



**Request for Applications (RFA) 23-006  
New York Pollinator Species Environmental Benefit Projects  
Program**

<b>Bid Number:</b> 23-006	<b>Bid Issued:</b> November 29, 2023
<b>Bid Description:</b> New York Pollinator Species Environmental Benefit Projects Program	<b>Bid Due Date and Time*:</b> January 19, 2024 by 5:00 pm EST
<p><b>Submittal Timeline:</b> The Responder is responsible for ensuring timely Application submission and should pay strict attention to the due dates and times on this cover page to prevent disqualification. Late proposals will not be accepted. Failure to respond or meet the due date and time of this RFA will be considered a “no bid” or “late bid”.</p> <p><b>Submission of Questions:</b> December 15, 2023 by 5:00 pm EST All questions and/or requests for clarification must cite the particular page, section, and paragraph number, where applicable. Questions and/or requests for clarification will only be accepted via e-mail and in writing and should be submitted to the following e-mail address: <a href="mailto:purchase@ag.ny.gov">purchase@ag.ny.gov</a> with the subject line of “RFA #23-006 - New York Pollinator Species Environmental Benefit Projects Program - Questions.</p> <p><b>OAG Issuance of Answers:</b> Official answers to questions will be provided via addendum and posted to the NYSCR and OAG website: <a href="https://ag.ny.gov/resources/organizations/contract-procurement-opportunities/request-applications">https://ag.ny.gov/resources/organizations/contract-procurement-opportunities/request-applications</a> . The OAG Issuance of Answers will be December 29, 2023 at 5:00 PM EST.</p> <p>*Application Submissions must be received by OAG prior to the due date and time AND submitted via e-mail to <a href="mailto:purchase@ag.ny.gov">purchase@ag.ny.gov</a> with the subject line “Application Enclosed for RFA #23-006 - New York Pollinator Species Environmental Benefit Projects Program - [insert name of firm or organization]”.</p>	
<p><b>Contract Start Date:</b> TBD by the OAG</p>	
<p>In compliance with Procurement Lobbying Law, contacting anyone other than designated herein may result in rejection of Application. <b>Primary Designated Contact:</b> Joseph A. Carucci, Contract Manager Budget and Fiscal Management Bureau Office of the New York Attorney General State Capitol Albany, New York 12224-0341 Telephone: (518) 776-2128 E-Mil: <a href="mailto:purchase@ag.ny.gov">purchase@ag.ny.gov</a></p>	<p>In the event the <b>Primary</b> designated contact is not available, the alternate designated contact is:  Christopher Reksch, Contract Management Specialist Budget and Fiscal Management Bureau Office of the New York Attorney General State Capitol Albany, New York 12224-0341 Telephone: (518) 776-2138 E-Mail: <a href="mailto:purchase@ag.ny.gov">purchase@ag.ny.gov</a></p>
<p><b>NYS CONTRACT REPORTER</b> Responders must register with the New York State Contract Reporter (NYSCR) at <a href="https://www.nyscr.ny.gov/">https://www.nyscr.ny.gov/</a> to receive notifications about this Solicitation. Navigate to the “I want to find contracts to bid on” page to register for your free account. To receive e-mail notifications regarding updates to the content or status of a particular ad, you must “bookmark the ad” on the upper right-hand side of the ad, then return to your Account, view your list of bookmarked ads, and then select “send me notification updates” option listed to the right of the ad.</p>	

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## SECTION 1 OVERVIEW

### A. PROJECT BACKGROUND

On June 14, 2023, the Office of the Attorney General ("OAG"), and Bayer CropScience LP and Monsanto Company ("defendants") entered into an Assurance of Discontinuance ("Settlement") that, among other things, committed the defendants to pay monetary relief in the amount of \$6,900,000. According to the settlement, these monies are to be used to:

[P]revent, abate, restore, mitigate, or control prior or ongoing water, land, or air pollution affecting pollinators, threatened or endangered aquatic species, and their habitat, including but not limited to, habitat management, restoration, and enhancement, as well as pollinator research, monitoring, education, and outreach, as further detailed in the 2020 New York State Pollinator Protection Plan Update.

The OAG has established the New York Pollinator Species Environmental Benefit Projects Program ("Program") for the purpose of making a \$2,500,000 portion of the monetary relief amount available as grants to fund Environmental Benefit Projects ("EBPs") in New York State consistent with the Settlement.

### B. PROGRAM OBJECTIVE

The objective of the Program ("Program Objective") is to fund projects that benefit pollinator and threatened/endangered aquatic species in New York impacted by pesticides, through activities that include habitat management, restoration, and enhancement, as well as pollinator research, monitoring, education, and outreach.

### C. STATEMENT OF PURPOSE

The OAG is seeking Applicants to serve as the General Administrator ("GA") for the Program.

## SECTION 2 DEFINITION OF REQUIREMENTS

For the purposes of this Request for Application ("RFA"), the following definitions are used:

- **Applicant** -- The term "Applicant" means a single not-for-profit entity, or a partnership of not-for-profit entities, applying for the position of GA for the Program.
- **Organization** -- The term "Organization" is synonymous with "Applicant." If a partnership is proposed for the GA, the term applies to each of the partner entities in their respective role.
- **Program Administration** -- The term "Program Administration" means grant program management (i.e., proposal solicitation and evaluation, and project implementation), fiscal/fiduciary management and program tracking, recordkeeping, and reporting.

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**SECTION 3 AWARD INFORMATION**

1. Grant Period
  - a. The contract term ends after the completion of all projects and approval of the Administrators final report – see Section 3(c)(4).
2. Funding Availability
  - a. The OAG is allocating \$2.5 million for this program.
  - b. The Grant administration may not exceed 15% of the monetary relief amount available.

**SECTION 4 SCOPE OF SERVICES FOR THE GENERAL ADMINISTRATOR (GA)**

The OAG expects the entity, or partnership of entities, selected to serve as the GA for the Program to provide the following services (“Scope of Services”):

1. Grant Program Management
2. Fiscal/Fiduciary Management
3. Program Tracking, Recordkeeping, and Reporting
4. Program Budget

The GA is expected to develop a work plan, in concert with the OAG, that describes the tasks to be undertaken in performing the Scope of Services and achieving the Program Objective.

**A. GRANT PROGRAM MANAGEMENT**

The OAG expects the GA to manage a grant program that solicits and evaluates project proposals, and oversees the implementation of those projects approved by the OAG for funding by the Program.

**1. Project Solicitation, Development, and Evaluation**

With respect to the solicitation, development and evaluation of project proposals, the GA will be expected to provide the following services:

- a. In collaboration with the OAG, develop and disseminate a Request for Proposal (“RFP”), and accompanying application materials, to solicit proposals for projects to be funded by the Program. Such RFP must be consistent with the terms of the Settlement.

Note: The RFP may include the solicitation of proposals for “small” and “large” projects. For example, proposals for small projects, capped at a funding level (e.g., \$75,000), would be expected to be relatively narrow in scope and more technically straightforward. As such, a separate streamlined application and evaluation process for small projects would be appropriate.
- b. Establish and administer an Independent Review Committee (“IRC”), comprised of appropriate

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subject area experts, for the purpose of conducting a technical and budgetary review of proposals. The GA will be expected to develop summary documents and other materials necessary to support the work of the IRC.

- c. Prepare a report to the OAG that summarizes the results of the IRC review and includes recommendations on projects for funding by the Program. The report should also include recommendations on whether additional "rounds" of granting should be conducted.

**2. Project Implementation**

The GA will be expected to administer the implementation of all projects funded by the Program and to provide the following services:

- a. Develop and complete a Memorandum of Agreement (MOA) with each project implementer.
- b. Ensure the expeditious transfer of Program funds to each project.
- c. Oversee the implementation of each project, including conducting periodic Implementation Reviews (IRs) of each project's progress-to-completion and budgetary status. IRs are expected to be conducted in sufficient detail and frequency to identify problems, barriers, and other issues related to projects that necessitate intervention by project implementers, the GA, or the OAG to ensure expeditious resolution.
- d. Provide implementation support and assistance to project implementers, as necessary, to resolve problems, barriers, and other issues that may adversely affect timely, on-budget, or effective completion.

**B. FISCAL/FIDUCIARY MANAGEMENT**

In relation to the fiscal and fiduciary management of the Program, the GA will be expected to provide the following services:

1. Serve as the fiduciary and administrator of the Program funds on behalf of the OAG.
2. Exercise wise and prudent investment strategies with respect to the Project funds to minimize risk, while maximizing the net investment income earned on the balance.
3. Implement adequate financial and accounting processes and procedures with respect to grant recipients to safeguard the Program from waste, misuse, and fraud.
4. Ensure timely payment of funds to project implementers.

**C. PROGRAM TRACKING, RECORDKEEPING, AND REPORTING**

The GA is expected to provide the following services related to tracking, recordkeeping, and reporting for the purpose of supporting the OAG's oversight of the Program:

1. Track project status, including progress-to-completion and budget, at a detail and frequency necessary to prepare required reports to the OAG, and to identify problems, barriers, and other issues related to projects that necessitate intervention to ensure expeditious resolution.
2. Maintain complete, detailed, and organized records related to the Program and all elements of its implementation.

