

Ulster County RFP-UC23-0877: Financial and Management Consulting Services on Behalf of the Ulster County Economic Development Alliance

October 13, 2023

Re: Request for Proposal – Financial and Management Consulting Services - UCEDA

The Ulster County Economic Development Alliance (UCEDA) is accepting proposals from qualified firms to provide financial and management consulting services. Your firm is invited to submit a proposal by 4:30 P.M. on Friday, November 10, 2023 for consideration. A description of the UCEDA, the services required, and other pertinent information follows.

Description of UCEDA

The mission of the Ulster County Economic Development Alliance (UCEDA) is to act as a catalyst to promote Ulster County as the premier location to expand and grow business for the creation of wealth, to improve the quality of life and to foster strong, sustainable, diverse economic opportunities for Ulster County and its communities. The UCEDA works to achieve its mission by attracting, retaining, and growing businesses through technical and financial assistance (including administration of the revolving loan funds), marketing, facilitation of capacity building and infrastructure programs, and collaboration with community, regional, state, and municipal partners and leaders.

Services to Be Performed

We are seeking advisory services in the following areas to support UCEDA's mission of promoting economic development activity in Ulster County, New York:

Accounting and Financial

- Provide technical assistance and make recommendations regarding UCEDA's financial accounting methods including review of the organization's fiscal 2023 financial position. and accounts to insure consistency with general accepted accounting standards.
- Review UCEDA's revolving loan accounting methods for accuracy and completeness.
- Conduct a financial and risk assessment of UCEDA's overall operations and recommend risk mitigating strategies.
- Review current accounting systems and financial reporting/representation for accuracy and transparency to enhance public and board oversight.
- Provide ongoing budgetary and financial planning services to UCEDA .

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Management Advisory Services

- Review organizational structure and governance model and make recommendations on improving organizational performance and health by enhancing structures, processes, and ways of working, including culture change.
- Perform an internal risk management assessment including a review of existing procedures and policies (available on the website) and provide guidance on procedures to solidify and expand internal controls.
- Draft internal compliance strategy to ensure UCEDA adheres to all relevant laws, regulations, contractual requirements, and internal policies.
- Perform a benchmarking assessment identifying other peer organizations and reviewing structure, staffing and procurement guidelines.
- Review and recommend processes for measurement and evaluation of program initiatives.
- Review development and implementation of initiatives (strategy, execution, operational support and stakeholder engagement).
- Identify any training needs for staff or board members.

Response to This Request for Proposal

Your proposal must be clear and concise, and must include sufficient detail for effective evaluation. The proposal should not simply rephrase or restate the RFP requirements, but rather provide convincing rationale to address how your organization intends to meet these requirements. Assume that the UCEDA has no prior knowledge of your facilities and experience, and will base its evaluation on the information presented in your proposal.

Elaborate brochures or documentation, binding, detailed artwork, or other embellishments are unnecessary and are not desired. Similarly, for oral presentations, elaborate productions are unnecessary and not desired.

All submitted proposals become the property of UCEDA who will retain one copy of all unsuccessful proposals and will destroy all extra copies.

In responding to this request, kindly provide the following information:

- **General Organization Information**

- a. Provide a brief description of your organization, including at least the following:

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- i. Name, telephone number, and email address of a representative of the organization authorized to discuss your proposal;
- ii. Address of the organization's main office;
- iii. Number of employees of the organization; and
- iv. Names, locations and resumes of the primary team members, and/or other contacts who will be assigned to UCEDA. Provide appropriate resumes and/or background information for each such person, and identify her or his responsibilities

- **Experience**

- a. Describe your organization and its capabilities, including examples of your innovativeness in developing solutions for similar clients.
- b. Support your ability to perform the Scope of Services.
- c. Detail history working with similar clients.

- **References**

- a. Provide at least three client references. Include name, address, telephone number, and email address.

- **Fees**

- a. Your fee proposal for the requested services. The fee quoted shall be an annual fixed fee, inclusive of all expenses, including but not limited to travel, clerical, printing, administrative and overhead

- **Conflict of Interest**

- a. Identify any conflict of interest that may arise as a result of business activities or ventures by your organization or employees. A conflict of interest is any direct, indirect, personal, private, commercial or business relationship that could diminish your organization's or employee's independence of judgment and performance as a service provider to UCEDA.
- b. Describe how your organization will handle actual or potential conflicts of interest.

- Include any other information that will be helpful to UCEDA in making this decision.

