

**REQUEST FOR STATEMENTS OF QUALIFICATIONS TO PROVIDE  
CERTAIN ECONOMIC DEVELOPMENT CONSULTING SERVICES  
(RFQ #2018-05)**

**ISSUED BY**

**NASSAU COUNTY INDUSTRIAL DEVELOPMENT AGENCY**

**I. Overview**

The Nassau County Industrial Development Agency (the “Agency”) seeks qualified economic development consulting firms and/or persons to conduct economic and fiscal impact analyses of proposed “projects” of the Agency (and the Nassau County Local Economic Assistance Corporation, if required) and related professional services, at the direction of the Agency as more particularly described herein.

The proposed schedule of events subject to this Request for Statements of Qualifications (this “RFQ”) is outlined below:

Public Notice	Date: 5/4/18
Deadline for Receipt of Statements	Date: 6/19/18
Review Period	Date: 6/20/18 to 6/27/18
Interview Period (if required):	Date: if required
Notification of Award	Date: on or about 7/5/18

**\*\* The foregoing dates are subject to change without notice.\*\***

The Executive Director of the Agency is the Agency’s Contracting Officer. Respondents shall not contact any Agency members, officers or employees in connection with this RFQ other than the Contracting Officer.

In order to be considered, a Statement of Qualifications (a “Statement”) must conform to the requirements of the Statement Procedures and the Required Information sections of this RFQ.

By submitting a Statement, the respondent acknowledges that the respondent has read and understands this entire RFQ. The cover letter must also clearly state and justify any exceptions to the requirements of this RFQ that the proposed respondent may have taken in presenting its Statement. Submission of a Statement indicates acceptance of the conditions contained in this RFQ unless the cover letter clearly states and justifies an exception.

The Agency reserves the right to deny any and all exceptions taken to the RFQ requirements and to amend, supplement, modify or withdraw this RFQ at any time prior to establishing an approved list or making an award.

The Agency specifically reserves the right to waive any informalities or irregularities in the Statement format.

Neither the Agency nor any of its members, officers or employees shall be liable for any claims or damages resulting from the issuance of or any determination or award made pursuant to this RFQ.

The Agency is committed to a policy of equal opportunity and does not discriminate against respondents on the basis of race, color, religion, creed, ethnicity, age, gender, pregnancy, sex, sexual orientation, gender identity, national origin, citizenship, marital status, domestic violence victim status, military status, veteran status, disability, familial status, genetic information, genetic predisposition or carrier status, or other characteristic or criteria protected by applicable law.

## **II. Scope of Service**

### Background

The Agency's mission is to support economic development opportunities in Nassau County and to attract new companies and industries to Nassau County. Further information about the Agency may be found on the Agency's website at: [www.nassauida.org](http://www.nassauida.org).

### Requested Services

The successful respondent or respondents (the "Contractor") shall be required to perform and deliver to the Agency, from time to time upon request, economic and fiscal impact analyses of proposed "projects" of the Agency (and the Nassau County Local Economic Assistance Corporation, if required). The services to be provided by the Contractor shall include, without limitation, a review of the proposed project application and supporting materials, meetings with the project applicant and representatives of the Agency to discuss the materials and appropriate assumptions and parameters for the analysis, and the delivery to the Agency of a written economic and fiscal analysis report. The analysis shall also examine the "benefits" of the Project including, without limitation, anticipated temporary and permanent job retention and creation and anticipated tax and PILOT revenues as a result of the proposed project. The analysis shall examine the "costs" of the Project including, without limitation, (i) the types and amounts of financial assistance to be granted to the project applicant, (ii) the costs of additional municipal services (e.g., educational, transportation, police, emergency, medical or fire services) required as a direct result of the Project, the costs of which are not otherwise recovered, and (iii) any other "costs" identified by representatives of the Agency to the Contractor. With respect to housing projects, the analysis shall include an estimate of the number of new school age children that attending public schools and the estimated cost thereof.

The Agency intends to make an award on an “as-needed” basis and where appropriate, to split the services set forth in this RFQ among various Contractors by establishing a list of responsive and responsible Contractors to provide such services. No assurances can be given as to the number of projects the Contractor will be asked to work on.

Respondents submitting Statements do so entirely at their own expense. The Agency shall not be responsible for any costs or expenses incurred by a respondent in preparing or submitting a Statement or otherwise in connection with responding to this RFQ.

All Statements shall become the property of the Agency upon their submission to the Agency.

Respondents are advised that the Agency is subject to the New York State Freedom of Information Law, which governs the process for the public disclosure of certain records maintained by the Agency (New York Public Officers Law, §§87 and 89). Respondents may request that the Agency except portions of their responses from public disclosure in accordance with an exemption from disclosure set forth in the Freedom of Information Law. Respondents should be aware that any claimed exemption may be subject to review by a court of law under applicable provisions of the Freedom of Information Law.

