

New York State Life Sciences Public Health Laboratory



Request For Qualifications RFQ



Dormitory Authority of the State of New York



Empire State Development of the State of New York

July 02, 2018

Request for Qualification (RFQ)

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Section 1 - General Information:

1.1 Background

The Dormitory Authority State of New York (“DASNY” or “Owner”) is a public benefit corporation of the State of New York empowered by Titles 4 and 4-B of the Public Authorities Law (the “Act”), to provide design and project management services, and to issue its bonds, notes and other obligations, for a wide variety of public purposes. Under the Act, DASNY provides a multitude of services in various forms in connection with the design, construction and financing of capital facilities for State University of New York, including dormitories and educational facilities; City University of New York Senior Colleges; Community Colleges; Boards of Cooperative Educational Services; Cities and Counties with respect to Court Facilities and combined occupancy structures, as defined by law; the Department of Education of the State of New York with respect to certain facilities under its jurisdiction; other State and local governmental entities; independent colleges and universities; facilities for the aged; certain not-for-profit hospitals and nursing homes, as well as a wide variety of other not-for-profit organizations specifically described in the Act.

1.2 Purpose

DASNY issues this Request for Qualifications (RFQ) seeking a responsive Statement of Qualifications (“SOQ”) from qualified Design-Build entities or team (“Design-Build Team” or “Team”) capable of providing all Work (as defined herein) necessary to design and construct a new, multi-purpose Life Sciences Public Health Laboratory, to be located in the Capital Region of New York State (the “Project”).

Following receipt of the submitted SOQs, an established evaluation committee will then identify a shortlist of Design-Build Teams that will continue with the development process for the Life Sciences Public Health Laboratory Project. The shortlisted Teams will be provided with a future Request for Proposal (“RFP”) that will include a basis of design for the overall Project (“BOD”) and a site location on which to fully develop a response to the subsequently-issued RFP.

The New York State Department of Health’s Wadsworth Center (“Wadsworth Center”) is a premier public health institution, enabling the State to respond to and prepare for emerging public health threats affecting New York State residents. The Wadsworth Center has been the public health laboratory of New York State since 1914. Wadsworth Center’s scientific staff carry out a wide range of public health and research activities.

“Wadsworth Mission Statement: Wadsworth Center is a science-based community committed to protecting and improving the health of New Yorkers through laboratory analysis, investigations and research, as well as laboratory certification and educational programs”

The existing Wadsworth Center laboratories are in serious need of upgrades due to age and disrepair. These laboratories are located across five facilities that employ approximately 700 personnel working in roughly 910,000 sf of usable space. Various assessments over the past several years have confirmed that the facilities are significantly out-of-date and in need of upgrades. The State of New York proposes to consolidate the various facilities of the current Wadsworth Center into a single, highly-efficient laboratory campus (the “Life Sciences Laboratory” or “Laboratory”). The new Life Sciences Laboratory will better foster innovation and collaboration within the Wadsworth Center and its facilities, as well as between the Wadsworth Center and outside partners, thereby contributing to the broader life sciences initiative in the Capital Region.

- Wadsworth Center is:
 - One of the largest, most comprehensive public health laboratories in the country performing critical public health functions and complex analyses that cannot be performed by other hospitals or commercial laboratories
 - Essential for maintaining public health and safety in the State of New York and responsible for critical statewide emergency response functions requiring 24/7/365 operations
 - Encompassing approximately 910,000 square feet across five separate laboratory facilities located in Albany, including: Biggs Laboratory, Griffin Laboratory, David Axelrod Institute, Center for Medical Science and 1450 Western Ave
 - Core functions of the Life Sciences Laboratory include, but are not limited to, the following:
 - Newborn screening and genetic services
 - Infectious disease testing and surveillance
 - Environmental health testing (biological/chemical/nuclear)
 - Clinical and environmental and blood/tissue bank oversight
 - Research
 - Educational programs
 - Extramural grant programs
- Project Goals include, but are not limited to, the following:
 - Strengthening and advancing public health and preparedness strategies throughout the State of New York
 - Replacing failing and antiquated facilities that are costly to operate and are an impediment to scientific progress
 - Minimizing the overall geographic footprint for the Wadsworth Center
 - Establishing a sustainable, modernized, and consolidated laboratory campus
 - Reducing costs and improving the efficiency and reliability of operations and maintenance
 - Pursuing economic and intellectual property development
 - Providing for future expansion and adjacent development to enable clustering of life science firms
 - Creating work spaces that support and encourage both structured and spontaneous opportunities for innovation and development within the Wadsworth Center's departments, across its core functions, and with its commercial partners
 - Providing easier access of common facilities (e.g., genomic sequencing and bioinformatics centers) to Laboratory personnel and commercial partners, and to foster circulation to maximize small and medium-sized group interaction
 - Minimizing the isolating effect of facilities having restricted access (such as BSL3 labs or other biohazard areas) due to required security and public safety protocols
 - Providing for the development of spaces and facilities that allow for social activities not directly related to the Laboratory's core functions or commercial partnerships (e.g., sports fields, recreational spaces)

- The Project Site
New York State is in the final stages of securing a site for the new Laboratory Project (the “Site”). Further information relating to the Project Site will be provided with a future Request for Proposal (“RFP”) issued to all Design-Build Teams that are selected to the shortlist of Respondents.
- The Project Budget
The total budget including all hard and soft costs for the entire development of the Life Sciences Laboratory is \$750 million dollars. Further refinement of this budget with respect to the actual funds available for the design-build portion of the Project will be provided with the future RFP issued to all Teams that are selected to the shortlist of potential Respondents.

1.3 Key Events and Dates

Responses to the RFQ are due in accordance with the schedule provided below. This schedule is firm unless DASNY changes the dates in an Addendum in writing that will be posted to DASNY’s website at www.dasny.org. Respondents are solely responsible for obtaining all such changes to the submission schedule or other supplemental instructions and any interpretations and supplemental instructions that may have been issued, as well as acknowledging receipt of any interpretations and supplemental instructions that are issued.

<u>Event</u>	<u>Date</u>
Issuance of RFQ	07/02/18
Pre-Submission Conference	07/17/18
Deadline for RFQ Questions	07/24/18 (5:00 p.m.)
Post Responses to RFQ Questions	07/31/18
SOQ Due Date	08/08/18 (5:00 p.m.)
Interviews/Presentations – if requested (not earlier than)	09/12/18
Selection of Shortlisted Teams (not earlier than)	09/21/18
RFP issued to Shortlisted Teams (anticipated)	09/24/18
RFP Proposals Due (anticipated)	01/15/19

A **Pre-Submission Conference** is scheduled to be held at the Empire State Plaza Convention Center in Albany New York to be attended by interested Teams, or your company may attend via Web-Conferencing (Click here to [join the meeting](#)). Your attendance at the Pre-Submission Conference is recommended but not required.

10:00 a.m. – 12:00 p.m.
Empire State Plaza Convention Center
Conference Room #2
Albany, New York 12242

The purpose of this meeting is to describe the Project, the goals, and to answer any questions presented by the prospective Respondents. Representatives of DASNY and DOH will be available to answer questions regarding this RFQ. Please send via email (RFPAdministrator@dasny.org) your list of attendees for the Pre-Submission Conference no later than Friday, July 13, 2018. Directions to the Empire State Plaza Convention Center may be obtained at <https://ogs.ny.gov/ESP/ConventionCenter/cc-visit.asp>.

1.4 Procurement Structure

DASNY shall use a two-step selection process for the Project consisting of (1) this RFQ and (2) a subsequently-issued Request for Proposal.

