

CONTRACT #44-2018
OPENING DATE: AT 11:00 A.M.
FRIDAY, MARCH 30, 2018



PROPOSALS MUST BE RECEIVED IN THE OFFICE OF THE DIRECTOR OF FINANCE NO LATER THAN 11:00 A.M. ON THE OPENING DATE
LATE PROPOSALS WILL NOT BE CONSIDERED

CONTRACT PROPOSAL
TOWN OF HEMPSTEAD - STATE OF NEW YORK
 FOR BIDS TO BE RECEIVED AND OPENED IN THE OFFICE OF
 DIRECTOR OF FINANCE
 350 FRONT STREET - ROOM 122
 HEMPSTEAD, NEW YORK 11550-4037

YEARLY REQUIREMENTS FOR: VETERINARY SERVICES

TITLE

The undersigned bidder affirms and declares that he/she carefully examined the advertised invitation for bids, the general specifications and detailed specifications, and certifies that this proposal is signed with full knowledge and acceptance of all the provisions thereof and offers and agrees, if this bid is accepted within _____ days from the date of opening of bids to furnish any or all items upon which prices are hereinafter quoted in the quantities and at the prices bid. **All prices must include delivery charges.** Delivery to be made within _____ days after receipt of order or orders during the contract period.

FROM: UPON AWARD

TO: ONE (1) YEAR

Cash Discount of _____ per cent will be allowed for prompt payment within 20 business days.

BID OF _____
 (Name of Bidder) (Address)

(Corporate)
 (Seal) By _____ Title _____ Name _____
 (Signature of proprietor, partner or officer authorized to sign for corporation title) (Print or type name of signer)

Federal I. D. Number _____ Telephone No. _____

E-Mail _____ Fax No. _____

BIDDER'S SIGNATURE SHOULD BE ACKNOWLEDGED BELOW.

STATE OF _____
 COUNTY OF _____ SS.:
 On this _____ day of _____, 20____,
 Before me personally appeared _____
 To me known and known to be (the individual described in)*
 (a member of the firm of _____
 the firm described in) and who executed the within instrument, and
 (he/she) (each and everyone of them severally) duly acknowledge that
 _____ he/she _____ executed the same (as and for the act of deed of
 said firm).

STATE OF _____
 COUNTY OF _____ SS.:
 On this _____ day of _____, 20____,
 before me, the subscriber, personally came _____
 _____ to me know, who being by a duly sworn
 did dispose and say that he/she resides in _____
 _____; that he/she is the _____ of
 _____ the corporation described in and
 which executed the above instrument; that he/she knew
 the seal of said corporation; that the seal affixed to said
 instrument was said corporate seal; that it was affixed by order of
 the Board of Directors of said corporation, and that he/she signed
 his/her name thereto by like order.

*Notary; X out parts of acknowledgement which do not apply.

Notary Public County of _____ State of _____
 (FOR INDIVIDUAL(S), FIRM OR PARTNERSHIP)

Notary Public, County of _____ State of _____
 (FOR CORPORATIONS)

**SUPPLY & DELIVER THE ATTACHED PROPOSAL
 ACCORDING TO SPECIFICATIONS AND CONDITIONS.**

ac/ **MAIL PROPOSALS EARLY. ALLOW TIME FOR UNAVOIDABLE DELAYS THAT MAY OCCUR.**
CONDITIONS:

(1) A SUBSTITUTE FOR THE PRODUCT SPECIFIED WILL BE CONSIDERED IN ALL CASES EXCEPT WHEN OTHERWISE STATED THE BIDDER MUST SUBMIT WITH THE BID SATISFACTORY PROOF THAT ANY SUBSTITUTE OFFERED IS EQUAL TO THE STANDARD SPECIFIED. (2) All bid prices must include deliver within doors unless Town specifies otherwise. (3) No charge shall be made boxing or packing. (4) Use this form. (5) Director of Finance reserves the right to reject any or all bids and to award by items, by groups, or as a whole. (6) Issuance of Town Purchase Order constitutes acceptance of bid.

BIDDERS ARE REQUESTED TO ALSO READ THE TERMS AND CONDITIONS ATTACHED HERETO.

IN EXECUTING THIS BID, THE BIDDER WARRANTS THAT THE PRICE SUBMITTED HEREIN ARE NOT HIGHT THAN THOSE OFFERED TO ANY GOVERNMENTL OR COMMERCIAL CONSUMER FOR LIKE DELIVERIES. PRICES: The provisions of the New York State Fair Trade Law (Fed-Crawford Act) and the federal price discrimination law (Robinson-Patman Act) do not apply to purchase by the Town. **DO NOT INCLUDE FEDERAL, STATE OR OTHER TAXES IN BID PRICES.**

TOWN OF HEMPSTEAD



REQUEST FOR PROPOSALS

FOR

VETERINARY SERVICES

TOWN OF HEMPSTEAD

**One Washington Street
Hempstead, New York 11550
(516) 812-3260**

Supervisor

Laura A. Gillen

Town Board

**Dorothy L. Goosby
Edward A. Ambrosino
Bruce A. Blakeman
Erin King Sweeney
Anthony P. D'Esposito
Dennis Dunne, Sr.**

Commissioner

Gerald Marino

Issue Date: March 9, 2018

Proposals Due: March 30, 2018

RFP#: C#:44-2018

TOWN OF HEMPSTEAD
REQUEST FOR PROPOSALS

SECTION I INTRODUCTION

A. General Information

The Town seeks proposals from qualified licensed Veterinary Hospital(s)/Clinic(s) to provide emergency first aid treatment of animals assigned to, or in the care of, the Animal Shelter. The ideal Vendor shall possess demonstrated experience in emergency veterinary services. A Veterinary Hospital/Clinic may be selected from among responding proposers based on a thorough analysis of each proposer's ability to provide the Town with high quality services at beneficial rates to the Town.

B. Conditions

The following conditions apply to this RFP:

1. There is no express or implied obligation for the Town to reimburse responding vendors for any expenses incurred in preparing proposals in response to this request, and the Town will not reimburse such expenses.
2. Any inquiries concerning this RFP must be in writing or by email and should be addressed to Deborah Algios, Town of Hempstead Supervisor's Office, One Washington Street, Hempstead, NY 11550 or dalgios@tohmail.org. All inquiries must bear the RFP number assigned to this RFP.
3. To be considered, one (1) original and four (4) copies of the proposal must be delivered in a sealed envelope and received by Dominick A. Longobardi, Town of Hempstead Comptroller's Office, Division of Purchasing, 350 Front Street, Room 211, Hempstead, NY 11550, no later than **4:00 pm on March 30, 2018**.
4. During the evaluation process, the Town reserves the right, where it may serve the Town's best interest, to require additional information or clarification from a proposer, or to allow corrections on non-material errors or omissions or waive non-material requirements. At the discretion of the Town, vendors submitting proposals may be requested to make presentations as part of the evaluation process. If conducted, presentations will be scheduled with each proposer being considered.
5. The Town reserves the right to retain all proposals submitted and to use any ideas in a proposal regardless of whether that proposal is selected.

