

COUNTY OF COLUMBIA
REQUEST FOR PROPOSALS
DEVELOPMENT OF A COLUMBIA COUNTY PREVENTION PROGRAM WITH THE
COLUMBIA COUNTY DEPARTMENT OF HUMAN SERVICES
RFP # 23-006

SECTION 1: Purpose of Request

Columbia County (the County) is seeking proposals for the development of a “**Columbia County Prevention Program**” as requested by the Columbia County Department of Human Services. In an effort to reduce substance use including underage drinking, alcohol misuse, illegal drug use, medication misuse, and problem gambling a Request for Proposal (RFP) is being issued in the amount of \$145,152. Provider will implement a continuum of prevention services necessary to reduce underage drinking, alcohol misuse, illegal drug use, medication misuse, and problem gambling within the framework prescribed by the New York State Office of Addiction Services and Supports (OASAS) located at <https://oasas.ny.gov/providers/nys-prevention-framework>

The provider will adhere to all OASAS prevention guidelines. The provider must be equipped to meet the timeframe associated with this initiative by implementing enhanced staffing and services to ensure that high risk populations are best served.

SECTION 2: Scope of Services

- Provider will implement a continuum of prevention services necessary to reduce underage drinking, alcohol misuse, illegal drug use, medication misuse, and problem gambling within the framework prescribed by OASAS located at <https://oasas.ny.gov/providers/nys-prevention-framework>
- Provider will comply with OASAS Prevention Guidelines located at https://oasas.ny.gov/system/files/documents/2022/12/2022_prevention_guidelines.pdf
- The target population shall include the highest need areas of Columbia County, which have little or no prevention programming: the City of Hudson, New Lebanon, and Taconic Hills. Risk factors prevalent and to be addressed are Availability of Alcohol and Other Drugs, Low Commitment to School and Family Conflict.
- Provider will complete a needs and capacity assessment using quantitative and qualitative data collected from the last 3 years, including data provided by OASAS in Attachments A and B. They will describe the community in terms of risk and protective factors associated with substance use disorders, substance use patterns, consequences/outcomes and problem gambling. Using this data, the applicant will identify high risk populations and/or specific communities.
- Provider will use a comprehensive approach to prevention services based on the socioecological model: individual, relationship, community and societal and will cover the lifespan.
- As per the prevention guidelines, Prevention Activities will include the national Institute of Medicine (IOM) categorized prevention populations (target populations): three (3) classifications: Universal, Selective, and Indicated. Prevention may be

subsequently categorized into those that are designed for each of the three population categories.

- Providers are required to choose the most effective evidence-based programs and appropriate prevention activities which match the needs of their target population based upon the needs assessment. List of evidenced-based programs can be located at <https://oasas.ny.gov/providers/evidence-based-prevention-programs>
- Providers will utilize three pronged environmental strategies (policy, enforcement, and media) to further goals of the prevention program.
- Provider will make a connection with their nearest Prevention Resource Center.
- Provider will participate in local Prevention Coalition, where possible, in the counties they serve.

SECTION 3: Term of Contract

The provider shall execute a contract with the County of Columbia in accordance with this RFP as prepared and approved by the County Attorney.

The contract period shall commence on or before July 1, 2023.

At the end of the initial one-year contract term, upon mutual agreement of the County and the Contractor, the agreement may be renewed for one additional year.

SECTION 4: Q & A Protocol and Timeframe

All questions concerning this RFP must be submitted in writing to the person designated below by Friday, April 14, 2023:

Attn: Melissa Scheriff
Columbia County Department of Human Services
325 Columbia Street, Suite 300
Hudson, NY 12534
Melissa.scheriff@columbiacountyny.com.

Replies will be posted on the Columbia County website (<https://www.columbiacountyny.com/public-notices--request-for-proposals-rfp.html>). Questions received after the date listed above will not be answered. The County will be bound only by responses given in writing.

Other than the contact person identified in the Proposal, or their designee, prospective Proposers shall not approach County employees during the period of this RFP process about any matters related to this RFP or any proposals submitted pursuant thereto.

SECTION 5: Receipt of Proposals

Three (3) copies of the Proposal and other required documents must be submitted, sealed in an

opaque envelope clearly marked with the name and number of the Proposal and the name and address of the Proposer. Proposals must be received no later than **2:00 P.M. on May 2, 2023** at the following address:

Marissa Hogancamp, Purchasing Agent
Columbia County Central Services
401 State Street
Hudson, NY 12534

Those submitting Proposals do so entirely at their expense. There is no express or implied obligation by Columbia County to reimburse any firm or individual for any costs incurred in preparing or submitting Proposals, preparing or submitting additional information requested by the County, or for participating in any selection interviews.

