



**ORANGE COUNTY, NEW YORK**


Department of General Services  
PO Box 218, 255-275 Main Street  
Goshen, New York 10924

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**RFQ TITLE: PHYSICAL THERAPIST, PHYSICAL THERAPIST ASSISTANT, OCCUPATIONAL THERAPIST, CERTIFIED OCCUPATIONAL THERAPY ASSISTANT, SPEECH THERAPIST, SOCIAL WORKER, CERTIFIED DIETITIAN, REGISTERED NURSE, AND HOME HEALTH AIDE SERVICES FOR CERTIFIED HOME HEALTH AGENCY**

**RFQ-VV-CHHA20**

**PHYSICAL THERAPIST, PHYSICAL THERAPIST ASSISTANT,  
OCCUPATIONAL THERAPIST, CERTIFIED OCCUPATIONAL THERAPY  
ASSISTANT, SPEECH THERAPIST, SOCIAL WORKER, CERTIFIED  
DIETITIAN, REGISTERED NURSE SERVICES, AND HOME HEALTH AIDE  
SERVICES FOR CERTIFIED HOME HEALTH AGENCY**

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**NOTICE TO OFFERORS**

Qualifications for **RFQ-VV-CHHA20 Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Certified Occupational Therapy Assistant, Speech Therapist, Social Worker, Certified Dietitian, Registered Nurse, and Home Health Aide Services for Certified Home Health Agency** will be received by The Valley View Certified Home Health Agency at 2 Glenmere Cove Road, Goshen, NY 10924 **on a rolling basis** to fulfill the needs of the County.

Copies of the Request for Qualifications may be obtained beginning August 26, 2020 at the above address between the hours of 9:00 A.M. and 4:00 P.M., Monday through Friday (with the exception of County-observed holidays), as well as through **www.orangecountygov.com/753/Valley-View-Center** under "RFQ for Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Certified Occupational Therapy Assistant, Speech Therapist, Social Worker, Certified Dietitian, Registered Nurse, and Home Health Aide Services for Certified Home Health Agency."

August 26, 2020

James P. Burpoe, Commissioner  
Department of General Services

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**INSTRUCTIONS TO OFFERORS**

Unless this Request for Qualifications (RFQ) is solicited directly by another County department, the only official distribution source for this Request for Qualifications (RFQ) is through the Department of General Services. Additionally, most RFQ documents issued by the Department of General Services are now being distributed through BidNet which can be accessed through [www.orangecountygov.com/generalservices](http://www.orangecountygov.com/generalservices) under "Current Bids and Proposals." If you've obtained this RFQ from a different source, you are encouraged to contact the Department to receive an official copy. You may not receive addenda or important information regarding this RFQ if you are not registered with the Department of General Services as having obtained a copy of this RFQ through the Department or through BidNet.

By submitting a qualifications package, you are asking the County to accept your offer for the sale of goods and/or services. It is important that you READ and UNDERSTAND all terms and conditions contained herein, as well as understand the laws that govern Public Contracts in New York State. **If you do not agree with the terms and conditions contained in this RFQ you should not submit a qualifications package.**


**Your qualifications package will be considered by the County if the following conditions are met:**

1. Pursuant to State Finance Law §139-j and §139-k, this solicitation includes and imposes certain restrictions on communications between the County and an Offeror during the procurement process. An Offeror is restricted from contacting other than designated staff from the earliest notice of intent to solicit offers through final award and approval of the Procurement Contract by the County Executive ("Restricted Period") unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law §139-j(3)(a). County employees are required to obtain certain information when contacted during the Restricted Period. The designated staff contact is the Commissioner of General Services or his representative, telephone (845) 291-2792. Offerors responding to this RFQ must familiarize themselves with these State Finance Law requirements and will be expected to affirm that they understand and agree to comply on the Qualifications Form.

2.  Applicable                       Not Applicable

A pre-qualifications conference and site visit will be held at [location] on [date] at [time], prevailing time. Attendance is strongly recommended. The County shall not be liable for, nor shall it review proposed change orders, contract amendments, etc. for inadequate pricing, labor, materials, time or similar issues in Vendor/Consultant's contract with the County resulting from Vendor/Consultant's failure to attend and obtain information provided at the pre-qualifications conference, site visit and/or any addenda issued afterward.

