



Invitation for Bids (IFB) 24-005
Process Services

Bid Number: 24-005	Bid Issued: 8/6/2024
Bid Description: Process Services	Bid Due Date and Time*: 8/28/2024 5:00PM
<p>Submittal Timeline: The Bidder is responsible for ensuring timely proposal 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 bid due date and time of this IFB will be considered a “no bid” or “late bid”.</p> <p>Submission of Questions: 8/15/2024 by 5:00 pm EST All questions and clarification request must cite the particular page, section, and paragraph number, where applicable. Questions and/or clarification request will only be accepted via e-mail and in writing and should be submitted to the following e-mail address: purchase@ag.ny.gov with the subject line of “Questions for Process Services IFB 24-005 from [insert name of firm or organization]”.</p> <p>OAG Issuance of Answers: 8/19/2024 Official answers to questions will be provided via addendum and posted to the OAG website: https://ag.ny.gov/resources/organizations/contract-procurement-opportunities/invitation-bids . Answers will also be emailed to all organizations who received this solicitation via email.</p> <p>*Proposal Submissions must be received by OAG prior to the bid due date and time AND submitted via e-mail to purchase@ag.ny.gov with the subject line “Proposal for Process Services IFB 24-005 from [insert name of firm or organization]”.</p> <p>Contract Start Date: Upon Office of the State Comptroller (OSC) Approval</p>	
<p>In compliance with Procurement Lobbying Law, contacting anyone other than designated herein may result in rejection of Application. Primary Designated Contact: James Busta, Contract Management Specialist Trainee Budget and Fiscal Management Bureau Office of the New York Attorney General State Capitol Albany, New York 12224-0341 Telephone: (518) 776-2129 E-Mail: purchase@ag.ny.gov</p>	<p>In the event the Primary designated contact is not available, the alternate designated contact is:</p> <p>Christopher Reksc, 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: purchase@ag.ny.gov</p>
<p>NYS CONTRACT REPORTER Bidders must register with the New York State Contract Reporter (NYSCR) at https://www.nyscr.ny.gov/ 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

1.1 Bid Overview

The New York State Office of the Attorney General (OAG) is seeking process service vendors to provide cost effective process services with proven record of successful service and experience in the industry throughout New York State, and outside New York State, within the United States, including Alaska, Hawaii, Puerto Rico and the U.S. Territories, as well as, Canada. Although the service is sought primarily to serve the needs of the Civil Recoveries Bureau which is engaged in collection of debts owed to the State of New York, other Bureaus of the Office of the Attorney General may also utilize the service.

The OAG is soliciting bids for service of summonses and other legal papers and proof of service thereof by affidavit of service. The term “summons,” used hereinafter, shall mean any papers for which the OAG requests service, which shall include but not be limited to a summons with notice, summonses and complaints, notices of petition and petitions, notices of motion and supporting papers, subpoenas, citations, orders, and judgments. The number of summonses issued from June 1, 2019 through May 31, 2024 was approximately 29,770.

This bid solicitation outlines the terms and conditions, and all applicable information required for submitting a bid. Bidders should pay strict attention to the submission date and time on the cover page of this document to prevent disqualification.

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SECTION 2. BACKGROUND

2.1 Agency Background

As head of the Office of the Attorney General, the Attorney General is both the “People’s Lawyer” and the State’s chief legal officer. The New York State Attorney General serves as one of the four statewide officials elected by popular vote.

As the “People’s Lawyer”, the Attorney General serves as the chief guardian of the legal rights of the citizens of New York, its businesses and its natural resources. In his/her role as the State’s chief legal counsel, the Attorney General is responsible for supervising the State government’s legal affairs. The Attorney General not only advises the Executive branch of State government, but also prosecutes and defends all actions and proceedings on behalf of, and against, the State.

The Attorney General serves all New Yorkers in the numerous matters affecting their daily lives. The Attorney General’s Office is charged with myriad statutory and common law duties and has concomitant enforcement powers. The Attorney General protects consumers and investors against fraud, protects the public health and the environment against polluters, enforces State civil rights laws, and works to ensure the rights of wage earners and businesses across the State are not unlawfully abridged.

The Attorney General also commences certain statewide criminal prosecutions and directs the activities and investigations of the Organized Crime Task Force and Medicaid Fraud Control Unit. The Medicaid Fraud Control Unit investigates and prosecutes criminal actions emanating from nursing homes, hospitals and the Medicaid system in New York State. While the Attorney General acts independently of the Governor, there are cases in which the Governor may direct the Attorney General to undertake specific criminal investigations and prosecutions. The New York State Office of the Attorney General has locations in every major population area in the State, with approximately twenty-eight (28) offices from Buffalo to Stony Brook.

2.2 Civil Recoveries Bureau Background

The mission of the Civil Recoveries Bureau is to recoup money owed to the State of New York through affirmative litigation. The Bureau's work is carried out by its ten units, five of which are based in Albany office and the remaining five in at or near the five state hospitals. The Albany office consists of five units and include the General Recoveries Unit, Mental Hygiene Unit, Oil Spill Unit, Student Recoveries Unit and the Bankruptcy Unit. The General Recoveries Unit cases range from property damage claims to enforcement of unpaid fines and penalties assessed by state agencies to vehicle seizures. In addition to

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litigating hundreds of routine matters, the unit also handles complex and novel matters involving substantial debts owed to the State. The Mental Hygiene Unit recovers the cost of care at state mental hygiene facilities from patients and consumers who have assets. The unit is also involved in the creation of supplemental needs trust and applications for the appointment of guardians. The Oil Spill Unit recovers the cost of re-mediating petroleum spills from responsible parties. Student Recoveries handles delinquent student loan and SUNY tuition obligation cases. The Bankruptcy Unit protects State entities in Bankruptcy proceedings primarily in the Northern and Western Districts. The five hospital-based units are engaged in the collection of delinquent patient accounts, and they serve the Roswell Park Cancer Institute Corporation (in Buffalo), Helen Hayes Hospital (in West Haverstraw); Downstate University Hospital (in Brooklyn); SUNY Upstate Medical University (in Syracuse); and Stony Brook University Hospital (in Stony Brook). The bureau also recovers the cost of care at the State's Veteran' Homes in Montrose, Batavia, Oxford and St. Albans through its Helen Hayes Hospital office.

SECTION 3 BID QUESTIONS AND BID SUBMISSIONS

3.1 IFB Questions/Inquiries and/or Clarifications

All questions/inquiries and/or clarifications concerning this bid solicitation shall be addressed to the Office of the Attorney General (OAG) designated contact. All questions should be submitted by email to purchase@ag.ny.gov with the subject line: IFB # 24-005 Process Services – Q&A. Cite the particular bid section and paragraph number the question relates to. Prospective Bidders should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be resolved prior to the submission of a bid.

Questions/inquiries and/or requests for clarification are only accepted via e-mail. Official answers to questions will be provided via addendum posted to the OAG website (<https://ag.ny.gov/budget-and-fiscal-management-bureau-procurement>) and the NYS Contract Reporter (<https://www.nyscr.ny.gov/agency/index.cfm>). Deadline for submission of questions will be as stated on the cover page of this document.

3.2 Bid Format and Content

In order for the State to evaluate bids fairly and completely, bidders must follow the format set forth herein and must provide all of the information requested. All items identified in the following list must be addressed as concisely as possible in order for a bid to be considered complete. Failure to conform to the stated requirements may necessitate rejection of the bid. Bidder must supply copies of all documents listed below for their bid submission to be considered complete. All materials shall be

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attached, clearly labeled and sent via email, in a manner to allow for ease of separation in evaluating bids.

3.2.1 Attachment I - Bid Response Cover Form (see excel workbook). The form must be completed in its entirety and a bidder representative authorized to make contractual obligations must sign the Bid Response Cover Form. By signing the Bid Response Cover Form, the bidder understands and agrees to all the terms and conditions contained in this IFB and will comply with all the provisions of this IFB and appendices attached herein.

3.2.2 Bidders must describe their capabilities to provide the services requested in this IFB by providing a narrative of the following:

3.2.2.1 Experience. This section should give a summary of the Proposers history, experience and qualifications, including years in the business, locations, size, growth and financial stability. See section 4.

Note: The OAG retains the right to request any additional information pertaining to the Contractor's ability, qualifications, and procedures used to accomplish all work under the resulting contract, as it deems necessary to ensure safe and satisfactory work.

3.2.2.2 Staffing and Operational Plan. This section should detail how the Proposer intends to address each requirement described in Section 5.1 – Mandatory Requirements. In addition, indicate the use of any subcontractors. Include the names of employees or subcontractors responsible for their role in servicing the contract, their function in the company, their title, and number of years with the Proposer's firm. Also, should include details of how the bidder intends to provide services in the region(s) that they bid on.

3.2.2.3 Past Performance and Service. Provide for the most recent business year: the number of summonses (rounded to nearest 100) served by the bidder; the rate at which in-hand service, substituted service and Nail and Mail service (rounded to the nearest 5%) is achieved and the rate of non-service (rounded to the nearest 5%) in each Region that your firm is bidding.

3.2.3 Procurement Lobbying Form

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- 3.2.4** NYS Vendor Responsibility Questionnaire for Profit Business Entity, may be electronically filed
- 3.2.5** ST-220-CA Contractor Certification to Covered Agency
- 3.2.6** ST-220-TD Contractor Certification
- 3.2.7** NYS Office of the State Comptroller Substitute W-9
- 3.2.8** Acceptable Proof of NYS Worker's Compensation and Disability Coverage is not required for Bid Submission **but will be required before a contract can be executed with awarded bidders.** (Refer to section 7.11 – Workers' Compensation Insurance and Disability Requirements for acceptable forms).
- 3.2.9** **Attachment II – Bidder Financial Response Form (see excel workbook)** - The Financial Response Form includes estimated summonses for the period December 1, 2024 through November 30, 2029. These estimates are based on historical usage. The volume of work cannot be predicted in advance and there is no minimum purchase guarantee in the resulting contract(s). The Prices Quoted shall be inclusive of all costs including travel, licenses, insurance, administrative, and other ancillary costs. For the purposes of this contract, full service shall mean that the Contractor's bid price includes: all labor and equipment cost; reporting or other requirements; all overhead costs and profit. Details of service not explicitly stated in these specifications, but necessarily attendant thereto are deemed to be understood by the Contractor and included herein.

3.3 Bid Submission

Bids shall be prepared on forms furnished by OAG; shall be manually signed by an authorized official of the company submitting the bid and shall be submitted in an electronic version. Please submit all the required documents adhering to instructions listed in Section 3.2 – Bid Format and Content. Failure to complete all information on the bid or attach all required documents by the submission deadline may result in disqualification. All bids shall be emailed to purchase@ag.ny.gov, with the Subject Line: Bid for IFB #24-005 for Process Services.