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3. Prepare annual report to the OAG that addresses the implementation of each project, including its progress-to-completion and budgetary status, and provides a summary of the overall status and accomplishments of the Program.
4. Prepare a final report to the OAG at the conclusion of the Program that describes each project, including its activities, budget, and accomplishments, and provides an overview and summary description of the Program, its activities and accomplishments, and monies spent.

**D. PROGRAM BUDGET**

Grant administration may not exceed 15% of the monetary relief amount available as grants (\$2,500,000).

For the purposes of the Application, the program budget should include, as a contingency, projections of costs associated with additional rounds of granting. Applicants should assume that each additional round of the grant program will include the provision of the services outlined in **Paragraph A (1)** above.

Costs must be adequately justified and directly support the project. Proposed costs must be essential to project completion. All costs will be paid on a reimbursement basis and must be documented.

1. Eligible costs include the following:
  - a. Personal Services: Personal services include direct salaries, wages, and fringe benefits of grantee employees for activities in direct relation to or in support of the project work, including project management and grant administration. Fringe benefits must be outlined in the application and include the organization's documented rate.
  - b. Non-Personal Services: Non-personal services include consultant/contractual services for direct project related costs, project management, and limited grant administration; project-related supplies and materials; necessary travel; and other goods and services required to complete the project.

Note: Project management activities may include, but are not limited to, oversight and coordination of tasks and activities needed to produce contractual deliverables, consultant procurement and oversight, public outreach, and technical assistance. Grant administration may include, but is not limited to, activities undertaken to comply with grant budgeting, record keeping and reporting requirements, such as preparation and submission of payment vouchers and other documents required under the grant.

2. Ineligible Costs include the following:
  - a. Indirect or overhead costs, such as rent, telephone service, general administrative support, computers, office equipment, general office supplies, general operations costs, membership fees, subscription costs.
  - b. Salaries and other expenses of elected officials.
  - c. Volunteer Services
  - d. Costs incurred outside of the contract term.
  - e. Costs that are not adequately justified or that do not directly support the project.

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Note: Ineligible costs will be eliminated from the total project costs in the grant application. Failure to adequately justify direct project costs will render costs ineligible.

## **SECTION 5 ELIGIBILITY REQUIREMENTS**

The eligibility requirements represent prerequisites necessary for a GA to perform the Scope of Services and achieve the Program Objective. Only Applicants that meet each of the following requirements will be eligible for consideration as the GA:

1. Applicant must be a not-for-profit entity, tax-exempt under 501(c)(3) of the Internal Revenue Code, with an active New York OAG Charities registration number, or an approved exemption, and in good standing.
2. Applicant must be in compliance with all local, state, and federal laws.
3. Applicant must have at least 5 years' experience in Program Administration related to environmental improvement projects.
4. Applicant must have administered a grant program involving funds of \$1 million or more.
5. Applicant must have administered a grant program in New York State.
6. Applicant must provide one (1) letter of reference from a funder of a grant program administered by the Applicant, preferably in New York State.

## **SECTION 6 EVALUATION CRITERIA AND AWARD**

### **A. EVALUATION CRITERIA/SCORING**

All complete Applications will be reviewed to ensure that the Applicant meets the **Eligibility Requirements** described in **Section 4** above. Applications that meet those requirements will be further evaluated, using the criteria and scoring guidelines described below, with respect to their qualifications and ability to be successful in performing the Scope of Services and achieving the Program Objective. **The evaluation criteria are divided into four (4) categories:**

1. Grant Program Management
2. Fiscal/Fiduciary Management
3. Program Tracking, Recordkeeping and Reporting
4. Budget

**The total combined score of these categories is a maximum of 100 points**

#### **1. Grant Program Management (40 points maximum)**

Applicants will be evaluated with respect to their demonstration of experience, resources, and capabilities related to:

- a. Management of grant programs involving types of environmental improvement projects that would be consistent with the Settlement. **(20 Points)**
- b. Management of grant programs whose selection of projects for funding includes technical and budgetary review and scoring of proposals. **(10 Points)**
- c. Leveraging third-party funds and in-kind services to support grant projects. **(5 Points)**



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In addition, Applicants will be evaluated with respect to their demonstration of:

- d. Well-defined and effective grants policies and procedures related to grant program management (Applicants should provide a copy of any such written policies and procedures with their application). **(5 Points)**

**2. Fiscal/Fiduciary Management** (15 points maximum)

Applicants will be evaluated with respect to their demonstration of:

- a. Well-defined and effective fiduciary management policies or procedures, particularly as related to safeguarding grant programs against waste, misuse, and fraud (Applicants should provide a copy of any such written policies and procedures with their application). **(15 points)**

**3. Program Tracking, Recordkeeping and Reporting** (15 points maximum)

Applicants will be evaluated with respect to their demonstration of experience, resources and capabilities related to:

- a. Tracking, recordkeeping, and reporting on all aspects of grant programs (including overall program and project-specific implementation schedules and budgets), especially with respect to grant programs involving funds of \$1 million or more. **(15 Points)**

**4. Budget** (30 points maximum)

Applicants will be evaluated with respect to their demonstration of:

- a. Completeness of budget (i.e., responsiveness to each item required in the application). **(10 Points)**
- b. Clarity of budget, including identification of staff roles and responsibilities, estimated hours, and hourly rates. **(5 Points)**
- c. Justification of budgeted resources and level of effort. **(5 Points)**
- d. Consideration and detailing of contingency costs. **(5 Points)**
- e. Policies and/or procedures related to budget tracking (Applicants should provide a copy of any such written policies and procedures with their application). **(5 Points)**

**The OAG may request additional information from Applicants with respect to their application and reserves the right to perform management interviews.**

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**B. AWARD**

Applicants submitting the highest scoring Applications will be considered most qualified to serve as the GA for the Program.

The OAG reserves the right to select, among the highest scoring Applications, that Applicant for the position of the GA who, in the opinion of the OAG, will provide the best value in performing the Scope of Services and achieving the Program Objective.

If, in the opinion of the OAG, no Applicant is capable of adequately performing the Scope of Services and achieving the Program Objective, the OAG reserves the right not to make a selection from among the respondents to this RFA and to re-issue an RFA for the GA position at a later date.

Tie-Breakers - In the event of a tie score, the scores on the individual application components will be compared in the following order: 1 (Experience), 2 (Proposed Scope of Services), 3 (Budget). The applicant with the highest score on the first component where there is a difference will be considered the winner of the tie.

**SECTION 7 APPLICATION SUBMISSION REQUIREMENTS**

**A. APPLICANT INFORMATION**

The Applicant should provide the following information:

1. Name of Organization
2. Mailing Address
3. City, State, Zip
4. Telephone Number
5. Organizational Website Address if any
6. Federal Not-for-Profit ID #
7. New York State Charities Registration #
8. Name and Title of Contact Person
9. Telephone # and E-mail Address of Contact Person

**B. APPLICATION SUMMARY (250-word limit)**

The Applicant should provide a concise summary of the Application, including a description of the Organization, its qualifications related to the Scope of Services and Program Objective, and the proposal budget.

**C. DESCRIPTION OF THE ORGANIZATION (500-word limit, exclusive of attachments)**

**1. Overview**

The Applicant should provide a brief overview of the Organization, its mission and history. A list of staff currently committed to Program Administration should be provided.

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**2. Supporting Information**

The Applicant should provide copies of the following supporting information as attachments:

- a. Annual Operating Budget of the Organization. The Organization's operating budget for the two (2) most recently completed fiscal years and the current fiscal year. Any recent deficits or dramatic changes in funding should be explained. If applicable, contingency plans for expected changes in funding this fiscal year or next should be discussed.
- b. Financial Statement. The Organization's most recent Audited Financial Statement, Federal Form 990 including Schedule A.
- c. Financial Report. The organization's most recent Annual Financial Report, if any.

**D. DESCRIPTION OF QUALIFICATIONS**

**1. Eligibility Requirements**

- a. Description (500-word limit)

The Applicant should provide a brief description of the Organization's satisfaction of each of the **Eligibility Requirements** outlined in **Section 4**.

- b. Supporting Information

The Applicant should provide the following supporting information as attachments:

- i. The Organization's most recent IRS 501(c)(3) Determination Letter indicating tax exempt status or, if not available, an explanation.
- ii. One (1) letter of reference from a funder of a grant program administered by the Applicant, preferably in New York State.

**2. Performance of Scope of Services**

- a. Abstract (250-word limit)

The Applicant should provide a brief description of the Organization's experience, resources, and capabilities related to performing the Scope of Services and achieving the Program Objective.

- b. Narrative (750-word limit)

The Applicant should provide an elaboration of the Organization's experience, resources and capabilities related to performing the Scope of Services and achieving the Program Objective. The narrative should specifically address grant program management (including proposal solicitation and evaluation, and project implementation), fiscal/fiduciary management, and program tracking, recordkeeping, and reporting, and should be responsive to the **Evaluation Criteria/Scoring** outlined in **Section 5(A)**. The narrative should include proposed staffing of the Organization with stated responsibilities, including the names and titles.