3. Offerors are responsible for reporting in writing any errors, omissions, or ambiguities found in this RFQ. **All such reports, requests for information, questions, etc. shall be on the "Questions Form" provided in this RFQ and shall be either faxed to Tessy Joseph, RN, Deputy Commissioner, The Valley View Certified Home Health Agency at (845) 291-3182 or emailed to [TJoseph@orangecountygov.com](mailto:TJoseph@orangecountygov.com) and clearly marked "Questions – Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Certified Occupational Therapy Assistant, Speech Therapist, Social Worker, Certified Dietitian, Registered Nurse, and Home Health Aide Services for Certified Home Health Agency, RFQ-VV-CHHA20."** No questions will be entertained by any other means.

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4. Unless otherwise specified herein, all qualifications shall be made upon forms furnished in this RFQ, if any and as may be modified by addenda, contained in sealed envelopes marked: **“Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Certified Occupational Therapy Assistant, Speech Therapist, Social Worker, Certified Dietitian, Registered Nurse, and Home Health Aide Services for Certified Home Health Agency, RFQ-VV-CHHA20,”** addressed to **Tessy Joseph, Deputy Commissioner, 2 Glenmere Cove Road, Goshen, NY 10924**. It is the Offeror’s responsibility to clearly mark the outside of their envelopes. Faxed qualifications are not permitted.

5. **Two (2)** sets of all qualifications shall be submitted, **ONE SET OF WHICH MUST CONTAIN ORIGINAL SIGNATURES** including completed copies of any forms or certifications required in this RFQ. Forms, if any, included in this RFQ shall be completely filled in, in ink or by typing, on the original form. Failure to respond to the RFQ on any official form(s) included in this RFQ, may result in disqualification of a qualifications package as non-responsive. No Qualifications Form will be accepted which contains any addition, omissions or erasures. Each Qualifications Form shall be properly executed and signed by the Offeror. Illegible and unsigned qualifications will be rejected as non-responsive.


6. Permission will not be given to modify or explain any qualifications after they have been opened, unless clearly specified in this document (e.g. interviews). Permission to withdraw qualifications prior to opening will be at the discretion of the County and no replacement qualifications may be submitted without authorization from the Commissioner of General Services. Opened qualifications which required a deposit for plans and specifications may not be withdrawn until forty-five (45) days after opening.

7. **Basis of Award provisions vary with each RFQ, please read that section carefully.** Some RFQs may be awarded to more than one entity. The County reserves the right to waive any informality, reject any and all qualifications, or, if noted in the Basis of Award section of this RFQ, accept any qualifications in whole or in part, if deemed to be in the best interest of the County.

8. Any award shall be subject to the execution of a contract (and, if applicable, license or other agreements) between the Offeror and the County. The County's contract obligation is contingent upon execution of the contract between the County and selected Vendor/Consultant, provision of required Pay-to-Play forms, insurance certificates and bonds, as applicable, by the Vendor/Consultant, and the availability of appropriated funds for the contract. No legal liability on the part of the County for payment of any money shall arise unless and until a contract is executed by both parties, funds are appropriated and made available in each year of the term of the contract, and all performance requirements for each payment are met. The County shall have no responsibility or liability for any of Offeror's costs related to preparation of qualifications, attendance at interviews, etc.; all such costs are solely at Offeror's risk and expense.

9. Offeror(s) awarded a contract agree to execute the contract in the same form as the template enclosed in this RFQ in the timeframe, if any, indicated in this RFQ. Failure to reach agreement on contract terms and conditions may result in rejection of a qualifications package, rescission of an award and/or retention of Bid Security by the County.

10. The County maintains a unilateral right to cancel or extend the contract in accordance with the terms of any contract resulting from this RFQ. If a Vendor/Consultant fails to perform or otherwise breaches the contract, in

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addition to any other rights and remedies the County may have, the Vendor/Consultant may be listed as non-responsible and may be ineligible for future contract awards.

