



Tompkins County
DEPARTMENT OF SOCIAL SERVICES

320 West Martin Luther King Jr. / State Street
Ithaca, New York 14850
dssinfo@tom-pkins-co.org

Tompkins County Department of Social Services

Request for Proposals
For Homeless Services Day Center

Issue Date
November 19, 2013

Due Date
November 29, 2013

Department of Social Services Contact:

Patricia Carey
Commissioner
320 W. Martin Luther King Jr./State Street
Ithaca, New York 14850
(607) 274-5251
Patricia.Carey@dfa.state.ny.us

Please be advised that all matters concerning this RFP, from the date of issuance until the contract award is made, are to be directed in writing via e-mail to the above named contact.

An original and three (3) completed copies of the proposal **MUST** be received no later than **NOVEMBER 29, 2013 AT 3:00** at the following address:

Lisa M. Hall
Buyer
Tompkins County Purchasing
125 E. Court St.
Ithaca, NY 14850

REQUEST FOR PROPOSALS

Tompkins County Department of Social Services

Introduction

The purpose of this Request for Proposals (RFP) is to solicit applications to Tompkins County Department of Social Services (TCDSS) for the provision of a homeless services day center for persons residing in Tompkins County.

FUNDING PRIORITY AND STRUCTURE

Programs with high levels of successful housing outcomes and which are cost effective in achieving these outcomes have priority for funding under this RFP. Recognizing the high level of need for homeless programs and the limited funding available, TCDSS looks to the following principles to guide review of programs submitted through this RFP:

- Maintain a homeless services day center as a key element of the community's safety net.
- Support and advance the Tompkins County Continuum of Care goals and outcomes.
- Focus resources to prevent and end homelessness for households as quickly and effectively as possible.
- Work closely with community partners to ensure services provided at the day center meet the needs of the community.
- Use data for all funding decisions.

All programs funded through this RFP must comply with the following requirements:

1. All programs funded by TCDSS must be physically located in Tompkins County and serve Tompkins County residents only.
2. Selected applicants must comply with applicable local, state and federal laws, regulations, and certifications, and must meet all applicable professional standards.
3. Selected applicants must be equal opportunity employers and provide assurance that no person will be denied services on the basis of race, sex, color, religion, national origin, age or handicap.
4. Selected applicants shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, ancestry, national origin, place of birth, age, marital status, or handicap with respect to employment, upgrading,

demotion, transfer, recruitment or recruitment advertising, lay-off determination, rates of pay, or other forms of compensation.

5. Facilities and services must be accessible to handicapped persons.
6. Selected applicants must ensure the confidentiality of client information.
7. Selected applicants must participate in the system-wide coordinated assessment and referral process developed by the CoC.
8. Selected applicants must submit program and fiscal reports as required by TCDSS and be available for on-site monitoring visits.
9. Selected applicants Agree to maintain in force, for the duration of the contract such insurance as is deemed appropriate by TCDSS in types and amounts as are specified in the Tompkins County Standard Insurance Certificate with shall be completed and signed by the contractor's insurance company prior to contract execution and payment for services.

ELIGIBLE APPLICANTS – Domestic public and private non-profit entities (as determined by the IRS).

PROPOSAL EVALUATION – TCDSS shall apply the following evaluation criteria in selecting a proposer with whom to commence contract negotiations. Such criteria are not necessarily listed in order of importance; TCDSS reserves the right to weigh its reevaluation criteria in any manner it deems appropriate.

Proposal Evaluation Criteria:

- Organizational development and experience
- Cost/benefit ratio
- Community Partnerships
- Service Model
- Proposed Outcomes

FORMATING REQUIRMENTS – Text must be legible. Pages must be typed in black, single spaced using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. Please adhere to the page limits as noted and use the forms provide for budget submission.

PROGRAM SUMMARY – 200 word maximum

Provide a brief overview of the program including population to be served, services to be provided, proposed outcomes, and funding requested.

PROGRAM DESCRIPTION & OUTCOMES – 4 page maximum

1. Provide a detailed program description:
 - Major goals of the homeless services day program.

- Services provided to clients including frequency and location.
- Any fees that program participants are required to pay; if there are required fees include a description of how the program serves clients with no income.
- Program partners and roles.
- Evidence based practices used in program and organization's processes.
- Program staff including number of staff, role in program, education or licensure requirements, and training provided.
- Process used to evaluate program including client satisfaction.
- Timeline for program implementation.
- Any unique features of the program that makes it different from other programs.

