

REQUEST FOR PROPOSALS

FOR

**2017 TEMPORARY ASSISTANCE TO NEEDY FAMILIES
SUMMER YOUTH EMPLOYMENT PROGRAM**

ISSUE DATE: Thursday, April 13, 2017

DUE DATE: Wednesday, May 10, 2017 12:00PM EST

ISSUED BY

The Westchester County
Department Of Social Services
Office of Workforce Development
120 Bloomingdale Road
White Plains, New York 10605

ON BEHALF OF

The Westchester/Putnam
Local Workforce Development Board
120 Bloomingdale Road
White Plains, New York 10605

**ROBERT P. ASTORINO WESTCHESTER COUNTY EXECUTIVE
MARYELLEN ODELL PUTNAM COUNTY EXECUTIVE**

**KEVIN M. MCGUIRE
COMMISSIONER, WESTCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES**

**DAVIS SINGER, CHAIR,
WESTCHESTER-PUTNAM WORKFORCE DEVELOPMENT BOARD**

**DONNOVAN BECKFORD, DIRECTOR
WESTCHESTER-PUTNAM WORKFORCE DEVELOPMENT BOARD**

Equal Opportunity Employer/Program/Auxiliary aids and services are available upon request for individuals with disabilities.

Programa y Empleador con Igualdad de Oportunidades Asistencia y servicios para individuos con incapacidades están disponibles al solicitarlos

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REQUEST FOR PROPOSALS

FOR

2017 TEMPORARY ASSISTANCE TO NEEDY FAMILIES SUMMER YOUTH EMPLOYMENT PROGRAM

SECTION I: INTRODUCTION AND ANNOUNCEMENT

Notice of Solicitation

The County of Westchester (the “County”), acting on behalf of the Westchester/Putnam Local Workforce Development Board (“WPLWDB”), is soliciting proposals from public and private not-for-profit organizations to operate Temporary Assistance to Needy Families (“TANF”) Summer Youth Employment Programs. The TANF Summer Youth Employment program targets youth 14 to 20 years old.

The purpose of the TANF Summer Youth Employment Program is to provide summer employment jobs to eligible youth. A direct, hands-on experience in a job is an effective method of assisting youth in experiencing the rewards of doing a good job and receiving a paycheck. The use of a financial incentive, via wages, is a powerful motivator for youth to come to work, to come to work on time, do the job, and to stay on the job. The TANF Summer Youth Employment Program is designed to provide services to youth ages 14 to 20 during the summer months.

Proposers are invited to submit proposals for the TANF Summer Youth Employment Program. Proposals must conform to the requirements of this RFP and to the provisions of the TANF Summer Youth Employment Program.

The availability and level of funding for the program has yet to be determined. This RFP is being issued to solicit proposals in anticipation of funding being made available. This RFP is soliciting proposals to serve the youth of Westchester County, exclusive of the City of Yonkers. A separate RFP may be issued for summer youth employment program services for Putnam County. There exists the possibility that the County will enter into contracts with multiple proposers, with each providing a specific TANF summer employment program as part of the County’s overall program.

Interested parties may pick up copies of this RFP at the Westchester County One Stop Employment Center, 120 Bloomingdale Road, 2nd floor, White Plains, New York 10605 or, may download a copy from the Westchester County One Stop Employment Center web site at www.westchesterputnamonestop.com under “Doing Business with the County” and on the Westchester County RFP web site at www.westchestergov.com/rfp

TIMETABLE

- Date of Issuance:** Thursday, April 13, 2017
- Informational Meeting:** Tuesday, April 25, 2017, at 3:00 PM to 4:00 PM
Westchester County One Stop Employment Center
120 Bloomingdale Road, 2nd Floor
White Plains, New York 10605
- Proposals Due:** Wednesday, May 10, 2017 by 12:00PM EST
One (1) Original and Four (4) Copies must be submitted.
- Questions and Inquiries:** It is the policy of Westchester County to accept written requests for clarification from prospective proposers. Proposers should submit written requests for clarification of this RFP no later than 12:00 pm on Wednesday, April 19, 2017 to **Sonda Norris-Lowe, Program Administrator (Employment and Training)** at: SNL1@westchestergov.com
- Formal written responses will be posted under “Doing Business with the County” and on the Westchester County RFP web site at www.westchestergov.com/rfp by Friday, April 28, 2017.

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NO COMMUNICATIONS OF ANY KIND WILL BE BINDING AGAINST THE COUNTY, EXCEPT FOR THE FORMAL WRITTEN RESPONSES TO ANY REQUEST FOR CLARIFICATION.

SECTION II: TANF SUMMER YOUTH EMPLOYMENT PROGRAMSCOPE OF SERVICES/PROGRAM NARRATIVE

The following section contains the scope of services for the TANF Summer Youth Employment Program in the format of a series of requirements that will be put upon the program operator. In completing the narrative section of your proposal you should explain how your program would comply with each of the requirements listed below. Please be specific in your responses. If your proposal is selected for funding, this narrative section will become your contract narrative. Please be brief and keep your responses to one (1) page.

Program operators will be responsible for:

Recruitment/Certification/Documentation

- Recruit and determine eligibility and suitability for program participants under NY State TANF eligibility guidelines (available from the One Stop Career Center).
- Obtain proof of: family income, family size, date of birth, residence, social security number, citizenship, handicapped and military status, as applicable and maintain records on youth served by the program that contains eligibility documentation.
- Obtain working papers for all youth under 18 years of age.
- Obtain completed I-9 forms for all youth.
- Assume full financial liability for any participants deemed ineligible.
- Make every effort to recruit all eligible youth, placing emphasis on recruiting at-risk groups such as teenage parents, ex-offenders, as well as youth with limited English speaking ability.

Orientation/Worksite Development/Job Placement

- Ensure that all participants receive an orientation outlining program goals, requirements, procedures, and pay schedule.
- Develop work site placements in public and private and not-for-profit agencies.
- Match youth to worksites based on each youth's ability, interest, employment goals and the supervision offered.
- Maintain a ratio of a minimum of one (1) work site supervisor to every ten (10) participants.
- Provide worksite assignments that are in compliance with New York State child labor laws (must be detailed in the Worksite Agreement for each youth enrolled in the program).
- Provide worksites that are accessible to the disabled.
- Provide job placement that begins following the end of scheduled classes in the spring term and that will end prior to the start of classes in the fall.

- Provide placements that provide between a 20 to 35 hour work week at a wage that reflects experience and skill, but may be no less than \$10.00 per hour. (Worksite agreement included with attachments).
- Worksites must be identified as non-profit, public or private.

Monitoring/Attendance/Medicals/Evaluations and After Action Report

- Provide all supervisors of program participants with a formal familiarization of program goals, requirements and procedures.
- Maintain participant sign in sheets (time and attendance) at all worksites.
- Complete a worksite agreement for each participant. Careful attention must be paid to the job title and age restrictions. Placements **must** comply with New York State laws and regulations governing the employment of minors (available at the Westchester County One Stop Career Center).
- Include a signed medical release form with each participant's worksite agreement. (Medical release and worksite agreement included with attachments)
- Monitor worksites a minimum of once a week and maintain written documentation of worksite visits at the program operator's office.
- Obtain from each participant evaluations of the program and their work experience. (Evaluations included with attachments)
- Obtain an evaluation from the worksite supervisor on all youth enrolled in the program. (Evaluations included with attachment).
- Complete, and submit to the Westchester One Stop Employment Center, an After Action Report evaluating the outcomes of the program.

Financial Literacy

Proposals for the 2017 Temporary Assistance to Needy Families Summer Youth Employment Program must include a financial literacy program for all participants. The application must include the following:

- a. A description of the program that includes the overall goal of the program, activities planned, scheduling description, goals to be achieved, scheduling and how will you determine program success.
- b. Documentation in each participant record indicating program completion.

Income Verification

- a. For SYEP eligibility, current income is defined as income that has been or is expected to be received in the calendar month of the application for TANF services, and is expected to continue beyond that month. If income in the calendar month of application is higher than the family member's regular monthly income, the applicant may provide information based on annual income from the previous 12 months. A six month period is no longer acceptable for

income verification.

- b. Family size should also be determined during the calendar month of the SYEP application. Family members include the applicant's mother, father, stepmother, stepfather, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents if they all reside in the applicant's home.

Revised TANF Youth Services Application:

Due to the increase in New York State school districts wholly participating in the federal Community Eligibility Provision, the TANF Youth Services Application has been revised. Specifically, school lunch has been removed as an income eligibility category under federal 200% of poverty guidelines. The updated TANF Youth Application must be used for the 2017 SYEP.

New York State Summer Youth Program Final Report Clarifications:

- **Eligibility Type:** SYEP participants should be reported as either in receipt of Family Assistance or Safety Net Family Assistance (FA or SN-Family), or eligible under federal 200% of poverty guidelines (200%). Individuals who are not categorically eligible must complete the TANF Youth Services Application and meet the certification requirements therein to receive services under federal 200% of poverty guidelines. Applicants in receipt of SNAP, Medicaid, SSI and HEAP are automatically income eligible, and if these individuals meet all TANF eligibility requirements they should be reported under the 200% category on the Final Report.
- **School Status:** SYEP participants should be reported as in school if they are enrolled in high school or an equivalent level of vocational training. Youth who have graduated high school and enrolled in college or a career/technical school should also be reported as in school. Out of school youth are high school or college-aged youth who are not attending school or pursuing higher education.

Fiscal/budget requirements

If funded, the TANF Summer Youth Employment Program will be funded on a cost reimbursement basis. Budgeted expenses will be reimbursed when a claim is presented with accompanying backup documentation. The contractor **must** submit backup documentation, including payroll registers, timesheets or sign in sheets, invoices, receipts, and cancelled checks.

Note: If funded, it is recommended that the contractor/vendor have available funds to cover the payroll for the program.

SECTION III: COMPLETING THE APPLICATION

The following is a guide designed to take you through the preparation of a proposal. All of the schedules are attached to the RFP and should be completed or used as appropriate. Please remember that any proposal that does not contain all of the required sections will not be reviewed.

The evaluation criteria for this RFP are set forth in Schedule “A”.

1.) BUDGET (provided in Schedule "A")

Complete the budget for all proposals. This schedule should be used to estimate all costs involved with each program. This will be used to better understand what staff is going to be used and what expenses are going to be incurred. Please remember that this is a cost reimbursement contract. This schedule should only be used to estimate costs.

Please also provide, attached to Schedule "A", a copy of your most recent financial statement. Describe the accounting and fiscal reporting arrangements of the project, including such information as who acts as the fiscal auditor-controller, who approves purchases and contracts, what financial records are kept, what reports are regularly made and to whom.

2.) CHECKLIST OF REQUIRED DOCUMENTS (provided in Schedule "B1")

The checklist shows all of the items that must be submitted with each proposal. Proposals that do not contain all of the required documents, as indicated in the checklist attached as Schedule “B1”, will not be reviewed or considered for funding. Please include a copy of the checklist with your proposal showing that each section is attached.

3.) PROPOSAL SUMMARY FORM (provided in Schedule "B2" — complete one for each program for which you are submitting a proposal)

The Program Summary should be just that; use the summary form and present a concise one-paragraph statement describing the project for which funds are requested. Be sure to include:

- Activities and services to be provided; including assessment
- Program duration
- Number of youth to be served
- Special target groups
- Geographic area(s) to be served

Please note that your response to the following sections represents your primary proposal and should not exceed five (-5) pages for each program for which you are submitting a proposal.