11. If Bid Security is required by this RFQ; it must be included in the qualifications package. If Performance and/or Payment Bonds are required by this RFQ, qualifications packages must include a letter from the Offeror's bank or surety stating that the required letter of credit or bond(s) will be provided in the event of a contract. The letter of credit or bond(s) shall be provided for each year or relevant portion of the contract, as may be applicable.

12. Offerors should be properly registered to do business in the State of New York and furnish applicable certificates of authority/incorporation/partnership/dba, etc. with their qualifications package.

13. The County encourages submission of qualifications by certified Minority- and/or Women-Owned Business Enterprises (MWBE) and/or Disadvantaged Business Enterprises (DBE).

14. A Non-Collusion Certification, Disclosure of Non-Responsibility Determination and Iran Divestment Act Certification are included in this RFQ. Bidders must complete and submit a signed original of each and the applicable number of copies of each with each Bid.


15. Supplier Forms are provided with this RFQ. Offerors that have not received a purchase order in the last twelve (12) months from the County must submit completed and signed Supplier Forms prior to execution of a contract by the County.

16. Please be advised that this solicitation is subject to Orange County Local Law No. 13 of 2013, as amended, known as the "Pay-to-Play Law." Pay-to-Play Forms will be made available with this RFQ. All Pay-to-Play Forms should be submitted with your qualifications package and will be required if you are awarded a contract. The Pay-to-Play Forms are required from the Vendor/Consultant (unless exempted by the law) prior to execution of a contract by the County.

17. Pursuant to New York's Freedom of Information Law ("FOIL") (Public Officers Law, Article 6, Sections 84-90) all government records are presumptively open for public inspection unless specifically exempted from disclosure under FOIL. Offerors who have a good faith belief that information contained in their qualifications package is exempt from disclosure under FOIL must, at the time of their submission, request the exemption in writing, setting forth the basis for the claimed exemption. In addition, the Offeror must mark each page of its submission claimed to be exempt from disclosure under FOIL with the following legend: **"THE OFFEROR BELIEVES THAT THIS INFORMATION IS PROTECTED FROM DISCLOSURE UNDER THE NEW YORK STATE FREEDOM OF INFORMATION LAW."** Neither the Offeror's classification of materials as exempt under FOIL, nor the County's acceptance of Offeror's qualifications package with the claimed exemption(s), should be considered a final determination as to whether the designated materials are exempt from disclosure under FOIL. Any and all determinations as to the propriety of claimed exemptions will be made by the County and/or a court of law in accordance with applicable law.

**INSURANCE REQUIREMENTS**

During the term of a contract resulting from this RFQ, or longer if required, Consultant shall maintain, at its

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expense, Worker's Compensation, Disability and liability insurance policies of the types and minimum coverages specified in the enclosed contract template (e.g., Consultant Services Agreement), as applicable. Certificates of insurance evidencing Consultant's compliance with these requirements shall be required prior to execution of the contract by the County. Award is conditional upon submission of insurance documents within the time specified in the Notice of Award. Failure to do so may result in disqualification of the Offeror as non-responsive and/or the County's retention of any Bid Security.

**BONDING REQUIREMENTS**


There are no Bonds required for contracts awarded pursuant to this RFQ.

**SPECIFICATIONS**

1. The County seeks qualified individuals and/or entities to perform services as Physical Therapists, Physical Therapist Assistants, Occupational Therapists, Certified Occupational Therapy Assistants, Speech Therapists, Social Workers (both Licensed Master Social Workers [LMSW] and Licensed Clinical Social Workers [LCSW]), Certified Dietitians, Registered Nurses, and Home Health Aides, respectively, for patients referred by the County's Certified Home Health Agency.
2. Services required of, and rates for Physical Therapists, Physical Therapist Assistants, Occupational Therapists, Certified Occupational Therapy Assistants, Speech Therapists, Social Workers (LMSWs and LCSWs), Certified Dietitians, Registered Nurses, and Home Health Aides are described in the Specifications and Rates Table attached to this RFQ.
3. Physical Therapists, Physical Therapist Assistants, Occupational Therapists, Certified Occupational Therapy Assistants, Speech Therapists, Social Workers (LMSWs and LCSWs), Certified Dietitians, Registered Nurses, and Home Health Aides performing home visits must have the **applicable minimum experience stated under the Qualifications column of the attached Specifications and Rates Table.**
4. Physical Therapists, Physical Therapist Assistants, Occupational Therapists, Certified Occupational Therapy Assistants, Speech Therapists, Social Workers (LMSWs and LCSWs), Certified Dietitians, Registered Nurses, and Home Health Aides services are required throughout Orange County, New York. Service to all areas of Orange County is preferred, but Offerors responding to this RFQ may designate those areas within Orange County that he/she/it is willing to provide services at the rates stated on the attached Specifications and Rates Table.
5. It is anticipated that multiple contracts will be awarded pursuant to this RFQ.