The SOQ submittal, evaluation, and selection processes are defined herein. DASNY intends, but is not bound, to shortlist three or four Design-Build Teams depending on the submittals received; provided, however, DASNY reserves the right to increase or decrease the number of shortlisted Teams if deemed necessary.

The shortlisted Design-Build Teams will be provided with a future RFP that will include a basis of design for the overall Project and a site location on which to fully develop a response to the subsequent RFP.

The Design-Build Teams responding to the future RFP will be expected to develop a design plan sufficient to address site, budgetary, and schedule parameters provided for in the future RFP. A decision on whether a stipend will be paid has not yet been determined but will be disclosed in the RFP.

Throughout this RFQ, we may refer to the Design-Build Team as “Respondent” or “Recipient” depending on the context. Further, each Design-Build Team may be comprised of separate firms, partnerships, corporations, LLCs, or other entities forming the Respondent that submits its SOQ in response to this RFQ. Each of those separate firms, partnerships, corporations, LLCs, or other entities shall be referred to in this RFQ as the Respondent’s “Team Members.”

Section 2 - Engagement Requirements:

2.1 Project Scope of Work

DASNY is currently updating the BOD for the Project that will provide information necessary to allow for the design, procurement, and construction of a consolidated Life Sciences Laboratory. The State of New York’s goal is to centralize the laboratory operations and related maintenance services for the State of New York’s Department of Health Wadsworth Center, which currently is located across the five sites into a single, highly-efficient laboratory campus (the “Project”).

The Project’s multi-facility laboratory campus will be made up of complex, but intra-related equipment and facilities that includes, but is not limited to, the following structures and related developed areas:

- Main Laboratory Building
- Trans-Shipping and Warehouse Facility
- All Hazards Receipts Facility (AHRF)
- Emergency Generator Facilities and Fuel Storage
- Structured Parking Garage and/or Surface Parking Accommodations
- Security Checkpoint Gatehouses
- The Project design requirements may also call for expansion capability for additional future uses.

2.2 Qualifications and Certification Requirements

- The Design-Build Team shall have experience in developing, designing, and constructing multi-use laboratories and related facilities that are similar in size, scope, and/or complexity.

- The Design-Build Team shall have a demonstrated history of successful collaboration in constructing complex facilities using design-build or engineering/procurement/construction (“EPC”) methodologies.
- The Design-Build Team shall demonstrate its experience with respect to meeting goals for Minority and Women Owned Business (“M/WBE”) participation through design and construction disciplines on design-build and other types of construction projects.
- The Design-Build Team shall demonstrate its experience with, or plans for meeting goals for Service Disabled Veteran-Owned Business (“SDVOB”) participation through design and construction disciplines on design-build and other types of construction projects.
- The appropriate Team Member(s) of the Design-Build Team performing the required engineering and architectural services for the Project must possess a Certificate of Authorization to provide engineering services in New York State from the State Education Department
- The Design-Build Team must have bonding capacity to provide material and labor payment and performance bonds with a penal sum each equivalent to the value of the design-build contract.

2.3 Freedom of Information Law and Public Disclosure

This RFQ and all information submitted in response to this RFQ constitute “records” subject to disclosure pursuant to the New York State’s Freedom of Information Law (Public Officers Law, Article 6, § 84-90, the “FOIL Law” or “FOIL”). DASNY is required to make its records available for public inspection or copying, except to the extent that those records fall within one or more grounds for denial set forth in §87(2) of the FOIL Law. DASNY may deny access to parts of an SOQ and/or parts of a successful Respondent’s contract (that Respondent may consider to “trade secrets”) if disclosure would cause substantial injury to the competitive position of the subject enterprise. It is the responsibility of the firm to consult an attorney with any questions they have regarding this Law.

2.4 Confidentiality

Disclosure of Information: The Respondent, including all of its individual Team Members, their respective employees, and any proposed subcontractors or subconsultants shall not disclose any information received in conjunction with this RFQ or a subsequently issued RFP from DASNY, or any of other involved New York State agency, to any other person or entity, except to the extent necessary to allow the Respondent to respond to this RFQ. Any work product will be the property of DASNY, and such work product shall not to be disclosed without DASNY’s consent.

If shortlisted, the Respondent, including all of its Team Members, and any identified subconsultants, subcontractors, and vendors shall, prior receiving the RFP, be required execute a Non-Disclosure Agreement, which such form shall be provided upon the confirmation of the final shortlist of Teams.

Section 3 - Content of Statement of Qualifications:

3.1 Information to be Provided by Respondent in the SOQ

The following is a list of required information that must be provided by the Respondent. Provide your response in the same order in which it is requested using numbered side tabs that correspond with each of the numbered tabs below. Your SOQ must contain sufficient information to assure DASNY of its accuracy.

The use of marketing or public relations materials commonly used in sales presentations is not desirable. Such materials should only be submitted as addenda to the relevant information.

Tab 1. **Transmittal Letter** including the following items:

- a. The contact name, title, telephone number, fax number and email address of the individual for the Respondent who will be DASNY's primary contact concerning this RFQ.
- b. The primary contact name, title, telephone number, fax number and email address for each Team Member that will perform work under this contract.
- c. A statement to the effect that the Respondent is willing to complete the Project scope of work as identified in Section 2.1, above, and will abide by the terms of the RFQ, including all attachments.
- d. The Transmittal Letter must be signed by the individual(s) authorized to contractually bind the Respondent. Indicate the title or position that the signer holds for the Respondent. DASNY reserves the right to reject an SOQ that contains an unsigned Transmittal Letter.
 - (1) If the Respondent is a corporation or limited liability company, the SOQ and Transmittal Letter shall be signed in the name and under the seal of the corporation by a duly authorized officer of the corporation or manager of the company, with the designation of his/her official capacity, and properly attested. The SOQ and Transmittal Letter shall show the state in which the corporation is chartered. If it is a foreign corporation, the SOQ shall show whether or not the Respondent is licensed to transact business in the State of New York.
 - (2) If the Respondent is a firm or partnership, the SOQ and Transmittal Letter shall be signed in the name or style under which the organization is doing business and by the partner, proper officer, or officers whose official capacity shall be designated. The name and address of each member of the organization shall be shown on the SOQ and Transmittal Letter.
 - (3) If the Respondent is a joint venture or an intended joint venture, the SOQ and Transmittal Letter shall be signed by each of the persons or firms that is or will be a party to the Joint Venture Agreement. If available certified copy of the Joint Venture Agreement shall be attached to the SOQ and Transmittal Letter.

In every case, the SOQ and Transmittal Letter shall show the present business address of the Respondent at which address communications shall be received and service of notices accepted. Anyone signing the SOQ as an agent shall file with it, legal evidence of his or her authority to execute such SOQ.

- e. The Respondent's agreement to enter into a Project Labor Agreement if so required.

Tab 2. **Respondent's Experience (20 Page Limit)**

- a. Provide Respondent's and its Team Members' specialized experience and competence in projects that involve laboratory and technical facilities and/or research & development facilities, including those that are similar or equivalent to the Project.
- b. Provide the Respondent's and its Team Members' specialized experience in developing solutions for high-performance buildings.
- c. Provide information describing of the Respondent's and the Respondent's respective Team members' involvement in significant design-build projects valued in excess of \$100 million dollars.

Include the date, type of project, budget, design and construction durations, and a contact name with telephone number who is familiar with each identified project. Identify which of the Respondent's Team Members were involved and their role on the identified projects.

