Contract ID#: <u>CQHE14000005-03</u>



Department: Health E-4-17

SERVICE: Administrative Service

Contract Details

NIFS ID #: <u>CLHE16000005</u>

NIFS Entry Date <u>10/19/2016</u> Term: <u>11/1/2016 – 10/31/2017</u>

Amendment □ 2) Comptroller Approval Form Attached: Yes □ No □ Time Extension □ 3) CSEA Agmt. § 32 Compliance Attached: Yes □ No □ Addl. Funds □ 4) Vendor Ownership & Mgmt. Disclosure Attached: Yes □ No □ Blanket Resolution □ S) Insurance Required Yes □ No □	New Renewal	1) Mandated Program:	Yes □ No ⊠]
Addl. Funds 4) Vendor Ownership & Mgmt. Disclosure Attached: Yes No X	Amendment 🖂	2) Comptroller Approval Form Attached:	Yes ⊠ No □]
Blanket Resolution S) Incurrence Required	Time Extension	3) CSEA Agmt. § 32 Compliance Attached:	Yes No 🗵]
- S) Incurrence Dequired V N/ S)	L1	4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes 🔲 No 🗵]
RES#	Blanket Resolution RES#	5) Insurance Required	Yes No []

Agency Information

Vendo	\mathbf{r}
Name	Vendor ID#
VMC Group, Inc.	16-0961026
Address	Contact Person
9701 Niagara Falls Blvd., Suite	Charles J. Ganim
1A	Phone
Niagara Falls, NY 14304	(716) 297-8641

County	Department
Department Contact	
Ginny Mundy	,
Address	
200 County Sc	eat Drive
Mineola, NY 1	1501
Phone	
516-227-8589	

Routing Slip

DATE Ree'd.	DEPARTMENT	Internal Verification	DATE Appy'd& Fw'd.	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) NIFS Appvl (Dept. Head)	1	1 71	
1979/	18	Contractor Registered	10/26/	1/100m	
10/21/10	ОМВ	NIFS Approval (Contractor Registered)	roladilo	Snephyl Chil	Yes No Not required if blanket resolution
11/3/16	County Attorney	CA RE & Insurance Verification	11/3/16		
11/3/16	County Attorney	CA Approval as to form	11/3/16	1000	-Yes ≰ No □
/	Legislative Affairs	Fw'd Original Contract to CA	1,7		Lainint The Miles
	County Attorney	NIFS Approval E - NVC LIN			
	Comptroller	NIFS Approval		$\bigcap A A$	1.04
1/3/17	County Executive	Notarizajian(1) AVSSVN L Filed with Clark of the Leg	1/1/1	UM	De August Aberraeut A 2 -



Department: Health

Contract Summary

Description: Administrative Service for Municipal Representatives Purpose: Need for an agency to provide Municipal Representatives to represent children three to five years old at Committee on Pre-School Special Education (CPSE) meetings, to review requests and evaluations of children who are suspected of having a disability. The CPSE along with the child's parents then select the appropriate services from approved service providers. Method of Procurement: NYS Education Law 4410 mandated the Preschool Special Education Program. The agency needs to provide Committee on Pre-School Special Education (CPSE) with the knowledge of the CPSE process and part 200 of the NYS Commissioner of Education's Rules and Regulations. Procurement History: This is Amendment III as per contract #CQHE14000005. Description of General Provisions: Contractor to assume the administrative function of individually contracting with and providing payment for services of these municipal representatives the Department of Health (DOH) identifies, assigns, and authorizes payment. The DOH maintains responsibility for all program operations. We anticipate the administrative fee to be not greater than 10% of the contract, for a total contract of \$300,000. Impact on Funding / Price Analysis: The county is prepared to provide a 10% advance on this contract. The advance payment is not to exceed Thirty Thousand
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Impact on Funding / Price Analysis:
•
Dollars (\$30,000.00).
Change in Contract from Prior Procurement:
n/a
Recommendation: (approve as submitted)
Approved as Submitted,
мрргочей аз эпршией.

Advisement Information

BUDGET	CODES	FUNDING SOURCE	AMOUNT	LINE INDEX/OBJEC
Fund:	GEN	Revenue Contract	*XXXXXXX	1 HEGEN5400PP763
Control:	54	County	\$300,000.00	2
Resp;	5400	Federal	\$	1003 mis O. O. Amato
Object:	PP763	State	\$	4
Transaction:	109	Capital	\$	100518 100 8500001
		Other	\$	6
RENEV	VAL	TOTAL	\$300,000.00	NY THE STATE OF TH

LINE INDEX	OBJECT CODE AMOU	NT :
1 HEGEN540	OPP763 \$300,000.6	90
2	\$	
1003 nue 0. (). 4	mate 11/3/16 \$	
4	\$	
1115 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$50	
6	\$	
W. William	TOTAL \$300,000.0)0

Date:

RENEV	VAL
% Increase	
% Decrease	

Name

Date

Document Prepared By:	Ginny	Mundy	227-8589
-----------------------	-------	-------	----------