SECTION 4 BIDDER REQUIREMENTS

The following minimum requirements must be met by each bidder and evidence should be submitted per instructions in Section 3.2 Bid Format and Content:

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- 4.1** The successful bidder(s) shall be able to effectuate service of process for the region(s) that they bid on throughout New York State, outside of New York State within the United States, including Alaska, Hawaii, Puerto Rico and the U.S. Territories, as well as Canada on a case by case basis, and must comply with all relevant federal, state, and local laws and rules, including, but not limited to the New York General Business Law, New York Civil Practice Law and Rules, and the New York Business Corporation Law (Authorized Signature required on Bid Response Cover Form to certify compliance of these Laws).
- 4.2** The successful bidder(s) shall have at least five (5) years' experience in service of process throughout New York State and/or the region(s) in which they bid on. Requisite experience must include comparable scope, services, and timelines as set forth in Section 5 – Bidder Scope of Services.
- 4.3 Licensure Requirement:**
- The City of New York requires all persons who serve process within its five (5) boroughs (Bronx, Brooklyn, Manhattan, Queens & Staten Island) to be licensed through the NYC Department of Consumer Affairs. Refer to {Rules of City of NY Department of Consumers Affairs [6 RCNY] § 2-231 et seq. Administrative Code of City of NY § 20-403 et seq.} www.nyc.gov {Department of Consumer Affairs). Any successful bidder for the New York City region and any subcontractor used in the City of New York must be in compliance of this provision. Compliance with any other similar provisions for other regions shall be likewise required.
- 4.4** The successful bidder(s) shall perform all services under this contract in a professional manner and in accordance with the highest standards recognized within the process serving industry.
- Note:** The OAG retains the right to request any additional information pertaining to the Contractor's ability, qualifications, and procedures used to accomplish all work under this contract, as it deems necessary to ensure safe and satisfactory work.

SECTION 5 BIDDER SCOPE OF SERVICES

5.1 Service of Process Mandatory Requirements

Under the direction of the OAG, the contractor **must:**

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- 5.1.1** Provide service of process in accordance all relevant federal, state, and local laws and rules, including, but not limited to the New York General Business Law, New York Civil Practice Law and Rules, and the New York Business Corporation Law.
- 5.1.2** Provide service of process with due diligence, as that term is defined by relevant statutory and caselaw, and the affidavit of service shall contain sufficient allegations of sworn fact showing such due diligence. In addition to attempting service at the defendant's actual residence and place of business, an effort must be made to attempt to deliver to a person of suitable age and discretion.
- 5.1.3** Provide service of process at various hours to have a successful rate. Service of process attempts shall include those made during the early morning, late evening and on non-religious observed weekends, except Sunday.
- 5.1.4** Provide service of process by delivery personally, where a copy of the summons may be served to the defendant in his or her hand (in-hand). Four (4) attempts at in-hand service are required and must include a minimum of one (1) attempt after 7:00 pm on a weekday or on a non-religious observed weekend, except Sunday. Summonses served in this manner and for this bid are defined as regular service for the basis of unit price.
- 5.1.5** Provide service of process by substituted delivery, if unable to effectuate service by in-hand service. In the event substituted delivery is effected, the OAG requires that the affidavit of service contain the first and last name of the individual who received the summons and a physical description of the person served. In addition, the relationship to the defendant should be specified, i.e., husband, wife, co-tenant, etc. Although it is understood that it is not always possible to elicit the full name and relationship of the person on which substituted service is made, the OAG expects the contractor to make every effort to ascertain this information.
- 5.1.6** Provide service of process by "Nail and Mail", if unable to effectuate service by in-hand or substituted delivery with due diligence. The affidavit of service must contain the basis of the process server's belief that the defendant actually resides at the subject residence. Where service has been effectuated by affixing to the door, the process server shall identify the manner by which the address of the defendant has been verified, and if the address has been verified by an individual such as a neighbor, the affidavit of service must contain a description of the person who verified the address.

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5.1.7 Provide an Affidavit of Service or Affidavit of Due Diligence of all attempts at serving summons. An original and one copy of the Affidavit of Service or Affidavit of Due Diligence should be returned to the OAG, accompanied by two copies of a numbered invoice which must include the name of the case, address of person being served, the name of the process server, the cost of service, and any remarks appropriate to the service as defined above, i.e., personal service, husband, name of neighbor, etc. The OAG additionally requires that one copy of the summons be returned with the above-mentioned documents.

NOTE: The OAG requires that all Affidavits of Service be typewritten, or machine printed. Some offices may request that index numbers be obtained from, and/or affidavits of service be filed with, the county clerk.

The process server shall verify military/non-military status for all defendants. The affidavit shall contain a description of the means by which the military status of the defendant was determined and, if verification was provided by an individual, a description and/or identification of that individual.

5.1.8 GPS & photographic record of service. In addition to an affidavit of service or affidavit of due diligence, the Contractor shall provide the OAG with a record indicating the date, the time of day, and the GPS derived location of the service or attempted service, together with a photograph of the location where service was effected or attempted. Such record should be transmitted to the OAG by electronic means monthly.

5.2 Time Requirements for Service and Documentation of Compliance

The following deadlines must be met by the Contractor regarding each summons, except for rush services, as defined in section 5.4:

5.2.1 First Service Attempt. The first attempt at service must be performed within five (5) business days of the date the Contractor receives a summons to be served within the Contractor's in-state region, and within seven (7) business days for a summons requiring out-of-state service.

5.2.2 Return of summonses not served with Affidavit of Due Diligence. If the Contractor is unable to serve a summons submitted to the Contractor with a "serve-by" date, the Contractor shall mail the Summons and Affidavit of Due Diligence to the Bureau that

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requested service no later than five (5) business days for in state, or seven (7) business days for out of state, following completion of the Contractor's due diligence attempts at service, or prior to the "serve-by" date, whichever comes first. If a "serve-by" date is not indicated, the Contractor must return to the OAG any summons it fails to serve, together with an Affidavit of Due Diligence, within thirty (30) days of the date the Contractor receives a summons to be served.

5.2.3 Documentation of compliance. All service attempts defined below as "Successful Service" or "Bad Address Non-Serve," must be documented on any affidavit of service or affidavit of due diligence. For each Successful Service the completed Affidavit of Service shall be mailed to the OAG Bureau that requested the service on or before the seventh (7th) business day after the date of Successful Service. Contractor must respond to all the Department of Law's questions and requests for updates about the progress of service for any case within 24 hours.

5.2.4 Failure to Comply. The failure of the Contractor to consistently comply with the time and documentation requirements set forth in section 5.2 will result in the termination of this contract or the nullification of payment to the Contractor for such service or service attempts for which the Contractor failed to comply.

5.3 Contract Payment Methodology

As set forth below, the OAG will pay the Contractor only for one (1) Successful Service or one (1) Bad Address Non-Serve per defendant to be served. The Contractor will not be paid multiple fees for repeated attempts to serve the same summons. Multiple documents submitted to the Contractor for simultaneous service upon one defendant shall constitute one request for service and shall potentially entitle the Contractor to one fee.

The Contractor shall be paid for services rendered as set forth below:

5.3.1 Successful Service, Definition. The term "successful service," used herein, shall mean the completion of service of a summons in accordance with New York State Law, or such other law deemed appropriate and necessary per the specific service in question, to the satisfaction of the OAG, and which service results in the timely completion (timely in accordance with the applicable law and the specific Time Requirements set forth in section 5.2) and the legally and contractually timely return of an appropriate, legally

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sufficient affidavit of service and supporting GPS/photographic supporting documents to the OAG no later than 60 days after Contractor's receipt of the summons from the OAG.

- 5.3.2 Payment for Successful Service.** The OAG will pay the Contractor a flat fee, as stated in the resulting contract, for each Successful Service for which a properly and timely completed and legally sufficient Affidavit of Service, together with GPS/photographic support documentation, is mailed to the OAG on or before the seventh (7th) Business Day after the date of Successful Service.
- 5.3.3 Bad Address Non-Serve, Definition.** The term "bad address non-serve," used herein shall refer to a summons service that cannot be successfully served at the address provided by the OAG, after due diligence was exercised in the Contractor's attempts to serve the summons, and the Contractor subsequently obtained proof that the person to be served did not reside at such address, or was not employed at such address at the time of service, and the Contractor thereafter attempts to obtain a new address as per section 5.3.4. For example, if the Contractor responds to the address provided by the OAG for service and discovers that it is a vacant lot or building, or if the Contractor speaks to a person at that address, or a neighboring address, and receives credible evidence that the person upon whom service is sought no longer resides or works there, or is deceased, etc.
- 5.3.4 Payment for Bad Address Non-Serves.** If service cannot be initially accomplished at the address provided by the OAG, the Contractor must attempt to obtain a new address from the current residents, neighbors, or apartment managers, or by other means. If a new address is obtained by the Contractor or by the OAG, and it is in the same contract region, the Contractor must attempt to serve the defendant at the new address and the Contractor will be entitled to one fee for one Successful Service if the Contractor is able to successfully serve the summons.

Contractor may be eligible for a flat fee, equal to 25% of the Successful Service fee that is ultimately set in the final contract, for each qualifying Bad Address/Non-Serve. If a new address is obtained and the new address is outside of the contract region, or if the Contractor attempts to find a new address, but cannot do so, then the Contractor may timely submit an Affidavit of Due Diligence that includes the new, out-of-region address

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information, if applicable, and the Contractor will be entitled to submit a request for compensation for one Bad Address Non-Serve for OAG review and possible approval. If the Affidavit of Due Diligence is not received by the OAG in a timely manner, as described in Section 5.2.2, no payment will be due to the Contractor.

- 5.3.5 Service Attempts for Which Contractor Will Not Be Paid.** No fee will be paid if the Contractor's service attempts do not result in either a Successful Service or a timely and properly documented OAG-approved Bad Address Non-Serve. No fee will be paid if the contractor fails to provide the OAG with a legally sufficient affidavit of service or GPS photo within the time periods prescribed in section 5.2. No fee will be paid if the Contractor does not adhere to the time requirements set forth in sections 5.1 and 5.2 herein, regardless of whether the summons was served or not.

The Office of the Attorney General reserves the right to determine if the Contractor has satisfied the contractual requirements necessary to earn a fee for each service or non-service.

- 5.3.6 Re-Start Fee.** The contractor shall credit the OAG with a re-start fee of \$15.00 to offset the operational costs of the OAG if the Contractor's failure to serve process in a timely manner or provide an affidavit of service in a timely manner as described above results in the discontinuance of the proceeding and the filing of a new action.

5.4 Special Fees Requirements

- 5.4.1** Provide **rush service** on an "as needed" basis. **Rush service** is defined as one where the OAG requires the contractor to serve summons within 24-72 hours of receipt of such request.
- 5.4.2** Provide **skip tracing** in the event that the address is no longer valid. If a separate and/or additional fee is being charged for skip tracing, the contractor must request and receive authorization from the OAG prior to the skip tracing. DMV searches and Postmaster letters are not considered skip tracing; they are considered a cost of doing business and are assumed to be included in the fee for service. The fee, if any, will only be paid if the summons is served.
- 5.4.3** Provide a Witness for court to testify as to the service of process, on an "as needed" basis, in the event a Traverse Proceedings is commenced. The charge for a

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Testimony/Appearance Fee is hourly based charge and the OAG **shall not** pay for any travel-related expenses (e.g., airfare, mileage, lodging, meals, etc.) associated to this fee.

5.4.4 Social Media Service is a form of service effected through a defendant's social media account, such as Facebook. Such service would only be requested if there is a court order directing it. The specific terms of such a court order will necessarily vary.

