



# 2019 SUFFOLK COUNTY CONTRACT PROCESS

## OMNIBUS AWARDS

**ANNETTE BROWNELL**



WHO WE ARE

# Suffolk County Office of Film & Cultural Affairs



[suffolkartsandfilm.com](http://suffolkartsandfilm.com)



[suffolkfilmcommission.com](http://suffolkfilmcommission.com)



# Purpose of Grants is to support the mission of the Department of Economic Development in the area of Cultural Tourism and Film

## OUR MISSION

Supporting community arts organizations, including collectives, that embody high artistry, artistic vibrancy and foster cultural participation in order to build vibrant communities, amplify the voice of underrepresented communities, and celebrate the diversity of Suffolk County.



## WHERE DOES THE FUNDING COME FROM?

Fund 192

| Hotel / Motel Tax

Section §327-14 of the Suffolk County Code: 10% of all revenues collected shall be utilized by the County of Suffolk in support of CULTURAL PROGRAMS and activities relevant to the continuation and enhancement of the tourism industry, and not more than 2% of all revenues collected shall be utilized for the promotion of Suffolk County as a **FILM-FRIENDLY** location.

Requires that these funds be directed to “cultural programs and activities relevant to the enhancement of the tourism industry.” Cultural programs and activities are defined as programs of any and all cultural disciplines, which include but are not limited to: music, dance, theatre, creative writing, literature, architecture, painting, sculpture, folk arts, photography, video and film, public media, history, museums; and the execution and promotion of other allied major cultural forms.



# 2019 Legislative line item/Omnibus 2019 Cultural Competitive Grants

- Cultural Competitive
- Destination Downtown
- Emerging Film Festivals

[www.suffolkartsandfilm.com](http://www.suffolkartsandfilm.com)

[www.suffolkcountyfilmcommission.com](http://www.suffolkcountyfilmcommission.com)

2020 Grant cycle will begin in the summer of 2019 with a deadline in October 2019.



# REQUIRED DOCUMENTS



## DOCUMENTS REQUIRED IMMEDIATELY

- **Project Summary**

This is a narrative explanation. Just the facts of the project.

Organization mission statements are not required.

Project due date is **April 30, 2019**

- **Explanation of Budget**

This is a financial explanation that tells the County how you will be using the funds.

Please remember:

- Street address is required, P.O. Box addresses will be rejected.
- Do not include attachments.
- Include the date, location and time of the event(s). Please use separate page if needed.



ARTICLE VI  
**PROJECT SUMMARY**

SUFFOLK COUNTY  
Department of Economic Development and Planning  
Legislative Designated Funding Form for Fund 192 - Omnibus 2019

Legislative Sponsor: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Applicant: \_\_\_\_\_ Award Amount: \_\_\_\_\_  
(Use Legal Name)

Street Address (REQUIRED): \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Staff:  YES  NO  
*Staff are individuals hired and receive an IRS w2 form from your organization.*

Mailing Address (IF Different): \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project date(s), time(s) and location(s): \_\_\_\_\_  
(Use additional paper if necessary.)

Description of Project: (Please make sure this Cultural Tourism project reflects project description as awarded)

**Detailed Budget**

<u>Budget Line</u>	<u>Quantity</u>	<u>Total</u>
<b><u>Program Staff</u></b>		
Staff 1:		
Staff 2:		
Staff 3:		
Staff 4:		
	Sub Total	\$ 0.00
<b><u>Contracted Services</u></b>		
Artistic Personnel:		
Technical Personnel:		
Marketing:		
Other		
	Sub Total	\$ 0.00
<b><u>Equipment</u></b>		
Item 1:		
Item 2:		
Item 3:		
Item 4:		
	Sub Total	\$ 0.00
<b><u>Supplies</u></b>		
Item 1: art supplies		
Item 2:		
Item 3:		
Item 4:		
	Sub Total	\$ 0.00
Total must equal grant award, not the grant request.		Total 0