- c. Supporting Information

Where possible, the Applicant should provide, as attachments, documentation (e.g., reports, brochures) of the Organization's related experience, resources, and capabilities, including that relating to any past or present involvements of the Organization in community development or environmental improvement projects, particularly those of a size, scope, or nature similar to that of the Program. Resumes of proposed staffing of the organization should be provided.

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**E. DESCRIPTION OF PROGRAM BUDGET**

**1. Budget Narrative (500-word limit)**

The Applicant should provide a narrative discussion of the Organization's proposed budget ("Proposal Budget") for performing the Scope of Services and achieving the Program Objective.

The budget narrative should describe:

- a. Assumptions used in formulating the Proposal Budget; and
- b. Contingencies addressed by the Proposal Budget, including general contingencies for major budgetary items, as well as those related to additional rounds of grant program funding.

**2. Detailed Proposal Budget**

The Applicant should provide a detailed accounting of the proposed budget for the Program, including on a task-by-task basis for each of the core services:

- a. Grant Program Management (separately addressing Project Solicitation and Evaluation, and Project Implementation)
- b. Fiscal/Fiduciary Management
- c. Program Tracking, Recordkeeping and Reporting

For the overall Program and each core service, the detailed Proposal Budget should provide dollar amounts and explanations for the following categories (as applicable):

- a. Personnel
- b. Fringe Benefits
- c. Travel
- d. Supplies and Materials
- e. Other

Project implementation scenarios and contingencies should be specifically addressed.

**F. VENDOR RESPONSIBILITY QUESTIONNAIRE**

All applicants must complete a New York OAG Vendor Responsibility Questionnaire for a Not-for-Profit Business Entity. It may be obtained and provided either electronically through the Office of the OAG Comptroller's VendRep System, or in paper format, a copy which has been provided. The website for electronic filing is:

[http://www.osc.state.ny.us/vendrep/forms\\_vendor.htm](http://www.osc.state.ny.us/vendrep/forms_vendor.htm).

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**G. CERTIFICATIONS AND SIGNATURE**

*The undersigned, as an authorized official of the Applicant, does hereby certify under penalty of perjury that:*

- *The information contained within this Application, and all documents submitted with this Application, are true, accurate and complete;*
- *The Applicant is a not-for-profit entity, tax-exempt under 501(c)(3) of the Internal Revenue Code, with an active New York State Charities registration number, or an approved exemption, and in good standing;*
- *The Applicant is in compliance with all local, state and federal law; and*
- *The Applicant understands that false statements made herein are punishable as a Class A Misdemeanor pursuant to NY Penal Law Section 210.45.*

\_\_\_\_\_  
Signature of Authorized Certifying Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name/Title

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_;

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

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**SECTION 8 CONTRACT TERMS AND PROVISIONS OF THE POSITION**

The successful Applicant will be required to enter into a contract with the OAG that governs the GA position for the Program.

The OAG may administer periodic performance reviews during the course of the term, and the contract will provide for the termination of the Agreement upon a determination by the OAG of unsatisfactory performance by the GA.

The contract will incorporate by reference the Request for Application and the successful Applicant's Application, Appendix A (Standard Clauses for New York OAG Contracts), a copy of which is included herein, will be incorporated by reference into the contract. The successful Applicant shall agree to comply with all federal, and OAG, laws rules and regulations applicable to this grant and shall provide proof of Workers' Compensation and Disability Insurance.

Additional legal provisions will be included in the agreement with the successful Applicant (the "Agreement"), as follows, without limitation:

**A. NYS ETHICS COMPLIANCE**

All grantees and their employees must comply with the requirements of Public Officers Law, 73 and 74, and other State codes, rules and regulations establishing ethical standards for the conduct of business with OAG.

**B. PUBLIC INFORMATION**

Disclosure of items related to the Agreement shall be permitted consistent with the laws of the State of New York and specifically the Freedom of Information Law (FOIL) contained in Section 87 of the Public Officers Law. The OAG shall take reasonable steps to protect from public disclosure any records relating to the grantee or its application that are otherwise exempt from disclosure under that statute. Information constituting trade secrets, for purposes of FOIL, must be clearly marked and identified as such upon submission. If the grantee intends to seek an exemption from disclosure of these materials under FOIL, the grantee shall, at the time of submission, request the exemption in writing and provide an explanation of why the disclosure of the identified information would cause substantial injury to the competitive position of the grantee. Acceptance of the identified information by the OAG does not constitute a determination that the information is exempt from disclosure under FOIL. Determinations as to the availability of the identified information will be made in accordance with FOIL at the time a request for such information is received by the OAG.

**C. INDEMNIFICATION**

All grantees agree to indemnify and hold harmless the State of New York, the OAG, and their officers, agents, and employees, from liability for loss or damage to the extent caused by the negligent acts, misconduct, or omissions of the grantees, their agents, employees or subcontractors.

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**D. INDEPENDENT CONTRACTOR**

Grantee, in accordance with its status as an independent contractor covenants and agrees that it shall conduct itself consistent with such status, that it shall neither hold itself as, nor claim to be an officer, agent or employee of the State of New York or OAG by reason hereof, and that it shall not make any claim, demand or application to or for any right or privilege applicable to an officer or employee of the OAG, including but not limited to Workers' Compensation coverage, Unemployment Insurance Benefits, Social Security coverage or Retirement membership.

**E. DISPUTE RESOLUTION POLICY (PROTESTS AND APPEALS)**

It is the policy of the OAG, Budget & Fiscal Management Bureau, to provide grantees with an opportunity to administratively resolve disputes, complaints or inquiries related to bid solicitations or contract awards. The Budget & Fiscal Management Bureau encourages grantees to seek resolution of disputes through consultation with agency staff. All such matters will be accorded impartial and timely consideration. Interested parties may also file formal written disputes.

**F. CONFIDENTIALITY**

All the reports, information, data, and other papers and materials in whatever form prepared or assembled by the grantee under this Agreement are confidential, and the grantee shall not discuss them with or make them available to any individual or organization without the prior written approval of the Attorney General or his representative. These provisions do not apply in whatever form to information that is in the public domain, nor shall they restrict the grantee from giving notices required by law or complying with an order to provide information or data when such order is issued by a judge. If disclosure of confidential information is required of the grantee by any subpoena or other court process, the grantee agrees to immediately notify the OAG of such process, and to allow the OAG to inspect any such data or information and interpose objections prior to delivery to the court.

**G. PUBLICATIONS, COPYRIGHTS, AND SOFTWARE LICENSES**

The OAG and State of New York expressly reserve the right to a royalty-free, non-exclusive and irrevocable license to reproduce, publish, distribute or otherwise use, in perpetuity, any and all copyrighted or copyrightable material resulting from this grant contract or activity supported by this grant contract. Grantee shall grant the OAG and the State of New York a non-exclusive, perpetual license to use, execute, reproduce, display, perform, or merge any custom software application created as a result of the grant funds awarded to a grantee under the grant.

**H. COMPLIANCE WITH EXECUTIVE ORDER #4, ESTABLISHING AN OAG PROCUREMENT AND AGENCY SUSTAINABILITY PROGRAM**

Grantees will comply with the provisions of Executive Order 4. Publications shall be printed on 100% post-consumer recycled content paper. Where paper with 100% post-consumer recycled content is not available, or does not meet required form, function and utility, paper used shall have post-consumer recycled content to the extent practicable. Non-recycled content shall be derived from a sustainably managed renewable resource to the extent practicable, unless the cost of the product is not competitive.

**STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL**



**Request for Applications (RFA) 23-006  
New York Pollinator Species Environmental Benefit Projects Program**

**I. WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFIT REQUIREMENTS**

Workers' Compensation Law (WCL) §57 & §220 requires the heads of all municipal and state entities to ensure that business applying for permits, licenses or contracts document they have appropriate workers' compensation and disability insurance coverage. These requirements apply to both original contracts and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license or contract. Failure to provide proof of such coverage or a legal exemption will result in rejection of your bid or renewal. Awarded Contractors seeking to enter into a contract with the State of New York shall reference the Quick Guide to Workers Compensation and Disability Insurance to determine which forms to provide to the OAG. ALL FORMS, EXCEPT CE-200, SI-12 & DB-155 MUST NAME: The NYS Office of the Attorney General, Budget and Fiscal Management Bureau, State Capitol, Albany, NY 12224 as the Entity Requesting Proof of Coverage (Entity being listed as Certificate Holder).

**SECTION 9 SUBMITTAL CONTENT**

In order to fairly evaluate all proposals, a uniform proposal format is required. Each proposal section is listed below, along with the exact contents required. Elaborate brochures, reproduced copies, or printouts of standard manuals or sales literature may not be substituted for the proposal narratives and responses specified.