2. Provide a detailed description of organizational capacity to administer program:

- Organization mission, primary programs, and experience delivering program or similar program.
- Organization staffing & Organizational Chart.
- Organization budget resources.
- Process to ensure program effectiveness.
- Process to manage fiscal and program requirements of local and state funding: accounting, client eligibility, records maintenance, and other state and local requirements.

Budget Narrative (3 page maximum)

- Revenue and expenditure budgets must indicate total cost and funding for program from all sources.
- Describe all other funding that will support the program, including whether it is committed, any restrictions, and timing of the funding. Identify which funding will be used as match for the requested.
- Provide detail for each expenditure giving monthly cost and anticipated number of clients served, or other detail as appropriate. Sufficient information must be provided to indicate accuracy of projected costs, including sources of estimated figures. Information must be provided for the requested funding and for the total program budget.
- Identify the percentages of overall program budget used for Management & General and for Fundraising.

TOMPKINS COUNTY DEPARTMENT OF SOCIAL SERVICES
BUDGET SECTION GUIDELINES

Introduction

1. The following budget sections relate only to the program for which you are requesting funding. Do not list the agency's total budget lines unless indicated to do so.
2. The TCDSS must have a full financial picture for the program for which you are requesting funding. As you complete this budget section, keep in mind that you must list ALL costs associated with the program, even if you are not requesting reimbursement for those items.
3. Please complete each section of the budget on the form provided below. For items that are not applicable to your program, list '0' in the Total Program Budget Line.
4. Program costs incurred and/or paid before January 1, 2014 may not be included in this budget. Expenses must be incurred during the program duration timeframe of January 1, 2014 – December 31, 2014.
5. Be sure to complete the Budget Narrative Questions at the end of this section.
6. Use the formatting of the charts provided. You may add additional rows as needed but DO NOT add additional columns.

**Tompkins County Department of Social Services
2014 Homeless Services Program Budget**

Agency Name:

Fiscal Contact Name:

Position Title:

Email Address:

Phone Number:

Fax Number:

PROGRAM BUDGET SUMMARY

Program Duration: January 1, 2014 to December 31, 2014

SUMMARY OF BUDGET LINES:	TOTAL PROGRAM COST:	TOMPKINS COUNTY FUNDS REQUESTED	
Salaries & Wages			Please only show the total funding requested from Tompkins County
Fringe Benefits			
Contracted Services			
Materials & Supplies			
Travel & Training			
Facilities			
Other Expenses			
FUNDING TOTAL			

Salaries & Wages - budgets should reflect 100% of staff time associated with the contracted program and if staff is not 100% devoted to the contracted program, you must include the level of effort. Provide employee(s) (including names for each identified position) of the applicant/recipient organization. For employees that are not yet hired please list name as TBD.

Position	Name	Annual Salary/Rate	Date of Hire	Level of Effort	Cost
<i>Example: Project Director</i>	<i>Jane Doe</i>	<i>\$32,500</i>		<i>10%</i>	<i>\$3,250</i>
Salaries & Wages Sub-Total					

Fringe Benefits- Please include position title, benefit amount X level of effort for this program. Each agency is required to list FICA, Worker Compensation, Disability Insurance and agency portion only of Health Insurance (if applicable) for each employee listed under the Salaries & Wages section.

Position	Annual Fringe Benefit Costs	Level of Effort	Cost
<i>Example: Project Director</i>	<i>\$500</i>	<i>10%</i>	<i>\$50</i>
Fringe Benefits Sub-Total			

Contracted Services - A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

Name	Service	Rate	Other	Cost
<i>Example: Law Enforcement</i>	<i>Training</i>	<i>\$30/hr x 100 hrs x 3</i>	<i>300 Hours</i>	<i>\$9,000</i>

Name	Service	Rate	Other	Cost
Contracted Services Sub-Total				

Materials & Supplies- Please include all program supply costs whether reimbursement is requested or not i.e. consumable and non-consumable items, office supplies, maintenance supplies, other program supplies, etc.

Item(s)	Description	Cost
<i>Example: Printing</i>	<i>Office copies/Meeting Materials etc.</i>	<i>\$200</i>
Materials and Supplies Sub-Total		

Travel & Training - If you are claiming costs associated with a vehicle owned by the organization and/or mileage costs incurred by employees, you must list the percentage of time the vehicle or employee is charged to this program. Note- Estimates are appropriate for this budget, but sufficient backup will be required when submitting expenditure reports.

