

**Proposal Transmittal Form**  
**For Requests for Proposals Advertised December 16, 2009 and December 17, 2009**  
**For**  
**Information Technology Support Consulting Services**

**To:** Anita S. Katz, Commissioner of Elections  
Cathy L. Richter Geier, Commissioner of Elections  
Suffolk County Board of Elections, Yaphank, New York 11980

This RFP Proposal Transmittal Form, together with the following attachments, constitutes a Proposal to provide Information Technology Support Consulting Services.

1. Affidavit (signed and notarized)
2. Noncollusive RFP or Bid Certification Form (signed)
3. Technical Services
4. Contractor's/Vendor's Public Disclosure Statement (signed and notarized)
5. Living Wage Form LW-1
6. Living Wage Form LW-38 (signed)
7. Lawful Hiring Form LHE-1 (signed)
8. Lawful Hiring Form LHE-2 (signed and notarized)
9. Fee Schedule (Separate Sealed Envelope)

Suffolk County Local Laws, Rules and Regulations are available free of charge on the Suffolk County Legislature Website at <http://legis.suffolkcountyny.gov/> under the "Search the Laws of Suffolk County" tab.

The undersigned proposes to provide services in accordance with the terms and conditions set forth in the Model Agreement issued with the RFP and in accordance with the above listed documents. The undersigned acknowledges that the Commissioners of the Board of Election reserve the right to verify all supporting documentation that the undersigned submits with this Proposal. The Contractor's contract will be in the format set forth in Model Agreement, but shall be subject to final contract negotiation.

The undersigned further acknowledges that the Commissioners reserve the right to amend this Proposal. The Commissioners reserve the right to reject any or all of the Proposals, or any part thereof, submitted in response to this RFP, and reserve the right to waive formalities, if such action is deemed to be in the best interest of the Board of Elections. The Commissioners reserve the right to request additional information from any Proposer. The Commissioners reserve the right to award negotiated contracts to one or more Proposers.

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

\_\_\_\_\_  
Legal Name of Person, Firm or Corporation

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address



**Noncollusive RFP or Bid Certification Form**

**County of Suffolk - Board of Elections - Yaphank, New York**

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

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

Dated: \_\_\_\_\_, 2010

\_\_\_\_\_  
Legal name of person, firm or corporation

By:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

P.O. Box address (if applicable):

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State and Zip

\_\_\_\_\_

**Suffolk County Form 22**  
**Contractor's/Vendor's Public Disclosure Statement**

Pursuant to Section A5-7 of the Suffolk County Administrative Code, this Public Disclosure Statement must be completed by all contractors/vendors that have a contract with Suffolk County, with the exception of hospitals; educational or governmental entities; not-for-profit corporations; and contracts providing foster care, family day care providers, or child protective services.

1. Contractor's/Vendor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City and State \_\_\_\_\_ Zip Code \_\_\_\_\_
2. Contracting Department's Name \_\_\_\_\_  
Address \_\_\_\_\_
3. Payee Identification or Social Security No. \_\_\_\_\_
4. Type of Business \_\_ Corporation \_\_ Partnership \_\_ Sole Proprietorship \_\_ Other
- 5.a Is contractor/vendor entering into or has contractor/vendor entered into a contract with Suffolk County in excess of \$1,000? \_\_ Yes \_\_ No.
- 5.b Has contractor/vendor entered into three or more contracts, including the one for which you are now completing this form, with Suffolk County, any three of which, when combined, exceed \$1,000? \_\_ Yes \_\_ No.
6. Table of Organization. List names and addresses of all principals; that is, all individuals serving on the Board of Directors or comparable body, names and addresses of all partners, and names and addresses of all corporate officers. Conspicuously identify any person in this table of organization who is also an officer or an employee of Suffolk County. (Attach additional sheet if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. List all names and addresses of those individual shareholders holding more than five percent (5%) interest in the contractor/vendor. Conspicuously identify any shareholder who is also an officer or an employee of Suffolk County. (Attach additional sheet if necessary).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Does contractor/vendor derive 50% or more of its total revenues from its contractual or vendor relationship with Suffolk County? \_\_\_ Yes \_\_\_ No.
9. If you answered yes to 8 above, you must submit with this disclosure statement, a complete financial statement listing all assets and liabilities as well as a profit and loss statement. These statements must be certified by a Certified Public Accountant. (Strike this out if not applicable.)
10. The undersigned shall include this Contractor's/Vendor's Public Disclosure Statement with the contract. (Describe general nature of the contract.) \_\_\_\_\_  
\_\_\_\_\_
11. **Remedies.** The failure to file a verified public disclosure statement as required under local law shall constitute a material breach of contract. Suffolk County may resort, use or employ any remedies contained in Article II of the Uniform Commercial Code of the State of New York. In addition to all legal remedies, Suffolk County shall be entitled, upon a determination that a breach has occurred, to damages equal to fifteen percent (15%) of the amount of the contract.
12. **Verification.** This section must be signed by an officer or principal of the contractor/vendor authorized to sign for the company for the purpose of executing contracts. The undersigned being sworn, affirms under the penalties of perjury, that he/she has read and understood the foregoing statements and that they are, to his/her own knowledge, true.