SECTION IV: LEGAL UNDERSTANDINGS

Please take notice, by submission of a proposal in response to this RFP, proposing entity agrees to and understands:

- that any proposal, attachments, additional information, etc. submitted pursuant to this RFP constitute merely a suggestion to negotiate with the County of Westchester and is not a bid under Section 103 of the New York State General Municipal Law;
- submission of a proposal, attachments, and additional information shall not entitle the proposing entity to enter into a service agreement with the County of Westchester for the required services;
- by submitting a proposal, the proposing entity agrees and understands that the County of Westchester is not obligated to respond to the proposal, nor is it legally bound in any manner whatsoever by submission of same;
- that any and all counter-proposals, negotiations or any communications received by a proposing entity, its officers, employees or agents from the County, its elected officials, officers, employees or agents, shall not be binding against the County of Westchester, its elected officials, officers, employees or agents unless and until a formal written agreement for the services sought by this RFP is duly executed by both parties and approved by the Westchester County Board of Acquisition & Contract, and the Office of the Westchester County Attorney.

In addition to the foregoing, by submitting a proposal, the proposing entity also understands and agrees that the County of Westchester reserves the right, and may at its sole discretion exercise, the following rights and options with respect to this RFP, except to the extent restricted by applicable law, including, but not limited to, the Westchester County Procurement Policy, as amended:

- To reject proposals that do not conform in all material respects to the RFP or meet the minimum evaluation criteria;
- To reject all proposals;
- To issue additional solicitations for proposals and/or amendments to this RFP;
- To waive any irregularities in proposals received after notification to all proposers;
- To negotiate for amendments or other modifications to proposals;
- To conduct investigations with respect to the qualifications of each proposer;
- To exercise its discretion and apply its judgment with respect to any aspect of this RFP, the evaluation of proposals, and the negotiations and award of any contract;
- To enter into an agreement for only portions (or not to enter into an agreement for any) of the services contemplated by the proposals with one or more of the proposers;
- To select the proposal that best satisfies the interests of the County and not necessarily on the basis of price or any other single factor;
- While this is an RFP and not a bid, the County reserves the right to apply the case law under General Municipal Law § 103 regarding bidder responsibility in determining whether a proposer is a responsible vendor for the purpose of this RFP process;

- The County assumes no responsibility or liability of any kind for costs incurred in the preparation or submission of any proposal;
- The County is not responsible for any internal or external delivery delays which may cause any proposal to arrive beyond the stated deadline. To be considered, proposals **MUST** arrive at the place specified herein and be time stamped prior to the deadline.

PROPOSAL REQUIREMENTS

- Proposals **MUST** be signed. Unsigned proposals will be rejected.
- Proposers may be required to give an oral presentation to the County to clarify or elaborate on the written proposal.
- No proposal will be accepted from nor any agreement awarded to any proposer that is in arrears upon any debt or in default of any obligation owed to the County. Additionally, no agreement will be awarded to any Proposer that **has failed to satisfactorily perform pursuant to any prior agreement with the County.**

ARTICLE V

GENERAL CONTRACT REQUIREMENTS

After selection of the successful proposer, and following contract negotiations, a formal written contract will be prepared by the County. The proposal, or any part thereof, submitted by the successful proposer may be attached to and become a part of the contract. The contract will not be binding until signed by both parties and approved by the Westchester County Board of Acquisition & Contract and the Office of the Westchester County Attorney.

NO RIGHTS SHALL ACCRUE TO ANY PROPOSER BY THE FACT THAT A PROPOSAL HAS BEEN SELECTED BY THE COUNTY FOR SUBMISSION TO THE BOARD OF ACQUISITION & CONTRACT FOR CONTRACT APPROVAL. SAID BOARD HAS THE RIGHT TO REJECT ANY RECOMMENDATION AND THE APPROVAL OF SAID BOARD IS NECESSARY BEFORE A VALID AND BINDING CONTRACT MAY BE EXECUTED BY THE COUNTY.

Indemnification and Insurance:

The selected proposer shall agree to the inclusion of the following in its contract with the County:

- That except for the amount, if any, of damage contributed to, caused by, or resulting from the negligence of the County, the proposer shall indemnify and hold harmless the County, its officers, employees and agents from and against any and all liability, damages, claims, demands, costs, judgments, fees, attorneys' fees or loss arising directly or indirectly out of the performance or failure to perform hereunder by the proposer or third parties under the direction or control of the proposer; and
- To provide defense for and defend, at its sole expense, any and all claims, demands or causes of action directly or indirectly arising out of this Agreement and to bear all other costs and expenses related thereto.

The selected proposer shall agree that, upon execution of any contract between the proposer and the County, the Contractor will be required to provide proof of the insurance coverage described in Schedule "B11".

Insurance coverage in amount and form shall not be deemed acceptable until approved by the County of Westchester, Department of Risk Management. The Director of Risk Management may alter insurance requirements at his discretion.

Confidentiality of Records:

Each contracting agency must agree that all information, records, and data collected in connection with the contract shall be protected from unauthorized disclosures. In addition, the agency must agree to guard the confidentiality of recipient information. Access to recipient identifying information shall be limited by the agency to persons or agencies which require the information in order to perform their duties in accordance with the contract, including New York State, Westchester County, or the United States government. Any other party shall be granted access to confidential information only after complying with the requirements of State and Federal laws and regulations pertaining to such access. The County shall have absolute authority to determine if and when any other party has properly obtained the right to have access to this confidential information. Nothing herein shall prohibit the disclosure of information in summary, statistical, or other form, which does not identify particular individuals.

Recognition/Identification of the Funding Source:

In the recognition and/or advertisement of programs funded through this grant the following must be identified and to include the EEO statement as follows:

“This program is supported by The Westchester/Putnam Local Workforce Investment Board, and State of New York.”

“This program is an Equal Opportunity Employer/Program”

“Auxiliary aids and services are available upon request to individuals with disabilities”

Equal Employment Opportunity (EEO)

The WPLWIB is committed to a policy, which extends services to all individuals without discrimination on the basis of race, color, creed, handicap, national origin, sex, age, religion, political affiliation or belief, or citizenship. Westchester County, the DSS/OWI and the WPLWIB takes Affirmative Action to ensure that service is extended equitably and adheres to all applicable Equal Opportunity (EEO) Federal Legislation.

Accessibility:

Training programs and worksites must be accessible to the disabled in accordance with the Americans with Disabilities Act.

Proposers receiving funding under this RFP agree to abide by, State and County policies applicable to the Law, and the guidelines and procedures established by the Office of Workforce Investment.

Conflict of Interest:

All proposers must disclose with their proposals the name of any officer, director or agent who is also an employee of the County of Westchester or who is a member of the WPLWIB. Further, all proposers must disclose the name of any County employee who owns, directly or indirectly, an interest of ten percent or more in the firm or any of its subsidiaries or affiliates.

Compliance with Laws:

The preparation of proposals, selection of vendors and the award of a contract are subject to provisions of all Federal, State and County laws, rules and regulations.

Non-Collusion:

The Proposer, by signing the proposal, does hereby warrant and represent that any ensuing agreement has not been solicited, secured or prepared directly or indirectly, in a manner contrary to the laws of the State of New York and the County of Westchester, and that said laws have not been violated and shall not be violated as they relate to the procurement or the performance of the agreement by any conduct, including the paying or the giving of any fee, commission, compensation, gift, gratuity or consideration of any kind, directly or indirectly, to any County employee, officer or official.

Termination of Agreement:

The County will reserve the right, in any contract entered into based upon this RFP, to terminate such contract on thirty (30) days notice in writing when the County deems such termination to be in its best interest.

The County will, in any contract entered into based upon this RFP, reserve the right, upon the occurrence of any release by the Governor of a proposed budget of the State of New York and/or the adoption of the State budget or any amendments thereto, and after the County has a reasonable period of time to conduct an analysis of the impacts of such budget(s) on County finances, to terminate agreements or to renegotiate the amounts contained therein. If the County subsequently offers to pay a reduced amount to the contractors then the contractors shall have the right to terminate the agreements upon reasonable prior written notice.

Contents of Proposal:

The New York State Freedom of Information Law as set forth in Public Officers Law, Article 6, Sections 84-90, mandates public access to government records. However, proposals submitted in response to this RFP may contain technical, financial background or other data, public disclosure of which could cause substantial injury to the proposer's competitive position or constitute a trade secret. Proposers who have a good faith belief that information submitted in their proposals is protected from disclosure under the New York Freedom of Information Law shall:

a.) insert the following notice in the front of its proposal:

“NOTICE

The data on pages ____ of this proposal identified by an (*) contains technical or financial information constituting trade secrets or information the disclosure of which would result in substantial injury to the Proposer's competitive position.

The Proposer requests that such information be used only for the evaluation of the proposal, but understands that any disclosure will be limited to the extent that the County considers proper under the law. If the County enters into an agreement with this Proposer, the County shall have the right to use or disclose such information as provided in the agreement, unless otherwise obligated by law.”

and

b.) clearly identify the pages of the proposals containing such information by typing in bold face on top of each page **“*THE PROPOSER BELIEVES THAT THIS INFORMATION IS PROTECTED FROM DISCLOSURE UNDER THE STATE FREEDOM OF INFORMATION LAW.”**

The County assumes no liability for disclosure of information so identified, provided that the County has made a good faith legal determination that the information is not protected from disclosure under the applicable law or where disclosure is required to comply with an order or judgment of a court of competent jurisdiction.

The contents of the proposal, which is accepted by the County, except portions “Protected from Disclosure”, may become part of any agreement resulting from this RFP.

Audit Language:

It is anticipated that the contract will include the following provisions:

The Provider agrees to submit to the County within one hundred twenty (120) days of the expiration each fiscal year which includes any part of the term of this Agreement, an audited financial statement and report of internal control, at Provider's sole cost and expense, for the preceding fiscal year prepared and signed by a Certified Public Accountant. The auditor shall comment that the funds provided by the County were spent in compliance with the Agreement and did not replace funds previously provided from

another source nor contributed to any surplus. The financial statement shall include, but not be limited to, a summary of gross income and operating expenses attributable to the provision of services hereunder. Said summary shall be organized in conformance with the budget lines set forth in Schedule "B", if applicable. If the audited financial statement supplied by the Provider is not satisfactory in the reasonable opinion of the County Commissioner of Finance (or his designee), it shall be deemed a breach of contract by Provider and in addition to any other remedies that the County may have, the Provider shall not be eligible for any new contracts with the County for a period of up to five (5) years. The Provider shall establish and maintain separate accounting procedures for the funds provided hereunder which shall present an accurate record of the disbursement and use of the funds provided hereunder. Such accounting procedures shall conform to Generally Accepted Accounting Principles and Generally Accepted Auditing Standards. If Provider has a contract similar to this contract in all material respects in the year prior to the execution of this Agreement, Provider shall supply an audited financial statement and report of internal control for the fiscal year which included the last year of such prior contract with the County within 120 days of the end of the fiscal year of Provider, unless agreed otherwise by the County Commissioner of Finance.

The LWIB shall withhold five percent (5%) of the amount of funds provided for each contract year until the County receives a satisfactory audited financial statement and report of internal control which is due to the County under the terms of this Agreement.