- A) Narrative – please refer to **Section 7 requirements**
- B) Administrative Submission Requirements as follows:
  - a. Vendor Responsibility Questionnaire, either a certification of online filing or paper version
  - b. NYS Workers' Compensation Insurance Coverage (see Quick Guide)
  - c. NYS Disability Benefits Insurance Coverage (see Quick Guide)
  - d. Substitute W-9 Form

**SECTION 10 NYS RESERVED RIGHTS**

The OAG reserves the right, in its sole discretion, to:

1. Amend the RFA: If the OAG elects to do so, notification of the amendment will be provided on a Purchasing Memorandum to all Firms.
2. Withdraw the RFA at its sole discretion.
3. Disqualify any Responder whose conduct and/or bid proposal fails to conform to any requirements.
4. Require clarification at any time during the procurement process and/or correct any math or other apparent errors to ensure a full & complete understanding of a Responder's proposal and compliance with requirements.
5. Reject any or all proposals received in response to this RFA at its sole discretion.
6. Change any of the scheduled dates indicated in this RFA.
7. Establish program and legal requirements to meet the OAG's needs; and to modify/correct/clarify, any such requirements at any time during the procurement process, so long as such actions would not materially benefit or disadvantage any Responder.
8. Eliminate any requirement(s) unmet by all Firms.
9. Use the proposal, information obtained through any interviews and/or the OAG's own research of a Responder's qualifications, experience, ability and/or financial standing, and any other material/information



**STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL**



**Request for Applications (RFA) 23-006  
New York Pollinator Species Environmental Benefit Projects Program**

submitted by the Responder in response to the OAG's request for information during evaluation and/or selection under this RFA.

10. Consider all ideas/suggestions submitted in the proposals received by the successful Firms.
11. Request best and final offers.
12. Negotiate with Firms responding to this bid within the bid requirements to serve the best interests of the State.
13. Should the State be unsuccessful in negotiating a contract with the selected Firm within 45 days, the State may begin contract negotiations with another bidding Firm in order to serve the best interest of the State.
14. Select and award the contract to other than the lowest Responder in the event of unsuccessful negotiations.
15. OAG has the right to all interpretation issues with respect to the content/language and meaning thereof the RFA and contract.

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**APPENDIX A**

**STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS**

**PLEASE RETAIN THIS DOCUMENT  
FOR FUTURE REFERENCE.**

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## **STANDARD CLAUSES FOR NYS CONTRACTS**

The parties to the attached contract, license, lease, amendment or other agreement of any kind (hereinafter, “the contract” or “this contract”) agree to be bound by the following clauses which are hereby made a part of the contract (the word “Contractor” herein refers to any party other than the State, whether a contractor, licenser, licensee, lessor, lessee or any other party):

**1. EXECUTORY CLAUSE.** In accordance with Section 41 of the State Finance Law, the State shall have no liability under this contract to the Contractor or to anyone else beyond funds appropriated and available for this contract.

**2. NON-ASSIGNMENT CLAUSE.** In accordance with Section 138 of the State Finance Law, this contract may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet or otherwise disposed of without the State’s previous written consent, and attempts to do so are null and void. Notwithstanding the foregoing, such prior written consent of an assignment of a contract let pursuant to Article XI of the State Finance Law may be waived at the discretion of the contracting agency and with the concurrence of the State Comptroller where the original contract was subject to the State Comptroller’s approval, where the assignment is due to a reorganization, merger or consolidation of the Contractor’s business entity or enterprise. The State retains its right to approve an assignment and to require that any Contractor demonstrate its responsibility to do business with the State. The Contractor may, however, assign its right to receive payments without the State’s prior written consent unless this contract concerns Certificates of Participation pursuant to Article 5-A of the State Finance Law.

**3. COMPTROLLER’S APPROVAL.** In accordance with Section 112 of the State Finance Law, if this contract exceeds \$50,000 (or \$75,000 for State University of New York or City University of New York contracts for goods, services, construction and printing, and \$150,000 for State University Health Care Facilities) or if this is an amendment for any amount to a contract which, as so amended, exceeds said statutory amount, or if, by this contract, the State agrees to give something other than money when the value or reasonably estimated value of such consideration exceeds \$25,000, it shall not be valid, effective or binding upon the State until it has been approved by the State Comptroller and filed in his office. Comptroller’s approval of contracts let by the Office of General Services, either for itself or its customer agencies by the Office of General Services Business Services Center, is required when such contracts exceed \$85,000. Comptroller’s approval of contracts established as centralized contracts through the Office of General Services is required when such contracts exceed \$125,000, and when a purchase order or other procurement transaction issued under such centralized contract exceeds \$200,000.

**4. WORKERS’ COMPENSATION BENEFITS.** In accordance with Section 142 of the State Finance Law, this contract shall be void and of no force and effect unless the Contractor shall provide and maintain coverage during the life of this contract for the benefit of such employees as are required to be covered by the provisions of the Workers’ Compensation Law.

**5. NON-DISCRIMINATION REQUIREMENTS.** To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor will not discriminate against any employee or applicant for employment, nor subject any individual to harassment, because of age, race, creed, color, national origin, citizenship or immigration status, sexual orientation, gender identity or expression, military status, sex, disability, predisposing genetic characteristics, familial status, marital status, or domestic violence victim status or because the individual has opposed any practices forbidden under the Human Rights Law or has filed a complaint, testified, or assisted in any proceeding under the Human Rights Law. Furthermore, in accordance with Section 220-e of the Labor Law, if this is a contract for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies, and to the extent that this contract shall be performed within the State of New York, Contractor agrees that neither it nor its subcontractors shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. If this is a building service contract as defined in Section 230 of the Labor Law, then, in accordance with Section 239 thereof, Contractor agrees that neither it nor its subcontractors shall by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. Contractor is subject to fines of \$50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this contract and forfeiture of all moneys due hereunder for a second or subsequent violation.

**6. WAGE AND HOURS PROVISIONS.** If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor’s employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in

accordance with the Labor Law. Additionally, effective April 28, 2008, if this is a public work contract covered by Article 8 of the Labor Law, the Contractor understands and agrees that the filing of payrolls in a manner consistent with Subdivision 3-a of Section 220 of the Labor Law shall be a condition precedent to payment by the State of any State approved sums due and owing for work done upon the project.

**7. NON-COLLUSIVE BIDDING CERTIFICATION.** In accordance with Section 139-d of the State Finance Law, if this contract was awarded based upon the submission of bids, Contractor affirms, under penalty of perjury, that its bid was arrived at independently and without collusion aimed at restricting competition. Contractor further affirms that, at the time Contractor submitted its bid, an authorized and responsible person executed and delivered to the State a non-collusive bidding certification on Contractor's behalf.

**8. INTERNATIONAL BOYCOTT PROHIBITION.** In accordance with Section 220-f of the Labor Law and Section 139-h of the State Finance Law, if this contract exceeds \$5,000, the Contractor agrees, as a material condition of the contract, that neither the Contractor nor any substantially owned or affiliated person, firm, partnership or corporation has participated, is participating, or shall participate in an international boycott in violation of the federal Export Administration Act of 1979 (50 USC App. Sections 2401 et seq.) or regulations thereunder. If such Contractor, or any of the aforesaid affiliates of Contractor, is convicted or is otherwise found to have violated said laws or regulations upon the final determination of the United States Commerce Department or any other appropriate agency of the United States subsequent to the contract's execution, such contract, amendment or modification thereto shall be rendered forfeit and void. The Contractor shall so notify the State Comptroller within five (5) business days of such conviction, determination or disposition of appeal (2 NYCRR § 105.4).

**9. SET-OFF RIGHTS.** The State shall have all of its common law, equitable and statutory rights of set-off. These rights shall include, but not be limited to, the State's option to withhold for the purposes of set-off any moneys due to the Contractor under this contract up to any amounts due and owing to the State with regard to this contract, any other contract with any State department or agency, including any contract for a term commencing prior to the term of this contract, plus any amounts due and owing to the State for any other reason including, without limitation, tax delinquencies, fee delinquencies or monetary penalties relative thereto. The State shall exercise its set-off rights in accordance with normal State practices including, in cases of set-off pursuant to an audit, the finalization of such audit by the State agency, its representatives, or the State Comptroller.

**10. RECORDS.** The Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance under this contract (hereinafter, collectively, the "Records"). The Records

must be kept for the balance of the calendar year in which they were made and for six (6) additional years thereafter. The State Comptroller, the Attorney General and any other person or entity authorized to conduct an examination, as well as the agency or agencies involved in this contract, shall have access to the Records during normal business hours at an office of the Contractor within the State of New York or, if no such office is available, at a mutually agreeable and reasonable venue within the State, for the term specified above for the purposes of inspection, auditing and copying. The State shall take reasonable steps to protect from public disclosure any of the Records which are exempt from disclosure under Section 87 of the Public Officers Law (the "Statute") provided that: (i) the Contractor shall timely inform an appropriate State official, in writing, that said records should not be disclosed; and (ii) said records shall be sufficiently identified; and (iii) designation of said records as exempt under the Statute is reasonable. Nothing contained herein shall diminish, or in any way adversely affect, the State's right to discovery in any pending or future litigation.

