



**Office of the New York State
Attorney General**

**Letitia James
Attorney General**

**Request for Applications (RFA) for Housing Development Fund Corporation
Cooperative Technical Assistance Program**

Application Number: 24-014	Application Issued: April 8, 2025
Application Description: Cooperative Technical Assistance Provider to provide technical assistance to HDFC cooperatives in New York City under the Cooperative Technical Assistance Program	Contract Period: Tentative: August 1, 2025 – July 31, 2027
Due Dates and Times (ET): Submission of Questions: April 28, 2025 by 5:00 PM EST OAG Issuance of Answers: May 5, 2025 by 5:00 PM EST Application Due: June 4, 2025 by 5:00 PM EST *Email submissions MUST be dated prior to this date/time to receive consideration. Projected Date for Notice of Awards: July 1, 2025	Location of Service: Grantee’s Premises or Grantee Designated Premise
In compliance with Procurement Lobbying Law, contacting anyone other than designated herein may result in rejection of Application. Primary Designated Contact: Joseph A. Carucci Contract Management Specialist Budget and Fiscal Management Bureau Office of the New York Attorney General State Capitol Albany, New York 12224-0341 Telephone: (518) 776-2128 E-Mail: purchase@ag.ny.gov	In the event the Primary designated contact is not available, the alternate designated contact is: Christopher Reks Contract Management Specialist 2 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



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I. Background

Housing Development Fund Corporation ("HDFC") cooperatives were formed pursuant to Article XI of New York's Private Housing Finance Law and the Business Corporation Law. In practice, HDFC cooperatives are limited-equity cooperatives, providing income-restricted homeownership opportunities to low-income New Yorkers. HDFC co-ops provide a unique and important role in NYC's affordable housing landscape. For decades HDFC co-ops have provided one of the only paths to homeownership opportunities for low- and middle-class New Yorkers. Over 1,300 such cooperatives exist in the city.

While most HDFC co-ops are stable properties that demonstrate the benefits of multigenerational affordable homeownership, a significant percentage of HDFC co-ops are struggling with financial and/or physical distress. Oftentimes, the financial and/or physical distress is symptomatic of governance problems, limited board and shareholder engagement, vacant units in need of repair, and complex probate issues stemming from deceased shareholders.

For these reasons, the Office of the Attorney General ("OAG") is dedicating a portion of settlement funds awarded to New York under the JP Morgan Chase Settlement and National Mortgage Settlement to create the HDFC Cooperative Technical Assistance Program ("CTAP".) The OAG will work closely with New York City's Department of Housing Preservation and Development ("HPD") on this program; HPD will assist in developing and managing the program, including identifying eligible HDFC co-op properties for engagement.

The OAG anticipates awarding, through this Request for Applications, a grant of up to \$750,000 to a nonprofit organization to act as a Cooperative TA Provider to provide technical assistance to cooperatives in New York City under CTAP. The Cooperative TA Provider will engage HDFC co-ops identified by HPD and offer targeted technical assistance that would help co-ops on a path toward stabilization. Technical assistance includes connecting co-ops with a source of funds for vacant unit or emergency repairs, resolving municipal arrears, addressing operational needs, obtaining legal assistance, and implementing more effective governance structures.

Qualifying organizations interested in applying for these funds must complete this application.



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II. Program Description

Through this RFA, the OAG anticipates selecting one nonprofit organization to serve as the Cooperative TA Provider who will provide cooperatives with tailored technical assistance to ensure cooperatives continue to provide safe, financially viable affordable homeownership opportunities that allow low-income households to build wealth. HPD will work closely with the Cooperative TA Provider including developing a priority list of HDFC co-ops to be targeted by this program. We anticipate 20-30 cooperatives will be assisted through the program to achieve targeted, actionable goals that could be implemented during the two-year program period:

