Overhead**

Administrative & Overhead expenses pertain to costs that the agency considers necessary in order to give support to the program being funded. DSS needs evidence that those expenses are distributed proportionately among other programs. This will guarantee that all costs charged to DSS are really in support of the program.

\$

**A&O as % of Total Direct  
Costs**

\_\_\_%

**Total Budget**

\$

**SCHEDULE "B"**

**PROPOSED BUDGET FORM**  
**Proposer's Name: \_\_\_\_\_**

**OPERATION OF A TIER II FAMILY SHELTER IN MOUNT VERNON**

**YEAR FOUR (3<sup>rd</sup> Option): July 1, 2020- June 30, 2021**

**Personnel:**

**Salaries**

Name	Position	Yearly Salary	FTE	Amount
------	----------	---------------	-----	--------

			.00%	\$
--	--	--	------	----

				\$
Fringe %	Fringe items included			\$

<b>Total Salaries &amp; Fringe</b>				<b>\$</b>
------------------------------------	--	--	--	-----------

Note: Please note that salaries in the category above are those salaries exclusively dedicated to the program. Any other salaries that give support to the program are considered administrative & overhead. Refer to the Administrative & Overhead category for more information.

**OTPS (Other than Personnel Services):**

Telecommunications				\$
--------------------	--	--	--	----

Rent				\$
------	--	--	--	----

Miscellaneous	This should be specified in order not to include expenses already stated above.			-
---------------	---	--	--	---

<b>Total OTPS</b>				<b>\$</b>
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<b>Total Direct Costs</b>	Total of Salaries & Fringe and OTPS			<b>\$</b>
---------------------------	-------------------------------------	--	--	-----------

<b>Administrative &amp; Overhead</b>	Administrative & Overhead expenses pertain to costs that the agency considers necessary in order to give support to the program being funded. DSS needs evidence that those expenses are distributed proportionately among other programs. This will guarantee that all costs charged to DSS are really in support of the program.			<b>\$</b>
--------------------------------------	--	--	--	-----------

<b>A&amp;O as % of Total Direct Costs</b>				<b>___%</b>
---	--	--	--	-------------

<b>Total Budget</b>				<b>\$</b>
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**SCHEDULE "B"**

**PROPOSED BUDGET FORM**  
**Proposer's Name: \_\_\_\_\_**

**OPERATION OF A TIER II FAMILY SHELTER IN MOUNT VERNON**

**YEAR FIVE (4<sup>th</sup> Option): July 1, 2021- June 30, 2022**

**Personnel:**

**Salaries**

Name	Position	Yearly Salary	FTE	Amount
			.00%	\$
				\$
Fringe %	Fringe items included			\$
<b>Total Salaries &amp; Fringe</b>				\$

Note: Please note that salaries in the category above are those salaries exclusively dedicated to the program. Any other salaries that give support to the program are considered administrative & overhead. Refer to the Administrative & Overhead category for more information.

**OTPS (Other than Personnel Services):**

Telecommunications				\$
Rent				\$
Miscellaneous	This should be specified in order not to include expenses already stated above.			-
<b>Total OTPS</b>				\$

<b>Total Direct Costs</b>	Total of Salaries & Fringe and OTPS			\$
<b>Administrative &amp; Overhead</b>	Administrative & Overhead expenses pertain to costs that the agency considers necessary in order to give support to the program being funded. DSS needs evidence that those expenses are distributed proportionately among other programs. This will guarantee that all costs charged to DSS are really in support of the program.			\$

**A&O as % of Total Direct Costs** \_\_\_\_\_%

**Total Budget** \$

**SCHEDULE "B"**

**PROPOSED BUDGET FORM**  
**Proposer's Name: \_\_\_\_\_**

**OPERATION OF A TIER II FAMILY SHELTER IN MOUNT VERNON**

**YEAR SIX (5<sup>th</sup> Option): July 1, 2022- June 30, 2023**

**Personnel:**

**Salaries**

Name	Position	Yearly Salary	FTE	Amount
			.00%	\$

Fringe %	Fringe items included			\$
				\$
<b>Total Salaries &amp; Fringe</b>				<b>\$</b>

Note: Please note that salaries in the category above are those salaries exclusively dedicated to the program. Any other salaries that give support to the program are considered administrative & overhead. Refer to the Administrative & Overhead category for more information.