6. Submission of a proposal indicates acceptance by the vendor of the conditions contained in this RFP, unless clearly and specifically noted in the proposal submitted and confirmed in any agreement(s) between the Town and the vendor(s) selected.
7. The selection of a Veterinary Hospital/Clinic will be set forth in a resolution of the Town Board. The selection of a Veterinary Hospital/Clinic by the Town Board shall not constitute a binding commitment on behalf of the Town to enter into any contract with the selected Veterinary Hospital/Clinic, as any binding arrangement must be set forth in definitive documentation signed by both the Veterinary Hospital/Clinic and the Town (the "agreement"). The agreement shall be executed by the Veterinary Hospital/Clinic and delivered to the Town with necessary insurance certification for approval by the Town Board.
8. The Town reserves the right, as best serves its interest, to change any of the projected dates set forth in this RFP, including, but not limited to, the due date for receipt of proposals.
9. The Town reserves the right to reject all proposals.

C. Subcontracting

No subcontracting shall be permitted without the express permission of the Town.

SECTION II SCOPE OF WORK

A. General

The Town is seeking to obtain a contract with a qualified licensed Veterinary Hospital/Clinic to provide emergency first aid treatment of animals assigned to, or in the care of, the Animal Shelter. The ideal Vendor shall possess demonstrated experience in emergency veterinary services. The Town is requesting proposals from qualified licensed vendors with the ability to offer services 24 hours a day 7 days a week and the hospital/clinic to be located within a 15-mile radius of the animal shelter. This is a one-year contract with an option for the Town of Hempstead to extend the contract at intervals of one year for up to an additional two years. The contract may not exceed a total of three years. Contract will begin upon award of contract from Town Board.

The Town reserves the right to interview any or all proposers in connection with selecting a vendor to perform services for the Town.

B. Statement of Work

The selected Veterinary Hospital/Clinic will be responsible for providing emergency veterinary services for animals assigned to or in the care of the Town of Hempstead Animal Shelter, including, but not limited to, the following:

1. The vendor will be available to treat, on an as needed basis, canines, felines and/or other animals in the custody of the Animal Shelter.
2. The vendor must operate a licensed Veterinary Clinic that specializes in animal medical services that includes emergency care, consultation, office visits, surgeries and euthanasia within fifteen miles of the Animal Shelter.
3. Emergency care services to be available 24 hours a day 7 days a week.
4. The veterinary services to be provided will include, but may not be limited to spay/neuter surgery, general and orthopedic surgery, recovery services, physical exams, administering treatments and medications, performing first aid, administering anesthesia, taking blood work, administering vaccinations including rabies vaccinations, taking and interrupting x-rays, providing hospitalization for animals, performing euthanasia by injection.
5. Provide an animal recovery area and services. The Town at its option will exercise its right to either request that the selected Veterinary Hospital/Clinic provide for the recovery area and services or may opt to provide such service itself at the shelter.
6. The vendor must be able to perform sick and injured animal care and treatment for animals that can be treated without undue suffering, to allow the animal to be claimed by its owner.
7. The vendor must have the capability to treat other mammals, birds and reptiles; on occasion.
8. The vendor must be available to offer testimony in court for animal cruelty cases. Please include pricing for testimony time.
9. Assist the staff with questions and concerns regarding the health issues pertaining to the animals in the animal shelter.
10. Issue discharge reports for all treated animals.
11. Provide free follow up visits with all new adoptions from the Animal Shelter.

The selected proposer will be responsible for meeting with representatives of the Town at the commencement of the contract to consult with the Town on its plan to execute this contract, and to finalize and agree upon the responsibilities expected of both the Town and the successful proposer.

C. Minimum Qualifications:

All proposers must meet the following requirements:

1. Ability to perform the services being sought.
2. Must be a New York State licensed Veterinary Clinic and shall specialize in animal medical services. The vendor shall maintain all necessary licenses for the duration of the contract.
3. Proximity (within a 15-mile radius of the animal shelter) of Practice and ancillary facilities.

D. Representation and Other Requirements:

The following requirements will be made a part of any agreement entered into between the Town and the selected vendor(s):

1. The Town reserves the absolute right to terminate the services at any time.
2. Services will be contracted for an initial period of one (1) year with an option for the Town to extend the contract at intervals of one (1) year for up to an additional two (2) years. The contract, including extensions, may not exceed a total of three (3) years. Options to renew under the contract may be exercised by the Town without the approval of the Town Board.
3. The vendor may be required to provide regular periodic status reports to the Town which may include an initial report and quarterly status reports thereafter. The vendor shall prepare such other reports as shall be requested by the Town. The vendor shall provide copies of said reports to the Town's insurance carriers, or their designated representatives, if the Town so requests. In addition, the vendor may be required to prepare a report to the Town's auditors, within the time frame they set forth, when requested to do so.
4. The vendor shall maintain full and complete books and records of accounts in accordance with accepted accounting practices and such other records as may be prescribed by the Town Comptroller, including a contemporaneous record of work indicating in brief summary, a description of the work performed. Such books and records shall be retained for a period of six (6) years and shall at all times be available for audit and inspection by the Town Comptroller, the Town's auditors or a duly designated Town representative.
5. The vendor will promptly provide a response to any requests from the Town's Records Access/FOIL Officer.

6. The vendor shall, to the fullest extent provided by law, defend and indemnify and save harmless the Town from claims, suits, action, damages and costs of every nature, kind, name and description resulting from the negligent performance of the services. Such defense and indemnity shall not be limited by reason of enumeration of any insurance coverage provided by the vendor. Negligent performance of service shall include, in addition to negligence founded upon tort, negligence based upon the vendor failure to meet professional standards and resulting in obvious or patent errors in the progression of its work. Nothing shall create or give third parties any claim or right of action against the vendor or the Town beyond those provided by law.
7. The vendor shall procure and maintain during the term of any agreement resulting from this RFP, with a carrier holding an "A" rating or higher from AM Best Company, or its equivalent, and furnish certificates of insurance evidencing its procuring, the following insurance policies:
 - (a) Commercial general liability insurance covering the liability of the vendor, and indemnifying and holding harmless the Town, its agents, employees and representatives from any and all loss and/or damage arising out of the performance of the services with a combined single limit (bodily injury/property damage) of One Million Dollars (\$1,000,000). The Town shall be named as additional insured on said policy;
 - (b) Workers' compensation insurance or proof of its not being required to secure same, as evidenced by certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 57(2); and
 - (c) Disability benefits insurance or proof of its not being required to secure same, as evidenced by certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 220(8).

SECTION III FEE STRUCTURE

Each proposal shall include Attachment A: Price Proposal and include the proposer's fees for the required services. The proposal shall include a description of services offered and pricing for each service. The Town is not establishing any specific fee structure for the required services. However, all necessary personnel and supplies associated with monitoring, cleaning and feeding the animals while they are recuperating from surgery will be provided by the clinic/hospital at no additional charge to the town. Each vendor must also complete the attached Schedule D-Proposal Pricing Sheet.

