# WESTCHESTER/PUTNAM LOCAL WORKFORCE DEVELOPMENT AREA INVITATION TO SUBMIT PROPOSALS FOR THE PROVISION OF THE 2017 VOLUNTEER INCOME TAX ASSISTANCE PROGRAM (VITA)

PROPOSAL ISSUE DATE: Thursday, December 1, 2016

PROPOSAL DUE DATE: Thursday, December 22, 2016 @12:00pm

Interested parties may download this RFQ from the Westchester County Web Site, www.westchestergov.com under "Doing Business with the County" or www.westchesterputnamonestop.com under "Doing Business with the County". Interested parties are responsible for checking the website daily for related addendum. Prospective respondents are responsible for accessing all addenda.

#### I. INTRODUCTION

#### A. Announcement

The Westchester County Department of Social Services (the "Department"), on behalf of the Westchester/Putnam Workforce Development Board ("LWDB"), invites proposals from qualified firms ("proposers") to operate the 2017 Volunteer Income Tax Assistance ("2017 VITA") Program for the low-income residents who reside or work in Westchester County, for the period from January 1, 2017 through July 31,2017.

This Request for Proposal ("RFP") expects to award one contract. Funding for the contract resulting from this RFP will be made from the local Department of Social Services Flexible Fund for Family Services ("FFFS") and a grant from Internal Revenue Service, Department of the Treasury, United States of America ("IRS")

One original signed proposal and three (3) completed copies of the proposal **MUST** be received no later than **12:00 pm EDT on Thursday, December 22, 2016** at the following address:

Sonda Norris-Lowe, Program Administer (Employment and Training)
Westchester Putnam Workforce Development Board
120 Bloomingdale Road, Room 217
White Plains, New York 10605

#### B. Information Session

An informational session for prospective proposers will be held on **Friday, December 9, 2016 from 3:00pm–4:00 pm** at the Westchester One-Stop Employment Center, 120 Bloomingdale Road, White Plains, New York, 10605.

#### **C.** Request for Clarification

Requests for clarification on any aspect of this RFP MUST be written and submitted to Sonda Norris-Lowe via e-mail at <a href="Months 2016">SNL1@westchestergov.com</a> no later than **Thursday**, **December 8, 2016 at 12:00pm.** Responses to the requests for clarification will be posted at <a href="www.westchesterputnamonestop.com">www.westchesterputnamonestop.com</a> by Tuesday, **December 13, 2016**.

# ABSOLUTELY NO COMMUNICATIONS OF ANY KIND WILL BE BINDING AGAINST THE COUNTY OF WESTCHESTER, AND ITS PARTNERS, EXCEPT FOR THE FORMAL WRITTEN RESPONSES TO ANY REQUEST FOR CLARIFICATION

#### D. Eligible Respondents

- 1. Eligible respondents can be a single entity, a corporation, public or private, with a minimum of two (2) years of experience in preparing individual returns, or
- 2. A collaborative that includes several partners that have committed to perform specific functions, and/or a corporation, public or private, in which the lead applicant has a minimum of two (2) years of experience in preparing individual tax returns.

#### E. Term

The term of the Agreement will commence on or about January 1, 2017 and terminate on or about July 31, 2017 with the option to extend for one year periods based on the selected contractor's performance, availability of funding and the WIB determination that this service continues to be a local workforce need.

#### II. PROGRAM

#### A. Program Objectives

Research indicates that about 15 to 20 percent of taxpayers who qualify for tax credits failed to apply because they were unaware or could not get help to file the tax forms. In response to this problem, in 2005 Westchester County started an initiative in collaboration with several community partners called the Westchester County Volunteer Income Tax Assistance Program. The objectives of this program are:

1. Help to help low/moderate income taxpayers and Limited English proficient residents prepare their tax returns for free as an alternative to fee-based

- services/products.
- **2.** Expand collaboration of partners to strengthen each organization's outreach efforts, coordinate and link technical assistance to local affiliates.
- 3. Expand the program into more local communities and to businesses.
- **4.** Increase Financial Education/Asset Building activities.

The LWDB has led the Westchester Tax Coalition for the last thirteen (13) years with the purpose of operating a Volunteer Tax Assistance program (VITA) and providing financial literacy workshops for low-and-moderate income individuals. Our network of volunteers and community- based partners donated their time and effort to the program. The Coalition member includes:

- Interfaith Council for Action (IFCA)
- Educational Opportunity Center (EOC)
- Westchester Business Council
- American Association of Retired Persons (AARP)
- The Workforce Development Board (WIB)
- Mercy College
- Westchester Community Opportunity Program (WestCOP)
- Westchester County Department of Social Services
- Westchester Child Care Council
- United Way
- United Way 2-1-1 Hudson Valley Region
- Westchester County Director of Consumer Protection
- Internal Revenue Service
- Westchester's Volunteer Center
- Westchester School Library System

In collaboration with the American Association of Retired Persons (AARP) tax services, the Westchester/ Putnam County Workforce Investment Board (WPCWIB) operated several tax sites in White Plains, Yonkers, Mount Vernon, Ossining, Valhalla and Dobbs Ferry. For the fourth year in a row, the WPCWIB provided tax services to students and their families at the Westchester Community College, Valhalla Campus location. In addition, Mercy College joined the VITA initiative in 2016 providing tax preparation services to their students and families at the Dobbs Ferry Campus.