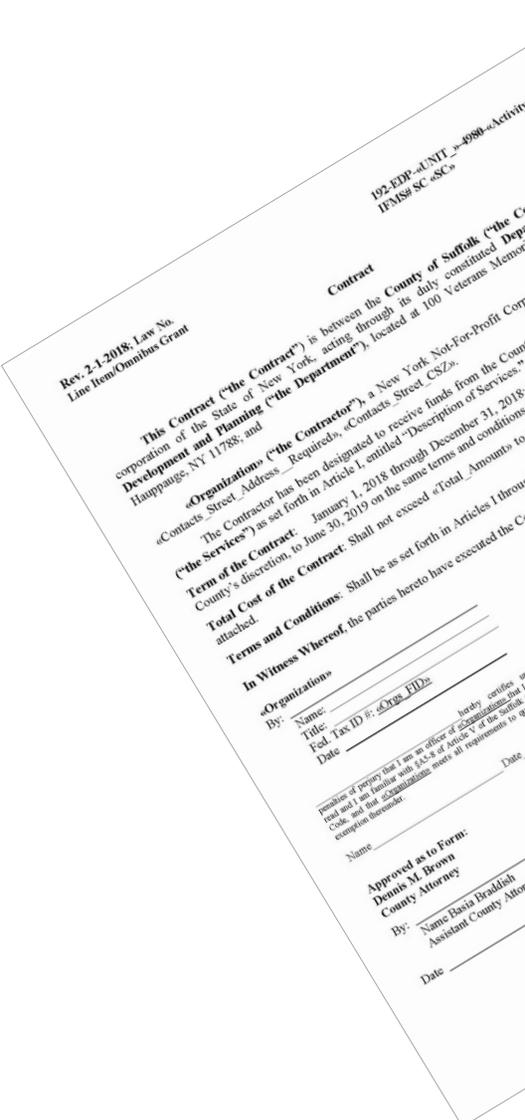
*All change requests must be approved by EDP Staff.*





## PLEASE SIGN:

- Contract Signature Pages with Public Disclosure Statement
- Statement of Other Contracts
- Living Wage/Lawful Hiring Form
- Union Organizing Certification
- Suffolk County Payment Voucher



**In Witness Whereof**, the parties hereto have executed the Contract as of the latest date written below.

«**Organization**»

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Fed. Tax ID #: «**Orgs\_FID**»  
Date \_\_\_\_\_

\_\_\_\_\_ hereby certifies under penalties of perjury that I am an officer of «**Organization**» that I have read and I am familiar with §A.5-8 of Article V of the Suffolk County Code, and that «**Organization**» meets all requirements to qualify for exemption thereunder.

Name \_\_\_\_\_ Date \_\_\_\_\_

**Approved as to Form:**  
**Dennis M. Brown**  
**County Attorney**

By: \_\_\_\_\_  
Name Basia Braddish  
Assistant County Attorney

Date \_\_\_\_\_

**COUNTY OF SUFFOLK**

By: \_\_\_\_\_  
Dennis M. Cohen  
Chief Deputy County Executive

Date: \_\_\_\_\_

**Reviewed and Approved:**  
**Economic Development and Planning**

By: \_\_\_\_\_

Name: Theresa Ward  
Title: Deputy County Executive &  
Commissioner

Date \_\_\_\_\_

Barcode: «**Barcode**»



**STATEMENT OF OTHER CONTRACTS**

**CONTRACTOR NAME:** \_\_\_\_\_ **CONTACT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**PROGRAM DESCRIPTION:** \_\_\_\_\_

PROGRAM	AGREEMENT NUMBER	CONTRACT WITH*	TERM OF AGREEMENT	AMOUNT

\* Indicate (a) type of organization – County, State, Federal or Other and (b) name of Department, Agency or Organization.  
**Write "NONE" if you have no other contracts**



Steven Bellone  
Suffolk County Executive



Frank Nardelli  
Commissioner

SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

UNION ORGANIZING CERTIFICATION/DECLARATION – SUBJECT TO AUDIT

If the following definition of "County Contractor" (Union Organizing Law Chapter 803) applies to the contractor's/beneficiary's business or transaction with Suffolk County, the contractor/beneficiary must complete Sections I, III, and IV below. If the following definitions do not apply, the contractor/beneficiary must complete Sections II, III and IV below. Completed forms must be submitted to the awarding agency.

County Contractor: "Any employer that receives more than \$50,000 in County funds for supplying goods or services pursuant to a written contract with the County of Suffolk or any of its agencies; pursuant to a Suffolk County grant; pursuant to a Suffolk County program; pursuant to a Suffolk County reimbursement for services provided in any calendar year; or pursuant to a subcontract with any of the above."