The LWIB shall have the right, at its option and at its sole cost and expense, to audit such books and records of the Provider as are reasonably pertinent to this Agreement to substantiate the basis for payment, regardless of whether the Provider has submitted its own audit hereunder. The County may withhold payment of funds hereunder for cause found in the course of an audit or because of failure of the Provider to cooperate with an audit. The County shall, in addition, have the right to audit such books and records subsequent to payment, if audit is commenced within one (1) year following termination of this Agreement, and to perform random audits during the term of this Agreement. In the event an audit received from the Provider or an audit done by the County reflects overpayment by the County or that monies were not fully expended or that monies were improperly expended, then the Provider shall reimburse to the County the cost of such audit (if the audit was done by the County or on the County's behalf) and the amount of such overpayment, underpayment or improper payment, within thirty (30) days of the notice from the County.

The Provider further agrees to permit designated employees or agents of the County reasonable on-site inspection of the work being performed by the Provider under this Agreement, its books, accounts, financial audits and records and agrees to keep records necessary to disclose fully the receipt and disposition of funds received under this Agreement. Unless the County shall, in writing, advise the Provider to the contrary, the Provider shall retain all financial records related to this Agreement for a period of six years after the expiration or termination of this Agreement.

In addition to any other remedies it may have, the County shall have the right to deduct from future contract payments, under any contracts the County may have with Provider, any funds the County may determine are owed to the County under this Agreement.

A proposal would not be considered complete if any of the application requirements or the budget limitation part is not met.

Proposer Statements:

The proposal must include statements of the following:

"All information, including facts and figures used to generate this proposal, is current, accurate, and complete as of the date of this offer. All information is non-defective and non-fraudulent."

“All training sites, worksites and service sites are accessible to the disabled in accordance with the Americans with Disabilities Act (ADA).”

Equal Opportunity Employment:

All applicants must submit a copy of their existing Affirmative Action Plan with the proposal application.

The Westchester County Office of Workforce Investment will not enter into contract with any agency that does not provide the agency's written EEO Statement. In addition, where there has been an adverse finding or reasonable cause to believe discrimination has occurred within an agency, the County may, at its sole discretion, not enter into contract with that agency.

Authorized Signature Sheet: (Provided in Schedule “B3”)

The proposal shall be signed by an official authorized to bind the applicant, and shall contain a statement to that effect. The proposal shall also provide the following information: name, title, address and telephone number of individual(s) with authority to negotiate and contractually bind the applicant, and who may also be contacted during the period of proposal evaluation.

Certifications Regarding Lobbying, Debarment, Suspension, and Other Responsibility Matters; and Drug-Free Workplace Requirements: (Provided in Schedules “B4”, “B5”, and “B6”)

All funded applicants will be required to sign a certification which stipulates that federally appropriated funds will not be paid to influence the award of contracts; and that, if other than federally appropriated funds are or will be paid for this purpose, a "Disclosure Form to Report Lobbying" will be completed and submitted in accordance with regulations.

All prospective recipients of federal funds must certify that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. Applicants must also certify that they will provide a drug-free workplace.

Prospective recipients of federal funds who are unable to certify to any of the statements in the certification are required to attach an explanation to the proposal.

Minority Business Questionnaire: (Provided in Schedule “B7”)

Pursuant to local Law No. 27-1997, it is the goal of the County to use its best efforts to encourage, promote and increase the participation of business enterprises which are owned and controlled by persons of color or women in contracts and projects funded by the County. Therefore, the County asks Applicants to complete the questionnaire attached hereto.

MacBride Principles: (Provided in Schedule "B8")

Pursuant to Act No.56-1999, no County procuring officer may award or recommend for award any contract not subject to competitive bidding to an applicant that does not execute a certification substantially in the form attached hereto. The Mac Bride Principles are designed to promote nondiscrimination in employment and freedom of the workplace in Northern Ireland.

Required Disclosure of Relationships to County: (Provided in Schedule “B9”)

Proposers are required to complete the questionnaire entitled “Required Disclosure of Relationships to County” attached hereto as Schedule “ .” In the event that any information provided in the completed

questionnaire changes, Proposer agrees to provide a revised “Required Disclosure of Relationships to County” form to the County within ten (10) business days of such event.

Vendor Direct Payment / EFT Authorization Form: (Provided in Schedule “B10”)

All payments made by the County to the Proposer will be made by electronic funds transfer (“EFT”) pursuant to the County’s Vendor Direct program. Successful proposers doing business with Westchester County, who are not already enrolled in the Vendor Direct Program, will be required to fill out and submit an EFT Authorization Form prior to receiving an award or purchase order. The EFT Authorization Form, Instructions and related information are provided herein in Schedule “A”. Payments will be automatically credited to the proposer’s designated bank account at the proposer’s financial institution. Payments are anticipated to be deposited two business days after the voucher/invoice is processed for payment. Saturdays, Sundays, and legal holidays are not considered business days. Under the Vendor Direct program you will receive an e-mail notification two days prior to the day the payment will be credited to your designated account. The e-mail notification will come in the form of a remittance advice with the same information that currently appears on County check stubs and will contain the date that the funds will be credited to your account. All information received will be treated and handled as strictly confidential. The completed Authorization Form must be returned by the successful Proposer to the Department of Social Services prior to award of the contract. In rare cases, a hardship waiver may be granted. For a Hardship Waiver Request Form, please contact the Finance Department. Any successful Proposer that fails to return the completed authorization form(s) prior to award of the contract will be considered non-responsive and the proposal may be rejected.

Qualified Transportation Fringe Program Statement of Enrollment or Waiver: (Provided in Schedules “B12”)

Executive Order No. 7-2005 requires that contractors, concessionaires and vendors doing business with the County enroll in a Qualified Transportation Fringe Program as defined in §132(f)(1) of the IRS Tax Code for all contracts for goods or services of \$100,000 or more in any twelve month period during the contract term if such contractor, concessionaire or vendor employs more than 25 individuals who utilize public transportation and/or pay for commuter parking at least 1 day per week regardless of whether those employees are engaged in work pursuant to the contract.

Criminal Background Disclosure: (Provided in Schedule “D”)

PLEASE TAKE NOTICE that pursuant to Executive Order No. 1-2008, the County shall have the right to bar any contractor, consultant, licensee or lessee of County owned real property, their principals, agents, employees, volunteers or any other person acting on behalf of said contractor, consultant, licensee or lessee who is at least sixteen (16) years old, including but not limited to subconsultants, subcontractors, sublessees or sublicensees or any family member or other person, who is at least sixteen (16) years old, residing in the household of a County employee who lives in housing provided by the County located on County property from providing work or services to the County or from being on County property if any of the above mentioned persons has either one of the following: (a) A conviction of a crime (all felonies and misdemeanors as defined under the New York State Penal Law or the equivalent under Federal law or the laws of any other State); (b) A pending criminal proceeding for a crime(s) as defined above; or (c) A refusal to answer such questions; where the following criteria apply: (a) If any of the persons providing work or services to the County in relation to a County Contract are not subject to constant monitoring by County staff while performing tasks and/or while such persons are present on County property pursuant to the County Contract; and (b) If any of the persons providing work or services to the County, in relation to a County Contract may, in the course of providing those services, have access to sensitive data (for example, Social Security Numbers and other personal/secure data); facilities (secure facilities and/or communication equipment); and/or vulnerable populations (for example, children, seniors and the infirm).

BIDDERS/PROPOSERS THAT ARE AWARDED A CONTRACT SHALL BE REQUIRED TO SUBMIT A CERTIFICATION FORM AND ANY ADDITIONAL APPLICABLE CRIMINAL DISCLOSURE FORMS AS ATTACHED HERETO AS **SCHEDULE "D,"** ALONG WITH THE EXECUTED CONTRACT. NOTWITHSTANDING THE ABOVE, A BIDDER/PROPOSER MAY QUALIFY FOR AN EXEMPTION FROM EXECUTIVE ORDER 1-2008 IF: (I) THE COUNTY HAS ALREADY CONDUCTED A BACKGROUND CHECK AND ISSUED A SECURITY CLEARANCE THAT IS IN FULL FORCE AND EFFECT FOR THOSE PERSONS; OR (II) IF ANOTHER STATE OR FEDERAL AGENCY HAVING APPROPRIATE JURISDICTION HAS CONDUCTED A SECURITY AND/OR BACKGROUND CLEARANCE OR HAS IMPLEMENTED OTHER PROTOCOLS OR CRITERIA FOR THIS PURPOSE THAT APPLY TO THE SUBJECT MATTER OF THE AGREEMENT THAT IS SOUGHT BY THIS RFP AND THE SAME IS IN FULL FORCE AND EFFECT.

PROPOSER CERTIFICATION

The undersigned agrees and understands that this proposal and all attachments, additional information, etc. submitted herewith constitute merely an offer to negotiate with the County of Westchester and is NOT A BID. Submission of this proposal, attachments, and additional information shall not obligate or entitle the proposing entity to enter into a service agreement with the County of Westchester for the required services. The undersigned agrees and understands that the County of Westchester is not obligated to respond to this proposal nor is it legally bound in any manner whatsoever by the submission of same. Further, the undersigned agrees and understands that any and all proposals and negotiations shall not be binding or valid against the County of Westchester, its directors, officers, employees or agents unless an agreement is signed by a duly authorized officer of the County of Westchester and approved by the Westchester County Board of Acquisition & Contract and by the Office of the County Attorney.

It is understood and agreed that the County of Westchester reserves the right to reject consideration of any and all proposals including, but not limited to, proposals which are conditional or incomplete. It is further understood and agreed that the County of Westchester reserves all rights specified in the Request for Proposals.

It is represented and warranted by those submitting this proposal that except as disclosed in the proposal, no officer or employee of the County of Westchester is directly or indirectly a party to or in any other manner interested in this proposal or any subsequent service agreement that may be entered into.

Proposer Name

By: _____
Name and Title

Schedule A

1.) PROGRAM NARRATIVE (1 narrative per program/2 pages or less for each program narrative)

Your **narrative description** of your program should be made up of short, concise, descriptive statements responding to the list of program requirements. If your program is selected for funding the narrative description from your proposal will be used as your contract narrative.

Briefly describe your experience working with public and/or private sector businesses to make job placement and/or to develop summer jobs and/or worksites for summer jobs. Please provide a separate list of all businesses that have agreed to sign worksite agreements with you for the 2011 summer.

A maximum of two typewritten pages is recommended. Use the evaluation criteria listed in Schedule "C" as a guide as it reflects the list of program requirements.

2.) BACKGROUND OF ORGANIZATION (1 page or less)

Following the Program Narrative, very briefly, provide the following information on your organization:

- Type of organization
- Experience in Workforce Investment Programs
- Experience in operating summer youth employment programs and or other youth development programs.

3.) ORGANIZATIONAL STRUCTURE AND PROGRAM MANAGEMENT (1 page or less)

- Provide a brief description of the organizational structure of the program. If any positions are shared with other programs, describe the inter-relationship and state the percentage of time devoted to this project for each position (also see budget).
- Describe all linkages and outside resources brought into the program
- Provide job descriptions and qualifications for all proposed staff
- Discuss program supervision
- Provide an organizational chart reflecting the proposed staffing of the program
- Provide a listing of your organization's board of directors
- Statement on whether program has ever been debarred from doing business with a program or agency.