Purpose of Travel or Training	Location	Item	Rate	Cost
<i>Local travel</i>	<i>City, County</i>	<i>Mileage</i>	<i>3,000 miles @.38/mile</i>	<i>\$1,140</i>
Travel & Training Sub-Total				

Facilities & Utilities - Please include who you pay the expense to and for what purpose, i.e. facility rent, utilities and/or maintenance costs, insurance, telephone. Note- Estimates are appropriate for this budget, but sufficient backup will be required when submitting expenditure reports.

Facilities Operation Expense	Total Monthly Cost	% Charged to Program	Annual Cost
<i>Example – NYSEG</i>	<i>\$400 (x12 = \$4,800)</i>	<i>50%</i>	<i>\$2,400</i>
Facilities Sub-Total			

Other Expenses- Please itemize “other expenses” and provide enough information for a clear picture of how funds contribute to the program.

Item	Description	Cost
Other Expenses Sub-total		

In the chart below, list all other funding sources for this program only, not the entire agency to be received during 2014. Other funding sources may include, but are not limited to foundations, public/government agencies, corporations, individual donations, earned income, agency fundraising events, etc.

Other Funding Sources	Funding Cycle	Amount of funds requested	Funds Received
<i>Example: Federal SAMSHA Grant</i>	<i>3 year (October '12 – October '15)</i>	<i>\$100,000 per year</i>	<i>\$100,000</i>
Other Funding Sub-Total			

PROGRAM BUDGET NARRATIVE

(Limit to one (1) page or less)

Please answer the following questions:

- 1. Does this program charge any fees to program participants? If so how does this program work with individuals who may not be able to pay fees? If a sliding scale it utilized please include the tool utilized.
- 2. What percentage of the funding request is will cover direct costs associated with the program?

ORGANIZATIONAL QUALIFICATIONS

Please respond on this sheet and include it with your application materials. If you answer "no" to any of the statements, please clarify your responses on a separate sheet.

1. Board of Directors or Advisory Board

The agency has an active Board which provides ongoing leadership and direction to the agency. (YES/NO)

Number of times the Board met so far during 2013 _____
Average number of board members attending meetings _____

The Board is comprised of a diverse group of individuals (i.e., gender, ethnicity, age, socioeconomic, geographic, etc.) (YES/NO)

Minutes are kept and available for public review. (YES/NO)

Board has a program committee or other advisory committee that oversees the program for which funding is sought? (YES/NO)

How often does it meet? _____

Name of auditor or person who conducts annual review of finances:

2. Staffing

All positions in the program have written job descriptions that accurately describe the duties, qualifications and responsibilities. (YES/NO)

There is a clear structure of supervision and support for all programs

staff members and volunteers. (YES/NO)

There is a plan for staff training. (YES/NO)

Staff performance is reviewed at least annually.
(YES/NO)

The performance review results in a written appraisal and future plan. (YES/NO)

In the past few years, the agency has retained most staff for average
of 1 year or more. (YES/NO)

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Additional Forms to Submit

- **Board of Directors:** Provide a list of your Board of Directors including Name, Board Position, Home Address and Phone Number, Employer's Name, Employer's Address and Phone Number, and any Professional or Community Affiliations.
- **Balance Sheet:** The most recent you have available (must be from 2013).
- **Organizational chart**
- **1 original plus 3 copies of entire package:** (4 total)
-

GENERAL CONDITIONS

1. Method of Award:

The County reserves the right to award the contract(s) to the bidder(s) that the County deems to offer the proposal that the County, at its sole discretion deems to be in the best interest of the County. The County reserves the right to cancel this proposal, reject any/all proposals, and to waive any/all informalities and/or irregularities if it is deemed to be in the best interest of the County to do so.

2. Contract Extension:

The County reserves the right to allow all municipal, school districts, and not for profit organizations authorized under the General Municipal Laws of New York State to purchase any goods and/or services awarded as a result of this bid in accordance with the latest amendments to the New York State General Municipal Law 100 through 104. However, it is understood that the extension of such contracts are at the discretion of the vendor and the vendor is only bound to the contract(s) between the vendor and the County.