5.5 Regions for Service of Process

- o **Capitol Region:** Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady & Schoharie.
- o **Central NY:** Cayuga, Chenango, Cortland, Delaware, Madison, Oneida, Onondaga, Oswego, Otsego & Seneca.
- o **Hudson Valley:** Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster & Westchester.
- o **New York City/Long Island:** Bronx, Kings, New York (Manhattan), Nassau, Queens, Richmond & Suffolk.
- o **North Country:** Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, St. Lawrence, Warren & Washington.
- o **Southern Tier:** Allegany, Broome, Cattaraugus, Chautauqua, Chemung, Schuyler, Steuben, Tioga, Tompkins & Yates.
- o **Western NY:** Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Wayne & Wyoming.
- o **Outside of New York State,** within the United States, including Alaska, Hawaii, Puerto Rico, US Territories and Canada.
- o **Europe**

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5.6 Reporting Requirements

The Contractor shall furnish 3 monthly status reports to the OAG Budget and Fiscal Management Bureau. The status reports shall be transmitted securely, in electronic Excel spreadsheet format, by the 10th of each month, and they shall contain the following information on the attachment provided:

- 5.6.1 Orders Received:** A listing of all orders placed by the OAG during the previous month. For each order, identify the index number, the date the index number was issued by the county clerk, a breakdown of the type of documents received for service, the person(s) to be served, the date the Contractor received the papers to serve, and the office that sent the papers to the Contractor.
- 5.6.2 Served/Non-serves:** An additional report shall be provided that sets forth all orders for which service was effected during the previous month, or which were returned as non-serves. This report shall also set forth the type of service effected (i.e., in-hand, suitable-age-and-discretion, or nail and mail), the date the Affidavit of Service of Affidavit of Due Diligence was mailed to the OAG, as well as the fields required in 5.6.1, above. The report shall provide a number total for each type of service and for non-serves.
- 5.6.3 Service Outstanding:** An additional report shall be provided that sets forth all orders for which service has not yet been effected or which have not yet been returned as non-serves. The report shall identify the index number, the date the index number was issued by the county clerk, a breakdown of the type of documents received for service, the person(s) to be served, the date the Contractor received the papers to serve, and the office that sent the papers to the Contractor. The report shall provide a number total for the orders for which service is outstanding.

5.7 CONFIDENTIALITY AND DATA SECURITY

The Contractor and its subcontractors shall keep confidential any and all personal information it obtains or is provided regarding persons upon whom service is requested. By accepting this contract, the Contractor represents that it and its subcontractors are familiar with and shall abide by all federal, state, and local laws applicable to the confidentiality, use, and safekeeping of defendants' personal information, and it further represents that it shall only use such personal information to locate and effect service upon defendants in furtherance of this contract. Such privacy laws include, but are not limited to, the federal Driver's Privacy Protection Act (DPPA), which regulates the use of personal information contained in Department of Motor Vehicle (DMV) records. See, 18 USC § 2721 et seq. The

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Contractor acknowledges that using or communicating DMV personal information for any reason other than a DPPA permissible use is a violation of law that will subject the violator to civil suit and criminal prosecution under. See, 18 USC §§ 2723; 2724. In addition, if the Contractor or its subcontractors violate the DPPA, or any other federal, state, or local law relating to the confidentiality of defendants' personal information, the OAG may immediately terminate this contract.

SECTION 6 ADMINISTRATIVE INFORMATION

6.1 Method of Award

The OAG shall make award(s) by "Best Price" Grand Total per Region to the three (3) lowest **responsible** and **responsive** Bidder(s), where applicable, meeting all terms and conditions as outlined in this IFB.

Responsive bids: will include all of the completed documents and attached requested for submission in Section 3. In addition, responsive bids will have passed the OAG's review of Experience. Responsive bids are those that comply with all material aspects of the solicitation, conform to the solicitation documents and meet the requirements set forth in this solicitation. Bids that do not comply with the terms and conditions of the solicitation will be rejected as non-responsive.

Bidder Responsibility: Using the Vendor Responsibility Questionnaire completed by the bidder, any information disclosed by the bidder, and various online resources, the OAG will review bidder responsibility for the following criteria (pass/fail):

1. Financial and organizational capacity
2. Legal/regulatory authority to do business
3. Integrity, and
4. Performance history.

Bidders deemed to be non-responsive will not be considered for final award.

6.2 Administrative Review – Bids will be reviewed for completeness on a **pass/fail** basis. Bids that do not meet the Bid Submission and Content Requirements outline in Section 3.2 of this IFB may be deemed **non-responsive** by the OAG and given no further consideration.

6.3 Bidder Narrative Review - Bidders must describe their capabilities to provide the services requested in this IFB by providing a narrative detailing: Experience, Staffing and Operational Plans, & Past Performance and Service. Bidders must demonstrate they are capable of

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performing services of the size and scope of this IFB. OAG will review narratives on a **pass/fail** basis. OAG may request additional information and/or clarification during review. Bidders who fail this review will be deemed **non-responsive** by the OAG and given no further consideration.

- 6.4 Award and Ranking** - Award of a contract, if awarded, will be made to the three (3) bidders who (a) submit a responsive bid; (b) is a responsible bidder; and (c) is one of the three lowest Grand Total bids per Region. The first lowest responsible and responsive Bidder for a region will be considered and/or awarded as the Primary Contractor for that region. The second lowest responsible and responsive Bidder for a region will be considered and/or awarded as the Secondary Contractor for that region. The second lowest responsible and responsive Bidder for a region will be considered and/or awarded as the Tertiary Contractor for that region. If there is no second or third lowest Bidder in a region then the Primary Bidder will be the sole Contractor for that region. Bidders may submit pricing for one, several or all Regions. Multiple awards may be made to one or more responsive and responsible bidders to meet the needs of the OAG.

The Contractor(s) shall accept all jobs requested by the OAG for service identified in the contract and for region(s) awarded to them. If Primary Contractor is unavailable to provide the service, the Secondary Contractor will be selected for that service. If the both the Primary and Secondary Contractor is unavailable to provide the service, the Tertiary Contractor will be selected for that service. If a requested service is not on contract, the Contractor shall not perform such service until receiving an official Purchase Order from the OAG Budget and Fiscal Management Purchasing Bureau to ensure that the non-contract service will receive payment.

A response to the solicitation is an offer to contract with the OAG based on the terms and conditions contained therein. Bids do not become contracts until they are accepted by the OAG through issuance of a duly executed contract signed by both parties, and the New York State Office of the State Comptroller. The general terms and conditions in this solicitation, the applicable requirements and provisions of the IFB, appendices and any memorandums and/or addendums by the OAG shall be included in any resulting contract.

6.2 Bidder Debriefing

A proposer shall be accorded fair and equal treatment with respect to its opportunity for debriefing. Prior to contract award, the OAG shall, upon request, provide a debriefing which would be limited to review of that proposer's bid or bid. After contract award, the OAG shall, upon request, provide a debriefing to any unsuccessful proposer that responded to the solicitation, regarding the reason that the

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bid or bid submitted by such proposer was not selected for a contract award. The post-award debriefing should be requested in writing within 30 days of notification of an unsuccessful award.

6.3 Volume and Price

The Financial Response Form includes estimated summonses for the period December 1, 2024 through November 30, 2029. These estimates are based on historical usage. The volume of work cannot be predicted in advance and there is no minimum purchase guarantee in the resulting contract(s).

The Prices Quoted shall be inclusive of, but not limited, to all costs including travel, licenses, insurance, administrative, and other ancillary costs. For the purposes of this contract, full service shall mean that the Contractor's bid price includes: all labor and equipment cost; reporting or other requirements; all overhead costs and profit. Details of service not explicitly stated in these specifications, but necessarily attendant thereto are deemed to be understood by the Contractor and included herein.

Bidders must submit pricing using the Bid Quote Forms contained in this document. All fields must be completed. If there is no charge associated with a particular service the Bidder shall indicate such by utilizing "0" in the space provided for such service.

The OAG expects that the bill rates proposed shall be competitive and reflect the current marketplace for similar services outside of New York. The Contractor warrants that pricing offered to the OAG is the same as or lower than that offered to its customers who are similarly situated with respect to service of process.

6.4 Term of Contract

It is the intention of the State to enter into a contract from December 1, 2024 through November 30, 2029, subject to approval by the OAG and the Office of the State Comptroller (OSC), except that, the commencement and termination dates may be adjusted forward unilaterally by the State for any resulting contract for up to two calendar months.

The contract dates may be adjusted forward beyond two months only with the approval of the successful bidder. If, however, the bidder is not willing to accept an adjustment of the contract dates beyond the two-month period, the State reserves the right to proceed with an award to another bidder.

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6.5 Price Adjustment Clause

The pricing shall remain firm for the first three (3) years of the awarded contract. Rate increases can only be applied for on the anniversary date of the Agreement in year four (4) and five (5) of the contract and must be justified in writing. Any increase will be limited to the Consumer Price Index Percentage Change for All Items (CPI-U), Not-Seasonally-Adjusted as published by the U.S. Bureau of Labor Statistics in March of each year or by 3%, whichever is less. The percentage change of any increase/decrease shall not exceed the CPI-U of three (3) months prior to the start date of the applicable extension period, or 3%, whichever is less.

Price adjustments involve changing the base payment by the percent change reflected in the CPI between the reference and subsequent time. The price adjustment shall be calculated as follows: Take the CPI for the 3rd month prior to the month of the contract start date (reference) and subtract this figure from the CPI value for the 3rd month prior to the month of the contract extension start date (i.e.: if the contract begins in January, use the October CPI). That sum is then divided by the original (reference) CPI value, with this result being multiplied by 100 to equal the percent change, which is the price adjustment value. This percentage increase/decrease shall be applied to the contract extension period, effective on the start date of the extension period. The following example illustrates this calculation:

CPI 3rd month prior to anniversary date	136.0
Less CPI at 3rd month prior to contract start date	129.9
Equals index point change	6.1
Divided by previous period CPI	129.9
Equals	0.047
Result multiplied by 100	0.047 x 100
Equals percent change	4.7

All awarded contracts shall be entered into at prices bid in response to this IFB and may be adjusted on the anniversary date of the contract in like manner as specified above.

The Contractor has the sole responsibility to submit invoices at the adjusted rate on the applicable anniversary date and shall provide a copy of the index and other supporting documentation necessary to support the increase or decrease to the Office of the Attorney General, as appropriate. Should the Contractor fail to submit adjusted invoices and/or supporting documentation within three (3) months after the applicable anniversary date, the Contractor shall be deemed to have waived its right to any

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increase in price for that year, but the State shall not be barred from making the appropriate adjustment in the case of a decrease determined in accordance with the above methodology.

6.6 Invoicing and Payment

Payments are made each month against the encumbrance documents or other written orders.

Billings must be made no more frequently than once a month based on services provided. All records regarding service and billings to the OAG under this contract shall be retained as per Appendix A, Clause #10 – Records and may be subject to audit by appropriate State officials upon written notice.

Invoices for payment shall be submitted to the Office of the Attorney General, Accounts Payable Unit, at the end of each month on a company invoice for services satisfactorily completed during that month. The invoice shall contain the following:

- (1) Payee's complete name, telephone, email address, address, including zip code*;
- (2) Statewide Financial System vendor identification number;
- (3) Contract number assigned by OAG (i.e.: C10XXXX);
- (4) The name of the Office of the Attorney General, the location served, defendant served, price of service and the date the service that was provided.

*Information should agree with Remit to information in the Statewide Financial System (SFS). New York State Vendor's are responsible for ensuring their business information is accurate and up to date in the SFS. Vendors may visit the following link for guidance <http://www.osc.state.ny.us/vendors/index.htm>.

Invoices can be submitted by mail or email:

NYS Office of the Attorney General,
Budget & Fiscal Management Bureau - Payments Unit
The Capitol
Albany, NY 12224-0341
E-Mail: payments@ag.ny.gov.
Electronically: <http://www.osc.state.ny.us/vendors/invoices.htm>.