4.) FISCAL MANAGEMENT CAPABILITY & MOST RECENT FINANCIAL STATEMENT

Complete the budget (Schedule B). This schedule should be used to estimate all costs involved with your proposal. Provide a copy of your most recent financial statement. Describe the accounting and fiscal reporting arrangements of the project, including such information as who acts as the fiscal controller, what financial records are kept and what reports are regularly made and to whom.

PROPOSAL RATING CRITERIA & SELECTION

1.) BACKGROUND OF ORGANIZATION (18 Pts)

- a) Does the respondent have prior experience in providing programs with similar employment and training activities and outcomes? (6 Pts)
- b) Does the respondent have experience in working with at risk and disadvantaged youth in employment or other youth services settings? (6 Pts)
- c) Does the respondent have experience working with businesses that will enhance its ability to develop suitable worksites? (6 Pts)

2.) ORGANIZATIONAL STRUCTURE AND PROGRAM MANAGEMENT (28 Pts)

- a) Does the respondent have the staff and organization that would enable it to meet the recruitment, eligibility and certification requirement of the program and to meet the program goals and objectives? (4 Pts)
- b) Has the respondent provided sufficient evidence that it will be able to deliver the program it proposes to operate? (4 Pts)
- c) Does the respondent propose a level of service sufficient to meet the needs of the TANF program? (4 Pts)
- d) Does the respondent describe an adequate payroll management system for this program? (4 Pts)
- e) Does the management and supervisory strategy as outlined provide for adequate supervision of program participants? What is staff to youth ratio? (4 Pts)
- f) Is staff adequately supervised to provide the proposed services? (4 Pts)
- g) Does the proposal describe the information system to be used in the operation of the program and does the proposal have a clear report structure to be used to monitor program activities? (4 Pts)

3.) RECRUITMENT/CERTIFICATION/DOCUMENTATION (15 Points)

- a) Does the program narrative address the program requirements as outlined in the RFP and does it outline how the respondent plans to accomplish recruitment, eligibility determination, and worksite development? (15 Pts)

4.) ORIENTATION/WORKSITE DEVELOPMENT/JOB PLACEMENT (24 Pts)

- a) Does the respondent describe in detail the orientation each participant will attend and does the orientation outline the program goals, requirements, procedures, and pay schedule? (4 Pts)
- b) Does the respondent describe how it proposes to develop jobs for youth in the private, public and not-for-profit sectors? (4 Pts)
- c) Did the respondent show how it will match youth to worksites based on each youth's ability, interest, employment goals and the supervision offered? (4 Pts)
- d) Did the respondent describe how it intends to provide the necessary assessment, orientations and supervision of the program? (4 Pts)
- e) Does the respondent describe how it intends to recruit employers and worksites for the program? (4 Pts)
- f) Has the respondent provided a description of their financial literacy component that will be include

all aspects such as content, scheduling and determining completion success? (4 Pts)

4.) BUDGET/FISCAL MANAGEMENT CAPABILITY (15 Points)

- a) Does the respondent have the capacity to conduct the proposed program based upon the fiscal management system in place? (5 Pts)
- b) Does the respondent's financial statement show financial solvency? (5 Pts)
- c) Is the respondent proposal cost effective and reasonable? (5 Pts)

**2017 TANF Summer Youth Employment Program
Cost Reimbursement Based Budget**

Agency Name: _____

Budget Summary Page

Subcontractor Name _____

Contract Period 5/1/17 - 9/30/17

Program Title _____

Contract Number

Cost Categories

A. Personnel

B. Fringe

C. Customer Wage Subsidy -

D. Customer Fringe -

E. Contractual Expenses -

F. Other than Personal -

GRAND TOTAL -

TOTAL PARTICIPANTS

COST PER PARTICIPANT

Subrecipient's Signature

Date

Name

Title

Reviewed Fiscal Officer

Date

Authorization-Director

Date

C. PARTICIPANT WAGES

| Title | # of Participants | Hourly Rate | # of Hours | Amount Funded |
|------------------------|-------------------|-------------|------------|---------------|
| Participants | | | | - |
| TOTAL WAGE SUB. | | | | - |

D. PARTICIPANT FRINGE

| Category | Rate | TANF Funds Requested |
|---------------------|-------|----------------------|
| FICA | _____ | - |
| Wkr Comp | _____ | - |
| Other: | _____ | - |
| Other: | _____ | - |
| TOTAL FRINGE | | - |

E. CONTRACTUAL EXPENSE

| | Total Expense | % Charged | TANF Funds Requested |
|--------------------------|---------------|-----------|----------------------|
| Rent | | | - |
| Consultants | | | - |
| TOTAL CONTRACTUAL | - | | - |

F. OTHER THAN PERSONAL SERVICES

| | Total Expense | % Charged | TANF Funds Requested |
|--------------------------|---------------|-----------|----------------------|
| Printing & Duplicating | | | - |
| | | | - |
| Supplies | | | - |
| | | | - |
| Other: Trips, Incentives | | 100% | - |
| TOTAL OTPS | - | | - |

Required Contract Forms (SCHEDULE "B")

- Schedule B1 Checklist
- Schedule B2 Program Summary Form (one per program)
- Schedule B3 Authorized Signature Sheet
- Schedule B4 Certification Regarding Drug Free Workplace
- Schedule B5 Certification Regarding Lobbying Certification for Contracts, Grants, Loans, And Cooperative Agreement
- Schedule B6 Certification Regarding Debarment and Suspension
- Schedule B7 Questionnaire Regarding Business Enterprises Owned and Controlled by Persons of Color or Women
- Schedule B8 Mac Bride Principles
- Schedule B9 Required Disclosure of Relationships to County

- Schedule B10 EFT Authorization Form Schedule
- B11 Standard Insurance Provision
- Schedule B12 Qualified Transportation Fringe Program Statement of Enrollment
- Schedule D Criminal Background Disclosure

SCHEDULE B1 - CHECKLIST

AGENCY

Date Received

The proposal(s) (original and four copies) must be submitted in this order. Part A must include items 1 through 6 either stapled or clipped together and Part B must include items 7 through 19 and may be stapled or clipped together.

Part A

1. Cost Reimbursement Budget (Schedule "A", plus fiscal management capability information and most recent financial statement, as described in the RFP)
2. _____ Proposal Checklist (Schedule "B1" – this checklist)
3. _____ Proposal Summary Form (Schedule "B2") (one per program, as described in the RFP)
4. _____ Program Narrative: (Program Narrative, Background of the Organization, Organizational Structure and Management)
5. _____ Signature Sheet (Schedule "B3")
6. Proposer Certification

Part B

7. _____ Listing of Board of Directors and Organizational Chart
8. _____ Affirmative Action Plan and EEO Statement
9. _____ Certificate Regarding Drug-Free Workplace (Schedule "B4")
10. _____ Certification Regarding Lobbying; Certification for Contracts, Grants, Loans and Cooperative Agreement (Schedule "B5")
11. _____ Certification Regarding Debarment and Suspension (provided, Schedule "B6")
12. _____ Questionnaire Regarding Business Enterprises Owned and Controlled by Persons of Color or Women (Schedule "B7")
13. _____ Mac Bride Principles (Schedule "B8")
14. _____ Required Disclosure of Relationships to County (Schedule "B9")
15. _____ EFT Authorization Form (Schedule "B10")
16. _____ Qualified Transportation Fringe Program or Waiver (Schedule "B12")
17. Criminal Background Disclosure (Schedule "D")

Applications that do not contain all the required documents will not be reviewed or considered for funding. Please be sure to include all information requested. Use this checklist to make sure that you have all of the required pieces included in your proposal.

**SCHEDULE B2
PROPOSAL SUMMARY FORM**

2017 SUMMER YOUTH EMPLOYMENT PROGRAM

Application Number: _____ Date: _____

Date Received: _____

IMPORTANT: THIS FORM MUST BE COMPLETED AND SUBMITTED WITH EACH COPY OF YOUR PROPOSAL

Organization Name: _____

Address: _____

Telephone: _____ Fax # (if different) _____

E-Mail Address: _____

Program Title: _____

Designated Contact Person: _____

Telephone (if different): _____

Funds Requested: _____

Total Number of Youth to be Served: _____

Is Program Accessible to the disabled? Yes _____ No _____

ONE PARAGRAPH SUMMARY _____

**SCHEDULE B3
AUTHORIZED SIGNATURE SHEET**

The applicant hereby certifies that the information in the application is correct to the best of her/his knowledge and belief, and that projected costs are reasonable and necessary for the operation of the proposed program. The applicant further certifies that projected costs are not a duplication of funds already available or which will be available from other sources.

Legal Name of
Organization _____

Telephone Number _____

Address _____

The following individual(s) has/have the authority to negotiate and contractually bind the applicant, and may be contacted during the period of proposal evaluation.

Name _____ Title _____

Address _____

Telephone Number _____

Name _____ Title _____

Address _____

Telephone Number _____

_____ Date _____

Signature of Authorized Representative

Typed Name of Authorized Representative

Title of Authorized Representative

SCHEDULE B4

**CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS
GRANTEES OTHER THAN INDIVIDUALS**

This certification is required by regulations implementing Section 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41U.S.C. 701 et seq.). 7 CFR Part 3017, Subpart F, Section 3017.600 and 45 CFR Part 76, Subpart F. The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (Page 21681-21691).

The grantee certifies that it will provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing a drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and,
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - (1) Abide by the terms of the statement; and,
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- (e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraph (a), (b), (c), (d), (e) and (f).

Organization

Authorized Signature

Title

Date

SCHEDULE B5
Certification Regarding Lobbying Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member or Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, A Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Organization

Authorized Signature Title Date

NOTE: If Disclosure Forms are required, please contact: Mr. Will Sexton, Deputy Director, Grants and Contracts Management Division, Room 341F, HHH Building, 200 Independence Avenue, SW, Washington, D.C. 20201-0001

SCHEDULE B6
Certification Regarding Debarment and Suspension

1) As required by Federal Executive Order 12549, and prescribed by federal regulations, including 40 CRF Part 32, the contractor certifies that it, and its principals:

- (a) Are not presently disbarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded by any Federal department or agency;
- (b) Have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction, including any violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a Government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (b) above; and
- (d) Have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

2) Where the Contractor is unable to certify to any of the statements in this paragraph, the Contractor shall attach an explanation to this certification.

Date: _____

Signature

TITLE

ORGANIZATION

SCHEDULE B7

QUESTIONNAIRE REGARDING BUSINESS ENTERPRISES OWNED AND CONTROLLED BY WOMEN OR PERSONS OF COLOR

As part of the County's program to encourage the meaningful and significant participation of business enterprises owned and controlled by persons of color or women in County contracts, and in furtherance of Section 308.01 of the Laws of Westchester County, completion of this form is required.

A "business enterprise owned and controlled by women or persons of color" means a business enterprise, including a sole proprietorship, limited liability partnership, partnership, limited liability corporation, or corporation, that either:

- 1.) meets the following requirements:
 - a. is at least 51% owned by one or more persons of color or women;
 - b. is an enterprise in which such ownership by persons of color or women is real, substantial and continuing;
 - c. is an enterprise in which such ownership interest by persons of color or women has and exercises the authority to control and operate, independently, the day-to-day business decisions of the enterprise; and
 - d. is an enterprise authorized to do business in this state which is independently owned and operated.
- 2.) is a business enterprise certified as a minority business enterprise ("MBE") or women business enterprise ("WBE") pursuant to Article 15-a of the New York State Executive Law and the implementing regulations, 9 New York Code of Rules and Regulations subtitle N Part 540 et seq., **OR**
- 3.) is a business enterprise certified as a small disadvantaged business concern pursuant to the Small Business Act, 15 U.S.C. 631 et seq., and the relevant provisions of the Code of Federal Regulations as amended.