3. Bidder Responsibility:

The bidder, by submitting a bid, represents that:

- A. The bidder has read and understands the specifications in their entirety and that the bid is made in accordance therewith, and;

- B. The bidder possesses the capabilities, resources, and personnel necessary to provide efficient and successful service to the County, and;
- C. The bidder will be held responsible for any and all discrepancies, errors, etc., in the discounts or rebates which are discovered during the contract term or up to and including three (3) fiscal years following the County's annual audit.

4. Tax on Materials:

In regard to any taxes applicable to this project, please acquire a copy of form ST-120.1 from the New York State Department of Taxation and Finance and follow accordingly. Tompkins County is tax exempt. Tax exempt certificates, if required, will be forwarded upon request.

5. Incurred Expenses:

This Request for Proposals does not commit the County of Tompkins to award a contract, nor shall the County of Tompkins be responsible for any cost or expense which may be incurred by the bidder in preparing and submitting the proposal, or any cost or expense incurred by the bidder prior to the execution of a contract.

6. Contract(s):

The successful bidder will be required to sign a Tompkins County contract. Tompkins County will not sign any company's service agreement, contract or any other form of agreement. Tompkins County reserves the right to extract certain language from a company's agreement and incorporate it into a Tompkins County contract if mutually agreeable. The contract period will be for four years.

7. Non-Appropriation Clause:

In accordance with New York State General Municipal Law, the County will not be liable for any purchases or contracts for goods or services for which funding is not available. As a result, the vendor agrees to hold the County harmless for any contracts let for which funding either does not currently exist or for which funding has been removed prior to the issuance of a purchase order. Issuance of a purchase order indicates that the County currently has set aside adequate funds to procure the goods or services indicated in the purchase order or the contract. Should it become necessary for the County to cancel a project or purchase after an order to proceed has been issued, the County will only be liable for and the vendor agrees to only assess those financial damages that it can prove to have incurred as a result of the cancellation.

8. Deviations:

Deviations to the specifications are to be so noted and fully explained. Tompkins County reserves the right to accept any or all deviations if it proves to be in the best interest of the County.

9. Workforce Diversity and Inclusion:

Tompkins County government is committed to creating a diverse and fully inclusive workplace that strengthens our organization and enhances our ability to adapt to change by developing and maintaining:

- A. An organization-wide understanding and acceptance of the purpose and reasons for diversity;
- B. Recruitment and retention policies that assure a diverse workforce;
- C. A workplace environment that is welcoming and supportive of all;
- D. Awareness, understanding, and education regarding diversity issues;
- E. Zero tolerance for expressions of discrimination, bias, harassment, or negative stereotyping toward any person or group;
- F. A workforce ethic that embraces diversity and makes it the norm for all interactions, including delivery of services to the public.

10. Corporate Compliance:

FEDERAL FUNDING COMPLIANCE. The Contractor agrees to comply with all Federal, State, and local laws and regulations governing the provision of goods and services under this Contract. To the extent that federal funds are provided to the Contractor under this contract, the Contractor agrees that it will comply with all applicable federal laws and regulations, including but not limited to those laws and regulations under which the Federal funds were authorized.

Further, Contractor agrees to comply with the County's Compliance Plan regarding Federal and State fraud and abuse laws; the Compliance Plan can be reviewed at www.tompkins-co.org, or a copy can be obtained at Tompkins County Administration, 125 East Court Street, Ithaca, New York 14850.

Contractors that are providers of healthcare services certify that the Contractor, and all employees, directors, officers and subcontractors of the Contractor, are not "excluded individuals or entities" under Federal and/or New York State statutes, rules and regulations. The Contractor agrees to screen all employees, directors, officers and subcontractors on a monthly basis at the New York State Office of Medicaid Inspector General website, and any other website required by Federal and/or New York State Medicare or Medicaid statutes, rules and regulations, to determine if any of them are on or have been added to the exclusion list.

The Contractor shall promptly notify the County if any employee, director, officer or subcontractor is on or has been added to the exclusion list. The

County reserves the right to immediately cancel this contract, at no penalty to the County, if any employee, director, officer or subcontractor is on or has been added to the exclusion list.

By submitting a bid, you are attesting to that fact that you and/or the provider, which you represent, have not been sanctioned nor excluded by any of the aforementioned entities.