- Resolve Arrears: Pay off Department of Finance (DOF), Department of Environmental Protection (DEP) or Con Edison arrears by entering into a sustainable repayment plan, or if needed, assist the co-op in hiring an attorney to initiate legal proceedings related to commercial arrears utilizing a flexible financing fund offered by HPD and Enterprise Community Partners;
- Stabilize Finances: Take concrete steps to improve operational health through increasing or restructuring maintenance fees, refinancing/recasting non-HPD debt, identifying unnecessary expenses, identifying third party property management companies, and implementing sustainability/cost-saving measures (i.e. LED lighting, low flow fixtures, etc.);
- Address Rehab Needs: Establish *targeted* rehabilitation scope of work (vacant unit repair, emergency boiler or roof replacement, etc.) that will improve financial health and ensure resident safety, and, if needed, obtain financing from the flexible financing fund, grants, and other non-HPD lending institutions, as appropriate, to address targeted rehabilitation needs in the building;
- Achieve Good Governance Practices: As determined by the Cooperative TA Provider, help resolve governance issues by identifying a co-op monitor, establishing or Updating House Rules, as needed, to ensure boards and shareholders understand their respective responsibilities, working with an attorney to update by-laws and/or proprietary leases, or pass resolutions, filling board vacancies;



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- Estate Issues: Cooperative TA Provider would engage with attorneys to assist shareholders in drafting wills and boards in handling estate issues that arise;
- Remove Housing Violations: Remove violations (HPD, Department of Buildings, Environmental Control Board, FDNY) that carry penalties and/or prevent the building from addressing rehabilitation work.

III. Award Information

A. Funding Availability and Distribution

The OAG is allocating up to \$750,000 to for the HDFC Cooperative Technical Assistance Program over a two (2) year period. The OAG anticipates awarding a grant to a nonprofit organization to act as the Cooperative TA Provider. The Cooperative TA Provider can utilize funds for program staffing, material development and contracting with attorneys, such as through legal service organizations, to provide support to selected HDFCs.

B. Award Evaluation Process

1. Proposals will be evaluated based on evaluation criteria outlined in Section IV in its entirety.
2. Proposals will first be examined for completeness. All proposals submitting a complete package will continue to the minimum threshold eligibility criteria stage.
3. Each proposal that passes the minimum threshold eligibility criteria stage will be rated under a point system, with a total of 100 points possible.
4. Incomplete proposals and proposals that do not meet the minimum requirements will be rejected.

C. Award Rating and Scoring

This is a point-based evaluation. A numerical rating shall be assigned to each application based on an evaluation of each proposal, considering the criteria set forth in this RFA. Applicants must score at least 60 points to be considered for an award.

Proposals will be ranked in order of total score and an award will be made to the applicant who achieves the highest score.



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Tiebreakers:

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

IV. Eligibility Information

A. Minimum Threshold Eligibility Criteria

These are requirements that if not met at the time of proposal submission will result in elimination from further consideration. Only proposals from eligible entities that meet all of these criteria will be evaluated against the ranking factors in Section IV.B of this announcement. Applicants deemed ineligible for funding consideration as a result of the threshold eligibility review will be notified within five (5) calendar days of the ineligibility determination.

1. Must be an agency in New York State with an active New York State Charities registration number.
2. Must have an office physically located in New York City.
3. Must have experience providing technical assistance to HDFC cooperatives for a minimum of five (5) years.

B. Evaluation Criteria

Eligible proposals that are complete and meet the minimum threshold criteria will be reviewed according to the evaluation criteria set forth below. Applicants should explicitly address the following criteria as part of their proposal package submittal.

Answers to sections 1 and 2 below shall be presented as a narrative and shall not exceed five (5) pages (one-sided, single-spaced).



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1. Organization Description and Experience (35 Points)

- 1.** Provide a brief description of your organization including: its mission, number of years in existence, number of staff and services your organization provides including the number of years your organization has provided technical assistance services to HDFC cooperatives. Please provide a list of current staff, including titles, and a list of your Board of Directors (these lists are not included in the narrative page limitation.)
- 2.** Describe your organization's experience in providing services to HDFC cooperatives in New York City, including the types of services you provide to co-ops.
- 3.** Please describe your experience working with struggling HDFC co-ops. Please include an example of how you have assisted at least one co-op experiencing financial distress, one experiencing physical distress and one experiencing governance challenges. Describe the strategies you used to address those challenges.
- 4.** Briefly describe the challenges your organization has faced when working with HDFC co-ops. How do you manage and overcome these challenges?
- 5.** Please describe your relationship working with city agencies in your work assisting HDFC co-ops.