Date

Comptroller Certification	County Precedive Approval
certify that an unencumbered balance sufficient to cover this contract is present in the appropriation to be charged.	Name UM
ne	Date // 1 1
	1 d E-/1/12/1/12
ē	(For Office Use Only)

~~~10/19/2016<sup>°</sup>

CHEER OF CHE LATURE NASAU COUNTY UIIAIJUUU.

NIFS Certification

I certify that this document was accepted into NIFS.



## Nassau County Interim Finance Authority

## Contract Approval Request Form (As of January 1, 2015)

| 1. Vendor:                                                | VMC Group, Inc.                                                                                               | MIN                              |                                  |                                      | ****              |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|--------------------------------------|-------------------|
| 2. Dollar amount requir                                   | ring NIFA approval: \$ 300                                                                                    | ,000.00                          |                                  |                                      |                   |
| Amount to be encum                                        | bered: \$ 300,000.00                                                                                          |                                  |                                  |                                      |                   |
| This is a                                                 | New Contract Advisemen                                                                                        | t 🖊 Ame                          | endment                          |                                      |                   |
| If advisement - NIFA only                                 | should be full amount of contract<br>needs to review if it is increasing f<br>hould be full amount of amendme | unds above tl<br>ent only        | ne amount previou                | ısly approved by                     | NIFA              |
| 3. Contract Term: 1                                       | 1/1/2016 - 10/31/2017                                                                                         |                                  |                                  |                                      |                   |
| Has work or services on                                   | this contract commenced?                                                                                      | Yes                              | ✓ No                             |                                      |                   |
| If yes, please explain:                                   | h                                                                                                             |                                  |                                  |                                      |                   |
| 4. Funding Source:                                        |                                                                                                               |                                  |                                  |                                      |                   |
| ✓ General Fund (GEN<br>Capital Improveme<br>Other         | N) Gra<br>.nt Fund (CAP)                                                                                      | nt Fund (GR'                     | Federal %<br>State %<br>County % | <del></del>                          |                   |
| Is the cash available for the If not, will it require a f |                                                                                                               |                                  | Yes                              | _ No                                 |                   |
| Has the County Legislature                                | approved the borrowing?                                                                                       |                                  | Yes                              | _ No :                               | N/A               |
| Has NIFA approved the bor                                 | rowing for this contract?                                                                                     | *************                    | Yes                              | _ No :                               | N/A               |
| 5. Provide a brief descri                                 | ption (4 to 5 sentences) of the                                                                               | e item for w                     | hich this appro                  | val is requeste                      | ed:               |
| Contractor to assume the of these municipal repre         | e administrative function of individ<br>sentatives the Department of Heal                                     | ually contracti<br>th (DOH) ider | ing with and provid              | ling payment for<br>d authorizes pay | services<br>ment. |
| 6. Has the item request                                   | ed h <b>erein</b> followed all proper                                                                         | procedure                        | s and thereby a                  | pproved by the                       | e:                |
| Nassau County Attorney<br>Nassau County Committ           | as to form Yee and/or Legislature Ye                                                                          | es 1<br>es 1                     | No N/A<br>No N/A                 |                                      |                   |
| Date of approval(s) a                                     | nd citation to the resolution                                                                                 | where appr                       | oval for this ite                | m was provide                        | :d:               |
| N/A                                                       |                                                                                                               |                                  |                                  |                                      |                   |
| 7. Identify all contracts (N/A                            | with dollar amounts) with th                                                                                  | us or an aff                     | iliated party wit                | thin the prior                       | 12 months:        |

#### **AUTHORIZATION**

To the best of my knowledge, I hereby certify that the information contained in this Contract Approval Request Form and any additional information submitted in connection with this request is true and accurate and that all expenditures that will be made in reliance on this authorization are in conformance with the Nassau County Approved Budget and not in conflict with the Nassau County Multi-Year Financial Plan. I understand that NIFA will rely upon this information in its official deliberations. 1 //

| Losezm                                                                      | _BUI                                  | 10 db                                                                                     |
|-----------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------|
| Signature                                                                   | Title                                 | Date / //                                                                                 |
| Print Name                                                                  |                                       |                                                                                           |
|                                                                             | COMPTROLLER's                         | S OFFICE                                                                                  |
| To the best of my know<br>conformance with the I<br>Multi-Year Financial Pl | Nassau County Approved Budget a       | ormation listed is true and accurate and is in and not in conflict with the Nassau County |
| Regarding funding, ple                                                      | ase check the correct response:       |                                                                                           |
| I certify that the                                                          | funds are available to be encumb      | ered pending NIFA approval of this contract.                                              |
|                                                                             | onding for this contract has been app | proved by NIFA.<br>ut the project requires NIFA bonding authorization                     |
| Signature                                                                   | Title                                 | Date                                                                                      |
| Print Name                                                                  |                                       |                                                                                           |
|                                                                             | NIFA                                  |                                                                                           |
| Amount being approve                                                        | d by NIFA:                            | -                                                                                         |
| Signature                                                                   | Title                                 | Date                                                                                      |
| Print Name                                                                  |                                       |                                                                                           |

NOTE: All contract submissions MUST include the County's own routing slip, current NIFS printouts for all relevant accounts and relevant Nassau County Legislature communication documents and relevant supplemental information pertaining to the item requested herein.

NIFA Contract Approval Request Form MUST be filled out in its entirety before being submitted to NIFA for review.

NIFA reserves the right to request additional information as needed.

#### RULES RESOLUTION NO. - 2016

A RESOLUTION AUTHORIZING THE COUNTY EXECUTIVE TO EXECUTE AN AMENDMENT TO A PERSONAL SERVICES AGREEMENT BETWEEN THE COUNTY OF NASSAU, ACTING ON BEHALF OF THE NASSAU COUNTY DEPARTMENT OF HEALTH AND VMC GROUP, INC.

WHEREAS, the County has negotiated an amendment to a personal services agreement with VMC Group, Inc. to provide Municipal Representatives to represent children at Committee on Pre-School Special Education meeting and related services, a copy of which is on file with the Clerk of the Legislature; now, therefore, be it

RESOLVED, that the Rules Committee of the Nassau County Legislature authorize the County Executive to execute the said amendment to an agreement with VMC Group, Inc. George Maragos Comptroller



#### OFFICE OF THE COMPTROLLER

240 Old Country Road Mineola, New York 11501

# COMPTROLLER APPROVAL FORM FOR PERSONAL, PROFESSIONAL OR HUMAN SERVICES CONTRACTS

Attach this form along with all personal, professional or human services contracts, contract renewals, extensions and amendments.

| CONTRACTOR NAME: VMC Group, In                                                                                                                                | C.                                                  |                            | _          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|------------|
| CONTRACTOR ADDRESS: 9701 Niagara                                                                                                                              | Falls Blvd. Sui                                     | te 1A Niagara Falls, NY143 | <u>)4</u>  |
| FEDERAL TAX ID #: <u>16-0961026</u>                                                                                                                           |                                                     |                            | _          |
| Instructions: Please check the appropriation numerals, and provide all the requirements.                                                                      | · · · · · · · · · · · · · · · · · · ·               |                            | ng         |
| I. □ The contract was awarded to the lower                                                                                                                    | est, responsible                                    | bidder after advertiseme   | nt         |
| for sealed bids. The contract was awarded in                                                                                                                  |                                                     |                            |            |
| in[date]. The sealed bids were publicly opened on sealed bids were received and opened.                                                                       |                                                     | [date],[#]                 | of         |
| II.   The contractor was selected pursuan The Contract was entered into after a written rec Potential proposers were made aware of the availab                | quest for proposa                                   | ls was issued on           |            |
| by publication on the County procurement website proposals were received and evaluated.  The proposer we scoring and ranking, the highest-ranking proposer we | e. Proposals were<br>The evaluationsals were scored | due on                     | ( )<br>of: |

| III.  This is a renewal, extension or amendment of an existing contract.  The contract was originally executed by Nassau County on Nov. 6, 2014 [date]. This is a renewal or extension pursuant to the contract, or an amendment within the scope of the contract or RFP (copies of the relevant pages are attached). The original contract was entered into after RFP (HE0401-1410 on 4-4-14 and made aware of by County Website and a Published Newsday Classified Ad [describe procurement method, i.e., RFP, three proposals evaluated, etc.] Attach a copy of the most recent evaluation of the contractor's performance for any contract to be renewed or extended. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to continue to contract with the county.  IV. Pursuant to Executive Order No. 1 of 1993, as amended, at least three proposals were solicited and received. The attached memorandum from the department head describes the proposals received, along with the cost of each proposal. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| $\square$ A. The contract has been awarded to the proposer offering the lowest cost proposal; <b>OR</b> :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| □ <b>B.</b> The attached memorandum contains a detailed explanation as to the reason(s)why the contract was awarded to other than the lowest-cost proposer. The attachment includes a specific delineation of the unique skills and experience, the specific reasons why a proposal is deemed superior, and/or why the proposer has been judged to be able to perform more quickly than other proposers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| V. □ Pursuant to Executive Order No. 1 of 1993 as amended, the attached memorandum from the department head explains why the department did not obtain at least three proposals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| A. There are only one or two providers of the services sought or less than three providers submitted proposals. The memorandum describes how the contractor was determined to be the sole source provider of the personal service needed or explains why only two proposals could be obtained. If two proposals were obtained, the memorandum explains that the contract was awarded to the lowest cost proposer, or why the selected proposer offered the higher quality proposal, the proposer's unique and special experience, skill, or expertise, or its availability to perform in the most immediate and timely manner.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| □ B. The memorandum explains that the contractor's selection was dictated by the terms of a federal or New York State grant, by legislation or by a court order. (Copies of the relevant documents are attached).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| C. Pursuant to General Municipal Law Section 104, the department is purchasing the services required through a New York State Office of General Services contract no, and the attached memorandum explains how the purchase is within the scope of the terms of that contract.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| □ D. Pursuant to General Municipal Law Section 119-o, the department is purchasing the services required through an inter-municipal 2 agreement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

VI. 

This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. Attached is a memorandum that explains the reasons for entering into this contract without conducting a competitive process, and details when the department intends to initiate a competitive process for the future award of these services. For any such contract, where the vendor has previously provided services to the county, attach a copy of the most recent evaluation of the vendor's performance. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to contract with the county.

In certain limited circumstances, conducting a competitive process and/or completing performance evaluations may not be possible because of the nature of the human services program, or because of a compelling need to continue services through the same provider. In those circumstances, attach an explanation of why a competitive process and/or performance evaluation is inapplicable.

VII. □ This is a public works contract for the provision of architectural, engineering or surveying services. The attached memorandum provides details of the department's compliance with Board of Supervisors' Resolution No.928 of 1993, including its receipt and evaluation of annual Statements of Qualifications & Performance Data, and its negotiations with the most highly qualified firms.

VIII. Participation of Minority Group Members and Women in Nassau County Contracts. The selected contractor has agreed that it has an obligation to utilize best efforts to hire MWBE sub-contractors. Proof of the contractual utilization of best efforts as outlined in Exhibit "EE" may be requested at any time, from time to time, by the Comptroller's Office prior to the approval of claim vouchers.

IX. 

Department MWBE responsibilities. To ensure compliance with MWBE requirements as outlined in Exhibit "EE", Department will require vendor to submit list of sub-contractor requirements prior to the contract being submitted to the Comptroller.

X. □ Vendor will not require any sub-contractors.

In addition, if this is a contract with an individual or with an entity that has only one or two employees: □ a review of the criteria set forth by the Internal Revenue Service, Revenue Ruling No. 87-41, 1987-1 C.B. 296, attached as Appendix A to the Comptroller's Memorandum, dated February 13, 2004, concerning independent contractors and employees indicates that the contractor would not be considered an employee for federal tax purposes.

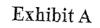
Department Head Signature

October 20, 20/6

Date

<u>NOTE:</u> Any information requested above, or in the exhibit below, may be included in the county's "staff summary" form in lieu of a separate memorandum.

Compt. form Pers./Prof. Services Contracts: Rev. 09/15





## COUNTY OF NASSAU

## POLITICAL CAMPAIGN CONTRIBUTION DISCLOSURE FORM

| 1. Has the vendor or any corporate officers of the vendor provided campaign contributions pursuant to the New York State Election Law in (a) the period beginning April 1, 2016 and ending on the date of this disclosure, or (b), beginning April 1, 2018, the period beginning two years prior to the date of this disclosure and ending on the date of this disclosure, to the campaign committees of any of the following Nassau County elected officials or to the campaign committees of any candidates for any of the following Nassau County elected offices: the County Executive, the County Clerk, the Comptroller, the District Attorney, or any County Legislator? |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FRIENDS OF ED MANGANO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2. VERIFICATION: This section must be signed by a principal of the consultant, contractor or Vendor authorized as a signatory of the firm for the purpose of executing Contracts.  The undersigned affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her knowledge, true and accurate.                                                                                                                                                                                                                                                                                                                                    |
| The undersigned further certifies and affirms that the contribution(s) to the campaign committees identified above were made freely and without duress, threat or any promise of a governmental benefit or in exchange for any benefit or remuneration.                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Dated: 9/2/16  Vendor: Mary Juc  Signed: Mary Juc  Print Name: MARLES J. GAWIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Title: (Nts/Nt)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

## Exhibit B



#### COUNTY OF NASSAU

#### LOBBYIST REGISTRATION AND DISCLOSURE FORM

Name, address and telephone number of lobbyist(s)/lobbying organization. The term "lobbyist" means any and every person or organization retained, employed or designated by any client to influence - or promote a matter before - Nassau County, its agencies, boards, commissions, department heads, legislators or committees, including but not limited to the Open Space and Parks Advisory Committee and Planning Commission. Such matters include, but are not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements. The term "lobbyist" does not include any officer, director, trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties. Me GROUP loc is not a babbiest. WE UTILIZE THE SERVICES OF STATE ANY ISERS, LLC AlblE STATESTREET ARISERS 100 QUENTIN RODGENELT BLUD, SOTTE 101 List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State): Name, address and telephone number of client(s) by whom, or on whose behalf, the lobbyist is retained, employed or designated:



| Page 2 of 4    |                                         |                |                   |                                       |                                       |
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- 6. If such lobbyist is retained or employed pursuant to a written agreement of retainer or employment, you must attach a copy of such document; and if agreement of retainer or employment is oral, attach a written statement of the substance thereof. If the written agreement of retainer or employment does not contain a signed authorization from the client by whom you have been authorized to lobby, separately attach such a written authorization from the client.
- 7. Has the lobbyist/lobbying organization or any of its corporate officers provided campaign contributions pursuant to the New York State Election Law in (a) the period beginning April 1, 2016 and ending on the date of this disclosure, or (b), beginning April 1, 2018, the period beginning two years prior to the date of this disclosure and ending on the date of this disclosure, to the campaign committees of any of the following Nassau County elected officials or to the campaign committees of any candidates for any of the following Nassau County elected offices: the County Executive, the County Clerk, the Comptroller, the District Attorney, or any County Legislator? If yes, to what campaign committee?

|   | THASE                                 | Sul STI | Adt=) | <br>            |       |
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I understand that copies of this form will be sent to the Nassau County Department of Information Technology ("IT") to be posted on the County's website.

I also understand that upon termination of retainer, employment or designation I must give written notice to the County Attorney within thirty (30) days of termination.

VERIFICATION: The undersigned affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her knowledge, true and accurate.

The undersigned further certifies and affirms that the contribution(s) to the campaign committees listed above were made freely and without duress, threat or any promise of a governmental benefit or in exchange for any benefit or remuneration.

Dated: 9/21/

Signed:

Print Name:

Title:

The term lobbying shall mean any attempt to influence: any determination made by the Nassau County Legislature, or any member thereof, with respect to the introduction, passage, defeat, or substance of any local legislation or resolution; any determination by the County Executive to support, oppose, approve or disapprove any local legislation or resolution, whether or not such legislation has been introduced in the County Legislature; any determination by an elected County official or an officer or employee of the County with respect to the procurement of goods, services or construction, including the preparation of contract specifications, including by not limited to the preparation of requests for proposals, or solicitation, award or administration of a contract or with respect to the solicitation, award or administration of a grant, loan, or agreement involving the disbursement of public monies; any determination made by the County Executive, County Legislature, or by the County of Nassau, its agencies, boards, commissions, department heads or committees, including but not limited to the Open Space and Parks Advisory Committee, the Planning Commission, with respect to the zoning, use, development or improvement of real property subject to County regulation, or any agencies, boards, commissions, department heads or committees with respect to requests for proposals, bidding, procurement or contracting for services for the County; any determination made by an elected county official or an officer or employee of the county with respect to the terms of the acquisition or disposition by the county of any interest in real property, with respect to a license or permit for the use of real property of or by the county, or with respect to a franchise, concession or revocable consent; the proposal, adoption, amendment or rejection by an agency of any rule having the force and effect of law; the decision to hold, timing or outcome of any rate making proceeding before an agency; the agenda or any determination of a board or commission; any determination regarding the calendaring or scope of any legislature oversight hearing; the issuance, repeal, modification or substance of a County Executive Order; or any determination made by an elected county official or an officer or employee of the county to support or oppose any state or federal legislation, rule or regulation, including any determination made to support or oppose that is contingent on any amendment of such legislation, rule or regulation, whether or not such legislation has been formally introduced and whether or not such rule or regulation has been formally proposed.

The term "lobbying" or "lobbying activities" <u>does not include</u>: Persons engaged in drafting legislation, rules, regulations or rates; persons advising clients and rendering opinions on proposed legislation, rules, regulations or rates, where such professional services are not otherwise connected with legislative or executive action on such legislation or administrative action on such rules, regulations or rates; newspapers and other periodicals and radio and television stations and owners and employees thereof, provided that their activities in connection with proposed legislation, rules, regulations or rates are limited to the publication or broadcast of news items, editorials or other comment, or paid advertisements; persons who participate as witnesses, attorneys or other representatives in public rule-making or rate-making proceedings of a County agency, with respect to all participation by such persons which is part of the public record thereof and all preparation by such persons for such participation; persons who attempt to influence a County agency in an adjudicatory proceeding, as defined by § 102 of the New York State Administrative Procedure Act.



Amendeduces un ducto Newporn Dated 3-2016

#### COUNTY OF NASSAU

#### LOBBYIST REGISTRATION AND DISCLOSURE FORM

Name, address and telephone number of lobbylst(s)/lobbying organization. The term "lobbyist" means any and every person or organization retained, employed or designated by any client to influence - or promote a matter before - Nassau County, its agencies, boards. commissions, department heads, legislators or committees, including but not limited to the Open Space and Parks Advisory Committee and Planning Commission. Such matters include, but are not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements. The term "lobbyist" does not include any officer, director. trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties. Shote Advisers LCC 164 shate sheet Advisers, 100 Quentin Russevert Blud suite 101 ander C.4 NY List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State): NASSON COUNTY New for 18 state Name, address and telephone number of client(s) by whom, or on whose behalf, the

lobbyist is retained, employed or designated:

avear ARI Group LCC 3600 west lue Ave, suite 7:0, Birkank CA

| Social Senting I GLC 128 Cakesing Dieve Suite 307                                                                                                                                             |
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| Ver c Consultants, 9701 Negura FAILS BLUD Sute 14 Negara                                                                                                                                      |
| FA(1), NY 14304                                                                                                                                                                               |
| AJM Copital, 7600 Jeres cha TICAE, Sole 302 Waldery NY 11217                                                                                                                                  |
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| 4. Describe lobbying activity conducted, or to be conducted, in Nassau County, and identify client(s) for each activity listed. See page 4 for a complete description of lobbying activities. |
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| The name of persons, organizations or governmental entities before whom the lobbyist expects to lobby:                                                                                        |
| CAREERS ARC - DSS COUNTY Cy 15/14 Live CINTY TREES OFFICE                                                                                                                                     |
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| AJUN- COUNTY BREE'S OFFICE + COUNTY Cyalakine.                                                                                                                                                |
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- If such lobbyist is retained or employed pursuant to a written agreement of retainer or employment, you must attach a copy of such document; and if agreement of retainer or employment is oral, attach a written statement of the substance thereof. If the written agreement of retainer or employment does not contain a signed authorization from the client by whom you have been authorized to lobby, separately attach such a written authorization from the client.

| 7. Has the lobbyist/lobbying organic contributions pursuant to the New York 2016 and ending on the date of this discleding two years prior to the date of to the campaign committees of any of the campaign committees of any candidates the County Executive, the County Clerk, Legislator? If yes, to what campaign contributions of the campaign contributions of the county Executive, the County Clerk, Legislator? If yes, to what campaign contributions of the county Clerk, Legislator? | State Election La<br>losure, or (b), beathis disclosure ar<br>the following Nass<br>for any of the for<br>the Comptroller | ginning April 1, 2018, the period and ending on the date of this disclosure, an County elected officials or to the llowing Nassau County elected offices:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Information Technology ("IT") to be pos<br>I also understand that upon term<br>give written notice to the County Attorne                                                                                                                                                                                                                                                                                                                                                                         | sted on the Count<br>nination of retain<br>by within thirty (                                                             | ner, employment or designation I must 30) days of termination.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| VERIFICATION: The undersigned affire<br>the foregoing statements and they are, to                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The undersigned further certifies and affi<br>listed above were made freely and withou<br>benefit or in exchange for any benefit or                                                                                                                                                                                                                                                                                                                                                              | ut duress, threat o                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Dated: 3-34-2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Signed:                                                                                                                   | B 2-8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Print Name:                                                                                                               | Keith Sevenk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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## VMC Group, Inc.

9701 Niagara Falls Blvd. Suite 1A Niagara Falls, NY 14304 Phone (716) 285-6000 100 Quentin Roosevelt Blvd. Suite 100 Garden City, NY 11530 Phone (516) 620-0042

July 30, 2015

Keith Sernkick State Advisors 100 Quentin Roosevelt Boulevard Suite 101 Garden City, NY 11530

Re:

VMC w- State Advisors

New York State Representation

Dear Mr. Sernick:

Reference is made to the retainer agreement between you and us, dated December 22, 2012, as extended and modified by an agreement dated December 31, 2014 (the "Retainer Agreement"). When signed by you and by us, the Retainer Agreement is hereby amended as follows:

With respect to your representation of VMC Consultants, LP (hereinafter "VMV")
from and after August 1, 2015 and continuing through the length of the Term of the
Retainer Agreement, VMC shall pay to you a monthly fee of two hundred (\$200.00)
dollars.

Except as modified herein, the Retainer Agreement shall remain in full force and effect.

Sincerely,

c65-/55

Charles J. Ganim, Ph.D.

President

Accepted and Agreed to:

Keith D. Sernick, Esq.

CJG/Lobbyist/Kelth Semick/Reminor 2015/7-30-15 Pap Amond,

#### FOURTH AMENDMENT TO CONSULTING AGREEMENT

This Fourth Amendment to the Consulting Agreement ("Amendment") is made and entered into as of November 16, 2015 ("Amendment Effective Date"), by and between CareerArc Group LLC, a Delaware ilmited liability company having its principal place of business at 2600 West Olive Ávenue, Suite 710, Burbank, CA 91505 ("Company") and State Advisers, LLC, a New York limited liability company having its principal place of business at 100 Quentin Roosevelt Boulevard, Suite 101, Garden City, NY 11530 ("Consultant"). For purposes of this Amendment, Company and Consultant are each a "Party" and collectively the "Parties".

#### RECITALS:

- A. WHEREAS, the Parties entered into (I) a Consulting Agreement dated August 1, 2011, (II) a First Amendment to Consulting Agreement dated April 5, 2012, (III) a Second Amendment to Consulting Agreement dated August 1, 2012 and a Third Amendment to Consulting Agreement dated August 20, 2014 (collectively, the "Consulting Agreement") to set forth the terms of Consultant's engagement with the Company; and
- B. WHEREAS, the Parties wish to further amend certain terms contained in the Consulting Agreement; and
- C. WHEREAS, this Amendment is issued under the Consulting Agreement and incorporates the terms and conditions therein as though fully set forth in this Amendment.

#### AGREEMENT:

NOW, THEREFORE, in consideration of the foregoing recitals and the mutual covenants contained herein, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

- Consulting Period. Notwithstanding anything to the contrary, the consulting period shall be extended until June 30, 2016 (the "Consulting Period").
- 2. Entire Auraement. With the exception of the Consulting Agreement, this Amendment sets forth the entire understanding of the Parties with respect to the subject matter hereof and supersedes all other prior or contemporaneous representations, discussions, agreements and understandings between the Parties with respect to the subject matter hereof. Except as otherwise set forth in this Amendment, the Consulting Agreement shall remain unchanged and all terms and conditions therein shall remain in full force and effect. The Parties acknowledge that they have not relied on any promise, representation, or warranty, express or implied, not contained in this Amendment.

IN WITNESS WHEREOF, this Amendment has been executed as of the Effective Date.

Company:

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|        | Keith D | . Şerniçk |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 1       |           | Mark.         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