28. Iranian Energy Sector Divestment:

- A. By submitting a bid, the Contractor/Proposer hereby represents that said Contractor/Proposer is in compliance with New York State General Municipal Law Section 103-g entitled “Iranian Energy Sector Divestment”, in that said Contractor/Proposer has not:
 - (1) Provided goods or services of \$20 Million or more in the energy sector of Iran including but not limited to, the provision of oil or liquefied natural gas tankers or products used to construct or maintain pipelines used to transport oil or liquefied natural gas for the energy sector of Iran; or
 - (2) Acted as a financial institution and extended \$20 Million or more in credit to another person for forty-five days or more, if that person’s intent was to use the credit to provide goods or services in the energy sector of Iran.
- B. Any Contractor/Proposer who has undertaken any of the above and is identified on a list created pursuant to Section 165-a (3)(b) of the New York State Finance Law as a person engaging in investment activities in Iran, shall not be deemed a responsible bidder pursuant to Section 103 of the New York State General Municipal Law.
- C. Except as otherwise specifically provided herein, every Contractor/Proposer submitting a bid/proposal in response to this Request for Bids/Proposals must certify and affirm the following under penalties of perjury:
 - (1) “By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief, that each bidder is not on the list created pursuant to NYS Finance Law Section 165-a (3) (b).
- D. Except as otherwise specifically provided herein, any Bid/Proposal that is submitted without having complied with subdivision (1) above, shall not be considered for award. In any case where the Bidder/Proposer cannot make the certification as set forth in detail the reasons therefore. The County reserves the right, in accordance with General

Municipal Law Section 103-g to award the Bid/Proposal to any Bidder/Proposer who cannot make the certification, on a case-by-case basis under the following circumstances:

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

29. Contract Re-assignment:

The Contractor/Proposer shall not re-assign any portion of any contract that results from this bid without the express written consent of the County.

ANTI-DISCRIMINATION CLAUSE

During the performance of this contract, (the contractor) hereby agrees as follows:

- (a) The contractor will not discriminate against any employee or applicant for employment for any of the following: race, creed, color, ethnicity, military service, and marital status, disability, sexual preference, perceived gender, national origin, or status as an ex-offender, and will take affirmative action to insure that they are afforded equal employment opportunities without discrimination. Such action shall be taken with reference, but not be limited, to: recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff or termination, rates of pay or other forms of compensation, and selection for training or retraining, including apprenticeship and on-the-job training.
- (b) The contractor will send to each labor union or representative of workers with which he has or is bound by a collective bargaining or other agreement or understanding, a notice, to be provided by the State Commissioner for Human Rights, advising such labor union or representative of the contractor's agreement under clauses (a) through (f) hereinafter called "non-discrimination clauses". If the contractor was directed to do so by the contracting agency as part of the bid or negotiation of this contract, the contractor shall request such labor union

or representative to furnish him with as written statement that such labor union or representative either will affirmatively cooperate, within the limits of its legal and contractual authority, in the implementation of the policy and provisions of these non-discrimination clauses or that it consents and agrees that recruitment, employment and the terms and conditions of employment under this contract shall be in accordance with the purposes and provisions of these non-discrimination clauses. If such labor union or representative fails or refuses to comply with such a request that it furnish such a statement, the contractor shall promptly notify the State Commission for Human Rights of such failure or refusal.

- (c) The contractor will post and keep posted in conspicuous places, available to employees and applicants for employment, notices to be provided by the State Commission for Human Rights setting forth the substance of the provisions of clauses (a) and (b) and such provisions of the State's and local Tompkins County Laws against discrimination as the State Commission for Human Rights shall determine.
- (d) The contractor will state, in all solicitations or advertisements for employees placed by or on behalf of the contractor, that all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color or national origin.
- (e) The contractor will comply with the provisions of Sections 291-299 of the Executive Law and the Civil Rights Law, will furnish all information and reports deemed necessary by the State Commission for Human Rights under these non-discrimination clauses and such sections of the Executive Law, and will permit access to his books, records and accounts by the State Commission for Human Rights, the Attorney General and the Industrial Commissioner for purposes of investigation to ascertain compliance with these non-discrimination clauses and such sections of the Executive Law and Civil Rights Law.
- (f) This contract may be forthwith cancelled, terminated or suspended, in whole or in part, by the contracting agency upon the basis of a finding made by the State Commission for Human Rights that the Contractor may be declared ineligible for future contracts made by or on behalf of the State or a public authority or agency of the State, until he satisfies the State Commission for Human Rights that he has established and is carrying out a program in conformity with the provisions of these non-discrimination clauses. Such finding shall be made by the State Commission for Human Rights after conciliation efforts by the Commission have failed to achieve compliance with these non-discrimination clauses and after a verified complaint has been filed with the Commission, notice thereof has been given to the Contractor and opportunity has been afforded him to be heard publicly before three members of the