Dated: \_\_\_\_\_  
 Printed Name of Signer:  
 Title of Signer:  
 Name of Contractor/Vendor:

Signed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**SUFFOLK COUNTY DEPARTMENT OF LABOR - LIVING WAGE UNIT**

**NOTICE OF APPLICATION FOR COUNTY ASSISTANCE (Contract)**

Living Wage Law, Suffolk County Code, Chapter 347 (2001)

**To Be Completed By Applicant/ Employer/Contractor**

1) NAME: \_\_\_\_\_

2) VENDOR #: \_\_\_\_\_  
(if known)

3) CONTRACT ID #: \_\_\_\_\_  
(if known)

4) CONTACT : \_\_\_\_\_

5) TELEPHONE #: \_\_\_\_\_

6) ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

7) TERM OF CONTRACT (DATES): \_\_\_\_\_

8) PROJECT NAME: ( IF DIFFERENT FROM #1) \_\_\_\_\_

9) AMOUNT: \_\_\_\_\_

10) AWARDING AGENCY: \_\_\_\_\_

11) BRIEF DESCRIPTION OF PROJECT OR SERVICE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12) **PROJECTED EMPLOYMENT NEEDS:** (attach a statement listing, by job classification, the total workforce dedicated to performing this contract or service, including calculation of estimated net increase or decrease in jobs as a result of funding).

13) **PROJECTED WAGE LEVELS:** (attach a statement listing projected wage levels, compensated days off and medical benefits for total workforce dedicated to fulfilling the terms of this contract, broken down annually for each year of the term of the contract).

**SUFFOLK COUNTY DEPARTMENT OF LABOR – LIVING WAGE UNIT**

**LIVING WAGE CERTIFICATION/DECLARATION – SUBJECT TO AUDIT**

If either of the following definitions of 'compensation' (*Living Wage Law Chapter 347 – 2*) applies to the contractor's/recipient's business or transaction with Suffolk County, the contractor/recipient must complete Sections 1, 3, 4 below; and Form LW-1 (Notice of Application for County Compensation). If the following definitions do not apply, the contractor/recipient must complete Sections 2, 3 and 4 below. Completed forms must be submitted to the awarding agency.

"Any grant, loan, tax incentive or abatement, bond financing subsidy or other form of compensation of more that \$50,000 which is realized by or provided to an employer of at least ten (10) employees by or through the authority or approval of the County of Suffolk," or

"Any service contract or subcontract let to a contractor with ten (10) or more employees by the County of Suffolk for the furnishing of services to or for the County of Suffolk (except contracts where services are incidental to the delivery of products, equipment or commodities) which involve an expenditure equal to or greater than \$10,000. For the purposes of this definition, the amount of expenditure for more than one contract for the same service shall be aggregated. A contract for the purchase or lease of goods, products, equipment, supplies or other property is not 'compensation' for the purposes of this definition."