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2. Outcomes and Deliverables (45 Points)

1. Please describe your organization's proposed approach to providing services under the HDFC Cooperative Technical Assistance Program.
2. Describe how your organization will engage with the identified HDFC co-ops, how you will assess the needs of the co-ops you engage and how you plan to develop a stabilization plan for the co-ops.
3. Describe how your organization will monitor and track progress under this program, including tracking the number of outreach engagements to co-ops, stabilization plans and types of assistance provided. Provide an example of the tracking platform you would use.
4. Describe how your organization will report to OAG and HPD monthly on program progress.
5. Describe how your organization will partner with legal service providers to provide free legal clinics to assist with issues such as wills & estates planning, clearing up provenance of Certificates of Shares and Surrogate Court paperwork.
6. Please describe your proposed goals. Assuming the broad goal under this program is to assist 20-30 cooperatives over the two-year time period, how would your organization define success? What types of outcomes do you expect from the efforts taken under this program? How would you handle cooperatives that are not responsive or cooperative?
7. Please describe your staffing plan and budget request. Do you plan to expand your organization through new hires with this program? To the extent that you will rely on existing staff, how will this expansion impact your organization's broader goals?



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3. Budget/Appendix II (20 Points)

Please complete the Microsoft Excel worksheet that details the Budget and Scope of Services and provides a description and dollar amount for each line and return it with your RFA response. Do not convert the Excel spreadsheet into a pdf document.

V. Other Requirements

- A.** The Cooperative TA Provider grantee will be required to enter into a contract with the OAG and HPD governing the grant. The term of the grant will be for a period of 24 months including ramp up and wind down. Additionally, the grantee is required to document project results including outreach numbers, stabilization plans, types of services provided and results and cooperate with all reasonable requests for information from the OAG or HPD, including but not limited to monthly reports as to the performance of their Cooperative TA Provider program.

Grantee will be required to submit narrative and financial reports at a minimum of twice a year in accordance with a format and due dates as directed by the OAG as well as participate in regular meetings with the OAG and HPD to discuss grant progress as well as collaborate with the OAG and HPD on outreach or technical assistance efforts. By submitting a proposal under the RFA, applicant acknowledges their obligations and agrees to cooperate and coordinate fully with the OAG and HPD, including but not limited to, complying with requests for data, narrative, and financial reports and scheduling of site visits.

- B.** An applicant may only subcontract with other agencies if a pre-existing relationship exists and the sub-grantee meets all minimum threshold eligibility criteria in Section IV. A pre-existing relationship is defined as a close working relationship or collaboration with another housing and/or legal services agency or non-profit. Sub-grantees without an existing relationship are not permitted. Only one grant application need be submitted; however, the grant application must include documents required in Appendices I and II for the applying agency. As well as Appendix II for each sub-grantee.



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- C.** Additional legal provisions will be included in the Office of the Attorney General’s grant agreement with funded applicants under this RFA, as follows, without limitation:
1. NYS Ethics Compliance: All grantees and their employees must comply with the requirements of Public Officers Law Sections 73 and 74, and other State codes, rules and regulations establishing ethical standards for the conduct of business with New York State.
 2. Public Information: Disclosure of items related to the Agreement shall be permitted consistent with the laws of the State of New York and specifically the Freedom of Information Law (FOIL) contained in Section 87 of the Public Officers Law. The New York Office of the Attorney General shall take reasonable steps to protect from public disclosure any records relating to the grantee or its application that are otherwise exempt from disclosure under that statute. Information constituting trade secrets, for purposes of FOIL, must be clearly marked and identified as such upon submission. If the grantee intends to seek an exemption from disclosure of these materials under FOIL, the grantee shall, at the time of submission, request the exemption in writing and provide an explanation of why the disclosure of the identified information would cause substantial injury to the competitive position of the grantee. Acceptance of the identified information by the New York Office of the Attorney General does not constitute a determination that the information is exempt from disclosure under FOIL. Determinations as to the availability of the identified information will be made in accordance with FOIL at the time a request for such information is received by the New York Office of the Attorney General.
 3. Indemnification: All grantees agree to indemnify and hold harmless the State of New York, the New York Office of the Attorney General, and their officers, agents, and employees, from liability for loss or damage to the extent caused by the negligent acts, misconduct, or omissions of the grantees, their agents, employees or subcontractors.



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

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

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



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

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



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VI. Proposal and Submission Information

A. Submittal Timeline

RFA Issue Date:	April 8, 2025
Questions Due:	April 28, 2025 by 5:00 PM EST
OAG Issuance of Answers:	May 5, 2025 by 5:00 PM EST
Applications Due:	June 4, 2025 by 5:00 PM EST
Projected Notice of Award:	July 1, 2025

The OAG in its discretion may extend the application deadline. Any such extension will be announced on the OAG website.

