

**REQUEST FOR INFORMATION**  
**FROM VENDORS QUALIFIED TO PROVIDE**  
**DRUG AND ALCOHOL USE PREVENTION SERVICES**  
**IN PEEKSKILL, NEW YORK**

**ISSUE DATE: May 23, 2017**  
**DUE DATE: June 23, 2017 at 3:30 PM**

Issued By:

Mark Herceg, Ph.D  
Commissioner

Westchester County  
Department of Community Mental Health  
112 East Post Road  
White Plains, New York 10601

## **I. BASIC INFORMATION**

The County of Westchester's (the "County's") Department of Community Mental Health ("DCMH") is seeking information from vendors qualified to provide drug and alcohol use prevention services in Peekskill, New York. For the purposes of this document, "prevention services" is defined as a proactive, research based, data driven process utilizing effective strategies and programs to prevent and reduce drug and alcohol use in individuals, families and communities, as further explained below.

Copies of this document may be downloaded from the following County website:

<http://www.westchestergov.com/rfp>

### **A.) SCHEDULE**

Issue Date:	May 23, 2017
Requests for Clarification Due:	June 7, 2017 at 5:00 P.M.
Written Responses to Requests for Clarification Distributed:	on or before June 12, 2017
Due Date:	June 23, 2017 at 3:30 P.M.

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

All requests for clarification MUST be submitted, as set forth below, no later than 5:00 P.M. on June 7, 2017. All requests for clarification must be typed and emailed to: Dahlia Austin at [daa3@westchestergov.com](mailto:daa3@westchestergov.com). You must indicate "Clarification: Prevention Services RFI - Peekskill" in the subject line. Formal written responses will be distributed by the County on or before June 12, 2017 by being posted on the following County website: <http://www.westchestergov.com/rfp>.

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

### **C.) RESPONSE SUBMISSION**

Each responder must submit one (1) original and three (3) copies of its response to:

Dahlia Austin  
Westchester County Department of Community Mental Health  
112 East Post Road  
White Plains, New York 10601

The proposal must be in a sealed envelope clearly marked: "Information – Drug and Alcohol Use Prevention Services - Peekskill".

The original and all copies of each responder's response 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 responder's response to arrive beyond the deadline.

**D.) AMENDMENTS OR ADDENDA**

Should the County find it necessary to amend this "Request for Information" ("RFI") and/or issue any addenda, such documents will be posted to the following County website:

<http://www.westchestergov.com/rfp>

[NO FURTHER TEXT ON THIS PAGE]

## **II. BACKGROUND/SCOPE OF WORK, MINIMUM REQUIREMENTS, & REQUIRED RESPONSE CONTENT**

### **A.) BACKGROUND/SCOPE OF WORK**

The County's DCMH is seeking information from vendors qualified to provide drug and alcohol use prevention services, in accordance with the current (2014) New York State Office of Alcoholism and Substance Abuse Services ("OASAS") Prevention Guidelines (the "Prevention Guidelines", available at <https://www.oasas.ny.gov/prevention/documents/2014PreventionGuidelines.pdf>), for youth, ages 5 to 21, both individually and as part of their families, in Peekskill, New York (the "Target Population") in Westchester County (the "Program").

The Prevention Guidelines define and describe acceptable prevention services, strategies, and activities and provide minimum program performance standards in the areas of service delivery, personnel and fiscal policies, record keeping and data reporting.

The Program must be provided in a manner consistent with the Prevention Guidelines, including, but not limited to, meeting all staffing requirements as outlined in the Prevention Guidelines. Therefore, each responder must be familiar with the Prevention Guidelines, and ensure that its response is fully consistent with the terms of those guidelines.

The goals of the Program are to identify local risk and protective factors, and select evidence-based programs ("EBP") and strategies that are appropriate, culturally relevant and competent, and linguistically competent for addressing the local risk and protective factors for the above-specified populations. Respondents must specify in their response whether they would provide community-based prevention services, school-based prevention services, or both.

