REQUEST FOR PROPOSALS

FOR

ASSERTIVE COMMUNITY TREATMENT (ACT) PROGRAM

ISSUE DATE: July 10, 2017
DUE DATE: August 11, 2017

Issued By:

Mark S. Herceg, Ph.D.
Commissioner
Westchester County
Department of Community Mental Health
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 Community Mental Health (“CMH” or “DCMH”), is requesting proposals from vendors to administer an Assertive Community Treatment (ACT) program for individuals who meet the following eligibility criteria:

1. Recipients who have a serious and persistent mental illness listed in the diagnostic nomenclature that seriously impairs their functioning in the community. Priority is given to people with schizophrenia, other psychotic disorders (i.e. schizoaffective disorder), bipolar disorder and/or major or chronic depression, because these illnesses more often cause long-term psychiatric disability. Priority is also given to individuals with continuous high service needs that are not being met in more traditional service settings. Individuals with a primary diagnosis of a personality disorder(s), substance abuse disorder or mental retardation are not appropriate for ACT.
   a. Recipients with serious functional impairments demonstrate at least one of the following conditions:
      - Inability to consistently perform practical daily living tasks required for basic adult functioning in the community without significant support or assistance from others such as friends, family or relatives.
      - Inability to be consistently employed at a self-sustaining level or inability to consistently carry out the homemaker role.
      - Inability to maintain a safe living situation (e.g. repeated evictions or loss of housing).

2. Recipients with continuous high service needs demonstrate one or more of the following conditions:
   - Inability to participate or succeed in traditional, office-based services or case management.
   - High use of acute psychiatric hospitals (two hospitalizations within one year, or one hospitalization of 60 days or more within one year).
   - High use of emergency or crisis services.
   - Persistent severe major symptoms (e.g. affective, psychotic, suicidal or significant impulse control issues).
   - Co-existing substance abuse disorder (duration greater than six months).
   - Current high risk or recent history of criminal justice involvement.
   - Court ordered pursuant to MHL 9.60 to participate in Assisted Outpatient Treatment.
   - Inability to meet basic survival needs or homeless or at imminent risk of becoming homeless.

Copies of this Request for Proposals (“RFP”) may be downloaded from the County’s website for RFPs: http://www.westchestergov.com/rfp under “Assertive Community Treatment Program”.
A.) PROCUREMENT SCHEDULE

Issue Date: July 10, 2017
Informational Session: July 18, 2017 1:00-2:30pm (DCMH)
Requests for Clarification Due: July 31, 2017
Written Responses to Requests for Clarification Posted: August 3, 2017
Due Date: August 11, 2017

B.) REQUESTS FOR CLARIFICATION

All requests for clarification must be submitted, as set forth below, no later than July 31, 2017. All requests for clarification must be emailed to Desh Connors at dle1@westchestergov.com. Formal written responses will be distributed by the County on or before August 3, 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:

Desh Connors
Westchester County Department of Community Mental Health
112 East Post Road, 2nd Floor
White Plains, NY 10601

The proposal must be in a sealed envelope clearly marked: “Proposal – Assertive Community Treatment Program”.

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. By submitting a proposal in response to this RFP, the proposer is representing and warranting to the County that the proposer is not in arrears upon any debt or in default of any obligation owed to the County, or to the State of New York or the United States or any instrumentality thereof. 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, or to the State of New York or the United States or any instrumentality thereof. 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
II. BACKGROUND, SCOPE OF WORK, MINIMUM QUALIFICATIONS, ANTICIPATED TERM AND PROPOSAL CONTENT

A.) BACKGROUND

DCMH has received grant funds from the New York State Office of Mental Health for the operation and management of an ‘Assertive Community Treatment (ACT)’ program. The County is now seeking to use the currently-available funds to contract with a vendor that will administer the Assertive Community Treatment Team, providing treatment to individuals with serious and persistent mental illness and serious functional impairments, with priority given to individuals with continuous high service needs.

B.) SCOPE OF WORK

The successful proposer will provide the County with the scope of work described in Schedule “A”, which is attached to this RFP.

C.) ANTICIPATED TERM

The term of any agreement resulting from this RFP is anticipated to be for a term of four(4) years and three(3) months, commencing on or about September 01, 2017.