Submission of any Proposal indicates acceptance of the conditions contained in the RFP, unless clearly and specifically noted otherwise in the Proposal.

Columbia County reserves the right to reject any and all Proposals, in whole or in part, submitted in response to its RFP.

Columbia County reserves the right to waive any and all informalities and to disregard all non-conforming, non-responsive or conditional Proposals.

Columbia County may, at any time by written notification to all Proposers, change any portion of the RFP described and detailed herein.

Proposals will be examined and evaluated by representatives of the local behavioral health provider system.

During the evaluation of Proposals, the County may require clarification of information or may invite Proposers to an oral presentation to amplify and or validate Proposal contents.

SECTION 6: Format of Proposal

In order for the County to conduct a uniform review of all Proposals, Proposals must be submitted in the format set forth below. Failure to follow this format may be cause for rejection of a Proposal because adherence to this format is critical for the County's evaluation process.

Section I: (1 point)

Title Page- Include the Request for Proposal Title and Number, applicant name, address, telephone number, email address, organization website, and contact person.

Section II: Statement of Need (10 points)

Question 1: Describe Columbia County's need for prevention services including data from two sources, one of which must be data provided by OASAS in Attachments A and B (5 points)

Question 2: Identify existing community resources that can be leveraged and where resources are missing or desired and describe current or potential partnerships with these resources. (5 points)

Section III: Qualifications and Experience (39 points)

Question 1: Describe the applicant's mission, list of current programming, and history including length of experience. (1 point)

Question 2: Describe any current or previous experience with prevention, treatment, or recovery and/or OASAS programs. (3 points)

Question 3: Describe applicants' current or previous experience with evidence-based substance misuse prevention services for high risk populations (10 points)

Question 4: Describe applicants' current or previous experience with performing needs assessment and data collection. (5 points)

Question 5: Describe applicant's experience with meeting performance outcomes and contract deliverables, including an example. (5 points)

Question 6: Identify titles, minimum qualifications, and responsibilities of professional staff to be involved in the implementation of services. Include the supervision structure and how the program fits in to the overall organizational structure. (5 points)

Question 7: Identify two references familiar with the applicants work with data collection, performance outcome-based contracts and/or work in the prevention field. Include name, address, telephone number, and scope of work. (10 points)

Section IV: Work Plan (30 points)

Question 1: Describe start up activities and proposed timeline. (3 points)

Question 2: Examples of high-risk populations include:

- Individuals with co-occurring mental health/medical needs

- LGBTQ identifying individuals

- Underserved Youth

- Students struggling academically or socially in school

- Community Members

- Significant others (children, siblings, family members) of those incarcerated or impacted by substance misuse

- Older Adults

Isolated individuals or communities

Based upon information identified in Section 1, describe the potential targeted high-risk populations for services. *(2 points)*

Question 3: Describe your approach to conducting a needs assessment across the lifespan occurring within the community and school-based setting for the proposed target population including data from Attachments A and B. *(5 points)*

Question 4: Describe proposed program activities that will increase protective factors across the lifespan occurring within the community and school-based setting for the proposed target population. *(5 points)*

Question 5: Describe proposed program activities that will reduce risk factors across the lifespan occurring within the community and school-based setting for the proposed target population. *(5 points)*

Question 6: Describe your approach to conducting environmental strategies across the lifespan occurring within the community and school-based setting for the proposed target population. *(5 points)*

Question 7: Describe proposed activities to address problem gambling across the lifespan occurring within the community and school-based setting for the proposed target population. *(5 points)*

Section V: Cost Proposal *(20 points)*

Question 1: Describe how the applicant evaluates its financial management system for compliance. Please share the summary results of the applicant's last audit. *(3 points)*

Question 2: Describe the applicant's purchasing policy and process to ensure claims for reimbursement are reasonable and program related. *(2 points)*

Question 3: Provide narrative for attached Budget (Attachment C). *(15 points)*

Include lines for training, curriculums, program supplies, and in-kind

Section VI: Mandatory Documentation

The Mandatory Documentation Section must include: The Non-Collusive Bidding Certificate (Attachment D), Acknowledgment by Proposer (Attachment E), Addenda Page (Attachment F), and Vendor Responsibility Questionnaire (Attachment G).