Section I

Check if  
Applicable

The Union Organizing Law applies to this contract. I/we hereby agree to comply with all the provisions of Suffolk County Local Law No. 26-2003, the Suffolk County Union Organizing Law (the law) and, as to the goods and/or services that are the subject of the contract with the County of Suffolk shall not use County funds to assist, promote, or deter union organizing (Chapter 803-3), nor seek reimbursement from the County for costs incurred to assist, promote, or deter union organizing.

I/we further agree to take all action necessary to ensure that County funds are not used to assist, promote, or deter union organizing.

I/we further agree that I/we will not use County property to hold meetings to assist, promote, or deter union organizing.

I/we further agree that if any expenditures or costs incurred to assist, promote, or deter union organizing are made,

I/we shall maintain records sufficient to show that no County funds were used for those expenditures and, as applicable, that no reimbursement from County funds has been sought for such costs. I/we agree that such records shall be made available to the pertinent County agency or authority, the County Comptroller, or the County Department of Law upon request.

I/we further affirm to the following as to the goods and/or services that are the subject of the contract with the County of Suffolk:

- I/we will not express to employees any false or misleading information that is intended to influence the determination of employee preferences regarding union representation;
- I/we will not coerce or intimidate employees, explicitly or implicitly, in selecting or not selecting a bargaining representative;
- I/we will not require an employee, individually or in a group, to attend a meeting or an event that is intended to influence his or her decision in selecting or not selecting a bargaining representative;
- I/we understand my/our obligation to limit disruptions caused by pre-recognition labor disputes through the adoption of non-confrontational procedures for the resolution of pre-recognition labor disputes with employees engaged in the production of goods or the rendering of services for the County; and
- I/we have or will adopt any or all of the above-referenced procedures, or their functional equivalent, to ensure the efficient, timely, and quality provision of goods and services to the County. I/we shall include a list of said procedures in such certification.

Section II

Check if  
Applicable

The Union Organizing Law does not apply to this contract for the following reason(s): \_\_\_\_\_

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



**Section III**

Contractor Name:	<input type="text"/>	Federal Employer ID#:	<input type="text"/>
Contractor Address:	<input type="text"/>	Amount of Assistance:	<input type="text"/>
	<input type="text"/>	Vendor #:	<input type="text"/>
Contractor Phone #:	<input type="text"/>		
Description of project or service:	<input type="text"/>		
	<input type="text"/>		

**Section IV**

In the event any part of the Union Organizing Law, Chapter 803 of the Laws of Suffolk County, is found by a court of competent jurisdiction to be preempted by federal and/or state law, this certification/declaration shall be void *ab initio*.

**Section V**

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

Print Name and Title of Authorized Representative

Date



Steven Bellone  
Suffolk County Executive



Frank Nardelli  
Commissioner

**SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS**

**VOLUNTEER NOT-FOR-PROFIT  
PAPERWORK REDUCTION REQUIREMENTS  
WITH RESPECT TO LAWFUL HIRING OF EMPLOYEES**  
Suffolk County Code, Chapter 353(2006)

\_\_\_\_\_  
Name of Organization/Corporation

\_\_\_\_\_  
Address

\_\_\_\_\_  
Federal ID #

\_\_\_\_\_  
Contact

\_\_\_\_\_  
Telephone #

Brief description of contract, project or service:

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

\_\_\_\_\_ hereby certifies under penalties of perjury that I am an officer of  
\_\_\_\_\_ organization/corporation authorized to provide this certification, that the  
organization/corporation is not-for-profit and that it has no paid employees. If an employee is hired for  
compensation during the current calendar year, the Department of Labor, Licensing & Consumer Affairs or the  
Awarding Agency will be immediately notified and the not-for-profit organization/corporation shall comply  
with all the applicable provisions of the Lawful Hiring of Employees Law.

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

\_\_\_\_\_  
Date

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



Steven Bellone  
Suffolk County Executive

Frank Nardelli  
Commissioner

**SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS**

**VOLUNTEER NOT-FOR-PROFIT  
PAPERWORK REDUCTION REQUIREMENTS  
WITH RESPECT TO LIVING WAGE LAW**

Living Wage Law, Suffolk County Code, Chapter 575 (2001)

NAME OF ORGANIZATION/CORPORATION: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

FEDERAL ID #: \_\_\_\_\_

CONTACT: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

BRIEF DESCRIPTION OF CONTRACT, PROJECT OR SERVICE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ hereby certifies under penalties of perjury that I am an officer of  
\_\_\_\_\_ organization/corporation authorized to provide this certification, that the  
organization/corporation is not-for-profit and that it has no paid employees. If an employee is hired for  
compensation during the current calendar year, the Department of Labor, Licensing & Consumer Affairs or  
the Awarding Agency will be immediately notified and the not-for-profit organization/corporation shall  
comply with all the applicable provisions of the Living Wage Law.