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.) Proposal, containing the proposer’s responses to the questions outlined in Schedule “B”, and budget proposal, using the forms C-1 and C-2 in Schedule “C”.
3.) Schedule “D”: Questionnaire Regarding Business Enterprises Owned and Controlled by Persons of Color or Women
4.) Schedule “E”: Certification Regarding Business Dealings with Northern Ireland
5.) Schedule “F”: Disclosure of Relationships to County
6.) Schedule “G”: Criminal Background Disclosure

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, that 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;
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;
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;
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.) EVALUATION CRITERIA

In selecting a proposer with whom to commence contract negotiations, and in ultimately awarding 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.) Weighted 35/100: Demonstrated ability to operate Medicaid funded programs for people with high service needs (mental health, substance abuse, justice involvement) including techniques for engagement, person-centered planning, housing stability and community integration.

2.) Weighted 30/100: Experience with and ability to operate programs for people with disabilities, including (without limitation) ability to assure, and methods for assuring, effective and timely completion of all work, as well as procedures to ensure that all applicable laws, regulations, rules, and other sources of authority are adhered to in the performance of such services.

3.) Weighted 25/100: Familiarity with providing multifaceted treatment and services to individuals in the community with high service needs, including individuals court-ordered for treatment, individuals with a significant history of hospitalization, and individuals with present or past involvement with the criminal justice system.

4.) Weighted 10/100: Proposed cost/budget (cost effective/cost competitive)
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 “H”, 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 “H”, 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 “H” 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 Commissioner. 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 or provided by the United States Department of Housing and Urban Development and the State of New York, 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

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.) MACBRIDE PRINCIPLES

Pursuant to Act No. 56-1999, no County procuring officer may award or recommend for award any contract not subject to competitive bidding to a proposer that does not execute a certification substantially in the form attached hereto as Schedule “E”. Therefore, all proposers are required to submit with their proposal the Certification Form attached to this RFP as Schedule “E”.
I.) REQUIRED DISCLOSURE OF RELATIONSHIPS TO COUNTY

All proposers are required to submit with their proposal the Disclosure Form attached to this RFP as Schedule “F”.

J.) CRIMINAL BACKGROUND DISCLOSURE

All proposers are required to submit the Criminal Background Disclosure form attached to this RFP as Schedule “G”.

K.) 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  
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 _______________________, personally known to me or proved to me (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 ______________________, personally known to me or proved to me (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 the ________________________________ a corporation duly 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, __________________________________ person 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 signing the document)
who signed said document on behalf of the Partnership was, at the time of signing, 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
CERTIFICATE OF AUTHORITY
(LIMITED LIABILITY PARTNERSHIP)

I, _______________________________________________ certify that I am a
(Partner other than Partner signing the document for the LLP)

Partner of _____________________________________________
(Name of Limited Liability Partnership)

(the "LLP"), a partnership duly organized under ________________________________,
(Law under which partnership is organized)

and named in the foregoing document; that______________________________,
(Partner signing the document)

who signed said document on behalf of the LLP was, at the time of signing, a Partner of said
LLP; that said document was duly signed for and in behalf of said LLP and as the act and deed of
said firm for the purposes therein mentioned.

______________________________
(Signature)

STATE OF _________________
) 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
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 partner of said LLP; that he/she is duly authorized to execute said certificate on behalf of
said LLP, and that he/she signed his/her name thereto pursuant to such authority.

______________________________
Notary Public
The awardee will be responsible for the operation of the Assertive Community Treatment (ACT) program based upon the New York State Office of Mental Health’s Assertive Community Treatment program regulations and the services the County requires for other appropriate programs. As the services required by the New York State Office of Mental Health and by the County may change from time to time, the awardee may have more or fewer responsibilities during the term of the contract resulting from the RFP. However, at present, the awardee will be responsible for the areas including, but not necessarily limited to, the following:

- Utilize Single Point of Access for all admissions and discharges, following the appropriate managed care organization’s approval of ACT level of care, and report all admissions and discharges in real time to DCMH’s Single Point of Access.
- Maintain all staffing and service intensity requirements. ACT recipient to clinical staff ratio cannot exceed 9.9:1, and the team must provide six (6) visits per month, three (3) of which may be collateral. All staff must demonstrate basic core competencies, and meet all required qualifications (see ACT Program Guidelines 4.7.3). They must also attend the ACT CORE: Modules 1-6, Recover 201, Recover 301, Person-Centered Planning trainings, and ongoing training in specialty practice, clinical skill development, and culturally competent care. They must be trained in community safety, and the ACT team must develop a specific comprehensive safety plan that staff will routinely follow.
- Utilize a team approach to treatment, including holding organizational staff meetings at least four times per week, during which they review each recipient and update the daily schedule. They must also maintain documentation processes to further assist with communication.
- Conduct ongoing assessments and person-centered service planning. Both must be reviewed every six months, and recipient participation should be evident and documented in the service plan.
- Case records should be maintained in accordance with recognized and acceptable principles of record keeping, and should be available to all staff who are participating in the treatment of the recipient.
- Develop a utilization review process to monitor, analyze and improve ACT Team performance. This process will include data collection regarding treatment outcomes, an analysis of recipient progress to identify trends, verify service quality, and identify areas for improvement, a corrective action process, documentation of need for continued length of stay, and participation in any state or LGU utilization management process.
- Develop, implement and monitor an incident management program in accordance with New York State Rules and Regulations, including the use of the NYS Incident Management and Reporting System (NIMRS).
- Develop a Cultural Competence Plan, based on the approved OMH outline that will encompass the demographics of the community and include all resources and venues in the community that are available to ACT recipients. Language services should be available, as well as written information.
- Develop and maintain a procedure that ensures the timely entry of all required information into the Child and Adult Integrated Reporting System (CAIRS), including
the Baseline Assessment Form, the Follow Up Assessment Form, and the final Follow Up Assessment Form.

- Develop and maintain a discharge procedure and transmit appropriate discharge summaries to the receiving program.
- Maintain program sites that are safe for recipients, staff and visitors, and have appropriate program areas accessible to individuals with various disabilities. Service environments will be adjusted for individuals who are blind, deaf, or otherwise impaired. Programs will have sufficient space, furniture and equipment.
- Develop agreements for assuring service continuity with other systems of care in the community. Follow the provisions of MHL 9.60 and related local procedures in providing Assisted Outpatient Treatment.
- Support and advocate for recipients who have been hospitalized, and facilitate involvement in at least 70% of hospital admissions and discharges.
- Ensure that the rights of all ACT recipients are protected, including the right to a person-centered service plan of his or her choosing, the right to all information about services, the right to choose to participate in treatment, the right to privacy and the confidentiality of clinical records in accordance with HIPAA, the right to access to their clinical records in accordance with Section 33.16 of MHL, the right to receive services in a non-discriminatory way that respects their cultural environment, dignity, and personal integrity, and the right to freedom from abut and mistreatment by employees. Each recipient will be provided with a notice of recipient’s rights and a copy of the grievance procedure upon admission to the program.

[NO FURTHER TEXT ON THIS PAGE]
SCHEDULE “B”

On one or more separate sheets of paper, please answer each question listed below. Please be sure to thoroughly answer each question and provide all necessary information. However, your responses to these questions cannot exceed ten (10) pages.

1. Describe your agency’s staff and organizational structure and experience. Include evidence of internal and external coordination and an adequate financial accounting system. Also include the following:
   a. Staff Characteristics (including cultural competency)
   b. Facilities and Resources
   c. Experience collaborating with DCMH’s Single Point of Access

2. Describe the agency’s experience delivering Medicaid funded services in Westchester County, especially in working with individuals with high service needs, such as those who are court-ordered for treatment, have a significant history of hospitalization, or have a past or present involvement with the criminal justice system. Include the agency’s techniques for engagement, person-centered planning, housing stability, and community integration. Describe the agency’s experience coordinating with other community based agencies.

3. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

4. Describe procedures to ensure that all Assertive Community Treatment program guidelines governing the administration of the program are followed, including admission and discharge procedures, training and documentation procedures, and regular meetings between the staff and with the recipients. Include staff positions and qualifications for those responsible for the operation and oversight of the program.

5. Describe the process that will be used to engage individuals during the admission process, and how the team will attempt to re-engage recipients who are not responding to Assertive Community Treatment program outreach.

6. Describe your agency’s familiarity with Child and Adult Integrated Reporting System (“CAIRS”).

[NO FURTHER TEXT ON THIS PAGE]
SCHEDULE “C”  
BUDGET PROPOSAL

Each proposer must use the form on the following page to prepare its budget proposal, and use the last form (Form C-2) to provide a justification for the budget proposal. In its budget proposal, each proposer must account for all costs necessary for the proposer to perform the full scope of work that is being solicited by this RFP.

[NO FURTHER TEXT ON THIS PAGE]
Form C-1  
Proposed Budget

For the development of budget, respondents must specify the proposed Assertive Community Treatment (ACT)' program model under Funding Code FC 039J and Program Code PC0800.