### **III. Statement Procedures**

#### **A. Statements of Qualifications**

To be considered, a Statement must be submitted in writing and respond to the items outlined in this RFQ using the requested format. The Agency reserves the right to reject any non-conforming Statement. Each Statement must be submitted with 2 copies in a sealed envelope conspicuously labeled “Nassau County Industrial Development Agency - Request for Statement of Qualifications to Provide Certain Economic Development Consulting Services (RFQ #2018-05).” The envelope should also contain the name, address and telephone number of the respondent. If delivered by mail, the Statement shall be enclosed in an “inner” envelope labeled as indicated above.

Any Statement submitted by mail shall be sent by either certified or registered mail. Statements must be received at the following address no later than 4:30 p.m., Eastern Time, on the Deadline for Receipt of Statements set forth above:

Nassau County Industrial Development Agency  
One West Street  
Mineola, NY 11501  
Attn: Executive Director

#### **B. Modifications**

Any changes, amendments or modifications to a Statement must be made in writing, submitted in the same manner as the original response and conspicuously labeled as a change, amendment or modification to a previously submitted Statement. Changes, amendments or modifications to Statements shall not be accepted or considered after the hour and date specified as the Deadline for Receipt of Statements.

### **C. Procurement Lobbying Law**

In accordance with the Procurement Lobbying Law (New York State Finance Law, §§139-j and 139-k), the Agency hereby designates the Contracting Officer as the person who may be contacted by respondents during the procurement process. Respondents shall not contact any other officer, employee or member of the Agency with respect to this RFQ. By submitting a Statement, respondents are affirming that they understand and agree to comply with this requirement. Violation of these provisions may result in immediate disqualification.

Respondents must disclose to the Agency in their Statements any findings of non-responsibility by any governmental entity due to violations of permissible contacts provisions or the intentional provision of false, inaccurate or incomplete information to a governmental entity within the prior four (4) years in accordance with the Procurement Lobbying Law.

By its response to this RFQ, each respondent will acknowledge that it is aware of and agrees to comply with the Agency's procedures relating to permissible contacts and will represent that it has not violated such procedures in connection with submitting its statement. In addition, each respondent is required to represent to the Agency that all information provided by such respondent to the Agency in connection with this RFQ is true, accurate and complete in all respects.

Any contract awarded pursuant to this RFQ shall include a provision authorizing the Agency to terminate the contract in the event that a respondent's representation with respect to the foregoing is found to be intentionally false or intentionally incomplete.

## **IV. Required Information**

The following information shall be provided in each Statement in the order listed below. Failure to respond to any request for information may result in rejection of the Statement in the sole discretion of the Agency:

### Identifying Information:

- 1) Identify the full legal name, address and, if applicable, type of legal entity (e.g., corporation, partnership, limited partnership, limited liability company, trust, joint venture, sole proprietorship) with whom the contract would be entered into and all trade names/assumed names, which are used by that person/entity.
- 2) Federal Employer Identification Number or Social Security Number.

- 3) Proof of State of New York business license or proof of initiating the process of application before work commences, if required for the type of services contemplated by this RFQ.
- 4) Name and telephone number of the representative of the respondent who is authorized to discuss the Statement.
- 5) Identify the full name and address of each principal owner of the respondent (i.e., a person or entity that owns 10% or more of equity/voting rights in the entity, firm or business in question).
- 6) State whether the respondent is a women-owned or minority-owned business enterprise (“W/MBE”). W/MBE’s are those entities or firms designated as such by New York State. W/MBE’s are strongly encouraged to respond to this RFQ. Respondents are also encouraged to submit utilizing W/MBE sub-consultants where appropriate.

Experience and Capabilities (Maximum 2 Pages):

- 1) Explain respondent’s capabilities in meeting the requirements of this RFQ and identify team members who will be responsible for providing the “Requested Services” and their qualifications, which shall include a summary of such team member’s relevant work/experience for the preceding five (5) years.
- 2) The number of years the respondent has been in business under the present name and the number of years the respondent has been under the current management.
- 3) Describe respondent’s familiarity with the laws, rules and regulations governing New York State industrial development agencies (“IDA’s”) including a description of any services provided by the respondent to the Agency or other IDA’s.
- 4) Describe respondent’s experience in providing the types of services described in this RFQ to municipalities and governmental and quasi-governmental agencies and authorities, including, without limitation, IDA’s.
- 5) Provide at least two (2) relevant client references (especially governmental, public authority, public agency, IDA and/or other quasi-governmental entities in New York), with whom the respondent now works or has worked within the past three (3) years. Provide contact information for such references.
- 6) Provide at least one (1) sample economic and fiscal impact analysis of the type required by this RFQ prepared by the respondent for an IDA or other governmental or quasi-governmental authority/agency.