Tab 3. **Design-Build Team Organization and Responsibilities (15 Page Limit)**

- a. Describe the proposed Design-Build Team for the design, procurement, and construction portions of the Project, including the individual Team Member entities, the overall Design-Build Team organization, and the responsibility of each Team Member. Include an organizational chart that shows the relationships between the identified Team Members.
- b. Indicate how minority- and women-owned businesses and service disabled veteran's businesses will be incorporated into both the design and construction phases of the Project.
- c. Provide resumes of the key individuals working for the Team Members of the Design-Build Team along with three (3) references for each Team Member entity.
- d. Identify how the Respondent will integrate the different Team Member entities into a cohesive design-build organization, including a description of management strategies, internal communication protocols, coordination tools, and planning efforts that you will employ to ensure a successful project. Discuss the roles and responsibility of key Team Members and how each will interact with DASNY during the pre-design and final programming, design completion, construction, commissioning process, training and turn-over to the Owner, and occupancy, including warranty or other related issues.
- e. Provide any other information that may be relevant to display expertise and experience in laboratory project development, including those in the public health area, as well as complex, multi-use facilities.

Tab 4. **Project Approach and Challenges (15 Page Limit)**

- a. Describe the Respondent's overall approach to delivering the Project in a way that maximizes the value of design-build delivery and fosters a highly collaborative and effective project team.
- b. Discuss the likely challenges that may arise with a project of this magnitude and the Respondent's approach to problem solving and addressing such challenges. Include as part of this SOQ, any specific approaches to changes in technology that may occur over the life of the Project.
- c. Discuss the Respondent's process for engagement with the client to meet program expectations throughout the life of the Project.
- d. Discuss the Respondent's quality control program and how it is integrated throughout the Team.
- e. Discuss any cost control measures the Respondent anticipates employing to ensure the Project remains within the established budget.
- f. Discuss any scheduling measures the Respondent anticipates employing to ensure the Project remains within the established schedule.

Tab 5. **Safety**

- a. Provide a summary of the Respondent's safety and accident prevention program for the construction-related Team Members.

- b. Detail the Respondent's and each of its individual Team Members' Experience Modification Rate for the construction-related Team Members for the past three (3) years.

Tab 6. **Firm/Team Financial Responsibility Information**

- a. Supply the Current Ratio (current assets/current liabilities) experience for the Respondent for the past five (5) years, with a signed statement from the representative individual(s) from the Respondent. If the Respondent is or intends to be an LLC, partnership, or joint venture, then each of the identified Team Members who are or will be the managing member(s), partners, or joint venture parties, respectively, shall also supply their Current Ratio (current assets/current liabilities) experience for the past five (5) years.
- b. Provide current liabilities (accounts payable, notes payable, accrued expenses, provisions for income taxes, advances, accrued salaries, and accrued payroll taxes) for the Respondent. If the Respondent is or intends to be an LLC, partnership, or joint venture, then each of the identified Team Members who are or will be the managing member(s), partners, or joint venture parties, respectively, shall also supply their current liabilities (accounts payable, notes payable, accrued expenses, provisions for income taxes, advances, accrued salaries, and accrued payroll taxes).
- c. Name of firm preparing the supplied financial statement(s) and date thereof.
- d. The Respondent shall provide a completed Financial Viability Form included in this RFQ as an attachment. If the Respondent is or intends to be an LLC, partnership, or joint venture, then each of the identified Team Members who are or will be the managing member(s), partners, or joint venture parties, respectively, shall also provide a completed Financial Viability Form.

Tab 7. **M/WBE and SDVOB Approach**

Please note that while no final determination has been made at this stage, the anticipated goals for the proposed contract are 18% MBE, 12% WBE and 6% SDVOB. The goals refer to the percentage of utilization of your M/WBE and SDVOB sub-consultants. Explain Respondent's anticipated approach to maximizing M/WBE and SDVOB participation in both the design and construction phases of the Project and provide summaries showing the Respondent's and the Team Members' performance meeting M/WBE and SDVOB goals on past projects.

Tab 8. **Diversity Questionnaire**

Provide a completed Diversity Questionnaire, included in this RFQ as an attachment. It is the goal of DASNY to use qualified firms that have a demonstrated history of hiring, training, developing, promoting, and retaining minority and women staff and to encourage participation by certified MWBE firms. This questionnaire elicits information about each responding firm to verify that its work environment demonstrates a strong commitment to diversity and diversity inclusion in the Respondent's project management design and construction team.

Tab 9. **Licenses and Certifications**

Provide license numbers or copies of registration certificates for the Respondent and each of the Team Members, as appropriate, indicating that the identified entities are licensed to do business in the State of New York and/or provide written assurances that the identified entities will be so licensed prior to the

submission of any proposal in response to the future-issued RFP. Include a copy of the Certificate of Authorization to provide engineering services in New York State.

Tab 10. **Additional Information (5 Page Limit)**

Provide any additional information that has not been requested in the RFQ but is relevant to your information, and be sure to provide an explanation as to its relevance to the RFQ.

The Respondent must also provide statements regarding the following:

- a. The SOQ submitted must contain a representation that the Respondent is willing and ready to provide a response to the RFP if selected as one of the shortlisted Design-Build Teams.
- b. Disclose any potential conflicts of interest (refer to the “Code of Business Ethics - Certification” attached).

Tab 11. **Trade Secrets and Proprietary Information**

Should you feel the submitted SOQ in response to this RFQ contains any trade secrets, confidential, or proprietary information, or that portions of the SOQ is otherwise exempt from disclosure pursuant to FOIL, you must submit a request to exclude such information from disclosure. Such request must detail the information that should be exempt and the reason such information should be exempt. DASNY will not honor any attempt, by a firm, to omit its entire SOQ from disclosure.

3.2 Provide the following forms a separate envelope, and do not include them in your Statement of Qualifications.

A NYS Vendor Responsibility Questionnaire (the “VRQ”) is included in this RFQ as an attachment and shall be completed by the Respondent for submission with its SOQ as a separate document. **DASNY encourage that all entities file the required Questionnaire online via the New York State VendRep System and only provide a copy of the certification page to DASNY.** To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <http://www.osc.state.ny.us/vendrep/index.htm> or go directly to the VendRep System online at <https://portal.osc.state.ny.us>.

Section 4 - Evaluation of the Statement of Qualifications:

Respondents will be evaluated on their ability to meet the requirements as detailed in this RFQ. DASNY will perform an evaluation based on the Respondent’s written response, internal and external references, and, if requested by DASNY, interviews and/or presentations. After the evaluation of written responses, additional information may be requested.

4.1 Preliminary Review

Upon receipt, SOQs shall be reviewed for conformance to the RFQ instructions regarding organization, format, and responsiveness to the requirements of the RFQ. Any Respondent that is deemed to have provided a non-responsive or unresponsive SOQ may not be eligible to be shortlisted and may not be scored.

Additionally, any one or more of the following causes may be considered sufficient for the rejection of a Respondent's SOQ regardless of the Respondent's qualifications with respect to the other evaluation criteria set forth in Section 3; this list of causes is not exhaustive, and DASNY reserves the right to reject any SOQ in its sole and absolute discretion.

- Evidence of collusion among Respondents
- Non-responsibility as determined by DASNY in its sole judgment and discretion
- Default or arrearage on any contract or obligation with DASNY or other governmental entity, including debt contract, as surety or otherwise
- Submission of an SOQ that is incomplete, conditional, ambiguous, obscure, or containing alterations or irregularities of any kind
- Evidence of improper lobbying efforts toward members of DASNY and/or officers or employees of DASNY
- Failure to comply with the terms and conditions of this RFQ

DASNY reserves the sole right to accept any SOQ that it feels best meets its requirements. DASNY reserves the right to waive any irregularity, informality, or non-compliance in information received.