**TERM**

1. The County anticipates that the term of any contract awarded under this RFQ will be for a period of one (1) year. The County reserves the right to renew and extend the term of the contract for up to three (3) additional

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periods of up to one (1) year each, at the sole option of the County and under the same terms and conditions as the initial contract.

2. Upon expiration of the initial term or any renewal term, if authorized by the County as provided above, the contract term may be extended unilaterally by the County for an additional period of up to two (2) months under the same terms and conditions as the initial contract including, but not limited to, quantities (prorated for such extension), prices, and delivery requirements. With the concurrence of the Consultant, the extension may be for a period of up to three (3) months in lieu of the up to two (2)-month period.

**PRICING**

See the Specifications and Rates Table attached to this RFQ pricing set by the County.

**PAYMENT**

Payment shall be made in accordance with the payment/compensation provisions of the form contract provided with this RFQ.

**SUBMISSION OF QUALIFICATIONS**

1. Unless otherwise noted below, one (1) signed original (as applicable to the document type) and the number of copies specified in Item #5 of the Instructions to Offerors, of each of the following items should be submitted in your qualifications package. **It is NOT necessary to include a copy of the entire RFQ in your qualifications package, only the items identified below are required.**


(a) Completed and signed Qualifications Form (included in this RFQ).

(b) Qualifications –

(i) If you are an individual, provide a copy of your resume/C.V. and copies of all licenses, certifications, and documentation necessary to verify that you satisfy the “Qualifications” required for the applicable position as set forth in the Specifications and Rates Table attached to this RFQ.

(ii) If you are a professional business entity, identify each individual who will be performing the applicable services on your behalf. Provide a copy of each such individual’s resume/C.V. and copies of all licenses, certifications, and documentation necessary to verify that each such individual satisfies the “Qualifications” required for the applicable position as set forth in the Specifications and Rates Table attached to this RFQ.



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- (c) Skills. Provide a detailed statement verifying that you possess, or, if you are a professional business entity, that each individual who will perform the applicable services on your behalf possesses the “Required Knowledge, Skills and Abilities” for the applicable position as set forth in the Specifications and Rates Table attached to this RFQ.
- (d) References. Provide contact information (entity name, contact person name, address, telephone number, and email address) for at least three (3) professional references that are familiar with your provision of services that are the same or substantially similar to those sought in this RFQ; references for New York government entities are preferable, but not required.
- (e) Signed Non-Collusion Certification (included in this RFQ).
- (f) Signed Iran Divestment Act Certification (included in this RFQ).
- (g) Completed and signed Disclosure of Non-Responsibility Determination (included in this RFQ – copy of instruction page not required).
- (h) Completed and signed Supplier Forms (if not already a current Orange County awarded vendor).
- (i) Completed and signed Pay-to-Play Forms (due to an exemption in the Pay-to-Play Law, Government Entities and School Districts do not need to complete Pay-to-Play forms).
- (j) Information or other materials to be included, only as requested in the Specifications and Wage Table attached to this RFQ.