Evaluation Criteria

Only those proposals that contain complete information will be considered. All proposals will be evaluated and examined by UCEDA Audit Committee members, who will propose a recommendation to the full boards. If UCEDA and Audit Committee members determine necessary, interviews may be scheduled with selected responders as soon as possible after the initial evaluation.

UCEDA will evaluate proposals on a qualitative basis, and reserves the right to accept or reject any and all proposals. Evaluations will include a review of the firm's peer review report and related

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materials, interviews with senior engagement personnel to be assigned to UCEDA, results of discussions with other clients, and the firm's completeness and timeliness in its response.

Scoring Criteria

- Demonstrated competence, experience, knowledge, and qualifications of Respondent's experience working with similar governmental entities;
- Reasonableness of the proposed fees for the services to be performed; and
- Certification as a Historically Underutilized Business (HUB) or Minority Owned Business (MOB).

UCEDA's most recent financial statements, including the PARIS Report that is filed with the NYS Authorities Budget Office, can be provided once you have determined that you would like to respond to this request for proposal.

Key UCEDA Staff

Amanda LaValle, President

Christopher Jaros, Chief Financial Officer

Additional Information/Questions

No oral interpretations as to the meaning of the RFP or revisions to the RFP will be made for any responder. Requests for clarification or interpretation shall be made in writing and directed to:

Edward Jordan, Director of Purchasing
County of Ulster
100 Development Court
Kingston, NY 12401
ejor@co.ulster.ny.us
Fax: 845-340-3434

at least TEN (10) calendar days before the date established for submitting proposals. Inquiries will not be considered after that date.

Any interpretation deemed necessary will be in the form of an addendum to the RFP and, when issued, will be delivered as promptly as is practicable to all responders. All addenda will become part of the RFP. Responders should not rely on any oral statements or conversations they may have with Ulster County employees or third parties regarding the RFP, whether at any pre-proposal conference or otherwise.

To ensure being advised of all addenda and other communications regarding this RFP, complete and return, within five (5) business days, the confirmation form at the end of the RFP. Return to:

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Edward Jordan, Director of Purchasing
County of Ulster
100 Development Court
Kingston, NY 12401
ejor@co.ulster.ny.us
Fax: 845-340-3434

If you fail to return this form, you may not receive all further communications regarding this RFP.

Return Date

Submit one original and 7 photocopies of your entire proposal in a sealed opaque envelope/package clearly marked on the outside with the name and number of the RFP, and the name and address of the responder. All copies and the original document must be clearly identified as such. **The Original Document is defined as the copy containing the original ink signed signature pages.**

Proposals must be received no later than **4:30 P.M. on Friday, November 10, 2023** at the following address:

Edward Jordan, Director of Purchasing
County of Ulster
100 Development Court
Kingston, NY 12401

Submission Conditions

Proposers should send separate proposals for each agency. The UCEDA will make its initial judgment regarding qualifications, understanding of UCEDA's scope and objectives, methodology, and ability to perform the services, based on the proposals submitted.

Those submitting proposals do so entirely at their expense. There is no express or implied obligation by UCEDA to reimburse any firm or individual for any costs incurred in preparing or submitting proposals, preparing or submitting additional information requested by the UCEDA, or for participating in any selection interviews.

Submission of a proposal indicates acceptance of the conditions contained in this RFP, unless clearly and specifically noted otherwise in the proposal. Proposals will remain valid until the execution of a contract by UCEDA and the chosen firm, unless otherwise rejected consistent with this RFP.

Oral, faxed, or telephoned submittals, or modification thereof, will not be accepted. UCEDA reserve the right to waive any and all informalities and to disregard all nonconforming, non-responsive or conditional proposals. UCEDA reserves the right to reject any or all proposals.

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UCEDA may, at any time by written notification to all responders, change any portion of the RFP described and detailed herein.

Method of Award

It is the intention of UCEDA that the award of this project will be made to the responder whose total proposal, in the opinion of UCEDA, best meets the established criteria listed herein. All aspects of the evaluation will be taken into consideration in awarding the project.

It is understood by the parties that the contract resulting from this RFP will be executed only to the extent of the monies available to UCEDA.

A notice of award will not be binding upon the UCEDA until the contract has been fully executed by both parties.

Contract Period

The term of the contract will be for a period of three (3) years commencing on January 1, 2024 through December 31, 2026.