Please note that the term "persons of color," as used in this form, means a United States citizen or permanent resident alien who is and can demonstrate membership of one of the following groups:

- (a) Black persons having origins in any of the Black African racial groups;
- (b) Hispanic persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of either Indian or Hispanic origin regardless of race;
- (c) Native American or Alaskan native persons having origins in any of the original peoples of North America; or
- (d) Asian or Pacific Islander persons having origins in any of the Far East countries, South East Asia, the Indian subcontinent or the Pacific Islands.

1. Are you a business enterprise owned and controlled by women or persons of color in accordance with the standards listed above?

_____ No

_____ Yes

Please note: If you answered “yes” based upon certification by New York State and/or the Federal government, official documentation of the certification must be attached.

2. If you answered “Yes” above, please check off below whether your business enterprise is owned and controlled by women, persons of color, or both.

_____ Women

_____ Persons of Color (*please check off below all that apply*)

_____ Black persons having origins in any of the Black African racial groups

_____ Hispanic persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of either Indian or Hispanic origin regardless of race

_____ Native American or Alaskan native persons having origins in any of the original peoples of North America

_____ Asian or Pacific Islander persons having origins in any of the Far East countries, South East Asia, the Indian sub-continent or the Pacific Islands

Name of Business Enterprise: _____

Address: _____

Name and Title of person completing questionnaire: _____

Signature: _____

Notary Public

Date

SCHEDULE B8

CERTIFICATION REGARDING BUSINESS DEALINGS WITH NORTHERN IRELAND (“MACBRIDE PRINCIPLES”)

A. The Provider and any individual or legal entity in which the Provider holds a ten percent (10%) or greater ownership interest and any individual or legal entity that holds a ten percent (10%) or greater ownership interest in the Provider (a) has no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Principles.

B. For purposes of this Certification, “MacBride Principles” shall mean those principles relating to nondiscrimination in employment and freedom of workplace opportunity which require employers doing business in Northern Ireland to:

(1) increase the representation of individuals from underrepresented religious groups in the work force, including managerial, supervisory, administrative, clerical and technical jobs;

(2) take steps to promote adequate security for the protection of employees from underrepresented religious groups both at the workplace and while traveling to and from work;

(3) ban provocative religious or political emblems from the workplace;

(4) publicly advertise all job openings and make special recruitment efforts to attract applicants from underrepresented religious groups;

(5) establish layoff, recall and termination procedures which do not in practice favor a particular religious group;

(6) abolish all job reservations, apprenticeship restrictions and differential employment criteria which discriminate on the basis of religion;

(7) develop training programs that will prepare substantial numbers of current employees from underrepresented religious groups for skilled jobs, including the expansion of existing programs and the creation of new programs to train, upgrade and improve the skills of workers from underrepresented religious groups;

(8) establish procedures to assess, identify and actively recruit employees from underrepresented religious groups with potential for further advancement; and

(9) appoint a senior management staff member to oversee affirmative action efforts and develop a timetable to ensure their full implementation.

C. For purposes of this Certification, “Northern Ireland” shall be understood to be the six counties partitioned from the Irish Province of Ulster, and administered from London and/or from Stormont.

D. The Provider agrees that the warranties and representation in paragraph “A” are material conditions of this Agreement. If the County receives information that the Provider is in violation of paragraph “A,” the County shall review such information and give the Provider opportunity to respond. If the County finds that such a violation has occurred, the County may declare the Provider in default, and/or terminate this Agreement. In the event of any such termination, the County may procure the supplies, services or work from another source in accordance with applicable law. The Provider shall pay to the County the difference between the contract price for the uncompleted portion of this Agreement and the cost to the County of completing performance of this Agreement either by itself or by engaging another Provider. If this is a contract other than a construction contract, the Provider shall be liable for the difference in price if the cost of procurement from another source is greater than what the County would have paid the Provider plus any reasonable costs the County incurs in any new procurement and if this is a construction contract, the County shall also have the right to hold the Provider in partial or total default in accordance

with the default provisions of this Agreement. In addition, the Provider may be declared not to be a responsible bidder or proposer for up to three (3) years, following written notice to the Provider, giving the Provider the opportunity for a hearing at which the Provider may be represented by counsel. The rights and remedies of the County hereunder shall be in addition to, and not in lieu of, any rights and remedies the County has pursuant to this Agreement or by operation of law or in equity.

Signature: _____

By: (Authorized Representative) _____

Title: _____ Date _____

SCHEDULE B9

REQUIRED DISCLOSURE OF RELATIONSHIPS TO COUNTY

A potential County contractor must complete this form as part of the proposed County contract.

- 1.) Are any of the employees that the Contractor will use to carry out this contract also a County officer or employee, or the spouse, child, or dependent of a County officer or employee?

Yes _____ No _____

If yes, please provide details (attach extra pages, if necessary): _____

- 2.) Are any of the owners of the Contractor or their spouses a County officer or employee?

Yes _____ No _____

If yes, please provide details (attach extra pages, if necessary): _____

- 3.) Do any County officers or employees have an **interest**¹ in the Contractor or in any approved subcontractor that will be used for this contract?

¹ "Interest" means a direct or indirect pecuniary or material benefit accruing to a County officer or employee, his/her spouse, child or dependent, whether as the result of a contract with the County or otherwise. For the purpose of this form, a County officer or employee shall be deemed to have an "interest" in the contract of:

- 1.) His/her spouse, children and dependents, except a contract of employment with the County;
- 2.) A firm, partnership or association of which such officer or employee is a member or employee;
- 3.) A corporation of which such officer or employee is an officer, director or employee; and
- 4.) A corporation of which more than five (5) percent of the outstanding capital stock is owned by any of the aforesaid parties.

Yes _____ No _____

If yes, please provide details (attach extra pages, if necessary): _____

By signing below, I hereby certify that I am authorized to complete this form for the Contractor.

Name: _____
Title: _____
Date: _____

SCHEDULE B10

Westchester County Vendor Direct Program Frequently Asked Questions

1. WHAT ARE THE BENEFITS OF THE ELECTRONIC FUNDS TRANSFER (EFT) ASSOCIATED WITH THE VENDOR DIRECT PROGRAM?

There are several advantages to having your payments automatically deposited into your designated bank account via EFT:

Payments are secure – Paper checks can be lost in the mail or stolen, but money deposited directly into your bank account is more secure.

You save time – Money deposited into your bank account is automatic. You save the time of preparing and delivering the deposit to the bank. Additionally, the funds are immediately available to you.

2. ARE MY PAYMENTS GOING TO BE PROCESSED ON THE SAME SCHEDULE AS THEY WERE BEFORE VENDOR DIRECT?

Yes.

3. HOW QUICKLY WILL A PAYMENT BE DEPOSITED INTO MY ACCOUNT?

Payments are deposited two business days after the voucher/invoice is processed. Saturdays, Sundays, and legal holidays are not considered business days.

4. HOW WILL I KNOW WHEN THE PAYMENT IS IN MY BANK ACCOUNT AND WHAT IT IS FOR?

Under the Vendor Direct program you will receive an e-mail notification two days prior to the day the payment will be credited to your designated account. The e-mail notification will come in the form of a remittance advice with the same information that currently appears on your check stub, and will contain the date that the funds will be credited to your account.

5. WHAT IF THERE IS A DISCREPANCY IN THE AMOUNT RECEIVED?

Please contact your Westchester County representative as you would have in the past if there were a discrepancy on a check received.

6. WHAT IF I DO NOT RECEIVE THE MONEY IN MY DESIGNATED BANK ACCOUNT ON THE DATE INDICATED IN THE E-MAIL?

In the unlikely event that this occurs, please contact the Westchester County Accounts Payable Department at 914-995-4708.

7. WHAT MUST I DO IF I CHANGE MY BANK OR MY ACCOUNT NUMBER?

Whenever you change any information or close your account a new Vendor Direct Payment Authorization Form must be submitted. Please contact the Westchester County Accounts Payable Department at 914-995-4708 and we will e-mail you a new form.

8. WHEN COMPLETING THE PAYMENT AUTHORIZATION FORM, WHY MUST I HAVE IT SIGNED BY A BANK OFFICIAL IF I DON'T INCLUDE A VOIDED CHECK?

This is to ensure the authenticity of the account being set up to receive your payments.

SCHEDULE B11
STANDARD INSURANCE PROVISIONS
(Consultant)

1. Prior to commencing work, the Consultant shall obtain at its own cost and expense the required insurance from insurance companies licensed in the State of New York, carrying a Best's financial rating of A or better, and shall provide evidence of such insurance to the County of Westchester, as may be required and approved by the Director of Risk Management of the County. The policies or certificates thereof shall provide that thirty days prior to cancellation or material change in the policy, notices of same shall be given to the Director of Risk Management of the County of Westchester by registered mail, return receipt requested, for all of the following stated insurance policies. All notices shall name the Consultant and identify the Agreement.

If at any time any of the policies required herein shall be or become unsatisfactory to the County, as to form or substance, or if a company issuing any such policy shall be or become unsatisfactory to the County, the Consultant shall upon notice to that effect from the County, promptly obtain a new policy, submit the same to the Department of Risk Management of the County of Westchester for approval and submit a certificate thereof. Upon failure of the Consultant to furnish, deliver and maintain such insurance, the Agreement, at the election of the County, may be declared suspended, discontinued or terminated. Failure of the Consultant to take out, maintain, or the taking out or maintenance of any required insurance, shall not relieve the Consultant from any liability under the Agreement, nor shall the insurance requirements be construed to conflict with or otherwise limit the contractual obligations of the Consultant concerning indemnification. All property losses shall be made payable to and adjusted with the County.

In the event that claims, for which the County may be liable, in excess of the insured amounts provided herein are filed by reason of any operations under the Agreement, the amount of excess of such claims or any portion thereof, may be withheld from payment due or to become due the Consultant until such time as the Consultant shall furnish such additional security covering such claims in form satisfactory to the County of Westchester.

2. The Consultant shall provide proof of the following coverage (if additional coverage is required for a specific agreement, those requirements will be described in the "Special Conditions" of the contract specifications):

(a)) Workers' Compensation. Certificate form C-105.2 (9/07) or State Fund Insurance Company form U-26.3 is required for proof of compliance with the New York State Workers' Compensation Law. State Workers' Compensation Board form DB-120.1 is required for proof of compliance with the New York State Disability Benefits Law. Location of operation shall be "All locations in Westchester County, New York."

Where an applicant claims to not be required to carry either a Workers' Compensation Policy or Disability Benefits Policy, or both, the employer must complete NYS form CE-200, available to download at: www.wcb.state.ny.us (click on Employers/Businesses, then Business Permits/Licenses/Contracts to see instruction manual).

If the employer is self-insured for Worker's Compensation, he/she should

present a certificate from the New York State Worker's Compensation Board evidencing that fact (Either SI-12, Certificate of Workers' Compensation Self-Insurance, or GSI-105.2, Certificate of Participation in Workers' Compensation Group Self-Insurance).