SECTION IV TIME REQUIREMENTS

A. Proposed Calendar

The following is a list of key dates up to and including the date proposals must be submitted:

RFP issued March 9, 2018

Due Date for proposal submissions March 30, 2018

- B. The Town reserves the right, as best serves its interest, to change any of the projected dates set forth in this RFP, including, but not limited to, the due date for receipt of proposals.

SECTION V PROPOSAL REQUIREMENTS

A. General Requirements

1. Inquiries

Written inquiries concerning the RFP and its subject must be made to Deborah Algios, Town of Hempstead Supervisor's Office, One Washington Street, Hempstead, NY 11550 or dalgios@tohmail.org. Direct responses to all inquiries will be distributed to each potential proposer that has requested such responses.

2. Submission of Proposals

The following material is required to be received by the Due Date for a proposing vendor to be considered.

a. The Proposal shall include:

- i. Title Page - Title Page - Title page showing the RFP subject; the candidate's name, address and telephone number; the contact person if applicable; and the proposal date.**
- ii. A brief history and description of the background and qualifications of the vendor submitting the proposal.**
- iii. Technical Proposal - a signed letter of transmittal stating the vendor's understanding of the services to be performed; a statement why the vendor believes it to be best qualified to perform the engagement; the candidate's past history in providing such services for municipalities, biographical information of those personnel that would provide services to the Town under an agreement, a summary of notable accomplishments and a statement that the proposal is a firm and irrevocable offer for six (6) months from the date of receipt. Each proposer must identify the candidate's experience in the practice areas for which such candidate is submitting a proposal and explain how such**

experience would benefit the Town and/or would serve the proposer well in providing services for the Town. Each proposer should identify specific matters handled for other clients and their outcomes in order to illustrate how such proposer's services would benefit the Town. Make sure to include a description of the veterinary practice, including the number of years in existence; complete list of all licensed Veterinarians in the practice and their credentials; a description of the veterinary facility and capabilities; a description of any other facility that might be utilized in the execution of vendor's duties under an agreement; a description of the size and capability of a recovery area used by animals recovering from any surgery or procedure;

iv. At least three references, including name, address and telephone numbers, preferably from municipalities.

v. Completed price proposal attached as Attachment A.

vi. Completed Proposal Pricing Sheet attached as Schedule D

vi. Fully completed Proposer's Qualification Statement attached as Attachment B, including the Statement of Understanding, Disclosure Statement, Non-Collusive Proposal Certification, Insurance Certification and Acknowledgement of Receipt of Addenda. The contract will be executed by the Town and the selected candidate only after an evaluation of each proposal and a selection of a candidate.

vii. Statement that the proposer agrees to the standard terms and conditions for Town agreements shown in Attachment C, or a description of requested changes.

b. The completed proposal should be sent to the following address in a sealed envelope marked "Request for Proposals: Veterinary Services":

Dominick A. Longobardi
Town of Hempstead Comptroller's Office, Division of Purchasing
350 Front Street, Room 211
Hempstead, NY 11550

B. Guidance on Completing a Proposal Submission

1. General Requirements

The purpose of a proposal submission is to demonstrate the qualifications, competence and capacity of the candidates seeking to provide services to the Town. As such, the substance of proposals will carry more weight than the form or manner

of presentation. The Technical Proposal should demonstrate the qualifications of the candidate and of the particular staff to be assigned to this engagement.

The Technical Proposal should address all points outlined in the RFP. The Technical Proposal should be prepared simply and economically, providing a straightforward, concise description of the proposer's capabilities to satisfy the RFP requirements.

SECTION VI SELECTION OF VENDOR

A. The award of a contract for the described services will be made by the Town's Evaluation Committee and shall be based upon the responder's qualifications including, but not limited to, the following: cost of service, references, knowledge and interpretation of the Town's needs and experience. Proposals will be evaluated on the basis of the following criteria:

- (i) Experience and qualifications of proposer (maximum of 40 points).
- (ii) Proposal Completion and understanding of Town's needs (maximum of 30 points).
- (iii) Cost of services rendered (Maximum of 30 points).

The Town may also take into account any other factors it deems necessary in evaluating each proposal.

B. Right to Reject Proposals

Submission of a proposal indicates acceptance by the candidate of the conditions contained in the RFP unless clearly and specifically noted in the proposal submitted and communicated in the contract between the Town and the candidate selected. The Town reserves the right without prejudice to reject any or all proposals.

C. Minimum Service

The qualification of a vendor will not guarantee that any services will be requested of that vendor.

ATTACHMENT A
PRICE PROPOSAL

Please provide on a separate page the fee proposal you propose to charge for the Services described in this RFP.

The Town is not establishing any specific fee structure for the required services. Proposals may include an hourly fee for services performed, fixed fees for certain services or any combination thereof. However, all necessary personnel and supplies associated with monitoring, cleaning and feeding the animals while they are recuperating from surgery will be provided by the clinic/hospital at no additional charge to the town.

The undersigned further stipulates that the information in this attachment and the proposer's fee proposal is, to the best of its knowledge, true and accurate.

Signature

Name of Proposer

Title of Person Signing

Sworn to and subscribed on

this _____ day of _____, 20__

(Notary Public)

ATTACHMENT B

BIDDER'S QUALIFICATION STATEMENT

INSTRUCTIONS:

The Bidder's Qualifications Statement consists of the following documents:

1. Statement of Understanding;
2. Disclosure Form;
3. Non-Collusive Proposal Certification;
4. Certification of Insurance (*to be completed by an authorized insurance agent*);
and
5. Acknowledgement of Receipt of Addenda Form.

Please complete **ALL FIVE** forms and submit with the Bid/Proposal.

**THE TOWN RETAINS THE ABSOLUTE RIGHT TO REJECT ANY
BID/PROPOSAL THAT FAILS TO INCLUDE COMPLETE AND ACCURATE
ORIGINALS OF ALL FOUR FORMS INCLUDING ALL APPROPRIATE
ACKNOWLEDGMENT(S) AND BEARING THE SIGNATURE OF A NOTARY
PUBLIC.**

STATEMENT OF UNDERSTANDING

By signing in the space provided below, the undersigned certifies, under penalty of perjury, as follows:

1. I am duly authorized to submit this Proposal on behalf of the below listed sole proprietorship/company/partnership/corporation.
2. I have read and understand all terms and conditions pursuant to this RFP.
3. I have the capacity to and will abide by all terms and conditions pursuant to this RFP.
4. I agree to accept payment in accordance with the requirements of the RFP; and
5. I agree that the proposal submitted to the Town shall be irrevocable for a period of six (6) months from the date of receipt, and I will, if my proposal is accepted, enter into an agreement with the Town of Hempstead pursuant to the terms and conditions set forth in the RFP.
6. I certify that my sole proprietorship/company/partnership or corporation will carry all types of insurance specified in the contract.

The undersigned further stipulates that the information in this Proposal is, to the best of its knowledge, true and accurate.