**2. ALL SUBMISSIONS MUST BE CLEARLY MARKED ON THE OUTSIDE PACKAGING WITH THE RFQ TITLE AND NUMBER.**

**3. INSURANCE:** While not required in the qualifications package, Offerors are reminded that Certificates of Insurance evidencing Consultant's compliance with the Insurance requirements of this RFQ must be provided prior to execution of a contract by the County. The number of days for submission may vary but it may be less than one (1) business week, please be prepared. **FAILURE TO SUBMIT INSURANCE DOCUMENTS MAY RESULT IN DISQUALIFICATION OF THE CONSULTANT AS NON-RESPONSIVE AND/OR THE COUNTY'S RETENTION OF BID SECURITY.**


**ADDITIONAL INFORMATION, INTERVIEWS & SITE VISITS**

The County reserves the right to require any or all Offerors to present additional evidence of experience and ability. The County reserves the right to interview any or all Offerors during the evaluation of qualifications. If applicable, the County shall contact Offerors to arrange an interview which would be held at **The Valley View Center for Nursing Care and Rehabilitation, 2 Glenmere Cove Road, Goshen, NY 10924**. The County may award a contract under this RFQ without interviews for any or all Offerors, if deemed to be within the best interests of the County.

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**BASIS OF AWARD**

1. It is anticipated that multiple contracts may be awarded for certain of the services described in this RFQ. Award of any contract shall be made to the responsive, responsible, and qualified Offeror whose qualifications are determined to be in the best interest of the County, taking into consideration the following factors each of approximately equal weight:
  - (a) Qualifications,
  - (b) Skills, and
  - (c) References.
  
2. The submission of a qualifications package implies the Offeror's acceptance of the evaluation criteria and acknowledgment that subjective judgments must be made by the evaluation committee. Award of any contract(s) shall be made to the responsible Offeror(s), whose qualifications are determined to be in the best interest of the County.
  
3. The County reserves the right to waive any informality, or reject any or all qualifications, with or without advertising for new qualifications, if in the best interest of the County.

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**QUALIFICATIONS FORM**

INDIVIDUAL/BUSINESS NAME: \_\_\_\_\_

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

NAME, TITLE, TELEPHONE, FAX AND EMAIL OF CONTACT PERSON: \_\_\_\_\_

Does this business have a minority, women's, disadvantaged, or small business certification?      Yes      No


If yes, please list the designation(s) and the certifying entity(ties) \_\_\_\_\_

The undersigned proposes to furnish and deliver services for the **position(s) selected below** at the applicable rates stated on the attached and incorporated Specifications and Rates Table and in accordance with the all other terms, conditions and specifications of this **RFQ-VV-CHHA20 Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Certified Occupational Therapy Assistant, Speech Therapist, Social Worker, Certified Dietitian, Registered Nurse, and Home Health Aide Services for Certified Home Health Agency**, on file in the office of the Department of General Services:

- Physical Therapist**
- Physical Therapist Assistant**
- Occupational Therapist**
- Certified Occupational Therapy Assistant**
- Speech Therapist**
- Social Worker – LMSW**
- Social Worker – LCSW**
- Certified Dietitian**
- Registered Nurse**
- Home Health Aide**

The individual submitting this Qualifications Form on behalf himself/herself or the business entity noted above, certifies by his/her signature below that:

- he/she understands and has complied with the requirements of State Finance Law Sections 139-j and 139-k and will continue to do so throughout the Restricted Period;
- he/she has read and understood the full Request for Qualifications cited above; and
- he/she is duly authorized to submit this Qualifications Form on behalf of the business entity noted above.

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Additionally, by submission of this Qualifications Form, the person signing on behalf of himself/herself or the business entity noted above certifies, under penalty of perjury, that he/she, or the business entity submitting this Qualifications Form, has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of Section 201-g of the New York State Labor Law.