(b) Employer's Liability with minimum limit of \$100,000.

(c) Commercial General Liability Insurance with a minimum limit of liability per occurrence of \$1,000,000 for bodily injury and \$100,000 for property damage or a combined single limit of \$1,000,000 (c.s.1), naming the County of Westchester as an additional insured. This insurance shall include the following coverages:

- (i) Premises - Operations.
- (ii) Broad Form Contractual.
- (iii) Independent Contractor and Sub-Contractor.
- (iv) Products and Completed Operations.

(d) Automobile Liability Insurance with a minimum limit of liability per occurrence of \$1,000,000 for bodily injury and a minimum limit of \$100,000 per occurrence for property damage or a combined single limit of \$1,000,000 unless otherwise indicated in the contract specifications. This insurance shall include for bodily injury and property damage the following coverages:

- (i) Owned automobiles.
- (ii) Hired automobiles.
- (iii) Non-owned automobiles.

(e) Consultant's Professional Liability. The Consultant shall provide proof of such insurance. (Limits of \$1,000,000 per occurrence/\$3,000,000 aggregate).

3. All policies of the Consultant shall be endorsed to contain the following clauses:

(a) Insurers shall have no right to recovery or subrogation against the County of Westchester (including its employees and other agents and agencies), it being the intention of the parties that the insurance policies so effected shall protect both parties and be primary coverage for any and all losses covered by the above-described insurance.

(b) The clause "other insurance provisions" in a policy in which the County of Westchester is named as an insured, shall not apply to the County of Westchester.

(c) The insurance companies issuing the policy or policies shall have no recourse against the County of Westchester (including its agents and agencies as aforesaid) for payment of any premiums or for assessments under any form of policy.

(d) Any and all deductibles in the above described insurance policies shall be assumed by and be for the account of, and at the sole risk of, the Consultant.

SCHEDULE B12

ENROLLMENT IN A QUALIFIED TRANSPORTATION FRINGE PROGRAM

Pursuant to Executive Order 7-2005, each contractor, concessionaire, or vendor ("Contractor") doing business with the County must enroll in a Qualified Transportation Fringe program, as defined in §132(f)(1) of the Internal Revenue Code, ("QTFP") when:

- 1.) the County is committed to pay over to the Contractor funds for services which are to be provided to or on behalf of the County, the total value of which is at least \$100,000 in any twelve month period during the contract term, **and**
- 2.) the Contractor employs more than 25 individuals who utilize public transportation and/or pay for commuter parking at least one day per week, regardless of whether those employees are engaged in work pursuant to the County contract.

Accordingly, each Contractor must complete this form concerning its enrollment in a QTFP.

I certify that, under Executive Order 7-2005, _____:
(Name of Contractor)

_____ **is required** to be enrolled in a QTFP and:

(please check off only one option)

_____ is enrolled in a QTFP

_____ has initiated the process of enrolling in a QTFP²_____ is requesting a waiver from compliance with Executive Order 7-2005 because:

(please check off only one option and attach a detailed explanation)

_____ the Contractor has an inability to comply

_____ hardship would result from compliance

_____ **is not required** to be enrolled in a QTFP because:

(please check off all that apply)

_____ the total value of this contract is less than \$100,000 for any twelve month period during the contract term

_____ the Contractor employs 25 or fewer individuals who utilize public transportation and/or pay for commuter parking at least one day per week, regardless of whether those employees are engaged in work pursuant to the contract.

Signature: _____

Name: _____

Title: _____

Date: _____

² Pursuant to Executive Order 7-2005, the contractor shall notify, in writing, the appropriate personnel in the County department charged with administration of the contract, upon the commencement of its participation in a QTFP.

FOR COUNTY USE ONLY

Waiver is: _____ Approved
 _____ Disapproved

Commissioner or Department Head

Date

SCHEDULE "C"

CRIMINAL BACKGROUND DISCLOSURE
INSTRUCTIONS

Pursuant to Executive Order 1-2008, the County is required to maintain a record of criminal background disclosure from all persons providing work or services in connection with any County contract, including leases of County-owned real property and licenses:

- a.) If any of the persons providing work or services to the County in relation to a County contract are not subject to constant monitoring by County staff while performing tasks and/or while such persons are present on County property pursuant to the County contract; and
- b.) If any of the persons providing work or services to the County in relation to a County contract may, in the course of providing those services, have access to sensitive data (for example SSNs and other personal/secure data); facilities (secure facilities and/or communication equipment); and/or vulnerable populations (for example, children, seniors, and the infirm).

In those situations, the persons who must provide a criminal background disclosure ("Persons Subject to Disclosure") include the following:

- a.) Consultants, Contractors, Licensees, Lessees of County-owned real property, their principals, agents, employees, volunteers or any other person acting on behalf of said Contractor, Consultant, Licensee, or Lessee who is at least sixteen (16) years old, including but not limited to Subconsultants, subcontractors, Sublessess, or Sublicensees who are providing services to the County, and
- b.) Any family member or other person, who is at least sixteen (16) years old, residing in the household of a County employee who lives in housing provided by the County located on County property.

Under Executive Order 1-2008, it is the duty of every County Consultant, Contractor, Licensee, or Lessee to inquire of each and every Person Subject to Disclosure and disclose whether they have been convicted of a crime or whether they are subject to pending criminal charges, and to submit this form with that information.³ Accordingly, you are required to complete the attached Criminal Background Disclosure Form and Certification.

Please note that under no circumstances shall the existence of a language barrier serve as a basis for the waiver of or an exception from the disclosure requirements of Executive Order 1-2008. If translation services are required by the Consultant, Contractor, Licensee, or Lessee to fulfill this obligation, it shall be at the sole cost and expense of the Consultant, Contractor, Licensee, or

³ For these disclosures, a "crime" or "pending criminal charge" includes all felonies and misdemeanors as defined under the New York State Penal Law or the equivalent under Federal law or the laws of any other State.

Lessee.

Please also note that the conviction of a crime(s) and/or being subject to a pending criminal charge(s) will not automatically result in a denial of a person's right to work on a County contract, right to be on County property, or license, but may, if the County determines that the prior conviction(s) or pending criminal charge(s) create an unacceptable risk. However, if a person fails to list or falsifies any part of his/her conviction history or any pending criminal charge(s) for any reason, he/she may be prohibited from working or being on County property without any risk assessment. If it is later determined that a Person Subject to Disclosure failed to disclose a criminal conviction or pending criminal charge for any reason, his/her right to work on a County contract, be on County property, or license may be terminated at any time.

Please further note that, pursuant to Executive Order 1-2008, and subject to the applicable provisions of New York Correction Law §§ 752 and 753, the County has the right to bar a Person Subject to Disclosure from providing work or services to the County or from being on County property if any such person has:

- a.) A conviction of a crime(s);
- b.) A pending criminal proceeding for a crime(s); or
- c.) Refused to answer questions concerning his/her criminal background

Please finally note that any failure by a County Consultant, Contractor, Licensee, or Lessee to comply with the disclosure requirements of Executive Order 1-2008 may be considered by the County to be a material breach and shall be grounds for immediate termination by the County of the related County contract.

Exemptions

Executive Order 1-2008 exempts from the aforementioned disclosure requirements Persons Subject to Disclosure:

- a.) for whom the County has already conducted a background check and issued a security clearance that is in full force and effect; and
- b.) for whom another state or federal agency having appropriate jurisdiction has conducted a security and/or background clearance or has implemented other protocols or criteria for this purpose that apply to the subject matter of a County contract that is in full force and effect.

If you are claiming an exemption for one or more Persons Subject to Disclosure, you must notify the Procuring Officer⁴. The Procuring Officer will then determine whether the Person(s) Subject to Disclosure are actually exempt, and provide written notification of his/her determination. If the Procuring Officer determines that a Person Subject to Disclosure is not exempt, the Procuring Officer will notify you of that determination, and you will have to include disclosures for that person on your Criminal Background Disclosure Form and Certification.

⁴ Procuring Officer" shall mean the head of the department or the individual or individuals authorized by the head(s) of the department(s) undertaking the procurement and with respect to those matters delegated to the Bureau of Purchase and Supply pursuant to Section 161.11(a) of the Laws of Westchester County, the Purchasing Agent.

Subconsultants, Subcontractors, Sublessees, or Sublicensees

Under Executive Order 1-2008, it is your duty to ensure that any and all approved subconsultants, subcontractors, sublessees, or sublicensees complete and submit the attached Criminal Background Disclosure Form and Certification for all of their respective Persons Subject to Disclosure. This must be done before such a subconsultant, subcontractor, sublessees, or sublicensees can be approved to perform work on a contract.

New Persons Subject to Disclosure

Under Executive Order 1-2008, you have a **CONTINUING OBLIGATION** to maintain the accuracy of the Criminal Background Disclosure Form and Certification (and any accompanying documentation) for the duration of this contract, including any amendments or extensions thereto. Accordingly, it is your duty to complete and submit an updated Criminal Background Disclosure Form and Certification whenever there is a new Person Subject to Disclosure for this contract. **NO NEW PERSON SUBJECT TO DISCLOSURE SHALL PERFORM WORK OR SERVICES OR ENTER ONTO COUNTY PREMISES UNTIL THE UPDATED CRIMINAL BACKGROUND DISCLOSURE FORM AND CERTIFICATION IS FILED WITH THE PROCURING OFFICER.** You shall also provide the County with any other updates that may be necessary to comply with the disclosures required by Executive Order 1-2008.

PLEASE CONTINUE TO THE

Criminal Background Disclosure Form and Certification

BEGINNING ON THE NEXT PAGE

Contract #: _____
Name of Consultant, Contractor, Lessee, or Licensee: _____

CRIMINAL BACKGROUND DISCLOSURE
FORM AND CERTIFICATION

If this form is being completed by a subconsultant, subcontractor, sublessee, or sublicensee, please consider all references in this form to “consultant, contractor, lessee, or licensee” to mean “subconsultant, subcontractor, sublessee, or sublicensee” and check here:

I, _____, certify that I am a principal or a
(Name of Person Signing Below)

representative of the Consultant, Contractor, Lessee, or Licensee and I am authorized to complete and execute this Criminal Background Disclosure Form and Certification. I certify that I have asked each Person Subject to Disclosure the following questions:

- **Have you or your company ever been convicted of a crime (all felonies and misdemeanors as defined under the New York State Penal Law or the equivalent under Federal law or the laws of any other State) including, but not limited to, conviction for commission of fraud, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property?**

- **Are you or your company subject to any pending criminal charges (all felonies and misdemeanors as defined under the New York State Penal Law or the equivalent under Federal law or the laws of any other State)?**

I certify that the names and titles of Persons Subject to Disclosure who refused to answer **either** of the questions above are:

1. _____
2. _____
3. _____
4. _____
5. _____

(If more space is needed, please attach separate pages labeled “REFUSED to Answer - Continued.”)

I certify that the names and titles of Persons Subject to Disclosure who answered “Yes” to **either of the** questions above are:

1. _____
2. _____
3. _____
4. _____
5. _____

(If more space is needed, please attach separate pages labeled “YES Answers - Continued.”)

Each Person Subject to Disclosure listed above who has either **been convicted of a crime(s)** and/or **is subject to a pending criminal charge(s)** must answer additional questions. Those questions are below.