SECTION 7: Proposal Evaluation

Proposals will remain valid until the execution of a contract by Columbia County, unless otherwise rejected consistent with this RFP.

Proposals received will be evaluated by a committee with representation from the Columbia County Department of Human Services and local behavioral health provider agencies. Proposals shall be evaluated based upon the following:

Title Page	1 point
Statement of Need	10 points
Qualifications and Experience	39 points
Work Plan	30 points
Cost/Budget Proposal	20 points
Total possible points	100

A notice of contract award shall not be binding upon the County until the contract has been fully executed by both parties.

SECTION 8: Indemnification

The successful Proposer shall defend, indemnify and save harmless the County, its employees and agents, from and against all claims, damages, losses and expenses (including without limitations, reasonable attorneys' fees) arising out of, or in consequence of, any negligent or intentional act or omission of the successful Proposer, its employees or agents, to the extent of its or their responsibility for such claims, damages, losses and expenses.

SECTION 9: Modification and Withdrawal of Proposals

Proposals may be modified or withdrawn at any time prior to the opening of date and time by an appropriate document executed and submitted in the same manner as a Proposal.

If within twenty-four (24) hours after the Proposals are opened, any Proposer files a written notice with the County demonstrating to the reasonable satisfaction of the County that there was a material and substantial mistake in the preparation of its Proposal, that Proposer may withdraw its Proposal. Thereafter, that Proposer will be disqualified from making a further or additional proposal on the work contemplated by this RFP.

Each proposal shall state that it is an irrevocable offer for a period of ninety (90) days from the Proposal opening date. After expiration of the irrevocable offer period, if no contract award has been made, a Proposal may be withdrawn if the Proposer does so in writing directed to the County Purchasing Agent; otherwise, Proposals remain in effect consistent with the terms of this RFP.

SECTION 10: Insurance Requirements

The successful Proposer will be required to procure and maintain at its own expense, the following insurance coverage:

- (a) **Statutory Workers' Compensation, Employer's liability and NYS Disability:** A policy in accordance with the Workers' Compensation and disability benefits laws of the State of New York
- (b) **Automobile Liability Insurance:** A policy or policies of insurance with minimum limits of \$1,000,000 each accident. Coverage shall provide for any vicarious liability of the County of Columbia and be applicable to all owned, non-owned, hired, borrowed or temporality used vehicles by Consultant.
- (c) **General Liability Insurance:** Commercial General Liability insurance with minimum limits of \$1,000,000 per occurrence, subject to a \$2,000,000 annual aggregate. Coverage shall include bodily injury, property damage, personal injury, and blanket contractual liability.
- (d) **Professional Liability Insurance:** A policy or policies with limits not less than \$1,000,000.

No work shall be commenced under the contract until the successful Proposer has delivered to the County proof that all required insurance has been procured. Each policy of insurance shall be in form and content satisfactory to the County, shall name the County as an additional insured, and must provide that the policy will not be changed or canceled until 30 days written notice has been given to the County.

SECTION 11: Remedy for Breach

In the event of a breach by Contractor, Contractor shall pay to the County all direct and consequential damages caused by such breach, including, but not limited to, all sums expended by the County to procure a substitute contractor to satisfactorily complete the contract work, together with the County's own costs incurred in procuring a substitute contractor.

SECTION 12: Freedom of Information Law (FOIL)

Confidential, trade secret or proprietary materials as defined by the laws of the State of New York must be clearly marked and identified as such upon submission. Proposers intending to seek an exemption from disclosure of these materials under the FOIL (New York State Public Officers

Law, Sections 84-90) must request the exemption in writing, at the time of the submission of the materials, setting forth the reason for the claimed exemption. In addition, the proposer must mark each page of its submission on which there appears any material claimed to be protected as confidential or proprietary with the following legend, in bold face, capital letters at the top of each page: "THE PROPOSER BELIEVES THAT THIS INFORMATION IS PROTECTED FROM DISCLOSURE UNDER THE NEW YORK STATE FREEDOM OF INFORMATION LAW". Acceptance of the claimed materials does not constitute a determination on the exemption request, which determination will be made in accordance with statutory procedures.