## First Amendment - State Street Advisers-SSI IC Agreement -1.20.16

Adobe Document Cloud Document History

2/2/16

Created:

1/20/16

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Liz Kielnherg (ekleinberg@socialsentinet.com)

Status:

Transaction ID: CBJCHBCAABAAvdN\_9aGDqyKuNlampHUgtiNRBAyPShYv

## "First Amendment - State Street Advisers-SSI IC Agreement -1.20.16" History

- Document created by Liz Kleinbarg (eklelnberg@socialsentinel.com) 1/20/16 - 6;19:50 EST - IP address: 204,13,40,247
- □ Document emailed to kelth semick (kds@stateadvlsers.com) for signature 1/20/16 - 6:20:29 EST
- Document viewed by keith semick (kds@stateadvisers.com) 1/21/16 - 10:40:21 EST - IP address: 166.171.186.31
- Document e-signed by kelth sernick (kds@atateadvisers.com) Signature Date: 1/21/16 - 10:43;31 EST - Time Source: server - IP address: 166.171.186.31
- Document emailed to Brendan M. Cotter (bcotter@socialsentinel.com) for signature 1/21/16 - 10:43:32 EST
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- Document viewed by Brendan M. Cotter (bootter@socialsentinel.com) 2/2/16 - 4:33:36 EST - |P address: 96.238.51.36
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- Signed document emailed to Brendan M, Cotter (bcotter@socialsontinel.com), keith sernick (kda@stateedvlsers.com), ldupont@socialsentinel.com and Liz Kleinberg (ekielnberg@socialsentinel.com) 2/2/16 - 4:94:07 EST



#### SOCIAL SENTINEL, INC.

#### AMENDMENT TO REFERRAL FEE LETTER OF AGREEMENT

This First Amendment to Referral Fee Letter of Agreement ("First Amendment") is made effective the 1st day of January 2016 (the "Effective Date"), and is added to and amends that certain Referral Fee Letter of Agreement made effective July 1, 2015 (the "Agreement") by and between Social Sentinel, Inc. ("Company"), and State Street Advisors, LLC ("Consultant") (together, the "parties").

WHEREAS, the parties desire to amend the Agreement as provided below;

NOW, THEREFORE, the parties agree as follows:

- 1. Capitalized terms shall have the meanings provided in the Agreement.
- 2. The fifth paragraph of the Agreement, regarding a monthly fee, is struck in its entirety and replaced with the following:

In consideration of your provision of acceptable Services, the Company will pay you a monthly fee of five hundred dollars (\$500.00) if you are able to make at least ten (10) to fifteen (15) qualified monthly appointments for the Education and Government Markets. If you do not make at least that number of appointments in one (1) month, Company may terminate this letter agreement upon thirty (30) days notice to you. The CRO will determine, in his or her sole discretion, whether an appointment is a "qualified" appointment.

3. All other provisions and conditions of the Agreement remain in full force and effect except as adjusted herein.

[Signature Page Follows]

IN WITNESS WHERBOF, the parties hereto have caused this First Amendment to Referral Fee Letter of Agreement to be executed by their duly authorized representatives as of the dates shown below.

SOCIAL SENTINEL, INC.

| Feb 2, 2016  | BARNELAN H. COTTER. By Providen M. Colley (Feb 2, 2019) |
|--------------|---------------------------------------------------------|
| Date         | Brendan M, Cotter                                       |
|              | Chief Revenue Officer                                   |
|              | · ,                                                     |
|              | CONSULTANT:                                             |
|              | STATE STREET ADVISERS, LLC                              |
| Jan 21, 2016 | By: Kellh serrilok (Jen 21, 2016)                       |
| Date         | Name: Keith Sernick, Esq.<br>Title: attorney            |



100 Quentin Roosevelt Boulevard Suite 101 Garden City, NY 11630

T (616) 776-1500 F (516) 794-9100

kds@stateady|sers.com

#### MEMORANDUM

To: Hon, Carnell Fosky
From: Keith D. Sernick, Bsq.

Date: March 30, 2016

Re: AJM Capital Client Registration Agreement

Please be advised that the above referenced client is being represented by State Advisers, LLC on a pro bono basis and there is no written agreement between the parties.

#### PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY, FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

|                                           | N-RESPONSIVE AND IT WILL NOT BE CONSIDERED FO                                                                                                                          |  |  |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| ARD                                       |                                                                                                                                                                        |  |  |
| 1. Principal Name Char                    | les J. Ganim, Ph.D., Director, President                                                                                                                               |  |  |
| Date of Birth: July 12, 19                | 36                                                                                                                                                                     |  |  |
| Home Address: 9287 Chi<br>Naples, F       |                                                                                                                                                                        |  |  |
| 97                                        | MC Group, Inc.<br>701 Niagara Falls Blvd., Suite 1A<br>iagara Falls, NY 14304                                                                                          |  |  |
| Telephone: 71                             | 16-297-8641                                                                                                                                                            |  |  |
| List of other addresses and phone numbers | d telephone numbers attached: There are no other addresses or                                                                                                          |  |  |
| 2. Positions held in subm                 | nitting business and starting date of each (check all applicable)                                                                                                      |  |  |
| President 6/1/1968 Treasu                 | urer/                                                                                                                                                                  |  |  |
| Chairman of Board                         | Shareholder <u>6/1/1968</u>                                                                                                                                            |  |  |
| Chief Exec. Officer// Secretary//         |                                                                                                                                                                        |  |  |
| Chief Financial Officer                   | / Partner/                                                                                                                                                             |  |  |
| Vice President/                           |                                                                                                                                                                        |  |  |
| (Other) Director 6/1/1968                 |                                                                                                                                                                        |  |  |
| NO YES X If                               | y interest in the business submitting the questionnaire?<br>Yes, provide details.<br>In the sole shareholder in the VMC Group, Inc.                                    |  |  |
| any other type of conti                   | ling loans, guarantees or any other form of security or lease or ribution made in whole or in part between you and the business al? YES NO_X_ If Yes, provide details. |  |  |

| no                                                                | Vithin the past 3 years, have you been a principal owner or officer of any business or ot-for-profit organization other than the one submitting the questionnaire? YESO_X If Yes, provide details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| in                                                                | as any governmental entity awarded any contracts to a business or organization listed Section 5 in the past 3 years while you were a principal owner or officer? YESOX_ If Yes, provide details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| operation o<br>Provide a d                                        | affirmative answer is required below whether the sanction arose automatically, by f law, or as a result of any action taken by a government agency. etailed response to all questions checked "YES". If you need more space, photocopy iate page and attach it to the questionnaire.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                   | the past (5) years, have you and/or any affiliated businesses or not-for-profit ganizations listed in Section 5 in which you have been a principal owner or officer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                   | Been debarred by any government agency from entering into contracts with that agency? YES NO _X_ If Yes, provide details for each such instance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1                                                                 | Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? YES NO_X_ If Yes, provide details for each such instance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                   | Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? YESNO _X If Yes, provide details for each such instance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                   | Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? YES NO_X_ If Yes, provide details for each such instance.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| bankr<br>the pa<br>bankr<br>any su<br>initiat<br>questi<br>attach | any of the businesses or organizations listed in response to Question 5 filed a ruptcy petition and/or been the subject of involuntary bankruptcy proceedings during ast 7 years, and/or for any portion of the last 7 year period, been in a state of ruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is uch business now the subject of any pending bankruptcy proceedings, whenever ted? If yes, provide details for each such instance. (Provide a detailed response to all ions checked "YES". If you need more space, photocopy the appropriate page and it to the questionnaire.)  Is there any felony charge pending against you? YES NO _X _ If Yes, provide details for each such charge. |
|                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

|    | b)                                   | Is there any misdemeanor charge pending against you? YES NO X If Yes, provide details for each such charge.                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | c)                                   | Is there any administrative charge pending against you? YES NO _X_ If Yes, provide details for each such charge.                                                                                                                                                                                                                                                                                                                                                                                                                    |
|    | d)                                   | In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? YES NO _X_ If Yes, provide details for each such conviction.                                                                                                                                                                                                                                          |
|    | e)                                   | In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? YES NO _X_ If Yes, provide details for each such conviction.                                                                                                                                                                                                                                                                                                                                                                                |
|    | f)                                   | In the past 5 years, have you been found in violation of any administrative or statutory charges? YES NO _X _ If Yes, provide details for each such occurrence.                                                                                                                                                                                                                                                                                                                                                                     |
| 9. | year<br>inve<br>subj<br>for,<br>resp | ddition to the information provided in response to the previous questions, in the past 5 s, have you been the subject of a criminal investigation and/or a civil anti-trust stigation by any federal, state or local prosecuting or investigative agency and/or the ect of an investigation where such investigation was related to activities performed at, or on behalf of the submitting business entity and/or an affiliated business listed in onse to Question 5? YES NO _X_ If Yes, provide details for each such stigation. |
| 10 | liste<br>anti-<br>inclu<br>princ     | ddition to the information provided, in the past 5 years has any business or organization d in response to Question 5, been the subject of a criminal investigation and/or a civil trust investigation and/or any other type of investigation by any government agency, ading but not limited to federal, state, and local regulatory agencies while you were a cipal owner or officer? YES NO_ X If Yes; provide details for each such stigation.                                                                                  |
| 11 | resp<br>proc                         | ne past 5 years, have you or this business, or any other affiliated business listed in onse to Question 5 had any sanction imposed as a result of judicial or administrative meedings with respect to any professional license held? YES NO _X If Yes; wide details for each such instance.                                                                                                                                                                                                                                         |
| 12 | appli                                | the past 5 tax years, have you failed to file any required tax returns or failed to pay any icable federal, state or local taxes or other assessed charges, including but not limited to water sewer charges? YESNO _X If Yes, provide details for each such year.                                                                                                                                                                                                                                                                  |
|    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

#### CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES

I, Charles J. Ganim, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing or any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

| Sworth to before me this 21 day of SAT | ZWB6R, 2016                                                                                                            |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Notary Public                          | SUSAN L. SOLOMON NOTARY PUBLIC, STATE OF NEW YORK QUALIFIED IN NIAGARA COUNTY REG #02506035702 MY COMM. EXP. 01/03/ 20 |

Name of Submitting Business: VMC Group, Inc.

| Print Name |  |
|------------|--|
| Man .      |  |
| Signature  |  |
|            |  |
| President  |  |
| Title      |  |
|            |  |
| 9/27/16    |  |
| Date       |  |

Charles J. Ganim

### PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY, FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

| 1. | Principal Name BARDARA GAUM                                                                                                                                                                                                                                            |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| •  | Date of birth 3 /25/5/                                                                                                                                                                                                                                                 |
|    | Home address £2.87.04.14.50.0006.0T. City/state/zip (24.14.50.15.15.15.15.15.15.15.15.15.15.15.15.15.                                                                                                                                                                  |
|    | City/state/zip()APLES_FL_3ALL                                                                                                                                                                                                                                          |
|    |                                                                                                                                                                                                                                                                        |
|    | City/state/zip                                                                                                                                                                                                                                                         |
|    | Telephone                                                                                                                                                                                                                                                              |
|    | Other present address(es)                                                                                                                                                                                                                                              |
|    | City/state/zip                                                                                                                                                                                                                                                         |
|    | Telephone                                                                                                                                                                                                                                                              |
|    | List of other addresses and telephone numbers attached                                                                                                                                                                                                                 |
| 2. | Positions held in submitting business and starting date of each (check all applicable)  President / Treasurer (2-/>3/09  Chairman of Board / Shareholder /  Chief Exec. Officer / Secretary // 29/09  Chief Financial Officer / Partner //  Vice President / / (Other) |
| 3. | Do you have an equity interest in the business submitting the questionnaire? YES NO If Yes, provide details.                                                                                                                                                           |
| 4. | Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? YES NO If Yes, provide details.                               |
| 5. | Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? YES NO:                                                                                            |

| 6. |                                                             | ony governmental entity awarded any contracts to a business or organization listed in 5 in the past 8 years while you were a principal owner or officer? YES NO NO                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| P۲ | ovide a                                                     | n affirmative answer is required below whether the sanction arose automatically, by of law, or as a result of any action taken by a government agency, detailed response to all questions checked "YES". If you need more space, photocopy priate page and attach it to the questionnaire.                                                                                                                                                                                                                                                                                                                                |
| 7. | In the<br>organ                                             | past (5) years, have you and/or any affiliated businesses or not-for-profit<br>izations listed in Section 5 in which you have been a principal owner or officer:                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|    | a.                                                          | Been debarred by any government agency from entering into contracts with that agency?  YES NO If Yes, provide details for each such instance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|    | b.                                                          | Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? YES NO If Yes, provide details for each such instance.                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | C.                                                          | Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? YES NO If Yes, provide details for each such instance.                                                                                                                                                                                                                                                                                                                                                                                                       |
|    | d.                                                          | Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? YES NO If Yes, provide details for each such instance.                                                                                                                                                                                                                                                                                                                                                 |
| 8. | the pa<br>bankru<br>any su<br>initiate<br>questia<br>attach | any of the businesses or organizations listed in response to Question 5 filed a uptcy petition and/or been the subject of involuntary bankruptcy proceedings during st 7 years, and/or for any portion of the last 7 year period, been in a state of uptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is such business now the subject of any pending bankruptcy proceedings, whenever d? If 'Yes', provide details for each such instance. (Provide a detailed response to all one checked "YES". If you need more space, photocopy the appropriate page and it to the questionnaire.) |
|    |                                                             | Is there any felony charge pending against you? YES NO If Yes, provide details for each such charge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    | b)                                                          | Is there any misdemeanor charge pending against you? YESNO If Yes, provide details for each such charge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|    | c) .                                                        | ls there any administrative charge pending against you? YES NO If Yes, provide details for each such charge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|    | d)                                                          | In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other orime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? YES NO If Yes, provide details for each such conviction.                                                                                                                                                                                                                                                                                                                                    |

| f) In the past 5 years, have you been found in violation of any administrative or statutory charges? YESNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | 19)                                     | minute past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?  YES NO If Yes, provide details for each such conviction.                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an atfiliated business listed in response to Question 5? YES NO If Yes, provide details for each such investigation.  10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? YES NO If Yes; provide details for each such investigation.  11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES NO If Yes; provide details for each such instance.  12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YES NO If Yes, provide details for each such |     | f)                                      | In the past 5 years, have you been found in violation of any administrative or statutory charges? YES NO If Yes, provide details for each such occurrence.                                                                                                                                                                                                                                             |
| anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? YES NO If Yes; provide details for each such investigation.  11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES NO If Yes; provide details for each such instance.  12. For the past 5 tax years, have you falled to file any required tax returns or falled to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YES NO If Yes, provide details for each such                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9.  | investi<br>subject<br>for, or<br>respon | igation by any federal, state or local prosecuting or investigative agency and/or the state of local prosecuting or investigative agency and/or the state of an investigation where such investigation was related to activities performed at, on behalf of the submitting business entity and/or an affiliated business listed in use to Question 57 YES.  NO  if Yes, provide details, for each such |
| proceedings with respect to any professional license held? YESNO If Yes; provide details for each such instance.  12. For the past 5 tax years, have you falled to file any required tax returns or falled to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YESNO If Yes, provide details for each such                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10  | anti-tru<br>includi                     | In response to Question 5, been the subject of a criminal investigation and/or a civil let investigation and/or any other type of investigation by any government agency, ing but not limited to federal, state, and local regulatory according while you was a                                                                                                                                        |
| applicable tederal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YES NOX If Yes, provide details for each such                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 11, | procee                                  | ise to Question 5 had any sanction imposed as a result of judicial or administrative edings with respect to any professional license held? YES NO V If Yes                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 12. | to wate                                 | tole tederal, state of local taxes or other assessed charges, including but not limited                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |                                         | •                                                                                                                                                                                                                                                                                                                                                                                                      |

| CER | TIFI | CA | Tic | ٥N |
|-----|------|----|-----|----|
|     |      |    |     |    |

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

| Sworn to before me this A day of Not Suble | 20 |
|--------------------------------------------|----|
| A                                          | -  |
| / il dent o bourn                          |    |
| Notery Public                              | •  |
|                                            |    |
| None of Champ, loc                         |    |
| Name of submitting business  DANDA CANIM   |    |
| Print riame                                |    |
| Signature ,                                |    |
| SECY/TRACIONAL.                            |    |
| Tille //                                   |    |
| <u> </u>                                   |    |

SUBAN L. SOLOMON NOTARY PUBLIC, STATE OF NEW YORK QUALIFIED IN NIAGARA COUNTY REG. #02806038702 MY COMM. EXP. 01/03/ 20

### PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

| 1. | Principal Name CHADLES C. GANIM                                                                                                                                                                                                          |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Date of birth 4/5/63                                                                                                                                                                                                                     |
|    | Home address 9701 DIAFAMA FALLS BLVD.                                                                                                                                                                                                    |
|    | City/state/zip NiA 6414 FALG DY 14304                                                                                                                                                                                                    |
|    | Business address: < 4.44                                                                                                                                                                                                                 |
|    |                                                                                                                                                                                                                                          |
|    | City/atate/zip                                                                                                                                                                                                                           |
|    | Other present address(es)                                                                                                                                                                                                                |
|    | City/state/zip                                                                                                                                                                                                                           |
|    | Telephone                                                                                                                                                                                                                                |
|    | List of other addresses and telephone numbers attached                                                                                                                                                                                   |
| 2, | Positions held in submitting business and starting date of each (check all applicable)  President/ Treasurer//  Chairman of Board/ Shareholder//  Chief Exeo. Officer/_ / Secretary//                                                    |
|    | Chief Financial Officer / / Partner / /                                                                                                                                                                                                  |
|    | Vice President 12/72/14                                                                                                                                                                                                                  |
|    | (Other)                                                                                                                                                                                                                                  |
| 3. | Do you have an equity interest in the business submitting the questionnaire?  YES NO If Yes, provide details.                                                                                                                            |
| 4. | Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? YES NO If Yes, provide details. |
| 5, | Within the past 3 years, have you been a principal owner or officer of any business or not for-profit organization other than the one submitting the questionnaire? YES NO; If Yes, provide details.                                     |
|    |                                                                                                                                                                                                                                          |

| 6. | 200 00 00 00 00 00 00 00 00 00 00 00 00          | ny governmental antity awarded any contracts to a business or organization listed in 5 in the past 3 years while you were a principal owner or officer? YESNONONO                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pr | ovide a                                          | n affirmative answer is required below whether the sanction arose automatically, by of law, or as a result of any action taken by a government agency.  detailed response to all questions checked "YES". If you need more space, photocopy priate page and attach it to the questionnaire.                                                                                                                                                                                                                                                                                                                           |
| 7. |                                                  | past (5) years, have you and/or any affiliated businesses or not-for-profit izations listed in Section 5 in which you have been a principal owner or officer:                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|    | · <b>a.</b>                                      | Been debarred by any government agency from entering into contracts with that agency?  YES NO If Yes, provide details for each such instance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|    | b,                                               | Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? YES NO If Yes, provide details for each such instance.                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ,  | ¢.                                               | Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, fallure to meet pre-qualification standards? YESNO If Yes, provide details for each such instance.                                                                                                                                                                                                                                                                                                                                                                                                    |
|    | <b>d.</b>                                        | Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? YES NO If Yes, provide details for each such instance,                                                                                                                                                                                                                                                                                                                                             |
| 8. | the pa<br>bankn<br>any su<br>initiate<br>questic | any of the businesses or organizations listed in response to Question 5 filed a aptrophysical part of the subject of involuntary bankruptcy proceedings during st 7 years, and/or for any portion of the last 7 year period, been in a state of aptrophysical part of bankruptcy proceedings initiated more than 7 years ago and/or is such business now the subject of any pending bankruptcy proceedings, whenever d? If 'Yes', provide details for each such instance. (Provide a detailed response to all ons checked "YES", if you need more space, photocopy the appropriate page and it to the questionnaire.) |
|    |                                                  | is there any felony charge pending against you? YES NO X If Yes, provide details for each such charge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | b)                                               | Is there any misdemeanor charge pending against you? YES NO If Yes, provide details for each such charge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|    | c)                                               | Is there any administrative charge pending against you? YESNO   Yes, provide details for each such charge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|    | d)                                               | In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? YES NO If Yes, provide details for each such conviction.                                                                                                                                                                                                                                                                                                                                |