Commission. Such sanctions may be imposed and remedies invoked independently of or in addition to sanctions and remedies otherwise provided by law. The Contractor will include the provisions of clauses (a) through (f) in every subcontract or purchase order in such a manner that such provisions be performed within the State of New York. The Contractor will take such action in enforcing such provisions of such subcontract or purchase order as the contracting agency may direct, including sanctions or remedies for non-compliance. If the Contractor becomes involved in or is threatened with litigation with a subcontractor or vendor as a result of such direction by the contracting agency, the Contractor shall promptly so notify the Attorney General, requesting him to intervene and protect the interests of the State of New York.

GENERAL CONDITIONS ACCEPTED BY:

Firm: _____

By: _____

Date: _____

Title: _____

**COUNTY OF TOMPKINS
GENERAL CONDITIONS**

AFFIDAVIT OF NON-COLLUSION

NAME OF RESPONDER: _____

PHONE NO.: _____

FAX NO.: _____

BUSINESS ADDRESS:

EMAIL:

I hereby attest that I am the person responsible within my firm for the final decision as to the price(s) and amount of the proposal, or If not, that I have written authorization, enclosed herewith, from that person to make the statements set out below on his/her behalf and on behalf of my company.

I further attest that:

1. The prices in this bid/proposal have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition with any other contractor, responder or potential bidder; and
2. Neither the price(s), nor the amount of this bid/proposal, have been disclosed to any other firm or person who is a responder or potential responder on this project, and will not be so disclosed prior to bid/proposal opening; and
3. No attempt has been made or will be made to solicit, cause or induce any company or person to refrain from responding to this RFB/RFP, or to submit a bid/proposal higher than the proposal of this company, or any intentionally high or non-competitive bid/proposal or other complementary proposal; and
4. The bid/proposal of my company is made in good faith and not pursuant to any agreement or discussion with, or inducement from any firm or person to submit a complementary proposal; and
5. My company has not offered or entered into a subcontract or agreement regarding the purchase of materials or services from any other company or person, offered, promised or paid cash of anything of any value to any company or person, whether in connection with this or any other project, in consideration for an agreement or promise by a company or person to refrain from responding to this RFB/RFP or to submit a complementary bid/proposal on this project; and
6. My company has not accepted or been promised any subcontract or agreement regarding the sale of materials or services to any company or person, and has not been promised or paid cash or anything of value by and company or person, whether in connection with this or any project, in consideration for my company's submitting a complementary bid/proposal or agreeing to do so on this project; and
7. I have made a diligent inquiry of all members, officers, employees, and agents of my company with responsibilities relating to the preparation, approval or submission of my company's proposal on this project and have been advised by each of them that he or she has not participated in any communication, consultation, discussion, agreement, collusion act or

other conduct inconsistent with any statements and representations made in this affidavit.

- 8. **By submission of this proposal I certify that I have read, am familiar with, and will comply with any and all segments of these specifications.**

The person signing this proposal, under the penalties of perjury, affirms the truth thereof.

Signature _____ & _____ Company
Position: _____

Print _____ Name _____ & _____ Company
Position: _____

Company
Name: _____

Date Signed _____ Federal I.D.
Number _____

TYPE 1

TOMPKINS COUNTY INSURANCE AND INDEMNIFICATION

The Successful Bidder Shall Maintain and Agree to the Following:

(Vendor) hereinafter referred to as Contractor, shall indemnify, hold harmless and defend Tompkins County and its officers, employees, agents and elected officials from and against any and all claims and actions brought against Tompkins County and its officers, employees, agents and elected officials for injury or death to any person or persons or damage to property arising out of the performance of this contract by the Contractor, its employees, subcontractors or agents except all actions and claims arising out of the negligence of Tompkins County. The Contractor shall maintain the following minimum limits of insurance or as required by law, whichever is greater.

- A.) **Workers' Compensation and New York Disability** - Statutory Coverage Employer's Liability - Unlimited.
- B.) **Commercial General Liability** including, contractual, independent contractors, products/completed operations - Occurrence Form required.