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

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Federal Tax ID Number

\_\_\_\_\_  
Title


\_\_\_\_\_  
DUNS Number, if applicable

**ADDENDA CONFIRMATION** (Offerors should only complete this section if any addenda were issued for this RFQ.)

Addendum # \_\_\_ - Received \_\_\_\_\_, 20\_\_\_ Initialed by person signing above \_\_\_\_\_

Addendum # \_\_\_ - Received \_\_\_\_\_, 20\_\_\_ Initialed by person signing above \_\_\_\_\_

Addendum # \_\_\_ - Received \_\_\_\_\_, 20\_\_\_ Initialed by person signing above \_\_\_\_\_

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**QUESTIONS**

**ALL QUESTIONS REGARDING THIS RFQ MUST BE ON THIS FORM** and either faxed to Tessy Joseph, Deputy Commissioner, The Valley View Certified Home Health Agency at (845) 291-3182 or emailed to [TJoseph@orangecountygov.com](mailto:TJoseph@orangecountygov.com) with the subject line “**Questions – Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Certified Occupational Therapy Assistant, Speech Therapist, Social Worker, Certified Dietitian, Registered Nurse, and Home Health Aide Services for Certified Home Health Agency, RFQ-VV-CHHA20**” as specified in the Instructions to Offerors.

Business Name \_\_\_\_\_

Business Email: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Date \_\_\_\_\_

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**NON-COLLUSION CERTIFICATION**

- (a) "By submission of this Bid, each Bidder and each person signing on behalf of any Bidder certifies, and in the case of a joint Bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:
- (1) The prices in this Bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other Bidder or with any competitor.
  - (2) Unless otherwise required by law, the prices which have been quoted in this Bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly, to any other Bidder or to any competitor; and
  - (3) No attempt has been made or will be made by the Bidder to induce any other person, partnership or corporation to submit or not to submit a Bid for the purpose of restricting competition."
- (b) A Bid shall not be considered for award nor shall any award be made where the provisions of (a)(1)(2) and (3) above have not been complied with; provided however, that if in any case the Bidder cannot make the foregoing certification, the Bidder shall so state and shall furnish with the Bid a signed statement which sets forth in detail the reasons therefore. Where (a)(1)(2) and (3) above have not been complied with, the Bid shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the political subdivision, public department, agency or official thereof to which the Bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a Bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being proposed, does not constitute, without more, a disclosure within the meaning of subparagraph (a)(1) of this certification.

Any Bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by an Bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, or local law, and where such Bid contains the certification referred to in subparagraph (a)(1) of this certification, shall be deemed to have been authorized by the board of directors of the Bidder, and such authorization shall be deemed to include the signing and submission of the Bid and the this Non-Collusion Certification as the act and deed of the corporation or other business entity submitting the Bid.


\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
BUSINESS NAME

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**IRAN DIVESTMENT ACT CERTIFICATION**

The Iran Divestment Act of 2012 (“Act”), Chapter 1 of the 2012 Laws of New York, added State Finance Law (SFL), §165-a and General Municipal Law §103-g, effective April 12, 2012. Under the Act, the Commissioner of the New York State Office of General Services (“OGS”) developed a list (“Prohibited Entities List”) of “persons” who are engaged in “investment activities in Iran” (both are defined terms in the law). In accordance with SFL § 165-a(3), the Prohibited Entities List may be found on the OGS website at <http://www.ogs.ny.gov/about/reggs/docs/ListofEntities.pdf>.

Pursuant to General Municipal Law §103-g, by signing below, Bidder certifies as true under the penalties of perjury that: By submission of this proposal each Bidder and each person signing on behalf of any Bidder certifies, and in the case of a joint proposal each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each Bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of section 165-a of the State Finance Law.

A proposal shall not be considered for award nor shall any award be made where the certification has not been made, provided, however, that if in any case the Bidder cannot make the certification, the Bidder shall so state and shall furnish with the proposal a signed statement which sets forth in detail the reasons therefor. The County may award a contract to a Bidder who cannot make the required certification on a case-by-case basis if:

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

During the term of the Contract, should the County receive information that a person is in violation of the above-referenced certifications, the County will offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment which is in violation of the Act within 90 days after the determination of such violation, then the County shall take such action as may be appropriate including, but not limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the contractor in default.

The County reserves the right to reject any Bid, Proposal, contract or request for assignment for an entity that appears on the Prohibited Entities List prior to the award or execution of a contract or any renewal thereof, as applicable, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities List after contract award.