**OTPS (Other than Personnel Services):**

Telecommunications				\$
Rent				\$

Miscellaneous	This should be specified in order not to include expenses already stated above.			-
<b>Total OTPS</b>				<b>\$</b>

<b>Total Direct Costs</b>	Total of Salaries & Fringe and OTPS			<b>\$</b>
---------------------------	-------------------------------------	--	--	-----------

<b>Administrative &amp; Overhead</b>	Administrative & Overhead expenses pertain to costs that the agency considers necessary in order to give support to the program being funded. DSS needs evidence that those expenses are distributed proportionately among other programs. This will guarantee that all costs charged to DSS are really in support of the program.			<b>\$</b>
--------------------------------------	--	--	--	-----------

<b>A&amp;O as % of Total Direct Costs</b>				__%
---	--	--	--	-----

<b>Total Budget</b>	<b>\$</b>
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**SCHEDULE "B-1"**  
**BUDGET JUSTIFICATION FORM**  
 Year One- Initial Year  
 (July 1, 2017 to June 30, 2018)

The purpose of this form is to provide the Department of Social Services with supplemental information to explain how the proposed budget was determined. Using the template charts below, please provide brief but detailed descriptions of expenses included in each budget category and explanations on how the expenses may relate to producing the anticipated results. The proposer may add rows to the charts, as necessary; however, please do not attach additional documents to this Schedule.

**Personnel Services**

For each staff member identified under Personnel Services, provide a brief description on how the person's FTE allocation was determined. Staff whose responsibilities are not directly related to the particular requested program, such as the CEO, CFO, human resources and fiscal personnel, should be accounted for in the OTPS Administrative & Overhead category.

Staff Name	FTE (%)	Explanation / Justification

**Other Than Personnel Services (OTPS)**

Using the format below, please break down the costs that comprise of the following categories.

1. **Telecommunications** – Include separate line for land lines, cell phones, internet service, and any related maintenance costs.

Item	Amount (\$)
<b>Total Telecommunications Cost</b>	

**Explanation/Justification:**

**Rent**

<b>Item</b>	<b>Amount (\$)</b>
<b>Total Rent Cost</b>	

**Explanation/Justification:**

2. **Miscellaneous** – This category captures any other major, direct expenses not accounted for in the previous categories. Miscellaneous expenses can include, but not limited to, contractual services, consulting services, maintenance, supplies, pest control, equipment rental and/or leasing. If Contractual Services entail sub-contractors, please provide a list of sub-contractors and copy of existing contract, if applicable.

<b>Item</b>	<b>Amount (\$)</b>
<b>Total Miscellaneous Cost</b>	

**Explanation/Justification:**

3. **Administrative & Overhead** – Indirect costs that may apply to several programs, areas, or functions of the agency and are not readily or easily assigned to a specific program. For example, the personnel costs of the CEO, CFO, human resources and fiscal employees would fit in this category. Other administrative & overhead costs should be included. Any cost that is budgeted completely or partially in an itemized direct costs category may not be part of the budgeted Administrative & Overhead costs.

<b>Item</b>	<b>Amount (\$)</b>
<b>Total Administrative &amp; Overhead Cost</b>	

**Explanation/Justification:**

**SCHEDULE "B-1"**  
**BUDGET JUSTIFICATION FORM**  
 Year Two- Option 1  
 (July 1, 2018 to June 30, 2019)

The purpose of this form is to provide the Department of Social Services with supplemental information to explain how the proposed budget was determined. Using the template charts below, please provide brief but detailed descriptions of expenses included in each budget category and explanations on how the expenses may relate to producing the anticipated results. The proposer may add rows to the charts, as necessary; however, please do not attach additional documents to this Schedule.

**Personnel Services**

For each staff member identified under Personnel Services, provide a brief description on how the person's FTE allocation was determined. Staff whose responsibilities are not directly related to the particular requested program, such as the CEO, CFO, human resources and fiscal personnel, should be accounted for in the OTPS Administrative & Overhead category.

Staff Name	FTE (%)	Explanation / Justification

**Other Than Personnel Services (OTPS)**

Using the format below, please break down the costs that comprise of the following categories.

4. **Telecommunications** – Include separate line for land lines, cell phones, internet service, and any related maintenance costs.