OASAS funded prevention services fall into two (2) categories: Primary Prevention and Other Prevention Services.

"Primary Prevention" is defined as a collaborative and community focused process to prevent or delay drug and alcohol use in individuals, families and communities. Primary Prevention may be "Universal" or "Selective". Universal Primary Prevention targets a general population without regard to levels of risk and protective factors. Selective Primary Prevention targets a sub-set of the population deemed at higher risk for drug use given their membership in a particular population group.

Primary Prevention activities currently include the following types of services, in accordance with the Prevention Guidelines:

- Prevention Education
- Positive Alternatives
- Community Capacity Building
- Environmental Strategies
- Information Awareness

Anything outside of “Primary Prevention” is considered “Other Prevention Services”. Other Prevention Services may be either “Selective” or “Indicated”. Selective Other Prevention Services target a sub-set of the population deemed at higher risk for drug use given their membership in a particular population group. Indicated Other Prevention Services target individuals under 21 years old who have begun to exhibit alcohol and drug use.

Other Prevention Services currently include the following types of services, in accordance with the Prevention Guidelines:

- Prevention Counseling (non EBP)
- EBP Prevention Counseling
- Early Intervention

In their response to Part II(C) in Schedule “A”, each respondent **must** include at least two (2) activities from Primary Prevention in their proposed array of services, one (1) of which must be an Information Awareness activity that complies with the OASAS Problem Gambling Information Awareness Policy.

All proposed EBP activities must be on the registry list of EBP for prevention that is issued by OASAS and available here:

<https://www.oasas.ny.gov/prevention/evidence/EBPSList.cfm>

Currently, OASAS requires, under its 2016/17 Workplan, that funded prevention services providers devote a minimum of sixty percent (60%) of their FTE time to the delivery of EBP services. This percentage requirement will increase incrementally over time. Please see the Prevention Guidelines for more information. They are available here:

<https://www.oasas.ny.gov/prevention/documents/2014PreventionGuidelines.pdf>

In addition to the Prevention Guidelines, you may find the following resource links useful in developing your agency’s response:

[https://www.oasas.ny.gov/prevention/documents/WITNYS-PrevPlanUGV1\\_3.pdf](https://www.oasas.ny.gov/prevention/documents/WITNYS-PrevPlanUGV1_3.pdf)

[https://www.oasas.ny.gov/prevention/documents/NYSYDS\\_2014\\_FINAL51116.pdf](https://www.oasas.ny.gov/prevention/documents/NYSYDS_2014_FINAL51116.pdf)

<https://www.oasas.ny.gov/prevention/documents/rpfactordictionary07.pdf>

<https://www.oasas.ny.gov/prevention/needs/needsassessment.cfm>

The County will review the responses it receives and then make a recommendation to OASAS as to which respondent should be funded to operate the Program. After that recommendation is made, OASAS may engage the County in further discussions regarding the recommended respondent, the Program, and/or this RFI. Once that it is concluded OASAS will, as described below, ultimately make its own determinations regarding the respondent that will operate the Program. The respondent chosen to operate the Program will be required to submit an annual workplan and monthly data reporting via the WITNYS Prevention Intervention Data System. The annually-submitted workplan will be subject to the annual approval of DCMH and OASAS. The respondent chosen will be subject to OASAS and DCMH monitoring visits and must operate in accordance with all applicable laws, regulations, rules, and any and all other applicable guidelines, whether from OASAS, DCMH, or any other entity with proper jurisdiction.

The Program is anticipated to be operated by a vendor for a term of five (5) years, commencing on or about October 1, 2017, after the receipt of all necessary legal approvals and any and all necessary certifications, including, without limitation, any and all certification required by OASAS.