Signature

Name of Bidder

Title of Person Signing

Sworn to and subscribed on

this ____ day of _____, 20____

(Notary Public)

DISCLOSURE FORM

The signatory of this questionnaire certifies under oath the truth and correctness of all Statements and of all answers to interrogatories hereinafter made.

Provide answers to each of the following and supporting documentation, where necessary:

1. **Adverse Equal Opportunity Determinations:** Identify all adverse determinations against your Company/Corporation/Partnership, or its employees or persons acting on its behalf, with respect to actions, proceedings, claims or complaints concerning violations of state, Federal or municipal equal opportunity laws or regulations.

2. **Convictions and Unscrupulous Practice:** Has your Company/Corporation/Partnership, or any of its employees present or past, or anyone acting on its behalf, ever been cited for unscrupulous practice, or been convicted of any crime or offense arising directly or indirectly from the conduct of your Company/Corporation/Partnership's business, or has any of your Company/Corporation/Partnership's officers, director or persons exercising substantial policy discretion ever been convicted of any crime or offense involving business/financial misconduct or fraud? If so, describe the convictions and surrounding circumstances in detail.

3. **Pending or Threatened Actions/Suits:** Describe any past or present action, suit, proceeding or investigation pending or threatened against your Company/Corporation/Partnership including, without limitation, any proceeding known to be contemplated by government authorities, private parties, or current or former clients.

4. **Criminal Misconduct:** Has your Company/Corporation/Partnership, or any of its employees, or anyone acting on its behalf, been indicted or otherwise charged in connection with any criminal matter arising directly or indirectly from the conduct of your Company/Corporation/Partnership's business which is still pending, or has any of the Company/Corporation/Partnership's officers, directors or persons exercising substantial policy discretion been indicted or otherwise charged in connection with any criminal matter involving business or financial misconduct or fraud which is still pending? If so, describe the indictments or charges and surrounding circumstances in detail.

5. **Conflicts of Interest:** disclose any of the following, and describe any procedures your Company/Corporation/Partnership has, or would adopt, to assure the Town that a conflict of interest would not exist in the future):
 - (a) Any material financial relationships that your Company/Corporation/Partnership or any

Company/Corporation/Partnership employee has that may create a conflict of interest or the appearance of a conflict of interest in contracting with or representing the Town.

- (b) Any family relationship that any employee of your Company/Corporation/Partnership has with a member, employee, or official of the Town or that may create a conflict of interest or the appearance of a conflict of interest in contracting with or representing the Town.
- (c) Any other matter that your Company/Corporation/Partnership believes may create a conflict of interest or the appearance of a conflict of interest in contracting with or representing the Town.

6. **Financial Disclosure:** Submit with this Disclosure Statement Form, any one of the following three items:

- (a) a financial statement, prepared on an accrual basis, in a form which clearly indicates: Proposer's (1) assets, liabilities and net worth; (2) date of financial statement; and (3) name of candidate preparing statement.
- (b) a letter of credit reference from a recognized bank or financial institution; or
- (c) a certified copy of a credit report from a recognized credit bureau, such as Dun and Bradstreet or TRW.

THE TOWN RETAINS THE ABSOLUTE RIGHT TO REJECT ANY PROPOSAL THAT FAILS TO INCLUDE COMPLETE DISCLOSURE STATEMENT FORM.

Dated at _____, this _____ day of _____, 20_____.

(Signature, if Individual)

By: _____ (Seal, if corporation)
(Signature)

Print Name: _____
(Legal Business Name of Company/Partnership/Corporation)

Print Title: _____

[MANDATORY AFFIDAVIT(S) AND ACKNOWLEDGMENT APPEARS ON FOLLOWING PAGE]

----- (Affidavit for Individual) -----

_____ being duly sworn, deposes and says, under penalty of perjury, that: a) he/she is an authorized representative of the Bidder/Proposer; b) he/she has read all statements and answers to this DISCLOSURE STATEMENT FORM, including the attached letter of credit/certified copy of credit report or financial statement submitted pursuant to interrogatory number 7 Financial Disclosure; c) the attached letter of credit/certified copy of credit report or financial statement, taken from his/her books, is a true and accurate statement of his/her financial condition as of the date thereof; and b) all of the foregoing qualification information is true, complete, and accurate.

----- (Affidavit for Partnership) -----

_____ being duly sworn, deposes and says, under penalty of perjury, that: a) he/she is a member of the partnership of _____, b) he/she has read all statements and answers this DISCLOSURE STATEMENT FORM, including the attached letter of credit/certified copy of credit report or financial statement submitted pursuant to interrogatory number 7 Financial Disclosure; c) he/she is familiar with the books of said partnership showing its financial condition; c) the attached letter of credit/certified copy of credit report or financial statement, taken from the books of said partnership, is a true and accurate statement of the financial condition of the partnership as of the date thereof; and d) all of the foregoing qualification information is true, complete and accurate.

----- (Affidavit for Corporation) -----

_____ being duly sworn, deposes and says, under penalty of perjury, that: a) he/she is _____ of _____ (Full Legal Name of Corporation); b) he/she has read all statements and answers this DISCLOSURE STATEMENT FORM, including the attached letter of credit/certified copy of credit report or financial statement submitted pursuant to interrogatory number 7 Financial Disclosure; c) he/she is familiar with the books of said corporation showing its financial condition; c) the attached letter of credit/certified copy of credit report or financial statement, taken from the books of said corporation, is a true and accurate statement of the financial condition of said corporation as of the date thereof; and d) that all of the foregoing qualification information is true, complete and accurate.

----- (Acknowledgement) -----

_____ being duly sworn, deposes and says, under penalty of perjury, that he/she is _____ of _____ (Name of Bidder) that he/she is duly authorized to make the foregoing affidavit and that he/she makes it on behalf of () himself/herself; () said partnership; () said corporation.

Sworn to before me this _____ day of _____, 20____, in the County of _____, State of _____.

(Notary Public)

My commission expires: _____

NON-COLLUSIVE PROPOSAL CERTIFICATION

By submission of this proposal, each proposer and each person signing on behalf of any proposer certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:

- (1) The prices in this proposal have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other proposer or with any competitor;
- (2) Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the proposer and will not knowingly be disclosed by the proposer prior to opening, directly or indirectly, to any other proposer or to any competitor; and
- (3) No attempt has been made or will be made by the proposer to induce any other person, partnership or corporation to submit or not to submit a proposal for the purpose of restricting competition.

I, hereby certify under the penalties of perjury that the foregoing statement is true.

By: _____
Proposer's Signature

Date

Print Name

Title

Legal Name of Individual or Business Name of Company/Partnership/Corporation

Proposer's Federal Tax Identification # (Do Not Use SS#)

Address

Email Address

[MANDATORY ACKNOWLEDGMENT APPEARS ON FOLLOWING PAGE]

----- (Acknowledgment for Individual) -----

STATE OF _____)

ss.:

COUNTY OF _____)

On _____, 20____ before me personally
came _____ to me known, and known to me to be the
individual(s) described in, and who executed the foregoing NONCOLLUSIVE PROPOSAL
CERTIFICATION, and duly acknowledged to me that s/he executed the same.