Insurance: (if applicable)

Provide evidence of professional liability insurance in the amount of \$1 million each occurrence/\$1 million aggregate (naming the Agency as an additional insured), and worker’s comp insurance in amounts required by applicable law.

Project cost and time estimate:

- 1) Estimate the cost for the “Requested Services” identified on page 2 of this RFQ on a per project basis.
- 2) Describe the basis for the cost estimate.
- 3) Describe the proposed billing and payment structure.

- 4) Provide a typical project timeline for the “Requested Services.”

Miscellaneous:

- 1) Describe any existing conflicts of interest or any conflicts which might arise
- 2) All respondents must submit with their statements a Non-Collusion Certification, the form of which is attached hereto as Exhibit A.
- 3) All respondents must submit with their statements a Respondent Disclosure Questionnaire, the form of which is attached hereto as Exhibit B.
- 4) All respondents must cause their officers and principal owners to submit with their statements a Principal Disclosure Questionnaire, the form of which is attached hereto as Exhibit C.
- 5) Provide any other information that might be helpful to the Agency in making a decision.
- 6) The Statement must be signed by a person authorized to bind the respondent.

**V. Evaluation Process**

All Statements submitted in response to this RFQ shall be reviewed by the Agency’s Finance Committee (the “Committee”) and the Contracting Officer.

The Committee shall determine the respondents that meet the minimum requirements pursuant to selection criteria of this RFQ. The information required to be submitted in response to this RFQ has been determined by the Committee to be essential for use by the Committee in the evaluation process. Therefore, all instructions contained in this RFQ shall be met in order to qualify as a responsive and responsible respondent and participate in the Agency’s consideration for award or inclusion on an approved list. Statements which do not meet or comply with the instructions of this RFQ may be considered non-conforming and deemed non-responsive and subject to disqualification at the sole discretion of the Committee.

The Agency may negotiate with one or more respondents during the same period and may, at its discretion, terminate negotiations with any or all respondents. The Agency may invite one or more respondents to an interview with the Committee, staff or members of the Agency. The Committee shall make a recommendation regarding the establishment of an approved list or of an award to the members of the Agency, who shall have final authority, subject to the provisions of this RFQ, to establish such approved list or to award a contract(s) to the successful respondent(s) in the best interests of the Agency taking into account the evaluation criteria set forth below.

All Statements shall be evaluated using the same criteria and process. The criteria that will be evaluated by the Agency in establishing an approved list or making an award are the following: (i) the respondent’s cost of services, (ii) demonstrated prior experience with similar issues and transactions, (iii) technical approach including knowledge of laws, rules and regulations governing IDA’s, (iv) team member qualifications, (v) presence in Nassau County, and (vi) client references.

The Agency reserves the right to:

- Select for inclusion on an approved list or for award or for negotiations a Statement other than that with the lowest cost.
- Reject any or all Statements received in response to this RFQ or to make no award or issue a new RFQ.
- Reject team members that the Agency believes lack appropriate qualifications to perform the services set forth in this RFQ.
- Waive or modify any information, irregularity, or inconsistency in Statements received.
- Request modifications to Statements from any or all respondents during the review and negotiation period.
- Negotiate any aspect of the Statements with any respondent and negotiate with more than one respondent at the same time.
- Conduct investigations of any or all respondents and to verify information submitted by any or all respondents.
- Divide and award the contract to multiple respondents as warranted and as it deems appropriate and/or to establish a list of qualified respondents from which the Agency will select one (1) or more Contractors from time to time to provide the services set forth in this RFQ.

## VI. **Contract Conditions**

The Contractor, if any, under this RFQ shall enter into an agreement (the “Agreement”) with the Agency containing, inter alia, the following contractual provisions:

### A. **Term**

The term of the Agreement between the Contractor and the Agency is expected to be no longer than one (1) year in the Agency’s discretion. The Agreement may be terminated by either party upon thirty (30) days written notice. In the event the Contractor materially breaches any obligation under the Agreement, the Agency may terminate such Agreement upon five (5) days written notice.

### B. **Formal contract and purchase order**

The Contractor shall promptly execute the Agreement incorporating the terms of this RFQ and the Contractor’s response, as well as other terms, within twenty (20) days after

the award of the contract. No Contractor is to begin any service prior to receipt of an Agency purchase order signed by an authorized representative of the Agency requesting service with respect to a particular Agency “project.”

**C. Indemnification**

By submitting a Statement, the respondent agrees that in the event it is awarded a contract, it will indemnify and otherwise hold harmless the Agency, its agents and employees from any and all liability, suits, actions, or claims, together with all costs, expenses for attorneys’ fees, arising out of the firm’s, its agents and employees’ performance of work or services in connection with the contract, regardless of whether such suits, actions, claims or liabilities are based upon acts or failures to act attributable, in whole or in part, to the Agency, its employees or agents.