**\* Please be advised: Annual deficit funding from OASAS of up to \$167,708 may subsequently be made available through the Local Assistance State Aid process.**

Accordingly, in completing the proposed budget, a responder may specify a certain amount of such funding from OASAS, and thereby request those funds. However, receipt of such funds is uncertain, and entirely dependent upon the availability of such funds from, and the discretion of, OASAS. In addition, the available amount of such funds from OASAS may vary from year to year during the five (5) year period during which the Program is to be operated. Please note that if a vendor ultimately receives funding from OASAS, that will obligate the vendor to provide a variety of fiscal data, including without limitation:

- Submission of Consolidated Budget and Fiscal Reports
- An analysis of budget vs. actual revenues and expenses
- Any other data required to assure compliance with applicable local, state, and/or federal laws, rules, or regulations.

## **B.) MINIMUM REQUIREMENTS**

Each responder must meet the following minimum requirements in order to submit a response:

- 1.) The responder must be, a.) a corporation organized and existing under the applicable not-for-profit corporation law or be a non-public school organized and existing as a not-for-profit education corporations authorized by the New York State Education Department that are in good standing (where applicable), and b.) have completed the applicable New York State prequalification process (see <https://grantsreform.ny.gov> for more details), and
- 2.) If the responder is a current provider that is certified by OASAS or receives OASAS funding, the responder must be “In Good Standing” with OASAS, which is defined as: completion of Program Performance Management Review (“PPMR”) with no unresolved Management Plan within prior two (2) years. Meeting this requirement is vital, as the PPMR addresses a provider’s compliance with the standards contained in the current OASAS Prevention Guidelines, credentialing requirements, fiscal viability, and timely submission of all required programmatic and fiscal reports.

## **C.) REQUIRED RESPONSE CONTENT**

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

- 1.) Certification (Section IV)
- 2.) Response, containing the items specified in Schedule "A", which is attached hereto.
- 3.) Schedule B: Questionnaire Regarding Business Enterprises Owned and Controlled by Persons of Color or Women
- 4.) Schedule C: Disclosure of Relationships to County
- 5.) Schedule D: Criminal Background Disclosure

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

- 1.) Responses **MUST** be signed with **ORIGINAL SIGNATURES** on **ALL DOCUMENTS** that require signatures. The response must contain a cover letter, written on the responder's letterhead, that states the date of submission of the response and states the following: "All of the information contained herein is accurate as of the date of this letter. If anything stated herein changes materially, the responder will immediately notify the County, in writing." The cover letter must be signed by a person authorized by the proposer to make a binding statement. Responses that lack the required statement or have an unsigned cover letter will be rejected.
- 2.) Responses must be typed or printed in black ink. All corrections made by the responder must be made prior to the due date for responses, and must be initialed and dated by the responder. No changes will be allowed after the due date for responses.

Responders may be required to give an oral presentation to the County, or provide additional written information, to clarify or elaborate on its original written response.

[NO FURTHER TEXT ON THIS PAGE]

### **III. LEGAL**

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

**Please take notice**, by submission of a response in response to this RFI, the responder agrees to and understands that:

- submission of a response, attachments, additional information, etc. shall not entitle the responder to enter into a service agreement with the County of Westchester;
- any and all negotiations or any communications received by a responder, 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.

In addition to the foregoing, by submitting a response, the responder 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 RFI, except to the extent restricted or modified by applicable law or by the directives of OASAS, for which the County is issuing this RFI:

- To not consider responses that do not conform in all material respects to the requirements of this RFI or meet the minimum requirements;
- To reject all responses;
- To issue additional solicitations for responses and/or amendments or addenda to this RFI;
- To waive any minor irregularities in responses received;
- To negotiate for amendments or other modifications to responses;
- To conduct investigations with respect to the qualifications of each responder;
- To exercise its discretion and apply its judgment with respect to any aspect of this RFI the evaluation of responses, and its recommendations to OASAS;
- To recommend to OASAS the response(s), from the responsible responder(s), found to be most advantageous and not necessarily the response(s) with the lowest price(s);
- The County assumes no responsibility or liability of any kind for costs incurred in the preparation or submission of any response;
- The County is not responsible for any internal or external delivery delays which may cause any response to arrive beyond the stated deadline. To be considered, responses MUST arrive at the place(s) specified herein and be time stamped prior to the deadline.