My commission expires: _____

(Notary Public)

----- (Acknowledgment for Partnership) -----

STATE OF _____)

ss.:

COUNTY OF _____)

On _____, 20____ before me personally
came _____ to me known, who, by me duly sworn, did
depose and say that deponent resides at _____; that deponent is
a member of the partnership described in and which executed the foregoing NONCOLLUSIVE
PROPOSAL CERTIFICATION; deponent is authorized to sign the foregoing
NONCOLLUSIVE PROPOSAL CERTIFICATION.

My commission expires: _____

(Notary Public)

----- (Acknowledgement for Corporation) -----

STATE OF _____)

ss.:

COUNTY OF _____)

On _____, 20____ before me personally
came _____ to me known, who, by me duly sworn, did
depose and say that deponent resides at _____ that deponent is
the _____ of the corporation described in, and which executed the foregoing
NONCOLLUSIVE PROPOSAL CERTIFICATION, that deponent knows the seal of the
corporation, that the seal affixed to the NONCOLLUSIVE PROPOSAL CERTIFICATION, is
the corporate seal, that its was affixed by order of the board of _____ of the
corporation; and that deponent signed deponent's name by like order.

My commission expires: _____

(Notary Public)

INSURANCE CERTIFICATION

(TO BE COMPLETED BY AN AUTHORIZED INSURANCE AGENT)

INSTRUCTIONS:

Please complete this Insurance Certification and attach copies of proof of insurance as follows:

- (a) **Commercial General Liability/Automobile Liability:** ACCORD-25 FORM.
- (b) **Worker's Compensation:** Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 57 (2) evidencing proof of workers' compensation insurance *or* proof of Bidder not being required to secure same.
- (c) **Disability Benefits Insurance:** Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 220 evidencing proof of disability benefits insurance *or* proof of Bidder not being required to secure same.

*This form and all supporting documentation **must** be submitted with this Proposal **even if** said information is on-file with the Town in connection with another bid, project or contract.*

(Name and Address of Bidder)

Name of RFP: _____ RFP Number: _____

- (1) Commercial General Liability with completed operations, to which the Town of Hempstead has been added as additional insured, and Automobile Liability to which the Town of Hempstead has been added as additional insured: \$1,000,000.00 Combined single limit (bodily and personal injury/property damage).

Insurance Carrier: _____ Policy Number(s): _____

- (2) Worker's Compensation:

Insurance Carrier: _____ Policy Number(s): _____

- (3) The above insurance is effective with New York State admitted insurance companies, and is A or higher rated or equivalent to A rated.
- (4) Policy cancellation or non-renewal shall be effective only upon thirty (30) days prior notice by certified mail to:

Town of Hempstead, Office of the Town Attorney, One Washington Street, Hempstead, New York 11550

Authorized Insurance Agent's Signature and Title:

Name, Insurance Affiliation and Address:

Dated _____

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA FORM

The bidder hereby acknowledges that he/she has received and that he/she has considered in the preparation of his/her bids, all requirements in the following Addenda to this Bid/Proposal/Contract:

ADDENDUM NUMBER	DATE OF ADDENDUM	ACKNOWLEDGEMENT

Note: This acknowledgement shall be signed by the person executing the Statement of Understanding. Insert additional pages, as necessary.

<input type="checkbox"/> NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS PROPOSAL. ACKNOWLEDGEMENT: _____
--

IMPORTANT NOTICE:

THIS FORM MUST BE COMPLETED AND SUBMITTED BY ALL PROPOSERS. IF NO ADDENDA ARE RECEIVED, CHECK THE "NO ADDENDUM" BOX ABOVE AND SIGN THE ACKNOWLEDGMENT.

THE TOWN RETAINS THE ABSOLUTE RIGHT TO REJECT AND PROPOSAL THAT FAILS TO INCLUDE THIS ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA FORM

Attachment C – Standard Terms and Conditions

1. Compensation

(a) **Claim Forms, Claim Form Review and Approval.** Payments shall be made to the Consultant in arrears and shall be expressly contingent upon (i) the Consultant submitting a claim form (the "Claim Form") in a form satisfactory to the Town, that (a) states with reasonable specificity the services provided and the payment requested as consideration for such services, (b) certifies that the services rendered and the payment requested are in accordance with the terms of this Agreement, and (c) is accompanied by documentation satisfactory to the Town supporting the amount claimed, and (ii) review, approval and audit of the Claim Form by the Town and/or the Comptroller.

(b) **Timing of Payment Claims.** The Consultant shall submit claims no more frequently than once a month and no later than March 31 for any services provided in the preceding year. Any claims submitted in violation of this clause 3(c) shall not be due and payable by the Town and the Consultant hereby expressly waives any and all rights thereto.

(c) **No Duplication of Payments.** Payments for the Services shall not duplicate payments for any work performed or to be performed under any other agreements made between the Consultant and any funding source including the Town.

2. Termination

(a) The Town reserves the absolute right to terminate the Agreement at any time by service of a written notice sent by certified mail to the address set forth above. The Town will be responsible for payment of any portion of the Services completed prior to termination and satisfactory to the Town's Comptroller.

(b) **Contractor Assistance Upon Termination.** In connection with the termination or impending termination of this Agreement, the Contractor shall, regardless of the reason for termination, take all actions reasonably requested by the Town (including those set forth in other provisions of this Agreement) to assist the Town in transitioning the Contractor's responsibilities under this Agreement. The provisions of this Section shall survive the termination of this Agreement.

(c) **Accounting Upon Termination.** Within thirty (30) days of the termination of this Agreement, the Contractor shall provide the Supervisor with a complete accounting up to the date of termination of all monies received from the Town.

(d) **Reimbursement Upon Termination.** Payment to the Contractor following termination shall not exceed authorized expenditures made prior to termination, and may be suspended by the Town pending the Contractor's reasonable compliance with the terms and provisions of (b) and (c) above.

3. Representations

The Contractor warrants and represents as of the effective date of this Agreement:

- (a) it has full corporate right, power and authority to enter into this Agreement, and to perform the acts required of it hereunder; and
- (b) when executed and delivered by Contractor, this Agreement will constitute the legal, valid and binding obligation of Contractor, enforceable against such party in accordance with its terms.

4. Refusal to Testify

If any person when called to testify before a grand jury, head of a state department, temporary state commission or other state agency, the organized crime task force in the department of law, head of a municipal department, or other municipal agency which is empowered to compel the attendance of witnesses and examine them under oath to testify in an investigation concerning any transaction or contract had with the State of New York, or any political subdivision thereof, a public authority, or with any public department, agency or office of the state, or of any political subdivision thereof, or of a public authority, refuses to answer any relevant question concerning such transaction or contract even though offered immunity against the use of his (its) answer and evidence derived therefrom in any subsequent criminal case in which he (it) is a defendant, then any such person or any firm, partnership, or corporation of which he (it) is a member, partner, director, or official shall be disqualified for a period of five years after such refusal from submitting bids to, receiving awards from, or entering into any contracts with the Town of Hempstead or any department or agency or official thereof. If such a person refuses to answer any relevant question as aforesaid, then this Agreement may be cancelled and terminated by the Town without the Town incurring any penalty or damages by virtue of such cancellation or termination. Any monies owed for goods delivered or work done prior to cancellation shall be paid.