**Section I** The *Living Wage Law* applies to this contract. I/we hereby agree to comply with all the provisions of Suffolk County Local Law No. 12-2001, the Suffolk County *Living Wage Law* (the Law) and, as such, will provide to all full, part-time or temporary employed persons who perform work or render services on or for a project, matter, contract or subcontract where this company has received compensation, from the County of Suffolk as defined in the Law (compensation) a wage rate of no less than \$10.83(\$9.25 for child care providers) per hour worked with health benefits, as described in the Law, or otherwise \$12.33 (\$10.50 for child care providers) per hour or the rates as may be adjusted annually in accordance with the Law. (**Chapter 347-3 B**)

Check if applicable I/we further agree that any tenant or leaseholder of this company that employs at least ten (10) persons and occupies property or uses equipment or property that is improved or developed as a result of compensation or any contractor or subcontractor of this company that employs at least ten (10) persons in producing or providing goods or services to this company that are used in the project or matter for which this company has received compensation shall comply with all the provisions of the Law, including those specified above. (**Chapter 347-2**)

I/we further agree to permit access to work sites and relevant payroll records by authorized County representatives for the purpose of monitoring compliance with regulations under this Chapter of the Suffolk County Code, investigating employee complaints of noncompliance and evaluating the operation and effects of this Chapter, including the production for inspection & copying of payroll records for any or all employees for the term of the contract or for five (5) years, whichever period of compliance is longer. All payroll and benefit records required by the County will be maintained for inspection for a similar period of time. (**Chapter 347-7 D**)

The County Department of Labor shall review the records of any Covered Employer at least once every three years to verify compliance with the provisions of the Law. (**Chapter 347-4 C**)

**Section II** The *Living Wage Law* does not apply to this contract for the following reason(s): \_\_\_\_\_

  
\_\_\_\_\_  
\_\_\_\_\_

Check if applicable

**Section III**  
Contractor Name: \_\_\_\_\_ Federal Employer ID#: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ Amount of compensation: \_\_\_\_\_

Vendor #: \_\_\_\_\_

Contractor Phone #: \_\_\_\_\_

Description of project or service: \_\_\_\_\_

**Section IV**  
I declare under penalty of perjury under the Laws of the State of New York that the undersigned is authorized to provide this certification, and that the above is true and correct.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title of Authorized Representative

**SUFFOLK COUNTY DEPARTMENT OF LABOR**  
**NOTICE OF APPLICATION TO CERTIFY COMPLIANCE WITH FEDERAL LAW**  
**(8 U.S.C. SECTION 1324A)**  
**WITH RESPECT TO LAWFUL HIRING OF EMPLOYEES**  
Suffolk County Code, Chapter 234 (2006)

**To Be Completed By Applicant/ Covered Employer//Owner**

**EMPLOYER/CORP./BUSINESS/COMPANY NAME:** \_\_\_\_\_

- 1) **ADDRESS:** \_\_\_\_\_
- 2) **NOT-FOR-PROFIT:** YES \_\_\_ NO \_\_\_ (SUBMIT PROOF OF IRS NOT-FOR-PROFIT STATUS)
- 3) **VENDOR #:** \_\_\_\_\_ (If known)      4) **\*\*CONTRACT ID:** \_\_\_\_\_ (If known)
- 5) **CONTACT:** \_\_\_\_\_      6) **TELEPHONE #:** \_\_\_\_\_
- 7) **TERM OF CONTRACT OR EXTENSION (PROVIDE DATES):** \_\_\_\_\_
- 8) **AMOUNT OF CONTRACT OR EXTENSION:** \_\_\_\_\_
- 9) **BRIEF DESCRIPTION OF PROJECT OR SERVICE** \_\_\_\_\_

**SUBCONTRACTOR:** \_\_\_\_\_

- 1) **ADDRESS:** \_\_\_\_\_
- 2) **VENDOR#:** \_\_\_\_\_      3) **TELEPHONE #:** \_\_\_\_\_
- 4) **CONTACT:** \_\_\_\_\_
- 5) **DESCRIPTION OF COMPENSATION, PROJECT OR SERVICE:** \_\_\_\_\_

**EVIDENCE OF COMPLIANCE:**

**COPIES OF THE FOLLOWING MUST BE MAINTAINED BY COVERED EMPLOYERS OR THE OWNERS THEREOF FOR EACH EMPLOYEE FOR THE TIME PERIODS SET FORTH IN SUFFOLK COUNTY CODE, CHAPTER 234, SECTION 5 (C):**

- A. United States passport; or
- B. resident alien card or alien registration card; or
- C. birth certificate indicating that person was born in the United States; or
- D. (1) a driver's license, if it contains a photograph of the individual; and  
(2) a social security account number card (other than such a card which specifies on its face that the issuance of the card does not authorize employment in the United States); or
- E. employment authorization documents such as an H-1B visa, H-2B visa, and L-1 visa, or other work visa as may be authorized by the United States Government at the time the County contract is awarded for all covered employees.