|    |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

- e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?

  YES \_\_\_\_\_ NO \_\_\_ If Yes, provide details for each such conviction.
- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? YES \_\_\_\_\_NO \_\_\_\_ If Yes, provide details for each such occurrence.
- 9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? YES \_\_\_\_\_\_ NO \_\_\_\_\_ If Yes, provide details for each such investigation.
- 10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil snit-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? YES \_\_\_\_\_\_\_NO \_\_\_\_\_\_\_ If Yes; provide details for each such investigation.
- 11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES \_\_\_\_\_NO \_\_\_\_ If Yes; provide details for each such instance.
- 12. For the past 5 tax years, have you falled to file any required tax returns or falled to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YES \_\_\_\_\_\_ NO \_\_\_\_ If Yes, provide details for each such year.

#### CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each Item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

| Swom to before me this 4 day of NEWEW | 20/6 |
|---------------------------------------|------|
| Tre tour Soun                         |      |
| Notary Public                         |      |
| The A Care of the                     |      |
| Name of submitting business           |      |
| Prior hame                            |      |
| I h C Yam.                            | 1    |
| Signature  Title  PERATIONS           |      |
| 11 14 16<br>Date                      |      |

SUSAN L. SOLOMON NOTARY PUBLIC, STATE OF NEW YORK QUALIFIED IN NIAGARA COUNTY REG. #02806033702 MY COMM. EXP. 01/03/ 20/

#### Business History Form

The contract shall be awarded to the responsible proposer who, at the discretion of the County, taking into consideration the reliability of the proposer and the capacity of the proposer to perform the services required by the County, offers the best value to the County and who will best promote the public interest.

In addition to the submission of proposals, each proposer shall complete and submit this questionnaire. The questionnaire shall be filled out by the owner of a sole proprietorship or by an authorized representative of the firm, corporation or partnership submitting the Proposal.

NOTE: All questions require a response, even if response is "none" or "not-applicable." No blanks.

(USE ADDITIONAL SHEETS IF NECESSARY TO FULLY ANSWER THE FOLLOWING QUESTIONS).

|    | Date: 36 PT: 27, 2016                                                                                            |
|----|------------------------------------------------------------------------------------------------------------------|
| 1  | Proposer's Legal Name: VMC (glav), loc.                                                                          |
| 2  | Address of Place of Business: 9701 WIAGADA FALLS BLVB, STEID, WIAGADA FALLS BLVB, STEID, WIAGADA FALLS, DY 14304 |
| Li | st all other business addresses used within last five years:                                                     |
| 3) | Mailing Address (if different):                                                                                  |
| P  | none: 716-297-864/                                                                                               |
| Do | pes the business own or rent its facilities? RENT                                                                |
| 4) | Dun and Bradstreet number: 1030204473                                                                            |
| 5) | Federal I.D. Number: 16-0961026                                                                                  |
| 6) | The proposer is a (check one): Sole Proprietorship Partnership                                                   |
| 7) | Does this business share office space, staff, or equipment expenses with any other business?                     |
|    | Yes No X If Yes, please provide details:                                                                         |
| 8) | Does this business control one or more other businesses? Yes No 🔀 If Yes, please provide details:                |
|    |                                                                                                                  |

| any ot                                                | tris business have one or more affiliates, and/or is it a subsidiary of, or controlled by, her business? Yes No X If Yes, provide details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| name (                                                | e proposer ever had a bond or surety cancelled or forfeited, or a contract with Nassa<br>or any other government entity terminated? Yes No X If Yes, state the<br>of bonding agency, (if a bond), date, amount of bond and reason for such cancellation<br>eiture: or details regarding the termination (if a contract).                                                                                                                                                                                                                                                                                                                                     |
| 11) Has the<br>If Yes,                                | e proposer, during the past seven years, been declared bankrupt? Yes No X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| investig<br>the pas<br>a crimin<br>prosecu<br>perform | past five years, has this business and/or any of its owners and/or officers and/or any displayed business, been the subject of a criminal investigation and/or a civil anti-trust ration by any federal, state or local prosecuting or investigative agency? And/or, in to 5 years, have any owner and/or officer of any affiliated business been the subject of all investigation and/or a civil anti-trust investigation by any federal, state or local string or investigative agency, where such investigation was related to activities ad at, for, or on behalf of an affiliated business.  No    If Yes, provide details for each such investigation. |
| but not li<br>has any<br>any gove<br>agencies         | ast 5 years, has this business and/or any of its owners and/or officers and/or any business been the subject of an investigation by any government agency, including mited to federal, state and local regulatory agencies? And/or, in the past 5 years, owner and/or officer of an affiliated business been the subject of an investigation by ernment agency, including but not limited to federal, state and local regulatory of matters pertaining to that individual's position at or relationship to an affiliated if Yes, provide details for each such investigation.                                                                                |
| charges                                               | current or former director, owner or officer or managerial employee of this business ar before or during such person's employment, or since such employment if the pertained to events that allegedly occurred during the time of employment by the g business, and allegedly related to the conduct of that business:  a) Any felony charge pending? Yes No If Yes, provide details for each such charge                                                                                                                                                                                                                                                    |
|                                                       | b) Any misdemeanor charge pending? Yes No X If Yes, provide details for each such charge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                       | c) In the past 10 years, you been convicted, after trial or by plea, of any felony and/or any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? YesNo                                                                                                                                                                                                                                                                                                                                                                                                                            |

|                             | If Yes, provide details for each such conviction                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                             | d) In the past 5 years, been convicted, after trial or by plea, of a misdemeanor?  Yes No If Yes, provide details for each such conviction                                                                                                                                                                                                                                                  |
|                             | e) In the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions? Yes No If Yes, provide details for each such occurrence.                                                                                                                                                                                                                        |
| respect to                  | t (5) years, has this business or any of its owners or officers, or any other affiliated had any sanction imposed as a result of judicial or administrative proceedings with any professional license held? Yes No \(\sum_{\text{X}}\); If Yes, provide details for instance.                                                                                                               |
| limited to v<br>such year.  | st (5) tax years, has this business failed to file any required tax returns or failed to oplicable federal, state or local taxes or other assessed charges, including but not vater and sewer charges? Yes No If Yes, provide details for each Provide a detailed response to all questions checked 'YES'. If you need more stocopy the appropriate page and attach it to the questionnaire |
| ovide a deta<br>otocopy the | iled response to all questions checked "YES". If you need more space, appropriate page and attach it to the questionnaire.                                                                                                                                                                                                                                                                  |
| CORT                        | nterest: Please disclose any conflicts of interest as outlined below. NOTE: If no licts exist, please expressly state "No conflict exists."  (i) Any material financial relationships that your firm or any firm employee has that may create a conflict of interest or the appearance of a conflict of interest in acting on-behalf of Nassau County.                                      |
| ŀ                           | (ii) Any family relationship that any employee of your firm has with any County bublic servant that may create a conflict of interest or the appearance of a conflict of interest on acting on behalf of Nassau County.                                                                                                                                                                     |
| - (                         | iii) Any other matter that your firm believes may create a conflict of interest or                                                                                                                                                                                                                                                                                                          |
| t,                          | he appearance of a conflict of interest in acting on behalf of Nassau County.                                                                                                                                                                                                                                                                                                               |

A. Include a resume or detailed description of the proposer's professional qualifications, demonstrating extensive experience in your profession. Any prior similar experiences, and the results of these experiences, must be identified.

Should the proposer be other than an individual, the Proposal MUST include:

- i) Date of formation: The VMC Group, Inc. was incorporated in the State of New York on March 18, 1968.
- ii) Name Addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner:

The sole shareholder of the VMC Group, Inc., and the only person having a financial interest in VMC is:

Dr. Charles J. Ganim 9287 Chiasso Cove Ct. Naples, FL. 34114

iii) Name, address and position of all officers and Directors of the company:

Directors: The sole Director of the VMC Group, Inc. is Dr. Charles J. Ganim.

#### Officers:

President

Dr. Charles J. Ganim 9287 Chiasso Cove Ct. Naples, FL. 34114

Secretary/Treasurer

Barbara Fargo-Ganim 9287 Chiasso Cove Ct. Naples, FL. 34114

- iv) State of Incorporation: New York State
- v) The number of employees in the company: The VMC Group, Inc. currently has 9 employees.
- vi) Annual Revenue of Company: In calendar year 2015 VMC's total income was \$1,168,722.

#### vii) Summary of relevant accomplishments:

#### **Experience by Discipline**

#### A. Consolidation, Shared Services, and Efficiency

- 1. Medina Village Fire (Paid vs. Volunteers)
- 2. Key West Fire, Police, Public Works
- 3. Grand Island Town and Grand Island CSD (Fuel Sharing)
- 4. Cattaraugus County, City of Olean, and Rehab Center (Transportation) Current Client
- 5. Town of Hamburg—Highway, Buildings & Grounds, and Recreation (Sharing of services)
- 6. Essex County, and Towns (Shared Transportation)
- 7. Greene County—DSS, Rural Health Network (Shared transportation); Highway Dept.
- 8. Madison County and ARC (Shared transportation)
- 9. Woodbury Town—Highway & Parks, Office Staff, Equipment, and Facilities
- 10. Rockland BOCES (Shared transportation among 8 School Districts)
- 11. Yorktown CSD and Lakeland CSD (Grounds, Staff, and Equipment Sharing)
- 12. Steuben County, Villages of Bath and South Corning, City of Hormel, and Corning, Bath CSD, and 4 towns (Sharing of data processing services)
- 13. Town of Babylon—Highway, Parks & Recreation, Buildings & Grounds (Sharing of services)
- 14. Village of Buchanan—Solid Waste, Recreation, Buildings & Grounds (Staffing and scheduling)
- 15. Mineola UFSD and 3 other school districts (Sharing of administrative services)
- 16. Levittown UFSD—Transportation, Buildings & Grounds, Security, Business Office
- 17. Greene County Highway Study
- 18. Spencerport, Village of (Office operation)
- 19. Woodbury, Town of (Recreation, highway, and Town Hall office staff)
- 20. Upper Nyack, Village of Village office operation)
- 21. Southampton, Town of (Highway Department)
- 22. North Warren SD (Merging of 3 school districts)
- 23. Bay Shore UFSD (Office staffing study)
- 24. Cohoes CSD (Special Education reorganization)
- 25. Garden City UFSD (Office automation)
- 26. Town of Eastchester (Purchasing procedures)
- 27. Wappinger CSD (Business Office operation)
- 28. Mt. Lebanon SD (Outsourcing of Buildings & Grounds)
- 29. Watkins Glen SD (Organizational and staffing)
- 30. Eastchester, Town of (Purchase manual)
- 31. Albany and Schenectady County Health Departments (Sharing of Children with Special Needs Transportation)

#### B. Labor Negotiations

- 1. Harrison Fire Department
- 2. City of Lackawanna
- 3. Westfield, Village

- 4. Ellicott, Town of
- 5. City of Elmira
- 6. City of Elmira Water Board
- 7. Clinton County
- 8. Cortland County
- 9. Tonawanda, City of
- 10. Malone, Village of
- 11. Eastchester, Town of
- 12. Genesee County
- 13. Bronxville Fire District
- 14. Harrison, Town of
- 15. Greenburg, Town of
- 16. Webster, Town
- 17. Henrietta, Town
- 18. Lockport, City of
- 19. Lewiston, Town of
- 20. Newburgh, Town of
- 21. New Windsor, Town of
- 22. Livingston County
- 23. Orleans County
- 24. Orangetown, Town of
- 25. Clarkstown, Town of
- 26. Niagara County
- 27. St. Lawrence County
- 28. Saratoga County
- 29. Seneca Falls, Village
- 30. Cortland, Town of
- 31. Massina Village of
- 32. Easthampton, Town of
- 33. Riverhead, Town of
- 34. Southampton, Town of
- 35. Warren County
- 36. Palmyra, Village of
- 37. Watkins Glen CSD

#### C. Job Descriptions/Salaries

- 1. City of Elmira
- 2. Horseheads CSD
- 3. Cortland County
- 4. Cheektowaga, Town of
- 5. Clarence, Town of
- 6. Grand Island, Town of
- 7. Orchard Park, Town of
- 8. Hamburg, Town of
- 9. Livingston, County
- 10. Chile, Town of

- 11. Gates, Town of
- 12. Henrietta, Town of
- 13. Ogden, Town of
- 14. Lewiston, Town of
- 15. Lockport, Town of
- 16. Newfane, Town of
- 17. Cicero, Town of
- 18. Camillus, Town of
- 19. Salina, Town of
- 20. Newburgh, Town of
- 21. New Windsor, Town of
- 22. Orleans, County
- 23. Ramapo, Town of
- 24. Orangetown, Town of
- 25. Clarkstown, Town of
- 26. Steuben County
- 27. Saratoga County
- 28. Amityville, Village of
- 29. Easthampton, Town of
- 30. Riverhead, Town of
- 31. Ithaca, City of
- 32. Woodstock, Town of
- 33. Palmyra, Village of
- 34. Cortland, Town of
- 35. White Plains, City of
- 36. Yonkers, City of
- 37. Chemung County

#### D. Organizational and/or Charter Revision

- 1. Fredonia, Village (Charter
- 2. Eastchester, Town of (Organizational)
- 3. Deer Park CSD (Organizational)
- 4. Watkins Glen CSD (Organizational)

#### E. Transportation Management/Mobility Manager—Children with Special Needs<sup>1</sup>

- 1. Albany County
- 2. Cattaraugus County—All Departments (i.e. Dept. of Aging, Community Services, DSS. Dept. of Health, Youth Bureau
- 3. Cattaraugus Rehabilitation Center—handicapped Adults
- 4. Cayuga County
- 5. City of Olean—Public Transit System
- 6. Delaware County
- 7. Dutchess County
- 8. Greene County—Children with Special Needs and Medicaid Transportation
- 9. Madison County

<sup>&</sup>lt;sup>1</sup> Except as indicated

- 10. Niagara County
- 11. Onondaga County
- 12. Orange County
- 13. Rockland County
- 14. Schenectady County
- 15. St. Lawrence County
- 16. Suffolk County
- 17. Ulster County
- 18. Wyoming County
- viii) Copies of all state and local licenses and permits:

There are no permits or licenses required in connection with the services requested under the County's RFP. Therefore, VMC holds no such licenses or permits.

- B. Indicate number of years in business: VMC has been in business for 45 years.
- C. Provide any other information which would be appropriate and helpful in determining the proposer's capacity and reliability to perform these services.

VMC has provided consulting services to more than 300 public jurisdictions, including 20 counties in New York State, and VMC's Financial Policy Advisor has had 28 years of experience as a School Business manager, Assistant Superintendent, and Associate Superintendent for 8 school districts. Other significant accomplishments achieved by VMC are:

- 7 New York State counties current secure consulting services from VMC;
- 4 New York State Counties that are currently customers of VMC have extended VMC's consulting Services for periods of in excess of 10 years;
- 13 New York State counties have saved in excess of a combined \$40 million in transportation costs;
- 0 counties have unresolved incidents and/or complaints while VMC provides regulatory and contract compliance services;
- 0 claims have been filed against a New York State county while VMC provided regulatory and contract compliance services.

In addition, VMC's Internal Consulting Group includes an in-house counsel who has a specialty in issues concerning the compliance of special education program transporters with contractual obligations.

D. Provide names and addresses for no fewer than three references for whom the proposer has provided services or who are qualified to evaluate Proposer's capability to perform this work.

Oneida County Department of Health Barbara Pellegrino Director, Special Children Services 185 Genesee Street, 5<sup>th</sup> Floor Utica, NY 13501

Phone: 315-798-5223 Fax: 315-798-6441

Email: bpellegr@ocgov.net

Ulster County Dept. of Social Services Children with Special Needs Rita Wood Coordinator, Pre-K and Early Intervention 1061 Development Court Kingston, NY 12402

Phone: 845-334-5245 Fax: 845-334-5227

Email: rwoo@co.ulster.ny.us

Niagara County Department of Health Daniel Stapleton Commissioner of Health 5467 Upper Mountain Road, suite 101 Lockport, NY 14094

Phone: 716-439-7435 Fax: 716-439-7402

Email: dan.stapleton@niagaracounty.com

#### **CERTIFICATION**

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WOITH THIS QUESTIONNAIR MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT YTO CRIMINAL CHARGES.

I, <u>Charles J, Ganim</u>, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of an change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn before me this V

day of

20/6

SUSAN L. SOLOMON NOTARY PUBLIC, STATE OF NEW YORK QUALIFIED IN NIAGARA COUNTY REG. #32506035702 MY COMM. EXP. 01/03/ 20

Notary-Public

Name of submitting business: VMC Group, Inc.

By: Charles J. Ganim

Signature:

Title: President

Date:

### COUNTY OF NASSAU

## CONSULTANT'S, CONTRACTOR'S AND VENDOR'S DISCLOSURE FORM

| 1. Name of the Entity: WC CAROUP, Not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address: 9701 DIAGADA FALLS BLUD., SUITE IA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| City, State and Zip Code: NIAGANA FALLS, DY 14304                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 2. Entity's Vendor Identification Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 3. Type of Business:Public CorpPartnershipJoint Venture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Ltd. Liability CoClosely Held Corp X Corporation Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 4. List names and addresses of all principals; that is, all individuals serving on the Board of Directors or comparable body, all partners and limited partners, all corporate officers, all parties of Joint Ventures, and all members and officers of limited liability companies (attach additional sheets if necessary):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| CHARLES I GANIM, PRESIDENT, DESCRIBE 9827 CHARGO COVECT, DAPLES, FR 3414                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| BARBADA GANIN, SEEY/TREAGURER, 9827 CHIASSO COVE ET, DAPLIES, FL 3414                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| CHARLES C. GANGA, VP-OPERATIONS, G7012 ABARA FALLS BLUB, NIXARA FALLS BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| 5. List names and addresses of all shareholders, members, or partners of the firm. If the shareholder is not an individual, list the individual shareholders/partners/members. If a Publicly neld Corporation, include a copy of the 10K in lieu of completing this section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| HARLES J. GANIN, SOLE SHADENOLDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 9287 CHIASED PONE CT, DAPLES, FL 34114                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| 6. List all affiliated and related companies and their relationship to the firm entered 1. above (if none, enter "None"). Attach a separate disclosure form for each affiliat subsidiary company that may take part in the performance of this contract. Such dis be updated to include affiliated or subsidiary companies not previously disclosed the in the performance of the contract.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ted or                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| subsidiary company that may take part in the performance of this contract. Such disbe updated to include affiliated or subsidiary companies and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ted or                                                               |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |
| 7. List all lobbyists whose services were utilized at any stage in this matter (i.e., pre- pid, post-bid, etc.). If none, enter "None." The term "lobbyist" means any and every programization retained, employed or designated by any client to influence - or promote perfore - Nassau County, its agencies, boards, commissions, department heads, legisla committees, including but not limited to the Open Space and Parks Advisory Commi relanning Commission. Such matters include, but are not limited to, requests for prop- evelopment or improvement of real property subject to County regulation, procurent form "lobbyist" does not include any officer, director, trustee, employee, counsel or a county of Nassau, or State of New York, when discharging his or her official duties.  (a) Name, title, business address and telephone number of lobbyist(s): | perso<br>e a ma<br>ators d<br>ittee a<br>osals,<br>nents.<br>agent d |
| STATE STREET ABVISERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      |
| 100 QUENTIN ROOSENELT BLUD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |
| Suite 101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |
| CTARDED CITY DU (1530                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      |
| CHARDED CITY, DY (1530                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |

| (b) Describe lobbying activity of each lobbyist. See below for a complete description of lobbying activities.                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| SETERMOATION BY AN ELLOTED OFFICIAL OR ENTLOYERS, OR AND                                                                                                  |
| DEFICIAL OF THE COUNTY WITH ILESPECT TO THE PROCEDEMENT OF                                                                                                |
| GOODS OR SERVICE                                                                                                                                          |
|                                                                                                                                                           |
|                                                                                                                                                           |
|                                                                                                                                                           |
| (c) List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):                                     |
| DAGGO COUNTY                                                                                                                                              |
| DENO YORK STATE                                                                                                                                           |
|                                                                                                                                                           |
| ·                                                                                                                                                         |
| 8. VERIFICATION: This section must be signed by a principal of the consultant,                                                                            |
| contractor of vehiclor authorized as a signatory of the firm for the purpose of executing Contracts.                                                      |
| The undersigned affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her knowledge, true and accurate. |
| Dated: 9/27/16 Signed: Will Signed:                                                                                                                       |
| Print Name: CHADIES J. GANIN                                                                                                                              |
| Title: PRESIDENT                                                                                                                                          |

#### Page 4 of 4

The term lobbying shall mean any attempt to influence: any determination made by the Nassau County Legislature, or any member thereof, with respect to the introduction, passage, defeat, or substance of any local legislation or resolution; any determination by the County Executive to support, oppose, approve or disapprove any local legislation or resolution, whether or not such legislation has been introduced in the County Legislature; any determination by an elected County official or an officer or employee of the County with respect to the procurement of goods, services or construction, including the preparation of contract specifications, including by not limited to the preparation of requests for proposals, or solicitation, award or administration of a contract or with respect to the solicitation, award or administration of a grant, loan, or agreement involving the disbursement of public monies; any determination made by the County Executive, County Legislature, or by the County of Nassau, its agencies, boards, commissions, department heads or committees, including but not limited to the Open Space and Parks Advisory Committee, the Planning Commission, with respect to the zoning, use, development or improvement of real property subject to County regulation, or any agencies, boards, commissions, department heads or committees with respect to requests for proposals, bidding, procurement or contracting for services for the County; any determination made by an elected county official or an officer or employee of the county with respect to the terms of the acquisition or disposition by the county of any interest in real property, with respect to a license or permit for the use of real property of or by the county, or with respect to a franchise, concession or revocable consent; the proposal, adoption, amendment or rejection by an agency of any rule having the force and effect of law; the decision to hold, timing or outcome of any rate making proceeding before an agency; the agenda or any determination of a board or commission; any determination regarding the calendaring or scope of any legislature oversight hearing; the issuance, repeal, modification or substance of a County Executive Order; or any determination made by an elected county official or an officer or employee of the county to support or oppose any state or federal legislation, rule or regulation, including any determination made to support or oppose that is contingent on any amendment of such legislation, rule or regulation, whether or not such legislation has been formally introduced and whether or not such rule or regulation has been formally proposed.

U.S. DEPARTMENT OF JUSTICE OFFICE OF JUSTICE PROGRAMS OFFICE OF THE COMPTROLLER

# Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Sub-Recipient)

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR Part 67, Section 67.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211). (BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department of agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

| CHARLES T. GANIN PRESIDENT Name and Title of Authorized Representative              | 9/27/16          |
|-------------------------------------------------------------------------------------|------------------|
| Signature Signature                                                                 | 9/2-7/16<br>Date |
| Mc (ARBUP, INC. Name of Organization                                                |                  |
| 9701 NARARA FALLS BLOD, SOITE 1A Address of Organization NIA GARARA FALLS, NY 14304 |                  |
| •                                                                                   |                  |

#### Instructions for Certification

- 1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- 2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposes," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
- 5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowlngly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- 6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled, "Certification Regarding Debarment, Suspension, ineligibility and Voluntary Exclusion Lower Tier Covered Transaction," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Nonprocurement List.
- 8. Nothing contained in the foregoing shall be construed to require establishment of a system of reports in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

#### MWBE FORM

| ☐ Participation of Minority Group Members and Women in Nassau                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| County Contracts. The selected contractor has agreed that it has an obligation to                                                                                 |
| utilize best efforts to hire MWBE sub-contractors. Proof of the contractual utilization                                                                           |
| of best efforts as outlined in Exhibit "EE" may be requested at any time, from time to time, by the Comptroller's Office prior to the approval of claim vouchers. |
| ·                                                                                                                                                                 |

 $\Box$  Department MWBE responsibilities. To ensure compliance with MWBE requirements as outlined in Exhibit "EE", Department requires vendor to submit list of sub-contractors or sub-contractor requirements. Attached is our list or list of requirements.

🛛 Vendor will not require any sub-contractors.

CHARLES J. GADIM
PRESIDENT, VACGROUP, LOC
9/27/16

#### AMENDMENT NO. III

AMENDMENT (together with any appendices or exhibits hereto, this "Amendment") dated as of the date that this Amendment is executed by Nassau County (the "Effective Date"), between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), acting for and on behalf of the County Department of Health, having its principal office at 200 County Seat Drive, Mineola, New York 11501 (the "Department"), and (ii) VMC Group, Inc., having an office at 9701 Niagara Falls Blvd., Suite 1A, Niagara Falls, NY 14304 (the "Contractor").

#### WITNESSETH:

WHEREAS, pursuant to County contract number CQHE14000005 between the County and the Contractor, executed on behalf of the County on November 6, 2014, as amended by Amendment I, County contract Amendment CLHE15000001 executed on behalf of the County on February 9, 2015 and as amended by Amendment II, County contract Amendment CLHE15000011 executed on behalf of the County on 6/21/16 (the "Original Agreement"), the Contractor provides services in connection with the Department's Pre-School Special Education Program, which services are more fully described in the Original Agreement (the services contemplated by the Original Agreement, the "Services"); and

WHEREAS, the term of the Original Agreement is from November 1, 2014 until October 31, 2015, with three (3) available one (1) year options to renew, unless sooner terminated in accordance with the terms of the Original Agreement (the "Original Term"); and

WHEREAS, the maximum amount that the County agreed to reimburse the Contractor for Services under the Original Agreement, as full compensation for the Services, was Six Hundred Thousand Dollars (\$600,000.00) (the "Maximum Amount"); and

WHEREAS, the County desires to exercise one (1) of the three (3) options to renew by extending the Original Term and increasing the Maximum Amount.

NOW, THEREFORE, in consideration of the promises and mutual covenants contained in this Amendment, the parties agree as follows:

- Renewal of Term. The Original Agreement shall be renewed and thereby extended by one (1) year (the period November 1, 2016 – October 31, 2017, the "Second Renewal Year"), so that the termination date of the Original Agreement, as amended by this Amendment (the "Amended Agreement"), shall be October 31, 2017.
- Maximum Amount. The Maximum Amount in the Original Agreement shall be increased by Three Hundred Thousand Dollars (\$300,000.00) (the "Amendment Maximum Amount"), payable for services rendered during the Second Renewal Year only, so that the maximum amount that the County shall pay to the Contractor as full consideration for all Services provided under the Amended Agreement shall be Nine Hundred Thousand Dollars (\$900,000.00) (the "Amended Maximum Amount").

- 3. <u>Vouchers; Voucher Review, Approval and Audit</u>. Payments of the Amendment Maximum Amount shall be made to the Contractor as follows: (a) Thirty Thousand Dollars (\$30,000.00) of the Amendment Maximum Amount shall be payable to the Contractor in advance upon the County's approval of this Amendment; (b) The remainder of the Amendment Maximum Amount shall be payable in arrears. All payments are subject to voucher review, approval and audit, as well as recoupment of advance payments and reconciliation, as more fully described in the Original Agreement.
- 4. <u>Full Force and Effect</u>. All the terms and conditions of the Original Agreement not expressly amended by this Amendment shall remain in full force and effect and govern the relationship of the parties for the term of the Amended Agreement.

[Remainder of Page Intentionally Left Blank.]

IN WITNESS WHEREOF, the parties have executed this Amendment as of the Effective Date.

| VMC GROUP, INC.                 |
|---------------------------------|
| By: CHANGES J. GANIN            |
| Name (Melafilia)                |
| Title: PRESIDENT                |
| Date: 9/27/16                   |
|                                 |
|                                 |
| NASSAU COUNTY                   |
|                                 |
| Ву:                             |
| Name:<br>Title:County Executive |
| Deputy County Executive         |
| Date <sup>.</sup>               |

PLEASE EXECUTE IN <u>BLUE</u> INK

| On the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STATE OF NEW YORK) )ss.:                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| And say that he of she is the comporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.  SUSAN L. SOLOMON NOTARY PUBLIC, STATE OF NEW YORK QUALIFIED IN NIAGARA COUNTY REG. #02506035702 MY COMM. EXP. 01/03/ 20  STATE OF NEW YORK)  SS.:  COUNTY OF NASSAU )  On the day of in the year 20 before me personally came to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of; that he or she is a Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto | COUNTY OF NASSAU),                                                                                                                                                                                                                                                                                                                                                                      |