**D. Compliance With Laws**

In performance of the Agreement, the Contractor is required to comply with all applicable federal, state and local laws, ordinances, codes and regulations. The cost of permits and other relevant costs required in the performance of the contract shall be borne by the Contractor. The Contractor shall be properly licensed and authorized to transact business in the State of New York, if required.

**E. Insurance**

The Contractor shall maintain professional liability insurance in the amount of \$1 million each occurrence/\$1 million aggregate (naming the Agency as an additional insured), and worker’s comp insurance in amounts required by applicable law.

**F. Non-discrimination**

In performing the services subject to this RFQ, the Contractor agrees that it will not discriminate against any employee or applicant for employment because of race, color, religion, creed, ethnicity, age, gender, pregnancy, sex, sexual orientation, gender identity, national origin, citizenship, marital status, domestic violence victim status, military status, veteran status, disability, familial status, genetic information, genetic predisposition or carrier status, or other characteristic or criteria protected by applicable law. The Contractor shall comply with all applicable federal, state and local laws, regulations and policies pertaining to the prevention of discriminatory employment practice. Failure to perform under this provision constitutes a material breach of the Agreement.

**G. Covenant Against Contingent Fees**

The Contractor warrants that no person or selling agency has been employed or retained to solicit or secure a contract under this RFQ upon an agreement of understanding for a commission or percentage, brokerage or contingent fee excepting bona fide employees



or bona-fide established commercial selling agencies maintained by the Contractor for the purpose of securing business. For breach or violation of this warranty the Agency shall have the right to annul the Agreement without liability or at its discretion to deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

**H. Conflict of Interest**

The Contractor represents and warrants that no principal owner, owner, officer or employee of the Contractor nor any member of the immediate family of any principal owner, owner, officer or employee of the Contractor is a member, officer, agent or employee of the Agency. The Contractor is not aware of any other direct or indirect conflict with the Agency, except as disclosed in its Statement.

The Contractor represents and warrants that the Contractor does not employ any spouse, child, or parent of a member, officer or employee of the Agency. The Contractor shall have a continuing obligation, as circumstances arise, to update this statement throughout the term of the Agreement.

**I. Applicable Law**

This RFQ, any Agreement entered into pursuant hereto and the obligations of the parties hereunder or thereunder shall be construed under, and governed by, the laws of the State of New York, as in effect from time to time, without regard to principles of conflicts of laws. The Contractor consents to jurisdiction and venue in the courts of record of the State of New York in Nassau County.

**J. Gift Prohibition**

The Contractor shall not offer, give or agree to give anything of value to any Agency member, officer, employee, agent, consultant or other person or firm representing the Agency (each, an "Agency Representative"), including members of an Agency Representative's immediate family, in connection with the performance by such Agency Representative of duties involving transactions with the Contractor on behalf of the County, whether such duties are related to the Agreement or any other Agency contract or matter, including, without limitation, any application for financial assistance. As used herein, "anything of value" shall include, but not be limited to, meals, holiday gifts, holiday baskets, gift cards, tickets to golf outings, tickets to sporting events, currency of any kind, or any other gifts, gratuities, favorable opportunities or preferences. As used herein, "immediate family" shall include a spouse, child, parent or sibling.

**EXHIBIT A**

NON-COLLUSION CERTIFICATION

By submission of this [Statement], the [Respondent] and each person signing on behalf of the [Respondent] certifies, and in the case of a joint [Statement], each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his or her knowledge and belief:

The prices, cost estimates and other elements of this Statement have been arrived at independently without collusion, consultation, communication, or agreement for the purpose of restricting competition, as to any matter relating to the same with any other respondent or with any competitor; and

Unless otherwise required by law, the prices, cost estimates and other elements of this [Statement] have not been knowingly disclosed by the Respondent and will not knowingly be disclosed by the [Respondent] prior to award, directly or indirectly, to any other respondent or to any competitor; and

No attempt has been made or will be made by or on behalf of the [Respondent] (or any of its partner or subcontractor firms) to induce any other person, partnership or corporation to submit or not to submit a [Statement] for the purpose of restricting competition.

Neither the Respondent nor any person affiliated with the Respondent has employed or retained any appointed or elected governmental official to solicit or secure the Agency's award of a contract to the Respondent upon an agreement or understanding for a commission or percentage, brokerage or contingent fee.

The undersigned hereby certifies his or her compliance and/or agreement with the above statements.