Item	Amount (\$)
<b>Total Telecommunications Cost</b>	

**Explanation/Justification:**

**Rent**

<b>Item</b>	<b>Amount (\$)</b>
<b>Total Rent Cost</b>	

**Explanation/Justification:**

- Miscellaneous** – This category captures any other major, direct expenses not accounted for in the previous categories. Miscellaneous expenses can include, but not limited to, contractual services, consulting services, maintenance, supplies, pest control, equipment rental and/or leasing. If Contractual Services entail sub-contractors, please provide a list of sub-contractors and copy of existing contract, if applicable.

<b>Item</b>	<b>Amount (\$)</b>
<b>Total Miscellaneous Cost</b>	

**Explanation/Justification:**

- Administrative & Overhead** – Indirect costs that may apply to several programs, areas, or functions of the agency and are not readily or easily assigned to a specific program. For example, the personnel costs of the CEO, CFO, human resources and fiscal employees would fit in this category. Other administrative & overhead costs should be included. Any cost that is budgeted completely or partially in an itemized direct costs category may not be part of the budgeted Administrative & Overhead costs.

<b>Item</b>	<b>Amount (\$)</b>
<b>Total Administrative &amp; Overhead Cost</b>	

**Explanation/Justification:**

**SCHEDULE ‘B-1’**  
**BUDGET JUSTIFICATION FORM**  
 Year Three- Option 2  
 (July 1, 2019 to June 30, 2020)

The purpose of this form is to provide the Department of Social Services with supplemental information to explain how the proposed budget was determined. Using the template charts below, please provide brief but detailed descriptions of expenses included in each budget category and explanations on how the expenses may relate to producing the anticipated results. The proposer may add rows to the charts, as necessary; however, please do not attach additional documents to this Schedule.

**Personnel Services**

For each staff member identified under Personnel Services, provide a brief description on how the person’s FTE allocation was determined. Staff whose responsibilities are not directly related to the particular requested program, such as the CEO, CFO, human resources and fiscal personnel, should be accounted for in the OTPS Administrative & Overhead category.

Staff Name	FTE (%)	Explanation / Justification

**Other Than Personnel Services (OTPS)**

Using the format below, please break down the costs that comprise of the following categories.

7. **Telecommunications** – Include separate line for land lines, cell phones, internet service, and any related maintenance costs.

Item	Amount (\$)
<b>Total Telecommunications Cost</b>	

**Explanation/Justification:**

**Rent**

<b>Item</b>	<b>Amount (\$)</b>
<b>Total Rent Cost</b>	

**Explanation/Justification:**

8. **Miscellaneous** – This category captures any other major, direct expenses not accounted for in the previous categories. Miscellaneous expenses can include, but not limited to, contractual services, consulting services, maintenance, supplies, pest control, equipment rental and/or leasing. If Contractual Services entail sub-contractors, please provide a list of sub-contractors and copy of existing contract, if applicable.

<b>Item</b>	<b>Amount (\$)</b>
<b>Total Miscellaneous Cost</b>	

**Explanation/Justification:**

9. **Administrative & Overhead** – Indirect costs that may apply to several programs, areas, or functions of the agency and are not readily or easily assigned to a specific program. For example, the personnel costs of the CEO, CFO, human resources and fiscal employees would fit in this category. Other administrative & overhead costs should be included. Any cost that is budgeted completely or partially in an itemized direct costs category may not be part of the budgeted Administrative & Overhead costs.

<b>Item</b>	<b>Amount (\$)</b>
<b>Total Administrative &amp; Overhead Cost</b>	

**Explanation/Justification:**

**SCHEDULE ‘B-1’**  
**BUDGET JUSTIFICATION FORM**  
 Year Four- Option 3  
 (July 1, 2020 to June 30, 2021)

The purpose of this form is to provide the Department of Social Services with supplemental information to explain how the proposed budget was determined. Using the template charts below, please provide brief but detailed descriptions of expenses included in each budget category and explanations on how the expenses may relate to producing the anticipated results. The proposer may add rows to the charts, as necessary; however, please do not attach additional documents to this Schedule.

**Personnel Services**

For each staff member identified under Personnel Services, provide a brief description on how the person’s FTE allocation was determined. Staff whose responsibilities are not directly related to the particular requested program, such as the CEO, CFO, human resources and fiscal personnel, should be accounted for in the OTPS Administrative & Overhead category.

Staff Name	FTE (%)	Explanation / Justification

**Other Than Personnel Services (OTPS)**

Using the format below, please break down the costs that comprise of the following categories.