As reported by the IRS-Stakeholder Partnerships, Education and Communication (SPEC), the 2016 VITA program helped 9,743 residents earn a total of \$10.2 million in Federal and State refunds and \$3 million of which were federal and state earned income tax credit (EITC).

|                        | Returns<br>Filed | Federal<br>Returns | State Returns  |
|------------------------|------------------|--------------------|----------------|
| Westchester VITA Sites |                  |                    |                |
| White Plains           | 534              | \$730,132.00       | \$188,910.00   |
| WCC                    | 406              | \$480,005.00       | \$120,748.00   |
| Mt. Vernon             | 369              | \$718,254.00       | \$218,435.00   |
| Mercy College          | 58               | \$20,361.00        | \$2,061.00     |
| WEOC                   | 648              | \$1,053,888.00     | \$182,938.00   |
| IFCA                   | 314              | \$418,623.00       | \$312,243.00   |
| Sub-Total              | 2329             | \$3,421,263.00     | \$1,025,335.00 |
|                        |                  |                    |                |
| AARP VITA/TCE Sites    | 6,447            | \$6,827,796.00     | \$2,048,338.80 |
| Total                  | 8,776            | 10,249,059         | 3,073,674      |

#### B. Program Goals

Under the supervision of the Westchester County Office of Workforce Development, the County provides free tax preparation services at VITA tax sites located throughout the County from February to October.

- 1. The goal of the program is to prepare a minimum of 2,300 returns each year
- 2. Recruit and train a minimum of 60 volunteers each year

For the previous tax season the program accomplished:

| Tax Season | Total Federal Returns<br>Prepared | % E-filed | Number of Volunteers |
|------------|-----------------------------------|-----------|----------------------|
| 2014       | 2830                              | 100       | 54                   |
| 2015       | 3040                              | 100       | 22                   |
| 2016       | 2389                              | 100       | 40                   |

#### III. PROGRAM OVERVIEW

The program prepares federal and state tax returns for the current year as well as the previous two years, using a software program provided by the IRS. Taxes are e-flied at no cost to the taxpayer, or the taxpayer can chose to mail the completed returns at his/hers expense.

The tax sites are operated within the established guidelines and requirements established by the IRS.

#### A. Tax Preparation Methods

All tax sites offer two tax preparation methods the Tax Return Preparation Method and the Facilitated Self-Assistance (FSA)

#### 1. Traditional Tax Return Preparation Method

The traditional VITA Site will offer face-to-face interviews with the taxpayer. The return is prepared by the tax preparer and e-filed the same day or filed by the taxpayer, at the taxpayer's expense, via regular mail. The tax site accepts both appointments as walk-ins.

Tax sites are opened from February through October and are located in various communities. During the 2016 tax season the tax sites were opened at the following locations

| Sites & locations                                                                | Days and Hours                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| White Plains - One Stop<br>Center 120<br>Bloomingdale Rd, 10605                  | <ul> <li>Starting Thursday, February 4<sup>th</sup> (Tuesday and Thursday – 11am to 7pm)</li> <li>Saturday February 6<sup>th</sup> – 9am to 1:00pm</li> <li>Last day, Saturday April 16<sup>th</sup></li> <li>English and Spanish</li> <li>Appointments and Walk-ins</li> <li>Last appointment: <ul> <li>Tuesday and Thursday is at 6pm</li> <li>Saturday is at 12 noon</li> </ul> </li> </ul> |
| Yonkers - EOC<br>26 South Broadway<br>Yonkers, NY 10705                          | <ul> <li>Starting Thursday, February 4<sup>th</sup> (Tuesday and Thursday – 12:00pm – 8:00pm)</li> <li>Last day, Thursday April 14<sup>th</sup></li> <li>Appointments and Walk-ins</li> <li>Last appointment:         <ul> <li>Tuesday and Thursday is at 7pm</li> </ul> </li> </ul>                                                                                                           |
| Mt. Vernon - One Stop<br>Center<br>100 East First Street<br>Mt. Vernon, NY 10550 | <ul> <li>Starting Wednesday, February 3<sup>th</sup> (Wednesday and Friday – 9:00am– 5:00pm)</li> <li>Last day, Friday April 15<sup>th</sup></li> <li>Appointments and Walk-ins</li> <li>Last appointment:         <ul> <li>Wednesday and Friday is at 4pm</li> </ul> </li> </ul>                                                                                                              |

#### 2. Facilitated Self-Assistance (FSA) Using - MyFree Taxes

For those individuals who are able to prepare their own tax returns, the MyFree Tax website is available. This innovative service allows for taxpayers to do their own taxes for free, using a web-based program. Although this service is available to the public free of charge, through the partnership with the IRS and United Way, MyFree Taxes will grant all VITA programs a special portal by which Taxpayers can access the site on their home computers. The site allows the taxpayers to complete the return and e-file at no charge. Tithe site will receive the credit for every completed return filed.