NAME OF [RESPONDENT]: \_\_\_\_\_  
SUBMITTED BY (signature): \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_

**EXHIBIT B**

RESPONDENT DISCLOSURE QUESTIONNAIRE  
(RFP # 20\_\_-\_\_)

**Instructions:** Each Respondent shall complete and submit this Questionnaire and shall also cause any partner or subcontractor firm, if applicable to complete and submit this Questionnaire. In the case of partner and subcontractor firms, the term "Respondent" shall mean and refer to such partner or subcontractor firm. This Questionnaire shall be filled out by the owner of a sole proprietorship or by an authorized representative of the firm, corporation or partnership submitting the [Proposal/Statement]. Do not leave any blank spaces. If a question does not pertain to you or your firm, write "not applicable" in the space. All signatures must be original.

**Personal Information Notification**

The information will be used in determining the reliability, responsibility and capacity of the Respondent (and any partner or subcontractor firms) to perform the work required in the [Proposal/Statement]. If the information is not complete, the [Proposal/Statement] will not be considered. The information will be maintained in the files of the Agency. This information may be disclosed pursuant to the provisions of the Freedom of Information Law.

(PROVIDE A DETAILED RESPONSE TO ALL QUESTIONS CHECKED "YES". IF YOU NEED MORE SPACE, PHOTOCOPY THE APPROPRIATE PAGE AND ATTACH IT TO THE QUESTIONNAIRE. USE ADDITIONAL SHEETS IF NECESSARY IN ORDER TO FULLY ANSWER EACH QUESTION.)

Date:

- 1) Legal Name:
- 2) Respondent is a (check one):
  - Sole Proprietorship
  - Partnership
  - Corporation
  - Limited Liability Company
  - Other (Describe)

State/Date of Formation/Organization: \_\_\_\_\_ (if applicable)

- 3) Federal EIN or Social Security Number:
- 4) Dun and Bradstreet number:

5) Other names under which the Respondent has done business in the past 5 years:

6) Address of Place of Business:

List all other business addresses used within last five years:

Mailing Address (if different than above):

7) Telephone No:

8) The following information with respect to principal owners of the Respondent (i.e., a person or entity that owns 10% or more of equity/voting rights in the entity, firm or business in question) and officers of the Respondent:

<u>Name</u>	<u>Date of Birth</u>	<u>SSN/TIN</u>	<u>Address</u>
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9) Does the Respondent share office space, staff, or equipment expenses with any other business?

Yes\_\_ No\_\_

If Yes, please provide details:

10) Does the Respondent control one or more other businesses?

Yes \_\_ No \_\_

If Yes, please provide details (including name, address, contact information, EIN and the names, addresses, contact information, SSN/TIN of principals and officers).

11) Does the Respondent have one or more affiliates, and/or is it a subsidiary of, or controlled by, any other business?

Yes \_\_ No \_\_

If Yes, provide details (including name, address, contact information, EIN and the names, addresses, contact information, SSN/EIN of principals and officers).

12) Has the Respondent ever had a bond or surety cancelled or forfeited, or a contract or license with Nassau County, the Agency or any other government entity terminated?

Yes \_\_\_ No \_\_\_

If yes, state the name of bonding agency, (if a bond), date, amount of bond and reason for such cancellation or forfeiture: or details regarding the termination (if a contract or license).

13) Has the Respondent filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is the Respondent now the subject of any pending bankruptcy proceedings, whenever initiated?

Yes \_\_\_ No \_\_\_.

If Yes, state date, court jurisdiction, amount of liabilities and amount of assets.

14) Is the Respondent and/or any of its owners and/or officers and/or any affiliated business, the subject of a pending criminal investigation or proceeding and/or a civil anti-trust investigation or proceeding by any federal, state or local prosecuting or investigative agency?

Yes \_\_\_ No \_\_\_

If Yes, provide details.

15) Is any owner and/or officer of any affiliated business the subject of a pending criminal investigation or proceeding and/or a civil anti-trust investigation proceeding by any federal, state or local prosecuting or investigative agency, where such investigation or proceeding is related to activities performed at, for, or on behalf of an affiliated business?

Yes \_\_\_ No \_\_\_

If Yes, provide details.

16) In the past 5 years, has the Respondent and/or any of its owners and/or officers and/or any affiliated business been the subject of a non-criminal investigation or proceeding by any government agency, including but not limited to federal, state and local regulatory agencies?

Yes \_\_\_ No \_\_\_

If Yes, provide details.

17) In the past 5 years, has any owner and/or officer of an affiliated business been the subject of a non-criminal investigation or proceeding by any government agency, including but not limited to federal, state and local regulatory agencies, for matters pertaining to that individual's position at or relationship to an affiliated business.

Yes \_\_\_ No \_\_\_

If yes, provide details.