10. **Telecommunications** – Include separate line for land lines, cell phones, internet service, and any related maintenance costs.

Item	Amount (\$)
<b>Total Telecommunications Cost</b>	

**Explanation/Justification:**

**Rent**

Item	Amount (\$)
<b>Total Rent Cost</b>	

**Explanation/Justification:**

11. **Miscellaneous** – This category captures any other major, direct expenses not accounted for in the previous categories. Miscellaneous expenses can include, but not limited to, contractual services, consulting services, maintenance, supplies, pest control, equipment rental and/or leasing. If Contractual Services entail sub-contractors, please provide a list of sub-contractors and copy of existing contract, if applicable.

Item	Amount (\$)
<b>Total Miscellaneous Cost</b>	

**Explanation/Justification:**

12. **Administrative & Overhead** – Indirect costs that may apply to several programs, areas, or functions of the agency and are not readily or easily assigned to a specific program. For example, the personnel costs of the CEO, CFO, human resources and fiscal employees would fit in this category. Other administrative & overhead costs should be included. Any cost that is budgeted completely or partially in an itemized direct costs category may not be part of the budgeted Administrative & Overhead costs.

Item	Amount (\$)
<b>Total Administrative &amp; Overhead Cost</b>	

**Explanation/Justification:**

**SCHEDULE ‘B-1’**  
**BUDGET JUSTIFICATION FORM**  
 Year Five- Option 4  
 (July 1, 2021 to June 30, 2022)

The purpose of this form is to provide the Department of Social Services with supplemental information to explain how the proposed budget was determined. Using the template charts below, please provide brief but detailed descriptions of expenses included in each budget category and explanations on how the expenses may relate to producing the anticipated results. The proposer may add rows to the charts, as necessary; however, please do not attach additional documents to this Schedule.

**Personnel Services**

For each staff member identified under Personnel Services, provide a brief description on how the person’s FTE allocation was determined. Staff whose responsibilities are not directly related to the particular requested program, such as the CEO, CFO, human resources and fiscal personnel, should be accounted for in the OTPS Administrative & Overhead category.

Staff Name	FTE (%)	Explanation / Justification

**Other Than Personnel Services (OTPS)**

Using the format below, please break down the costs that comprise of the following categories.

13. **Telecommunications** – Include separate line for land lines, cell phones, internet service, and any related maintenance costs.

Item	Amount (\$)
<b>Total Telecommunications Cost</b>	

**Explanation/Justification:**

**Rent**

<b>Item</b>	<b>Amount (\$)</b>
<b>Total Rent Cost</b>	

**Explanation/Justification:**

14. **Miscellaneous** – This category captures any other major, direct expenses not accounted for in the previous categories. Miscellaneous expenses can include, but not limited to, contractual services, consulting services, maintenance, supplies, pest control, equipment rental and/or leasing. If Contractual Services entail sub-contractors, please provide a list of sub-contractors and copy of existing contract, if applicable.

<b>Item</b>	<b>Amount (\$)</b>
<b>Total Miscellaneous Cost</b>	

**Explanation/Justification:**

15. **Administrative & Overhead** – Indirect costs that may apply to several programs, areas, or functions of the agency and are not readily or easily assigned to a specific program. For example, the personnel costs of the CEO, CFO, human resources and fiscal employees would fit in this category. Other administrative & overhead costs should be included. Any cost that is budgeted completely or partially in an itemized direct costs category may not be part of the budgeted Administrative & Overhead costs.

<b>Item</b>	<b>Amount (\$)</b>
<b>Total Administrative &amp; Overhead Cost</b>	

**Explanation/Justification:**

**SCHEDULE ‘B-1’**  
**BUDGET JUSTIFICATION FORM**  
 Year Six- Option 5  
 (July 1, 2022 to June 30, 2023)

The purpose of this form is to provide the Department of Social Services with supplemental information to explain how the proposed budget was determined. Using the template charts below, please provide brief but detailed descriptions of expenses included in each budget category and explanations on how the expenses may relate to producing the anticipated results. The proposer may add rows to the charts, as necessary; however, please do not attach additional documents to this Schedule.

**Personnel Services**

For each staff member identified under Personnel Services, provide a brief description on how the person’s FTE allocation was determined. Staff whose responsibilities are not directly related to the particular requested program, such as the CEO, CFO, human resources and fiscal personnel, should be accounted for in the OTPS Administrative & Overhead category.