6.7 Electronic Payment

Contractor shall provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted must contain all information and supporting documentation required by the contract, the agency, and OSC. Payment for invoices submitted by the contractor shall only be rendered

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electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The Contractor shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at OSC's website at <http://osc.state.ny.us/vendors/epayments.htm>, by e-mail at ePayments@osc.state.ny.us, or by phone at (855) 233-8363. Contractor acknowledges that it will not receive payment on any invoices submitted under this Contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Please note that in conjunction with New York State's implementation of the statewide financial system, OSC requires all vendors doing business with New York State agencies to complete a Substitute W-9 form. Vendors registering for electronic payment can complete the W-9 form when they register. Vendors already registered for electronic payment are requested to go to the above website and complete the Substitute W-9 form and submit following the instructions provided.

6.8 Hours of Operation and Legal Holidays

The Contractor shall be available to provide services during normal working hours, 8:00 am to 5:00 pm, Monday through Friday, except holidays.

The following are a list of State holidays that need to be considered during the course of providing services under any resulting contract:

New Year's Day	Labor Day
Martin Luther King Day	Columbus Day
Lincoln's Birthday (Floater)	Election Day (Floater)
President's Day	Veteran's Day
Memorial Day	Thanksgiving Day
Juneteenth	Christmas Day
Independence Day	

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6.9 Appropriated Funds

The purchase of service or product, which arises from this solicitation, is contingent upon the availability of appropriated funds. The OAG shall have the right to terminate the resulting contract at the end of the current or each succeeding fiscal year if funds are not appropriated by the Legislature and Governor for the next fiscal year that would permit continuation of the resulting contract. If funds are withdrawn or do not become available, The OAG reserves the right to terminate the contract by giving the contractor a thirty (30) day written notice of its intention to terminate without penalty or any further obligations on the part of the OAG or the contractor. Upon termination of the contract, the OAG shall not be responsible for any payment of any service or product received that occurs after the end of the current contract period or the effective date of termination, whichever is the earlier to occur. The OAG's fiscal year begins on April 1st and ends on March 31st.

SECTION 7 CONTRACT CLAUSES AND REQUIREMENTS

7.1 Appendix A/Order of Precedence

Appendix A — Standard Clauses for New York State Contracts, dated June 2023 attached hereto, is hereby expressly made a part of this solicitation document as fully as if set forth at length herein.

The agreement resulting from a successful award will include the following documents. Conflicts between these documents will be resolved in the following descending order of precedence:

- 7.1.1 Appendix A (Standard Clauses for NYS Contracts)
- 7.1.2 Contract
- 7.1.3 OAG IFB 24-005, Appendix B and any other OAG issued addendum
- 7.1.4 Selected Contractor(s) Bid

7.2 Appendices

The Bidder's attention is directed to the appendix's documents attached hereto, and hereby incorporated by reference and made part hereto as fully as if it were set forth at length herein. They are a part of the contract and the Bidder is responsible for adhering to all requirements of all attachment and appendices.

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7.3 Procurement Lobbying Requirements

State Finance Law §§139-j and 139-k imposes certain restrictions on communications between the OAG and the bidder during the procurement process. The bidder is restricted from making contacts from the date of bid advertisement in the NYS Contract Reporter through final approval of the contract award by the Office of the State Comptroller, with anyone other than designated OAG staff; certain exceptions to this restriction are set forth in State Finance Law §139-j(3)(a). OAG employees are also required to obtain certain information when contacted during the “restricted period” and to make a determination of responsibility of the bidder pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award, and in the event of two such findings within a four-year period, the bidder is debarred from obtaining State contracts. Further information about these requirements can be found on the OGS website: <https://ogs.ny.gov/acpl>.

7.4 Procurement Rights

State of New York reserves the right to:

- 7.4.1** Prior to the bid opening, amend the IFB specifications to correct errors or oversights, or to supply additional information, as it becomes available.
- 7.4.2** Reject any or all bids received in response to this solicitation.
- 7.4.3** Disqualify a Proposer from receiving the award if the Proposer, or anyone in the Proposer’s employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
- 7.4.4** Correct Proposers’ mathematical errors and waive or modify other minor irregularities in bids received, after prior notification to the Proposer.
- 7.4.5** Negotiate with Proposers responding to this solicitation within the solicitation requirement to serve the best interest of the State.
- 7.4.6** Not make an award from this solicitation.
- 7.4.7** Make an award under this solicitation in whole or in part.
- 7.4.8** Make multiple contract awards pursuant to the solicitation.
- 7.4.9** Seek clarifications from proposers for assuring a full understanding of responsiveness to the IFB.

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7.4.10 OAG has the right to all interpretation issues with respect to the content/language and meaning thereof the IFB and contract.

7.5 Dispute Resolution

It is the policy of the Office of the Attorney General, Budget & Fiscal Management Bureau, to provide vendors with an opportunity to administratively resolve disputes, complaints or inquiries related to bid solicitations, contract awards and contract administration. The Budget & Fiscal Management Bureau encourages vendors to seek resolution of disputes informally, through consultation with agency staff, prior to commencing a formal dispute process. All such matters will be accorded impartial and timely consideration.

7.6 Procurement Lobbying Termination

As stated in Section 7.9 – NYS Vendor Responsibility Questionnaire For-Profit Business Entity and/or “Termination – for Cause” in Appendix B, General Specifications and/or New York State Finance Law Section 139-k, the Office of the Attorney General reserves the right to terminate a contract by providing ten (10) days written notification to the Contractor, for cause in the event of determination made after an award with respect to vendor non-responsibility, or in the event of determination that certification filed in accordance with State Finance Law Section 139-k was intentionally false or intentionally incomplete.

7.7 Subcontracting

Contractor may subcontract to subcontractors selected by Contractor. A subcontractor shall be defined as any firm or person who is not a full-time employee of the Contractor, engaged or assigned to perform work under the Contract. All agreements between the Contractor and its subcontractors shall be by bona fide written contract. A subcontractor cannot subcontract work under the resulting contract. Any costs associated with subcontracting are the obligation of the Awarded Contractor.

Contractor shall be fully responsible to OAG for the acts and omissions in the performance of services under the Contract of the subcontractor and/or persons either directly or indirectly employed by it or by the subcontractors, as it is for the acts and omissions in the performance of services under the Contract or persons directly employed by the Contractor. Contractor shall not in any way be relieved of any contractual or financial responsibility under the Contract by its agreement with any subcontractor or by an OAG approval of such an agreement with a subcontractor.

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The State reserves the right to reject any proposed subcontractor for bona fide business reasons, which may include, but are not limited to that the proposed subcontractor is on the Department of Labor's debarred list; the State determines that the company is not qualified; unsatisfactory contract performance or service has been previously provided.

7.8 Indemnification

Contractor shall be fully liable for the actions of its agents, employees, partners or Subcontractors and shall fully indemnify and save harmless the Authorized Users from suits, actions, damages and costs of every name and description relating to personal injury and damage to real or personal tangible property caused by any intentional act or negligence of Contractor, its agents, employees, partners or Subcontractors, without limitation; provided, however, that the Contractor shall not indemnify for that portion of any claim, loss or damage arising hereunder due to the negligent act or failure to act of the Authorized Users.

7.9 New York State Vendor Responsibility Questionnaire For-Profit Business Entity (hereinafter the "Questionnaire")

The OAG conducts a review of prospective contractors ("Proposers") to provide reasonable assurances that the proposer is responsive and responsible. A Questionnaire is used for non-construction contracts and is designed to provide information to assess a proposer's responsibility to conduct business in New York based upon financial and organizational capacity, legal authority, business integrity, and past performance history. By submitting a bid, proposer agrees to fully and accurately complete the "Questionnaire." The proposer acknowledges that the State's execution of the Contract will be contingent upon the State's determination that the proposer is responsible, and that the State will be relying upon the proposer's responses to the Questionnaire when making its responsibility determination.

OAG recommends each proposer file the required Questionnaire online via the New York State VendRep System. To enroll in and use the VendRep System, please refer to the VendRep System Instructions and User Support for Vendors available at the Office of the State Comptroller's (OSC) website, <http://www.osc.state.ny.us/vendors/index.htm> or to enroll, go directly to the VendRep System online at <https://www.osc.ny.gov/state-vendors/vendrep/enroll-vendrep-system>.

OSC provides direct support for the VendRep System through user assistance, documents, online help, and a help desk. The OSC Help Desk contact information is located at

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<http://www.osc.state.ny.us/portal/contactbuss.htm>. Proposers opting to complete the paper questionnaire can access this form and associated definitions via the OSC website at:

http://www.osc.state.ny.us/vendrep/forms_vendor.htm.

To assist the State in determining the responsibility of the proposer, the proposer should complete and certify (or recertify) the Questionnaire no more than six (6) months prior to the bid opening date. A proposer's Questionnaire cannot be viewed by the OAG until the proposer has certified the Questionnaire. It is recommended that all proposers become familiar with all of the requirements of the Questionnaire in advance of the bid opening to provide sufficient time to complete the Questionnaire.

The Proposer agrees that if it is awarded a Contract the following shall apply:

The Firm shall always during the Contract term remain responsible. The Firm agrees, if requested by the OAG or their designee, to present evidence of its continuing legal authority to do business in New York State, integrity, experience, ability, prior performance, and organizational and financial capacity.

The OAG or their designee, in their sole discretion, reserves the right to suspend any or all activities under this Contract, at any time, when they discover information that calls into question the responsibility of the Contractor. In the event of such suspension, the Firm will be given written notice outlining the particulars of such suspension. Upon issuance of such notice, the Firm must comply with the terms of the suspension order. Contract activity may resume at such time as the Commissioner of OAG or their designee issues a written notice authorizing a resumption of performance under the Contract.

Upon written notice to the Contractor, and a reasonable opportunity to be heard with appropriate OAG officials or staff, the Contract may be terminated by the OAG or their designee at the Contractor's expense where the Firm is determined by the OAG or their designee to be non-responsible. In such event, the OAG or their designee may complete the contractual requirements in any manner they may deem advisable and pursue available legal or equitable remedies for breach.

In no case shall such termination of the Contract by the State be deemed a breach thereof, nor shall the State be liable for any damages for lost profits or otherwise, which may be sustained by the Firm because of such termination.

7.10 NYS Vendor File Registration

Prior to being awarded a contract pursuant to this Solicitation, the Bidder(s) must be registered in the

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New York State Vendor File (Vendor File) administered by the Office of the State Comptroller (OSC). This is a central registry for all vendors who do business with New York State Agencies and the registration must be initiated by a State Agency. Following the initial registration, unique New York State ten-digit vendor identification numbers will be assigned to your company for usage on all future transactions with New York State.

Vendor File enables vendors to use the Vendor Self-Service application to manage all vendor information in one central location for all transactions related to the State of New York. If Bidder is already registered in the New York State Vendor File, list the ten-digit vendor ID number on the Firm Information page included in ATTACHMENT D of this solicitation.