A Person Subject to Disclosure who has **been convicted of a crime(s)** must respond to the following (please attach separate pages with responses for each person, with their name and title):

- 1.) Describe the reason for being on County property if applicable, identify the specific duties and responsibilities on this project which you intend to perform for the County, including but not limited to, access to sensitive data and facilities and access to vulnerable populations.
- 2.) Please list all criminal convictions along with a brief description of the crime(s) (including all felonies and misdemeanors as defined under the New York State Penal Law or the equivalent under Federal law or the laws of any other State).
- 3.) Please provide the date and place of each conviction.
- 4.) Please provide your age at the time of each crime for which you were convicted.
- 5.) Please provide the legal disposition of each case.
- 6.) Please provide any information either produced by yourself or someone on your behalf in regards to your rehabilitation and good conduct.

A Person Subject to Disclosure who **is subject to a pending criminal charge(s)** must respond to the following (please attach separate pages with responses for each person, with their name and title):

- 1.) Describe the reason for being on County property and if applicable, identify the specific duties and responsibilities on this

project which you intend to perform for the County, including but not limited to, access to sensitive data and facilities and access to vulnerable populations.

- 2.) Please identify all pending criminal charges (all felonies and misdemeanors as defined under the New York State Penal Law or the equivalent under Federal law or the laws of any other State).
- 3.) Please briefly describe the nature of the pending charges and the date upon which it is alleged that a crime was committed.

I hereby certify that all of the information provided herein (and in any and all attachments) is true and accurate and that all disclosures required by Executive Order 1-2008 and this Criminal Background Disclosure Form and Certification have been completed. By my signature below, I hereby affirm that all of the facts, statements and answers contained herein (and in any and all attachments) are true and correct. I understand that providing false or incomplete information or withholding by omission or intention pertinent information will be cause for refusing further consideration of my being utilized under this contract.

It is understood and agreed that no Person Subject to Disclosure shall perform work or services or enter onto County property until this required Criminal Background Disclosure Form and Certification is filed with the Procuring Officer.

It is understood and agreed that to the extent that new Persons Subject to Disclosure are proposed to perform work or provide services under this contract after filing of this Criminal Background Disclosure Form and Certification with the Procuring Officer, such new Persons Subject to Disclosure shall not perform work or provide services or enter into County property until an updated Criminal Background Disclosure Form and Certification has been filed with the Procuring Officer.

It is further understood and agreed that the consultant, contractor, lessee, or licensee has a continuing obligation to maintain the accuracy of the Criminal Background Disclosure Form and Certification for the duration of this contract, including any amendments or extensions thereto, and shall provide any updates to the information to the County as necessary to comply with the requirements of Executive Order 1-2008.

Name: _____
Title: _____
Date: _____

Notary Public

Date

ATTACHMENTS

Worksite Agreement

Customer Evaluation of Program

Supervisors Evaluation of Participant

Medical Release

Program Eligibility Criteria

ATTACHMENT 1 WORKSITE AGREEMENT

- 1. A Worksite Agreement must be completed for each distinct and separate job title for each participant.**
- 2. This agreement must be placed in a central location at or near the actual worksite. It should be made available and presented upon request to a program representative.**
- 3. The job duties and responsibilities must be discussed with each of the enrollees working in this job title. They must sign indicating they have discussed their job responsibilities with you.**

Name of Enrollee

Age of Enrollee

Name of Worksite Supervisor

Name of Alternate
Worksite Supervisor

SYEPT TANF Subcontractor

Telephone Number

Worksite Name

Telephone Number

Worksite Address

Telephone Number
(if different from above)

Alternate Worksite Name in case of
Inclement weather.

Telephone Number

Enrollee's Job Title: _____

No. of Participants at this site: _____

Number of hours working Per week _____

Time of Lunch Break _____

Days and hours of work schedule

***Specific Duties (detail description of all duties performed by enrollee.) Job Duties must comply with Child Labor Laws as per the NYSDOL's publication of "Law Governing Employment of Minors.**

Equal Opportunity Employer/ Program - Auxiliary aids and services are available upon request for individuals with disabilities.

Programa y Empleador con Igualdad de Oportunidades - Asistencia y servicios para individuos con incapacidades están disponibles al sr



2015 WORKSITE AGREEMENT cont'd

*Specific Duties (if using an alternative worksite due to inclement weather and if the duties are different at this worksite). (Job duties must comply with the Child Labor Laws as per Technical Advisory 8-93 and the NYSDOL's publication of "Laws Governing Employment of Minors".)

*Training provided (training and responsibilities of the supervisor.)

*Transferable skills (skills acquired by the end of the program)

Worksite Supervisor's Responsibility

I understand that the enrollee is to be provided with a valuable work experience, which will provide the above-indicated training. In addition, the worksite supervisor will provide:

1. Adequate supervision (1 Supervisor to 10 Participants)
2. An environment that will help enrollee's job performance throughout the summer so that the employee can learn and grow.
3. Provide feedback on the enrollee's job performance throughout the summer so that the employee can learn and grow.
4. Accurate account of daily time and attendance.
5. Sufficient work to occupy all participants during work hours.
6. A safe and healthy environment.
7. A work environment that adheres to the provisions of the Child Labor Laws.
8. Sufficient equipment and/or material to carry out work assignments.

I have attended a Worksite Supervisor Orientation and received information on my duties and responsibilities to the program and the participants. Also, I attend regular meetings with a representative of the One Stop Employment Center to ensure compliance with the program.

In addition, I understand that participants will not be paid for unexcused absences, unworked hours or recreational activities.

Supervisor's Name (please print)

Signature of Supervisor

Youth's Name (please print)

Signature of Youth

Date

Date

ATTACHMENT 2 CUSTOMER EVALUATION OF THE PROGRAM

Date: _____

Name of Agency: _____

Name of Worker: _____

1. How would you rate the overall program?

Excellent

Good

Not-So-Good

2. Availability of your worksite supervisor?

Always Available

Sometimes Available

Never Available

3. Supervisor's instruction?

Clear

Not-So-Clear

Never Clear

4. Worksite working conditions:

Excellent

Good

Not-So-Good

5. Was transportation to worksite a problem?

Yes

No

Explain: _____

6. Was orientation thorough and helpful?

Yes

No

Explain: _____



Equal Opportunity Employer/ Program - Auxiliary aids and services are available upon request for individuals with disabilities.

Programa y Empleador con Igualdad de Oportunidades - Asistencia y servicios para individuos con incapacidades están disponibles al solicitarlos.

CUSTOMER EVALUATION OF THE PROGRAM cont'd

7. I you participated in classroom instruction explain how it was different from your regular school year.
(if applicable)

8. Will you participate next year?

Yes _____ No _____

9. Would you recommend a friend or relative to this program?

Yes _____ No _____

ADDITIONAL COMMENTS:

What were the best things about the Program?

What were the worst things about the Program?

Thank you.

ATTACHMENT 3 SUPERVISOR'S EVALUATION OF THE CUSTOMER

Name of Participant: _____ Worksite: _____

Name of Agency: _____ Ending Date: _____

| | <u>Excellent</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> |
|--------------------------------|------------------|-------------|-------------|-------------|
| Performance | _____ | _____ | _____ | _____ |
| Attendance | _____ | _____ | _____ | _____ |
| Punctuality | _____ | _____ | _____ | _____ |
| Work Attitude | _____ | _____ | _____ | _____ |
| Ability to Follow Instructions | _____ | _____ | _____ | _____ |
| Ability to Observe Work Rules | _____ | _____ | _____ | _____ |
| Quality of Work Output | _____ | _____ | _____ | _____ |
| Interaction With Co-Workers | _____ | _____ | _____ | _____ |
| Appropriately Dressed | _____ | _____ | _____ | _____ |

COMMENTS: _____

WORKSITE SUPERVISOR: _____

SYETP PARTICIPANT: _____

Participant Signature

Worksite Supervisor Signature



Equal Opportunity Employer/ Program - Auxiliary aids and services are available upon request for individuals with disabilities.
Programa y Empleador con Igualdad de Oportunidades - Asistencia y servicios para individuos con incapacidades están disponibles al solicitarlos.

DATE: _____

I give permission for my child _____ to be given medical
(Print Name)
attention in the event that she/he is injured while working in the TANF Summer Youth Employment Program.

MEDICAL INFORMATION

Does youth have allergies? YES NO If yes, to what substances? What medication is youth taking?

Has youth ever been stung by a bee? YES NO If yes, has there been an allergic reaction to the sting?

Does youth have any illness or condition we should be aware of? YES NO

Is youth on any medications? YES NO If yes, please list all medications.

Has youth had a tetanus shot in the last five (5) years? NO YES When? _____
(Date)

List a person other than parent/guardian to contact in case of an emergency if parent/guardian cannot be reached:

Name _____ Relationship _____

Telephone Number _____ Cell Number _____

(Signature of parent/guardian if youth is under the age 18 years.)

(Date)

Home Telephone Number _____ Business Telephone Number _____



Equal Opportunity Employer/ Program - Auxiliary aids and services are available upon request for individuals with disabilities.

Programa y Empleador con Igualdad de Oportunidades - Asistencia y servicios para individuos con incapacidades están disponibles al solicitarlos.

ATTACHMENT 5 TANF YOUTH SERVICES APPLICATION

The information requested on this form is necessary to determine whether or not federal Temporary Assistance for Needy Families (TANF) funds may be used to provide services to you. This application form may be used by an applicant for services who is under 21 years of age.

SECTION ONE

A. Information About the Youth Applicant

1. Applicant's Name: _____

Home Address: _____
(street) (apartment number)

(city) (state) (zip code)

Social Security Number: _____ Date of Birth: _____
(month, day, year)

Telephone Number: _____

SECTION TWO Citizen / Non-Citizen Status

A. Are you a United States citizen?

- Yes.** If yes, go to Section Three.
- No.** If no, complete Item B.

B. If you (the youth applicant) are not a United States citizen, look at the "Immigration Status List" on pages 5 and 6 and tell us which status applies to you. Enter the status number from the list and complete the information below.

Immigration status (# 1 through 15) that applies: _
 INS Form _____ Number: ____
 Alien Number: _____
 Date of Entry into United States: _____

SECTION THREE Income of Family Members

A. Do you (the youth applicant) currently receive benefits under one or more of these programs?

- Yes,** check which program(s) and then go to Section Four.

| FAMILY ASSISTANCE/ SAFETY NET | MEDICAID | FOOD STAMPS | HEAP | SSI | SCHOOL LUNCH |
|----------------------------------|----------|----------------|------|-----|--------------|
| | | | | | |

No, complete Item B, below.

B. If you do not currently receive one of the programs listed above, please tell us about any income of your family members.

Include the gross income (income before taxes and deductions) of each family member who lives with you. Family members include your mother, father, stepmother, stepfather, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you. You should not include other family members such as grandparents, uncles or aunts. If you are married, you should include your spouse, but do not need to include your parents or siblings.

List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member. You do not need to include any earned income (wages) received by you or any other family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income.

| | NAME | INCOME SOURCE: WAGES, SOCIAL SECURITY, etc. | AMOUNT | RECEIVED (Check One) | | |
|----|------|--|--------|-------------------------|---------|--------|
| | | | | Yearly | Monthly | Weekly |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |

SECTION FOUR Applicant Notification and Signature

The individual signing this application may be asked to prove any or all of your statements. If we ask you to do this, we will tell you how to prove your statements.