5. Amendments

This Agreement may only be amended or modified by written agreement duly executed by the Parties.

6. Independent Contractor

The Contractor is an independent contractor of the Town. The Contractor shall not, nor shall any officer, director, employee, servant, agent or independent contractor of the Contractor (a "Contractor Agent"), be (a) deemed a Town employee, (b) commit the Town to any obligation, or (c) hold itself, himself, or herself out as a Town employee or Person with the authority to commit the Town to any obligation. As used in this Agreement the word "Person" means any individual person, entity (including partnerships, corporations and limited liability companies), and government or political subdivision thereof (including agencies, bureaus, offices and departments thereof).

7. Indemnification

(a) To the fullest extent permitted by law, the Contractor:

(i) shall indemnify and hold harmless the Town, and its officers, employees, agents, and servants (collectively, the "Indemnified Parties"), from and against any and all liabilities, losses, costs, expenses (including, without limitation, reasonable attorneys' fees and disbursements), and damages (collectively, "Losses"), including Losses attributable to acts or omissions of the Contractor or Contractor's Agents, if any, arising out of or in connection with this Agreement, except, however, that the Contractor shall not be held liable for occurrences resulting from the negligence of the Town.

(ii) shall, upon the Town's demand and at the Town's direction, promptly and diligently defend, at the Contractor's sole risk and expense, any and all suits, actions, or proceedings which may be brought or instituted against one or more of the Indemnified Parties and which arise out of the negligent performance of the Contractor, or its independent contractors, if any, in connection with this Agreement, and the Contractor shall pay and satisfy any judgment, decree, loss, or settlement in connection therewith.

(iii) shall, and shall cause the Contractor's Agents to, cooperate with the Town in connection with the investigation, defense, or prosecution of any action, suit, or proceeding arising out of or in connection with this Agreement.

(b) The obligations of the Contractor pursuant to Section 7(a) hereof shall not be limited by reason of enumeration of any insurance coverage provided under this Agreement.

(c) Nothing in this Section 7 or elsewhere in this Agreement shall create or give to third parties any claim or right of action against the Town beyond that which legally exist regardless of the provisions of this Agreement.

(d) The Contractor's indemnification obligation hereunder shall survive the expiration or termination of this Agreement.

8. Insurance

During the term of the Agreement, Contractor shall obtain the following insurance coverage for the underlying Services, with a carrier holding an "A" rating or higher from AM Best Company, or its equivalent, and shall furnish proof of its procuring of the following insurance policies, or such other documents as are set forth hereunder:

- (a) Commercial general liability insurance covering the liability of the Contractor, and indemnifying and holding harmless the Town, its agents, employees and representatives from any and all loss and/or damage arising out of the performance of this Agreement with a combined single limit (bodily injury/property damage) of Two Million Dollars (\$2,000,000). The Town shall be named as additional insured on said policy;

- (b) Workers' compensation insurance or proof of its not being required to secure same, as evidenced by certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 57(2); and
- (c) Disability benefits insurance or proof of its not being required to secure same, as evidenced by certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 220(8).

The Town shall be entitled to thirty (30) days advance written notice of the cancellation or termination of any and all policies listed above at (a) through (c).

9. Compliance With Laws

The Contractor shall comply with any and all applicable and relevant Federal, State and local Laws, including those relating to conflicts of interest, discrimination, and confidentiality, in connection with its performance under this Agreement. As used in this Agreement the word "Law" means any and all statutes, rules, regulations, orders, ordinances, writs, injunctions, official resolutions, official interpretations, or decrees, as the same may be amended from time to time, enacted, adopted, promulgated, released, or issued, by or on behalf of any government or political subdivision thereof, quasi-governmental authority, court, or official investigative body.

10. Inspection of Contractor's Work and Records

The Contractor shall retain all books, documents, papers, accounting records and other evidence pertaining to cost incurred for a minimum period of six (6) years after final settlement and shall make them available for inspection and audit by the Town.

11. Entire Agreement

This Agreement represents the full and entire understanding and agreement between the parties hereto with regard to the subject matter hereof and supercedes all prior agreements (whether written or oral) of the parties relating to the subject matter of this Agreement.

12. No Assignment or Transfer

Contractor's rights under this Agreement shall not be subcontracted or assigned nor its obligations assumed or transferred, except Contractor shall be permitted to assign and transfer all rights and obligations of this Agreement to a newly formed New York corporate entity provided the Contractor is a principal and majority shareholder of such corporate entity.

13. Waiver

Failure by any party to enforce at any time, for any reason, or for any period of time, any of the provisions of this Agreement, shall not be or constitute a waiver of any such provision or provisions and shall in no way affect such party's rights to later enforce such provision or provisions.

14. Headings

The headings of the Sections of this Agreement are for purposes of identification only and are not intended to limit the terms hereof or proscribe the rights and responsibilities of the Town or the Contractor provided for herein.

15. Legal Provisions Deemed Included; Severability; Construction

(a) Every provision required by Law to be inserted into or referenced by this Agreement is intended to be a part of this Agreement. If any such provision is not inserted or referenced or is not inserted or referenced in correct form then (i) such provision shall be deemed inserted into or referenced by this Agreement for purposes of interpretation and (ii) upon the application of either party this Agreement shall be formally amended to comply strictly with the Law, without prejudice to the rights of either party.

(b) In the event that any provision of this Agreement shall be held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

(c) Each Party has cooperated in the negotiation and preparation of this Agreement, so if any construction is made of the Agreement it shall not be construed against either Party as drafter.

16. Consent to Jurisdiction and Venue; Governing Law

(a) Unless otherwise specified in this Agreement or required by Law, all claims or actions with respect to this Agreement shall be resolved exclusively by a court of competent jurisdiction located in Nassau County, New York, and the parties expressly waive any objections to the same on any grounds, including venue and *forum non conveniens*.

(b) This Agreement shall be construed and interpreted in accordance with the laws of the State of New York.

17. Limitations on Actions and Special Proceedings Against the Town

No action or special proceeding shall lie or be prosecuted or maintained against the Town upon any claims arising out of or in connection with this Agreement unless:

(a) Notice. At least thirty (30) days prior to seeking relief the Contractor shall have presented the demand or claim(s) upon which such action or special proceeding is based in writing to the Supervisor for adjustment and the Town shall have neglected or refused to make an adjustment or payment on the demand or claim for thirty (30) days after presentment. The Contractor shall send or deliver copies of the documents presented to the Supervisor and related to any action or proceeding under this Section to the Town Attorney (at the address specified above for the Town) on the same day that documents are sent or delivered to the Supervisor. The complaint or

necessary moving papers of the Contractor shall allege that the above-described actions and inactions preceded the Contractor's action or special proceeding against the Town.