SECTION 13: Antidiscrimination Clause

The Contractor assures Columbia County that it will comply with all applicable laws and regulations prohibiting discrimination in employment on the grounds of race, religion, creed, color, national origin, sex, disability, marital status and other non-merit factors. The Contractor understands and agrees that the contract understanding or agreement to which this assurance relates can be terminated upon a finding by any governmental agency that the undersigned is in violation of applicable discrimination laws and that such finding will also disqualify the Contractor for future contracts with the County. The Contractor certifies to the County of Columbia that there is no pending or outstanding decision, ruling or order against it finding the undersigned in violation of the laws against discrimination.

SECTION 14: Privacy of Personal Health Information (PHI)

As an OASAS provider of services, Contractor must comply with the 42 CFR Part 2 regulations which requires that substance use disorder (SUD) providers cannot disclose information that will either directly or indirectly identify an individual as someone who has received, is currently receiving, or has been referred for, SUD treatment.

SECTION 15: Iranian Energy Sector Divestment

Contractor/Proposer hereby represents that said Contractor/Proposer is in compliance with New York State General Municipal Law Section 103-g entitled "Iranian Energy Sector Divestment", in that said Contractor/Proposer has not:

- (a) Provided goods or services of \$20 Million or more in the energy sector of Iran including but not limited to the provision of oil or liquefied natural gas tankers or products used to construct or maintain pipelines used to transport oil or liquefied natural gas for the energy sector of Iran; or
- (b) Acted as a financial institution and extended \$20 Million or more in credit to another person for forty-five days or more, if that person's intent was to use the credit to provide goods or services in the energy sector in Iran.

Any Contractor/Proposer who has undertaken any of the above and is identified on a list created pursuant to Section 165-a (3)(b) of the New York State Finance Law as a person engaging in

investment activities in Iran, shall not be deemed a responsible bidder pursuant to Section 103 of the New York State General Municipal Law.

Except as otherwise specifically provided herein, every Contractor/Proposer submitting a bid/proposal in response to this Request for Bids/Request for Proposals certifies and affirms the following under penalties of perjury:

- (a) "By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief, that each bidder is not on the list created pursuant to NYS Finance Law Section 165-a (3)(b).

Except as otherwise specifically provided herein, any Bid/Proposal that is submitted without having complied with subdivision (a) above, shall not be considered for award. In any case where the Bidder/Proposer cannot make the certification as set forth in subdivision (a) above, the Bidder/Proposer shall so state and shall furnish with the bid a signed statement setting forth in detail the reasons therefor. The County reserves its rights, in accordance with General Municipal Law Section 103-g to award the Bid/Proposal to any Bidder/Proposer who cannot make the certification, on a case-by-case basis under the following circumstances:

- (1) The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
- (2) The County of Columbia has made a determination that the goods or services are necessary for the County to perform its functions and that, absent such an exemption, the County would be unable to obtain the goods or services for which the Bid/Proposal is offered. Such determination shall be made by the County in writing and shall be a public document.

SECTION 16: Limits on Administrative Expenses and Executive Compensation

Contractor (deemed a covered provider as defined at 9 NYCRR Section 6157.2 if it meets certain criteria) hereby warrants, for itself and its subcontractors, that it is familiar with and in compliance with NYS Executive Order No. 38 (<http://executiveorder38.ny.gov>) and its accompanying regulations promulgated by NYS Division of Criminal Justice Services under 9 NYCRR Part 6157 (Limits on Administrative Expenses and Executive Compensation) concerning the prevention of public funds from being diverted to excessive compensation and unnecessary administrative costs for providers of program services, as it may be applicable, if at all, to the scope of services covered under this Agreement.