DASNY reserves the right to reject and return to the Respondent any SOQ or other information received after the RFQ due date and time. Incomplete SOQs may also be rejected.

4.2 Evaluation

4.2.1 Evaluation Committee

Respondent's SOQ will undergo an evaluation process conducted by an Evaluation Committee. The Evaluation Committee will evaluate the SOQs based upon the criteria for selection as set forth in this RFQ. Selection of the successful Respondent to the RFP is contingent on reaching an agreement on contract negotiations.

4.2.2 Evaluation Review

The criteria identified in this Section 4.2.2 will be used by the Evaluation Committee in reviewing the SOQs in order to achieve the desired shortlist of Design-Build Teams. All of the identified criteria are all significant, but are listed in descending order of importance.

- Respondent's Relevant Experience
- Respondent's Financial Capacity, Approach, and Experience
- Respondent's Team, Key Personnel, Organization, and Processes, including Respondent's M/WBE and SDVOB Participation, Approach, and Experience
- Respondent's Approach to Project Development
- Respondent's Safety Record

4.3 Interviews or Presentations

DASNY reserves the right to determine whether interviews and/or presentations will be necessary. The purpose of the interview is to further document the Respondent's ability to provide the required services and to impart to the Committee an understanding of how specific services will be furnished. The Respondent's lead principal, as well all other key personnel proposed to provide the services must be present and participate in the interview. The interview will be evaluated based on whether information discussed substantiates the characteristics and attributes claimed by

the Respondent in its written response to this RFQ and any other information requested by the Evaluation Committee prior to the interview.

Section 5 - Submission of Statement of Qualifications:

5.1 Submission of Statement of Qualifications

Eight (8) hard copies in three-ring binders, each containing an electronic copy of your SOQ stored on a thumb-drive/flash drive, and having the VRQ described in Section 3.2, above, stored as a separate file on the thumb-drive/flash drive. The Respondent's full submission shall be submitted on or before 5:00 p.m. on August 8, 2018 to:

Stacie Bennett
RFP Coordinator
DASNY
515 Broadway
Albany, New York 12207-2964

Respondents are encouraged to submit environmentally-friendly SOQs.

Section 6 - Important Information Affecting Respondents:

6.1 Statement of Qualifications Requirements

1. All inquiries regarding this RFQ should be addressed to the following individual:

Stacie Bennett
Email: RFPAdministrator@dasny.org

All questions must be submitted by email to the RFP Coordinator by July 24, 2018, at 5:00 p.m. E.S.T. to be considered by DASNY, and are to be resolved prior to the submission of a response to this RFQ. A list of all substantive inquiries received with relevant responses will be posted on DASNY's website at www.dasny.org. Respondents are solely responsible for obtaining all such interpretations and supplemental instructions that have been issued.

2. A Respondent may withdraw an SOQ any time prior to the final due date and time by written notification, signed by an authorized agent, to the contact person identified in Section 5.1, above. The SOQ may thereafter be resubmitted, but not after the final due date and time. Modifications offered in any other manner, oral or written, will not be considered.
3. If a Respondent discovers an ambiguity, conflict, discrepancy, omission or other error in this RFQ, the Respondent should immediately notify the contact person identified in Section 5.1, above. Notice of such error or omission should be submitted prior to the final due date and time for submission of SOQs. Modifications shall be made by addenda to this RFQ.
4. If a Respondent fails, prior to the final due date and time for submission of SOQs, to notify DASNY of a known error or an error that reasonably should have been known, the Respondent shall assume the risk of proposing. If awarded the contract, the Respondent shall not be entitled to additional compensation or time by reason of the error or its late correction.

5. A Respondent indicates its acceptance of the provisions and conditions enumerated in this RFQ by submitting an SOQ.

6.2 DASNY Requirements

1. By submitting an SOQ, the Respondent covenants that the Respondent will not make any claims for or have any right to damages because of any misinterpretation or misunderstanding of the specifications or because of lack of information.
2. Issuance of this RFQ, your submission of an SOQ in response, and the evaluation of your SOQ by DASNY does not commit DASNY to award a contract. Only the execution of a written agreement between DASNY and the successful Respondent following the future-issued RFP and RFP evaluation period will obligate DASNY in accordance with the terms and conditions contained in such agreement.
3. This RFQ does not commit or obligate DASNY to pay any expenses incurred by the Respondent in the preparation of its response. All such expenses are solely at the risk of the Respondent. By submitting a response, the Respondent agrees that all responses, and associated documents, to this RFQ shall become the property of DASNY.
4. Communications made to internal DASNY employees other than the contact listed in Section 5.1 about this process may be subject to disqualification.

6.3 DASNY Rights and Prerogatives

DASNY reserves the right to exercise the following prerogatives:

1. To accept or reject any or all SOQs and amend, modify, or withdraw this RFQ.
2. To change the final due date and time for SOQs.
3. To accept or reject any of the Design-Build Team's employees or proposed sub-consultants assigned to provide services on this Project and to require their replacement at any time. The Respondent shall obtain the written approval of DASNY of changes to the SOQ after it is submitted, including any changes with respect to sub-consultants. DASNY shall have the right to reject any proposed change to the Respondent's SOQ.
4. DASNY reserves the sole right to accept any response to this RFQ that DASNY believes best meets its requirements. DASNY reserves the right to waive any irregularity, informality, or non-compliance in information received. This will in no way modify the RFQ documents or excuse the Respondent from full compliance with its requirements.
5. DASNY reserves the right to share any information as necessary with its employees, subject matter experts, consultants, representatives, and its partners including, but not limited to, the Department of Health and Empire State Development.
6. To consider modifications to SOQs at any time before the shortlist is announced, if such action is in the best interest of DASNY.

7. To interview Respondents prior to shortlisting.
8. To reject any SOQ containing false or misleading statements or that provides references that do not support an attribute or condition claimed by the Respondent.
9. To shortlist firms as DASNY feels necessary to advance this procurement.

SECTION 7 - ATTACHMENTS

ATTACHMENT 1
DIVERSITY QUESTIONNAIRE

(I) Company Demographic Profile

Job Categories	Number of Employees (report employees in only one category)															Overall Totals
	Race/Ethnicity															
	Hispanic or Latino		Non-Hispanic or Latino													
			Male						Female							
	Male	Female	White	Black or African-American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	White	Black or African-American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races		
Executive/ Senior Level Officials and Managers																
First / Mid-Level Officials and Managers																
Professionals																
Technicians																
Sales Workers																
Administrative Support Workers																
Craft Workers																
Operatives																
Laborers and Helpers																
Service Workers																
Total																

(NOTE: proposers can also attach Employer Information Reports EEO-1 for the last 3 years)

(II) MWBE Certification Status

1. Is your company certified as a Minority and/or Woman-owned business enterprise with New York State Empire State Development? Yes or No
If yes, provide a copy of your certification.
2. If no, list all other jurisdictions and/or certifying bodies that have deemed your company Minority and/or Woman-owned. Also, provide a copy of each certification.
3. If your company has applied for, but has not, as of the issuance of the RFP, been certified as a Minority or Women-owned business enterprise by New York State Empire State Development, you must submit proof of a pending application, including the filing date.