If the Bidder is not currently registered in the Vendor File and is recommended for award, OAG shall Request completion of OSC Substitute W-9 Form. A fillable form with instructions can be found at the link below. The OAG will initiate the vendor registration process for all Bidders recommended for Contract Award. Once the process is initiated, registrants will receive an email from OSC that includes the unique ten-digit vendor identification number assigned to the company and instructions on how to enroll in the online Vendor Self-Service application. For more information on the vendor file please visit the following website: <http://www.osc.state.ny.us/vendors/index.htm>

Forms to be completed:

<https://www.osc.state.ny.us/files/vendors/2017-11/vendor-form-ac3237s-fe.pdf>

7.11 Tax Law § 5-A (Amended April 26, 2006):

Tax Law § 5-a, as amended on April 26, 2006, requires certain contractors who are awarded state contracts for commodities and/or services valued at more than \$100,000 (over the full term of the contract, excluding renewals) to certify to the Department of Taxation and Finance (DTF) they are registered to collect New York State (NYS) and local sales and compensating use taxes. The law applies to contracts where the total amount of the contractor's sales delivered into NYS exceed \$300,000 for the four quarterly periods immediately preceding the quarterly period when the certification is made; and with respect to any affiliates and subcontractors whose sales delivered into NYS also exceed \$300,000 in the same manner as noted above for the contractor.

This law imposes upon certain contractors the obligation to certify whether or not the contractor, its affiliates, and its subcontractors are required to register to collect state sales and compensating use tax and contractors must certify to DTF that each affiliate and subcontractor exceeding such sales threshold

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is registered with DTF to collect New York State and local sales and compensating use taxes. The law prohibits the State Comptroller, or other approving agency, from approving a contract awarded to a contractor meeting the registration requirements but who is not so registered in accordance with the law.

The OAG reserves the right to terminate the contract in the event it is found that the certification filed by the Contractor in accordance with §5-a of the Tax Law is not timely filed during the term of the Contract or the certification furnished was intentionally false or intentionally incomplete. Upon such finding, the OAG may exercise its termination right by providing written notification to the Contractor.

Vendors may call DTF at (518) 485-2889 for any and all questions relating to Tax Law § 5-a and relating to a company's registration status with DTF. For additional information and frequently asked questions, please refer to the DTF web site: <http://www.tax.ny.gov/pdf/publications/sales/pub223.pdf>

7.12 Workers' Compensation Insurance and Disability Benefit Requirements

Sections 57 and 220 of the New York State Workers' Compensation Law require the heads of all municipal and state entities to ensure that businesses applying for contracts have appropriate workers' compensation and disability benefits insurance coverage. These requirements apply to both original contracts and renewals. Failure to provide proper proof of such coverage or a legal exemption will result in a rejection of a Bid or any contract renewal. A Bidder will not be awarded a Contract unless proof of workers' compensation and disability insurance is provided to OAG. Proof of workers' compensation and disability benefits coverage, or proof of exemption must be submitted to OAG at the time of notification of tentative award, policy renewal, contract renewal and upon request. Proof of compliance must be submitted on one of the following forms designated by the New York State Workers' Compensation Board. An ACORD form is not acceptable proof of New York State workers' compensation or disability benefits insurance coverage.

Proof of Compliance with Workers' Compensation Coverage Requirements:

- Form CE-200, Certificate of Attestation for New York Entities with No Employees and Certain Out of State Entities, That New York State Workers' Compensation and/or Disability Benefits Insurance Coverage is Not Required, which is available on the Workers' Compensation Board's website (www.wcb.ny.gov).
- Form C-105.2 (9/15), Certificate of Workers' Compensation Insurance, sent to OAG by the Contractor's insurance carrier upon request, or if coverage is provided by the New York State Insurance Fund, they will provide

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- Form U-26.3 to OAG upon request from the Contractor; or
- Form SI-12, Certificate of Workers' Compensation Self-Insurance, available from the New York State Workers' Compensation Board's Self-Insurance Office, or
- Form GSI-105.2, Certificate of Participation in Workers' Compensation Group Self-Insurance, available from the Contractor's Group Self-Insurance Administrator
- Form CE-200, Certificate of Attestation for New York Entities with No Employees and Certain Out of State Entities, That New York State Workers' Compensation and/or Disability Benefits Insurance Coverage is Not Required, which is available on the Workers' Compensation Board's website (<https://www.wcb.ny.gov/>)
- Form DB-120.1, Certificate of Disability Benefits Insurance, sent to OAG by the Contractor's insurance carrier upon request; or
- Form DB-155, Certificate of Disability Benefits Self-Insurance, available from the New York State Workers' Compensation Board's Self-Insurance Office.

An instruction manual clarifying the New York State Workers' Compensation Law requirements is available for download at the New York State Workers' Compensation Board's website, [requirements-businesses-applying-government-permits-licenses-contracts.pdf \(ny.gov\)](#)

Firm acknowledges that failure to obtain and/or keep in effect any or all required insurance on behalf of OAG constitutes a material breach of contract and subjects it to liability for damages, indemnification, and all other legal remedies available to OAG. Contractor's failure to obtain and/or keep in effect any or all required insurance shall also provide the basis for OAG' immediate termination of any contract resulting from this Solicitation, subject only to a five (5) business day cure period. Any termination by OAG under this section shall in no event constitute or be deemed a breach of any contract resulting from this Solicitation and no liability shall be incurred by or arise against the Office of General Services, its agents, and employees therefore for lost profits or any other damages.

7.13 Sexual Harassment Prevention Certification

Pursuant to N.Y. State Finance Law § 139-l, every bid made on or after January 1, 2019, to the State or Any public department or agency thereof, where competitive bidding is required by statute, rule, or regulation, for work or services performed or to be performed or goods sold or to be sold, and where otherwise required by such public department or agency, shall contain a certification that the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all its employees. Such policy shall, at a minimum, meet the requirements of N.Y. State Labor Law § 201-g.

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N.Y. State Labor Law § 201-g provides requirements for such policy and training and directs the Department of Labor, in consultation with the Division of Human Rights, to create and publish a model sexual harassment prevention guidance document, sexual harassment prevention policy and sexual harassment prevention training program that employers may utilize to meet the requirements of N.Y. State Labor Law § 201-g. The model sexual harassment prevention policy, model sexual harassment training materials, and further guidance for employers, can be found online at the following:

[Combating Sexual Harassment in the Workplace \(ny.gov\)](https://www.ny.gov/combating-sexual-harassment-in-the-workplace)

Pursuant to N.Y. State Finance Law § 139-l, any bid by a corporate bidder containing the certification Required above shall be deemed to have been authorized by the board of directors of such bidder, and such authorization shall be deemed to include the signing and submission of such bid and the inclusion therein of such statement as the act and deed of the bidder.

If the Bidder cannot make the required certification, such Bidder shall so state and shall furnish with the bid a signed statement that sets forth in detail the reasons that the Bidder cannot make the certification. After review and consideration of such statement, OAG may reject the bid or may decide that there are sufficient reasons to accept the bid without such certification.

7.14 Piggybacking

The OAG reserves the option to extend the terms and conditions of this contract to any other State Agency in New York subject to all required state approvals. The Contractor is not required to take on any additional such work. In the event that the Contractor chooses to do so, it must provide written consent to extend the terms and conditions of the Contract to another State Agency.

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Office of the Attorney General – Procurement Lobbying Guidelines

I. Introduction

The Guidelines have been issued pursuant to the New York State Finance Law, which prohibits lobbying on procurement contracts. The Guidelines, which apply to all Office of Attorney General (OAG) procurement contracts, limit communications between offerers and the OAG during the Restricted Period of a Governmental Procurement. During the Restricted Period, an Offerer may only communicate with the person or persons designated by the OAG to receive communications regarding such Governmental Procurement.

II. Statutory Definitions¹

ARTICLE OF PROCUREMENT A commodity, service, technology, public work, construction, revenue contract, the purchase sale or lease of real property or an acquisition or granting of an interest in real property that is the subject of a governmental procurement.

CONTACT Any oral, written or electronic communication with the OAG under circumstances where a reasonable person would infer that the communication was intended to influence the governmental procurement.

GOVERNMENTAL ENTITY All New York State agencies and authorities, both houses of the Legislature, the Unified Court System, municipal agencies and their respective employees.

GOVERNMENTAL PROCUREMENT shall mean: (i) the preparation of terms of the specifications, bid documents, requests for proposals, or evaluations criteria for a procurement contract, (ii) solicitation for a procurement contract, (iii) evaluation of a procurement contract, (iv) award, approval, denial or disapproval of a procurement contract, or (v) approval or denial of an assignment, amendment (other than amendments that are authorized and payable under the terms of the procurement contract as it was finally awarded or approved by the Comptroller, as applicable), renewal or extension of procurement contract, or any other material change in the procurement contract resulting in a financial benefit to the offerer.

OFFERER The individual or entity, or any employee agent or consultant or person acting on behalf of such individual or entity, that communicates with the OAG about a **Governmental Procurement** or seeks to participate in a **Governmental Procurement**.

PROCUREMENT CONTRACT Any contract or other agreement for an **Article of Procurement** involving an estimated annualized expenditure in excess of \$15,000. Grants, Article 11-B State Finance Law Contracts, Intergovernmental Agreements, Railroad and Utility Force Accounts, Utility Relocation Project Agreements or Orders of Eminent Domain Transactions shall not be deemed **Procurement Contracts** in these Guidelines.

RESTRICTED PERIOD The period of time commencing with the earliest date of written notice, advertisement or solicitation of a request for proposal, invitation for bids, or solicitation of proposals, or any other method for soliciting a response from Offerers intending to result in a **Procurement Contract** with

the OAG and, ending with the final contract award and approval by, where applicable, the Office of the State Comptroller.

III. Exemptions

Certain communications are exempt from the Guidelines. These include: (i) submissions in response to an invitation for bid, a request for proposal or other solicitation, (ii) submissions of written questions to a designated contact set forth in an invitation for bid, request for proposal or other solicitation, (iii) participation in a conference provided for in an invitation for bid, request for proposal or other solicitation, (iv) contract negotiations, (v) inquiries regarding the factual status of a **Procurement Contract**, and (vi) complaints and protests regarding the procurement process and outcome.

In addition, any communication received by the OAG from members of the New York State Legislature or the Legislative Staff, when acting in their official capacity, shall not be considered a **Contact**.

IV. Violations

A violation of these Guidelines occurs when there is a **Contact** during the **Restricted Period** between the **Offerer** and someone other than the person or persons designated by the OAG to receive communications for the particular **Governmental Procurement**. This includes instances where the **Offerer Contacts** the OAG regarding **Governmental Procurements** of other **Governmental Entities**.

Attempts by an **Offerer** to influence a **Governmental Procurement** in a manner that would result in a violation of the Public Officer's Law, the Executive Orders of the Attorney General, or any other applicable ethics code shall also be a violation of these Guidelines.

V. Procedures

A. Notifying Vendors of Procurement Lobbying Guidelines

1. For each **Procurement Contract**, the OAG Budget and Fiscal Management Bureau will designate a person or persons to receive communications from **Offerers** concerning the **Procurement Contract**.

2. The OAG Purchasing Team will incorporate a summary of the policy and prohibitions regarding permissible communications during a **Governmental Procurement** in its documents relating to the **Procurement Contract** and provide a copy of these Guidelines.

3. The OAG Purchasing Team shall seek written affirmation from all **Offerers** as to the **Offerer's** understanding of and compliance with these Guidelines (Appears at the end of this guideline).

B. Making Determinations of Responsibility

1. Prior to award of a **Procurement Contract**, the OAG must make a responsibility determination with respect to the **Offerer** to be recommended for the award of the contract based upon, among other things, the information supplied by that **Offerer**. The **Offerer** must disclose in the Vendor Responsibility Questionnaire whether it has been found non-responsible within the last five years by any **Governmental Entity** for: (1) failure to comply with State Finance Law §139-j, or (2) the intentional provision of false or incomplete information. This disclosure must be certified by the **Offerer** and must affirmatively state that the information supplied by the **Offerer** to the OAG is complete, true and accurate (Appears at the end of this guideline).