	Columbia County	NYS incl. NYC	Rest of State
DRUG & ALCOHOL CONSEQUENCES			
Youth Arrests – Drug Use/Possession/Sale	63.7		13.1
Young Adult Arrests – Drug Use/Possession/Sale	129.4	33.9	37.9
Young Adult Arrests – DWI	72.5	19.8	29.6
Overdose Deaths Involving Any Opioid	15	15.1	16.1
Hospital Discharges Involving Opioid Use	88.6	106	100.6
Naloxone Administration by EMS	5.5	5.6	5.4
Alcohol Related Motor Vehicle Injuries and Deaths	46.7	28.9	
PROBLEM BEHAVIOR			
Teen Pregnancy Rate	3.2	4.7	
Young Adult Arrests – Violent Crimes	31.1	42.7	21.8
Young Adult Arrests – Property Crimes	59.5	54.8	53.4
Youth Arrests – Property Crimes	9.3		20.4
Youth Arrests – Violent Crimes	7.8		9
% Students Grades 1-6 w/ Special Ed. Behavioral Health Challenge Code	4.9	8.8	6.8
Suspension/Expulsion/Removal Events among BH students (rate per 1,000)	1027.9	318.6	540.9
FAMILY DYSFUNCTION			
Rate of Children Admitted to Foster Care	2.3	1.3	1.2
Children in Indicated Reports of Abuse/Maltreatment	20.9	14.6	16.1
% Student in Foster Care	0%	0%	
CONSUMPTION			
Binge Drinking During Past Month Among Adults	21.1%	17.5%	18.4%
Benzodiazepine Prescription Crude Rate	388.8	264.8	318.2
Opioid Analgesic Prescription Crude Rate	492.2	315.7	410.7
AVAILABILITY OF ALCOHOL			
# Of Stores Primarily Selling Alcohol	4.05	2.29	2.36
# Of Stores That Sell Alcohol w/Other Goods	10.68	7.99	7.84
MENTAL HEALTH			
% Of Adults Who Experienced 2+ ACEs	40.4%	35.6%	36.1%
% Of Adults Reporting Depressive Disorder	15.2%	15.1%	16.1%
% Of Adults w/Poor Mental Health Past 14+ Days	6.3%	11.0%	11.4%
POVERTY			
Median Household Income	\$68,750	\$71,117	
% Household Receiving SNAP	10.0%	14.30%	
% Households Receiving Public Assistance	2.2%	3.50%	
Unemployment Rate	3.2%	4.70%	
Children Receiving Free/Reduced-Price Lunch	46%		
Children & Youth Living Below Poverty	15.4%	18.2%	14.9%
% Economically Disadvantaged Students	49%	57%	
% Homeless Students	2%	4%	
COMMUNITY DISORGANIZATION			
% Households w/Severe Housing Problems	16%	23%	

Index Crime Rate	1201.3	1723.2	
Vacant Housing Percentage	21.5%	11.3%	
SCHOOL ENROLLMENT/ATTACHMENT			
High School Dropout Rate	4%	4%	
High School Graduation Rate	87%	86%	
Student ELA Performance – Grade 3	46.9%	52.3%	49.3%
Student ELA Performance – Grade 4	40.1%	47.7%	44.7%
Student Math Performance – Grade 8	11.6%	33.2%	28.5%
% Black/African American Students	6%	16%	
% Hispanic/Latino Students	11%	28%	
% AI/AN Students	0%	1%	
% Asian/Native Hawaiian/PI Students	4%	10%	
% White Students	72%	41%	
% Multiracial Students	6%	3%	
% Migrant Students	1%	0%	
% Students w/Disabilities	15%	18%	

Data Sources

- Youth Arrests (under 18) Drug Use/Possession/Sale (rate/10,000):** KWIC 2020 Rate www.nyskwic.org
- Young Adult Arrests (18-24) Drug Use/Possession/Sale (rate/10,000):** KWIC 2020 Rate www.nyskwic.org
- Young Adult Arrests (18-24) DWI (rate/10,000):** KWIC 2020 Rate www.nyskwic.org
- Overdose Deaths Involving Any Opioid (crude rate/100,000):** 2019 Vital Statistics Data as of November 2021; NYS Opioid Dashboard [Opioid-related Data in New York State \(ny.gov\)](https://www.opioidnys.org/)
- Hospital Discharges Involving Opioid Use (crude rate per 100,000 population):** includes abuse, poisoning, dependence and unspecified use; 2019 SPARCS data as of November 2021; NYS Opioid Dashboard [Opioid-related Data in New York State \(ny.gov\)](https://www.opioidnys.org/)
- Naloxone Administration by EMS (crude rate per 1,000 unique 911 EMS):** 2020 NYS EMS Data as of November 2021; NYS Opioid Dashboard [Opioid-related Data in New York State \(ny.gov\)](https://www.opioidnys.org/)
- Alcohol Related Motor Vehicle Injuries and Deaths:** Rate per 100,000 (2017-2019). Source: NYS Department of Motor Vehicles data as of April 2021 via DOH NYS Community Health Indicator Reports (CHIRS) [New York State Community Health Indicator Reports \(CHIRS\) \(ny.gov\)](https://www.health.ny.gov/data/indicators/reports/chirs/)
- Teen Pregnancy Rate:** Rate per 1,000 females aged <18 years (2017-2019). Source: Vital Statistics data as of October 2021 via DOH NYS Community Health Indicator Reports (CHIRS) [New York State Community Health Indicator Reports \(CHIRS\) \(ny.gov\)](https://www.health.ny.gov/data/indicators/reports/chirs/)
- Young Adult Arrests (18-24) Violent Crimes (rate/10,000):** KWIC 2020 Rate www.nyskwic.org
- Young Adult Arrests (18-24) Property Crimes (rate/10,000):** KWIC 2020 Rate www.nyskwic.org
- Youth Arrests (under 18) Property Crimes (rate/10,000):** KWIC 2020 Rate www.nyskwic.org
- Youth Arrests (under 18) Violent Crimes (rate/10,000):** KWIC 2020 Rate www.nyskwic.org
- Percentage Students grades 1-6 with a Special Education Behavioral Health (BH) Challenge Code:** KWIC 2017/2018 Rate www.nyskwic.org
- Suspensions/Expulsions/Removal Events among BH Students (rate/1,000):** KWIC 2017/2018 Rate www.nyskwic.org