(III) Demographic Profile of Staff Assigned to this Engagement

Job Categories	Number of Employees (report employees in only one category)															Overall Totals
	Race/Ethnicity															
	Hispanic or Latino		Non-Hispanic or Latino							Female						
	Male	Female	White	Black or African-American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	White	Black or African-American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races		
Executive/ Senior Level Officials and Managers																
First / Mid-Level Officials and Managers																
Professionals																
Technicians																
Sales Workers																
Administrative Support Workers																
Craft Workers																
Operatives																
Laborers and Helpers																
Service Workers																
Total																

(IV) EEO Firm Activity

1. Is your company’s CEO or Chief Procurement Officer (“CPO”) committed to and engaged in the process of diversity business development? Yes or No
If yes, attach a signed statement from your CEO or CPO.
2. Provide a copy of your company’s equal opportunity and affirmative action policy.

ATTACHMENT 2

USE OF SERVICE-DISABLED VETERAN-OWNED BUSINESS ENTERPRISES



Attachment

Use of Service-Disabled Veteran-Owned Business Enterprises In Contract Performance

Article 17-B of the Executive Law enacted in 2014 acknowledges that Service-Disabled Veteran-Owned Businesses (SDVOBs) strongly contribute to the economies of the State and the nation. As defenders of our nation and in recognition of their economic activity in doing business in New York State, bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles. SDVOBs can be readily identified on the directory of certified businesses at:

http://ogs.ny.gov/Core/docs/CertifiedNYS_SDVOB.pdf

Bidders/proposers need to be aware that all authorized users of this contract will be strongly encouraged to the maximum extent practical and consistent with legal requirements of the State Finance Law and the Executive Law to use responsible and responsive SDVOBs in purchasing and utilizing commodities, services and technology that are of equal quality and

functionality to those that may be obtained from non-SDVOBs. Furthermore, bidders/proposers are reminded that they must continue to utilize small, minority and women-owned businesses consistent with current State law.

Utilizing SDVOBs in State contracts will help create more private sector jobs, rebuild New York State's infrastructure, and maximize economic activity to the mutual benefit of the contractor and its SDVOB partners. SDVOBs will promote the contractor's optimal performance under the contract, thereby fully benefiting the public sector programs that are supported by associated public procurements.

Public procurements can drive and improve the State's economic engine through promotion of the use of SDVOBs by its contractors. The State, therefore, expects bidders/proposers to provide maximum assistance to SDVOBs in their contract performance. The potential participation by all kinds of SDVOBs will deliver great value to the State and its taxpayers.

Bidders/proposers can demonstrate their commitment to the use of SDVOBs by responding to the questions below:

Are you a bidder/proposer that is a NYS-certified SDVOB? Yes No If yes, what is your DSDVBD Control #?

Will NYS-certified SDVOBs be used in the performance of this contract? Yes No

If yes, identify the NYS-certified SDVOBs that will be used below (if more than 4 identified, please attach an additional form):

NYS-Certified SDVOB 1:

Name

Address

Control # Contract # Total % Work Performed \$ Amount

Nature of Participation

NYS-Certified SDVOB 2:

Name

Address

Control # Contract # Total % Work Performed \$ Amount

Nature of Participation

NYS-Certified SDVOB 3:

Name

Address

Control # Contract # Total % Work Performed \$ Amount

Nature of Participation

NYS-Certified SDVOB 4:

Name

Address

Control # Contract # Total % Work Performed \$ Amount

Nature of Participation

Contractor will report on actual participation by each SDVOB during the term of the contract on a semi-annual basis to the Office of General Services Division of Service-Disabled Veterans' Business Development. See <http://ogs.ny.gov>

NOTE: Information about set asides for SDVOB participation in public procurement can be found at: <http://www.ogs.ny.gov/Core/SDVOBA.asp>, which provides guidance for State agencies in making determinations and administering set asides for procurements from SDVOBs.

ATTACHMENT 3

PROCUREMENT LOBBYING LAW – CERTIFICATION

PROCUREMENT LOBBYING LAW – CERTIFICATION

The bidder/proposer shall submit this form at time of bid (or with RFP).

The bidder/proposer must check all applicable boxes.

A. Bidder/proposer affirmation relating to procedures governing permissible contacts

1. The bidder/proposer: affirms does not affirm

that it understands and has to date and agrees hereinafter to comply with DASNY’s procedures relative to permissible contacts for this procurement as required by State Finance Law § 139-j (3) and § 139-k (6) (b).

B. Bidder/proposer disclosure of findings of non-responsibility and prior contract terminations or withholdings under the Procurement Lobbying Law

1. Has any “governmental entity,” as defined in State Finance Law § 139-j and § 139-k made a finding in the last four years that the bidder/proposer was not responsible?

No Yes

2. If yes, was the basis for any such finding(s) the intentional provision of false or incomplete information required by State Finance Law § 139-j and § 139-k, and/or the failure to comply with the requirements of State Finance Law § 139-j (3) relating to permissible contacts?

No Yes

3. If yes, provide details regarding each finding of non-responsibility below. (Attach additional pages, if necessary).

Governmental Entity: _____

Date of Finding: _____

Basis of Finding: _____

4. Has any “governmental entity” as defined in State Finance Law § 139-j and § 139-k terminated or withheld a procurement contract with the bidder/proposer due to the intentional provision of

PROCUREMENT LOBBYING LAW – CERTIFICATION

false or incomplete information required by such Laws and/or the failure to comply with the requirements of State Finance Law § 139-k(3) relating to permissible contacts?

No

Yes

5. If yes, provide details below. (Attach additional pages, if necessary).

Governmental Entity: _____

Date of Termination or Withholding of Contract: _____

Basis of Termination or Withholding of Contract:

C. Certification

The bidder/proposer acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine of up to \$10,000 or imprisonment of up to five years under 18 U.S.C. Section 1001; and states that all information provided to DASNY with respect to State Finance Law § 139-j and § 139-k is complete, true and accurate.

(Officer's Signature)

(Date)

Firms Legal Name: _____

Print Officer's Name: _____

Title: _____

ATTACHMENT 4

NYS VENDOR RESPONSIBILITY QUESTIONNAIRE

NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIR
FOR-PROFIT BUSINESS ENTITY

You have selected the For-Profit Non-Construction questionnaire which may be printed and completed in this format or, for your convenience, may be completed online using the New York State VendRep System.

COMPLETION & CERTIFICATION

The person(s) completing the questionnaire must be knowledgeable about the vendor's business and operations. An owner or officer must certify the questionnaire and the signature must be notarized.

NEW YORK STATE VENDOR IDENTIFICATION NUMBER (VENDOR ID)

The Vendor ID is a ten-digit identifier issued by New York State when the vendor is registered on the Statewide Vendor File. This number must now be included on the questionnaire. If the business entity has not obtained a Vendor ID, contact the OSC Help Desk at ciohelpdesk@osc.state.ny.us or call 866-370-4672.

DEFINITIONS

All underlined terms are defined in the "New York State Vendor Responsibility Definitions List," found at www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf. These terms may not have their ordinary, common or traditional meanings. Each vendor is strongly encouraged to read the respective definitions for any and all underlined terms. By submitting this questionnaire, the vendor agrees to be bound by the terms as defined in the "New York State Vendor Responsibility Definitions List" existing at the time of certification.

RESPONSES

Every question must be answered. Each response must provide all relevant information which can be obtained within the limits of the law. However, information regarding a determination or finding made in error which was subsequently corrected is not required. Individuals and Sole Proprietors may use a Social Security Number but are encouraged to obtain and use a federal Employer Identification Number (EIN).

REPORTING ENTITY

Each vendor must indicate if the questionnaire is filed on behalf of the entire Legal Business Entity or an Organizational Unit within or operating under the authority of the Legal Business Entity and having the same EIN. Generally, the Organizational Unit option may be appropriate for a vendor that meets the definition of "Reporting Entity" but due to the size and complexity of the Legal Business Entity, is best able to provide the required information for the Organizational Unit, while providing more limited information for other parts of the Legal Business Entity and Associated Entities.