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PLEASE BRING THESE INSURANCE REQUIREMENTS TO YOUR INSURANCE AGENT TO ENSURE PROPER COVERAGE AND LIMITS ARE IN PLACE. FAILURE TO PROVIDE CERTIFICATE(S) OF INSURANCE EVIDENCING REQUIREMENTS BELOW, SHALL DELAY CONTRACT EXECUTION.

SCHEDULE C **COUNTY OF ULSTER CONTRACT INSURANCE REQUIREMENTS**

I. CONDITIONS OF INSURANCE

Unless otherwise authorized by the Ulster County Insurance Officer, strict adherence to this schedule is required. Any deviation without prior authorization from the County's Insurance Department will result in a delay in the finalization of this Agreement.

The Vendor shall submit copies of any or all required insurance documents as and when requested by the County. Upon policy renewal, the Vendor shall submit updated insurance policy information.

II. CERTIFICATES OF INSURANCE

The Vendor shall file with the County's Insurance Department, prior to commencing work under this Agreement, all proper Certificates of Insurance.

The Certificates of Insurance shall include:

- a. Name and address of Insured
- b. Issue date of certificate
- c. Insurance company name ☒
- d. Type of coverage in effect
- e. Policy number
- f. Inception and expiration dates of policies included on the certificate
- g. Limits of liability for all policies included on the certificate
- h. **"Certificate Holder"** for all certificates shall be the County of Ulster, P.O. Box 1800, Kingston, New York 12402-1800.

If the Vendor's insurance policies should be non-renewed or canceled, or should expire during the life of this Agreement, the County shall be provided with a new certificate indicating the replacement policy information as requested above. The County requires thirty (30) days prior written notice of cancellation [ten (10) days for non-payment of premium] from the Insurer, its agents or representatives.

The Vendor agrees to indemnify the County of Ulster for any applicable deductibles and self-insured retentions.

III. WORKERS' COMPENSATION AND DISABILITY INSURANCE

The Vendor shall take out and maintain during the life of this Agreement, Workers' Compensation (WC) Insurance and Disability Benefits (DB) Insurance, for all of its employees employed at the site of the project, and shall provide Certificates of Insurance evidencing this coverage to the County's Insurance Department.

If the Vendor is not required to carry such insurance, the Vendor must submit form CE-200 attesting to the fact that it is exempt from providing WC and/or DB Insurance coverage for all of its employees.

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The manner of proof related to WC and DB Insurance is controlled by New York State Laws, Rules and Regulations. “ACORD” forms are not acceptable proof of WC and/or DB Insurance.

IV. WORKERS’ COMPENSATION REQUIREMENTS

To assist the State of New York and municipal entities in enforcing WCL Section 57, a business entity (the Vendor) seeking to enter into a contract with a municipality (the County) must provide one of the following forms to the municipal entity with which it is entering into a contract. The Vendor should contact their insurance agent to obtain acceptable proof of WC coverage:

- Form C-105.2 – “Certificate of NYS Workers’ Compensation Insurance” **or**
- Form U-26.3 – “Certificate of Workers’ Compensation Insurance” issued by the New York State Insurance Fund **or**
- Form SI-12 – “Affidavit Certifying that Compensation has Been Secured” issued by the Self-Insurance Office of the Workers’ Compensation Board if the Vendor is self-insured **or**
- Form GSI-105.2 – “Certificate of Participation in Workers’ Compensation Group Self-Insurance” issued by the Self-Insurance administrator of the group **or**
- Form GSI-12 – “Certificate of Group Workers’ Compensation Group Self-Insurance” issued by the Self-Insurance Office of the Workers’ Compensation Board if the Vendor is self-insured.

If the Vendor is not required to carry WC coverage, it must submit Form CE-200, “Certificate of Attestation of Exemption” from New York State Workers’ Compensation and/or Disability Benefits Insurance Coverage. This form and the instructions for completing it are available at <http://www.wcb.ny.gov>

V. DISABILITY BENEFITS REQUIREMENTS

To assist the State of New York and municipal entities in enforcing WCL Section 220(8), a business entity (the Vendor) seeking to enter into a contract with a municipality (the County) must provide one of the following forms to the municipal entity it is entering into a contract with. The Vendor should contact their insurance agent to obtain acceptable proof of DB Insurance Coverage:

- Form DB-120.1 – “Certificate of Insurance Coverage Under the NYS Disability Benefits Law” **or**
- Form DB-155 – “Compliance with Disability Benefits Law” issued by the Self-Insurance Office of the Workers’ Compensation Board if the Vendor is self-insured.