(b) Time Limitation. Such action or special proceeding is commenced within the earlier of (i) eighteen (18) months of the first to occur of (A) final payment under or the termination of this Agreement, and (B) the accrual of the cause of action, or (ii) the time specified in any other provision of this Agreement.

18. Executory Clause

Notwithstanding any other provision of this Agreement:

(a) Approval and Execution. The Town shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person unless (i) all relevant and required Town approvals have been obtained, including, if required, approval by the Town Board, and (ii) this Agreement has been executed by the Supervisor (as defined in this Agreement).

(b) Availability of Funds. The Town shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person beyond funds appropriated or otherwise lawfully available for this Agreement.

19. Merger

It is understood that the Agreement represents the entire Agreement of the parties hereto, and all previous understandings are merged herein, and no modifications thereof shall be valid unless it meets the requirements of this Agreement.

Town of Hempstead Emergency Veterinary Services

2018 RFP

Service Description	Price Per Each
Emergency Office Visit	\$
Hospitalization	\$
IV Catherazation	\$
V Fluid Therapy	\$
Rabies Vaccination	\$
Feline Retroviral	\$
Sedation/Anesthesia	\$
Euthanasia	\$
Medical Waste Disposal	\$
Vet Screen /CBC	\$
Oxygen Therapy	\$
Radiograph	\$
Parvovirus Antigen	\$

Return with bid package by 3/30/18

Note:

All Bidders MUST sign and have notarized the Certification Affidavit enclosed.

W-9 Request for taxpayer identification number & certification form (attached) must be filled out and returned with the bid.

Only one bid per bidder will be considered. If multiple bids are received from one bidder, then all bids from that bidder will be considered invalid and unacceptable.

ATTENTION VETERANS: You may have certain rights under Section 162 of the New York State Finance Law in connection with public contracts for the purchase of commodities or provision of services. Specifically, this law may authorize acceptance of a bid submitted by a "qualified veteran's workshop" provided that the bid shall not exceed the lowest responsible bid by greater than 15%. It is incumbent on you to submit all required documentation to the Town, demonstrating your qualification for treatment under that Section. You should consult your attorney to determine your qualification for treatment under the provision.

Town of Hempstead Purchasing Division

CERTIFICATION AFFIDAVIT

Note- The Town of Hempstead is prohibited by Town Code section 62-6 from entering into any contract with any vendor relating to services, supplies, information technology, or construction without a sworn certification that the vendor is not engaging, and will not engage during the course of the contract with the Town of Hempstead, in any economic boycott of an American Allied Nation or any American Allied Nation controlled territories, as described in Town Code section 62-6. If the vendor is found by a preponderance of the evidence by the Town Board to have engaged in such a boycott at the time of the submission of the bid, the signing of the contract, or during the course of the contract, the contract may be rescinded and the Town shall be entitled reimbursement of all its out of pocket costs in connection with its dealings with the vendor, as well as any further relief authorized by Town Code section 62-6. By signing this affidavit, the signor is representing that he or she has fully reviewed Town Code section 62-6, fully understands its provisions, and will at all relevant times act in compliance therewith.

I, certify that I am either a vendor to this contract, a representative authorized by lawful resolution to sign for the vendor, or an officer or member of the vendor of this contract and I attest under penalty of perjury that upon personal knowledge the subject vendor is not currently engaging in a "Boycott of American Allied Nation" as that term is used in Town Code section 62-6, nor will the subject vendor engage in such behavior at the submission of the subject bid, at the signing of the contract, and during the entire duration of the subject contract with the Town of Hempstead. It is understood by the vendor that the term American Allied Nation includes any American Allied controlled territory and consists of any nation that is a member of the North Atlantic Treaty Organization, any country that is a signatory to the Southeast Asian Treaty Organization, any country, other than Venezuela, that is a signatory to the RIO Treaty of 1947, as well as any of the nations of Ireland, Israel, Japan and the Republic of Korea. I further certify that the vendor shall comply in all respects with Town Code section 62-6, and I or anyone involved with the vendor shall immediately notify the Town Attorney upon gaining knowledge of any such violation by the vendor or any of its agents, employees, or representatives.

I understand that any false statements made herein are punishable as a Class "A" Misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.

Signature of Vendor /Officer of Vendor

Sworn to before me this
day of , 20

Notary Public

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)											
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Social security number</td> </tr> <tr> <td style="text-align: center;">[] [] [] - [] [] - [] [] [] []</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">OR</td> </tr> <tr> <td colspan="2" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="text-align: center;">[] [] - [] [] [] [] [] [] [] [] [] []</td> <td></td> </tr> </table>	Social security number		[] [] [] - [] [] - [] [] [] []		OR		Employer identification number		[] [] - [] [] [] [] [] [] [] [] [] []	
Social security number											
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OR											
Employer identification number											
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Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(ii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7.
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ¹
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ¹
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.
² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.
Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

CONDITIONS

1. No alteration, erasure or addition is to be made in the typewritten or printed matter. Any corrections made by vendor on bid **MUST** be initialed.
2. Any deviations from the specifications must be specifically stated at the time of bidding and same shall be made in writing and made a part of the bid.
3. Prices and information required, except signature of bidder, must be typewritten or written in ink. All signatures must be handwritten. Facsimile, printed or typewritten signatures are not acceptable.
4. Bid must be signed in ink by owner, partner or corporate officer.
5. The Town Board reserves the right to make award by items or groups or classes of items, or as a whole.
6. Not more than one bid will be submitted per item. Where it is impossible for the bidder to quote the item in full conformance with the specifications without taking exceptions or quoting on alternate specifications on all or any part thereof, he may quote the item and attach a letter to his bid explaining such alternates or exceptions in detail. The Town shall give consideration to such bids but is not required to accept them.
7. No Federal, State or Municipal Sales & Excise taxes shall be quoted or charged. The Town is exempt from such taxes. An exemption certificate will be furnished upon request.
8. The Town Board reserves the right to reject any and all bids, to waive any informality in the bids received, and to accept the bid most favorable to the interest of the Town, after all bids have been examined and checked.
9. The successful bidder will be required to give a Performance Bond equal to twenty five (25%) percent of the annual amount of the Contract, such bond to be executed by a Surety Company acceptable to the Town Board, or a bond secured by collateral security or securities approved by the Town Board. In lieu of a Performance Bond, a certified check, payable to the Town of Hempstead, in an amount equal to 25% of the annual amount of the Contract, will be accepted.
10. The contractor shall defend, indemnify and hold harmless, the Town, its agents, servants and employees from any and all damages or claims whatsoever, occasioned by or caused to any person, partnership, association or corporation, or occasioned by or caused to any property arising out of the performance of this Contract or from any defective condition of the materials furnished or supplied or contemplated to be furnished or supplied under the Contract. This to include, inventions, royalties, patents, and patent rights. The liability of the contractor is absolute and is not dependent upon any question of negligence on the part of the contractor, the Town or their agents or employees.
11. The Town Board reserves the right to reject any and all bids, and/or to accept the bid which is deemed most favorable to the interest of the Town.
12. Prices must remain firm for the length of the first year of the Contract period after starting date of Contract.
13. This contract may be extended, at the discretion of the Director of Purchasing, for a period of one (1) year, up to a maximum of two (2) additional one (1) year extensions to be made upon mutual agreement between the Director of Purchasing and the successful vendor(s).