#### **B.) EVALUATION CRITERIA**

In selecting the response that the County will recommend to OASAS (as described above), the County will choose the response from a responsible responder that is deemed most advantageous.

In order to determine what response is most advantageous, the County will evaluate all responses on the basis of the criteria specified below, and weigh those criteria in the manner specified



below. As indicated below, while the budget will be one of the criteria, it is not the sole criterion.

- 1.) Weighted 25/100: Agency Overview (“Part I” of the response)
- 2.) Weighted 50/100: Program Narrative (“Part II” of the response)
- 3.) Weighted 25/100: Budget (“Part III” of the response)

### **C.) CONTRACT**

After the County makes a recommendation to OASAS, as described above, and OASAS makes its determinations regarding the provider as specified above, a formal written contract between the County of Westchester and the selected vendor may be required. Such a contract would be prepared by the County of Westchester and would 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 RESPONDER BY THE FACT THAT A RESPONSE HAS BEEN SELECTED BY THE COUNTY FOR RECOMMENDATION TO OASAS OR SUBMISSION TO THE BOARD OF ACQUISITION & CONTRACT FOR CONTRACT APPROVAL. OASAS AND SAID BOARD BOTH HAVE THE RIGHT TO REJECT ANY RECOMMENDATION AND THE APPROVAL OF OASAS AND SAID BOARD IS NECESSARY BEFORE A VALID AND BINDING CONTRACT MAY BE EXECUTED BY THE COUNTY.**

Each responder accepts and agrees that, if a contract is to be executed between it and the County, such a contract will contain 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 “E”, 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 “E”, 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 "E" to this RFI for the "Standard Insurance Provisions".*

## 2.) 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."

### **D.) NON-COLLUSION**

The responder, by signing its response, 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**

This RFI is subject to provisions of all Federal, State and County laws. All responders must disclose with their response the name of any officer, director or agent who is also an employee of the County of Westchester. Further, all responders 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 responder or any of its subsidiaries or affiliates.

### **F.) CONTENTS OF RESPONSE 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, responses submitted in response to this RFI may contain technical, financial background or other data, public disclosure of which could cause substantial injury to the responder's competitive position or constitute a trade secret. Responders who have a good faith belief that information submitted in their responses is protected from disclosure under the New York Freedom of Information Law shall:

a) Insert the following notice in the front of its response:

**"NOTICE**

**The data on pages \_\_\_\_ of this response 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 responder's competitive position.**

**The responder requests that such information be used only for the evaluation of the response and the County's making of a recommendation to OASAS, but understands that any disclosure will be limited to the extent that the County considers proper under the law. The County shall have the right to use or disclose such information in any agreement resulting from this RFI, unless otherwise obligated by law."**

and

b) clearly identify the pages of the response containing such information by typing in bold face on the top of each page " **\* THE RESPONDER 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 response which is accepted by the County, except portions "Protected from Disclosure", may become part of any agreement resulting from this RFI.

#### **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 responders are required to complete the questionnaire attached hereto as Schedule "B".

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

All responders are required to submit with their response the Disclosure Form attached to this RFI as Schedule "C".

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

All responders are required to submit the Criminal Background Disclosure form attached to this RFI as Schedule "D".

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

By submission of a response, the responder certifies that in connection with this response:

1. The prices in the response 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 responder; and
2. Unless otherwise required by law, the prices which have been quoted in the response have not been knowingly disclosed by the responder and will not knowingly be disclosed by the responder prior to award directly or indirectly to any other responder; and
3. No attempt has been made or will be made by the responder to induce any other person or firm to submit or not to submit a response for the purpose of restricting competition.