\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

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**INSTRUCTIONS FOR COMPLETING THE DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS**

**Background:**

New York State Finance Law §139-k(2) obligates a Governmental Entity to obtain specific information regarding prior non-responsibility determinations with respect to State Finance Law §139-j. In accordance with State Finance Law §139-k, an Offeror must be asked to disclose whether there has been a finding of non-responsibility made within the previous four (4) years by any Governmental Entity due to: (a) a violation of State Finance Law §139-j or (b) the intentional provision of false or incomplete information to a Governmental Entity. The terms “Offerer” and “Governmental Entity” are defined in State Finance Law § 139-k(1). State Finance Law §139-j sets forth detailed requirements about the restrictions on Contacts during the procurement process. A violation of State Finance Law §139-j includes, but is not limited to, an impermissible Contact during the restricted period (for example, contacting a person or entity other than the designated contact person, when such contact does not fall within one of the exemptions).


As part of its responsibility determination, State Finance Law §139-k(3) mandates consideration of whether an Offeror fails to timely disclose accurate or complete information regarding the above non-responsibility determination. In accordance with law, no Procurement Contract shall be awarded to any Offeror that fails to timely disclose accurate or complete information under this section, unless a finding is made that the award of the Procurement Contract to the Offeror is necessary to protect public property or public health safety, and that the Offeror is the only source capable of supplying the required Article of Procurement within the necessary timeframe. *See State Finance Law §§139-j (10)(b) and 139-k(3).*

**Instructions:**

The County of Orange includes the following disclosure request regarding prior non-responsibility determinations in accordance with State Finance Law §139-k in its solicitation of qualifications or bid documents or specifications or contract documents, as applicable, for Procurement Contracts. The attached form is to be completed and submitted by the individual or entity seeking to enter into a Procurement Contract, Supplement or Change Order. It shall be submitted to with your Bid or Proposal to the County agency conducting the Governmental Procurement.

The following disclosure form must accompany each Bid Form, Letter of Interest, or Proposal submitted by all Offerors.



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**DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS**

Name of Individual or Entity Seeking to Enter into the Procurement Contract:

\_\_\_\_\_

Address:

\_\_\_\_\_

Name and Title of Person Submitting this Form:

\_\_\_\_\_

1. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years? (Please circle):    No        Yes

**If Yes, please answer the next questions:**

2. Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please circle):  
 No        Yes

3. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? (Please circle):    No        Yes

4. If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below and attach additional pages as necessary.

Governmental Entity:

\_\_\_\_\_

Date of Finding of Non-Responsibility:

\_\_\_\_\_

Basis of Finding of Non-Responsibility:

\_\_\_\_\_

5. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please circle):    No        Yes

6. If yes, please provide details below and attach additional pages as necessary.

Governmental Entity:

\_\_\_\_\_

Date of Termination or Withholding of Contract:

\_\_\_\_\_

Basis of Termination or Withholding:


\_\_\_\_\_

Offerer certifies that all information provided to the Governmental Entity with respect to State Finance Law §139-k is complete, true and accurate.

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

Signature

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

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**INFORMATION SHEET**

The questions asked on this Information Sheet are voluntary. It is not necessary to complete this Information Sheet. Filling out this sheet does not change your chances of a contract award in any respect. By completing this form, you will be helping the County track trends that we believe to be of importance. The information collected will NOT be used to compile mailing lists and will not be used to contact you. It will also not be sold. The information collected may be used to generate reports showing historical data with regard to the County's purchasing process.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

In what county are the primary operations of this business conducted? \_\_\_\_\_

Business type (Sole Proprietorship, Corporation, LLC, etc.) \_\_\_\_\_

Does this business have a minority, women's, disadvantaged, or small business status?    Yes    No

If yes, please list the designation(s) and the certifying entity(ties) \_\_\_\_\_

\_\_\_\_\_

How many individuals does this business employ? \_\_\_\_\_

Have you conducted business with the County before?    Yes    No

How did you discover this Proposal opportunity? \_\_\_\_\_

Do you use the Empire State Municipal Purchasing Group Website (BidNet)?    Yes    No

If Yes, do you find it useful (explain) or if No, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other comments or suggestions pertaining to doing business with Orange County. \_\_\_\_\_

\_\_\_\_\_