| On theday of in the year 20 before me personally came to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of; that he or she is a Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto                                                                                                                                                                                                                                                                                                                                                                                            | and say that he of she resides in the County of Arabase, that he of she is the of MC (Alan), the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.  SUSAN L. SOLOMON  NOTARY PUBLIC, STATE OF NEW YORK QUALIFIED IN NIAGARA COUNTY  REG. #02SO6035702 |
| On theday of in the year 20 before me personally came to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of; that he or she is a Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto                                                                                                                                                                                                                                                                                                                                                                                            | •                                                                                                                                                                                                                                                                                                                                                                                       |
| to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of; that he or she is a Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto                                                                                                                                                                                                                                                                                                                                                                                                                                                  | COUNTY OF NASSAU )                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of; that he or she is a Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto                                                             |

**NOTARY PUBLIC** 

#### **BUSINESS ASSOCIATE ADDENDUM**

| This addendum ("Addendum") is effe             | ective as of            | , 2016 and amends and is made         |
|------------------------------------------------|-------------------------|---------------------------------------|
| part of the agreement dated as of              | (as the same ma         | y be amended, modified, or            |
| supplemented, including, without limitation, l | by this Addendum, the   | "Agreement") by and between VMC       |
| Group, Inc. (the "Contractor") and Nassau Co   | ounty, a New York mu    | nicipal corporation, acting on behalf |
| of the County Department of Health (collective | vely, the "County"). T  | he County, and the Contractor         |
| mutually agree to modify the Agreement to in   | scorporate the terms ar | nd conditions of this Addendum to     |
| comply with the requirements of the Health Ir  | nsurance Portability ar | nd Accountability Act of 1996, as     |
| amended, and its implementing regulations (4   | 15 C.F.R. Parts 160-16  | 4) (collectively, "HIPAA").           |

#### WITNESSETH:

WHEREAS, the County wishes to allow the Contractor to have access to Protected Health Information ("PHI"), including but not limited to, Electronic Protected Health Information ("EPHI") which is either provided to the Contractor by the County, or received, viewed, or created by the Contractor on behalf of the County in the course of performing the Services hereinafter set forth;

WHEREAS, the Contractor requires access to such PHI and EPHI to effectively perform the Services;

WHEREAS, the County is required by the Privacy and Security Rules promulgated pursuant to HIPAA to have a written agreement with the Contractor with respect to the use and disclosure of PHI and EPHI; and

WHEREAS, the parties desire to enter into this Addendum to set forth the terms and conditions pursuant to which PHI and EPHI will be handled by the Contractor and certain third parties, as applicable, during the duration of the Agreement of which it is a part, and upon that Agreement's termination, cancellation, expiration, or other conclusion.

**NOW, THEREFORE**, in consideration of the mutual promises and covenants set forth herein, and for other good and valuable consideration, the receipt of which is hereby mutually acknowledged, the parties hereby agree as follows:

#### 1. **DEFINITIONS**

Capitalized terms used, but not otherwise defined, in this Addendum shall have the meaning set forth in HIPAA at 45 CFR §§160.103, 164.103 and 164.501.

- 1.1 <u>Designated Record Set</u>. "Designated Record Set" shall have the meaning set forth in 45 C.F.R. §164.501.
- 1.2 <u>Electronic Protected Health Information</u>. "Electronic Protected Health Information" or "EPHI" shall have the meaning set forth in 45 C.F.R. § 160.103.
- 1.3 <u>HHS</u>. "HHS" shall mean the U.S. Department of Health and Human Services, or any successor agency thereto.

- 1.4 <u>Individual</u>. "Individual" shall have the same meaning as the term "individual" set forth in 45 CFR §160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).
- 1.5 <u>Privacy Officer</u>. "Privacy Officer" shall have the meaning set forth in 45 C.F.R. §164.530(a)(1).
- 1.6 <u>Privacy Rule</u>. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information provided at 45 CFR Part 160 and Part 164.
- 1.7 <u>Protected Health Information</u> or <u>PHI</u>. "Protected Health Information," or "PHI" shall have the same meaning as the term "protected health information" set forth in 45 CFR § 160.103.
- 1.8 Required by Law. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR §164.103.
- 1.9 <u>Secretary</u>. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his or her designee, or their respective successors.
- 1.10 <u>Security Incident</u>. "Security Incident" shall mean the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operations in an information system.
- 1.11 <u>Security Rule</u>. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 160 and Part 164.
- 1.12 <u>Standard Transactions</u>. "Standard Transactions" shall have the meaning set forth in 45 C.F.R. §162.103.

## 2. PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BY THE CONTRACTOR

- 2.1 <u>Use and Disclosure to Provide the Services to the Contractor</u>. The Contractor provides or will provide to, for, or on behalf of the County certain services (the "Services"), which Services require the use and/or disclosure of PHI pursuant to and as described in the Agreement, of which this Addendum is made a part. Except as otherwise expressly provided herein, the Contractor may use or disclose PHI in relation to such Services only as necessary to comply with applicable state and federal laws and to satisfy its obligations hereunder, as long as such use or disclosure of PHI would not violate (a) the Privacy Rule if done by the County and (b) any other applicable federal or state law which imposes requirements of confidentiality on the use and/or disclosure of PHI more stringent than those imposed by the Privacy Rule ("Other Legal Requirements"). If there shall exist any conflict between the requirements of the Privacy Rule and the Other Legal Requirements, the Contractor shall comply with both, to the extent possible, and otherwise with the more stringent requirements. All other uses or disclosures of the PHI not expressly authorized herein are strictly prohibited.
- 2.2 <u>Use and Disclosure for Management and Administration Purposes</u>. In addition to the uses and disclosures described above, the Contractor may:
- a) use PHI for management and administration purposes and to satisfy any present or future legal responsibilities of the Contractor provided that such uses are permitted under applicable state and federal laws;

b) disclose PHI in its possession to third parties for management and administration purposes and to satisfy any present or future legal responsibilities of the Contractor, provided that the Contractor shall represent to the County, promptly in writing, that: (i) the disclosures are Required by Law, or (ii) the Contractor has obtained from the third party written assurances regarding its confidential handling of such PHI as required under 45 C.F.R. §164.504(e)(4). For such written assurances to be satisfactory, they must bind the third party to:

i) maintain the confidentiality of PHI in its possession and limit the use and/or disclosure of such PHI to the purposes for which the Contractor disclosed the PHI to the third party, unless otherwise Required by Law; and

ii) immediately notify the Contractor (who shall immediately notify the County) of any instance in which the third party learns of any unauthorized use and/or disclosure of such PHI.

#### 3. RESPONSIBILITIES OF THE CONTRACTOR WITH RESPECT TO PHI

- 3.1 <u>Contractor's Responsibilities</u>. With respect to any use and/or disclosure of PHI, the Contractor hereby agrees that it shall:
- a) use and/or disclose PHI only as permitted or required by this Addendum, as required by the Privacy Rule, or as otherwise Required by Law;
- b) implement comprehensive procedures for mitigating any harmful effects from any unauthorized use and/or disclosure of PHI by the Contractor, its agents or subcontractors;
- c) report to the County's designated Privacy Officer, in writing, any use and/or disclosure of PHI which is not authorized hereunder of which the Contractor becomes aware or has knowledge within one (1) day of the Contractor's discovery of such unauthorized use and/or disclosure. The Contractor's report of such unauthorized use and/or disclosure shall specify at least: (i) the nature of the unauthorized use and/or disclosure; (ii) the specific PHI that was disclosed; (iii) the party responsible for making the unauthorized use and/or disclosure; (iv) what, if any, actions the Contractor has taken or will take to limit the extent of the unauthorized use(s) and/or disclosure(s), and to mitigate the damage resulting therefrom; (v) what, if any, corrective actions the Contractor has or will take to prevent further unauthorized uses and/or disclosures; (vi) when such corrective measures will be taken (if they have not already been completed), and, as applicable, an explanation of why they have not already been completed; and (vii) provide the County with any other information it reasonably requests;
- d) develop, implement, maintain and utilize appropriate administrative, technical, and physical safeguards, in compliance with the Social Security Act § 1173(d) (42 U.S.C. § 1320d-2(d)), the Privacy Rule, and any other regulations now in effect or later issued by HHS which implement HIPAA, to preserve the integrity and confidentiality, and to prevent unauthorized use and/or disclosure, of PHI;
- e) require any of its subcontractors and/or agents that receive, use, or have any access to PHI, as authorized by this Addendum, to enter into a written agreement, which agreement shall contain provisions substantially similar to this Addendum, to comply with the same obligations and restrictions as are required of the Contractor hereunder;
- f) provide the Secretary of HHS with access to all records, books, agreements, policies, and procedures relating to the use and/or disclosure of PHI for compliance investigations;

- g) within ten (10) days of receipt of a written request, provide the County with access to all records, books, agreements, policies, and procedures relating to the use and/or disclosure of PHI for purposes of enabling the County to determine the Contractor's compliance with the terms of this Addendum. Such access shall be at the Contractor's place of business during normal operating hours;
- h) within five (5) days of receipt of a written request from the County, provide the County with such information as is requested to permit it to respond to a request by an Individual for an accounting of disclosures of all PHI related to the Individual;
- i) subject to Section 7.4 below, within thirty (30) days of the earlier of the termination of the Agreement or this Addendum, return to the County or destroy all PHI in its possession. The Contractor shall not retain any copies of such information in any form; and
- j) disclose to its subcontractors, agents, and any other third parties, and request from the County, only the minimum PHI necessary to conduct or fulfill a specific function authorized hereunder.
- 3.2 <u>Responsibilities of the Contractor with Respect to Access, Amendment, Restrictions, and Accounting of Disclosures of PHI</u>. The Contractor hereby agrees to do the following with respect to providing access to PHI, amending inaccuracies contained in PHI, restrictions regarding PHI, and accounting for disclosures of PHI in its possession:
- a) at the request of, and in the time and manner designated by the County, provide access to any PHI contained in a Designated Record Set to the County or to the Individual who is the subject of such PHI or his or her authorized representative, as applicable, to satisfy a request for inspection and/or copying under 45 C.F.R. § 164.524;
- b) at the request of, and in the time and manner designated by the County, make any amendment(s) that the County so directs, or permit the County access to amend, any portion of the PHI pursuant to 45 C.F.R. § 164.526 to allow the County to comply with the Privacy Rule;
- c) at the request of, and in the time and manner designated by the County, comply with any restrictions that the County has agreed to adhere to with regard to the use and disclosure of PHI of any Individual that materially affects and/or limits the uses and disclosures which are otherwise permitted; and
- d) record each disclosure that the Contractor makes of PHI for the County to respond to an Individual's request for an accounting in accordance with 45 C.F.R. §164.528. Such record shall include, but not be limited to: (i) the date of disclosure; (ii) the name and address of the Individual or organization to whom the disclosure was made; (iii) a description of the PHI disclosed; and (iv) a statement of the purpose for the disclosure (collectively the "disclosure information"). If the Contractor makes multiple disclosures of PHI to the same person or entity for a single purpose, the Contractor may provide: (i) the disclosure information for the first disclosure; (ii) the frequency, periodicity, or number of these repetitive disclosures; and (iii) the date of the last of these repetitive disclosures. Such disclosure information must be kept by the Contractor for a period of not less than six (6) years from the date of disclosure.

#### 4. RESPONSIBILITIES OF THE COUNTY WITH RESPECT TO PHI

4.1 <u>Responsibilities of the County</u>. With respect to any use and/or disclosure of PHI, the County hereby undertakes to do the following to the extent material to the PHI held by the Contractor:

- a) inform the Contractor of any changes in the County's Notice of Privacy Practices (the "Notice"), which the County provides to Individuals pursuant to 45 C.F.R. §164.520, and provide the Contractor a current copy of such Notice and a copy of all updated versions thereof prior to their effective date;
- b) inform the Contractor of any changes in, or withdrawal of, any relevant authorization provided to the County by Individuals pursuant to 45 C.F.R. §164.508, which impact the Contractor under the Agreement;
- c) inform the Contractor of any applicable decisions made by any Individual to optout of allowing his or her PHI to be used for fundraising activities of the County pursuant to 45 C.F.R. §164.514(f), which impact the Contractor under the Agreement; and
- d) notify the Contractor, in writing, of any arrangements permitted or required under 45 C.F.R. parts 160 and 164, which impact the use and/or disclosure of PHI by the Contractor under the Agreement, including, but not limited to, restrictions on use and/or disclosure of PHI as provided for in 45 C.F.R. §164.522 agreed to by the County.
- 4.2 <u>Responsibilities of the County with Respect to Access, Amendment, Restrictions and Accounting of Disclosures of PHI</u>. The County hereby agrees to do the following regarding access to PHI, amendments to inaccuracies contained in PHI, and restrictions regarding PHI in the Contractor's possession, to the extent material to the PHI held by the Contractor:
- a) notify the Contractor, in writing, of any PHI that the County seeks to make available to an Individual pursuant to 45 C.F.R. § 164.524 and the time, manner, and form which the Contractor shall provide such access;
- b) notify the Contractor, in writing, of any amendment(s) to PHI in the possession of the Contractor that the Contractor shall make and inform the Contractor of the time, form, and manner in which such amendment(s) shall be made; and
- c) notify the Contractor, in writing, of any restrictions that the County has agreed to adhere to with regard to the use and disclosure of PHI of any Individual that materially affects and/or limits the uses and disclosures which are otherwise permitted.

#### 5. RESPONSIBILITIES OF THE CONTRACTOR WITH RESPECT TO EPHI

- 5.1 <u>The Contractor's Responsibilities</u>. With respect to any use and/or disclosure of EPHI, Contractor agrees that it shall:
- a) implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of EPHI that Contractor creates, receives, maintains, or transmits on behalf of the County. Contractor shall be responsible for ensuring that such safeguards are adequate to comply with the requirements of the Security Rule.
- b) ensure that any agent to whom it provides EPHI, including a subcontractor, agrees to implement reasonable and appropriate safeguards to protect such EPHI.
- c) report to the County, in writing, any Security Incident within three (3) business days of becoming aware of such Security Incident. Without limiting the foregoing, the Contractor shall

report to the County regarding whether such Security Incident has resulted in a breach of the Security Rule.

- d) upon the County's request, provide the County with immediate access to the Contractor's security systems and programs in order for the County to investigate any Security Incident or to audit the Contractor's security systems and programs. The Contractor acknowledges that the County has the right, but not the obligation, to access and audit the Contractor's security systems and programs.
- e) provide the Secretary of HHS with access to all records, books, agreements, policies and procedures relating to the use and/or disclosure of EPHI for compliance investigations.
- f) within ten (10) days of receipt of a written request, provide the County with access to all records, books, agreements, policies and procedures relating to the use and/or disclosure of EPHI for purposes of enabling the County to determine the Contractor's compliance with the terms of this Agreement. Such access shall be at the Contractor's place of business during routine operating hours.

#### 6. COMPLIANCE WITH STANDARD TRANSACTIONS

- 6.1 <u>Compliance with Standard Transactions by the Contractor.</u> If the Contractor conducts in whole or in part Standard Transactions for or on behalf of the County, the Contractor shall:
- a) comply and require all subcontractors and agents of the Contractor to comply with each applicable requirement of 45 C.F.R. Part 162; and
- b) not enter into, or permit its subcontractors or agents to enter into, any trading partner addendum or agreement in connection with the conduct of Standard Transactions for or on behalf of the County that:
  - i) alters the definition, data condition, or use of any data element or segment in any Standard Transaction;
  - ii) adds any elements or segments to the maximum defined data set;
  - iii) uses any code or data element that is marked "not used" in the Standard Transaction's specifications for execution or is not in the Standard Transaction's specifications for execution; or
  - iv) changes the meaning or intent of the Standard Transaction's specifications for implementation.

#### 7. TERMS AND TERMINATION

- 7.1 Term. This Addendum shall become effective as of the date first indicated above, and shall continue in effect until all of the PHI provided by the County to the Contractor, or created or received by the Contractor on behalf of the County, is destroyed or returned to the County, and all other obligations of the parties have been met, unless terminated by the County as provided in Section 7.2. If it is infeasible to return or destroy such PHI, then such PHI shall continue to be protected as set forth in Section 7.4.
- 7.2 Termination by the County. As provided for under 45 C.F.R. §§ 164.504(e)(2)(iii) and 164.314(a)(2)(i), the County may (a) exercise its rights under Section 7.3 below or (b) immediately terminate the Agreement if the County, in its sole discretion, determines that the Contractor has breached a material term of this Addendum. The County may exercise such right to terminate the Agreement by providing the Contractor with written notice of its intent to terminate specifying the material breach of the Agreement that provides the basis for termination. Such termination will be effective immediately, unless another date is specified in such notice.

- 7.3 Opportunity to Cure. As provided for under 45 C.F.R. § 164.504(e)(2)(iii) and notwithstanding Section 7.2 hereof, the County may terminate the Agreement, after notice and opportunity to cure as herein provided, if the County, in its sole discretion, determines that the Contractor has unintentionally breached a material term of this Addendum. If the County decides to provide an opportunity to cure in such case, it shall: (a) provide the Contractor with written notice of the existence of an alleged material breach; and (b) afford the Contractor an opportunity to cure the alleged material breach. Failure to cure within fourteen (14) days shall constitute grounds for the immediate termination of the Agreement by the County.
- 7.4 <u>Effect of Termination</u>. Upon the termination, cancellation, or any other conclusion of the Agreement, the Contractor shall, if feasible, return to the County or destroy all PHI, in whatever form or medium, pursuant to 45 C.F.R. § 164.504(e)(2)(ii)(I), including, but not limited to, PHI in the possession of its subcontractors and/or agents, within thirty (30) days of the effective date of the termination, cancellation, or other conclusion of the Agreement.
- a) Once all PHI in the Contractor's possession or control, including, but not limited to, PHI in the possession or control of its subcontractors and/or agents, has been returned to the County or destroyed, the Contractor shall provide a written certification to the County regarding the return or destruction of such PHI within such thirty (30) day period. Such certification shall be relied upon by the County as a binding representation; and
- b) if the Contractor believes that return or destruction of PHI in its possession and/or in the possession of its subcontractors or agents is infeasible, the Contractor shall notify the County of such infeasibility in writing. Said notification shall include, but not be limited to: (i) a statement that the Contractor has, in good faith, determined that it is infeasible to return or destroy the PHI in its possession and/or in the possession of its subcontractors or agents, as applicable, (ii) identification of the PHI that the Contractor believes it is infeasible to return or destroy, and (iii) the specific reasons for such determination. In addition to providing such notification, the Contractor shall certify within such thirty (30) day period that it will and will require its subcontractors or agents, as applicable, to limit any further uses and/or disclosures of such PHI to the purposes that make the return or destruction of the PHI infeasible.

#### 8. INDEMNIFICATION

- 8.1 <u>Indemnity</u>. The Contractor agrees to indemnify and hold harmless the County and any of its affiliates, officers, directors, employees, attorneys, or agents (collectively, "Indemnitees") from and against any claim, cause of action, liability, damage, cost, or expense, including attorneys' fees and court or proceeding costs, and the fees and costs of enforcement of the indemnification rights provided herein, arising out of or in connection with any non-permitted or violating use or disclosure of PHI or other breach of this Addendum by the Contractor or any subcontractor, agent, person, or entity under the Contractor's control.
- 8.2 <u>Control of Defense.</u> If any Indemnitees are named a party in any judicial, administrative, or other proceeding arising out of or in connection with any use or disclosure of PHI by the Contractor or any subcontractor, agent, Individual, or organization under the Contractor 's control, and such use or disclosure of PHI was not permitted by this Addendum, then any Indemnitee shall have the option at any time either: (i) to tender defense to the Contractor, in which case the Contractor shall provide qualified attorneys, consultants, and other appropriate professionals to represent the Indemnitee's interests at the Contractor 's expense, or (ii) undertake its own defense, choosing the attorneys, consultants, and other appropriate professionals to represent its interests, in which case the Contractor shall be responsible for and pay the fees and expenses of such attorneys, consultants, and other professionals.

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8.3 <u>Control of Resolution</u>. The Indemnitees shall have the sole right and discretion to settle, compromise, or otherwise resolve any and all claims, causes of actions, liabilities, or damages against them, notwithstanding that the Indemnitees may have tendered their defense to the Contractor. Any such resolution will not relieve the Contractor of its obligation to indemnify the Indemnitees under this Section.

#### 9. CONFIDENTIALITY

This Addendum does not affect any other obligations in the Agreement to the extent not inconsistent herewith or not involving the confidentiality, use, or disclosure of PHI. This Addendum, however, does supercede all other obligations in the Agreement to the extent they are inconsistent herewith and involve the confidentiality, use, or disclosure of PHI.

#### 10. MISCELLANEOUS

- 10.1 <u>Survival</u>. The respective rights and obligations of the Contractor and the County under the provisions of Sections 3, 4, 5, 7.4, and 8, solely with respect to PHI the Contractor retains in accordance with Section 7.4 because it is not feasible to return or destroy such PHI, shall survive the termination of the Agreement indefinitely. In addition, Section 9 shall survive termination of this Addendum indefinitely, notwithstanding whether the Contractor retains PHI in accordance with Section 7.4 hereto.
- 10.2 <u>Amendments</u>. The Agreement (including the terms of this Addendum) may not be modified, nor shall any provision of the Agreement be waived or amended, except in a writing duly signed by authorized representatives of the parties and expressly referencing the Agreement. Notwithstanding anything in the Agreement to the contrary, to the extent that the Privacy Rule or Security Rule, or any other applicable law related to the privacy or security of health information is materially amended, updated, or revised following the execution of this Addendum, the parties agree to take such action as is necessary to amend this Addendum from time to time as is necessary for the County to comply with the requirements of HIPAA.
- 10.3 <u>No Third Party Beneficiaries</u>. Nothing contained in the Agreement (including, but not limited to, this Addendum), whether express or implied, is intended to confer, nor shall anything herein confer, upon any person other than the parties and their respective successors or assigns of the parties, any rights, remedies, obligations, or liabilities whatsoever in relation to the disclosure or use of PHI.
- 10.4 <u>Cooperation and Disputes</u>. Each party will reasonably cooperate with the other in the performance of the mutual obligations under this Addendum. If any controversy, dispute, or claim arises between the parties with respect to the Agreement (including, but not limited to, this Addendum), the parties shall make reasonable good faith efforts to resolve such matters informally.
- 10.5 <u>Regulatory References</u>. Any reference to any part or section of the CFR shall include such part or section as drafted upon the effective date of this Addendum and as it is subsequently updated, amended, supplemented, superceded, or revised.
- 10.6 <u>Conflicts</u>. Any conflicts or inconsistencies between the terms in this Addendum and terms in other parts of the Agreement shall be resolved in favor of the terms in this Addendum.

10.7 <u>Interpretation</u>. Any ambiguity in the Agreement (including, but not limited to, this Addendum) shall be resolved in favor of a meaning that permits the County to comply to the greatest extent possible with the Privacy Rule, the Security Rule and Other Legal Requirements.

IN WITNESS WHEREOF, each of the undersigned has caused this Addendum to be duly executed in its name and on its behalf effective as of the date first indicated above.

| NASSAU COUNTY | VMC GROUPAING.               |
|---------------|------------------------------|
| By:           | By: Lal San                  |
| Print Name:   | Print Name: (JAPLES J. GADIM |
| Γitle:        | Title: PLENSENT              |
| Date:         | Date: 4/2/1/6                |
|               | 112111                       |

## Appendix EE Equal Employment Opportunities for Minorities and Women

The provisions of this Appendix EE are hereby made a part of the document to which it is attached.

The Contractor shall comply with all federal, State and local statutory and constitutional antidiscrimination provisions. In addition, Local Law No. 14-2002, entitled "Participation by Minority Group Members and Women in Nassau County Contracts," governs all County Contracts as defined herein and solicitations for bids or proposals for County Contracts. In accordance with Local Law 14-2002:

- (a) The Contractor shall not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status in recruitment, employment, job assignments, promotions, upgradings, demotions, transfers, layoffs, terminations, and rates of pay or other forms of compensation. The Contractor will undertake or continue existing programs related to recruitment, employment, job assignments, promotions, upgradings, transfers, and rates of pay or other forms of compensation to ensure that minority group members and women are afforded equal employment opportunities without discrimination.
- (b) At the request of the County contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, union, or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability, or marital status and that such employment agency, labor union, or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
- (c) The Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the County Contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.
- (d) The Contractor shall make best efforts to solicit active participation by certified minority or women-owned business enterprises ("Certified M/WBEs") as defined in Section 101 of Local Law No. 14-2002, for the purpose of granting of Subcontracts.
- (e) The Contractor shall, in its advertisements and solicitations for Subcontractors, indicate its interest in receiving bids from Certified M/WBEs and the requirement that Subcontractors must be equal opportunity employers.
- (f) Contractors must notify and receive approval from the respective Department Head prior to issuing any Subcontracts and, at the time of requesting such authorization, must submit a signed Best Efforts Checklist.
- (g) Contractors for projects under the supervision of the County's Department of Public Works shall also submit a utilization plan listing all proposed Subcontractors so that, to the greatest extent feasible, all Subcontractors will be approved prior to commencement of work. Any additions or changes to the list of subcontractors under the utilization plan shall be approved by the Commissioner of the Department of Public Works when made. A copy of the utilization plan any additions or changes thereto shall be submitted by the Contractor to the Office of Minority Affairs simultaneously with the submission to the Department of Public Works.
- (h) At any time after Subcontractor approval has been requested and prior to being granted, the contracting agency may require the Contractor to submit Documentation Demonstrating Best

Efforts to Obtain Certified Minority or Women-owned Business Enterprises. In addition, the contracting agency may require the Contractor to submit such documentation at any time after Subcontractor approval when the contracting agency has reasonable cause to believe that the existing Best Efforts Checklist may be inaccurate. Within ten working days (10) of any such request by the contracting agency, the Contractor must submit Documentation.

- (i) In the case where a request is made by the contracting agency or a Deputy County Executive acting on behalf of the contracting agency, the Contractor must, within two (2) working days of such request, submit evidence to demonstrate that it employed Best Efforts to obtain Certified M/WBE participation through proper documentation.
- (j) Award of a County Contract alone shall not be deemed or interpreted as approval of all Contractor's Subcontracts and Contractor's fulfillment of Best Efforts to obtain participation by Certified M/WBEs.
- (k) A Contractor shall maintain Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises for a period of six (6) years. Failure to maintain such records shall be deemed failure to make Best Efforts to comply with this Appendix EE, evidence of false certification as M/WBE compliant or considered breach of the County Contract.
- (i) The Contractor shall be bound by the provisions of Section 109 of Local Law No. 14-2002 providing for enforcement of violations as follows:
  - a. Upon receipt by the Executive Director of a complaint from a contracting agency that a County Contractor has failed to comply with the provisions of Local Law No. 14-2002, this Appendix EE or any other contractual provisions included in furtherance of Local Law No. 14-2002, the Executive Director will try to resolve the matter.
  - b. If efforts to resolve such matter to the satisfaction of all parties are unsuccessful, the Executive Director shall refer the matter, within thirty days (30) of receipt of the complaint, to the American Arbitration Association for proceeding thereon.
  - c. Upon conclusion of the arbitration proceedings, the arbitrator shall submit to the Executive Director his recommendations regarding the imposition of sanctions, fines or penalties. The Executive Director shall either (i) adopt the recommendation of the arbitrator (ii) determine that no sanctions, fines or penalties should be imposed or (iii) modify the recommendation of the arbitrator, provided that such modification shall not expand upon any sanction recommended or impose any new sanction, or increase the amount of any recommended fine or penalty. The Executive Director, within ten days (10) of receipt of the arbitrators award and recommendations, shall file a determination of such matter and shall cause a copy of such determination to be served upon the respondent by personal service or by certified mail return receipt requested. The award of the arbitrator, and the fines and penalties imposed by the Executive Director, shall be final determinations and may only be vacated or modified as provided in the civil practice law and rules ("CPLR").
  - (m) The contractor shall provide contracting agency with information regarding all

subcontracts awarded under any County Contract, including the amount of compensation paid to each Subcontractor and shall complete all forms provided by the Executive Director or the Department Head relating to subcontractor utilization and efforts to obtain M/WBE participation.

Failure to comply with provisions (a) through (m) above, as ultimately determined by the Executive Director, shall be a material breach of the contract constituting grounds for immediate termination. Once a final determination of failure to comply has been reached by the Executive Director, the determination of whether to terminate a contract shall rest with the Deputy County Executive with oversight responsibility for the contracting agency.

Provisions (a), (b) and (c) shall not be binding upon Contractors or Subcontractors in the performance of work or the provision of services or any other activity that are unrelated, separate, or distinct from the County Contract as expressed by its terms.

The requirements of the provisions (a), (b) and (c) shall not apply to any employment or application for employment outside of this County or solicitations or advertisements therefor or any existing programs of affirmative action regarding employment outside of this County and the effect of contract provisions required by these provisions (a), (b) and (c) shall be so limited.

The Contractor shall include provisions (a), (b) and (c) in every Subcontract in such a manner that these provisions shall be binding upon each Subcontractor as to work in connection with the County Contract.

As used in this Appendix EE the term "Best Efforts Checklist" shall mean a list signed by the Contractor, listing the procedures it has undertaken to procure Subcontractors in accordance with this Appendix EE.

As used in this Appendix EE the term "County Contract" shall mean (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of twenty-five thousand dollars (\$25,000), whereby a County contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the County; or (ii) a written agreement in excess of one hundred thousand dollars (\$100,000), whereby a County contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon. However, the term "County Contract" does not include agreements or orders for the following services: banking services, insurance policies or contracts, or contracts with a County contracting agency for the sale of bonds, notes or other securities.

As used in this Appendix EE the term "County Contractor" means an individual, business enterprise, including sole proprietorship, partnership, corporation, not-for-profit corporation, or any other person or entity other than the County, whether a contractor, licensor, licensee or any other party, that is (i) a party to a County Contract, (ii) a bidder in connection with the award of a County Contract, or (iii) a proposed party to a County Contract, but shall not include any Subcontractor.