[NO FURTHER TEXT ON THIS PAGE]

**IV. CERTIFICATION**

The undersigned agrees and understands that this response is NOT A BID. Submission of this response shall not obligate or entitle the responder to enter into an agreement with the County of Westchester regarding any of the services described in this “Request for Information.” The undersigned agrees and understands that the County of Westchester is not obligated to respond to this response nor is it legally bound in any manner whatsoever by the submission of same. Further, the undersigned agrees and understands that any and all responses 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 responses including, but not limited to, responses which are conditional or incomplete. It is further understood and agreed that the County of Westchester reserves all rights specified in this “Request for Information.”

It is represented and warranted by those submitting this response that except as disclosed in this response, no officer or employee of the County of Westchester is directly or indirectly a party to or in any other manner interested in this response or any subsequent agreement that may be entered into regarding any of the services described in this “Request for Information.”

\_\_\_\_\_  
Responder Name

By: \_\_\_\_\_  
Name:  
Title:

***You Must Complete and Submit 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

**SOLE CORPORATE OFFICER ACKNOWLEDGMENT**

STATE OF \_\_\_\_\_ )  
 ) ss.:  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned,  
personally appeared \_\_\_\_\_,  
(Name of Sole Officer)

on the basis of satisfactory evidence to be the individual whose name is subscribed to the within  
instrument and acknowledged to me that he/she executed the same in his/her capacity as

President and sole officer and director of \_\_\_\_\_,  
(Name of Corporation)

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

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

**SOLE LLC MEMBER ACKNOWLEDGMENT**

STATE OF \_\_\_\_\_ )  
 ) ss.:  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned,  
personally appeared \_\_\_\_\_,  
(Name of Sole Member)

on the basis of satisfactory evidence to be the individual whose name is subscribed to the within  
instrument and acknowledged to me that he/she executed the same in his/her capacity as

Managing Member and sole member of \_\_\_\_\_,  
(Name of LLC)

the LLC described in and which executed the within instrument, and acknowledged that he/she  
owns the entire ownership interest in the LLC, and that by he/she signed the within instrument  
on behalf of said LLC.

\_\_\_\_\_  
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 execution \_\_\_\_\_  
(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 executing 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 Executing the document)

was, at the time of execution, 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

**CERTIFICATE OF AUTHORITY**  
**(PARTNERSHIP)**

I, \_\_\_\_\_,  
(Partner other than Partner signing the document for the partnership)

certify that I am a General Partner of \_\_\_\_\_,  
(Name of Partnership)

a partnership duly organized under \_\_\_\_\_,  
(Law under which partnership is organized)

and named in the foregoing document; that \_\_\_\_\_,  
(Partner Executing the document)

who signed said document on behalf of the Partnership was, at the time of execution, a General Partner of said Partnership; that said document was duly signed for and in behalf of said Partnership and as the act and deed of said proposer for the purposes therein mentioned.

\_\_\_\_\_  
(Signature)

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

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

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



## SCHEDULE “A”

Please provide all of the information requested, with each section of the responder’s response separated and labeled as indicated below (e.g., “Part I – A) Agency Overview”, “Part I – B) Implementation Time Line”, etc.).

As used below, the terms “agency” and “organization” mean the responder submitting its response.

### **PART I: Agency Overview**

#### **A) Agency Description**

The agency’s goal with this portion of the response is to provide an overview that clearly describes the agency and its experience in providing drug and alcohol use prevention services.

As part of this portion of the response, please provide the following information:

- 1.) Agency name and address of agency’s main corporate/administrative operations offices
- 2.) Name of agency’s CEO/President
- 3.) Name, address, telephone number, fax number, and email address of agency’s contact person for the response
- 4.) State the corporate form of the agency, year of incorporation and purpose.