15. **Rate of Children Admitted to Foster Care:** per 1,000 children 0-21 years, KWIC 2020 Rate www.nyskwic.org
16. **Children/Youth in Indicated Reports of Abuse/Maltreatment:** rate/1,000 children/youth ages 0-17 years (2020). Source: www.nyskwic.org
17. **% Students in Foster Care (K-12):** NYSED Enrollment Data 2020-2021 [Counties | NYSED Data Site](#)
18. **Binge Drinking During Past Month Among Adults:** age adjusted %, DOH – NYS Prevention Agenda 2019 – 2024 Dashboard, 2018 data year [Prevention Agenda 2019-2024: New York State's Health Improvement Plan \(ny.gov\)](#)
19. **Benzodiazepine Prescription:** crude rate per 1,000 population, 2020 NYS PMP Data as of June 2021; NYS Opioid Dashboard [Opioid-related Data in New York State \(ny.gov\)](#)
20. **Opioid Analgesic Prescription:** crude rate per 1,000 population, 2020 NYS PMP Data as of June 2021; NYS Opioid Dashboard [Opioid-related Data in New York State \(ny.gov\)](#)
21. **Number of Stores Primarily Selling Beer, Wine, and/or Liquor (e.g., liquor store, beer distributor) – per 10,000 population:** Source: New York State Liquor Authority Current List of Active Licenses (as of 5/19/2022); County Populations retrieved from U.S. Census County Population Totals: 2020 – 2021 (most recent data).
Rate calculation: $\frac{\text{\# of stores}}{\text{population}} \times 10,000$
22. **Number of Stores That Sell Alcohol w/Other Goods (e.g., grocery store, pharmacy, convenience store) – per 10,000 population:** Source: New York State Liquor Authority Current List of Active Licenses (as of 4/19/2022); County Populations retrieved from U.S. Census County Population Totals: 2020 – 2021 (most recent data).
Rate calculation: $\frac{\text{\# of licenses}}{\text{population}} \times 10,000$
23. **Percentage of Adults Who Have Experienced 2+ ACEs:** Percentage of adults who have experienced two or more adverse childhood experiences. Data year: 2016. Source: DOH Prevention Agenda 2019-2024 Tracking Indicators: County Most Recent Data. [Prevention Agenda 2019-2024 Tracking Indicators: County Most Recent Data | State of New York \(ny.gov\)](#)
24. **Percentage of Adults Reporting a Depressive Disorder:** 2018 data. Source: health.data.ny.gov Behavioral Risk Factor Surveillance System (BRFSS) Health Indicators by County and Region
25. **Percentage of Adults with Poor Mental Health for 14 or More Days in Past Month:** 2018 age-adjusted data. Source: health.data.ny.gov Behavioral Risk Factor Surveillance System (BRFSS) Health Indicators by County and Region
26. **Median Household Income:** 2020 American Community Survey 5-year estimates Data Profiles, Selected Economic Characteristics data.census.gov
27. **% Households Receiving SNAP:** 2020 American Community Survey 5-year estimates Data Profiles, Selected Economic Characteristics data.census.gov
28. **% Households Receiving Public Assistance:** 2020 American Community Survey 5-year estimates Data Profiles, Selected Economic Characteristics data.census.gov
29. **Unemployment Rate:** NYS Department of Labor, Rate of Unemployment by County of Residence, March 2022
30. **Children Receiving Free or Reduced-Price Lunch (K-12):** KWIC 2019-2020, www.nyskwic.org
31. **Children and Youth Living Below Poverty:** KWIC 2019