During the 2016 tax season the IRS reported that the following number of were prepared via the website:

| Tax Site Location                    | Number of returns |
|--------------------------------------|-------------------|
| Educational Opportunity Center       | 97                |
| Mt. Vernon - One Stop Employment     | 193               |
| One Employment Center - White Plains | 193               |
| Westchester Community College        | 484               |
| Total Returns submitted              | 967               |

# B. Staffing

The program is manned by paid staff (Program Manager and Site Coordinators) and unpaid volunteers tax preparers.

#### 1. The Program Manager responsibilities include:

- Overall program management, supervision of the Tax Site Coordinators and volunteers.
- Reports to Westchester County to the Director of Westchester-Putnam Workforce Development Board and One-Stop Manger.
- Conduct meetings, issue newsletters, and establish other means of communications to share tax law and other administrative information with volunteers.

### 2. Volunteer's responsibilities include:

- Prepare Federal and State tax returns for 2016, 2015 and/or 2014.
- Conduct an interview with taxpayer/s and complete applicable portions of Form 13614-C, Intake/Interview & Quality Review Sheet.

# 3. VITA Site Coordinators responsibilities include:

- Obtains IRS certification.
- Manages VITA Site according to the IRS rules and requirements.
- Must be on-site at all times
- Prepares tax preparers work schedules and answers volunteer questions.
- Ensures that all volunteers are certified and ensures that volunteers only prepare returns within their scope.
- Provides quality review of all tax returns with the taxpayer
- E-files all tax returns
- Correct all rejected tax returns
- Submitted weekly reports and completed the year-end report
- Provides on-going training and support to staff
- Prepare tax returns, when the site is experiencing heavy volume or short staffed.

#### 4. Bilingual Intake Specialists (Extra Points)

There a number on taxpayers who come to the tax site in need of a translator to assist in completing the tax return. Extra points will be given to the Proposer if these services are made available

- **5. Volunteer Recruitment:** A successful VITA program depends heavily on volunteers. Beginning in September t to November the program recruits for volunteer tax preparers. To recruit volunteers the program host volunteer open house events, issue press releases, send out e-mail and voice mail calls. A minimum of sixty (60) volunteers must are recruited and train each year.
- 6. **Training:** Site Coordinator and Volunteer Tax preparers must receive hands-on computer training and pass the certification exam.

#### C. Partnership Collaboration

| Organization                  | Role / Resources                                  |  |
|-------------------------------|---------------------------------------------------|--|
| Interfaith Council for Action | Outreach to low- and moderate-income families.    |  |
|                               | Manage Tax Site and provide Site Coordinator and  |  |
|                               | Clerical staff                                    |  |
| Education Opportunity Center  | Outreach to low- and moderate-income families.    |  |
|                               | Manage Yonkers Tax Site and provide Site          |  |
|                               | Coordinator and Clerical Staff                    |  |
| Westchester Community         | Outreach to low- and moderate-income families.    |  |
| Opportunity Program           | Manage Tax Sites and provide Site Coordinator and |  |
|                               | Clerical Staff                                    |  |

| United Way 211 of | Provide 24 hour hotline and on-line scheduling |
|-------------------|------------------------------------------------|
| Westchester       | of appointments                                |

#### D. Marketing and Promotion

Promotion materials will be developed by Westchester County to help inform eligible employees, affiliates and customers about the tax credits, motivate them to file their tax return and link individuals with opportunities to obtain free tax filing assistance. Outreach material will include brochures, posters, flyers, bus cards, and the internet. Information will be disseminated via:

- Press release
- Countywide letter campaign to housing authorities, libraries, Head Start/Daycare centers, local businesses, and United Way 211
- Letter to recipient of Temporary Assistance to Needy Families (TANF)
- Distribution of flyers and brochures to community-based organizations, faith-based organization, and libraries.
- E-mail blasts to Westchester residents who registered their e-mail accounts with the County.
- Westchester County Executive's EITC/VITA Kick- off event

#### IV. SCOPE OF WORK

Westchester County will enter into an agreement with the successful Proposer who will implement and manage the 2017 Westchester County VITA program. The Proposer responsibilities include:

#### A. Tax Preparation Services

- 1. The Proposer will provide free tax services to low income taxpayers and limited English proficient taxpayers.
- 2. The proposers will successfully file 2,300 Federal returns and 2,300 State returns per year.
- **3.** The Proposer prepare all tax returns using approved software provided by the IRS either of the two subscribed method: Traditional tax return preparation method and the facilitated self-assistance (FSA) using MyFree taxes
- 4. The Proposer will operate the tax services from the established tax sites in White Plains, Yonkers, Valhalla, Mt. Vernon, Peekskill and Ossining. Westchester County will also entertain other proposed tax sites.
- 5. The Proposer will operate the tax sites during the days and time as described in

section III(A)(1) during tax season beginning February through April and will provide off –season tax services beginning May through August.