**11. IDENTIFYING INFORMATION AND PRIVACY NOTIFICATION.** (a) Identification Number(s). Every invoice or New York State Claim for Payment submitted to a New York State agency by a payee, for payment for the sale of goods or services or for transactions (e.g., leases, easements, licenses, etc.) related to real or personal property must include the payee's identification number. The number is any or all of the following: (i) the payee's Federal employer identification number, (ii) the payee's Federal social security number, and/or (iii) the payee's Vendor Identification Number assigned by the Statewide Financial System. Failure to include such number or numbers may delay payment. Where the payee does not have such number or numbers, the payee, on its invoice or Claim for Payment, must give the reason or reasons why the payee does not have such number or numbers.

(b) Privacy Notification. (1) The authority to request the above personal information from a seller of goods or services or a lessor of real or personal property, and the authority to maintain such information, is found in Section 5 of the State Tax Law. Disclosure of this information by the seller or lessor to the State is mandatory. The principal purpose for which the information is collected is to enable the State to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by law. (2) The personal information is requested by the purchasing unit of the agency contracting to purchase the goods or services or lease the real or personal property covered by this contract or lease. The information is maintained in the Statewide Financial System by the Vendor Management Unit within the Bureau of State Expenditures, Office of the State Comptroller, 110 State Street, Albany, New York 12236.

**12. EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITIES AND WOMEN.**

In accordance with Section 312 of the Executive Law and 5 NYCRR Part 143, if this contract is: (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of \$25,000.00, whereby a contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the contracting agency; or (ii) a written agreement in excess of \$100,000.00 whereby a contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess of \$100,000.00 whereby the owner of a State assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then the following shall apply and by signing this agreement the Contractor certifies and affirms that it is Contractor's equal employment opportunity policy that:

(a) The Contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on State contracts and will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. Affirmative action shall mean recruitment, employment, job assignment, promotion, upgradings, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation;

(b) at the request of the contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein; and

(c) the Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the State contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

Contractor will include the provisions of "(a), (b) and (c)" above, in every subcontract over \$25,000.00 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor. Section 312 does not

apply to: (i) work, goods or services unrelated to this contract; or (ii) employment outside New York State. The State shall consider compliance by a contractor or subcontractor with the requirements of any federal law concerning equal employment opportunity which effectuates the purpose of this clause. The contracting agency shall determine whether the imposition of the requirements of the provisions hereof duplicate or conflict with any such federal law and if such duplication or conflict exists, the contracting agency shall waive the applicability of Section 312 to the extent of such duplication or conflict. Contractor will comply with all duly promulgated and lawful rules and regulations of the Department of Economic Development's Division of Minority and Women's Business Development pertaining hereto.

**13. CONFLICTING TERMS.** In the event of a conflict between the terms of the contract (including any and all attachments thereto and amendments thereof) and the terms of this Appendix A, the terms of this Appendix A shall control.

**14. GOVERNING LAW.** This contract shall be governed by the laws of the State of New York except where the Federal supremacy clause requires otherwise.

**15. LATE PAYMENT.** Timeliness of payment and any interest to be paid to Contractor for late payment shall be governed by Article 11-A of the State Finance Law to the extent required by law.

**16. NO ARBITRATION.** Disputes involving this contract, including the breach or alleged breach thereof, may not be submitted to binding arbitration (except where statutorily authorized), but must, instead, be heard in a court of competent jurisdiction of the State of New York.

**17. SERVICE OF PROCESS.** In addition to the methods of service allowed by the State Civil Practice Law & Rules ("CPLR"), Contractor hereby consents to service of process upon it by registered or certified mail, return receipt requested. Service hereunder shall be complete upon Contractor's actual receipt of process or upon the State's receipt of the return thereof by the United States Postal Service as refused or undeliverable. Contractor must promptly notify the State, in writing, of each and every change of address to which service of process can be made. Service by the State to the last known address shall be sufficient. Contractor will have thirty (30) calendar days after service hereunder is complete in which to respond.

**18. PROHIBITION ON PURCHASE OF TROPICAL HARDWOODS.** The Contractor certifies and warrants that all wood products to be used under this contract award will be in accordance with, but not limited to, the specifications and provisions of Section 165 of the State Finance Law, (Use of Tropical Hardwoods) which prohibits purchase and use of tropical hardwoods, unless specifically exempted, by the State or any governmental agency or political subdivision or public benefit corporation. Qualification for an exemption under this

law will be the responsibility of the contractor to establish to meet with the approval of the State.

In addition, when any portion of this contract involving the use of woods, whether supply or installation, is to be performed by any subcontractor, the prime Contractor will indicate and certify in the submitted bid proposal that the subcontractor has been informed and is in compliance with specifications and provisions regarding use of tropical hardwoods as detailed in § 165 State Finance Law. Any such use must meet with the approval of the State; otherwise, the bid may not be considered responsive. Under bidder certifications, proof of qualification for exemption will be the responsibility of the Contractor to meet with the approval of the State.

**19. MACBRIDE FAIR EMPLOYMENT PRINCIPLES.** In accordance with the MacBride Fair Employment Principles (Chapter 807 of the Laws of 1992), the Contractor hereby stipulates that the Contractor either (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 Fair Employment Principles (as described in Section 165 of the New York State Finance Law), and shall permit independent monitoring of compliance with such principles.

**20. OMNIBUS PROCUREMENT ACT OF 1992.** It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority- and women-owned business enterprises as bidders, subcontractors and suppliers on its procurement contracts.

Information on the availability of New York State subcontractors and suppliers is available from:

NYS Department of Economic Development  
Division for Small Business and Technology Development  
625 Broadway  
Albany, New York 12245  
Telephone: 518-292-5100

A directory of certified minority- and women-owned business enterprises is available from:

NYS Department of Economic Development  
Division of Minority and Women's Business Development  
633 Third Avenue 33rd Floor  
New York, NY 10017  
646-846-7364  
email: [mwbebusinessdev@esd.ny.gov](mailto:mwbebusinessdev@esd.ny.gov)  
<https://ny.newnycontracts.com/FrontEnd/searchcertifieddirectory.asp>

The Omnibus Procurement Act of 1992 (Chapter 844 of the Laws of 1992, codified in State Finance Law § 139-i and Public Authorities Law § 2879(3)(n)-(p)) requires that by signing this bid proposal or contract, as applicable, Contractors certify that whenever the total bid amount is greater than \$1 million:

(a) The Contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors, including certified minority- and women-owned business enterprises, on this project, and has retained the documentation of these efforts to be provided upon request to the State;

(b) The Contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-261), as amended;

(c) The Contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Service Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The Contractor agrees to document these efforts and to provide said documentation to the State upon request; and

(d) The Contractor acknowledges notice that the State may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with the State in these efforts.

**21. RECIPROCITY AND SANCTIONS PROVISIONS.** Bidders are hereby notified that if their principal place of business is located in a country, nation, province, state or political subdivision that penalizes New York State vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act 1994 and 2000 amendments (Chapter 684 and Chapter 383, respectively, codified in State Finance Law § 165(6) and Public Authorities Law § 2879(5)) require that they be denied contracts which they would otherwise obtain. NOTE: As of May 2023, the list of discriminatory jurisdictions subject to this provision includes the states of South Carolina, Alaska, West Virginia, Wyoming, Louisiana and Hawaii.

**22. COMPLIANCE WITH BREACH NOTIFICATION AND DATA SECURITY LAWS.** Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law §§ 899-aa and 899-bb and State Technology Law § 208).

**23. COMPLIANCE WITH CONSULTANT DISCLOSURE LAW.** If this is a contract for consulting services, defined for purposes of this requirement to include analysis, evaluation, research, training, data processing, computer programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal or similar services, then, in accordance with Section 163 (4)(g) of the State Finance Law (as amended by Chapter 10 of the Laws of 2006), the Contractor shall timely, accurately and properly comply with the requirement to submit an annual employment report for the contract to the agency that awarded the contract, the Department of Civil Service and the State Comptroller.

**24. PROCUREMENT LOBBYING.** To the extent this agreement is a “procurement contract” as defined by State Finance Law §§ 139-j and 139-k, by signing this agreement the contractor certifies and affirms that all disclosures made in accordance with State Finance Law §§ 139-j and 139-k are complete, true and accurate. In the event such certification is found to be intentionally false or intentionally incomplete, the State may terminate the agreement by providing written notification to the Contractor in accordance with the terms of the agreement.

**25. CERTIFICATION OF REGISTRATION TO COLLECT SALES AND COMPENSATING USE TAX BY CERTAIN STATE CONTRACTORS, AFFILIATES AND SUBCONTRACTORS.**

To the extent this agreement is a contract as defined by Tax Law § 5-a, if the contractor fails to make the certification required by Tax Law § 5-a or if during the term of the contract, the Department of Taxation and Finance or the covered agency, as defined by Tax Law § 5-a, discovers that the certification, made under penalty of perjury, is false, then such failure to file or false certification shall be a material breach of this contract and this contract may be terminated, by providing written notification to the Contractor in accordance with the terms of the agreement, if the covered agency determines that such action is in the best interest of the State.