If the Vendor is not required to carry DB Insurance coverage, it must submit Form CE-200, “Certificate of Attestation of Exemption” from New York State Workers’ Compensation and/or Disability Benefits Insurance Coverage. This form and the instructions for completing it are available at <http://www.wcb.ny.gov>

VI. COMMERCIAL GENERAL LIABILITY INSURANCE

The Vendor shall take out and maintain during the life of this Agreement, such bodily injury liability and property damage liability insurance as shall protect it and the County from claims for damages for bodily injury including accidental death, as well as from claims for property damage that may arise from operations under this Agreement, whether such operations be by the Vendor, by any subcontractor, or by anyone directly or indirectly employed by either of them.

It shall be the responsibility of the Vendor to maintain such insurance in amounts sufficient to fully protect itself and the County, but in no instance shall amounts be less than the minimum acceptable levels of coverage set forth below:

- Bodily Injury Liability and Property Damage Liability Insurance in an amount not less than **ONE MILLION AND 00/100 (\$1,000,000.00) DOLLARS** for each occurrence, and in an amount not less than **TWO MILLION AND 00/100 (\$2,000,000.00) DOLLARS** general aggregate.

Other Conditions of Commercial General Liability Insurance:

- a. Coverage shall be written on Commercial General Liability form.
- b. Coverage shall include:
 1. Contractual Liability

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2. Independent Contractors
3. Products and Completed Operations
- c. "Additional Insured" status shall be granted to "County of Ulster, P.O. Box 1800, Kingston, New York, 12402-1800", shown on the Commercial General Liability policy, further stating that this insurance shall be primary and non-contributory with any other valid and collectable insurance.

VII. UMBRELLA LIABILITY OR EXCESS LIABILITY INSURANCE

Umbrella Liability or Excess Liability Insurance shall be provided by the Vendor in an amount not less than **TWO MILLION AND 00/100 (\$2,000,000.00) DOLLARS**.

NOTE: As long as all minimum underlying limits have been met, insurance limits may be a total combined limit of the Umbrella/Excess Liability limits and the underlying liability insurance limits.

The Umbrella/Excess Liability coverage MUST be written on a follow-form (drop down) basis to the underlying insurance coverage with no additional exclusions.

"Additional Insured" status shall be granted to "County of Ulster, P.O. Box 1800, Kingston, New York, 12402-1800", shown on the Umbrella policy, further stating that this insurance shall be primary and non-contributory with any other valid and collectable insurance.

VIII. AUTOMOBILE LIABILITY INSURANCE

Automobile Bodily Injury Liability and Property Damage Liability Insurance shall be provided by the Vendor, with a minimum Combined Single Limit (CSL) of **ONE MILLION AND 00/100 (\$1,000,000.00) DOLLARS**.

Coverage shall include:

- a. All owned vehicles
- b. Any hired automobile
- c. Any non-owned automobile
- d. "Additional Insured" status shall be granted to "County of Ulster, P.O. Box 1800, Kingston, New York, 12402-1800", shown on the Auto Liability policy, further stating that this insurance shall be primary and non-contributory with any other valid and collectable insurance.

IX. PROFESSIONAL LIABILITY INSURANCE (e.g. MALPRACTICE, MEDIA LIABILITY, ERRORS & OMISSIONS INSURANCE)

[**X**] If this box is checked, Professional Liability Insurance shall be provided by the Vendor in an amount not less than **ONE MILLION AND 00/100 (\$1,000,000.00) DOLLARS** for each occurrence and in an amount of not less than **TWO MILLION AND 00/100 (\$2,000,000.00) DOLLARS** general aggregate.

X. CYBER LIABILITY INSURANCE:

[**X**] If this box is checked, Cyber Liability Insurance shall be provided by the Vendor in an amount not less than **One MILLION AND 00/100 (\$1,000,000.00) DOLLARS** for each occurrence and in an amount of not less than **ONE MILLION AND 00/100 (\$1,000,000.00) DOLLARS** general aggregate. **Copies of policy must be submitted with certificate of insurance.**

XI. SEXUAL ABUSE & MOLESTATION COVERAGE:

[] If this box is checked, Sexual Abuse & Molestation Coverage shall be provided by the Vendor in an amount not less than **ONE MILLION AND 00/100 (\$1,000,000.00) DOLLARS** for each occurrence and in an amount of not less than **TWO MILLION AND 00/100 (\$2,000,000.00) DOLLARS** general aggregate.