6. The Proposer will also host special one-day tax preparation days at off-site locations.

## **B.** Management of Tax Sites

The County will select one (1) proposer to coordinate all of the VITA sites. The proposer must confirm the minimum hours of operation with any proposed adjustments or additional hours submit an operational budget, provide a description of partners, services, and how sites will meet or exceed the projected goal for number of prepared returns per site.

#### C. Staffing

- The successful Proposer will hire a Program Manager who coordinate the program, supervised all staff, complete all required reports and report directly to Westchester County.
- 2. The successful Proposer will be responsible for hiring and training staff for each site. Each tax site must be staffed with at least one (1) paid Tax Site Coordinator and three (3) volunteer tax preparers.
- 3. It is the Proposer's responsibility to ensure 1) that qualified staffs are hired and 2) there is adequate staff coverage.

#### **D.** Volunteer Recruitment

- 1. Recruitment begins the month of October. The most effective recruitment measures should be directed toward past volunteers, retirees, businesses, and accounting students through partnerships with local colleges.
- 2. The Proposer may have a third party to assist with recruitment and training of volunteers. This must be reflected in the response to the proposal and a budget must be included.
- 3. The Proposer will host a minimum of three (3) Volunteer Open Houses
- 4. Volunteer Recruitment efforts includes:
  - a. Registration of volunteers
  - b. Orientation on new and returning volunteers

#### E. Training

The successful Proposer will be responsible for training all staff. IRS VITA regulations

requires all staff (paid and unpaid) be IRS certified. Visit <a href="http://apps.irs.gov/app/vita/">http://apps.irs.gov/app/vita/</a> to access the exam. The IRS has provided resource materials to assist in training staff.

- 1. The Proposer will provide the Site Coordinators and Volunteer Tax preparers with hands-on computer training and ensure that all staff pass IRS certification exam.
- 2. The Proposer r will provide a minimum of one training session during the workweek and a minimum on one training session during the weekend.
- 3. All training is to take place from the month of December and be concluded in by January 31<sup>st</sup>.
- 4. The Proposer will conduct ongoing training for new volunteers and site Coordinators to ensure that the program is staff successful in case of attrition of staff.
- 5. Westchester County has the 20 computer capacity of provide the training at the White Plains tax site. The Proposer can also suggest other free locations to host the trainings.
- 6. It will be the responsivity of the Proposer to attend all trainings and webinars provided by the IRS

# F. Comply with the IRS Administrative requirements

The Westchester County VITA sites are operated under the guidelines of the IRS. Additional information can be found in Publication 1084, IRS Volunteer Site Coordinator(s)'s Handbook. Administrative requirements include but are not limited to the following:

- 1. Provide volunteer tax preparation services free of charge.
- 2. Prepare tax returns using the TaxWise (each site has a establish EFIN and SIDN)
- 3. Abide by the Quality Site Requirements.
  - i. Volunteers Certification All volunteers who prepare or correct returns, answer tax law questions, review completed returns, or teach tax law must be certified.
  - ii. Intake and Interview Process All sites must use an intake and interview process. This process must include correct use of an approved intake and interview sheet for every return prepared
  - iii. Availability of Reference Materials All sites must have reference materials

available for use by every volunteer return preparer and quality reviewer, preferably at each workstation

- 4. Civil Rights All sites must display or provide Title VI of the Civil Rights Act of 1964 information to the taxpayer.
- 5. Privacy, Confidentiality, and Security Guidelines All sites must follow privacy, confidentiality, and security guidelines to ensure taxpayer information is provided reasonable protection threat of identity theft.
- 6. Quality Review All sites must use a quality review process, which includes 100 percent review of all returns. This process must include correctly using an approved quality review check sheet for every return.
- 7. Finished Return All sites must have processes in place to ensure every return is timely filed or delivered to the taxpayer.
- 8. Site Identification All returns prepared must contain the correct and unique Site Identification Number (SIDN).
- 9. Electronic Filing Controls All returns prepared electronically must contain the correct Electronic Filing and Identification Number.
- 10. Monitor the quality and technical proficiency of your volunteers on an on-going basis

#### **G.** Reporting Requirements

The successful Proposer will be responsible for submitting all monthly reports and yearend reports are required by Westchester County and IRS.

#### H. Conduct quality site and return reviews

To ensure sites are operating in accordance with the IRS and your established procedures. Maintain all review information for the VITA grant year-end report.