18) Has any current or former director, owner or officer or managerial employee of the Respondent had, either before or during such person's employment, or since such employment if the charges pertained to events that allegedly occurred during the time of employment by the submitting business, and allegedly related to the conduct of that business:

a) Any felony charge pending? No \_\_\_ Yes \_\_\_ If Yes, provide details for each such charge.

b) Any misdemeanor charge pending? No \_\_\_ Yes \_\_\_ If Yes, provide details for each such charge.

c) In the past 10 years, been convicted, after trial or by plea, of (i) any felony, and/or (ii) any other crime an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? No \_\_\_ Yes \_\_\_. If Yes, provide details for each such conviction

d) In the past 5 years, been convicted, after trial or by plea, of a misdemeanor? No \_\_\_ Yes \_\_\_. If Yes, provide details for each such conviction.

e) In the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions (including, without limitation, equal employment opportunity or pay equity laws, rules or regulations)? No \_\_\_ Yes \_\_\_. If Yes, provide details for each such occurrence.

19) In the past (5) years, has the Respondent or any of its owners or officers, or any other affiliated business had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?

Yes \_\_\_ No \_\_\_.

If Yes, provide details for each such instance.

20) For the past (5) tax years, has the Respondent failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?

Yes \_\_\_ No \_\_\_

If Yes, provide details for each such year.

21) Is the Respondent or any of its property subject to any lien or warrant for unpaid federal, state or local taxes or assessed charges?

Yes \_\_\_ No \_\_\_

If Yes, provide details.

22) Is the Respondent or any of its property subject to any judgment, injunction, order or decree that would have a material adverse effect on its financial condition or that would impair the its ability to perform under an Agreement?

Yes \_\_\_ No \_\_\_

If Yes, provide details.

23) Conflicts of Interest:

a) Please disclose:

(i) Any material financial relationships that the Respondent or any employee of the Respondent has that may create a conflict of interest or the appearance of a conflict of interest in acting as a contractor of the Agency.

(ii) Any family relationship that any principal owner, owner, officer or employee of the Respondent has with any Agency member, officer or employee that may create a conflict of interest or the appearance of a conflict of interest in acting as a contractor of Agency.

(iii) Any other matter that the Respondent believes may create a conflict of interest or the appearance of a conflict of interest in acting as a contractor of the Agency.

b) Please describe any procedures the Respondent has, or would adopt, to assure the Agency that a conflict of interest would not exist for the Respondent in the future.

24) Prior Findings of Non-Responsibility:

(For purposes of this question, capitalized terms used but not otherwise defined in this Questionnaire shall have the meanings ascribed thereto in Section 139-k of the New York State Finance Law.)

a) Has the Respondent or any principal owner, owner, officer, employee, agent, consultant or person acting on behalf of the Respondent or any affiliate been the subject of a finding of “non-responsibility” (as such term is used in Section 139-k of the New York State Finance Law) made by a Governmental Entity within the past four (4) years?

No \_\_\_ Yes \_\_\_.

b) If the Respondent answered yes to Question a), was the finding of “non-responsibility” due to a violation of Section 139-j of the New York State Finance Law?

No \_\_\_ Yes \_\_\_. If Yes, provide details.

c) If the Respondent answered yes to Question a), was the finding of “non-responsibility” due to the intentional provision of false, inaccurate or incomplete information to a Governmental Entity?

No \_\_\_ Yes \_\_\_. If Yes, provide details.

d) Has any Governmental Entity terminated or withheld a contract or license from the Respondent due to the intentional provision of false, inaccurate or incomplete information to a Governmental Entity?

No \_\_\_ Yes \_\_\_. If Yes, provide details.

25) In the past (5) years, has the Respondent or any affiliate:

a. Been debarred by any government agency from entering into contracts or licenses with that agency?

NO \_\_\_ YES \_\_\_. If Yes, provide details for each such instance.

b. Been declared in default, suspended and/or terminated for cause on any contract or license, and/or had any contract or license cancelled for cause?

NO \_\_\_ YES \_\_\_. If Yes, provide details for each such instance.



c. Been denied the award of a contract or license and/or the opportunity to bid on a contract or license, including, but not limited to, failure to meet pre-qualification standards?

NO \_\_\_ YES \_\_\_. If Yes, provide details for each such instance.

d. Been suspended by any government agency from entering into or determined to be ineligible to enter into any contract or license with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contracts or licenses?

NO \_\_\_ YES \_\_\_. If Yes, provide details for each such instance.

26) Is any owner, director, officer or employee of the Respondent, or of any of its affiliates or subsidiaries, a public officer or public official?

Yes \_\_\_ No \_\_\_. If Yes, provide details.

27) Is the Respondent or any of its affiliates or subsidiaries involved in any litigation or aware of any threatened litigation that, if adversely determined, would have a material adverse effect on such party's financial condition or would impair the Respondent's ability to perform under an Agreement?

Yes \_\_\_ No \_\_\_. If Yes, provide details.