**26. IRAN DIVESTMENT ACT.** By entering into this Agreement, Contractor certifies in accordance with State Finance Law § 165-a that it is not on the “Entities Determined to be Non-Responsive Bidders/Offerers pursuant to the New York State Iran Divestment Act of 2012” (“Prohibited Entities List”) posted at: <https://ogs.ny.gov/iran-divestment-act-2012>

Contractor further certifies that it will not utilize on this Contract any subcontractor that is identified on the Prohibited Entities List. Contractor agrees that should it seek to renew or extend this Contract, it must provide the same certification at the time the Contract is renewed or extended. Contractor also agrees that any proposed Assignee of this Contract will be required to certify that it is not on the Prohibited Entities List before the contract assignment will be approved by the State.

During the term of the Contract, should the state agency receive information that a person (as defined in State Finance Law § 165-a) is in violation of the above-referenced certifications, the state agency will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then the state agency shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the Contractor in default.

The state agency reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

**27. ADMISSIBILITY OF REPRODUCTION OF CONTRACT.** Notwithstanding the best evidence rule or any other legal principle or rule of evidence to the contrary, the Contractor acknowledges and agrees that it waives any and all objections to the admissibility into evidence at any court proceeding or to the use at any examination before trial of an electronic reproduction of this contract, in the form approved by the State Comptroller, if such approval was required, regardless of whether the original of said contract is in existence.



**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
NOT-FOR-PROFIT BUSINESS ENTITY**

<b>BUSINESS ENTITY INFORMATION</b>				
Legal Business Name		EIN		
Address of the Principal Place of Business/Executive Office		<u>New York State Vendor Identification Number</u>		
		Telephone	ext.	Fax
Email		Website		
Authorized Contact for this Questionnaire				
Name:		Telephone	ext.	Fax
Title		Email		
List any other DBA, Trade Name, Other Identity, or EIN used in the last five (5) years, the state or county where filed, and the status (active or inactive): (if applicable)				
Type	Name	EIN	State or County where filed	Status

<b>I. BUSINESS CHARACTERISTICS</b>	
1.0 Business Entity Type – Please check appropriate box and provide additional information:	
a) <input type="checkbox"/> Corporation (including PC)	Date of Incorporation
b) <input type="checkbox"/> Limited Liability Co. (LLC or PLLC)	Date Organized
c) <input type="checkbox"/> Limited Liability Partnership	Date of Registration
d) <input type="checkbox"/> Limited Partnership	Date Established
e) <input type="checkbox"/> General Partnership	Date Established      County (if formed in NYS)
f) <input type="checkbox"/> Sole Proprietor	How many years in business?
g) <input type="checkbox"/> Other	Date Established
If Other, explain:	
1.1 Was the Business Entity formed in New York State? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>	
If “No,” indicate jurisdiction where Business Entity was formed:	
<input type="checkbox"/> United States	State _____
<input type="checkbox"/> Other	Country _____
1.2 Is the Business Entity currently registered to do business in New York State with the Department of State? <i>Note: Select ‘not required’ if the Business Entity is a General Partnership.</i> <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No <input type="checkbox"/> Not required</span>	
If “No,” explain why the Business Entity is not required to be registered in New York State.	
1.3 Is the Business Entity registered as a Sales Tax vendor with the New York State Department of Tax and Finance? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>	
Explain and provide detail, such as ‘not required,’ ‘application in process,’ or other reasons for not being registered.	

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
NOT-FOR-PROFIT BUSINESS ENTITY**

<b>I. BUSINESS CHARACTERISTICS</b>	
1.4 Is the Business Entity a Joint Venture? <i>Note: If the submitting Business Entity is a Joint Venture, also submit a separate questionnaire for the Business Entity comprising the Joint Venture.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.5 Does the Business Entity have an active Charities Registration Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter Number: _____ If exempt, explain: _____ If an application is pending, enter date of application: _____ Attach a copy of the application	
1.6 Does the Business Entity have a DUNS Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter DUNS Number _____	
1.7 Is the Business Entity’s principal place of business/Executive Office in New York State? If “No,” does the Business Entity maintain an office in New York State?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Provide the address and telephone number for one New York Office.	
1.8 Is the Business Entity’s principal place of business/executive office:	
<input type="checkbox"/> Owned <input type="checkbox"/> Rented Landlord Name (if ‘rented’) _____ <input type="checkbox"/> Other Provide explanation (if ‘other’) _____	
Is space shared with another Business Entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of other Business Entity _____	
Address _____	
City _____	State _____ Zip Code _____ Country _____
1.9 Is the Business Entity a Minority Community Based Organization (MCBO)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.10 Identify current Key Employees of the Business Entity (include middle initial). Attach additional pages if necessary.	
Name	Title
Name	Title
Name	Title
Name	Title
1.11 Identify current Trustees/Board Members of the Business Entity. Attach additional pages if necessary.	
Name	Title
Name	Title
Name	Title
Name	Title

<b>II. AFFILIATES AND JOINT VENTURE RELATIONSHIPS</b>	
2.0 Does the Business Entity have any Affiliates? Attach additional pages if necessary (If no, proceed to Section III)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Affiliate Name	Affiliate EIN (If available)
Affiliate’s Primary Business Activity	
Explain relationship with the Affiliate and indicate percent ownership, if applicable (enter N/A, if not applicable): Only	
Are there any Business Entity Officials or Principal Owners that the Business Entity has in common with this Affiliate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual’s Name	Position/Title with Affiliate

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
NOT-FOR-PROFIT BUSINESS ENTITY**

**III. CONTRACT HISTORY**

3.0 Has the Business Entity held any contracts with New York State government entities in the last three (3) years? If "Yes," attach a list including the Contract Number, Agency Name, Contract Amount, Contract Start Date, Contract End Date, and the Contract Description.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

**IV. INTEGRITY – CONTRACT BIDDING**

*Within the past five (5) years, has the Business Entity or any Affiliate*

4.0 Been suspended or debarred from any government contracting process or been disqualified on any government procurement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1 Been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Been denied a contract or had a bid rejected based upon a finding of non-responsibility by a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 Agreed to a voluntary exclusion from bidding/contracting with a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4 Initiated a request to withdraw a bid submitted to a government entity or made any claim of an error on a bid submitted to a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes" answer, provide an explanation of the issue(s), the Business Entity or Affiliate involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

**V. INTEGRITY – CONTRACT AWARD**

*Within the past five (5) years, has the Business Entity or any Affiliate*

5.0 Been suspended, cancelled or terminated for cause on any government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.1 Been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2 Entered into a formal monitoring agreement as a condition of a contract award from a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes" answer, provide an explanation of the issue(s), the Business Entity or Affiliate involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

**VI. CERTIFICATIONS/LICENSES**

6.0 Within the past five (5) years, has the Business Entity or any Affiliate had a revocation, suspension or disbarment of any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If "Yes," provide an explanation of the issue(s), the Business Entity or Affiliate involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

**VII. LEGAL PROCEEDINGS**

*Within the past five (5) years, has the Business Entity or any Affiliate*

7.0 Been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1 Been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2 Received any OSHA citation and Notification of Penalty containing a violation classified as serious or willful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3 Had any New York State Labor Law violation deemed willful?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
NOT-FOR-PROFIT BUSINESS ENTITY**

**VII. LEGAL PROCEEDINGS**

*Within the past five (5) years, has the Business Entity or any Affiliate*

7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of federal, state or local environmental laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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7.5 Other than the previously disclosed: (i) Been subject to the imposition of a fine or penalty in excess of \$1,000, imposed by any government entity as a result of the issuance of citation, summons or notice of violation, or pursuant to any administrative, regulatory, or judicial determination; or (ii) Been charged or convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

For each "Yes" answer, provide an explanation of the issue(s), the Business Entity or Affiliate involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

**VIII. LEADERSHIP INTEGRITY**

*Note: If the Business Entity is a Joint Venture, answer 'N/A- Not Applicable' to questions 8.0 through 8.4.*

*Within the past five (5) years, has any individual previously identified, any other Key Employees not previously identified or any individual having the authority to sign execute or approve bids, proposals, contracts or supporting documentation with New York State been subject to*

8.0 A sanction imposed relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
--	--

8.1 An investigation, whether open or closed, by any government entity for a civil or criminal violation for any business related conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
--	--

8.2 An indictment, grant of immunity, judgment, or conviction of any business related conduct constituting a crime including, but not limited to, fraud, extortion, bribery, racketeering, price fixing, bid collusion or any crime related to truthfulness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
--	--

8.3 Misdemeanor or felony charge, indictment or conviction for: (i) any business-related activity including but not limited to fraud, coercion, extortion, bribe or bribe-receiving, giving or accepting unlawful gratuities, immigration or tax fraud, racketeering, mail fraud, wire fraud, price fixing or collusive bidding; or (ii) any crime, whether or not business related, the underlying conduct of which related to truthfulness, including but not limited to the filing of false documents or false sworn statements, perjury or larceny?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
---	--

8.4 A debarment from any government contracting process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
--	--

For each "Yes" answer, provide an explanation of the issue(s), the individual involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