#### I. Fiscal Requirements

## A. Back-up Documentation Requirements

• Each expense being charged to the invoice must be submitted with backup verification (e.g. copies of bills, etc.).

- Every invoice and backup is subject to review. To expedite this process the backup documents should be arrange in the same order as presented on the invoice for efficient verification (e.g., if the first line on disbursement list is "supplies", the first back up item should be receipts for supplies.)
- A copy of the check that paid the expense must be submitted for each expense being charged on the invoice.
- If administrative overhead was approved in advance as part of the budget, the agency will have already submitted an indirect cost allocation plan. Overhead should be charged in uniform increments over the time frame of the contract (E.g. If the contract is a 12-month contract, then charge 1/12 each month). Required back up documentation includes: a copy of the indirect cost allocation plan that shows how the indirect rate was determined, external verification of each expense contained within the plan, copies of checks used to pay each expense contained with the plan.
- Each expense on the invoice must be backed up by an actual vendor's invoice, proof
  of purchase, bill, receipt or other external verification showing the date, description
  and amount of the expense.
- Each expense must be backed up by the check that paid the expense.
- Payroll must be backed up by reports from the payroll processing company, which includes tax and other fringe benefit expenses and shows the program(s) or department(s) to which the salary and taxes are charged. Each employee charged to the grant should have a time sheet that has been signed by both the employee and the employee's supervisor. Time sheets must match the payroll reports that are generated by the payroll processing company. Agencies that process pay roll internally must have copies of checks disbursed to employees and ledgers that show where salary and taxes for each employee have been charged.
- Westchester-Putnam LWIB has the right to request additional backup documents to verify expenses.

#### **B.** Invoice Submission Standards

- Invoices must be submitted by the 15<sup>th</sup> day of the month following the close of the period covered on the invoice. (e.g., April invoices are due by May 15<sup>th</sup>.)
- All invoices should be submitted to Westchester-Putnam WDB, 120 Bloomingdale Rd, White Plains, NY, 10605
- Invoices must have a unique invoice number and must be submitted with a signed payment voucher and applicable disbursement journal (if applicable). The payment voucher must reference the contract number. All forms and contract numbers will be supplied by the responsible program office,

- The amount in the Total-to-Date column cannot exceed the amount budgeted for each line item. If a budget modification is necessary, it must be submitted to the Program Coordinator and approved prior to the submission of the next invoice.
- The budgeted amount on the invoice form must match the approved budget, or if a budget modification was approved, the modified budget.
- The totals in each column of the disbursement journal must match the total of each line item on the invoice form.
- The totals in each column of the disbursement journal must foot properly.
- Only eligible expenses should be charged to the invoice.
- Expenses, as reflected on the disbursement journal, should be properly assigned to the appropriate budgeted line item.
- Expenses must fall within the contract period.

# V. PROPOSAL REQUIREMENTS

Submission: Proposals are due no later than 12:00 pm on Thursday, December 22, 2016. Proposers are required to submit one (1) original signed proposal and (3) hard copies, free of all bindings to Sonda Norris-Lowe c/o the Westchester/Putnam Local Workforce Development Board, 120 Bloomingdale Road, Room 217, White Plains, New York 10605.

- 1. Format: Responses to this RFP should be in the format as outlined in <u>SCHEDULE</u>
- 2. <u>"A."</u> Limit narrative to three (3) pages, single spaced pages. Use these headings, subheadings and numbers, the Applicant must give specific responses to the required items listed below and provide enough detail so that your application can be fully considered. If your program is selected for funding the narrative from your proposal will be used as part of your contract.
- **3.** Price Quote and Budget Narrative: (See SCHEDULE "A")
- 1. Proposals MUST be signed. Unsigned proposals will be rejected.
- **2.** 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.

#### VI. EVALUATION CRITERIA

The LWIB shall apply the following evaluation criteria in selecting a proposer with whom to commence contract negotiations. Such criteria are not necessarily listed in order of importance. The selection will be made based upon which proposal best satisfies the interests of the LWIB and is most advantageous to the LWIB, and not necessarily on the basis of price or any other single factor. The LWIB reserves the right to weigh its evaluation criteria in any manner it deems appropriate.

Evaluation of your proposal will be based on the following criteria:

| 1. | Organizational History & Experience | 0- 5 points  |
|----|-------------------------------------|--------------|
| 2. | Overall Program Approach            | 0- 15 points |
| 3. | Recruitment                         | 0-10 points  |
| 4. | Training                            | 0- 10 points |
| 5. | Management of Tax Site              | 0-10 points  |
| 6. | Special Services                    | 0-10 points  |
| 7. | Bilingual Services                  | 0- 10 points |
| 8. | Price Quote, Budget Summary         | 0- 15 points |
| 9. | Budget Summary & Narrative          | 0- 10 points |
| 10 | Client References                   | 0- 5 points  |
|    | Maximum Points                      | 100 points   |

#### VI. LEGAL

#### REPRESENTATIONS

#### UNDERSTANDINGS

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

- That any proposal, attachments, additional information, etc. submitted pursuant to this Request for Proposals 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 Request for Proposals:

- To reject any or all proposals;
- To issue additional solicitations for proposals;
- To issue amendments to this RFP;
- To waive any irregularities in proposals received after notification to Proposers affected;
- To select any proposal as the basis for negotiations of a contract, and to negotiate with one or more of the Proposers for amendments or other modifications to their 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 a Request For Proposals 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.
- Evaluation criteria are not necessarily listed in order of importance. The County reserves the right to weigh its evaluation criteria in any manner it deems appropriate.