2. The **Procurement Contract** shall include a provision allowing the OAG to terminate the contract if the certification is subsequently found to be incomplete, false or inaccurate. Admissions by the **Offerer** of past findings of non-responsibility may constitute a basis for rejection of the **Offerer** by the OAG. The OAG can award a contract to the **Offerer** despite the past findings of non-responsibility if it determines that the award of the **Procurement Contract** to the **Offerer** is necessary to protect public property or public health or safety, and that the **Offerer** is the only source capable of supplying the required **Article of Procurement** within the necessary time frame. The basis of such a finding must be included in the procurement record of the **Procurement Contract**.

C. Recording Contacts

1. All OAG employees must record any **Contact** from any person or entity. **Contacts** may be initiated by parties with an interest in the procurement that are not necessarily connected directly to the **Offerer**. **Contacts** may come in the form of telephone conversations, correspondence, electronic mail and person-to-person discussions. The Record of Contact Form should be used to record **all Contacts**.

2. Examples of **Contacts** for which a Record of Contact must be completed include:

- a. During the **Restricted Period**, an **Offerer Contacts** an OAG employee (other than the employee designated to receive such communications) to discuss the **Offerer's**, cost-competitiveness or its suitability to be selected for a contract
- b. A court reporter, expert witness or any other vendor offers an OAG employee a gift of any monetary value during the **Restricted Period**.

3. Examples of permissible communications for which there is no need to prepare Record of Contact include:

- a. Inquiries as to the status of the procurement process
- b. Requests to be included on the OAG's **Offerer's** list
- c. Receipt of advertising material
- d. Intra-agency communications of administrative details concerning the procurement
- e. Responses to OAG issued Requests for Information
- f. Written questions submitted by **Offerers** regarding a solicitation during the allowable time period of a competitive procurement
- g. Complaints about the procurement process or outcome
- h. Participation in an **Offerer's** conference as provided in a request for proposal or invitation for bid
- i. Submission of a bid in response to a request for proposal or invitation for bid
- j. Contract negotiations
- k. Debriefing of a **Offerer** after a contract award has been made

4. If an OAG employee is in doubt about whether a communication was intended to influence the **Governmental Procurement**, he/she should record the communication on the Record of Contact Form and submit it to ProcurementLaw@OAG.State.NY.US for further investigation

5. The OAG Purchasing Team will be required to include all Records of Contact in the procurement record for the related **Procurement Contract**.

D. Investigation of Contacts/ Penalties for Violations

1. All reported **Contacts** will be immediately investigated by the OAG Ethics Officer or his or her designee. If the OAG Ethics Officer finds sufficient cause to believe that an **Offerer** has violated these Guidelines, the **Offerer** will be notified in writing of the investigation and will be afforded an opportunity to respond to the alleged violation. Investigations will be completed as soon as practicable so as not to delay the progress

of the **Governmental Procurement**.

2. If the OAG Ethics Officer should find at the conclusion of the investigation that the **Offerer** knowingly and willfully made prohibited **Contact** in violation of these Guidelines, then the **Offerer** shall be disqualified as non-responsible, unless the OAG makes a finding that the award of the **Procurement Contract** to the **Offerer** is necessary to protect public property or public health or safety, and that the **Offerer** is the only source capable of supplying the required **Article of Procurement** within the necessary time frame. The basis of such a finding must be included in the procurement record of the **Procurement Contract**.

¹Defined terms are in bold

Bidder Understanding & Compliance with State Finance Law Section 139-j & 139-k:

Company affirms that it understands and agrees to comply with the procedures of the Office of the Attorney General relative to permissible contacts as required by State Finance Law Section 139-j (3) and Section 139-j (6) (b); and that all information provided to the Office of the Attorney General, with respect to State Finance Law Section 139-k is complete, true and accurate.

Signed By: _____

Date: _____

Name (Print): _____

Title: _____

Company Name:

Company Address:

Bidder Disclosure of Prior Non-Responsibility Determinations:

Has any NYS agency/authority made a finding of non-responsibility regarding the Offerer in the last 5 years?:
 Yes No

Has any NYS agency/authority terminated a procurement contract with the Offerer due to intentional provision of false or incomplete information?:
 Yes No

If "Yes" to either/both questions, please provide details; such as: NYS agency/authority, Basis for Finding, Year of Finding/Termination, and Facts Underlying Finding/Termination.

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

You have selected the For-Profit Non-Construction questionnaire which may be printed and completed in this format or, for your convenience, may be completed online using the New York State VendRep System.

COMPLETION & CERTIFICATION

The person(s) completing the questionnaire must be knowledgeable about the vendor's business and operations. An owner or owner's official representative authorized to legally bind the Reporting Entity must certify the truth of the questionnaire answers.

NEW YORK STATE VENDOR IDENTIFICATION NUMBER (VENDOR ID)

The Vendor ID is a ten-digit identifier issued by New York State when the vendor is registered on the Statewide Vendor File. This number must now be included on the questionnaire. If the business entity has not obtained a Vendor ID, contact the IT Service Desk at ITServiceDesk@osc.state.ny.us or call 866-370-4672.

DEFINITIONS

All underlined terms are defined in the "New York State Vendor Responsibility Definitions List," found at <https://www.osc.state.ny.us/files/vendors/2017-11/vendor-questionnaire-definitions.pdf>. These terms may not have their ordinary, common or traditional meanings. Each vendor must read the respective definitions for any and all underlined terms. By submitting this questionnaire, the vendor agrees to be bound by the terms as defined in the "New York State Vendor Responsibility Definitions List" existing at the time of certification.

RESPONSES

Every question must be answered fully. Each response must provide **all** relevant information to appropriately explain the answer. If you have concerns as to the legal requirements behind your answers, please seek clarification from your counsel. However, information regarding a determination or finding made in error which was subsequently corrected or overturned, and/or was withdrawn by the issuing government entity is not required to be identified. Individuals and Sole Proprietors may use a Social Security Number but are encouraged to obtain and use a federal Employer Identification Number (EIN).

REPORTING ENTITY

Each vendor must indicate if the questionnaire is filed on behalf of the entire Legal Business Entity or an Organizational Unit within or operating under the authority of the Legal Business Entity and having the same EIN. Generally, the Organizational Unit option may be appropriate for a vendor that meets the definition of "Reporting Entity" but due to the size and complexity of the Legal Business Entity, is best able to provide the required information for the Organizational Unit, while providing more limited information for other parts of the Legal Business Entity and Associated Entities.

ASSOCIATED ENTITY

An Associated Entity is one that owns or controls the Reporting Entity, or any entity owned or controlled by the Reporting Entity. However, the term Associated Entity does **not** include "sibling organizations" (i.e., entities owned or controlled by a parent company that owns or controls the Reporting Entity), unless such sibling entity has a direct relationship with or impact on the Reporting Entity. Please refer to the Definitions List for the complete definition.

STRUCTURE OF THE QUESTIONNAIRE

The questionnaire is organized into eleven sections. Section I is to be completed for the Legal Business Entity. Section II requires the vendor to specify the Reporting Entity for the questionnaire. Section III refers to the individuals of the Reporting Entity, while Sections IV-VIII require information about the Reporting Entity. Section IX pertains to any Associated Entities, with one question about their Officials/Owners. Section X relates to disclosure under the Freedom of Information Law (FOIL). Section XI requires an authorized contact for the questionnaire information.

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

I. LEGAL BUSINESS ENTITY INFORMATION			
<u>Legal Business Entity Name*</u>		<u>EIN</u>	
Address of the <u>Principal Place of Business</u> (street, city, state, zip code)		<u>New York State Vendor Identification Number</u>	
		Telephone Ext.	Fax
Email		Website	
Additional <u>Legal Business Entity</u> Identities: If applicable, list any other <u>DBA</u> , <u>Trade Name</u> , <u>Former Name</u> , Other Identity, or <u>EIN</u> used in the last five (5) years and the status (active or inactive).			
Type	Name	EIN	Status
1.0 <u>Legal Business Entity</u> Type – Check appropriate box and provide additional information:			
<input type="checkbox"/> <u>Corporation</u> (including <u>PC</u>)		Date of Incorporation	
<input type="checkbox"/> <u>Limited Liability Company (LLC or PLLC)</u>		Date of Organization	
<input type="checkbox"/> <u>Partnership</u> (including <u>LLP</u> , <u>LP</u> or <u>General</u>)		Date of Registration or Establishment	
<input type="checkbox"/> <u>Sole Proprietor</u>		How many years in business?	
<input type="checkbox"/> Other		Date Established	
If Other, explain:			
1.1 Was the <u>Legal Business Entity</u> formed or incorporated in New York State?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If ‘No,’ indicate jurisdiction where <u>Legal Business Entity</u> was formed or incorporated and attach a <u>Certificate of Good Standing</u> from the applicable jurisdiction or provide an explanation if a <u>Certificate of Good Standing</u> is not available.			
<input type="checkbox"/> United States State _____			
<input type="checkbox"/> Other Country _____			
Explain, if not available:			
1.2 Is the <u>Legal Business Entity</u> publicly traded?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes,” provide <u>CIK Code</u> or Ticker Symbol			
1.3 Does the <u>Legal Business Entity</u> have a <u>DUNS</u> Number?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes,” Enter <u>DUNS</u> Number			

*All underlined terms are defined in the “New York State Vendor Responsibility Definitions List,” which can be found at <https://www.osc.state.ny.us/files/vendors/2017-11/vendor-questionnaire-definitions.pdf>

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

I. LEGAL BUSINESS ENTITY INFORMATION

1.4 If the <u>Legal Business Entity</u> 's <u>Principal Place of Business</u> is not in New York State, does the <u>Legal Business Entity</u> maintain an office in New York State? (Select "N/A," if <u>Principal Place of Business</u> is in New York State.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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If "Yes," provide the address and telephone number for one office located in New York State.

1.5 Is the <u>Legal Business Entity</u> a New York State certified <u>Minority-Owned Business Enterprise</u> (MBE), <u>Women-Owned Business Enterprise</u> (WBE), <u>Service-Disabled Veteran-Owned Business</u> (SDVOB), <u>New York State Small Business</u> (SB) or a federally certified <u>Disadvantaged Business Enterprise</u> (DBE)? If "Yes," check all that apply: <input type="checkbox"/> New York State certified <u>Minority-Owned Business Enterprise</u> (MBE) <input type="checkbox"/> New York State certified <u>Women-Owned Business Enterprise</u> (WBE) <input type="checkbox"/> New York State certified <u>Service-Disabled Veteran-Owned Business</u> (SDVOB) <input type="checkbox"/> <u>New York State Small Business</u> (SB) <input type="checkbox"/> Federally certified <u>Disadvantaged Business Enterprise</u> (DBE)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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1.6 Identify Officials and Principal Owners of the Reporting Entity, if applicable. For each person, include name, title, date of birth, and percentage of ownership. For each Business Entity that is a Principal Owner, include name, address, EIN, and percentage ownership. Identify all Business Entities owning 25% or more of the Reporting Entity and include name, address, EIN and percentage of ownership. Attach additional pages if necessary. If applicable, reference to relevant SEC filing(s) containing the required information is optional. Each Business Entity identified as a Principal Owner must also submit a vendor responsibility questionnaire.

If there is no person or Business Entity that owns 25% or more of the Reporting Entity (or 10% or more if the Reporting Entity is publicly traded), check here.