In the remainder of this portion of the response, please respond to the following questions:

- 1.) Please describe your agency’s governance, infrastructure and policies, and describe how they allow your agency to operate successfully in New York State.
- 2.) Please describe your agency’s organizational capacity to develop, implement and supervise the Program. Please attach an organizational chart.
- 3.) Please describe your agency’s practices and procedures that ensure that your agency complies with all applicable federal, state, and local laws, regulations, rules, and guidelines, including, without limitation, those regarding and/or issued by the Justice Center for the Protection of People with Special Needs; Title 14, Part 805, of the New York Codes, Rules, and Regulations; and the OASAS Administrative and Fiscal Guidelines, which are available at:  
<https://www.oasas.ny.gov/regs/documents/AFGuidelines.pdf>
- 4.) Please describe your agency’s ability to work and plan closely with the Local Governmental Unit, local agencies, and stakeholders in building effective and responsive drug and alcohol use prevention services.
- 5.) Please describe your agency’s experience in the delivery of EBP drug and alcohol use prevention services. Please specifically describe the EBP that your agency has implemented and your agency’s ability to provide other EBP as needed. In your agency’s response, please be sure to provide examples that you believe demonstrate excellence and leadership in providing these services.
- 6.) Please describe your agency’s knowledge of, and experience working with. the OASAS Risk and Prevention Factor Model.
- 7.) Please describe your agency’s knowledge of, and experience working with, the age(s)

- within the Target Population that your agency is proposing to serve.
- 8.) Please describe your agency's ability to work effectively with community partners and stakeholders. Please attach letters of support from those community partners and stakeholders that your agency believes are integral to the success of the Program (e.g., school district, community center, etc.).

### **B) Implementation Time Line**

As an attachment (using the "Implementation Time Line Form" that is included in this RFI and labeled as "**Attachment H**"), please identify the key actions or tasks that are necessary for the agency to complete pre-operational/start-up activities and begin Program operation and the timeline for the completion of those actions or tasks.

## **PART II: Program Narrative**

The agency's goal with this portion of the response is to provide a detailed description of what the agency would provide for the Program and how it would provide it.

### **A) Description of Service**

The agency must provide an overall description of how it intends to provide the Program. The agency must specifically include the following:

- Identify the general service type it is proposing as part of providing the Program, including a brief description and the rationale(s) for such service(s) to be provided. The agency must use objective data, specific statistics, key informant interviews, focus groups, etc. to provide the rationale(s) for each of the different services it is proposing to provide as part of the Program's scope of work.
- List and briefly describe each service (activity/initiative) within the proposed scope of work for the Program that falls within each service type (i.e., Primary Prevention/Universal, Primary Prevention/Selective, Other Prevention Services/Selective, Other Prevention Services/Indicated). Include the portion of the Target Population being targeted for each service (activity/initiative) and the expected outcome(s) and how the outcome(s) will be measured.
- Explanation of how you will implement and use '30 day use' and 'related risk factors' as data sources to be used to determine service delivery methods, and identification of the other data and data sources to be used to determine service delivery methods.
- An explanation of why and how the age(s) within the Target Population was/were chosen.
- An explanation, utilizing needs assessment data (e.g., population surveys, archival indicators, focus groups and key informant interviews) regarding the Target Population, of why various prevention interventions and strategies were chosen to address associated risk factor.
- An explanation of how the proposed service model addresses the risk and protective factors identified.
- A description the age(s) within the Target Population that your agency is proposing to serve.

- A description of the agency’s experience and expertise in providing the proposed service model and/or similar types of services/service models.
- A description of how the proposed service model ensures the provision of culturally and linguistically competent care.
- A specification of the service location(s) and the physical setting of each location.

Please note that the matters of staffing and service delivery must be described further in separate “PART II” sections, as explained below. However, please be sure to include such staffing and service delivery information in your agency’s response to this “PART II” section as you believe is necessary and appropriate to provide all of the requested information.