As used in this Appendix EE the term "County Contractor" shall mean a person or firm who will manage and be responsible for an entire contracted project.

As used in this Appendix EE "Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises" shall include, but is not limited to the following:

- a. Proof of having advertised for bids, where appropriate, in minority publications, trade newspapers/notices and magazines, trade and union publications, and publications of general circulation in Nassau County and surrounding areas or having verbally solicited M/WBEs whom the County Contractor reasonably believed might have the qualifications to do the work. A copy of the advertisement, if used, shall be included to demonstrate that it contained language indicating that the County Contractor welcomed bids and quotes from M/WBE Subcontractors. In addition, proof of the date(s) any such advertisements appeared must be included in the Best Effort Documentation. If verbal solicitation is used, a County Contractor's affidavit with a notary's signature and stamp shall be required as part of the documentation.
- b. Proof of having provided reasonable time for M/WBE Subcontractors to respond to bid opportunities according to industry norms and standards. A chart outlining the schedule/time frame used to obtain bids from M/WBEs is suggested to be included with the Best Effort Documentation
- c. Proof or affidavit of follow-up of telephone calls with potential M/WBE subcontractors encouraging their participation. Telephone logs indicating such action can be included with the Best Effort Documentation
- d. Proof or affidavit that M/WBE Subcontractors were allowed to review bid specifications, blue prints and all other bid/RFP related items at no charge to the M/WBEs, other than reasonable documentation costs incurred by the County Contractor that are passed onto the M/WBE.
- e. Proof or affidavit that sufficient time prior to making award was allowed for M/WBEs to participate effectively, to the extent practicable given the timeframe of the County Contract.
- f. Proof or affidavit that negotiations were held in good faith with interested M/WBEs, and that M/WBEs were not rejected as unqualified or unacceptable without sound business reasons based on (1) a thorough investigation of M/WBE qualifications and capabilities reviewed against industry custom and standards and (2) cost of performance The basis for rejecting any M/WBE deemed unqualified by the County Contractor shall be included in the Best Effort Documentation
- g. If an M/WBE is rejected based on cost, the County Contractor must submit a list of all sub-bidders for each item of work solicited and their bid prices for the work.
- h. The conditions of performance expected of Subcontractors by the County Contractor must also be included with the Best Effort Documentation
- i. County Contractors may include any other type of documentation they feel necessary to further demonstrate their Best Efforts regarding their bid documents.

As used in this Appendix EE the term "Executive Director" shall mean the Executive Director of the Nassau County Office of Minority Affairs; provided, however, that Executive Director shall include a designee of the Executive Director except in the case of final determinations issued pursuant to Section (a) through (l) of these rules.

As used in this Appendix EE the term "Subcontract" shall mean an agreement consisting of part or parts of the contracted work of the County Contractor.

As used in this Appendix EE, the term "Subcontractor" shall mean a person or firm who performs part or parts of the contracted work of a prime contractor providing services, including construction services, to the County pursuant to a county contract. Subcontractor shall include a person or firm that provides labor, professional or other services, materials or supplies to a prime contractor that are necessary for the prime contractor to fulfill its obligations to provide services to the County pursuant to a county contract. Subcontractor shall not include a supplier of materials to a contractor who has contracted to provide goods but no services to the County, nor a supplier of incidental materials to a contractor, such as office supplies, tools and other items of nominal cost that are utilized in the performance of a service contract.

Provisions requiring contractors to retain or submit documentation of best efforts to utilize certified subcontractors and requiring Department head approval prior to subcontracting shall not apply to inter-governmental agreements. In addition, the tracking of expenditures of County dollars by not-for-profit corporations, other municipalities, States, or the federal government is not required.

## Appendix L

## Certificate of Compliance

In compliance with Local Law 1-2006, as amended (the "Law"), the Contractor hereby certifies the following:

| 1. | The chief executive officer of the Contractor is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
|    | CHARLES J. GAWIN (Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e)                                                                                                               |
|    | 9701 NAGADA FANG BUR NILLAMALLS NY 14304 (Address 716-297-864) (Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ss)                                                                                                              |
|    | 716-297-8641 (Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | er)                                                                                                              |
| 2. | The Contractor agrees to either (1) comply with the requirements of the Nassau Law or (2) as applicable, obtain a waiver of the requirements of the Law pursua: Law. In the event that the contractor does not comply with the requirements of t waiver of the requirements of the Law, and such contractor establishes to the sat Department that at the time of execution of this agreement, it had a reasonable c receive such waiver based on the Law and Rules pertaining to waivers, the Courterminate the contract without imposing costs or seeking damages against the Co | nt to section 9 of the<br>he Law or obtain a<br>disfaction of the<br>ertainty that it would<br>nty will agree to |
| 3. | In the past five years, Contractor has has not been found by a cour agency to have violated federal, state, or local laws regulating payment of wage relations, or occupational safety and health. If a violation has been assessed again describe below:                                                                                                                                                                                                                                                                                                                          | t or a government<br>s or benefits, labor<br>inst the Contractor,                                                |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  |

| 4.    | In the past five years, an administrative proceeding, investigation, or government judicial action has _X_ has not been commenced against or relating to the connection with federal, state, or local laws regulating payment of wages or benefor occupational safety and health. If such a proceeding, action, or investigation had describe below:                                               | e Contractor in fits, labor relations, |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
|       |                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |
|       |                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |
|       | Contractor agrees to permit access to work sites and relevant payroll records by a representatives for the purpose of monitoring compliance with the Living Wage I investigating employee complaints of noncompliance.  y certify that I have read the foregoing statement and, to the best of my knowledge and complete. Any statement or representation made herein shall be accurate and pelow. | aw and                                 |
| Dated | Signature of Chief Executive Officer  OHADLES T. GADIM  Name of Chief Executive Officer                                                                                                                                                                                                                                                                                                            |                                        |
| 27    | day of GAMM, 2016  SUSAN L. SOLOMON  NOTARY PUBLIC, STATE OF NEW YORK  NOTARY PUBLIC, STATE OF NEW YORK  QUALIFIED IN NIAGARA COUNTY  REG. #02SO6035702  MY COMM. EXP. 01/03/ 2017                                                                                                                                                                                                                 |                                        |



# NASSAU COUNTY DEPARTMENT OF HEALTH 106 CHARLES LINDBERGH BLVD. UNIONDALE, NY 11553

# **Contractor Evaluation Form**

| Contract Number: CQHE14000005                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Contract Name: VMC Group, Inc.                                                                                                                                                                                                                                                                                                                              |
| Service Provided: Administrative Service                                                                                                                                                                                                                                                                                                                    |
| Evaluation Period: From: 11/1/2015 To: 10/31/2016                                                                                                                                                                                                                                                                                                           |
| Evaluator's Name, Title, Phone #: $LINDA$ RENNIE, $OHNI$ , $96.227$ .  Date: $9/30/16$                                                                                                                                                                                                                                                                      |
| Please evaluate the contractor's performance for the evaluation period. Upon completing actors (a) through (e), provide your overall assessment of contractor performance and answer the final question. Definitions of the rating scale and rating factors are provided on the back of this form. Additional comments may be provided on a separate sheet. |

| PERFORMANCE<br>EVALUATION FACTORS |                                     | Unsatis-<br>factory<br>1                | Poor<br>2 | Fair<br>3 | Good<br>4                               | Excellent 5  |
|-----------------------------------|-------------------------------------|-----------------------------------------|-----------|-----------|-----------------------------------------|--------------|
| a.                                | Quality of Service                  | *************************************** |           |           |                                         | $+$ $\alpha$ |
| b.                                | Timeliness of Service               |                                         | -a        |           | *************************************** | $T\alpha$    |
| c.                                | Cost Effectiveness                  |                                         |           |           |                                         |              |
| d,                                | Responsiveness to NCDOH<br>Requests |                                         |           |           |                                         | d            |
| e.                                | Number of Complaints                |                                         |           |           |                                         | /χ           |
| f.                                | Problem Resolution                  |                                         |           |           |                                         |              |
| Ove                               | erall Performance Evaluation        |                                         |           |           |                                         | X            |

Do you recommend the contractor for future contracts?



**Definition of Quantitative Scale** 

1 = Unsatisfactory 2 = Poor 3 = Fair 4 = Good 5 = Excellent

| T ORDANGIOE    |                                        |
|----------------|----------------------------------------|
| Unsatisfactory | Performance is not effective.          |
| Poor           | Performance is marginally effective.   |
| Fair           | Performance is somewhat effective.     |
| Good           | Performance is consistently effective. |
| Excellent      | Performance exceeds expectations.      |

**Definition of Rating Factors** 

Quality of Service. This factor addresses the quality of service provided by the contractor. In assessing service quality, address the following questions:

- Does the vendor comply with contract requirements?
- Are reports accurate?
- · Are vendor staff properly trained and managed?
- Does the vendor exhibit technical proficiency in service delivery?
- Does the vendor understands and embraces service and program goals?
- Is positive feedback received from customers served and NCDOH staff?

Timeliness of Performance. This factor addresses the timeliness of service delivery. In assessing timeliness of performance, address the following questions:

- Does the vendor meet established schedules for service delivery?
- Is the vendor reliable?
- Does the vendor stay on schedule despite problems?

#### Cost Effectiveness

- Does the vendor operate within the contract budget?
- Are vendor personnel appropriate for the service provided?
- Does the vendor exhibit an appropriate and efficient use of resources?
- Are billings current, accurate and complete?
- Are costs properly allocated?
- Does the vendor bill unallowable costs?

#### Responsiveness to NCDOH Requests

- Are the vendor's communications clear and effective?
- Is the vendor positively responsive to NCDOH requests?
- Is the vendor positively responsive to NCDOH special requests?

#### Number of Complaints

- Have a large number of complaints concerning service delivery been received from:
  - o NCDOH staff?
  - o Other Nassau County departments?
  - o Customers served?

#### Problem Resolution.

- Is the vendor able to positively address and resolve problems?
- Is the vendor pro-active in anticipating and avoiding or mitigating problems?
- Does the vendor satisfactorily overcome or resolve problems?
- Does the vendor provide prompt notification of problems to NCDOH?
- Does the vendor provide effective solutions?
- Does the vendor take prompt corrective action?

Contract ID#: <u>CQHE14000005-02</u>



Department: Health

# **Contract Details**

SERVICE: Administrative Service

NIFS ID #: CLHE1500001 NIFS Entry Date 10/26/2015 Term: from: 11/1/2015 - 10/31/2016

| Amendment       □       2) Comptroller Approval Form Attached:       Yes □       No □         Time Extension       □       3) CSEA Agmt. § 32 Compliance Attached:       Yes □       No □         Addl. Funds       □       4) Vendor Ownership & Mgmt. Disclosure Attached:       Yes □       No □         Blanket Resolution □       The state of the proval Form Attached:       Yes □       No □         Solution □       The state of the proval Form Attached:       Yes □       No □         Blanket Resolution □       The state of the proval Form Attached:       Yes □       No □         Solution □       The state of the proval Form Attached:       Yes □       No □         Blanket Resolution □       The state of the proval Form Attached:       Yes □       No □         Solution □       The state of the proval Form Attached:       Yes □       No □         Blanket Resolution □       The state of the proval Form Attached:       Yes □       No □         Add: The proval Form Attached:       Yes □       No □         Blanket Resolution □       The proval Form Attached:       Yes □       No □         Blanket Resolution □       The proval Form Attached:       Yes □       No □ | New Renewal Renewal      | 1) Mandated Program:                             | Yes No 🖂   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------|------------|
| Addl. Funds 4) Vendor Ownership & Mgmt. Disclosure Attached: Yes No   Blanket Resolution 5) Insurance Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Amendment 🖂              | 2) Comptroller Approval Form Attached:           | Yes 🛛 No 🗌 |
| Blanket Resolution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Time Extension           | 3) CSEA Agmt. § 32 Compliance Attached:          | Yes No 🛇   |
| S) Incurance Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Addl. Funds              | 4) Vendor Ownership & Mgmt. Disclosure Attached: | Yes □ No ☑ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Blanket Resolution  RES# | 5) Insurance Required                            | Yes No 🗆   |

# **Agency Information**

| -Vendo                          | )r               |
|---------------------------------|------------------|
| Name                            | Vendor ID#       |
| VMC Group, Inc.                 | 16-0961026       |
| Address                         | Contact Person   |
| 9701 Niagara Falls Blvd., Suite | Charles J. Ganim |
| 1A                              | Phone            |
| Niagara Falls, NY 14304         | (716) 297-8641   |

# **Routing Slip**

| DATE<br>Rec'd. | DEPARTMENT          | Internal Verification                                                 | DATE.<br>Appv2d&<br>Ew*d. |                 | Leg. Approval Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------|---------------------|-----------------------------------------------------------------------|---------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10/27/         | Department          | NIFS Entry (Dept)<br>NIFS Appvl (Dept. Head)<br>Contractor Registered | E 10/27/                  | by Mason        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | ОМВ                 | NIFS Approval<br>(Contractor Registered)                              | - Idalis                  | - Doughes Chili | Yes No No Not required if blanket resolution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1/19/15        | County Attorney     | CA RE & <u>Insurance</u><br>Verification                              | 1/19/                     | 15 a. molo 2    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 11/19/6        | County Attorney     | CA Approval as to form                                                | 1/1/19                    | MA MI           | -Yes⊡ No 🔟                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                | Legislative Affairs | Fw'd Original Contract to<br>CA                                       |                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| alals          | County Attorney     | NIFS Approval                                                         | 1/19/                     | ro A            | Andrew Boden (1985)<br>Pagade Sautina (1887)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1 1            | Comptroller         | NIFS Approval                                                         |                           | Han Han         | 1 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.0 |
| Mulix          | County Executive    | Notarization<br>Filed with Clerk of the Leg.                          | Pula                      | () Clus         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



Department: Health

Contract Summary

Description:
Administrative Service for Municipal Re

| Purpose:                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                                 |                         |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------|-------------------------|--|--|--|
| Need for an agency to provide Mynistral Day                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                                 |                         |  |  |  |
| Need for an agency to provide Municipal Representatives to represent children three to five years old at Committee on Pre-<br>School Special Education (CPSE) meetings, to review requests and evaluations of children who are suspected of having a                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                                 |                         |  |  |  |
| disability. The CPSE along with the child's parents then select the appropriate services from approved service providers.                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                                 |                         |  |  |  |
|                                                                                                                                                                                                                                                                                         | 1 1 1 N C COUCALITY TOW 44 III mandate of the Day 1 and 1 an |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                                 |                         |  |  |  |
| NYS Education Law 4410 mandated the Preschool Special Education Program. The agency needs to provide Committee on Pre-School Regulations,  Regulations,  Program of History (CPSE) with the knowledge of the CPSE process and part 200 of the NYS Commissioner of Education's Rules and |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                                 |                         |  |  |  |
| Trogulations                                                                                                                                                                                                                                                                            | Regulations, Procurement History:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                                 |                         |  |  |  |
| This is Am                                                                                                                                                                                                                                                                              | This is Amendment II as per contract #CQHE14000005.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                                 |                         |  |  |  |
| Description                                                                                                                                                                                                                                                                             | Ganaral Provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | la                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 | •                                                                               |                         |  |  |  |
| Untractor to                                                                                                                                                                                                                                                                            | aggurna tha adm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | dulational in the contract of                                        | ally contraction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                                 |                         |  |  |  |
| Department o                                                                                                                                                                                                                                                                            | f Health (DOH)<br>e fee to be not or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | identifies, assigns, and authorize<br>eater than 10% of the contract | es payment. The DOI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nd providing pr<br>I maintains res              | ayment for services of these municipa<br>ponsibility for all program operations | representatives the     |  |  |  |
| 1                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      | , for a total contract of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | f \$300,000.                                    |                                                                                 | we anticipate the       |  |  |  |
| The county                                                                                                                                                                                                                                                                              | ding / Price And                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nlysis:                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                                 | <del></del>             |  |  |  |
| Dollars (\$30                                                                                                                                                                                                                                                                           | ),000,00).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | io provide a 10% advanc                                              | e on this contract,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | The advanc                                      | e payment is not to exceed Thi                                                  | irty Thousand           |  |  |  |
| Change in Cor                                                                                                                                                                                                                                                                           | tract from Prio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r Procurement:                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                                 |                         |  |  |  |
| 11/a                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                                 |                         |  |  |  |
| Recommendat                                                                                                                                                                                                                                                                             | on: (approve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | as submitted)                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                                 |                         |  |  |  |
| Approved a                                                                                                                                                                                                                                                                              | s Submitted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b></b>                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                                 | · <del></del>           |  |  |  |
|                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · ·                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                                 |                         |  |  |  |
| Adviser                                                                                                                                                                                                                                                                                 | nent Ind                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | formation                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                                 |                         |  |  |  |
| PRUDGET                                                                                                                                                                                                                                                                                 | TICTIC IIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                                 |                         |  |  |  |
| Fund:                                                                                                                                                                                                                                                                                   | GEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TUNDING SOURCE                                                       | AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | LINE                                            | INDEX/OBJECT CODE                                                               | AMOUNDA                 |  |  |  |
| Control:                                                                                                                                                                                                                                                                                | 54                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Revenue Contract                                                     | XXXXXXX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                                               | HEGEN5400PP763                                                                  | \$300,000,00            |  |  |  |
| Resp:                                                                                                                                                                                                                                                                                   | 5400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | County                                                               | \$300,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                                               |                                                                                 | \$                      |  |  |  |
| Object;                                                                                                                                                                                                                                                                                 | PP763                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Federal                                                              | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3                                               |                                                                                 | \$                      |  |  |  |
| Transaction:                                                                                                                                                                                                                                                                            | 109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | State                                                                | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4                                               |                                                                                 | S                       |  |  |  |
| Transporton;                                                                                                                                                                                                                                                                            | 107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capital                                                              | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5                                               |                                                                                 | \$                      |  |  |  |
| RENTY                                                                                                                                                                                                                                                                                   | 2014 cg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Other                                                                | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6                                               |                                                                                 | \$                      |  |  |  |
| % Increase                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TOTAL                                                                | \$300,000,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                 | TOT                                                                             |                         |  |  |  |
| % Decrease                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 |                                                                                 | 1327 4500,000,00        |  |  |  |
| 70 Decrease                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Document Prepared By:G                                               | inny Mundy 227-8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8589                                            | <b>.</b> .                                                                      | 10/26/2015              |  |  |  |
|                                                                                                                                                                                                                                                                                         | MIES Certifica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Hone Care                                                            | a stance to the stance of the |                                                 | Dates                                                                           |                         |  |  |  |
|                                                                                                                                                                                                                                                                                         | that this document was a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      | Gomptroller Cer<br>that an unencumbered balance su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                                                                 | Approval in application |  |  |  |
| Name                                                                                                                                                                                                                                                                                    | The second secon |                                                                      | present in the appropriation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | illident to cover this cont<br>i to be charged. | tract is                                                                        |                         |  |  |  |
|                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name                                                                 | Jan 12/1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 | Date                                                                            |                         |  |  |  |
| Date                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                                 | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | v.                                              | 6/27/4                                                                          |                         |  |  |  |
| 1                                                                                                                                                                                                                                                                                       | <i>f</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 (At 1 (A)                                                          | 11/1/-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 761/                                            | (For Office Use                                                                 | Only)                   |  |  |  |

#### Troulakis, Frank

From:

Amato, Andrew S

Sent:

Wednesday, January 13, 2016 2:27 PM Mundy, Virginia C; Troulakis, Frank

To: Subject:

RE: VMC Group Amendment II

Hi.

By means of this e-mail, consider this signed & dated for the Comptroller's Office so they can process. Andy Amato

From: Mundy, Virginia C

Sent: Wednesday, January 13, 2016 2:06 PM

To: Amato, Andrew S

Subject: VMC Group Amendment II

Hi Andy:

Frank Troulakis asked me to change the Procurement History on the second page of the Routing Slip for the Amendment II of the VMC Group Contract .

Can you please sign and date the attached Routing Slip (page 2) and forward it to Frank Troulakis at the Comptroller's Office.

If you have any questions, please call me at 227-8589. Thank you.

# Ginny Mundy

Fiscal Dept.
60 Charles Lindbergh Blvd. Suite 112
Uniondale, NY 11553
516-227-8589
Fax: (516-227-7079)

E-mail: Virginia.Mundy@hhsnassaucountyny.us

This transmission (including any attachments) may contain confidential and privileged material (including material protected by the attorney-client or other applicable privileges), or constitute non-public information. Any use of this information by anyone other than the intended recipient is prohibited. If you have received this transmission in error, please immediately reply to the sender and delete this information from your system. Use, dissemination, distribution, or reproduction of this transmission by unintended recipients is not authorized and may be unlawful



Department: Health