Name of Officials and Principal Owners (for each person, please include a middle initial)	Title	Date of Birth	Percentage Ownership <i>(Enter 0% if not applicable)</i>
Name of each Business Entity owning 25% or more of Reporting Entity	Address	EIN	Percentage Ownership

**NEW YORK STATE
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II. REPORTING ENTITY INFORMATION

2.0 The Reporting Entity for this questionnaire is:

Note: Select only one.

Legal Business Entity

Note: If selecting this option, “Reporting Entity” refers to the entire Legal Business Entity for the remainder of the questionnaire. (SKIP THE REMAINDER OF SECTION II AND PROCEED WITH SECTION III.)

Organizational Unit within and operating under the authority of the Legal Business Entity

SEE DEFINITIONS OF “REPORTING ENTITY” AND “ORGANIZATIONAL UNIT” FOR ADDITIONAL INFORMATION ON CRITERIA TO QUALIFY FOR THIS SELECTION.

Note: If selecting this option, “Reporting Entity” refers to the Organizational Unit within the Legal Business Entity for the remainder of the questionnaire. (COMPLETE THE REMAINDER OF SECTION II AND ALL REMAINING SECTIONS OF THIS QUESTIONNAIRE.)

IDENTIFYING INFORMATION

a) Reporting Entity Name

Address of the Primary Place of Business (street, city, state, zip code)

Telephone

ext.

b) Describe the relationship of the Reporting Entity to the Legal Business Entity

c) Attach an organizational chart

d) Does the Reporting Entity have a DUNS Number?

Yes No

If “Yes,” enter DUNS Number

e) Identify the designated manager(s) responsible for the business of the Reporting Entity.
For each person, include name and title. Attach additional pages if necessary.

Name	Title

**NEW YORK STATE
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INSTRUCTIONS FOR SECTIONS III THROUGH VII

For each “Yes,” provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). For each “Other,” provide an explanation which provides the basis for not definitively responding “Yes” or “No.” Provide the explanation at the end of the section or attach additional sheets with numbered responses, including the Reporting Entity name at the top of any attached pages.

III. LEADERSHIP INTEGRITY	
<i>Within the past five (5) years, has any current or former reporting entity official or any individual currently or formerly having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of the reporting entity with any government entity been:</i>	
3.0 <u>Sanctioned</u> relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.1 <u>Suspended, debarred, or disqualified</u> from any <u>government contracting process</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.2 The subject of an <u>investigation</u> , whether open or closed, by any <u>government entity</u> for a civil or criminal violation for any business-related conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.3 Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a <u>judgment</u> for: a) Any business-related activity; or b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
For each “Yes” or “Other” provide an explanation for the response and attach additional sheets with numbered responses if necessary:	

IV. INTEGRITY – CONTRACT BIDDING	
<i>Within the past five (5) years, has the reporting entity:</i>	
4.0 Been <u>suspended or debarred</u> from any <u>government contracting process</u> or been <u>disqualified</u> on any government procurement, permit, license, concession, franchise or lease, including, but not limited to, <u>debarment</u> for a violation of New York State Workers’ Compensation or Prevailing Wage laws or New York State Procurement Lobbying Law?	<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 award or had a bid rejected based upon a <u>non-responsibility finding</u> by a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 Had a bid rejected on a <u>government contract</u> for failure to <u>make good faith efforts</u> on any <u>Minority-Owned Business Enterprise, Women-Owned Business Enterprise, Service-Disabled Veteran-Owned Business or Disadvantaged Business Enterprise</u> goal or <u>statutory affirmative action requirements</u> on a previously held contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4 Agreed to a voluntary exclusion from bidding/contracting with a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5 Initiated a request to withdraw a bid submitted to a <u>government entity</u> in lieu of responding to an information request or subsequent to a formal request to appear before the <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each “Yes,” provide an explanation for the response and attach additional sheets with numbered responses if necessary:	

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V. INTEGRITY – CONTRACT AWARD

Within the past five (5) years, has the reporting entity:

- | | |
|---|--|
| 5.0 Been <u>suspended</u> , cancelled or <u>terminated for cause</u> on any <u>government contract</u> including, but not limited to, a <u>non-responsibility finding</u> ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.1 Been subject to an <u>administrative proceeding</u> or civil action seeking specific performance or restitution in connection with any <u>government contract</u> ? | <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 <u>government entity</u> ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For each “Yes,” provide an explanation for the response and attach additional sheets with numbered responses if necessary:

VI. CERTIFICATIONS/LICENSES

Within the past five (5) years, has the reporting entity:

- | | |
|--|--|
| 6.0 Had a revocation, <u>suspension</u> or <u>disbarment</u> of any business or professional permit and/or license? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6.1 Had a denial, decertification, revocation or forfeiture of New York State certification of <u>Minority-Owned Business Enterprise</u> , <u>Women-Owned Business Enterprise</u> , <u>Service-Disabled Veteran-Owned Business</u> or federal certification of <u>Disadvantaged Business Enterprise</u> status for other than a change of ownership? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For each “Yes,” provide an explanation for the response and attach additional sheets with numbered responses if necessary:

VII. LEGAL PROCEEDINGS

Within the past five (5) years, has the reporting entity:

- | | |
|--|--|
| 7.0 Been the subject of an <u>investigation</u> , whether open or closed, by any <u>government entity</u> 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, <u>judgment</u> 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 <u>serious or willful</u> ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.3 Had a <u>government entity</u> find a willful prevailing wage or supplemental payment violation or any other willful violation of New York State Labor Law? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or received an enforcement determination by any <u>government entity</u> involving a violation of federal, state or local environmental laws? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.5 Other than previously disclosed:
a) Been subject to fines or penalties imposed by <u>government entities</u> which in the aggregate total \$25,000 or more; or
b) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any <u>government entity</u> ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For each “Yes,” provide an explanation for the response and attach additional sheets with numbered response if necessary:

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VIII. FINANCIAL AND ORGANIZATIONAL CAPACITY	
8.0 Within the past five (5) years, has the <u>Reporting Entity</u> received any <u>formal unsatisfactory performance assessment(s)</u> from any <u>government entity</u> on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, 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.	
8.1 Within the past five (5) years, has the <u>Reporting Entity</u> had any <u>liquidated damages</u> assessed over \$25,000 for any reason, including failure to meet <u>Minority-Owned Business Enterprise</u> , <u>Women-Owned Business Enterprise</u> , <u>Service-Disabled Veteran-Owned Business</u> , or <u>Disadvantaged Business Enterprise goals</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.2 Within the past five (5) years, have any <u>liens, claims</u> or <u>judgments</u> (not including UCC filings) over \$25,000 been filed against the <u>Reporting Entity</u> which remain undischarged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, the Lien holder or Claimant's name(s), the amount of the <u>lien(s)</u> , the current status of the issue(s), and the balance of the <u>lien</u> or <u>judgment</u> not yet paid. Provide answer below or attach additional sheets with numbered responses.	
8.3 In the last seven (7) years, has the <u>Reporting Entity</u> initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the bankruptcy chapter number, the court name and 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.	
8.4 During the past three (3) years, has the <u>Reporting Entity</u> failed to file or pay any tax returns required by <u>federal</u> , state or local tax laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the taxing jurisdiction, the type of tax, the liability year(s), the tax liability amount the <u>Reporting Entity</u> failed to file/pay and the current status of the tax liability. Provide answer below or attach additional sheets with numbered responses.	
8.5 During the past three (3) years, has the <u>Reporting Entity</u> failed to file or pay any New York State unemployment insurance returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the years the <u>Reporting Entity</u> 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.	
8.6 During the past three (3) years, has the <u>Reporting Entity</u> had any <u>government audit(s)</u> completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) If "Yes," did any audit of the <u>Reporting Entity</u> identify any reported significant deficiencies in internal control, fraud, illegal acts, significant violations of provisions of contract or grant agreements, significant abuse or any <u>material disallowance</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to 8.6 a), provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, 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.	

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FOR-PROFIT BUSINESS ENTITY**

IX. ASSOCIATED ENTITIES

*This section pertains to any entity(ies) that either controls or is controlled by the reporting entity.
(See definition of "associated entity" for additional information to complete this section.)*

<p>9.0 Does the <u>Reporting Entity</u> have any <u>Associated Entities</u>?</p> <p>Note: All questions in this section must be answered if the <u>Reporting Entity</u> is either:</p> <ul style="list-style-type: none"> - An <u>Organizational Unit</u>; or - The entire <u>Legal Business Entity</u> which controls, or is controlled by, any other entity(ies). <p>If "No," SKIP THE REMAINDER OF SECTION IX AND PROCEED WITH SECTION X. If "Yes," provide the name, address and EIN of each <u>Associated Entity</u> and its relationship to the <u>Reporting Entity</u>.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9.1 Within the past five (5) years, has any <u>Associated Entity Official</u> or <u>Principal Owner</u> been charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a <u>judgment</u> for:</p> <p>a) Any business-related activity; or b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If "Yes," provide an explanation of the issue(s), the individual involved, their title and role in the <u>Associated Entity</u>, identify the <u>Associated Entity</u>'s name(s), <u>EIN</u>(s), primary business activity, the individual's relationship to the <u>Reporting Entity</u>, relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s).</p>	
<p>9.2 Does any <u>Associated Entity</u> have any currently undischarged <u>federal</u>, New York State, New York City or New York local government <u>liens</u> or <u>judgments</u> (not including UCC filings) over \$50,000?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If "Yes," provide an explanation of the issue(s), identify the <u>Associated Entity</u>'s name(s), <u>EIN</u>(s), primary business activity, relationship to the <u>Reporting Entity</u>, relevant dates, the Lien holder or Claimant's name(s), the amount of the <u>lien</u>(s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.</p>	
<p>9.3 Within the past five (5) years, has any <u>Associated Entity</u>:</p>	
<p>a) Been <u>disqualified</u>, <u>suspended</u> or <u>debarred</u> from any <u>federal</u>, New York State, New York City or other New York local <u>government contracting process</u>?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b) Been denied a contract award or had a bid rejected based upon a <u>non-responsibility finding</u> by any <u>federal</u>, New York State, New York City, or New York local <u>government entity</u>?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c) Been <u>suspended</u>, <u>cancelled</u> or <u>terminated for cause</u> (including for <u>non-responsibility</u>) on any <u>federal</u>, New York State, New York City or New York local <u>government contract</u>?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d) Been the subject of an <u>investigation</u>, whether open or closed, by any <u>federal</u>, New York State, New York City, or New York local <u>government entity</u> for a civil or criminal violation with a penalty in excess of \$500,000?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>e) Been the subject of an indictment, grant of immunity, <u>judgment</u>, or conviction (including entering into a plea bargain) for conduct constituting a crime?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>f) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any <u>federal</u>, New York State, New York City, or New York local <u>government entity</u>?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>g) Initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

IX. ASSOCIATED ENTITIES

*This section pertains to any entity(ies) that either controls or is controlled by the reporting entity.
(See definition of "associated entity" for additional information to complete this section.)*

For each "Yes," provide an explanation of the issue(s), identify the Associated Entity's name(s), EIN(s), primary business activity, relationship to the Reporting Entity, relevant dates, the government entity involved, 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.

X. FREEDOM OF INFORMATION LAW (FOIL)

10. 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
--	--

If "Yes," indicate the question number(s) and explain the basis for the claim.