**NEW YORK STATE  
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NOT-FOR-PROFIT BUSINESS ENTITY**

<b>IX. FINANCIAL AND ORGANIZATIONAL CAPACITY</b>	
9.0 Within the past five (5) years, has the Business Entity or any Affiliates received any formal unsatisfactory performance assessment(s) from any government entity on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), the Business Entity or Affiliate involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.1 Within the past five (5) years, has the Business Entity or any Affiliates had any liquidated damages assessed over \$25,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), the Business Entity or Affiliate involved, the relationship to the submitting Business Entity, the contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.2 Within the past five (5) years, has the Business Entity or any Affiliates had any liens, claims or judgments over \$15,000 filed against the Business Entity which remain undischarged or were unsatisfied for more than 120 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), the Business Entity or Affiliate involved, the relationship to the submitting Business Entity, relevant dates, the lien holder or claimant's name(s), the amount of the lien(s), claim(s), or judgments(s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.3 Within the last seven (7) years, has the Business Entity or any Affiliate initiated or been the subject of any bankruptcy proceedings, whether or not closed, regardless of the date of filing, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the Business Entity or Affiliate involved, the relationship to the submitting Business Entity, the Bankruptcy Chapter Number, the Court name, the Docket Number. Indicate the current status of the proceedings as "Initiated," "Pending" or "Closed." Provide answer below or attach additional sheets with numbered responses.	
9.4 During the past three (3) years, has the Business Entity and any Affiliates failed to file or pay any tax returns required by federal, state or local tax laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the Business Entity or Affiliate involved, the relationship to the submitting Business Entity, the taxing jurisdiction (federal, state or other), the type of tax, the liability year(s), the Tax Liability amount the Business Entity failed to file/pay, and the current status of the Tax Liability. Provide answer below or attach additional sheets with numbered responses.	
9.5 During the past three (3) years, has the Business Entity and any Affiliates failed to file or pay any New York State unemployment insurance returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the Business Entity or Affiliate involved, the relationship to the submitting Business Entity, the year(s) the Business Entity failed to file/pay the insurance, explain the situation, and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.6 During the past three (3) years, has the Business Entity or any Affiliates had any government audits? If "Yes," did any audit reveal material weaknesses in the Business Entity's system of internal controls If "Yes," did any audit reveal non-compliance with contractual agreements or any material disallowance (if not previously disclosed in 9.6)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes" answer, provide an explanation of the issue(s), the Business Entity or Affiliate involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
NOT-FOR-PROFIT BUSINESS ENTITY**

**X. FREEDOM OF INFORMATION LAW (FOIL)**

10.0 Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL). Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Indicate the question number(s) and explain the basis for your claim.

**XI. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE**

Name	Telephone	Fax
	ext.	
Title	Email	

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
NOT-FOR-PROFIT BUSINESS ENTITY**

**Certification**

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding award or approval of a contract or subcontract and that such government entities will rely on information disclosed in the questionnaire in making responsibility determinations; (2) acknowledges that the New York State government entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or federal law, as well as a finding of non-responsibility, contract suspension or contract termination.

It being acknowledged and agreed that all responses included in this questionnaire are to the knowledge, information and belief of the Business Entity, the undersigned certifies under penalties of perjury that they:

**The undersigned certifies that he/she:**

- are knowledgeable about the submitting Business Entity's business and operations;
- have legal authority to bind the Business Entity;
- have read and understand all of the questions contained in the questionnaire, including all definitions;
- have not altered the content of the questionnaire in any manner;
- have reviewed and/or supplied full and complete responses to each question;
- have provided true, accurate and complete responses, including all attachments, if applicable;
- understand that New York State government entities will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- are under an obligation to update the information provided herein to include any material changes to the Business Entity's responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State government entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature of Official \_\_\_\_\_

Printed Name of Signatory \_\_\_\_\_

Title \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date \_\_\_\_\_



## QUICK GUIDE TO WORKERS' COMPENSATION AND DISABILITY INSURANCE DOCUMENTATION

The Office of the State Comptroller requires proof of (1) workers' compensation insurance coverage and (2) disability benefits insurance coverage when a state agency submits any type of agreement to the comptroller's office for approval.

This document is intended to assist businesses and other parties for expert service contracts to efficiently determine what form they should complete and submit concerning the New York State Workers' Compensation Program and Disability Insurance Program. This document does not constitute legal advice.

As an initial matter, businesses and other parties may wish to explore whether they are exempt from carrying (1) workers' compensation insurance coverage and/or (2) disability benefits insurance coverage. The business or other party can fill out Form CE-200 which is an Affidavit of Exemption from the workers' compensation and disability insurance coverage requirements if he or she is not required to carry the insurances.

Businesses and other parties may seek an exemption from workers' compensation requirement if:

- B. The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.
- C. The business is a LLC, LLP, PLLP or a RLLP; OR is a partnership under the laws of New York State and is not a corporation. Other than the partners or members, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.
- D. The business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.
- E. The business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must hold an office and own at least one share of stock). Other than the two corporate officers/owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.

Business and other parties may seek an exemption from disability requirement if:

- B. The business MUST be either: 1) owned by one individual; **OR** 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; **OR** 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); **OR** 4) is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

There are other potential grounds for an exemption, but they have not been discussed in this document. The paper version of form CE-200 is attached should the contractor wish to review it.



There are two ways to file the CE-200 Form: (1) via a paper submission or (2) and electronic submission.

*Paper* - The CE-200 application form should be completed in its entirety and submitted to the Workers' Compensation Board by mail or fax. The application will be processed in the order received and a certificate of attestation of exemption will be mailed to the applicant. This process may take up to four weeks to complete.

*Electronic* - For those who require an exemption immediately, please access the on-line application that can be found on the Board's website, at [www.wcb.ny.gov](http://www.wcb.ny.gov). Click the "WC/DB Exemption" button on the Board's main webpage and then click on "Request for WC/DB Exemption (Form CE-200)." Complete the CE-200 application questionnaire on-line. You will be able to immediately print the certificate of attestation of exemption after completing the on-line application to document that you have submitted the CE-200 form with the Workers' Compensation Board.

Businesses and other parties must provide a copy of the certificate of attestation (Form CE-200) or acceptable certification of (1) workers' compensation insurance coverage and (2) disability benefits insurance coverage to the Attorney General's Budget and Fiscal Management Bureau.

The five acceptable workers' compensation insurance certification forms are:

- Form C-105.2 – Certificate of Workers' Compensation Insurance issued by private insurance carriers;
- Form U-26.3-- issued by the State Insurance Fund;
- Form SI-12 – Certificate of Workers' Compensation Self-Insurance;
- Form GSI-105.2 Certificate of Participation in Workers' Compensation Group Self-Insurance; or
- Form CE-200 -- Certificate of Attestation of Exemption from Workers' Compensation and/or Disability Benefits insurance coverage.

The three acceptable disability insurance certification forms are:

- Form DB-120.1 - Certificate of Disability Benefits Insurance; or
- Form DB-155- Certificate of Disability Benefits Self Insurance
- Form CE-200 -- Certificate of Attestation of Exemption from Workers' Compensation and/or Disability Benefits insurance coverage. (Conveniently, this is the same form for exemption from Workers Compensation Insurance.)

Please note the NYS Office of the Attorney General should be listed as the "issuing government agency" on form CE-200 or "entity requesting proof of coverage" on forms C-105.2, GSI-105.2 and DB-120.1.

Questions regarding coverage requirements may be directed to Walter Peretti of the Workers' Compensation Board's Compliance Division at 518-402-8330 or [walter.peretti@wcb.ny.gov](mailto:walter.peretti@wcb.ny.gov).

**New York State Workers' Compensation Board**  
**Application for Certificate of Attestation of Exemption**  
**from New York State Workers' Compensation and/or Disability Benefits Insurance Coverage.**

For NYS workers' compensation exemption, this application may only be completed by entities with no employees or out-of-state entities obtaining contracts for which ALL work is performed outside of NYS. For NYS disability benefits exemption, it may only be completed by entities without employees or those with employees, as defined by the NYS Disability Benefits Law, working in NYS for less than thirty days in a calendar year.

A certificate of attestation of exemption can ONLY be used to attest to a government entity that the applicant requesting a permit, license or contract from that government entity is not required to carry workers' compensation and/or disability benefits insurance.

The application must be completed in its entirety and submitted to the Workers' Compensation Board by fax or mail. The application will be processed in the order received and a certificate of attestation of exemption will be mailed to the applicant. This process may take up to four weeks.

To obtain a certificate immediately, please use the *on-line application* at [www.wcb.ny.gov](http://www.wcb.ny.gov). Once the application is completed on-line, you can immediately print the certificate on your printer.

Please review the separate instructions (form CE-200 instructions) prior to completing this application. Please print clearly.

**1. Applicant Personal Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country (If other than U.S.) \_\_\_\_\_

Personal Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**2. Your Title** (check only one)

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Sole Proprietor                    | <input type="checkbox"/> Treasurer    |
| <input type="checkbox"/> President                          | <input type="checkbox"/> Partner      |
| <input type="checkbox"/> Vice President                     | <input type="checkbox"/> Member       |
| <input type="checkbox"/> Secretary                          | <input type="checkbox"/> Trustee      |
| <input type="checkbox"/> Homeowner                          | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Other (please provide title) _____ |                                       |

**3. Legal Entity Information:**

Business Federal ID (If none, enter social security number): \_\_\_\_\_

Legal Entity Name: \_\_\_\_\_

Doing Business As Name \_\_\_\_\_

Business Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Check here if business address is the same as the applicant's personal address. If different, enter business address below.