B. Submittal Questions

1. All questions should be submitted in writing, citing the particular RFA section and/or paragraph number/letter. Prospective Applicants should note that all clarifications, including those relating to the terms and conditions of the contract, are to be resolved prior to the submission of an application.
2. Questions/inquiries and/or requests for clarification will only be accepted via e-mail and in writing and should be submitted to the following e-mail address: purchase@ag.ny.gov with the subject line of "**Questions for RFA #24-014 – HDFC Cooperative Technical Assistance Program – [Insert Applicant's Name]**".
3. Official answers to questions will be provided via addendum and posted to the OAG website under Request for Applications: <https://ag.ny.gov/resources/organizations/contract-procurement-opportunities/request-applications> and the NYS Contract Reporter.



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The OAG encourages responders to 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.** Any updates to Solicitation documents will also be posted and released through the NYSCR. If you do not opt-in to receive notification updates regarding a specific ad, you will not receive e-mail notifications regarding updates, including e-mail notifications regarding the questions and answers document and updates to Solicitation documents.

C. Submittal Delivery Method

1. Certified mail, first class mail, overnight delivery, hand delivered applications or walk-ins will not be accepted. Facsimile submissions will not be accepted. The Office of the Attorney General will not acknowledge receipt of applications delivered by mail, fax or in person.
2. Applications must be submitted via e-mail to purchase@ag.ny.gov with the subject line of "**Application Enclosed for RFA #24-014 – HDFC Cooperative Technical Assistance Program - [Insert Applicant's Name]**".
3. The applicant is responsible for ensuring 5:00 PM arrival on the deadline date.

D. Submittal Content

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



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1. **Appendix I - Application Cover Page:** By submitting an application with a signed cover letter, you indicate full knowledge and acceptance of this RFA, including Appendix A (Standard Clauses for New York State OAG Contracts). Application Cover Page must be signed.
2. **Narrative:** A narrative of no more than five (5) pages answering questions in Section IV will be accepted.
3. **Appendix II – Budget and Scope of Services:** *Do not convert the Excel spreadsheet into a pdf document.*
4. **Appendix III – Certifications 1-5**
5. **Administrative Submission Requirements** as follows:
 - a. Vendor Responsibility Questionnaire, either a certification of online filing or paper version
 - b. NYS Workers' Compensation Insurance Coverage (see Quick Guide)
 - c. NYS Disability Benefits Insurance Coverage (see Quick Guide)
 - d. Substitute W-9 Form

All proposals, upon submission to the OAG, shall become OAG property for use as deemed appropriate.

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

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



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8. Eliminate any requirement(s) unmet by all Firms.
9. Use the proposal, information obtained through any interviews and/or the OAG's own research of a Responder's qualifications, experience, ability and/or financial standing, and any other material/information submitted by the Responder in response to the OAG's request for information during evaluation and/or selection under this RFA.
10. Consider all ideas/suggestions submitted in the proposals received by the successful Firms.
11. Request best and final offers.
12. Negotiate with Firms responding to this bid within the bid requirements to serve the best interests of the State.
13. Should the State be unsuccessful in negotiating a contract with the selected Firm within 45 days, the State may begin contract negotiations with another bidding Firm in order to serve the best interest of the State.
14. Select and award the contract to other than the lowest Responder in the event of unsuccessful negotiations.
15. OAG has the right to all interpretation issues with respect to the content/language and meaning thereof the RFA and contract.

VII. Contract Provisions & Administrative Clauses

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

- A. Appendix A (dated June 2023)
- B. Memorandum of Agreement (Contract)
- C. OAG RFA #24-014 - HDFC Cooperative Technical Assistance Program (this document, and any addenda/ Unincorporated Appendices)
- D. Selected Contractor(s) Bid
- E. Vendor Responsibility Questionnaire



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2. Contract Invoicing and Payment

Payments are made against the contract, encumbrance documents or other written orders. All "quarterly advance" invoices for payment shall be submitted to the Office of the Attorney General, Accounts Payable Unit, no earlier than thirty (30) days before the start of each quarter in which the services are to be performed. Quarterly advance amounts will be one fourth the total annual budget and cover a three-month period. All unused funds at the end of each budget year will be returned to the OAG by the grantee. Firm shall provide complete and accurate billing invoices to receive payment in a form acceptable to HPD and OAG.