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

\_\_\_\_\_  
Date

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



Steven Bellone
Suffolk County Executive

Frank Nardelli
Commissioner

SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING, & CONSUMER AFFAIRS

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 353 (2006)

To Be Completed By Applicant/Covered Employer/Owner
EMPLOYER/CORP/BUSINESS/COMPANY NAME:
ADDRESS:
CONTACT NAME: TELEPHONE #: AWARDDING AGENCY:
VENDOR, FEDERAL ID OR SOCIAL SECURITY #: CONTRACT ID:
NOT-FOR-PROFIT: YES NO (Submit Proof of IRS Not-for-Profit Status)
TERM OF CONTRACT OR EXTENSION (PROVIDE DATES):
BRIEF DESCRIPTION OF COMPENSATION, PROJECT OR SERVICE:

SUBCONTRACTOR NAME:
ADDRESS:
VENDOR, FEDERAL ID OR SOCIAL SECURITY #: TELEPHONE #:
CONTACT NAME: 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, Section 353-14 (A):
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.

AFFIDAVIT OF COMPLIANCE WITH THE REQUIREMENTS OF 8 U.S.C. SECTION 1324a WITH RESPECT TO LAWFUL HIRING OF EMPLOYEES

State of New York )
County of ) ss:
being duly sworn, deposes and says:
(Print Name of Deponent)

- 1. I am owner/authorized representative of (Name of Corp., Business, Company)
2. I certify that I have complied, in good faith, with the requirements of Title 8 of the United States Code (U.S.C.) section 1324a (Aliens and Nationality) with respect to the hiring of covered employees and with respect to the alien and nationality status of the owners thereof, as set forth in Suffolk County Code Chapter 353 (2006).

Sworn to before me this \_\_\_ day (Signature of Deponent)
of \_\_\_, 20\_\_\_
(Notary Public)



Steven Bellone
Suffolk County Executive



Frank Nardelli
Commissioner

SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

NOTICE OF APPLICATION FOR COUNTY COMPENSATION
LIVING WAGE CERTIFICATION/DECLARATION - SUBJECT TO AUDIT

If either of the following definitions of 'compensation' (Living Wage Law Chapter 575-2) applies to the contractor's/recipient's business or transaction with Suffolk County, the contractor/recipient must complete Sections 1, 3, 4 below. 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 than \$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

Check if applicable

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 \$12.49 (\$9.25 for child care providers) per hour worked with health benefits, as described in the Law, or otherwise \$14.22 (\$10.50 for child care providers) per hour or the rates as may be adjusted annually in accordance with the Law. (Chapter 575-3 B)

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 575-2)

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 575-7 D)

The Suffolk County Department of Labor, Licensing & Consumer Affairs shall review the records of any Covered Employer at least once every three years to verify compliance with the provisions of the Law. (Chapter 575-4 C)

IMPORTANT! IF SECTION I IS CHECKED, APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION:

Projected Wage Levels: Complete the chart below listing hourly wage rates, number of hours worked per week, compensated days off received yearly and indicate if medical benefits are received for each employee dedicated to fulfilling the terms of this contract.

Note: Complete the following chart only if the Living Wage Law applies and if Section I above is checked.

Table with 5 columns: Employee Name and Title, Hourly Wage Rate, Works less than 20 hours per week (Yes or No), Works 20 hours or more per week (Yes or No), Employee actually receives health benefits (Yes or No), Full-time employees receive at least 12 compensated days off per year. Part-time employees receive prorated compensated time off in increments proportional to full-time employees (Yes or No)

Check if applicable

Section II The Living Wage Law does not apply to this contract for the following reason(s): (Please check all that apply to this contract.)

- Employ less than 10 employees
Do not have any employees working in Suffolk or Nassau Counties
No cost to Suffolk County
Grant, loan, tax incentive or abatement, bond subsidy or other form of compensation is \$50,000 or less.
Pay prevailing wage rates
Amount of Compensation is less than \$10,000 for the furnishing of services
Other:

Section III Contractor Name: Federal Employer ID or SSN#: Contractor Address: Amount of Compensation: Contractor Phone # Term of Contract: Awarding Agency: Contract ID #: 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



## INSURANCE REQUIREMENTS

**Must Submit:** Certificate of Insurance and Policy Declaration Page

### **Declaration Page:**

1. 2 million dollars liability insurance (each occurrence) is required. (Waivers may be requested in writing.)
2. Suffolk County **MUST** be named as additionally insured and as the Certificate Holder.
3. Written notice of cancellation.
4. Must show proof of Workers Comp Insurance, if you have any employees.