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country (If other than U.S.) \_\_\_\_\_

**4. Permit/License/Contract Information:**

A. Nature of Business:(please check only one)

- |   |  |
|---|--|
| <input type="checkbox"/> Construction/Carpentry       | <input type="checkbox"/> Electrical          |
| <input type="checkbox"/> Demolition                   | <input type="checkbox"/> Landscaping         |
| <input type="checkbox"/> Plumbing                     | <input type="checkbox"/> Farm                |
| <input type="checkbox"/> Restaurant / Food Service    | <input type="checkbox"/> Trucking / Hauling  |
| <input type="checkbox"/> Food Cart Vendor             | <input type="checkbox"/> Horse Trainer/Owner |
| <input type="checkbox"/> Homeowner                    | <input type="checkbox"/> Hotel / Motel       |
| <input type="checkbox"/> Bar / Tavern                 | <input type="checkbox"/> Mobile - Home Park  |
| <input type="checkbox"/> Other (please explain) _____ |  |

B. Applying for:

- License (list type) \_\_\_\_\_
- Permit (list type) \_\_\_\_\_
- Contract with Government Agency

Issuing Government Agency: \_\_\_\_\_  
 (e.g. New York City Building Department, Ulster County Health Department, New York State Department of Labor, etc.)

**5. Job Site Location Information: (Required if applying for a building, plumbing, or electrical permit)**

A. Job Site Address

Street address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

B. Dates of project: (mm/dd/yyyy) \_\_\_\_\_ to:(mm/dd/yyyy) \_\_\_\_\_

Estimated Dollar amount of project:

- |  |   |
|--|---|
| <input type="checkbox"/> \$0 - \$10,000      | <input type="checkbox"/> \$50,001 - \$100,000 |
| <input type="checkbox"/> 10,001- \$25,000    | <input type="checkbox"/> Over \$100,000       |
| <input type="checkbox"/> \$25,001 - \$50,000 |   |

**6. Partners/Members/Corporate Officers -must list all with titles except for limited partnerships which must include only general partners. Sole proprietors can skip this section.**

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

**(Attach additional sheet if necessary)**

**Employees of the Workers' Compensation Board cannot assist applicants in answering questions in the following two sections. Please contact an attorney if you have any questions regarding these sections.**

**7. Please select the reason that the legal entity is NOT required to obtain New York State Specific Workers' Compensation Insurance Coverage:**

- A. The applicant is NOT applying for a workers' compensation certificate of attestation of exemption and will show a separate certificate of NYS workers' compensation insurance coverage.
- B. The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.
- C. The business is a LLC, LLP, PLLP or a RLLP; OR is a partnership under the laws of New York State and is not a corporation. Other than the partners or members, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.
- D. The business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.
- E. The business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must hold an office and own at least one share of stock). Other than the two corporate officers/owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.
- F. The applicant is a nonprofit (under IRS rules) with NO compensated individuals providing services except for clergy; or is a religious, charitable or educational nonprofit (Section 501(c)(3) under the IRS tax code) with no compensated individuals providing services except for clergy providing ministerial services; and persons performing teaching or nonmanual labor. [Manual labor includes but is not limited to such tasks as filing; carrying materials such as pamphlets, binders, or books; cleaning such as dusting or vacuuming; playing musical instruments; moving furniture; shoveling snow; mowing lawns; and construction of any sort.]
- G. The business is a farm with less than \$1,200 in payroll the preceding calendar year.
- H. The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has no employees, day labor, leased employees, borrowed employees, part-time employees or subcontractors. The homeowner ONLY has uncompensated friends and family working on his/her residence.
- I. Other than the business owner(s) and individuals obtained from a temporary service agency, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. Other than the business owner(s), all individuals providing services to the business are obtained from a temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock). A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.  
Temporary Service Agency

Name \_\_\_\_\_ Phone # \_\_\_\_\_

- J. The out-of-state entity has no NYS employees and/or NYS subcontractors AND ALL work related to the permit, license or contract is done outside of NYS; OR ALL employees are direct employees of a government entity outside of New York. Please provide coverage information.

Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Policy start date \_\_\_\_\_ Policy expiration date \_\_\_\_\_

**8. Please select the reason that the legal entity is NOT required to obtain New York State Statutory Disability Benefits Insurance Coverage:**

- A. The applicant is NOT applying for a disability benefits exemption and will show a separate certificate of NYS statutory disability benefits insurance coverage.
- B. The business MUST be either: 1) owned by one individual; **OR** 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; **OR** 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); **OR** 4) is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)
- C. The applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.
- D. The applicant is a nonprofit (under IRS rules) with NO compensated individuals providing services except for clergy; or is a religious, charitable or educational nonprofit (Section 501(c)(3) under the IRS tax code) with no compensated individuals providing services except for executive officers, clergy, sextons, teachers or professionals.
- E. The business is a farm and all employees are farm laborers.
- F. The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)
- G. Other than the business owner(s) and individuals obtained from the temporary service agency, there are no other employees. Other than the business owner(s), all individuals providing services to the business are obtained from a temporary service agency and that agency has covered these individuals for New York State disability benefits insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock). A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.

**9. I affirm that due to my position with the above-named business I have the knowledge, information and legal authority to make this Application for Certificate of Attestation of Exemption. I hereby affirm that the information provided above is true and that I have not submitted any materially false statements and I make this application for a Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation, or concealment will subject me to felony prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State Laws.**

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Signature Title Date



**NEW YORK STATE OFFICE OF THE STATE COMPTROLLER**  
**SUBSTITUTE FORM W-9:**  
**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION**

**TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.**

**Part I: Vendor Information**

1. Legal Business Name:

2. Business name/disregarded entity name, if different from Legal Business Name:

3. Entity Type (Check one only):

- Individual Sole Proprietor  
 Partnership  
 Limited Liability Co.  
 Corporation  
 Not For Profit  
 Trusts/Estates  
 Federal, State or Local Government  
 Public Authority  
 Disregarded Entity  
 Other \_\_\_\_\_

**Exempt Payee**

**Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type**

1. Enter your TIN here: (*DO NOT USE DASHES*)  
See instructions.

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2. Taxpayer Identification Type (check appropriate box):

- Employer ID No. (EIN)  
 Social Security No. (SSN)  
 Individual Taxpayer ID No. (ITIN)  
 N/A (Non-United States Business Entity)

**Part III: Address**

1. Remittance Address:

2. Ordering Address:

Number, Street, and Apartment or Suite Number

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

City, State, and Nine Digit Zip Code or Country

Email Address

**Part IV: Vendor Primary Contact Information – Executive Authorized to Represent the Vendor**

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Part V: Certification and Exemption from Backup Withholding**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (TIN), and
2. I am a U.S. citizen or other U.S. person, and
3. (Check one only):
  - I am not subject to backup withholding.** I am (a) exempt from back up withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding), or
  - I am subject to backup withholding.** I have been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, and I have not been notified by the IRS that I am no longer subject to back withholding.

**Sign Here:**

Signature	Title	Date
Print Preparer's Name	Phone Number	Email Address

**DO NOT SUBMIT FORM TO IRS – SUBMIT FORM TO NYS ONLY AS DIRECTED**

## NYS Office of the State Comptroller Instructions for Completing Substitute Form W-9

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New York State (NYS) must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYS Office of the State Comptroller uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding.<sup>1</sup> We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

Any payee/vendor who wishes to do business with New York State must complete the Substitute Form W-9. Substitute Form W-9 is the only acceptable documentation. We will not accept IRS Form W-9.

### ***Part I: Vendor Information***

1. **Legal Business Name:** For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **Business name/disregarded entity name, if different from Legal Business Name:** Enter your DBA name or another name your entity is known by.
3. **Entity Type:** Check the Entity Type doing business with New York State.

### ***Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type***

The TIN provided must match the name in the "Legal Business Name" box to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, refers to IRS W-9 instructions for additional information. For other entities, it is your employer identification number (EIN). If you do not have a number or if the account is in more than one name, refer to IRS W-9 instructions for additional information.

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN).
2. **Taxpayer Identification Type:** Check the type of identification number provided.

### ***Part III: Address***

1. **Remittance Address:** Enter the address where payments, 1099s, if applicable, and official correspondence should be mailed. This will become the default address.
2. **Ordering Address:** Enter the address where purchase orders should be sent. Please note that purchase orders will be sent via email by default.

### ***Part IV: Vendor Primary Contact Information***

Please provide the contact information for an executive at your organization. This individual should be the person who makes legal and financial decisions for your organization. Name, phone number and email address are required.

### ***Part V: Certification and Exemption from Backup Withholding***

Check the appropriate box indicating your exemption status from backup withholding. Individuals and sole proprietors are not exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments. Refer to IRS Form W-9 instructions for additional information. The signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

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<sup>1</sup> According to IRS Regulations, OSC must withhold 28% of all payments if a payee/vendor fails to provide OSC its certified TIN. The Substitute Form W-9 certifies a payee/vendor's TIN.