## **B.) Staffing**

The agency must provide information about the staffing for the Program. The agency must specifically include the following:

- A description of the staffing plan for the Program. Please be sure to correlate this staffing plan to your agency's proposed budget you submit in response to "PART III" ..
- A job description for each staff position (as described in your agency's staffing plan and identified in your agency's proposed budget).
- A description of the qualifications and experience for each person filling each staff position identified.
- An explanation of how the hiring of new staff will comply with all applicable laws, regulations, and rules, including, without limitation, those from and concerning the Justice Center for the Protection of People with Special Needs and those in 14 NYCRR Part 805.
- An explanation of how the proposed staffing meets the Prevention Guidelines or will meet them within one (1) year of Program implementation.
- Demonstrate, by completing the Full Time Equivalent (FTE) calculator for all staff, that the FTE allocation meets the current requirement in the Prevention Guidelines that a minimum of sixty percent (60%) of work time be devoted to the delivery of EBP services.
- Specification of a plan for the required staff members (as specified in the Prevention Guidelines) to enroll in and complete the "Substance Abuse Prevention Skills Training: Building our Behavioral Health Workforce" program.
- A description of the training needs of staff, including training needs with regard to the implementation of the agency's chosen EBP and the plan for accessing trainings.
- A description of how the agency's staff will be supervised.

## **C). Service Delivery Information**

The agency must specify and describe all Universal Primary Prevention services, Selective Primary Prevention services, Selective Other Prevention Services, and Indicated Other Prevention Services.

For each Primary Prevention service, your agency must indicate whether the intervention is "Universal" or "Selective" and address the following items in its response:

- If your agency is proposing to provide Prevention Education:
  - For each Prevention Education EBP activity or non-EBP activity proposed to be provided, describe the activity in detail, including the age(s) within the Target Population that are proposed to be served, service activities and components, and length and number of sessions.
  - Explain why the age(s) within the Target Population are proposed to be served and explain why the EBP activity or non-EBP activity was chosen and identify which risk and protective factor it's slated to target.

- Detail the expected performance outcome, or the population change and method for measuring and tracking the change. Please be sure to include an explanation of how unforeseen outcomes will be addressed and corrective action will be taken.
  - Where applicable, explain how each aspect of the activity will be implemented with fidelity and how fidelity will be maintained.
  - Where applicable, explain how staff will be trained in EBP activities.
  - Location of service delivery (e.g., community-based or school-based setting, such as a class room, community or youth center, etc.).
- If your agency is proposing to provide Positive Alternatives:
    - For each Positive Alternative activity, identify the proposed activity and why the particular activity was chosen.
    - Explain how these activities support or complement your agency's overall prevention strategy and services.
- If your agency is proposing to provide Community Capacity Building:
    - For each Community Capacity Building activity, identify the proposed activity and why the particular activity was chosen.
    - Explain how these activities support or complement your agency's overall prevention strategy and services.
    - Where applicable, identify drug and alcohol use prevention coalition involvement and plans to reach out to the Prevention Resource Center (PRC), which is a technical assistance agency funded by OASAS.
- If your agency is proposing to provide Environmental Prevention Strategies:
    - For each Environmental Prevention Strategy selected identify the proposed strategy and explain why that particular strategy was chosen.
    - Identify which risk and protective factor each strategy is intended to target and how the needs assessment data supports the selection of that strategy.
    - Detail the expected performance outcome, or the population change and method for measuring and tracking the change. Please be sure to include an explanation of how unforeseen outcomes will be addressed and corrective action will be taken.
    - Where applicable, explain how staff will be trained in Environmental Prevention Strategies.
    - Discuss the role of each community partner and stakeholder that your agency believes is integral to the success of the Program (e.g., school district, community center, etc.), and provide a letter of support from each such community partner and stakeholder.
    - Explain how the proposed strategy meets the Environmental Prevention Strategy Standards noted in the Prevention Guidelines.
- If your agency is proposing to provide Information Awareness:
    - For each Information Awareness activity, identify the proposed activity and why the particular activity was chosen.



- Explain how these activities support or complement your overall prevention strategy and services.
- Explain how the Problem Gambling Information Awareness Policy will be met and how staff will be trained.