28) Is the Respondent or any of its affiliates or subsidiaries a "Prohibited Person"?

Yes \_\_\_ No \_\_\_. If Yes, provide details.

"Prohibited Person" means (i) any person or entity (A) that is in default or in breach, beyond any applicable grace or cure period, of its obligations under any written agreement with the Agency or the County of Nassau, or (B) that directly or indirectly controls, is controlled by or is under common control with a person or entity that is in default or in breach, beyond any applicable grace or cure period, of its obligations under any written agreement with the Agency or the County of Nassau, unless such default or breach has been waived in writing by the Agency or the County of Nassau, as the case may be, and (ii) any person or entity (A) that has been convicted in a criminal proceeding for a felony or any crime involving moral turpitude or that is an organized crime figure or is reputed to have substantial business or other affiliations with an organized crime figure, or (B) that directly or indirectly controls, is controlled by or is under common control with a person or entity that has been convicted in a criminal proceeding for a felony or any crime involving moral turpitude or that is an organized

crime figure or is reputed to have substantial business or other affiliations with an organized crime figure.

29) Name and address of any person or entity that the Respondent or any affiliate has retained or employed to cause the Agency to award a contract or to influence the Agency to award a contract to the Respondent or any affiliate.

30) Does the Respondent employ any spouse, child, or parent of a member, officer or employee of the Agency?

Yes \_\_\_ No \_\_\_. If Yes, provide details.

Provide a detailed response to all questions checked 'YES'. If you need more space, photocopy the appropriate page and attach it to the questionnaire.

Please provide any other information which would be appropriate and helpful in determining the Respondent's capacity and reliability to perform these services.

### **CERTIFICATION**

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE RESPONDENT NOT RESPONSIBLE WITH RESPECT TO THE [PROPOSAL/STATEMENT], THE TERMINATION OF ANY AWARD, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, \_\_\_\_\_, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this Questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the Agency in writing of any change in circumstances occurring after the submission of this Questionnaire and before the execution of an Agreement; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the Agency will rely on the information supplied in this Questionnaire as additional inducement to enter into an Agreement with the Respondent.

Dated: \_\_\_\_\_

For: (Name of Respondent) \_\_\_\_\_

By: (Signature of Authorized Person) \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

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

**EXHIBIT C**

PRINCIPAL DISCLOSURE QUESTIONNAIRE  
(RFP # 20\_\_-\_\_)

**Instructions:** Each officer and principal owner of the Respondent shall complete and submit this Questionnaire and shall cause the principal(s) owners of partner or subcontractor firm to complete and submit this Questionnaire. In the case of principal owners of partner and subcontractor firms, the term “Respondent” shall mean and refer to such partner or subcontractor firm. If a question does not pertain to a principal owner, write "not applicable" in the space. All signatures must be original.

For purposes of this Questionnaire, the term “principal owner” means a person or entity that owns 10% or more of equity/voting rights in the entity, firm or business in question.

**Personal Information Notification**

The information will be used in determining the reliability and capacity of the Respondent (and any partner or subcontractor firms) to perform the work required in the [Proposal/Statement]. If the information is not complete, the [Proposal/Statement] will not be considered. The information will be maintained in the files of the Agency. This information may be disclosed pursuant to the provisions of the Freedom of Information Law.

(PROVIDE A DETAILED RESPONSE TO ALL QUESTIONS CHECKED "YES". IF YOU NEED MORE SPACE, PHOTOCOPY THE APPROPRIATE PAGE AND ATTACH IT TO THE QUESTIONNAIRE. USE ADDITIONAL SHEETS IF NECESSARY IN ORDER TO FULLY ANSWER EACH QUESTION.)

1. Principal Name:

SSN \_\_\_\_\_

Date of birth:

Home address:

Telephone:

Business address:

Telephone:

Other present address(es):

Telephone:

2. Positions held in Respondent and starting date of each (check all applicable)

President \_\_\_ / \_\_\_ / \_\_\_ Treasurer \_\_\_ / \_\_\_ / \_\_\_  
Chairman of Board \_\_\_ / \_\_\_ / \_\_\_ Shareholder \_\_\_ / \_\_\_ / \_\_\_  
Chief Exec. Officer \_\_\_ / \_\_\_ / \_\_\_ Secretary \_\_\_ / \_\_\_ / \_\_\_  
Chief Financial Officer \_\_\_ / \_\_\_ / \_\_\_ Partner \_\_\_ / \_\_\_ / \_\_\_  
Vice President \_\_\_ / \_\_\_ / \_\_\_  
Other (specify) \_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_

3. Do you have an equity interest in Respondent?

Yes \_\_\_ No \_\_\_

If Yes, provide details.

4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?

Yes \_\_\_ No \_\_\_

If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the Respondent?

Yes \_\_\_ No \_\_\_

If Yes, provide details.