We are asking for Social Security number(s) because any person applying for or receiving federal TANF services must give us his or her Social Security number; Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10). We may use Social Security number(s) to do computer matches with other programs to prove you are receiving these programs (for example, food stamps), to do a computer match to verify other information on the application, or to verify your alien status.

If you disagree with any decisions we make regarding your eligibility to receive TANF services, you may have your certification reviewed by a person at a level above the person who made the first decision.

By signing this, I am swearing, under penalty of perjury, that all of the above statements are true to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided.

Signed: _____ Date: _____
 Relationship to Applicant: _____

If the applicant lives with his or her parents, a parent or other adult relative caretaker must sign this form for the application to be complete. The Commissioner of the Department of Social Services or his or her designee must sign for children in foster care.

Section Five TANF Youth Services Application Review Form

| CERTIFICATION ITEM | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------|-------------------------|-----------------------------------|-----------------------------------|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|--|--|
| 1. Is the applicant a New York State resident? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Is the applicant under 21 years of age? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Is the applicant for services either a United States citizen or a qualified non-citizen? Note: Documentation of non-citizen status is required. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. Is the combined current gross income of the applicant's family members equal to or less than 200% of the federal poverty level? [See additional instruction below regarding options time period of income considered.]</p> <p>_____ Income test is met based on applicant receiving Family Assistance, Safety Net Assistance, Medicaid, Food Stamps, HEAP or SSI?</p> <p>OR</p> <p>_____ Income test is met based on a calculation of combined gross income for applicant's family size.</p> <p style="text-align: center;">Worksheet - Calculation of Current Gross Income (convert all income to annual income)</p> <p style="text-align: center;">WEEKLY</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Source</th> <th style="text-align: center;">Yearly</th> <th style="text-align: center;">Monthly (x12=yearly)</th> <th style="text-align: center;">(x 52=yearly) (x4.333=monthly)</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td></tr> </tbody> </table> <p>a. Total gross income is: \$ _____ per year.</p> <p>b. Subtract child support payments made - \$ _____ per year.</p> <p>c. Net gross income for 200% test is: \$ _____ per year. (Time period must be the same for a, b, and c)</p> <p>d. Total family size is _____.</p> <p>Compare combined gross income (item c) to the 200% of poverty standard for the individual's family size (item d) to determine if income is equal to or less than the 200% standard. Include only countable income.</p> | Source | Yearly | Monthly (x12=yearly) | (x 52=yearly) (x4.333=monthly) | 1. | | | | 2. | | | | 3. | | | | 4. | | | | 5. | | | | | |
| Source | Yearly | Monthly (x12=yearly) | (x 52=yearly) (x4.333=monthly) | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. If the applicant lives with his or her parents, did the parent or caretaker relative sign the certification form? Please note: The DSS Commissioner or his or her designee must sign for a child in foster care. | | | | | | | | | | | | | | | | | | | | | | | | | | |

Current Income – Current income is income that has been or is expected to be received in the calendar month of the application for TANF Services, and is expected to continue beyond this month.

or

If your income in the calendar month of application is higher than your regular monthly income, you may provide information based on your annual income (from the prior 12 months). This annual income must be adjusted for any change in income known or expected to occur.

Gross Income includes: Wages, salary and tips from work; self-employment income (after business expenses); Social Security benefits; public assistance; unemployment compensation; worker’s compensation; Supplemental Security Income (SSI); child supports payments received; alimony received; interest payments; other recurring income that is not excluded below.

Excluded Income: Earned income of a minor child; adoption/foster care payments; one-time loans, gifts, lump sum payments or other non-recurring income; child care subsidy payments.

CERTIFICATION DECISION

- The applicant is certified for TANF Services.** All Items above must be answered Yes.
- The applicant is not certified to receive TANF services for the following reason(s):**
 - The applicant is not a resident of New York State.
 - The applicant is not under 21 years of age.
 - The applicant is not a U.S. citizen or a qualified non-citizen.
 - The income of the family members is above 200% of poverty
 - Other (This can be any number of reasons, for example, the person refused to sign the form, reveal his/her Social Security number.) Specify reason below.

Signature of reviewer: _____ **Date** _____

Agency/Organization: _____

Second Level Review

- ◆ Complete this section only if the person certifying requests the review.
- ◆ The review must be done by someone at a higher level than the person originally doing the review.

The results of the second level review were:

- Agreed with the original decision.
- Disagreed with the original decision for the following reason(s): _____

The result of the second level review is that:

- The applicant for services is certified to receive TANF Services.
- The applicant for services is not certified to receive TANF Services.

Signature of reviewer: _____ **Date** _____

Agency/Organization: _____

| STATUS | Relevant Date for Eligibility | PROOF |
|--|---|--|
| 1. Refugees | | <p>I-94: stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, or RE4" or I-551: stamped "R8-6, RE5, RE6, RE7, RE8 or RE9" or I-571: Refugee Travel Document or I-688B: Employment Authorization Card annotated with "274a12(a) (3)" or I-766: Employment Authorization Card annotated "A3"</p> |
| 2. Cuban/Haitian Entrants | | <p>I-94: stamped "Cuban/Haitian Entrant (status pending)," "Section 212(d) (5) of the INA," "Form I-589 filed," or "CU6," or CU7" or I-94 stamp showing parole under Section 212(d)(5) of INA or stamp showing parole in US on or after 10/10/80 and reasonable evidence that parolee has been a National (citizen) of Cuba or Haiti¹ or I-551: stamped "CU6, CU7, or CH6" or Temporary I-551 stamp in foreign passport. or USCIS notice or letters indicating ongoing exclusion or deportation proceedings or A letter from USCIS indicating individual applied for asylum.</p> |
| 3. Asylees | | <p>I-94: stamped "Granted asylum under Section 208 of the INA" or I-551: Stamped "AS1, AS2, AS3, AS6, AS7, or AS8" or I-688B: Employment Authorization Card annotated with "274a12(a)(5)" or I-766: Employment Authorization Document annotated "A.5" or Grant letter from USCIS Asylum Office or Order of an immigration judge granting asylum.</p> |
| 4. Amerasian Immigrants | | <p>I-94: stamped "AM1, AM2 or AM3, AM6, AM7, AM8." Derive date of entry from date of inspection on stamp; if date is missing, obtain from I-551 or from USCIS or I-551: stamped "AM, AM2, AM3, AM6, AM7, or AM8" or Temporary I-551 stamp in foreign passport or I-571: Refugee Travel Document or Vietnamese exit visa or passport stamped "AM1, AM2, or AM3"</p> |
| 5. Deportation or Removal Withheld | | <p>I-688B: Employment Authorization Card annotated with "274a12(a)(10)" or I-766: Employment Authorization Document annotated "A10" or Order from Immigration Judge showing the date deportation was withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of INA</p> |
| 6. Certain Hmong or Highland Laotian | | <p>I-94: stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, or RE4" or I-551: Stamped "RE5, RE6, RE7, RE8, or RE9" or Has a signed affidavit sworn under penalty of law that s/he was a member of Hmong or Highland Laotian tribe between 8/5/64 and 5/7/75 or a verified spouse*, widow, widower or unmarried dependent of a tribal member and Documents to show lawfully residing in the US *Divorced spouses do not qualify</p> |
| 7. Lawfully Admitted For Permanent Residence (LPR) with 40 Qualifying Quarters or without 40 Qualifying Quarter | <p>Entered Before 8/22/96</p> <hr/> <p>Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.</p> | <p>I-551: (Alien Registration Card) or Temporary I-551 stamp in foreign passport or on I-94 or I-327: (Re-entry Permit) or I-181: Memorandum of Creation of Lawful Permanent Residence with approval stamp And Proof of qualifying quarters</p> |
| 8. Veteran, spouse, unmarried surviving spouse and unmarried dependent child of a U.S. veteran who fulfilled minimum active duty requirement (2 years) | | <p>A Discharge Certificate (Form DD-214) that states "Honorable." A character of discharge "Under Honorable Conditions" is not an "Honorable Discharge" for these purposes. Narrative Reason for Separation block must not state that discharge was for reason of "alienage" or lack of U.S. citizenship</p> |

¹**EXCEPTION:** This guideline does not apply when the individual was paroled solely to testify as a witness in a judicial, administrative or legislative proceeding or when the parolee is in legal custody pending criminal prosecution.

| STATUS | Relevant Date for Eligibility | PROOF |
|--|--|---|
| 9. Active Military: Active duty or a member of the Armed Forces on full-time duty in the Army, Navy, Air Force, Marine Corps or Coast Guard, spouse and children | | Military Identification Card (<u>DD Form 2</u>) (Active) that lists an expiration date of more than one year from the date of determination. If ID card is due to expire within one year from the date of determination use a copy of current military orders |
| 10. Conditional Entrant (status granted to refugees before 1980) | | I-94 with stamp showing admitted under Section 203(a)(7) of INA or I-688B (Employment Authorization Card) annotated "274a12(a) (3)" or I-766 (Employment Authorization Document) annotated "A1," "A3" |
| 11. A US citizen's or LPR's battered spouse or child, or parent or child of such person, who obtains "Notice of Prima Facie Case from BCIS" or found prima facie eligible under the Violence Against Women Act (VAWA) | Entered Before 8/22/96 | I-797 - indicating approved, pending or prima facie determination of I-360 (Petitioning by self-petitioning immigrant of abusive U.S.C. or LPR) under Section 204(a)(1)(iii) or (iv), or Section 204(a)(1)(B)I (i) or (iii) or |
| | Entered on/after 8/22/96 and has been in the U.S. for 5 years or more. | I-797 indicating approved or pending I-130 (visa petition) under Section 204(a)(1)(A)(i) or (ii), or Section 204(a)(1)(B)(i) or Order from EOIR granting of suspension of deportation under Section 244(a)(3) or cancellation of removal under Section 240A(b)(2) |
| 12. Victim of Human Trafficking | | Certification Document (for adults) or Eligibility Letter (for children) from the Office of Refugee Resettlement (ORR); Must call 1-866-401-5510 for verification or I-94 Coded T1 or T2 stating admission under Section 212(d)(5) of the INA if status granted for at least one year |
| 13. Parolee (for at least one year) (Non-citizens who have been allowed to come into the U.S. for humanitarian or public interest reasons) | Lawfully Residing in U.S. on 8/22/96 | I-94 with annotation "Paroled pursuant to Section 212(d)(5) or "parole" or PIP" with date of entry and date of expiration indicating one year or I-688B annotated "Section 274a. 12(a)(4), 274(a) 12(c)(11)" or I-766 annotated "C11" or A4, and I-94 indicating admitted for at least one year |
| | Entered on/after 8/22/96 and has been in the U.S. for 5 years or more. | |
| 14. North American Indian born in Canada | | I-551 : (Alien Registration Card): stamped "S13;" temporary I-551 stamp in a Canadian passport or I-94 stamped "S13" or A letter or other tribal document certifying at least 50% American Indian blood, as required by Section 289 of the INA or School records, or A birth or baptismal certificate issued on a reservation, or Other satisfactory evidence of birth in Canada |
| 15. Member of federally recognized tribe born outside U.S. | | Membership card or other tribal document demonstrating membership in a federally recognized Indian tribe under Section 4(e) of the Indian Self-Determination and Education Assistance Act |