Staff Name	FTE (%)	Explanation / Justification

**Other Than Personnel Services (OTPS)**

Using the format below, please break down the costs that comprise of the following categories.

- 16. **Telecommunications** – Include separate line for land lines, cell phones, internet service, and any related maintenance costs.

Item	Amount (\$)
<b>Total Telecommunications Cost</b>	

**Explanation/Justification:**

**Rent**

<b>Item</b>	<b>Amount (\$)</b>
<b>Total Rent Cost</b>	

**Explanation/Justification:**

17. **Miscellaneous** – This category captures any other major, direct expenses not accounted for in the previous categories. Miscellaneous expenses can include, but not limited to, contractual services, consulting services, maintenance, supplies, pest control, equipment rental and/or leasing. If Contractual Services entail sub-contractors, please provide a list of sub-contractors and copy of existing contract, if applicable.

<b>Item</b>	<b>Amount (\$)</b>
<b>Total Miscellaneous Cost</b>	

**Explanation/Justification:**

18. **Administrative & Overhead** – Indirect costs that may apply to several programs, areas, or functions of the agency and are not readily or easily assigned to a specific program. For example, the personnel costs of the CEO, CFO, human resources and fiscal employees would fit in this category. Other administrative & overhead costs should be included. Any cost that is budgeted completely or partially in an itemized direct costs category may not be part of the budgeted Administrative & Overhead costs.

<b>Item</b>	<b>Amount (\$)</b>
<b>Total Administrative &amp; Overhead Cost</b>	

**Explanation/Justification:**

## SCHEDULE "C"

### STANDARD INSURANCE PROVISIONS (Contractor)

1. Prior to commencing work, the Contractor shall obtain at its own cost and expense the required insurance from insurance companies licensed in the State of New York, carrying a Best's financial rating of A or better, and shall provide evidence of such insurance to the County of Westchester, as may be required and approved by the Director of Risk Management of the County. The policies or certificates thereof shall provide that thirty days prior to cancellation or material change in the policy, notices of same shall be given to the Director of Risk Management of the County of Westchester by registered mail, return receipt requested, for all of the following stated insurance policies. All notices shall name the Contractor and identify the Agreement.

If at any time any of the policies required herein shall be or become unsatisfactory to the County, as to form or substance, or if a company issuing any such policy shall be or become unsatisfactory to the County, the Contractor shall upon notice to that effect from the County, promptly obtain a new policy, submit the same to the Department of Risk Management of the County of Westchester for approval and submit a certificate thereof. Upon failure of the Contractor to furnish, deliver and maintain such insurance, the Agreement, at the election of the County, may be declared suspended, discontinued or terminated. Failure of the Contractor to take out, maintain, or the taking out or maintenance of any required insurance, shall not relieve the Contractor from any liability under the Agreement, nor shall the insurance requirements be construed to conflict with or otherwise limit the contractual obligations of the Contractor concerning indemnification. All property losses shall be made payable to and adjusted with the County.

In the event that claims, for which the County may be liable, in excess of the insured amounts provided herein are filed by reason of any operations under the Agreement, the amount of excess of such claims or any portion thereof, may be withheld from payment due or to become due the Contractor until such time as the Contractor shall furnish such additional security covering such claims in form satisfactory to the County of Westchester.

2. The Contractor shall provide proof of the following coverage (if additional coverage is required for a specific agreement, those requirements will be described in the "Special Conditions" of the contract specifications):

(a) Workers' Compensation. Certificate form C-105.2 (9/07) or State Fund Insurance Company form U-26.3 is required for proof of compliance with the New York State Workers' Compensation Law. State Workers' Compensation Board form DB-120.1 is required for proof of compliance with the New York State Disability Benefits Law. Location of operation shall be "All locations in Westchester County, New York."

Where an applicant claims to not be required to carry either a Workers' Compensation Policy or Disability Benefits Policy, or both, the employer must complete NYS form CE-200, available to download at: [www.wcb.state.ny.us](http://www.wcb.state.ny.us) (click on Employers/Businesses, then Business Permits/Licenses/Contracts to see instruction manual).

If the employer is self-insured for Worker's Compensation, he/she should present a certificate from the New York State Worker's Compensation Board evidencing that fact (Either SI-12, Certificate of Workers' Compensation Self-Insurance, or GSI-105.2, Certificate of Participation in Workers' Compensation Group Self-Insurance).