XI. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE

Name	Telephone	Fax
	ext.	
Title	Email	

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
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 Owner/Official _____

Printed Name of Signatory _____

Title _____

Name of Business _____

Address _____

City, State, Zip _____

Date _____



Contractor Certification to Covered Agency

(Pursuant to Section 5-a of the Tax Law, as amended, effective April 26, 2006)

ST-220-CA

(12/11)

For information, consult Publication 223, *Questions and Answers Concerning Tax Law Section 5-a* (see *Need Help?* on back).

Contractor name		For covered agency use only Contract number or description	
Contractor's principal place of business	City	State	ZIP code
Contractor's mailing address (if different than above)		Estimated contract value over the full term of contract (but not including renewals)	
Contractor's federal employer identification number (EIN)	Contractor's sales tax ID number (if different from contractor's EIN)		\$
Contractor's telephone number	Covered agency name		
Covered agency address		Covered agency telephone number	

I, _____, hereby affirm, under penalty of perjury, that I am _____

(name)

(title)

of the above-named contractor, that I am authorized to make this certification on behalf of such contractor, and I further certify that:

(Mark an X in only one box)

The contractor has filed Form ST-220-TD with the Department of Taxation and Finance in connection with this contract and, to the best of contractor's knowledge, the information provided on the Form ST-220-TD, is correct and complete.

The contractor has previously filed Form ST-220-TD with the Tax Department in connection with _____
(insert contract number or description)

and, to the best of the contractor's knowledge, the information provided on that previously filed Form ST-220-TD, is correct and complete as of the current date, and thus the contractor is not required to file a new Form ST-220-TD at this time.

Sworn to this ____ day of _____, 20 ____

(sign before a notary public)

(title)

Instructions

General information

Tax Law section 5-a was amended, effective April 26, 2006. On or after that date, in all cases where a contract is subject to Tax Law section 5-a, a contractor must file (1) Form ST-220-CA, *Contractor Certification to Covered Agency*, with a covered agency, and (2) Form ST-220-TD with the Tax Department before a contract may take effect. The circumstances when a contract is subject to section 5-a are listed in Publication 223, Q&A 3. See *Need help?* for more information on how to obtain this publication. In addition, a contractor must file a new Form ST-220-CA with a covered agency before an existing contract with such agency may be renewed.

Note: Form ST-220-CA must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 2 of this form must be completed before a notary public.

When to complete this form

As set forth in Publication 223, a contract is subject to section 5-a, and you must make the required certification(s), if:

- i. The procuring entity is a *covered agency* within the meaning of the statute (see Publication 223, Q&A 5);
- ii. The contractor is a *contractor* within the meaning of the statute (see Publication 223, Q&A 6); and
- iii. The contract is a *contract* within the meaning of the statute. This is the case when it (a) has a value in excess of \$100,000 and (b) is a contract for *commodities* or *services*, as such terms are defined for purposes of the statute (see Publication 223, Q&A 8 and 9).

Furthermore, the procuring entity must have begun the solicitation to purchase on or after January 1, 2005, and the resulting contract must have been awarded, amended, extended, renewed, or assigned *on or after April 26, 2006* (the effective date of the section 5-a amendments).

Individual, Corporation, Partnership, or LLC Acknowledgment

STATE OF }
: SS.:
COUNTY OF }

On the ___ day of _____ in the year 20___, before me personally appeared _____,
known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that
_he resides at _____,
Town of _____,
County of _____,
State of _____; and further that:

[Mark an X in the appropriate box and complete the accompanying statement.]

- (If an individual): _he executed the foregoing instrument in his/her name and on his/her own behalf.
(If a corporation): _he is the _____
of _____, the corporation described in said instrument; that, by authority of the Board
of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for
purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on
behalf of said corporation as the act and deed of said corporation.
(If a partnership): _he is a _____
of _____, the partnership described in said instrument; that, by the terms of said
partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth
therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said
partnership as the act and deed of said partnership.
(If a limited liability company): _he is a duly authorized member of _____,
LLC, the limited liability company described in said instrument; that _he is authorized to execute the foregoing instrument
on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, _he executed
the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited
liability company.

Notary Public

Registration No.

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain
personal information pursuant to the New York State Tax Law, including but
not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096,
1142, and 1415 of that Law; and may require disclosure of social security
numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities
and, when authorized by law, for certain tax offset and exchange of tax
information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided
to certain state agencies for purposes of fraud prevention, support
enforcement, evaluation of the effectiveness of certain employment and
training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or
criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management,
NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone
(518) 457-5181.

Need help?

Visit our Web site at www.tax.ny.gov
• get information and manage your taxes online
• check for new online services and features

Telephone assistance
Sales Tax Information Center: (518) 485-2889
To order forms and publications: (518) 457-5431

Text Telephone (TTY) Hotline (for persons with
hearing and speech disabilities using a TTY): (518) 485-5082

Persons with disabilities: In compliance with the
Americans with Disabilities Act, we will ensure that our
lobbies, offices, meeting rooms, and other facilities are
accessible to persons with disabilities. If you have questions
about special accommodations for persons with disabilities, call the
information center.



Contractor Certification

(Pursuant to Tax Law Section 5-a, as amended, effective April 26, 2006)

For information, consult Publication 223, *Questions and Answers Concerning Tax Law Section 5-a* (see *Need help?* below).

Contractor name			
Contractor's principal place of business		City	State ZIP code
Contractor's mailing address (if different than above)		City	State ZIP code
Contractor's federal employer identification number (EIN)	Contractor's sales tax ID number (if different from contractor's EIN)	Contractor's telephone number ()	
Covered agency or state agency	Contract number or description	Covered agency telephone number ()	
Covered agency address	City	State	ZIP code
Is the estimated contract value over the full term of the contract (but not including renewals) more than \$100,000?			
Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown at this time <input type="checkbox"/>			

General information

Tax Law section 5-a, as amended, effective April 26, 2006, requires certain contractors awarded certain state contracts valued at more than \$100,000 to certify to the Tax Department that they are registered to collect New York State and local sales and compensating use taxes, if they made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000, measured over a specified period. In addition, contractors must certify to the Tax Department that each affiliate and subcontractor exceeding such sales threshold during a specified period is registered to collect New York State and local sales and compensating use taxes. Contractors must also file Form ST-220-CA, *Contractor Certification to Covered Agency*, certifying to the procuring state entity that they filed Form ST-220-TD with the Tax Department and that the information contained on Form ST-220-TD is correct and complete as of the date they file Form ST-220-CA.

All sections must be completed including all fields on the top of this page, all sections on page 2, Schedule A on page 3, if applicable, and *Individual, Corporation, Partnership, or LLC Acknowledgement* on page 4. If you do not complete these areas, the form will be returned to you for completion.

For more detailed information regarding this form and Tax Law section 5-a, see Publication 223, *Questions and Answers Concerning Tax Law Section 5-a, (as amended, effective April 26, 2006)*. See *Need help?* for more information on how to obtain this publication.

Note: Form ST-220-TD must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 4 of this form must be completed before a notary public.


Mail completed form to:

**NYS TAX DEPARTMENT
DATA ENTRY SECTION
W A HARRIMAN CAMPUS
ALBANY NY 12227-0826**

Privacy notification

New York State Law requires all government agencies that maintain a system of records to provide notification of the legal authority for any request, the principal purpose(s) for which the information is to be collected, and where it will be maintained. To view this information, visit our Web site, or, if you do not have Internet access, call and request Publication 54, *Privacy Notification*. See *Need help?* for the Web address and telephone number.

Need help?


 Visit our Web site at **www.tax.ny.gov**

- get information and manage your taxes online
- check for new online services and features

Telephone assistance

Sales Tax Information Center: (518) 485-2889
To order forms and publications: (518) 457-5431

Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): (518) 485-5082

 **Persons with disabilities:** In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.

I, _____, hereby affirm, under penalty of perjury, that I am _____
(name) (title)
of the above-named contractor, and that I am authorized to make this certification on behalf of such contractor.

Complete Sections 1, 2, and 3 below. Make only one entry in each section.

Section 1 – Contractor registration status

- The contractor has made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made. The contractor is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to Tax Law sections 1134 and 1253, and is listed on Schedule A of this certification.
- The contractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Section 2 – Affiliate registration status

- The contractor does not have any affiliates.
- To the best of the contractor's knowledge, the contractor has one or more affiliates having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to Tax Law sections 1134 and 1253. The contractor has listed each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.
- To the best of the contractor's knowledge, the contractor has one or more affiliates, and each affiliate has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Section 3 – Subcontractor registration status

- The contractor does not have any subcontractors.
- To the best of the contractor's knowledge, the contractor has one or more subcontractors having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to Tax Law sections 1134 and 1253. The contractor has listed each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.
- To the best of the contractor's knowledge, the contractor has one or more subcontractors, and each subcontractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Sworn to this ____ day of _____, 20 ____

(sign before a notary public)

(title)

Schedule A – Listing of each entity (contractor, affiliate, or subcontractor) exceeding \$300,000 cumulative sales threshold

List the contractor, or affiliate, or subcontractor in Schedule A only if such entity exceeded the \$300,000 cumulative sales threshold during the specified sales tax quarters. See directions below. For more information, see Publication 223.

A Relationship to contractor	B Name	C Address	D Federal ID number	E Sales tax ID number	F Registration in progress

Column A – Enter **C** in column A if the contractor; **A** if an affiliate of the contractor; or **S** if a subcontractor.

Column B – Name - If the entity is a corporation or limited liability company, enter the exact legal name as registered with the NY Department of State, if applicable. If the entity is a partnership or sole proprietor, enter the name of the partnership and each partner’s given name, or the given name(s) of the owner(s), as applicable. If the entity has a different DBA (doing business as) name, enter that name as well.

Column C – Address - Enter the street address of the entity’s principal place of business. Do not enter a PO box.

Column D – ID number - Enter the federal employer identification number (EIN) assigned to the entity. If the entity is an individual, enter the social security number of that person.

Column E – Sales tax ID number - Enter only if different from federal EIN in column D.

Column F – If applicable, enter an X if the entity has submitted Form DTF-17 to the Tax Department but has not received its certificate of authority as of the date of this certification.

Individual, Corporation, Partnership, or LLC Acknowledgment

STATE OF }
: SS.:
COUNTY OF }

On the ___ day of _____ in the year 20___, before me personally appeared _____,
known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that
_he resides at _____,
Town of _____,
County of _____,
State of _____; and further that:

(Mark an X in the appropriate box and complete the accompanying statement.)

- (If an individual): _he executed the foregoing instrument in his/her name and on his/her own behalf.
(If a corporation): _he is the _____ of _____, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.
(If a partnership): _he is a _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.
(If a limited liability company): _he is a duly authorized member of _____ LLC, the limited liability company described in said instrument; that _he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

Notary Public
Registration No. _____



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):	
<input type="checkbox"/> Individual Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Corporation <input type="checkbox"/> Not For Profit <input type="checkbox"/> Trusts/Estates <input type="checkbox"/> Federal, State or Local Government <input type="checkbox"/> Public Authority <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Other _____	
<input type="checkbox"/> Exempt Payee	

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

1. Enter your TIN here: (<i>DO NOT USE DASHES</i>) See instructions.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Taxpayer Identification Type (check appropriate box):	
<input type="checkbox"/> Employer ID No. (EIN) <input type="checkbox"/> Social Security No. (SSN) <input type="checkbox"/> Individual Taxpayer ID No. (ITIN) <input type="checkbox"/> 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:

- The number shown on this form is my correct taxpayer identification number (TIN), and
- I am a U.S. citizen or other U.S. person, and
- (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

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.¹ 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.

¹ 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.

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. 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.

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. 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.

Signature Title Date