*Information should agree with Remit to information in the Statewide Financial System.

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

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.

a. Contract Hours of Operation and Legal Holidays

The selected Proposer shall perform services on-site at the OAG designated office, or at the Firms facility. The Firms personnel are expected to accomplish their required task within and during the following:

1. Normal business days: Monday through Friday.
2. Normal business hours: 8:30 a.m. to 5:00 p.m.



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3. Overtime: Occasional (infrequent) overtime will be required, at the discretion of the OAG Project Manager or designee. Working more than 40 hours in each workweek may be billed at the Responder's proposed hourly rate. Such overtime work must have the prior written approval of the OAG Project Manager.
4. Firms must abide by all Federal labor laws (i.e., must take a 30-minute lunch).

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

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

3. Subcontracting

The State reserves the right to reject any proposed subcontractor 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.

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 Firm and its subcontractors shall be by bona fide written contract. Any costs associated with subcontracting are the obligation of the Contractor.

All subcontractors are required to read the confidentiality, background checks and conflict of interest provisions of this RFP and agree to them in writing, submitted to OAG before commencement of any work, and meet their requirements through the term of the contract. Copies of the agreements should be submitted to OAG and approved before commencing work. At sole discretion of the OAG this requirement may be waived.



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Firms 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. Firm shall not in any way be relieved of any contractual or financial responsibility under the Contract by its agreement with any subcontractor by an OAG approval of such an agreement with a subcontractor.

4. Debriefing

Pursuant to State Finance Law §163(9)(c), any unsuccessful Responder may request a debriefing regarding the reasons that the Proposal submitted by the Responder was not selected for award. Requests for a debriefing must be made within fifteen (15) calendar days of notification by OAG that the Proposal submitted by the Responder was not selected for award. Requests should be submitted in writing to a designated contact identified in this Solicitation.

5. NYS Vendor Responsibility Requirement

OAG conducts a review of prospective Contractors ("Firms") to provide reasonable assurances that the Responder is responsive and responsible. A For-Profit Business Entity Questionnaire (hereinafter "Questionnaire") is used for non-construction Contracts and is designed to provide information to assess a Responder'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 proposal, Responder agrees to complete the Questionnaire fully and accurately. The Responder acknowledges that the State's execution of the Contract shall be contingent upon the State's determination that the Responder is responsible, and that the State shall be relying upon the Responder's responses to the Questionnaire, in addition to all other information the State may obtain from other sources, when making its responsibility determination.



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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, <https://www.osc.state.ny.us/vendrep/index.htm> or to enroll, go directly to the VendRep System online at <https://www.osc.state.ny.us/state-vendors/vendrep/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 <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 prior to Contract Award, the Proposer must complete and certify (or recertify) the Questionnaire no more than six (6) months prior to the bid due date. A Proposer's Questionnaire cannot be viewed by OAG until the Proposer has certified the Questionnaire. It is recommended that all Proposers become familiar with all 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.



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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.

6. NYS Vendor File Registration

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



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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. Workers' Compensation Requirement

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
- 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



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- 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.

8. 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 \(ny.gov\)](#)

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.



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**Request for Applications (RFA) for Housing Development Fund Corporation
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**Appendix I - Application Cover Page for RFA – HDFC Cooperative Technical
Assistance Program**

*Please fill out and return the Microsoft Excel worksheet provided. A signed copy of
Appendix I must be included.*



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Appendix II – Project Budget and Scope of Services

Please fill out and return the Microsoft Excel worksheet provided. Do not convert Excel worksheet to a pdf.



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Appendix III - Certifications - 1

PRIVACY CERTIFICATION

Each organization receiving a grant must have an established privacy policy for protecting the confidentiality of personally identifiable information or "private information."

I hereby certify that _____, the applicant organization, maintains a privacy policy that, at a minimum:

- restricts the use and/or disclosure of "private information" to the purpose for which it was obtained;
- requires the person's consent for other uses or disclosures;
- limits access to "private information" to those employees with a need to fulfill the purpose for which it was obtained; and
- provides adequate precautions to ensure administrative and physical security of "private information."