| Contract                                                                                                                                                                                                                                                   | t Samm                                 | ary                                                 | i                                                                                                                       |                     |         |                                       |                                        |                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------|---------|---------------------------------------|----------------------------------------|---------------------------------------|
| Description:<br>Administrativ                                                                                                                                                                                                                              | ve Service for                         | Municipal Repre                                     | sentat                                                                                                                  | ives                |         |                                       |                                        |                                       |
| Purpose:                                                                                                                                                                                                                                                   | ·                                      |                                                     |                                                                                                                         |                     |         |                                       |                                        | · · · · · · · · · · · · · · · · · · · |
| Need for an a                                                                                                                                                                                                                                              |                                        |                                                     |                                                                                                                         |                     |         |                                       | three to five years old at Comr        |                                       |
|                                                                                                                                                                                                                                                            |                                        |                                                     |                                                                                                                         |                     |         |                                       | of children who are suspected of       |                                       |
|                                                                                                                                                                                                                                                            |                                        | ig with the child's                                 | parent                                                                                                                  | is then select t    | he ap   | propriate:                            | services from approved service         | e providers.                          |
| Method of Procu                                                                                                                                                                                                                                            |                                        | andated the Prescha                                 | al Snec                                                                                                                 | ial Education P     | raorai  | m. The age                            | ncy needs to provide Committee o       | n Pre-School                          |
| NYS Education Law 4410 mandated the Preschool Special Education Program. The agency needs to provide Committee on Pre-School Special Education (CPSE) with the knowledge of the CPSE process and part 200 of the NYS Commissioner of Education's Rules and |                                        |                                                     |                                                                                                                         |                     |         |                                       | Rules and                              |                                       |
| Regulations.                                                                                                                                                                                                                                               |                                        |                                                     | · *                                                                                                                     |                     |         |                                       |                                        |                                       |
| Procurement His                                                                                                                                                                                                                                            |                                        | FP #HE0401-1410                                     |                                                                                                                         |                     |         |                                       |                                        |                                       |
| I IIIS IS A HEW                                                                                                                                                                                                                                            | comtract. Ki                           | FF #ME0401*141V                                     | *                                                                                                                       | 1                   |         |                                       |                                        |                                       |
| Description of G                                                                                                                                                                                                                                           | eneral Provision                       | 18!                                                 |                                                                                                                         |                     |         | <u>.</u>                              |                                        |                                       |
| Contractor to as                                                                                                                                                                                                                                           | sume the admin                         | istrative function of in                            |                                                                                                                         |                     |         |                                       | yment for services of these municipal  |                                       |
| Department of Fi                                                                                                                                                                                                                                           | lealth (DOH) ide                       | entifics, assigns, and an<br>ter than 10% of the co | thorizes                                                                                                                | s payment. The D    | OH m    | aintains resp                         | onsibility for all program operations. | We anticipate the                     |
| administrative is                                                                                                                                                                                                                                          | e to be not grea                       | ter than 10 /8 of the co                            | utiact,                                                                                                                 | ioi a totat cyntrat | 01 00   | ,000,000                              |                                        |                                       |
| Impact on Fundi                                                                                                                                                                                                                                            | ing / Price Analy                      | /sis:                                               |                                                                                                                         | 1                   |         |                                       |                                        |                                       |
|                                                                                                                                                                                                                                                            |                                        | provide a 10% ad                                    | vance                                                                                                                   | on this contra      | iet. Ti | he advance                            | payment is not to exceed This          | ty Thousand                           |
| Dollars (\$30,0                                                                                                                                                                                                                                            | •                                      |                                                     |                                                                                                                         |                     |         | · · · · · · · · · · · · · · · · · · · |                                        |                                       |
| Change in Contr                                                                                                                                                                                                                                            | act from Prior l                       | Procurement:                                        |                                                                                                                         |                     | Ę       | \                                     |                                        |                                       |
| n/a                                                                                                                                                                                                                                                        |                                        | ****                                                |                                                                                                                         |                     |         |                                       |                                        |                                       |
| Recommendatio                                                                                                                                                                                                                                              |                                        | s submitted)                                        |                                                                                                                         |                     |         |                                       |                                        |                                       |
| Approved as                                                                                                                                                                                                                                                | Submitted.                             |                                                     |                                                                                                                         |                     |         |                                       |                                        |                                       |
|                                                                                                                                                                                                                                                            |                                        |                                                     |                                                                                                                         |                     |         | 1                                     |                                        |                                       |
| A 1 •                                                                                                                                                                                                                                                      |                                        | . •                                                 |                                                                                                                         |                     |         | 1                                     | \                                      |                                       |
| Advisen                                                                                                                                                                                                                                                    | ient int                               | ormation                                            |                                                                                                                         |                     | _       |                                       |                                        |                                       |
| BUDGET C                                                                                                                                                                                                                                                   | ODES 🎄                                 | FUNDING SOU                                         | RCE                                                                                                                     | AMOUNT              |         | LINE                                  | \ INDEX/OBJECT CODE:                   | AMOUNT                                |
| Fund:                                                                                                                                                                                                                                                      | GEN                                    | Revenue Contract                                    |                                                                                                                         | XXXXXXX             |         | 1                                     | HEGEN5400PP763                         | \$300,000.00                          |
| Control:                                                                                                                                                                                                                                                   | 54                                     | County                                              |                                                                                                                         | \$300,000.00        | ] .     | 2                                     |                                        | \$                                    |
| Resp:                                                                                                                                                                                                                                                      | 5400                                   | Federal                                             | · · · · · · · · · · · · · · · · · · ·                                                                                   | \$                  | - · · · | 3 :.                                  | <u></u>                                | \$                                    |
| Object:                                                                                                                                                                                                                                                    | PP763                                  | State                                               |                                                                                                                         | \$                  |         | 4                                     | 0 1                                    | \$                                    |
| Transaction:                                                                                                                                                                                                                                               | 109                                    | Capital                                             |                                                                                                                         | \$                  |         | 5                                     | d. Junto 5/1/19/                       | 15- \$                                |
|                                                                                                                                                                                                                                                            |                                        | Other                                               |                                                                                                                         | \$                  |         | 6                                     |                                        | \$                                    |
| RENEW                                                                                                                                                                                                                                                      | AL                                     | TO                                                  | OTAL                                                                                                                    | \$300,000.00        | 1       | Dellar to                             | TO                                     | TAL \$300,000.00                      |
| % Increase                                                                                                                                                                                                                                                 | Charles and a partial and a figure     |                                                     |                                                                                                                         |                     | _1      | <u> </u>                              |                                        |                                       |
| % Decrease                                                                                                                                                                                                                                                 |                                        | Document Prepared B                                 | " G                                                                                                                     | inny Mundy 2        | 27-85   | 589                                   | Date:                                  | 10/26/2015                            |
|                                                                                                                                                                                                                                                            |                                        | Document Frepared D                                 | ·                                                                                                                       |                     | •       |                                       |                                        |                                       |
| <b>沙底省华</b> 亚                                                                                                                                                                                                                                              | NIFS Certifica                         | ition 💮 💮 😙                                         | 被推進                                                                                                                     | Comptrolle          | r Certi | fication                              |                                        | Approval ****                         |
| I certify that this document was accepted into NIFS.                                                                                                                                                                                                       |                                        |                                                     | I certify that an unencumbered balance sufficient to cover this contract is present in the appropriation to be charged. |                     |         |                                       | ontract is Name                        | * .                                   |
| Name                                                                                                                                                                                                                                                       |                                        | •                                                   | Name                                                                                                                    |                     |         |                                       | Date                                   |                                       |
|                                                                                                                                                                                                                                                            |                                        |                                                     |                                                                                                                         |                     |         |                                       | 12/21/                                 |                                       |
| Date                                                                                                                                                                                                                                                       |                                        |                                                     | Date                                                                                                                    |                     |         |                                       | (For Office Us                         | e(Only)                               |
|                                                                                                                                                                                                                                                            |                                        |                                                     |                                                                                                                         |                     |         |                                       | E #:                                   | \                                     |
|                                                                                                                                                                                                                                                            | ······································ |                                                     |                                                                                                                         |                     |         |                                       | <del></del>                            | \                                     |
|                                                                                                                                                                                                                                                            |                                        |                                                     |                                                                                                                         |                     |         |                                       |                                        | `                                     |

# COUNTY OF NASSAU

# CONSULTANT'S, CONTRACTOR'S AND VENDOR'S DISCLOSURE FORM

| 1.      | Name of the Entity: VMC GROUP, IDC.                                                                                                                                                                                                                                                                    |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | Address: 9701 JAGARA FALLS BLVD, SUITE 1A                                                                                                                                                                                                                                                              |
|         | City, State and Zip Code: X): AGADA FALLS, DY 14304                                                                                                                                                                                                                                                    |
| 2.      | Entity's Vendor Identification Number: 16-0961026                                                                                                                                                                                                                                                      |
| 3.      | Type of Business:Public CorpPartnershipJoint Venture                                                                                                                                                                                                                                                   |
|         | Ltd. Liability Co                                                                                                                                                                                                                                                                                      |
| of Joii | List names and addresses of all principals; that is, all individuals serving on the Board of ors or comparable body, all partners and limited partners, all corporate officers, all parties at Ventures, and all members and officers of limited liability companies (attach additional if necessary): |
| PHA     | DLES J GADIM, 9701 DIAGADA FALLS BUD STEIA                                                                                                                                                                                                                                                             |
|         | NAGARA FALLS DY 1+304                                                                                                                                                                                                                                                                                  |
|         | ·                                                                                                                                                                                                                                                                                                      |
|         |                                                                                                                                                                                                                                                                                                        |
|         |                                                                                                                                                                                                                                                                                                        |
| -       |                                                                                                                                                                                                                                                                                                        |
|         |                                                                                                                                                                                                                                                                                                        |
| held (  | List names and addresses of all shareholders, members, or partners of the firm. If the holder is not an individual, list the individual shareholdres/partners/members. If a Publicly Corporation include a copy of the 10K in lieu of completing this section.                                         |
| CHA     | DIES J. GADIN, 9701 DIAGADA FALLS BLUD, STZ 1A                                                                                                                                                                                                                                                         |
|         | MAGARA FALLS, NY 143:04                                                                                                                                                                                                                                                                                |
|         |                                                                                                                                                                                                                                                                                                        |

| Page 2 of 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 6. List all affiliated and related companies and their relationship to the firm entered on line 1. above (if none, enter "None"). Attach a separate disclosure form for each affiliated or subsidiary company that may take part in the performance of this contract. Such disclosure shall be updated to include affiliated or subsidiary companies not previously disclosed that participate in the performance of the contract.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 7. List all lobbyists whose services were utilized at any stage in this matter (i.e., pre-bid, bid, post-bid, etc.). The term "lobbyist" means any and every person or organization retained, employed or designated by any client to influence - or promote a matter before - Nassau County, its agencies, boards, commissions, department heads, legislators or committees, including but no limited to the Open Space and Parks Advisory Committee and Planning Commission. Such matters include, but are not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements, or to otherwise engage in lobbying as the term is defined herein. The term "lobbyist" does not include any officer, director, trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties. |
| (a) Name, title, business address and telephone number of lobbyist(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Page 3 of 4                                        |                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (b)<br>description                                 | Describe lobbying activity of each lobbyist. See page 4 of 4 for a complete of lobbying activities.                                                                                                                                                                                                  |
|                                                    |                                                                                                                                                                                                                                                                                                      |
|                                                    |                                                                                                                                                                                                                                                                                                      |
|                                                    |                                                                                                                                                                                                                                                                                                      |
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|                                                    |                                                                                                                                                                                                                                                                                                      |
|                                                    |                                                                                                                                                                                                                                                                                                      |
| (c)<br>Nassau Cou                                  | List whether and where the person/organization is registered as a lobbyist (e.g., nty, New York State):                                                                                                                                                                                              |
|                                                    |                                                                                                                                                                                                                                                                                                      |
|                                                    |                                                                                                                                                                                                                                                                                                      |
|                                                    |                                                                                                                                                                                                                                                                                                      |
|                                                    |                                                                                                                                                                                                                                                                                                      |
| contractor o The undersi                           | RIFICATION: This section must be signed by a principal of the consultant, r Vendor authorized as a signatory of the firm for the purpose of executing Contracts. gned affirms and so swears that he/she has read and understood the foregoing and they are, to his/her knowledge, true and accurate. |
| Dated: <u>/                                   </u> | /20/11 Signed: ( ) ( ) ( )                                                                                                                                                                                                                                                                           |