For each Other Prevention Service, your agency must indicate whether the intervention is “Selective” or “Indicated”, and address the following items in its response:

- If your agency is proposing to provide Prevention Counseling:
  - For each prevention counseling EBP or non-EBP, describe the program in detail, including the service activities and components, and length and number of sessions.
  - Explain why that particular EBP or non-EBP was chosen and how the needs assessment data support the selection of that program.
  - Detail the expected performance outcome, or population change and method for measuring and tracking change. Please be sure to include an explanation of how unforeseen outcomes will be addressed and corrective action will be taken.
  - Where applicable, explain how the each aspect of the program will be implemented with fidelity and how fidelity will be maintained.
  - Location of service delivery (e.g., community-based or school based setting, such as a class room, community or youth center, etc.).
  - Indicate whether you are currently certified by OASAS to provide prevention counseling services or not, and if not, specify your plan to obtain certification.
  
- If your agency is proposing to provide Early Intervention:
  - Identify and describe the Early Intervention program chosen.
  - Explain why that that particular Early Intervention program was chosen how the needs assessment data support the selection of that program.
  - Detail the expected performance outcome or population change and method for measuring and tracking change. Please be sure to include an explanation of how unforeseen outcomes will be addressed and corrective action will be taken.
  - Explain how the each aspect of the program will be implemented with fidelity and how fidelity will be maintained.
  - Where applicable, explain how staff will be trained in Early Intervention.

### **PART III: Budget**

Each agency must submit an annual, detailed, line-item operating budget for the first year of Program operation.

**Please note:** If your agency decides to include the provision of **both** Primary Prevention services and Other Prevention Services in your response, your proposed budget must actually be composed of two (2) separate budgets: 1.) an annual, detailed, line-item budget for the first year for only Primary Prevention services, and 2.) an annual, detailed, line-item budget for the first year for only Other Prevention Services.

**Please be advised:**

- 1.) Your proposed budget must be prepared in compliance with all applicable OASAS programmatic and fiscal guidelines.
- 2.) For each subsequent year that the chosen vendor operates the Program, the vendor will be required to prepare and submit a proposed annual operating budget, including (if applicable) the agency's need for deficit funding from OASAS, which will be subject to the review and approval of OASAS.

In addition to the proposed budget, each agency must also submit a detailed narrative budget justification, which must include the number of unique individuals to be served annually and the explain the number of direct care FTEs needed to provide the Program. If the agency is eligible for deficit funding from OASAS as a not-for-profit vendor, the agency's need for such deficit funding from OASAS must also be included in the detailed narrative budget justification. (Please see Section II(A) of this RFI for further information about the availability of such deficit funding from OASAS.)

[NO FURTHER TEXT ON THIS PAGE]

**Attachment “H”**

**Implementation Time Line Form**

Please complete the table below, identifying the key actions or tasks that are necessary for the agency to begin operating the site. For “Completion Month”, please specify the month number (i.e., “Month 1”, “Month 2”, etc.) in which the action or task is anticipated to be completed starting from official notification that the agency will be operating the site. Please be as specific as possible to demonstrate the agency’s understanding of the steps involved in operating the site. Please add additional rows if necessary.

<b>Key Action/Task</b>	<b>Completion Month</b>

**SCHEDULE “B”**

**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 "C"**  
**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 “D”**

### **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.

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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.



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

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.**

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

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

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

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

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

\_\_\_\_\_  
Date

**SCHEDULE "E"**  
**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 Contractor's negligent acts or omissions under the Agreement or by virtue of the provisions of the labor law or other statute or any other reason, 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 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: <http://www.wcb.ny.gov/>

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.

(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:

(e) Contractor's Professional Liability. The Contractor shall provide proof of such insurance. (Limits of \$1,000,000 per occurrence/\$3,000,000 aggregate).

- (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.

[NO FURTHER TEXT ON THIS PAGE]