ASSOCIATED ENTITY

An Associated Entity is one that owns or controls the Reporting Entity or any entity owned or controlled by the Reporting Entity. However, the term Associated Entity does **not** include "sibling organizations" (i.e., entities owned or controlled by a parent company that owns or controls the Reporting Entity), unless such sibling entity has a direct relationship with or impact on the Reporting Entity.

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIR
FOR-PROFIT BUSINESS ENTITY**

STRUCTURE OF THE QUESTIONNAIRE

The questionnaire is organized into eleven sections. Section I is to be completed for the Legal Business Entity. Section II requires the vendor to specify the Reporting Entity for the questionnaire. Section III refers to the individuals of the Reporting Entity, while Sections IV-VIII require information about the Reporting Entity. Section IX pertains to any Associated Entities, with one question about their Officials/Owners. Section X relates to disclosure under the Freedom of Information Law (FOIL). Section XI requires an authorized contact for the questionnaire information.

I. LEGAL BUSINESS ENTITY INFORMATION

<u>Legal Business Entity Name</u> ¹	<u>EIN</u>	
Address of the <u>Principal Place of Business</u> (street, city, state, zip code)	<u>New York State Vendor Identification Number</u>	
	Telephone ext.	Fax
Email	Website	

Additional Legal Business Entity Identities: If applicable, list any other DBA, Trade Name, Former Name, Other Identity, or EIN used in the last five (5) years and the status (active or inactive).

Type	Name	EIN	Status

1.0 Legal Business Entity Type – Check appropriate box and provide additional information:

<input type="checkbox"/> <u>Corporation</u> (including <u>PC</u>)	Date of Incorporation
<input type="checkbox"/> <u>Limited Liability Company</u> (<u>LLC</u> or <u>PLLC</u>)	Date of Organization
<input type="checkbox"/> <u>Partnership</u> (including <u>LLP</u> , <u>LP</u> or <u>General</u>)	Date of Registration or <u>Establishment</u>
<input type="checkbox"/> <u>Sole Proprietor</u>	How many years in business?
<input type="checkbox"/> Other	Date Established

If Other, explain:

1.1 Was the <u>Legal Business Entity</u> formed or incorporated in New York State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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¹All underlined terms are defined in the “New York State Vendor Responsibility Definitions List,” which can be found at www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf.

NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIR
FOR-PROFIT BUSINESS ENTITY

I. LEGAL BUSINESS ENTITY INFORMATION		
<p>If 'No,' indicate jurisdiction where <u>Legal Business Entity</u> was formed or incorporated and attach a <u>Certificate of Good Standing</u> from the applicable jurisdiction or provide an explanation if a <u>Certificate of Good Standing</u> is not available.</p> <p><input type="checkbox"/> United States State _____</p> <p><input type="checkbox"/> Other Country _____</p>		
<p>Explain, if not available:</p>		
<p>1.2 Is the <u>Legal Business Entity</u> publicly traded?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>If "Yes," provide <u>CIK Code</u> or Ticker Symbol</p>		
<p>1.3 Does the <u>Legal Business Entity</u> have a <u>DUNS</u> Number?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>If "Yes," Enter <u>DUNS</u> Number</p>		
<p>1.4 If the <u>Legal Business Entity</u>'s <u>Principal Place of Business</u> is not in New York State, does the <u>Legal Business Entity</u> maintain an office in New York State? (Select "N/A," if <u>Principal Place of Business</u> is in New York State.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>If "Yes," provide the address and telephone number for one office located in New York State.</p>		
<p>1.5 Is the <u>Legal Business Entity</u> a New York State certified <u>Minority-Owned Business Enterprise</u> (MBE), <u>Women-Owned Business Enterprise</u> (WBE), <u>New York State Small Business</u> (SB) or a federally certified <u>Disadvantaged Business Enterprise</u> (DBE)?</p> <p>If "Yes," check all that apply:</p> <p><input type="checkbox"/> New York State certified <u>Minority-Owned Business Enterprise</u> (MBE)</p> <p><input type="checkbox"/> New York State certified <u>Women-Owned Business Enterprise</u> (WBE)</p> <p><input type="checkbox"/> <u>New York State Small Business</u> (SB)</p> <p><input type="checkbox"/> Federally certified <u>Disadvantaged Business Enterprise</u> (DBE)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>1.6 Identify <u>Officials</u> and <u>Principal Owners</u>, if applicable. For each person, include name, title and percentage of ownership. Attach additional pages if necessary. If applicable, reference to relevant SEC filing(s) containing the required information is optional.</p>		
<p>Name</p>	<p>Title</p>	<p>Percentage Ownership (Enter 0% if not applicable)</p>

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIR
FOR-PROFIT BUSINESS ENTITY**

II. REPORTING ENTITY INFORMATION

2.0 The Reporting Entity for this questionnaire is:
 Note: Select only one.
 Legal Business Entity
Note: If selecting this option, “Reporting Entity” refers to the entire Legal Business Entity for the remainder of the questionnaire. (SKIP THE REMAINDER OF SECTION II AND PROCEED WITH SECTION III.)
 Organizational Unit within and operating under the authority of the Legal Business Entity
 SEE DEFINITIONS OF “REPORTING ENTITY” AND “ORGANIZATIONAL UNIT” FOR ADDITIONAL INFORMATION ON CRITERIA TO QUALIFY FOR THIS SELECTION.
Note: If selecting this option, “Reporting Entity” refers to the Organizational Unit within the Legal Business Entity for the remainder of the questionnaire. (COMPLETE THE REMAINDER OF SECTION II AND ALL REMAINING SECTIONS OF THIS QUESTIONNAIRE.)

IDENTIFYING INFORMATION

a) <u>Reporting Entity</u> Name	
Address of the <u>Primary Place of Business</u> (street, city, state, zip code)	Telephone ext.
b) Describe the relationship of the <u>Reporting Entity</u> to the <u>Legal Business Entity</u>	
c) Attach an <u>organizational chart</u>	
d) Does the Reporting Entity have a <u>DUNS</u> Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes,” enter <u>DUNS</u> Number	
e) Identify the designated manager(s) responsible for the business of the <u>Reporting Entity</u> . <i>For each person, include name and title. Attach additional pages if necessary.</i>	
Name	Title

INSTRUCTIONS FOR SECTIONS III THROUGH VII

For each “Yes,” provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). For each “Other,” provide an explanation which provides the basis for not definitively responding “Yes” or “No.” Provide the explanation at the end of the section or attach additional sheets with numbered responses, including the Reporting Entity name at the top of any attached pages.