(b) Employer's Liability with minimum limit of \$100,000.

(c) Commercial General Liability Insurance with a minimum limit of liability per occurrence of \$1,000,000 for bodily injury and \$100,000 for property damage or a combined single limit of \$1,000,000 (c.s.1), naming the County of Westchester as an additional insured. This insurance shall include the following coverages:

- (i) Premises - Operations.
- (ii) Broad Form Contractual.
- (iii) Independent Contractor and Sub-Contractor.
- (iv) Products and Completed Operations.

All Contracts involving the use of explosives and demolition shall provide the above coverage with elimination of the XCU exclusion from the policy, or proof that XCU is covered.

(d) Automobile Liability Insurance with a minimum limit of liability per occurrence of \$1,000,000 for bodily injury and a minimum limit of \$100,000 per occurrence for property damage or a combined single limit of \$1,000,000 unless otherwise indicated in the contract specifications. This insurance shall include for bodily injury and property damage the following coverages:

- (i) Owned automobiles.
- (ii) Hired automobiles.
- (iii) Non-owned automobiles.

3. All policies of the Contractor shall be endorsed to contain the following clauses:

(a) Insurers shall have no right to recovery or subrogation against the County of Westchester (including its employees and other agents and agencies), it being the intention of the parties that the insurance policies so effected shall protect both parties and be primary coverage for any and all losses covered by the above-described insurance.

(b) The clause "other insurance provisions" in a policy in which the County of Westchester is named as an insured, shall not apply to the County of Westchester.

(c) The insurance companies issuing the policy or policies shall have no recourse against the County of Westchester (including its agents and agencies as aforesaid) for payment of any premiums or for assessments under any form of policy.

(d) Any and all deductibles in the above described insurance policies shall be assumed by and be for the account of, and at the sole risk of, the Contractor.

## SCHEDULE “D”

### QUESTIONNAIRE REGARDING BUSINESS ENTERPRISES OWNED AND CONTROLLED BY WOMEN OR PERSONS OF COLOR

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.

A “business enterprise owned and controlled by women or persons of color” means a business enterprise, including a sole proprietorship, limited liability partnership, partnership, limited liability corporation, or corporation, that either:

- 1.) meets the following requirements:
  - a. is at least 51% owned by one or more persons of color or women;
  - b. is an enterprise in which such ownership by persons of color or women is real, substantial and continuing;
  - c. is 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. is an enterprise authorized to do business in this state which is independently owned and operated.
  
- 2.) is a business enterprise certified as a minority business enterprise (“MBE”) or women business enterprise (“WBE”) pursuant to Article 15-a of the New York State Executive Law and the implementing regulations, 9 New York Code of Rules and Regulations subtitle N Part 540 et seq., **OR**
  
- 3.) is a business enterprise certified 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.

Please note that the term “persons of color,” as used in this form, 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 America; or
- (d) Asian or Pacific Islander persons having origins in any of the Far East countries, South East Asia, the Indian subcontinent or the Pacific Islands.

1. Are you a business enterprise owned and controlled by women or persons of color in accordance with the standards listed above?

\_\_\_\_\_ No

\_\_\_\_\_ Yes

**Please note: If you answered “yes” based upon certification by New York State and/or the Federal government, official documentation of the certification must be attached.**

2. If you answered “Yes” above, please check off below whether your business enterprise is owned and controlled by women, persons of color, or both.

\_\_\_\_\_ Women

\_\_\_\_\_ Persons of Color (*please check off below all that apply*)

\_\_\_\_\_ Black persons having origins in any of the Black African racial groups

\_\_\_\_\_ Hispanic persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of either Indian or Hispanic origin regardless of race

\_\_\_\_\_ Native American or Alaskan native persons having origins in any of the original peoples of North America

\_\_\_\_\_ 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

Name of Business Enterprise: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Name and Title of person completing questionnaire: \_\_\_\_\_

\_\_\_\_\_  
Signature: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

Contract #: \_\_\_\_\_  
Name of Contractor: \_\_\_\_\_

**SCHEDULE "E"**

**REQUIRED DISCLOSURE OF RELATIONSHIPS TO COUNTY**

*A potential County contractor must complete this form as part of the proposed County contract.*