* Each Occurrence \$1,000,000

* General Aggregate	2,000,000
* Products/Completed Operations Aggregate	2,000,000
* Personal and Advertising Injury	1,000,000
* Fire Damage Legal	50,000
* Medical Expense	5,000

- **General Aggregate** shall apply separately to the project prescribed in the contract

* Tompkins County and its officers, employees, agents and elected officials are to be included as **Additional Insureds**

C.) **Business Auto Coverage**

Liability for Owned
 \$1,000,000 CSL or Hired and Non-Owned Autos
 \$ 500,000 Per Person BI
 \$1,000,000 Per Accident BI
 \$ 250,000 PD Split Limits

* Tompkins County and its officers, employees, agents and elected officials are to be included as **Additional Insureds**

All insurance shall be written with insurance carriers licensed by the State of New York Insurance Department and have a Best's rating of A XI or better. Proof of insurance shall be provided on the Tompkins County Certificate of Insurance (copy attached). The accord Certificate of Insurance or insurance company certificate may be used for proof of Workers' Compensation and Disability. All Certificates shall contain a sixty (60) day notice of cancellation, non-renewal or material change to Tompkins County. All Certificates must be signed by a licensed agent or authorized representative of the insurance company. Broker signature is not acceptable. Certificates of Insurance shall be submitted with the RFP/bid.



TOMPKINS COUNTY CERTIFICATE OF INSURANCE

BIDS CANNOT BE ACCEPTED NOR CAN WORK COMMENCE UNTIL THIS
CERTIFICATE IS RECEIVED AND ACCEPTED BY COUNTY ADMINISTRATION

INSURED NAME ADDRESS CITY, ST ZIP	<i>INSURANCE CARRIER:</i> A B	A.M. BEST RATING:
PRODUCER NAME ADDRESS CITY, ST ZIP PHONE:	C D	

This certifies that the policies listed below have been issued and are in force at this time.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS (IN \$1,000)
	GENERAL LIABILITY <input type="checkbox"/> OCCURRENCE FORM <input type="checkbox"/> OTHER	 (Certified copy of policy must be submitted if "other")			EACH OCCURRENCE \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV INJURY \$ FIRE DAMAGE (ANY ONE FIRE) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-HIRED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA				EACH OCCURRENCE \$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				COVERAGE A STATUTORY COVERAGE B " EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$
	NYS DISABILITY				STATUTORY
	PROFESSIONAL LIABILITY OR ERRORS/OMISSIONS				\$
	OWNERS CONTRACTORS PROTECTIVE LIABILITY				
	OTHER				

Insurance Carriers providing liability coverages acknowledge that the above referenced contract constitutes an "Insured Contract" as defined in their policy. As required by said contract, the County of Tompkins and its officers, employees, agents and elected officials are included as Additional Insureds under each respective policy. Insurance Carriers warrant that no policy will be non-renewed, canceled, or materially changed without thirty (30) days advance notice to County Administration.

Certificate Holder:
TOMPKINS COUNTY ADMINISTRATION
125 EAST COURT STREET
ITHACA, NY 14850

PHONE (607-274-5548 FAX: (607) 274-5558
 JKippola@Tompkins-Co.Org

Authorized Representative

Signature _____

Name _____

Title _____ Date _____

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name” line.

Limited liability company (LLC). Check the “Limited liability company” box only and enter the appropriate code for the tax classification (“D” for disregarded entity, “C” for corporation, “P” for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

For an LLC classified as a partnership or a corporation, enter the LLC’s name on the “Name” line and any business, trade, or DBA name on the “Business name” line.

Other entities. Enter your business name as shown on required federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name” line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the “Exempt payee” box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

BID/PROPOSAL SIGN-OFF SHEET

BID/PROPOSAL TITLE:

Please check off and sign for items below and submit this required sheet with your bid packet; the bid may be rejected if the required documents are not included with the bid.

	DONE	INITIALS
1. Bid/Proposal completed		
2. Non-Collusive certificate completed		
3. Anti-Discrimination clause completed		
4. Proof of insurance coverage in amounts required by specification signed by insurance agent enclosed		
5. Addenda (if issued) received		
List Addendum # and dates		
6. Insurance Binder completed		
7. Reference Form completed		
8. Vendor Responsibility Form completed		
9. W-9 Taxpayer Identification and Certification		

Please note that by signing below the contractor is certifying that all information provided herein is true and correct to the best of their knowledge.

Name/Title of Authorized Person Submitting Bid

Firm or Corporation Making Bid

Address

Telephone

Fax

(Remit to address (if different than above))

Signature of Authorized Person Submitting Bid