NEW YORK STATE

**VENDOR RESPONSIBILITY QUESTIONNAIR
FOR-PROFIT BUSINESS ENTITY**

III. LEADERSHIP INTEGRITY

Within the past five (5) years, has any current or former reporting entity official or any individual currently or formerly having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of the reporting entity with any government entity been:

3.0 <u>Sanctioned</u> relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.1 <u>Suspended, debarred, or disqualified</u> from any <u>government contracting process</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.2 The subject of an <u>investigation</u> , whether open or closed, by any <u>government entity</u> for a civil or criminal violation for any business-related conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.3 Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a <u>judgment</u> for: a) Any business-related activity; or b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other

For each "Yes" or "Other" explain:

IV. INTEGRITY – CONTRACT BIDDING

Within the past five (5) years, has the reporting entity:

4.0 Been <u>suspended</u> or <u>debarred</u> from any <u>government contracting process</u> or been <u>disqualified</u> on any government procurement, permit, license, concession, franchise or lease, including, but not limited to, <u>debarment</u> for a violation of New York State Workers' Compensation or Prevailing Wage laws or New York State Procurement Lobbying Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1 Been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Been denied a contract award or had a bid rejected based upon a <u>non-responsibility finding</u> by a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 Had a low bid rejected on a <u>government contract</u> for failure to <u>make good faith efforts</u> on any <u>Minority-Owned Business Enterprise, Women-Owned Business Enterprise or Disadvantaged Business Enterprise</u> goal or <u>statutory affirmative action requirements</u> on a previously held contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4 Agreed to a voluntary exclusion from bidding/contracting with a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5 Initiated a request to withdraw a bid submitted to a <u>government entity</u> in lieu of responding to an information request or subsequent to a formal request to appear before the <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes," explain:

V. INTEGRITY – CONTRACT AWARD

Within the past five (5) years, has the reporting entity:

5.0 Been <u>suspended</u> , cancelled or <u>terminated for cause</u> on any <u>government contract</u> including, but not limited to, a <u>non-responsibility finding</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIR
FOR-PROFIT BUSINESS ENTITY

5.1 Been subject to an <u>administrative proceeding</u> or civil action seeking specific performance or restitution in connection with any <u>government contract</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2 Entered into a formal monitoring agreement as a condition of a contract award from a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes," explain:	

VI. CERTIFICATIONS/LICENSES

Within the past five (5) years, has the reporting entity:

6.0 Had a revocation, <u>suspension</u> or <u>disbarment</u> of any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.1 Had a denial, decertification, revocation or forfeiture of New York State certification of <u>Minority-Owned Business Enterprise</u> , <u>Women-Owned Business Enterprise</u> or federal certification of <u>Disadvantaged Business Enterprise</u> status for other than a change of ownership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes," explain:	

VII. LEGAL PROCEEDINGS

Within the past five (5) years, has the reporting entity:

7.0 Been the subject of an <u>investigation</u> , whether open or closed, by any <u>government entity</u> for a civil or criminal violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1 Been the subject of an indictment, grant of immunity, <u>judgment</u> or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2 Received any OSHA citation and Notification of Penalty containing a violation classified as <u>serious or willful</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3 Had a <u>government entity</u> find a willful prevailing wage or supplemental payment violation or any other willful violation of New York State Labor Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or received an enforcement determination by any <u>government entity</u> involving a violation of federal, state or local environmental laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5 Other than previously disclosed: a) Been subject to fines or penalties imposed by <u>government entities</u> which in the aggregate total \$25,000 or more; or b) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes," explain:	

VIII. FINANCIAL AND ORGANIZATIONAL CAPACITY

8.0 Within the past five (5) years, has the <u>Reporting Entity</u> received any <u>formal unsatisfactory performance assessment(s)</u> from any <u>government entity</u> on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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NEW YORK STATE

**VENDOR RESPONSIBILITY QUESTIONNAIR
FOR-PROFIT BUSINESS ENTITY**

VIII. FINANCIAL AND ORGANIZATIONAL CAPACITY	
If "Yes," provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.1 Within the past five (5) years, has the <u>Reporting Entity</u> had any <u>liquidated damages</u> assessed over \$25,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.2 Within the past five (5) years, have any <u>liens</u> or <u>judgments</u> (not including UCC filings) over \$25,000 been filed against the <u>Reporting Entity</u> which remain undischarged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, the Lien holder or Claimant's name(s), the amount of the <u>lien(s)</u> and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.3 In the last seven (7) years, has the <u>Reporting Entity</u> initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the bankruptcy chapter number, the court name and the docket number. Indicate the current status of the proceedings as "Initiated," "Pending" or "Closed." Provide answer below or attach additional sheets with numbered responses.	
8.4 During the past three (3) years, has the <u>Reporting Entity</u> failed to file or pay any tax returns required by <u>federal</u> , state or local tax laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the taxing jurisdiction, the type of tax, the liability year(s), the tax liability amount the <u>Reporting Entity</u> failed to file/pay and the current status of the tax liability. Provide answer below or attach additional sheets with numbered responses.	
8.5 During the past three (3) years, has the <u>Reporting Entity</u> failed to file or pay any New York State unemployment insurance returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the years the <u>Reporting Entity</u> failed to file/pay the insurance, explain the situation and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.6 During the past three (3) years, has the <u>Reporting Entity</u> had any <u>government audit(s)</u> completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) If "Yes," did any audit of the <u>Reporting Entity</u> identify any reported significant deficiencies in internal control, fraud, illegal acts, significant violations of provisions of contract or grant agreements, significant abuse or any <u>material disallowance</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to 8.6 a), provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIR
FOR-PROFIT BUSINESS ENTITY

IX. ASSOCIATED ENTITIES

*This section pertains to any entity(ies) that either controls or is controlled by the reporting entity.
(See definition of “associated entity” for additional information to complete this section.)*

<p>9.0 Does the <u>Reporting Entity</u> have any <u>Associated Entities</u>?</p> <p>Note: All questions in this section must be answered if the <u>Reporting Entity</u> is either:</p> <ul style="list-style-type: none"> – An <u>Organizational Unit</u>; or – The entire <u>Legal Business Entity</u> which controls, or is controlled by, any other entity(ies). <p>If “No,” SKIP THE REMAINDER OF SECTION IX AND PROCEED WITH SECTION X.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9.1 Within the past five (5) years, has any <u>Associated Entity Official</u> or <u>Principal Owner</u> been charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a <u>judgment</u> for:</p> <p>a) Any business-related activity; or</p> <p>b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If “Yes,” provide an explanation of the issue(s), the individual involved, his/her title and role in the <u>Associated Entity</u>, his/her relationship to the <u>Reporting Entity</u>, relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s).</p>	
<p>9.2 Does any <u>Associated Entity</u> have any currently undischarged <u>federal</u>, New York State, New York City or New York local government <u>liens</u> or <u>judgments</u> (not including UCC filings) over \$50,000?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If “Yes,” provide an explanation of the issue(s), identify the <u>Associated Entity</u>’s name(s), <u>EIN(s)</u>, primary business activity, relationship to the <u>Reporting Entity</u>, relevant dates, the Lien holder or Claimant’s name(s), the amount of the <u>lien(s)</u> and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.</p>	
<p>9.3 Within the past five (5) years, has any <u>Associated Entity</u>:</p>	
<p>a) Been <u>disqualified</u>, <u>suspended</u> or <u>debarred</u> from any <u>federal</u>, New York State, New York City or other New York local <u>government contracting process</u>?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b) Been denied a contract award or had a bid rejected based upon a <u>non-responsibility finding</u> by any <u>federal</u>, New York State, New York City, or New York local <u>government entity</u>?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c) Been <u>suspended</u>, <u>cancelled</u> or <u>terminated for cause</u> (including for <u>non-responsibility</u>) on any <u>federal</u>, New York State, New York City or New York local <u>government contract</u>?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d) Been the subject of an <u>investigation</u>, whether open or closed, by any <u>federal</u>, New York State, New York City, or New York local <u>government entity</u> for a civil or criminal violation with a penalty in excess of \$500,000?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>e) Been the subject of an indictment, grant of immunity, <u>judgment</u>, or conviction (including entering into a plea bargain) for conduct constituting a crime?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>f) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any <u>federal</u>, New York State, New York City, or New York local <u>government entity</u>?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>g) Initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIR
FOR-PROFIT BUSINESS ENTITY**

IX. ASSOCIATED ENTITIES
*This section pertains to any entity(ies) that either controls or is controlled by the reporting entity.
(See definition of “associated entity” for additional information to complete this section.)*

For each “Yes,” provide an explanation of the issue(s), identify the Associated Entity’s name(s), EIN(s), primary business activity, relationship to the Reporting Entity, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

X. FREEDOM OF INFORMATION LAW (FOIL)

10. Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL). Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.	<input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

If “Yes,” indicate the question number(s) and explain the basis for the claim.