1.) Are any of the employees that the Contractor will use to carry out this contract also a County officer or employee, or the spouse, child, or dependent of a County officer or employee?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details (attach extra pages, if necessary): \_\_\_\_\_  
\_\_\_\_\_

2.) Are any of the owners of the Contractor or their spouses a County officer or employee?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details (attach extra pages, if necessary): \_\_\_\_\_  
\_\_\_\_\_

3.) Do any County officers or employees have an **interest**<sup>1</sup> in the Contractor or in any approved subcontractor that will be used for this contract?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details (attach extra pages, if necessary): \_\_\_\_\_  
\_\_\_\_\_

By signing below, I hereby certify that I am authorized to complete this form for the Contractor.

\_\_\_\_\_  
Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>1</sup> "Interest" means a direct or indirect pecuniary or material benefit accruing to a County officer or employee, his/her spouse, child or dependent, whether as the result of a contract with the County or otherwise. For the purpose of this form, a County officer or employee shall be deemed to have an "interest" in the contract of:

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

**SCHEDULE "F"**  
**CRIMINAL BACKGROUND DISCLOSURE**  
**INSTRUCTIONS**

Pursuant to Executive Order 1-2008, the County is required to maintain a record of criminal background disclosure from all persons providing work or services in connection with any County contract, including leases of County-owned real property and licenses:

- a.) If any of the persons 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 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 SSNs and other personal/secure data); facilities (secure facilities and/or communication equipment); and/or vulnerable populations (for example, children, seniors, and the infirm).

In those situations, the persons who must provide a criminal background disclosure ("Persons Subject to Disclosure") include the following:

- 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, Sublessess, 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.

Under Executive Order 1-2008, it is the duty of every County Consultant, Contractor, Licensee, or Lessee to inquire of each and every Person Subject to Disclosure and disclose whether they have been convicted of a crime or whether they are subject to pending criminal charges, and to submit this form with that information.<sup>1</sup> Accordingly, you are required to complete the attached Criminal Background Disclosure Form and Certification.

Please note that under no circumstances shall the existence of a language barrier serve as a basis for the waiver of or an exception from the disclosure requirements of Executive Order 1-2008. If translation services are required by the Consultant, Contractor, Licensee, or Lessee to fulfill this obligation, it shall be at the sole cost and expense of the Consultant, Contractor, Licensee, or Lessee.

Please also note that the conviction of a crime(s) and/or being subject to a pending criminal

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<sup>1</sup> For these disclosures, a "crime" or "pending criminal charge" includes 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.

charge(s) will not automatically result in a denial of a person's right to work on a County contract, right to be on County property, or license, but may, if the County determines that the prior conviction(s) or pending criminal charge(s) create an unacceptable risk. However, if a person fails to list or falsifies any part of his/her conviction history or any pending criminal charge(s) for any reason, he/she may be prohibited from working or being on County property without any risk assessment. If it is later determined that a Person Subject to Disclosure failed to disclose a criminal conviction or pending criminal charge for any reason, his/her right to work on a County contract, be on County property, or license may be terminated at any time.

Please further note that, pursuant to Executive Order 1-2008, and subject to the applicable provisions of New York Correction Law §§ 752 and 753, the County has the right to bar a Person Subject to Disclosure from providing work or services to the County or from being on County property if any such person has:

- a.) A conviction of a crime(s);
- b.) A pending criminal proceeding for a crime(s); or
- c.) Refused to answer questions concerning his/her criminal background

Please finally note that any failure by a County Consultant, Contractor, Licensee, or Lessee to comply with the disclosure requirements of Executive Order 1-2008 may be considered by the County to be a material breach and shall be grounds for immediate termination by the County of the related County contract.

### **Exemptions**

Executive Order 1-2008 exempts from the aforementioned disclosure requirements Persons Subject to Disclosure:

- a.) for whom the County has already conducted a background check and issued a security clearance that is in full force and effect; and
- b.) 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 a County contract that is in full force and effect.

If you are claiming an exemption for one or more Persons Subject to Disclosure, you must notify the Procuring Officer<sup>2</sup>. The Procuring Officer will then determine whether the Person(s) Subject to Disclosure are actually exempt, and provide written notification of his/her determination. If the Procuring Officer determines that a Person Subject to Disclosure is not exempt, the Procuring Officer will notify you of that determination, and you will have to include disclosures for that person on your Criminal Background Disclosure Form and Certification.