Budget submissions should be on annual basis and include but are not limited to the following categories:

Agency ____________________________________________
Program Name_____________________________________
Program Code ____________________
Funding Code ____________________
Annualized Amount :___________________________

**Budget Staffing**

<table>
<thead>
<tr>
<th>Title</th>
<th>FTE</th>
<th>Personal Service Cost</th>
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<td>Total</td>
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</tbody>
</table>

**Budget Expenses**

- Personal Services
- Vacation Leave Accruals
- Fringe Benefits
- OTPS (provide breakdown below)
- Equipment
- Property
- Agency Administration
- Total

**Budget Revenue (total revenue must equal operating cost)**

- Medicaid (CSP)
- Medicare
- Third Party Health Ins
- Other (provide details)
- State Aid
- Total Revenue

<table>
<thead>
<tr>
<th>OTPS Breakdown</th>
<th>Cost</th>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Total OTPS</td>
<td></td>
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</tbody>
</table>
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


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 ___________________________
SCHEDULE “E”

CERTIFICATION REGARDING BUSINESS DEALINGS WITH NORTHERN IRELAND

A. The Contractor and any individual or legal entity in which the Contractor holds a ten percent (10%) or greater ownership interest and any individual or legal entity that holds a ten percent (10%) or greater ownership interest in the Contractor (a) has no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Principles.

B. For purposes of this Certification, “MacBride Principles” shall mean those principles relating to nondiscrimination in employment and freedom of workplace opportunity which require employers doing business in Northern Ireland to:

(1) increase the representation of individuals from underrepresented religious groups in the workforce, including managerial, supervisory, administrative, clerical and technical jobs;

(2) take steps to promote adequate security for the protection of employees from underrepresented religious groups both at the workplace and while traveling to and from work;

(3) ban provocative religious or political emblems from the workplace;

(4) publicly advertise all job openings and make special recruitment efforts to attract applicants from underrepresented religious groups;

(5) establish layoff, recall and termination procedures which do not in practice favor a particular religious group;

(6) abolish all job reservations, apprenticeship restrictions and differential employment criteria which discriminate on the basis of religion;

(7) develop training programs that will prepare substantial numbers of current employees from underrepresented religious groups for skilled jobs, including the expansion of existing programs and the creation of new programs to train, upgrade and improve the skills of workers from underrepresented religious groups;

(8) establish procedures to assess, identify and actively recruit employees from underrepresented religious groups with potential for further advancement; and

(9) appoint a senior management staff member to oversee affirmative action efforts and develop a timetable to ensure their full implementation.

C. For purposes of this Certification, “Northern Ireland” shall be understood to be the six counties partitioned from the Irish Province of Ulster, and administered from London and/or from Stormont.

D. The Contractor agrees that the warranties and representation in paragraph “A” are material conditions of this Agreement. If the County receives information that the Contractor is in violation of paragraph “A,” the County shall review such information and give the Contractor opportunity to respond. If the County finds that such a violation has occurred, the County may declare the Contractor in default, and/or terminate this Agreement. In the event of any such termination, the County may procure the supplies, services or work from another source in accordance with applicable law. The Contractor shall pay to the County the difference between
the contract price for the uncompleted portion of this Agreement and the cost to the County of completing performance of this Agreement either by itself or by engaging another contractor. If this is a contract other than a construction contract, the Contractor shall be liable for the difference in price if the cost of procurement from another source is greater than what the County would have paid the Contractor plus any reasonable costs the County incurs in any new procurement and if this is a construction contract, the County shall also have the right to hold the Contractor in partial or total default in accordance with the default provisions of this Agreement. In addition, the Contractor may be declared not to be a responsible bidder or proposer for up to three (3) years, following written notice to the Contractor, giving the Contractor the opportunity for a hearing at which the Contractor may be represented by counsel. The rights and remedies of the County hereunder shall be in addition to, and not in lieu of, any rights and remedies the County has pursuant to this Agreement or by operation of law or in equity.

Agreed:

Name of Contractor: ________________________________

Signature: (Authorized Representative) ________________________________

Title: ________________________________ Date: ________________________________
SCHEDULE “F”

Contract #: __________________________________
Name of Contractor: __________________________________

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[^1] 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.

Signature: ____________________________________________

Name: ____________________________________________

Title: ____________________________________________

Date: ____________________________________________

[^1]: “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 “G”

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, Sublessees, or Sublicensees who are providing services to the County, and

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

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. 1 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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1 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\(^2\). 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.

\(^2\) 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, sublessee, or sublicensee 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.

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 “H”
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:

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

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

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.