#### VII. 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.

#### VIII. CONTRACT

After selection of the successful proposer, and following contract negotiations, a formal written contract will be prepared by the County of Westchester and will not be binding until signed by both parties and approved by the Westchester County Board of Acquisition & Contract and the Office of the 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.

#### IX. <u>NON-COLLUSION</u>

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.

#### X. <u>CONFLICT OF INTEREST</u>

The award of a contract is subject to provisions of all Federal, State and County laws. 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. Further, all proposers must disclose the name of any County officer, employee, or elected official who owns, directly or indirectly, an interest of ten percent or more in the proposer or any of its subsidiaries or affiliates.

# XI. PROPOSALS SUBJECT TO FREEDOM OF INFORMATION LAW

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 asterisk (\*) 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 the 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 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.

#### XIII. PROPOSER INFORMATION, PRICE QUOTE, BUDGET SUMMARY:

The Agency shall provide a profile on **SCHEDULE "A"**, including organizational history, experience, program approach, staffing, references, price quote, budget summary and narrative

## XIV. MBE/WBE

Pursuant to Section 308.01 of the Laws of Westchester County, 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 Proposers to complete the questionnaire attached hereto as

#### **SCHEDULE "B"**

#### **XIV. DISCLOSURE FORM:**

To avoid conflicts of interest and the appearance of impropriety, the Proposer shall be required to complete the Disclosure Form attached hereto as **SCHEDULE "C"**.

#### XV. CRIMINAL DISCLOSURE FORM

The Proposer agrees to complete the Criminal Background Disclosure as required by Executive Order No. 1-2008 and attached hereto as **SCHEDULE "D"** which is hereby incorporated by reference.

#### XVI. 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 |  |

# **ACKNOWLEDGMENT**

| STATE OF NEW YORK              |                        |                      |                            |
|--------------------------------|------------------------|----------------------|----------------------------|
| COUNTY OF )                    | SS.:                   |                      |                            |
|                                |                        |                      |                            |
| On the                         | _day of                | in the year 20       | before me, the             |
| undersigned, personally app    | eared                  | , personally kn      | own to me or proved to me  |
| on the basis of satisfactory e | evidence to be the in  | ndividual(s) whose   | e name(s) is (are)         |
| subscribed to the within ins   | trument and acknow     | vledged to me that   | t he/she/they executed the |
| same in his/her/their capacit  | ty(ies), and that by l | his/her/their signat | cure(s) on the instrument, |
| the individual(s), or the pers | son upon behalf of v   | which the individu   | al(s) acted, executed the  |
| instrument.                    |                        |                      |                            |
|                                |                        |                      |                            |
|                                |                        |                      |                            |
| Date:                          |                        |                      | _                          |
|                                |                        | Notary Public        |                            |

# SOLE CORPORATE OFFICER ACKNOWLEDGMENT

| STATE OF NEW YORK )                                                                          |
|----------------------------------------------------------------------------------------------|
| SS.:                                                                                         |
| COUNTY OF )                                                                                  |
|                                                                                              |
|                                                                                              |
| On thisday of, 20 , before me, the                                                           |
| undersigned, personally appeared, personally known to                                        |
| me or                                                                                        |
| (Name of Sole Officer)                                                                       |
| proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is  |
| (are) subscribed to the within instrument and acknowledged to me that he/she executed the    |
| same in his/her capacity as President and sole officer and director of, the                  |
| corporation described in and which executed the                                              |
| (Name of Corporation)                                                                        |
| within instrument, and acknowledged that he/she owns all the issued and outstanding capital  |
| stock of said corporation, and that by he/she signed the within instrument on behalf of said |
|                                                                                              |
| corporation.                                                                                 |
|                                                                                              |
|                                                                                              |
| Notary Public                                                                                |