**CERTIFICATE OF LIABILITY INSURANCE**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  Sample insurance	CONTACT NAME:	
	PHONE (A/C. No. Exp): ( )	FAX (A/C. No.):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER:** 570062030589      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.      **Limits shown are as requested**

WSR LTR	TYPE OF INSURANCE	ADRI (SUB) INSD WVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		Insurance Requirements 2 million for each occurrence or 1 million each occurrence and 1 million excess liability			EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPROP AGG
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		Also required is an insurance policy Declaration Page. Please ask your insurance company			COMBINED SINGLE LIMIT (Per accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEF <input type="checkbox"/> RETENTION		for a copy to send along with Certificate of insurance.			EACH OCCURRENCE AGGREGATE
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
County of Suffolk H. Lee Dennison Bldg., 11th Floor 100 Veterans Highway Hauppauge NY 11780 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE



**POLICY NUMBER:**

**COMMERCIAL  
GENERAL LIABILITY**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>
County of Suffolk 100 Veterans Memorial Hwy Hauppauge, NY 11788
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf.

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

**RE:**

Name of Production Company



# IRS Designation Letter is Required



Internal Revenue Service

Date:

Organization name  
Address

Department of the Treasury  
P. O. Box 2508  
Cincinnati, OH 45201

Person to Contact:  
Name of Customer Service  
Representative  
Toll Free Telephone Number:  
8:00 a.m. to 6:30 p.m. EST  
Phone number  
Fax Number:  
000-00-0000  
Federal Identification Number:  
00-000000

Dear Sir or Madam:

This is in response to your request of December 0, 2000, regarding your organization's tax-exempt status.

In October 1979 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.



## Once you have received your Contracts:

Review, Complete, Sign and return to our office:

- All 3 copies of the Contract
- 1 Completed and signed packet of Exhibits
- Suffolk County Payment Vouchers (2)
- Statement of Other Contracts



## **Once Contracts are signed and submitted to the Contracts unit in Economic Development and Planning**

1. Implement Project or Program
2. Submit receipts and cancelled checks with Summary of Expenditures within 30 days of expenditure or when cancelled checks become available
  - a. Receipts/Invoices or signed contracts from Vendors with their cancelled checks.
  - b. For those contracts with approved Program Staff funding – we need payroll record of funded employee showing salary, hours worked, payroll record and percentage of this project vs. normal hours.
  - c. Summary of Expenditures- Expenditures as exactly noted in the Explanation of Costs. Any deviation will create a delay and potential repayment to Suffolk County.
  - d. Include a final 1 page report. This document should include all the details, how many people attended, significant events (ex: inclement weather cancelled event). Mail a copy, we will not accept email submissions.
3. Receive Payment



## PAYMENT INFORMATION:

- Contract must be fully executed before payment can be made on a contract.
- Grantee must have a signed Suffolk County Payment Voucher
- Processing checks for payment following submission of Payment Voucher and Required Documents can take up to 4 weeks.



## Contract Agency Disclosure Form from Suffolk County Comptroller's Office

**Deadline is September 15, 2019.**

This is an annual Form that must be completed. The Comptroller's Office will contact all awardees with a unique password and code to access the form.

If not completed by the deadline:

1. Potentially could lose the funds
2. Legislative Resolution required for current year for the payment voucher to be accepted.
3. Legislative Resolution required for 2020 cycle.



## NYS Nonprofit Revitalization Act of 2013

No employee of the nonprofit can serve as the Chair of the Board or hold any other title with similar responsibilities.

All nonprofits must have a Conflict of Interest Policy to ensure that its directors, officers, and key employees act in the nonprofit's best interest and comply with applicable legal requirements.

Whistleblower Policy required for nonprofits with over 20 or more employees and over \$1,000,000 in revenue.

NOTE: There are updates to these laws! Please check NYCON.org or check [www.SuffolkArtsandFilm.com](http://www.SuffolkArtsandFilm.com)

[nycon.org](http://nycon.org)



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# Q & A



# THANK YOU!