THE FOLLOWING SHEETS MUST BE
COMPLETED AND RETURNED
WITH YOUR PROPOSAL

RESPONSE RETURN FORM

VENDOR NAME _____

TITLE: _____

PHONE NUMBER: _____

E-MAIL: _____

ADDRESS: _____

AUTHORIZED SIGNATURE:

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RESPONDER’S NAME: _____

ASSUMED NAME CERTIFICATION

***If the responder’s business is conducted under an assumed name, a copy of the certificate required to be filed under the New York general business law must be attached.**

ASSUMED NAME: _____

If the responder is an individual, the proposal must be signed by that individual; if the responder is a corporation, by an officer of the corporation, or other person authorized by resolution of the board of directors, and in such case a copy of the resolution must be attached; if a partnership, by one of the partners or other person authorized by a writing signed by at least one general partner and submitted with the proposal or previously filed with the Director of Purchasing.

The submission of this proposal constitutes a certification that no Alliance Officer has any interest therein. (Note: In the event that any Alliance Officer has any such interest, the full nature thereof should be disclosed below.)

INSURANCE STATEMENT

Responder agrees as follows - please mark appropriate box(es):

Insurance Certificate as requested is attached ☐

OR

I certify that I can supply insurance as specified if awarded the contract ☐

Insurance Certificate filed on _____
DATE

FAILURE TO PROVIDE SPECIFIED INSURANCE SHALL DISQUALIFY RESPONDER

AUTHORIZED SIGNATURE

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INSURANCE REQUIREMENTS:

The following insurance acknowledgement must be completed and signed and submitted with bid even if the bidder is unable to provide their certificate of insurance with their bid.

BIDDER NAME: _____, if a successful bidder, agrees to provide an insurance certificate with endorsement, in compliance with the insurance requirements set forth in this bid. Insurance certificates, with County of Ulster listed as additional insured, must be supplied within ten (10) business days or as specified in the notice of award or the award may be rescinded.

BID TITLE: _____

Authorized Signature:_____

Name & Title of
Authorized Signer: _____

Dated: _____

Insurance Agency:_____

Address of Agency: _____

Contact Person
At Agency: _____

Phone Number
of Agency: _____

Current Policy Limits:	_____	G/L Occurrence
	_____	G/L Aggregate
	_____	Umbrella or Excess
	_____	Auto

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ACKNOWLEDGMENT AND ACCEPTANCE DECLARATION

Living Wage Act - Local Law Number 6 of 2021

(To be completed by each respondent to a bid/proposal solicitation
when that solicitation has included Living Wage Advertisement/Solicitation Language.)

CONTRACTING AGENCY: _____

AGENCY CONTRACT NUMBER: _____

VENDOR NAME: _____

DATE PREPARED: _____ **PREPARED BY:** _____

VENDOR TELEPHONE NUMBER: _____

VENDOR EMAIL ADDRESS: _____

VENDOR MAILING ADDRESS: _____

As the authorized representative of the above-referenced bidder or proponent, I hereby acknowledge that the bidder/proponent understands that the contract or agreement that will be executed with a successful bidder/proponent pursuant to this solicitation is subject to the Living Wage Act and the regulations associated therewith. The bidder/proponent hereby agrees to comply with the Living Wage Act and the associated regulations if awarded a contract pursuant to this solicitation. I am authorized to make the above representations on behalf of the bidder or proponent.

**AUTHORIZED REPRESENTATIVE
CERTIFICATION:**

X _____

NAME: _____

TITLE: _____

DATE: _____

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ORGANIZATION INFORMATION FORM

RESPONDER NAME: _____

TYPE OF ENTITY: CORP. _____ PARTNERSHIP _____ INDIVIDUAL _____ OTHER _____

FEDERAL EMPLOYER ID #: _____ OR SOCIAL SECURITY #: _____

DATE OF ORGANIZATION: _____

IF APPLICABLE: DATE FILED: _____ STATE FILED: _____

If a non-publicly owned corporation:

CORPORATION NAME: _____

LIST PRINCIPAL STOCKHOLDERS: (owning 5% or more of outstanding shares)

LIST OFFICERS AND DIRECTORS:

NAME

TITLE

If a partnership:

PARTNERSHIP NAME: _____

LIST PARTNERS NAME(S):

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CERTIFICATION AND SIGNATURE FORM

AFFIDAVIT OF NON-COLLUSION

NAME OF RESPONDER: _____ PHONE NO.: _____ EXT: _____

BUSINESS ADDRESS: _____ FAX NO.: _____

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

I further attest that:

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

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

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

Signature & Company Position

Print Name & Company Position

Company Name

Date Signed

Federal I.D. Number

RESPONDER'S NAME: _____

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CERTIFICATION OF COMPLIANCE WITH THE IRAN DIVESTMENT ACT

Pursuant to State Finance Law §165-a, on August 10, 2012 the Commissioner of the Office of General Services (OGS) posted a prohibited entities list of "persons" who are engaged in "investment activities in Iran" (both are defined terms in the law) on the OGS website at: <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, each Bidder/Contractor, any person signing on behalf of any Bidder/Contractor and any assignee or subcontractor and, in the case of a joint bid, each party thereto, certifies, under penalty of perjury, that once the Prohibited Entities List is posted on the OGS website, that to the best of its knowledge and belief, that each Bidder/Contractor and any subcontractor or assignee is not identified on the Prohibited Entities List created pursuant to SFL § 165-a(3)(b).

Additionally, Bidder/Contractor is advised that once the Prohibited Entities List is posted on the OGS Website, any Bidder/Contractor seeking to renew or extend a Contract or assume the responsibility of a Contract awarded in response to this solicitation must certify at the time the Contract is renewed, extended or assigned that it is not included on the Prohibited Entities List.

During the term of the Contract, should the County receive information that a Bidder/Contractor is in violation of the above-referenced certification, the County will offer the person or entity an opportunity to respond. If the person or entity fails to demonstrate that he/she/it has ceased 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 Bidder/Contractor in default.

The County reserves the right to reject any bid or request for assignment for a Bidder/Contractor that appears on the Prohibited Entities List prior to the award of a contract and to pursue a responsibility review with respect to any Bidder/Contractor that is awarded a contract and subsequently appears on the Prohibited Entities List.

I, _____, being duly sworn, deposes and says that he/she is the
_____ of the _____

Corporation and that neither the Bidder/Contractor nor any proposed subcontractor is identified on the Prohibited Entities List.

SIGNED

SWORN to before me this

_____ day of _____

201 ____

Notary Public: _____

RESPONDER'S NAME: _____

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MACBRIDE FAIR EMPLOYMENT PRINCIPLES

Ulster County Resolution 108 of March 8, 2001, in an attempt to prevent discrimination in all forms, provides the requirement that vendors who do business with Ulster County read, initial and return the attached statement as part of their official document.

Please read and initial **either** Statement #1 or Statement #2.

DO NOT INITIAL BOTH STATEMENTS.

- ___ 1. The Bidder, and any individual or legal entity in which the Bidder holds a 10% or greater ownership interest and any individual or legal entity that holds a 10% or greater ownership interest in the Bidder, has no business operations in Northern Ireland.
- ___ 2. The Bidder, and any individual or legal entity in which the Bidder holds a 10% or greater ownership interest and any individual or legal entity that holds a 10% or greater ownership interest in the Bidder shall take lawful steps in good faith to conduct any business operations they have in Northern Ireland in accordance with the MacBride Fair Employment Principles and shall permit the independent monitoring of their compliance with such principles.

AUTHORIZED SIGNATURE

PRINT NAME:

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ALL QUESTIONS PERTAINING TO THIS RFP **MUST** BE SUBMITTED IN
WRITING 10 DAYS PRIOR TO SUBMITTAL RETURN DATE.

(This form can be used and faxed to 845-340-3434 to the attention of Edward Jordan, Director of
Purchasing. Or questions can be submitted by email to ejor@co.ulster.ny.us with a cc to the contact person
listed on page 1. We will respond as soon as possible.)

Date: _____

Company Name: _____

Contact Name: _____

Telephone No.: _____

Fax No.: _____

E-mail: _____

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RECEIPT CONFIRMATION FORM

**PLEASE COMPLETE AND RETURN THIS CONFIRMATION FORM WITHIN 5 WORKING DAYS
OF RECEIVING BID PACKAGE TO:**

**Edward Jordan; Director
Ulster County Purchasing Department
100 Development Court
Kingston, NY 12401
Telephone: (845) 340-3400 Fax: (845) 340-3434
RFP-UC22-085:**

Failure to return this form may result in no further communication or addenda regarding this Bid.

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Person: _____

Phone Number: _____ **EXT:** _____ **Fax Number:** _____

Email: _____

I have received a copy of the above noted PROPOSAL.

_____ **We will be submitting a PROPOSAL**

_____ **We will NOT be submitting a PROPOSAL – (please indicate reason)**

Signature: _____

Title: _____

If a bidders meeting has been arranged for this Bid, please indicate if you plan to attend: Yes / No