32. **% Economically Disadvantaged Students (K-12):** NYSED Enrollment Data 2020-2021 Counties | NYSED Data Site
33. **% Homeless Students (K-12):** NYSED Enrollment Data 2020-2021 Counties | NYSED Data Site
34. **Severe Housing Problems:** Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Source: U.S. Department of Housing and Urban Development Comprehensive Housing Affordability Strategy data via 2022 County Health Ranking (used data from 2014-2018) Severe housing problems in New York | County Health Rankings & Roadmaps
35. **Index Crime Rate:** Per 100,000. Index crime is defined as the violent crimes of murder, rape, robbery, and aggravated assault; and the property crimes of burglary, larceny and motor vehicle theft. These are crimes reported to the police, not arrests, and are reported to the DCJS by law enforcement agencies through New York State's crime reporting program. The FBI created these categories to allow for uniform crime reporting across all 50 states and counties. The data is compiled by the FBI and the Division of Criminal Justice Services. (Number of Crimes / Population) x 100,000 = Crime Rate per 100,000 people. Source: Office of Justice Research and Performance, data as of June 2021 via DOH NYS Community Health Indicator Reports (CHIRS) New York State Community Health Indicator Reports (CHIRS) (ny.gov)
36. **Vacant Housing:** percentage of all housing units; 2021 year; source: www.nyskwic.org
37. **High School Dropout Rate:** 2020-2021 school year as of August 2021, Source: data.nysed.gov
38. **High School Graduation Rate:** 2020-2021 school year as of August 2021, Source: data.nysed.gov
39. **Student ELA Performance – Grade 3:** Percentage at or above Level 3; 2018/2019 school year (2020 not collected due to COVID-19); source: www.nyskwic.org
40. **Student ELA Performance – Grade 4:** Percentage at or above Level 3; 2018/2019 school year (2020 not collected due to COVID-19); source: www.nyskwic.org
41. **Student Math Performance – Grade 8:** Percentage at or above Level 3; 2018/2019 school year (2020 not collected due to COVID-19); source: www.nyskwic.org
42. **% Black/African American Students (K-12):** NYSED Enrollment Data 2020-2021 Counties | NYSED Data Site
43. **% Hispanic/Latino Students (K-12):** NYSED Enrollment Data 2020-2021 Counties | NYSED Data Site
44. **% AI/AN Students (K-12):** NYSED Enrollment Data 2020-2021 Counties | NYSED Data Site
45. **% Asian/Native Hawaiian/PI Students (K-12):** NYSED Enrollment Data 2020-2021 Counties | NYSED Data Site
46. **% White Students (K-12):** NYSED Enrollment Data 2020-2021 Counties | NYSED Data Site
47. **% Multiracial Students (K-12):** NYSED Enrollment Data 2020-2021 Counties | NYSED Data Site
48. **% Migrant Students (K-12):** NYSED Enrollment Data 2020-2021 Counties | NYSED Data Site
49. **% Students with Disabilities (K – 12 Public Schools): % Economically Disadvantaged Students (K-12):** NYSED Enrollment Data 2020-2021 Counties | NYSED Data Site

School District	Children Receiving Free/Reduced-Price Lunch (2019/2020)	Population in Poverty (2021)	Vacant Housing Units (2021)
Ichabod Crane CSD	33%	9%	12%
New Lebanon CSD	45%	6%	25%
Chatham CSD	41%	7%	22%
Hudson City School District	71%	16%	16%
Germantown CSD	42%	7%	22%
Taconic Hills CSD	36%	10%	32%
School District	% Students Grades 1-6 w/ Special Ed. Behavioral Health (BH) Challenge Code (2017/2018 school year)	Suspensions/Expulsions/Removal among BH Students - rate/1,000 (2017/2018)	4-Year Cohort HS Dropout Rate (2019/2020 school year)
Ichabod Crane CSD	6%	270	0%
New Lebanon CSD	N/A	N/A	5%
Chatham CSD	4%	192	4%
Hudson City School District	6%	1671	7%
Germantown CSD	N/A	N/A	7%
Taconic Hills CSD	4%	1638	12%
School District	Diversity Index (2021)	Student ELA Performance - % at or above proficiency - Grade 4 all students (2018/2019 school year)	Student Math Performance - % at or above proficiency - Gr. 8 all students (2018/2019 school year)
Kinderhook CSD	21.30	56%	40%
New Lebanon CSD	16.30	62%	7%
Chatham CSD	20.70	41%	19%
Hudson City School District	52.20	26%	1%
Germantown CSD	20.10	47%	13%
Taconic Hills CSD	19.60	33%	0%
** Source: https://www.nyskwic.org/map/kwicmap.cfm (as of 1/18/23)			