# CERTIFICATE OF AUTHORITY (CORPORATION)

| Ι,,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Officer other than officer signing contract)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| certify that I am theof (Title)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (Title)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| the(Name of Corporation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| a corporation duly organized and in good standing under the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| who signed said agreement on behalf of the(Name of Corporation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| was, at the time of execution (Title of such person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| of the Corporation and that said agreement was duly signed for and on behalf of said Corporation by authority of its Board of Directors, thereunto duly authorized and that such authority is in full force and effect at the date hereof.                                                                                                                                                                                                                                                                                                                  |
| (Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| STATE OF NEW YORK ) ) ss.: COUNTY OF )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| On theday ofin the year 20 before me, the undersigned, a Notary Public in and for said State,personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the officer described in and who executed the above certificate, who being by me duly sworn did depose and say that he/she resides at, and he/she is an officer of said corporation; that he/she is duly authorized to execute said certificate on behalf of said corporation, and that he/she signed his/her name thereto pursuant to such authority. |
| Notary Public Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

## **SCHEDULE "A"**

| Proposer's Company Legal Name: |                      |
|--------------------------------|----------------------|
| Main Contact Person            |                      |
| Mailing Address:               |                      |
| E-mail Address                 |                      |
| Office Phone Number            | Mobile Phone Number: |

- 1. **Organization History & Experience**: Describe your organization's overall mission and current staffing configuration (attach an organizational chart). Attach resumes for key staff. Detail your organization's experience in providing VITA and related tax preparation. Describe your experience in providing the type pf service you are proposing.(5 points)
- 2. **Overall Program Approach:** Describe your overall approach to providing tax services to eligible tax filers and how you will meet IRS requirements for a VITA site. Describe how you propose to meet or exceed the goals established for Westchester VITA sites (i.e., 2200 total returns,). Describe the partners you plan to work with to provide VITA services. (15 points)

Proposed Timetable: Describe using the templet below the proposed timeline of all program activities to be accomplished during the contract period.

| Activity                | Start Date | End Date |
|-------------------------|------------|----------|
| Volunteer Recruitment   |            |          |
| Volunteer Orientation   |            |          |
| Staff training          |            |          |
| Tax Site open           |            |          |
| VITA/EITC Kickoff Event |            |          |
| Volunteer Open House    |            |          |

**Recruitment:** Describe your approach for the recruitment of volunteers. A third party may be listed to assist with recruitment. This must be reflected in the response and a budget must be included. (10 points)

- 3. **Training:** Describe your approach for the training of staff. IRS VITA regulations requires all staff (paid and unpaid) to be IRS certified. Include in your response the number trainings per week. (10 points)
- 4. **Site Management :** Use the chart below confirm the number of staff, the days and hours of operation, paid staff and (unpaid) volunteers for each site, and the projected number of returns for each site. (5 points)

| Site | Number and title of assigned staff | Site days and hours of operation, planned # of tax returns to be filed. |
|------|------------------------------------|-------------------------------------------------------------------------|
|      |                                    |                                                                         |
|      |                                    |                                                                         |

- 6. **Special Services:** Describe any special services your organization will provide, such as college student in preparing returns for their Financial Student Aide Assistance (FAFSA) applications, health care information, financial literacy, or services to special populations such as veterans, disabled individuals, students, or the elderly. (10 points)
- 7. **Bilingual Services:** Describe the Bilingual services you will provide at the tax sites. Include the prosed number of Staff and the days they will be available at the tax site. (10 points)
- 8. Price Quote, Price Quote, Budget Summary

Provide budget using the template below. A total price quote for all services and expenses as well as a budget of all estimated costs involved with your submission attached hereto and made part hereof. This will be used to better understand what staff is going to be used and what expenses are going to be incurred. The funds under this program are for the hiring of staff and reasonable costs that would not have been incurred but for the VITA Program. (15 points)

| God God on the             | Annual | 0/        | Charged to |
|----------------------------|--------|-----------|------------|
| Cost Categories            | Salary | % of Time | Program    |
| A. Personnel Costs         |        |           |            |
|                            |        |           |            |
|                            |        | \$        |            |
| Sub-total salaries         |        | -         | \$ -       |
|                            |        |           |            |
| B. Fringe Benefits         |        |           |            |
|                            |        |           |            |
|                            |        | \$        |            |
| Total Personnel            |        | _         | \$ -       |
|                            |        |           |            |
| C. Non-Personnel Costs     |        |           |            |
| Subcontractor Total        |        |           |            |
| D. Other Than Personnel    |        |           |            |
| Costs                      |        |           |            |
|                            |        |           |            |
| Food and Beverage          |        |           |            |
| Non-Personnel Total        |        |           |            |
| Subcontractor Total        |        |           |            |
|                            |        | \$        |            |
| Total OTPS                 |        | -         | \$ -       |
|                            |        |           |            |
|                            |        | \$        |            |
| <b>Total Program Costs</b> |        | -         | \$ -       |

#### 9. Budget Narrative (10 points)

A budget narrative must be attached to the proposal. The narrative should explain the justification of projected costs. The Budget Narrative is the justification of 'how' and/or 'why' a line item helps to meet the program deliverables.

#### Sample:

A. Salary – Total: \$54,818.00

Program Director currently oversees the program and will spend 100% of their time hiring, supervising and training staff. This individual's annual salary is \$26,596.00 and will be covered for the 12 months of the contract.