6. Has any governmental entity awarded any contracts or licenses to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer?

Yes \_\_\_ No \_\_\_

If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:

a. Been debarred by any government agency from entering into contracts or licenses with that agency?

NO \_\_\_ YES \_\_\_. If Yes, provide details for each such instance.

b. Been declared in default, suspended and/or terminated for cause on any contract or license, and/or had any contract or license cancelled for cause?

NO \_\_\_ YES \_\_\_. If Yes, provide details for each such instance.

c. Been denied the award of a contract or license and/or the opportunity to bid on a contract or license, including, but not limited to, failure to meet pre-qualification standards?

NO \_\_\_ YES \_\_\_. If Yes, provide details for each such instance.

d. Been suspended by any government agency from entering into any contract or license with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contracts or licenses?

NO \_\_\_ YES \_\_\_. If Yes, provide details for each such instance.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?

Yes \_\_\_ No \_\_\_.

If Yes, provide details. If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need

more space, photocopy the appropriate page and attach it to the questionnaire.)

9. Are any of the following statements true with respect to you?

a) Is there any felony charge pending against you?

NO \_\_ YES \_\_. If Yes, provide details for each such charge.

b) Is there any misdemeanor charge pending against you?

NO \_\_ YES \_\_. If Yes, provide details for each such charge.

c) Is there any administrative charge pending against you?

NO \_\_ YES \_\_. If Yes, provide details for each such charge.

d) In the past 10 years, have you been convicted, after trial or by plea, of (i) any felony, or (ii) any other crime an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?

NO \_\_ YES \_\_.

If Yes, provide details for each such conviction.

e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?

NO \_\_ YES \_\_. If Yes, provide details for each such conviction.

f) In the past 5 years, have you been found in violation of any administrative or statutory charges?

NO \_\_ YES \_\_. If Yes, provide details for each such occurrence.

10. In addition to the information provided in response to the previous questions, are you the subject of a pending criminal investigation or proceeding and/or a civil antitrust investigation or proceeding by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation or proceeding where such investigation or proceeding is related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?

Yes \_\_ No \_\_

If Yes, provide details for each such investigation or proceeding.

11. In addition to the information provided, is any business or organization listed in response to Question 5, the subject of a pending criminal investigation or proceeding and/or a civil anti-trust investigation proceeding and/or any other type of investigation or proceeding by any government agency, including but not limited to federal, state, and local regulatory agencies?

Yes \_\_\_ No \_\_\_.

If Yes; provide details for each such investigation or proceeding.

12. In the past 5 years, have you, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?

Yes \_\_\_ No \_\_\_.

If Yes; provide details for each such instance.

13. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?

Yes \_\_\_ No \_\_\_. If Yes, provide details for each such year.

14. Are you or is any of your property subject to any lien or warrant for unpaid federal, state or local taxes or assessed charges?

Yes \_\_\_ No \_\_\_

If Yes, provide details.

15. Are you or is any of your property subject to any judgment, injunction, order or decree that would have a material adverse effect on your financial condition or that would impair the Respondent's ability to perform under an Agreement?

Yes \_\_\_ No \_\_\_

If Yes, provide details.

16. Are you involved in any litigation or aware of any threatened litigation that, if adversely determined, would have a material adverse effect on your financial



condition or would impair the Respondent's ability to perform under an Agreement?

Yes \_\_\_ No \_\_\_. If Yes, provide details.

17. Are you a "Prohibited Person"?

Yes \_\_\_ No \_\_\_. If Yes, provide details.

"Prohibited Person" means (i) any person or entity (A) that is in default or in breach, beyond any applicable grace or cure period, of its obligations under any written agreement with the Agency or the County of Nassau, or (B) that directly or indirectly controls, is controlled by or is under common control with a person or entity that is in default or in breach, beyond any applicable grace or cure period, of its obligations under any written agreement with the Agency or the County of Nassau, unless such default or breach has been waived in writing by the Agency or the County of Nassau, as the case may be, and (ii) any person or entity (A) that has been convicted in a criminal proceeding for a felony or any crime involving moral turpitude or that is an organized crime figure or is reputed to have substantial business or other affiliations with an organized crime figure, or (B) that directly or indirectly controls, is controlled by or is under common control with a person or entity that has been convicted in a criminal proceeding for a felony or any crime involving moral turpitude or that is an organized crime figure or is reputed to have substantial business or other affiliations with an organized crime figure.

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I, \_\_\_\_\_, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this Questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the Agency in writing of any change in circumstances occurring after the submission of this Questionnaire and before the execution of the Agreement; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the Agency will rely on the information supplied in this Questionnaire as additional inducement to enter into an Agreement with the Respondent.

\_\_\_\_\_  
Name of Respondent

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

---

Notary Public