### **Subconsultants, Subcontractors, Sublessees, or Sublicensees**

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<sup>2</sup> Procuring Officer" shall mean the head of the department or the individual or individuals 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.

Under Executive Order 1-2008, it is your duty to ensure that any and all approved subconsultants, subcontractors, sublessees, or sublicensees complete and submit the attached Criminal Background Disclosure Form and Certification for all of their respective Persons Subject to Disclosure. This must be done before such a subconsultant, subcontractor, sublessees, or sublicensees can be approved to perform work on a contract.

**New Persons Subject to Disclosure**

Under Executive Order 1-2008, you have a **CONTINUING OBLIGATION** to maintain the accuracy of the Criminal Background Disclosure Form and Certification (and any accompanying documentation) for the duration of this contract, including any amendments or extensions thereto. Accordingly, it is your duty to complete and submit an updated Criminal Background Disclosure Form and Certification whenever there is a new Person Subject to Disclosure for this contract. **NO NEW PERSON SUBJECT TO DISCLOSURE SHALL PERFORM WORK OR SERVICES OR ENTER ONTO COUNTY PREMISES UNTIL THE UPDATED CRIMINAL BACKGROUND DISCLOSURE FORM AND CERTIFICATION IS FILED WITH THE PROCURING OFFICER.** You shall also provide the County with any other updates that may be necessary to comply with the disclosures required by Executive Order 1-2008.

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*PLEASE CONTINUE TO THE*

*Criminal Background Disclosure Form and Certification*

*BEGINNING ON THE NEXT PAGE*

Contract #: \_\_\_\_\_  
Name of Consultant, Contractor, Lessee, or Licensee: \_\_\_\_\_

**CRIMINAL BACKGROUND DISCLOSURE**  
**FORM AND CERTIFICATION**

If this form is being completed by a subconsultant, subcontractor, sublessee, or sublicensee, please consider all references in this form to “consultant, contractor, lessee, or licensee” to mean “subconsultant, subcontractor, sublessee, or sublicensee” and check here: \_\_\_\_\_

I, \_\_\_\_\_, certify that I am a principal or a  
(Name of Person Signing Below)

representative of the Consultant, Contractor, Lessee, or Licensee and I am authorized to complete and execute this Criminal Background Disclosure Form and Certification. I certify that I have asked each Person Subject to Disclosure the following questions:

- **Have you or your company 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?**
  
- **Are you or your company 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)?**

I certify that the names and titles of Persons Subject to Disclosure who refused to answer **either** of the questions above are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

(If more space is needed, please attach separate pages labeled “REFUSED to Answer - Continued.”)

I certify that the names and titles of Persons Subject to Disclosure who answered “Yes” to **either of the** questions above are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

(If more space is needed, please attach separate pages labeled “YES Answers - Continued.”)

Each Person Subject to Disclosure listed above who has either **been convicted of a crime(s)** and/or **is subject to a pending criminal charge(s)** must answer additional questions. Those questions are below.

A Person Subject to Disclosure who has **been convicted of a crime(s)** must respond to the following (please attach separate pages with responses for each person, with their name and title):

- 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.

A Person Subject to Disclosure who **is subject to a pending criminal charge(s)** must respond to the following (please attach separate pages with responses for each person, with their name and title):

- 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 hereby certify that all of the information provided herein (and in any and all attachments) is true and accurate and that all disclosures required by Executive Order 1-2008 and this Criminal Background Disclosure Form and Certification have been completed. By my signature below, I hereby affirm that all of the facts, statements and answers contained herein (and in any and all attachments) are true and correct. 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 being utilized under this contract.

**It is understood and agreed that no Person Subject to Disclosure shall perform work or services or enter onto County property until this required Criminal Background Disclosure Form and Certification is filed with the Procuring Officer.**

**It is understood and agreed that to the extent that new Persons Subject to Disclosure are proposed to perform work or provide services under this contract after filing of this Criminal Background Disclosure Form and Certification with the Procuring Officer, such new Persons Subject to Disclosure shall not perform work or provide services or enter into County property until an updated Criminal Background Disclosure Form and Certification has been filed with the Procuring Officer.**

**It is further understood and agreed that the consultant, contractor, lessee, or licensee has a continuing obligation to maintain the accuracy of the Criminal Background Disclosure Form and Certification 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.**

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Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

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Notary Public

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Date