Signature of Authorized Certifying Official

Date

Name/Title

Sworn to before me this _____ day of _____, 20____;

Notary Public



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Appendix III - Certifications - 2

CIVIL RIGHTS CERTIFICATION

I hereby certify that _____, the applicant organization:

- will comply with all applicable federal, state, and local laws relating to nondiscrimination in employment;
- will not discriminate against any individual who receives or applies for services on the basis of actual or perceived age, race, religion, color, gender, sexual orientation, age, national origin, ancestry, citizenship, disability, or veteran status or classification; and
- Will forward to the appropriate Anchor Partner a copy of any finding by a court or administrative agency that it has violated any federal, state, or local law relating to nondiscrimination.

Signature of Authorized Certifying Official

Date

Name/Title

Sworn to before me this _____ day of _____, 20____;

Notary Public



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Appendix III - Certifications - 3

LABOR CERTIFICATION

I hereby certify that _____, the applicant organization:

- will comply with all applicable federal, state, and local labor and employment laws and regulations, including any applicable schedules or determinations made by the State Labor Department in accordance with the Labor Law; and
- Will forward to the appropriate Anchor Partner a copy of any finding by a court or administrative agency that it has violated any federal, state, or local law relating to labor or employment.

Signature of Authorized Certifying Official

Date

Name/Title

Sworn to before me this _____ day of _____, 20____;

Notary Public



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Appendix III - Certifications - 4

INSURANCE CERTIFICATION

I hereby certify that _____, the applicant organization:

- Maintains appropriate insurance, including but not limited to all insurance required by law, against any liability, in reasonable amounts, for injury to persons or property arising to the performance of activities proposed in this RFA.
- Will forward a copy of all proof of insurance documents to the appropriate Anchor Partner upon request by such Anchor Partner

Signature of Authorized Certifying Official

Date

Name/Title

Sworn to before me this _____ day of _____, 20____;

Notary Public



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Appendix IV - Certifications - 5

COMPLIANCE WITH LAW CERTIFICATION

I hereby certify that _____, the applicant organization:

- Currently and shall continue to comply with all applicable federal, state, and local laws rules, regulations, resolutions, orders, judgments, decrees, and ordinances which are in effect or become effective during the term of the project described in this RFA

Signature of Authorized Certifying Official

Date

Name/Title

Sworn to before me this _____ day of _____, 20____;

Notary Public

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

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

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

**NEW YORK STATE
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I. BUSINESS CHARACTERISTICS

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

II. AFFILIATES AND JOINT VENTURE RELATIONSHIPS

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

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

III. CONTRACT HISTORY

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

IV. INTEGRITY – CONTRACT BIDDING

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

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

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

V. INTEGRITY – CONTRACT AWARD

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

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

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

VI. CERTIFICATIONS/LICENSES

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

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

VII. LEGAL PROCEEDINGS

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

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

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

VII. LEGAL PROCEEDINGS

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

7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of federal, state or local environmental laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

7.5 Other than the previously disclosed: (i) Been subject to the imposition of a fine or penalty in excess of \$1,000, imposed by any government entity as a result of the issuance of citation, summons or notice of violation, or pursuant to any administrative, regulatory, or judicial determination; or (ii) Been charged or convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

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

VIII. LEADERSHIP INTEGRITY

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

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

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

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

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

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

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

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

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

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

X. FREEDOM OF INFORMATION LAW (FOIL)	
10.0 Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL). Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate the question number(s) and explain the basis for your claim.	

XI. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE		
Name	Telephone	Fax
	ext.	
Title	Email	

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

Certification

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

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

The undersigned certifies that he/she:

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

Signature of Official _____

Printed Name of Signatory _____

Title _____

Name of Business _____

Address _____

City, State, Zip _____

Date _____

QUICK GUIDE TO WORKERS' COMPENSATION AND DISABILITY INSURANCE DOCUMENTATION

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

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

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

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

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

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

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

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

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

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

Electronic - For those who require an exemption immediately, please access the on-line application that can be found on the Board's website, at www.wcb.ny.gov. 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



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

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

Part I: Vendor Information

1. Legal Business Name:

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

3. Entity Type (Check one only):

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

Exempt Payee

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

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

--	--	--	--	--	--	--	--	--	--

2. Taxpayer Identification Type (check appropriate box):

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

Part III: Address

1. Remittance Address:

2. Ordering Address:

Number, Street, and Apartment or Suite Number

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

City, State, and Nine Digit Zip Code or Country

Email Address

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

Primary Contact Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Part V: Certification and Exemption from Backup Withholding

Under penalties of perjury, I certify that:

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

Sign Here:

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

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

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

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.