CONDITIONS CONTINUED:

14. Each contract in which the State, a public benefit corporations, a municipal corporation or commission is a party, and which may involve the employment of laborers, workmen or mechanics, shall comply with the requirements of Article 8 (sections 220-223) and Article 9 (sections 230-239) of the New York State Labor Law.
15. Payments will be made on a monthly basis. Contractors shall submit priced invoices. These invoices shall be accompanied by a Town claim form, a supply of which will be furnished to the successful bidder(s).
16. Any prospective bidder disabled or represented by a disabled person who would like to attend this bid opening is requested to contact this office at least twenty-four (24) hours prior to scheduled opening. Contact the Director of Purchasing at (516) 489-5000 ext. 4500 for arrangements.
17. All bids may be reviewed at bid opening. Thereafter, no reviews, inquiries, or results of bids will be permitted until Award has been made.
18. Only one bid per bidder will be considered. If multiple bids are received from one bidder, then all bids from that bidder will be considered invalid and unacceptable.
19. Failure to comply with any of the above instructions shall operate as a condition upon which the bid may be rejected.

BIDDER: SECTIONS 1 THROUGH 4 ARE PART OF THIS PROPOSAL
SECTION 1. ANTI-DISCRIMINATION CLAUSE:

During the performance of this contract, or bid, the contractor agrees as follows:

(a) The contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex, or national origin, and will take affirmative action to insure that they are afforded equal employment opportunities without discrimination because of race, creed, color, sex, or national origin. Such action shall be taken with reference, but not be limited, to: recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff or termination, rates of pay or other forms of compensation, and selection for training or retraining, including apprenticeship and on-the-job training.

(b) The contractor will send to each labor union or representative of workers with which he has or is bound by a collective bargaining or other agreement or understanding, a notice, to be provided by the State Commission for Human Rights, advising such labor union or representative of the contractor's agreement under clauses (a) through (g) (hereinafter called "non-discrimination clauses"). If the contractor was directed to do so by the Town as part of the bid or negotiation of this contract, the contractor shall request such labor union or representative to furnish him with a written statement that such labor union or representative will not discriminate because of race, creed, color, sex, or national origin and that such labor union or representative either will affirmatively cooperate, within the limits of its legal and contractual authority, in the implementation of the policy and provisions of these non-discrimination clauses or that it consents and agrees that recruitment, employment and the terms and conditions of employment under this contract shall be in accordance with the purposes and provisions of these non-discrimination clauses. If such labor union or representative fails or refuses to comply with such a request that it furnish such a statement, the contractor shall promptly notify the State Commission for Human Rights of such failure or refusal.

(c) The contractor will post and keep posted in conspicuous places, available to employees and applicants for employment, notices to be provided by the State Commission for Human Rights setting forth the substance of the provisions of clauses (a) and (b) and such provisions of the State's laws against discrimination as the State Commission for Human Rights shall determine.

(d) The contractor will state, in all solicitations or advertisements for employees placed by or on behalf of the contractor, that all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, sex, or national origin.

(e) The contractor will comply with the provisions of Sections 291-299 of the Executive Law and the Civil Rights Law, will furnish all information and reports deemed necessary by the State Commission for Human Rights under these non-discrimination clauses and such sections of the Executive Law, and will permit access to his books, records and accounts by the State Commission for Human Rights, the Attorney General and the Industrial Commissioner for purposes of investigation to ascertain compliance with these nondiscrimination clauses and such sections of the Executive Law and Civil Rights Law.

(f) This contract may be forthwith canceled, terminated or suspended, in whole or in part, by the Town upon the basis of a finding made by the State Commission for Human Rights that the contractor has not complied with these non-discrimination clauses, and the contractor may be declared ineligible for future contracts made by or on behalf of the Town, until he satisfies the State Commission for Human Rights that he has established and is carrying out a program in conformity with the provisions of these non-discrimination clauses. Such finding shall be made by the State Commission for Human Rights after conciliation efforts by the Commission have failed to achieve compliance with these non-discrimination clauses and after a verified complaint has been filed with the Commission, notice thereof has been given to the contractor and an opportunity has been afforded him to be heard publicly before three members of the Commission. Such sanctions may be imposed and remedies invoked independently of or in addition to sanctions and remedies otherwise provided by law.

(g) The contractor will include the provisions of clauses (a) through (f) in every subcontract or purchase order in such a manner that such provisions will be binding upon each subcontractor or vendor as to operations to be performed within the State of New York. The contractor will take such action in enforcing such provisions of such subcontract or purchase order as the Town may direct, including sanctions or remedies for non-compliance. If the contractor becomes involved in or is threatened with litigation with a subcontractor or vendor as a result of such direction by the contracting agency, the contractor shall promptly so notify the Attorney General, requesting him to intervene and protect the interests of the Town.

SECTION 2. NON-COLLUSIVE BIDDING CERTIFICATION:

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his knowledge and belief:

(1) The prices of this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;

(2) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor;

and (3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

NOTE: Chapter 675 of the Laws of New York for 1966 provides that every bid made to the Town or any Town department, agency or official thereof, where competitive bidding is required by statute, rule or regulation, for work or services performed or to be performed or goods sold or to be sold shall contain the foregoing statement subscribed by the bidder and affirmed by such bidder as true under the penalties of perjury.

A bid shall not be considered for award nor shall any award be made where (1), (2) and (3) above have not been complied with; provided however, that if in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where (1), (2) and (3) above have not been complied with, the bid shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the Town, or Town Department, to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder has published price lists, rates, or tariffs covering items being procured, has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of the paragraphs (1), (2) and (3) above.

Any bid hereafter made to the Town or Town Department, or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule or regulation, and where such bid contains the certification set forth above shall be deemed to have been authorized by the board of directors of the bidder, and such authorization shall be deemed to include the signing and submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation.

SECTION 3. TAX PROVISIONS:

Purchases made by the Town of Hempstead are not subject to state or local sales taxes or federal excise taxes. There is no exemption from paying the New York State truck mileage, unemployment insurance, or Federal social security taxes.

The official Town purchase order or voucher for materials, equipment and supplies is sufficient evidence to qualify the transaction exempt from sales tax under Section 1116 (a) (1), Tax Law.

For tax free transactions under the Internal Revenue Code, the Town registration number is 11-6001929 W.

SECTION 4.

The entire bid is understood to be in accordance with the specifications and this proposal unless the bidder explains in detail.

(b)