B. Fringes – Total: \$18,629.00

FICA will be paid for all salaries:  $$54,818.00 \times .0765 = $4,194.00$ .

Unemployment cost is  $$17,300.00 \times 3 \times .03 = $2,855.00$ .

Retirement for full-time employees:  $$48,596.00 \times .06 = $2,916.00$ .

Health Insurance cost for full-time employees is the following:

Director: \$357 x 12 months= \$4,284.00. Coordinator: \$365 x 12 months= \$4,380.00.

10. **Client References:** Please provide (3) references from previous clients, including contact information, project worked and the cost. (5 points)

#### **SCHEDULE "B"**

#### **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 <u>certified</u> 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 <u>certified</u> 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 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 groHispanic persons of Mexican, Puerto Rican, Dominican, Cu Central or South American descent of either Indian or Hisp origin regardless of raceNative American or Alaskan native persons having origins in any the original peoples of North AmericaAsian or Pacific Islander persons having origins in any of the Far East countries, South East Asia, the Indian sub-continent or the Pacific Islands | ıban<br>pani<br>of |
| Name of Business Enterprise:                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |
| Name and Title of person completing questionnaire:                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| Notary Public Date                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |

# SCHEDULE "C" REQUIRED DISCLOSURE OF RELATIONSHIPS TO COUNTY

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

| 1.) | Are any of the employees that the Consultant 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 Consultant 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 <b>interest</b> <sup>1</sup> in the Consultant or in any approved subcontractor that will be used for this contract?                        |
|     | Yes No                                                                                                                                                                                  |
|     | If yes, please provide details (attach extra pages, if necessary):                                                                                                                      |
| Ву  | signing below, I hereby certify that I am authorized to complete this form for the Consultant                                                                                           |
| Nar | me: Title:                                                                                                                                                                              |
| Dat | e:                                                                                                                                                                                      |

- <sup>1</sup> "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.

# SCHEDULE "D" CONSULTANT 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.<sup>2</sup> 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 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

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 Officer<sup>3</sup>. 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 p e r s o n on your Criminal Background Disclosure Form and Certification

<sup>&</sup>lt;sup>2</sup> 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 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.

#### 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** 

<sup>&</sup>lt;sup>3</sup> 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.

| Contract #: _                                  |        |
|------------------------------------------------|--------|
| Name of Consultant, Contractor, Lessee, or Lic | ensee: |

# CRIMINAL BACKGROUND DISCLOSURE FORM AND CERTIFICATION

| sublice<br>or licer          | form is being completed by a subconsultant, subcontractor, sublessee, or nsee, please consider all references in this form to "consultant, contractor, lessee, usee" to mean "subconsultant, subcontractor, sublessee, or sublicensee" and nere:                                                                                                                                              |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ι,                           | , certify that I am a principal or a (Name of Person Signing Below)                                                                                                                                                                                                                                                                                                                           |
| comple                       | entative of the Consultant, Contractor, Lessee, or Licensee and I am authorized to ete and execute this Criminal Background Disclosure Form and Certification. I that I have asked each Person Subject to Disclosure the following questions:                                                                                                                                                 |
| miso<br>und<br>conv<br>falsi | e you or your company ever been convicted of a crime (all felonies and lemeanors as defined under the New York State Penal Law or the equivalent er Federal law or the laws of any other State) including, but not limited to, viction for commission of fraud, embezzlement, theft, forgery, bribery, fication or destruction of records, making false statements or receiving stolen perty? |
| • felo                       | you or your company subject to any pending criminal charges (all nies and misdemeanors as defined under the New York State Penal Law or equivalent under Federal law or the laws of any other State)?                                                                                                                                                                                         |
|                              | y that the names and titles of Persons Subject to Disclosure who refused to answer of the questions above are:                                                                                                                                                                                                                                                                                |
|                              | 1                                                                                                                                                                                                                                                                                                                                                                                             |
|                              | 2                                                                                                                                                                                                                                                                                                                                                                                             |
|                              | 3                                                                                                                                                                                                                                                                                                                                                                                             |
|                              | 4                                                                                                                                                                                                                                                                                                                                                                                             |
|                              | 5                                                                                                                                                                                                                                                                                                                                                                                             |

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

| estions above are | e: |  |              |  |
|-------------------|----|--|--------------|--|
| 1                 |    |  | _            |  |
| 2                 |    |  | _            |  |
| 3                 |    |  | _            |  |
| 4                 |    |  | _            |  |
| 5                 |    |  | <del>_</del> |  |

I certify that the names and titles of Persons Subject to Disclosure who answered "Yes" to

either of the

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.

(If more space is needed, please attach separate pages labeled "YES Answers -

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 because 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.

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|---------------|--------|------|-------|
|               | Title: |      | Date: |
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|               |        |      |       |
|               | _      | <br> |       |
| Notary Public |        | Date |       |