XI. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE

Name	Telephone ext.	Fax
Title	Email	

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIR
FOR-PROFIT BUSINESS ENTITY**

Certification

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding award or approval of a contract or subcontract and that such government entities will rely on information disclosed in the questionnaire in making responsibility determinations; (2) acknowledges that the New York State government entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or Federal Law, as well as a finding of non-responsibility, contract suspension or contract termination.

The undersigned certifies that he/she:

- is knowledgeable about the submitting Business Entity’s business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity’s responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State government entities will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under an obligation to update the information provided herein to include any material changes to the Business Entity’s responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State government entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature _____ of _____
 Owner/Official _____

Printed Name of Signatory _____

Title _____

Name of Business _____

Address _____

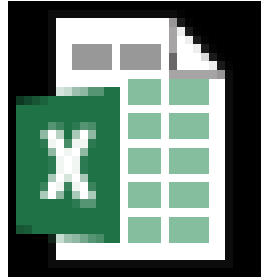
City, State, Zip _____

Sworn to before me this _____ day of _____, 20__;

_____ Notary Public

ATTACHMENT 5
FINANCIAL VIABILITY FORM

Please double-click the below icon to access the **Financial Viability Risk Assessment Form**



Financial Viability Risk Assessment For

ATTACHMENT 6
CODE OF BUSINESS ETHICS CERTIFICATION

CODE OF BUSINESS ETHICS – CERTIFICATION

The bidder (or Proposer) shall submit this form at time of bid (or with RFP).

A. Ethics Programs

1. DASNY, a public-benefit corporation, expects the highest degree of ethical business conduct by its employees and the many contractors, consultants and vendors with whom it interacts on behalf of its clients, bondholders and the people of the State of New York. DASNY, by mandate of its Board of Directors, administers a comprehensive corporate integrity program to ensure that, as public officers, DASNY employees at all levels perform their official duties consistent with the requirements of the *New York State Public Officers Law*; other applicable laws, rules, and regulations; and policies of DASNY.
2. DASNY encourages and supports a fair, open and honest business relationship with its contractors, consultants and vendors based on quality, service and cost. Moreover, DASNY believes that a “level playing field” in the marketplace can only be achieved through adherence to ethical business practices by all participants involved in the process.
3. To promote a working relationship with DASNY based on ethical business practices, contractors, consultants and vendors are expected to:
 - a. furnish all goods, materials and services to DASNY as contractually required and specified;
 - b. submit complete and accurate reports to DASNY and its representatives as required;
 - c. not seek, solicit, demand or accept any information, verbal or written, from DASNY or its representatives that provides an unfair advantage over a competitor;
 - d. not engage in any activity or course of conduct that restricts open and fair competition on DASNY-related projects and transactions;
 - e. not engage in any course of conduct with DASNY employees or representatives that constitutes a conflict of interest or creates the appearance of a conflict of interest;
 - f. not offer any unlawful gifts or gratuities to DASNY employees or representatives, or engage in bribery or other criminal activity; and
 - g. report to DASNY any activity by a DASNY employee or contractor, consultant or vendor of DASNY that is inconsistent with DASNY’s *Code of Business Ethics*.
4. DASNY encourages its contractors, consultants and vendors to advance and support ethical business conduct and practices among their respective directors, officers and employees, preferably through the adoption of corporate ethics awareness training programs and written codes of conduct. In addition to considering technical competence and financial stability, DASNY will consider the *corporate integrity* of all contractors, consultants and vendors prior to the awarding of contracts or issuing of purchase orders.

B. Conduct of DASNY Employees

DASNY employees are expected to conduct business with contractors, consultants and vendors in a fair, consistent and professional manner. DASNY’s Code of Business Ethics and Employee Conduct entitled *Serving Responsibly*, and other DASNY policies and procedures, guide the manner in which DASNY employees are required to interact with contractors, consultants and vendors. Additionally, the New York State Public Officers Law sets forth legal parameters within which DASNY employees must perform their official duties with respect to, among other things, conflicts of interest and the acceptance of gifts.

CODE OF BUSINESS ETHICS – CERTICATION

C. Limits on Gifts to DASNY Employees

1. Pursuant to Section 73(5) of the Public Officers Law, no person shall offer any gift having more than a nominal value to a DASNY employee under circumstances in which it:
 - a. could be reasonably inferred the gift was intended to influence the employee in the performance of his or her official duties; or
 - b. could reasonably be expected to influence the employee in the performance of his or her official duties; or
 - c. was intended as a reward for any official action on the part of the employee.
2. A gift is anything more than nominal in value, in any form, given to a DASNY employee. Gifts include, but are not limited to, money, service, loan, travel, lodging, meals, refreshments, entertainment, discount, forbearance or promise. Any firm or its agents, either doing business or seeking to do business with DASNY (contractors, consultants, vendors, etc.), is prohibited from directly or indirectly offering or giving any gifts, even gifts of nominal value, to DASNY employees as such gifts are deemed to be *per se* improper.
3. As is stated in the *Prohibited Interests* section of the Construction and Consultant Contract documents, violations of these gift provisions may be grounds for immediate contract termination and/or referral for civil action or criminal prosecution.

D. Employing Relatives of DASNY Employees

Although contractors, consultants and vendors may employ relatives of DASNY employees, DASNY must be made aware of such circumstances as soon as possible, preferably in writing, to ensure a conflict of interest situation does not arise. DASNY reserves the right to request that contractors, consultants and vendors modify the work assignment of a DASNY employee's relative where a conflict of interest, or the appearance thereof, is deemed to exist. Please be advised that DASNY employees are required to disclose information regarding the hiring of relatives by contractors, consultants and vendors and recuse themselves from matters that may present a conflict of interest. For purposes of this document, the term "relatives" refers to spouses, domestic partners, parents, children, sisters, brothers, sisters-in-law, brothers-in-law, parents-in-law, sons/daughters-in-law, stepparents, stepchildren, aunts, uncles, nieces, nephews, first cousins, grandparents by blood relationship or by marriage, or persons residing in the same household.

E. Hiring Former DASNY Employees

Contractors, consultants and vendors may hire former DASNY employees. However, as a general rule, former employees of DASNY may neither appear nor practice before DASNY, nor receive compensation for services rendered on a matter before DASNY, for a period of *two years* following their separation from DASNY service. In addition, former DASNY employees are subject to a "*lifetime bar*" from appearing before DASNY or receiving compensation for services regarding any transaction in which they personally participated or which was under their active consideration during their tenure with DASNY. Violations will be referred to the New York State Commission on Public Integrity for appropriate action.

CODE OF BUSINESS ETHICS – CERTIFICATION

F. Questions

Questions relating to these guidelines should be directed to the responsible DASNY Project Manager or Program Director, Director of Procurement, DASNY's Ethics Officer or Director of Internal Affairs. To contact any of these individuals please call: (518) 257-3000.

When in doubt, please seek guidance.

G. Certification

I have read the foregoing and agree to comply with DASNY's Code of Business Ethics. I further acknowledge that failure to comply shall justify contract termination by DASNY and may result in the rejection of bids or proposals for future work with DASNY.

_____ (Officer's Signature) _____ (Date)

Firm's Legal Name: _____

Print Officer's Name _____

Title _____

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