Attachment C

Expenses	Total
Salaries	\$ -
Fringe	-
Sub-Total salary and fringe	-
OTPS	
Rent	-
Electric	-
Telephone & Internet	-
Training	
Curriculum	
Program Supplies	-
Equipment	-
Miscellaneous	-
Sub-Total OTPS	-
Total Expenses	\$ -

NON-COLLUSION STATEMENT

GENERAL MUNICIPAL LAW SECTION 103-d

By submission of this proposal, each Vendor and each person signing on behalf of any Vendor, certifies, and in the case of a joint proposal, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his knowledge and belief:

- 1) The prices in this proposal have been arrived at independently without collusion, consultation, communications oral agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other Vendor or with any competitor;
- 2) Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the Vendor and will not knowingly be disclosed by the Vendor prior to opening, directly or indirectly, to any other Vendor or to any competitor; and
- 3) No attempt has been made or will be made by the Vendor to induce any other person, partnership or corporation to submit or not to submit a proposal for the purpose of restricting competition.

FIRM

BY

Acknowledgment by Proposer

As an authorized representative of the identified company, I accept all the terms and conditions identified in Request for Proposal Specifications except as identified.

Company Name and Address

Signature/Date

Name & Title/Phone Number

ADDENDA PAGE

The bidder acknowledges receipt of the following addenda to the Documents (*provide number and date of each*):

Addendum No. _____, dated _____

Addendum No. _____, dated _____

Addendum No. _____, dated _____

Addendum No. _____, dated _____

Addendum No. _____, dated _____

Addendum No. _____, dated _____

Failure to acknowledge receipt of all amendments may cause the Bid to be considered not responsive to the Invitation, which would require rejection of the Bid.

**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			New York State Vendor Identification Number	
			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

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

I. BUSINESS CHARACTERISTICS			
Explain and provide detail, such as 'not required,' 'application in process,' or other reasons for not being registered.			
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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," does the Business Entity maintain an office in New York State?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide the address and telephone number for one New York Office.			
1.8 Is the Business Entity's principal place of business/executive office:			
<input type="checkbox"/> Owned <input type="checkbox"/> Rented Landlord Name (if 'rented') _____ <input type="checkbox"/> Other Provide explanation (if 'other') _____			
Is space shared with another Business Entity?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of other Business Entity _____			
Address _____			
City	State	Zip Code	Country
1.9 Is the Business Entity a Minority Community Based Organization (MCBO)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
1.10 Identify current Key Employees of the Business Entity (include middle initial). Attach additional pages if necessary.			
Name		Title	
Name		Title	
Name		Title	
Name		Title	
1.11 Identify current Trustees/Board Members of the Business Entity. Attach additional pages if necessary.			
Name		Title	
Name		Title	
Name		Title	
Name		Title	

II. AFFILIATES AND JOINT VENTURE RELATIONSHIPS		
2.0 Does the Business Entity have any Affiliates?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Attach additional pages if necessary (If no, proceed to Section III)		
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

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

II. AFFILIATES AND JOINT VENTURE RELATIONSHIPS

Individual's Name	Position/Title with Affiliate
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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
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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
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**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
NOT-FOR-PROFIT BUSINESS ENTITY**

VII. LEGAL PROCEEDINGS	
<i>Within the past five (5) years, has the Business Entity or any Affiliate</i>	
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
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	
<i>Note: If the Business Entity is a Joint Venture, answer 'N/A- Not Applicable' to questions 8.0 through 8.4.</i>	
<i>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</i>	
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
VENDOR RESPONSIBILITY QUESTIONNAIRE
NOT-FOR-PROFIT BUSINESS ENTITY**

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.

☐ Yes ☐ No

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

XI. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE

Name

Telephone

ext.

Fax

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