|                                                    | Print Name: CHARLES J. GAWIM                                                                                                                                                                                                                                                                         |
|                                                    | Title: PAGIDENT                                                                                                                                                                                                                                                                                      |
|                                                    | 11110. 1 1001 15001                                                                                                                                                                                                                                                                                  |

#### Page 4 of 4:

The term lobbying shall mean any attempt to influence: any determination made by the Nassau County Legislature, or any member thereof, with respect to the introduction, passage, defeat, or substance of any local legislation or resolution; any determination by the County Executive to support, oppose, approve or disapprove any local legislation or resolution, whether or not such legislation has been introduced in the County Legislature; any determination by an elected County official or an officer or employee of the County with respect to the procurement of goods, services or construction, including the preparation of contract specifications, including by not limited to the preparation of requests for proposals, or solicitation, award or administration of a contract or with respect to the solicitation, award or administration of a grant, loan, or agreement involving the disbursement of public monies; any determination made by the County Executive, County Legislature, or by the County of Nassau, its agencies, boards, commissions, department heads or committees, including but not limited to the Open Space and Parks Advisory Committee, the Planning Commission, with respect to the zoning, use, development or improvement of real property subject to County regulation, or any agencies, boards, commissions, department heads or committees with respect to requests for proposals, bidding, procurement or contracting for services for the County; any determination made by an elected county official or an officer or employee of the county with respect to the terms of the acquisition or disposition by the county of any interest in real property, with respect to a license or permit for the use of real property of or by the county, or with respect to a franchise, concession or revocable consent; the proposal, adoption, amendment or rejection by an agency of any rule having the force and effect of law; the decision to hold, timing or outcome of any rate making proceeding before an agency; the agenda or any determination of a board or commission; any determination regarding the calendaring or scope of any legislature oversight hearing; the issuance, repeal, modification or substance of a County Executive Order; or any determination made by an elected county official or an officer or employee of the county to support or oppose any state or federal legislation, rule or regulation, including any determination made to support or oppose that is contingent on any amendment of such legislation, rule or regulation, whether or not such legislation has been formally introduced and whether or not such rule or regulation has been formally proposed.

George Maragos Comptroller



#### OFFICE OF THE COMPTROLLER

240 Old Country Road Mineola, New York 11501

# COMPTROLLER APPROVAL FORM FOR PERSONAL, PROFESSIONAL OR HUMAN SERVICES CONTRACTS

Attach this form along with all personal, professional or human services contracts, contract renewals, extensions and amendments.

| CONTRACTOR NAME: VMC Group, In-                                                              | C.               | :     |              |         |                 |
|----------------------------------------------------------------------------------------------|------------------|-------|--------------|---------|-----------------|
| CONTRACTOR ADDRESS: 9701 Niagara                                                             | Falls Blvd. Sui  | te 1/ | A Niagara F  | alls, I | <u> VY14304</u> |
| FEDERAL TAX ID #: 16-0961026                                                                 |                  | ,     |              |         |                 |
| Instructions: Please check the appropria roman numerals, and provide all the reque           |                  |       |              | the f   | ollowing        |
| I. □ The contract was awarded to the lowe                                                    | est, responsible | bid   | lder after : | adver   | tisement        |
| for sealed bids. The contract was awarded                                                    | after a request  | for   | sealed bids  | was     | published       |
| in[date]. The sealed bids were publicly opened on sealed bids were received and opened.      |                  |       | [date]       |         | [#] of          |
| II.   The contractor was selected pursuan The Contract was entered into after a written requ | t to a Request   | for i | Proposals.   | March   | 20, 2009.       |

The Contract was entered into after a written request for proposals was issued on March 20, 2009. Potential proposers were made aware of the availability of the RFP by advertisement in Newsday, posting on industry websites, via email to interested parties and by publication on the County procurement website. Proposals were due on April 28, 2009. Five (5) proposals were received and evaluated. The evaluation committee consisted of: three members of the Comptroller's Office and one member of the County Executive's Office. The proposals were scored and ranked. As a result of the scoring and ranking, the highest-ranking proposer was selected.

| III. It is is a renewal, extension or amendment of an existing contract.  The contract was originally executed by Nassau County on Nov. 6, 2014 [date]. This is a renewal or extension pursuant to the contract, or an amendment within the scope of the contract or RFP (copies of the relevant pages are attached). The original contract was entered into after RFP (HE0401-1410 on 4-4-14 and made aware of by County Website and a Published Newsday Classified Ad [describe procurement method, i.e., RFP, three proposals evaluated, etc.] Attach a copy of the most recent evaluation of the contractor's performance for any contract to be renewed or extended. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to continue to contract with the county. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IV.   Pursuant to Executive Order No. 1 of 1993, as amended, at least three proposals were solicited and received. The attached memorandum from the department head describes the proposals received, along with the cost of each proposal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ☐ A. The contract has been awarded to the proposer offering the lowest cost proposal; OR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| B. The attached memorandum contains a detailed explanation as to the reason(s) why the contract was awarded to other than the lowest-cost proposer. The attachment includes a specific delineation of the unique skills and experience, the specific reasons why a proposal is deemed superior, and/or why the proposer has been judged to be able to perform more quickly than other proposers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| V.   — Pursuant to Executive Order No. 1 of 1993 as amended, the attached memorandum from the department head explains why the department did not obtain at least three proposals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| A. There are only one or two providers of the services sought or less than three providers submitted proposals. The memorandum describes how the contractor was determined to be the sole source provider of the personal service needed or explains why only two proposals could be obtained. If two proposals were obtained, the memorandum explains that the contract was awarded to the lowest cost proposer, or why the selected proposer offered the higher quality proposal, the proposer's unique and special experience, skill, or expertise, or its availability to perform in the most immediate and timely manner.                                                                                                                                                                                                                                   |
| ☐ B. The memorandum explains that the contractor's selection was dictated by the terms of a federal or New York State grant, by legislation or by a court order. (Copies of the relevant documents are attached).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| C. Pursuant to General Municipal Law Section 104, the department is purchasing the services required through a New York State Office of General Services contract no, and the attached memorandum explains how the purchase is within the scope of the terms of that contract.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

□ D. Pursuant to General Municipal Law Section 119-0, the department is purchasing the services required through an inter-municipal2agreement.

VI. 

This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. Attached is a memorandum that explains the reasons for entering into this contract without conducting a competitive process, and details when the department intends to initiate a competitive process for the future award of these services. For any such contract, where the vendor has previously provided services to the county, attach a copy of the most recent evaluation of the vendor's performance. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to contract with the county.

In certain limited circumstances, conducting a competitive process and/or completing performance evaluations may not be possible because of the nature of the human services program, or because of a compelling need to continue services through the same provider. In those circumstances, attach an explanation of why a competitive process and/or performance evaluation is inapplicable.

VII. □ This is a public works contract for the provision of architectural, engineering or surveying services. The attached memorandum provides details of the department's compliance with Board of Supervisors' Resolution No.928 of 1993, including its receipt and evaluation of annual Statements of Qualifications & Performance Data, and its negotiations with the most highly qualified firms.

VIII. Participation of Minority Group Members and Women in Nassau County Contracts. The selected contractor has agreed that it has an obligation to utilize best efforts to hire MWBE sub-contractors. Proof of the contractual utilization of best efforts as outlined in Exhibit "EE" may be requested at any time, from time to time, by the Comptroller's Office prior to the approval of claim youchers.

IX. Department MWBE responsibilities. To ensure compliance with MWBE requirements as outlined in Exhibit "EE", Department will require vendor to submit list of sub-contractor requirements prior to the contract being submitted to the Comptroller.

X. 

Uendor will not require any sub-contractors.

In addition, if this is a contract with an individual or with an entity that has only one or two employees: □ a review of the criteria set forth by the Internal Revenue Service, Revenue Ruling No. 87-41, 1987-1 C.B. 296, attached as Appendix A to the Comptroller's Memorandum, dated February 13, 2004, concerning independent contractors and employees indicates that the contractor would not be considered an employee for federal tax purposes.

Jone Mason
Department Head Signature

<u>Detober</u> 27, 20/5 Date

<u>NOTE:</u> Any information requested above, or in the exhibit below, may be included in the county's "staff summary" form in lieu of a separate memorandum.

Compt. form Pers./Prof. Services Contracts: Rev. 09/15

f.

Responsiveness to NCDOH

Number of Complaints Problem Resolution

Overall Performance Evaluation

Requests



#### **NASSAU COUNTY DEPARTMENT OF HEALTH** 106 CHARLES LINDBERGH BLVD. UNIONDALE, NY 11553

# **Contractor Evaluation Form**

| Contract Number: CQHE                                                                                         | £14000005_                                       |                                        |                                    |                                                    |                                         |              |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------|------------------------------------|----------------------------------------------------|-----------------------------------------|--------------|
| Contract Name: VMC G                                                                                          | roup, Inc.                                       |                                        |                                    |                                                    |                                         |              |
| Service Provided: Admi                                                                                        | nistrative Se                                    | ervices                                |                                    |                                                    |                                         |              |
| Evaluation Period: From                                                                                       | m: 11/1/2                                        | 014                                    | То:                                | 10/31/2015                                         |                                         |              |
| Evaluator's Name, Title,                                                                                      |                                                  |                                        |                                    |                                                    |                                         | 3648         |
| Please evaluate the con factors (a) through (e), prothe the final question. Definit this form. Additional com | tractor's per<br>ovide your ovi<br>ons of the ra | formance<br>verall asse<br>ating scale | for the e<br>ssment o<br>and ratir | evaluation pe<br>of contractor p<br>ng factors are | eriod. Upo<br>performance<br>provided o | e and answer |
|                                                                                                               | Unsatis-                                         | Poor                                   | Fair                               | Good                                               | Excellent                               |              |
| PERFORMANCE                                                                                                   | factory                                          | 2                                      | 3                                  | 4                                                  | 5                                       |              |
| EVALUATION FACTORS                                                                                            | 1                                                |                                        |                                    |                                                    |                                         |              |
| a. Quality of Service                                                                                         |                                                  |                                        |                                    | X                                                  |                                         |              |
| b. Timeliness of Service                                                                                      |                                                  |                                        |                                    | X                                                  |                                         |              |
| c. Cost Effectiveness                                                                                         |                                                  | ¥                                      |                                    |                                                    | X                                       | 1            |

Do you recommend the contractor for future contracts?



X

#### **Definition of Quantitative Scale**

1 = Unsatisfactory 2 = Poor 3 = Fair 4 = Good 5 = Excellent

| Unsatisfactory | Performance is not effective.          |
|----------------|----------------------------------------|
| Poor           | Performance is marginally effective.   |
| Fair           | Performance is somewhat effective.     |
| Good           | Performance is consistently effective. |
| Excellent      | Performance exceeds expectations.      |

#### **Definition of Rating Factors**

Quality of Service. This factor addresses the quality of service provided by the contractor. In assessing service quality, address the following questions:

- Does the vendor comply with contract requirements?
- Are reports accurate?
- Are vendor staff properly trained and managed?
- Does the vendor exhibit technical proficiency in service delivery?
- Does the vendor understands and embraces service and program goals?
- Is positive feedback received from customers served and NCDOH staff?

*Timeliness of Performance*. This factor addresses the timeliness of service delivery. In assessing timeliness of performance, address the following questions:

- Does the vendor meet established schedules for service delivery?
- Is the vendor reliable?
- Does the vendor stay on schedule despite problems?

#### Cost Effectiveness

- Does the vendor operate within the contract budget?
- Are vendor personnel appropriate for the service provided?
- Does the vendor exhibit an appropriate and efficient use of resources?
- Are billings current, accurate and complete?
- Are costs properly allocated?
- Does the vendor bill unallowable costs?

#### Responsiveness to NCDOH Requests

- Are the vendor's communications clear and effective?
- Is the vendor positively responsive to NCDOH requests?
- Is the vendor positively responsive to NCDOH special requests?

#### Number of Complaints

- Have a large number of complaints concerning service delivery been received from:
  - o NCDOH staff?
  - o Other Nassau County departments?
  - o Customers served?

#### Problem Resolution.

- Is the vendor able to positively address and resolve problems?
- Is the vendor pro-active in anticipating and avoiding or mitigating problems?
- Does the vendor satisfactorily overcome or resolve problems?
- Does the vendor provide prompt notification of problems to NCDOH?
- Does the vendor provide effective solutions?
- Does the vendor take prompt corrective action?

# Exhibit A



## COUNTY OF NASSAU

# POLITICAL CAMPAIGN CONTRIBUTION DISCLOSURE FORM

| pursuant to the New York State Election ending on the date of this disclosure, or (lyears prior to the date of this disclosure a campaign committees of any of the follow committees of any candidates for any of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Law in (a) the period beginning April 1, 2016 and beginning April 1, 2016 and beginning April 1, 2018, the period beginning two nd ending on the date of this disclosure, to the wing Nassau County elected officials or to the campaign the following Nassau County elected offices: the County oller, the District Attorney, or any County Legislator? |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| - FRIENDS OF ED MANGADO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                          |
| PALL MARKET THE PROPERTY OF THE PARTY OF THE |                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                          |
| 2. VERIFICATION: This section must Vendor authorized as a signatory of the f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | be signed by a principal of the consultant, contractor or irm for the purpose of executing Contracts.                                                                                                                                                                                                                                                    |
| The undersigned affirms and so swears the statements and they are, to his/her knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | hat he/she has read and understood the foregoing edge, true and accurate.                                                                                                                                                                                                                                                                                |
| The undersigned further certifies and affidentified above were made freely and we benefit or in exchange for any benefit or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | irms that the contribution(s) to the campaign committees ithout duress, threat or any promise of a governmental remuneration.                                                                                                                                                                                                                            |
| Dated: 4/12/16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Vendor: VIMA GROOF 1988                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Print Name: CHARLES J. GANIN                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Title: PROSINCOT                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                          |

## COUNTY OF NASSAU

# CONSULTANT'S, CONTRACTOR'S AND VENDOR'S DISCLOSURE FORM

| 1. Name of the Entity: VMC GROUP, DE                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address: 9701 DIAGARA FALLS BLUD. , SUITE IA                                                                                                                                                                                                                                                                                 |
| City, State and Zip Code: NIAGALA FALLS, NY 14304                                                                                                                                                                                                                                                                            |
| 2. Entity's Vendor Identification Number:                                                                                                                                                                                                                                                                                    |
| 3. Type of Business:Public CorpPartnershipJoint Venture                                                                                                                                                                                                                                                                      |
| Ltd, Liability CoClosely Held CorpOther (specify)                                                                                                                                                                                                                                                                            |
| 4. List names and addresses of all principals; that is, all individuals serving on the Board of Directors or comparable body, all partners and limited partners, all corporate officers, all parties of Joint Ventures, and all members and officers of limited liability companies (attach additional sheets if necessary): |
| CHARLES J. GADIM, PRESIDENT, DIRECTOR 9287 CHIASOCOUGOT, DAPLES, FE 3414                                                                                                                                                                                                                                                     |
| BARBARA GANIM, SCRIK/TREASMER, 9587 CHIASSO CONG CT., DAPLES, FL 3414                                                                                                                                                                                                                                                        |
| CHARLES Q. GADIM, VP-OPEDATIONS, 9701 DINGARY FRIE BUD, DIAGONA FALLE, OF 14804                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                              |
| 5. List names and addresses of all shareholders, members, or partners of the firm. If the shareholder is not an individual, list the individual shareholders/partners/members. If a Publicly held Corporation, include a copy of the 10K in lieu of completing this section.                                                 |
| CHARLES I HARIM, SOLE STREETOLDER                                                                                                                                                                                                                                                                                            |
| 9287 CHIASO CONE OF, NAPLYS, FL 3414                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                              |

| Page 2 of 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 6. List all affiliated and related companies and their relationship to the firm entered on line 1. above (if none, enter "None"). Attach a separate disclosure form for each affiliated or subsidiary company that may take part in the performance of this contract. Such disclosure shall be updated to include affiliated or subsidiary companies not previously disclosed that participate in the performance of the contract.                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 7. List all lobbyists whose services were utilized at any stage in this matter (i.e., pre-bid, bid, post-bid, etc.). If none, enter "None." The term "lobbyist" means any and every person or organization retained, employed or designated by any client to influence - or promote a matter before - Nassau County, its agencies, boards, commissions, department heads, legislators or committees, including but not limited to the Open Space and Parks Advisory Committee and Planning Commission. Such matters include, but are not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements. The term "lobbyist" does not include any officer, director, trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties. |
| (a) Name, title, business address and telephone number of lobbyist(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| STATE STREET ADVISERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 100 QUENTIN RODGENELT BWD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 50172101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| GARDED CITY, NY 11530                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| LGOTH SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| PHODE: 516-776-1500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

# Page 3 of 4

| (b) Describe lobbying activity of each lobbyist. See below for a complete description of lobbying activities.                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DETERMANDATION BY AND ELECTED OFFICIAL OR EMPLOYEE OD AND                                                                                                                        |
| OFFICER OF THE COUNTY WITH RESPECT TO THE PROPERTURATION GOODSON                                                                                                                 |
| SCRUCE                                                                                                                                                                           |
|                                                                                                                                                                                  |
|                                                                                                                                                                                  |
| (c) List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):                                                            |
| DAGGAN BOUNTY                                                                                                                                                                    |
| DOW YORK STATE                                                                                                                                                                   |
|                                                                                                                                                                                  |
| 8. VERIFICATION: This section must be signed by a principal of the consultant, contractor or Vendor authorized as a signatory of the firm for the purpose of executing Contracts |
| The undersigned affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her knowledge, true and accurate.                        |
| Dated: A/12/1/p Signed: Signed:                                                                                                                                                  |
| Print Name: CHARLES J. GANIM                                                                                                                                                     |
| Title: PRECINAT                                                                                                                                                                  |

#### Page 4 of 4

The term lobbying shall mean any attempt to influence: any determination made by the Nassau County Legislature, or any member thereof, with respect to the introduction, passage, defeat, or substance of any local legislation or resolution; any determination by the County Executive to support, oppose, approve or disapprove any local legislation or resolution, whether or not such legislation has been introduced in the County Legislature; any determination by an elected County official or an officer or employee of the County with respect to the procurement of goods, services or construction, including the preparation of contract specifications, including by not limited to the preparation of requests for proposals, or solicitation, award or administration of a contract or with respect to the solicitation, award or administration of a grant, loan, or agreement involving the disbursement of public monies; any determination made by the County Executive, County Legislature, or by the County of Nassau, its agencies, boards, commissions, department heads or committees, including but not limited to the Open Space and Parks Advisory Committee, the Planning Commission, with respect to the zoning, use. development or improvement of real property subject to County regulation, or any agencies, boards, commissions, department heads or committees with respect to requests for proposals. bidding, procurement or contracting for services for the County; any determination made by an elected county official or an officer or employee of the county with respect to the terms of the acquisition or disposition by the county of any interest in real property, with respect to a license or permit for the use of real property of or by the county, or with respect to a franchise, concession or revocable consent; the proposal, adoption, amendment or rejection by an agency of any rule having the force and effect of law; the decision to hold, timing or outcome of any rate making proceeding before an agency; the agenda or any determination of a board or commission; any determination regarding the calendaring or scope of any legislature oversight hearing: the issuance, repeal, modification or substance of a County Executive Order; or any determination made by an elected county official or an officer or employee of the county to support or oppose any state or federal legislation, rule or regulation, including any determination made to support or oppose that is contingent on any amendment of such legislation, rule or regulation, whether or not such legislation has been formally introduced and whether or not such rule or regulation has been formally proposed.

# PRINCIPAL QUESTIONNAIRE FORM

1.

2,

(Other) Director 6/1/1968

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY, FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

| AWARD                                     | ION-RESPONSIVE AND IT WILL NOT BE CONSIDI                 |
|-------------------------------------------|-----------------------------------------------------------|
| Principal Name Charles J. C               | Sanim, Ph.D., Director, President                         |
| Date of birth: 07/12/36                   | ·<br>5                                                    |
| Date of Birth: July 12,                   | 1936                                                      |
| Home Address: 9287 (<br>Naples            | Chiasso Cove Ct.<br>s, FL. 34114                          |
| Home Address:                             | 9287 Chiasso Cove Ct.                                     |
|                                           | Naples, FL 34114                                          |
| Business address:<br>Niagara Falls, NY 14 | VMC Group, Inc. 9701 Niagara Falls Blvd.<br>304           |
| Telephone:                                | 716-297-8641, Ext. 1                                      |
| Other present address(e                   | es): None:                                                |
| List other addresses and                  | d telephone numbers attached                              |
| Positions held in submitting              | business and starting date of each (check all applicable) |
|                                           | easurer / /.                                              |
| Chairman of Board                         | Shareholder <u>6/1/1968</u>                               |
| Chief Exec. Officer                       | _//Secretary//                                            |
|                                           | /Partner/                                                 |
| Vice President /                          | 1 1                                                       |

| 3. | Do you have an equity interest in the business submitting the proposal?  NO YES _X _If Yes, provide details.  L Charles J. Ganim. Am the sole shareholder in the VMC Group, Inc.                                                                                                                                                                                                          |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. | Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the proposal? YESNO_X If Yes, provide details.                                                                                                                                                      |
| 5. | Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the proposal? YES NO X If Yes, provide details.                                                                                                                                                                                          |
| 6. | Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? YESNO _X_ If Yes, provide details. Not applicable.                                                                                                                                                                   |
|    | NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency.                                                                                                                                                                                                                   |
|    | Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.                                                                                                                                                                                                                                    |
| 7. | In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:                                                                                                                                                                                                                 |
|    | a. Been debarred by any government agency from entering into contracts with that agency?  YES NO _X If Yes, provide details for each such instance.                                                                                                                                                                                                                                       |
|    | b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? YES NO _X _If Yes, provide details for each such instance.                                                                                                                                                                                                         |
|    | <ul> <li>c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? YES</li></ul>                                                                                                                                                                                                    |
|    | d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? YES NO_X_ If Yes, provide details for each such instance.                                                                                                           |
| 8. | Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the |

|     | myhiada a Carrier a Maria                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | subject of any pending bankruptcy proceedings, whenever initiated? If yes, provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)                                                                                                                                                                                                                                                                                     |
| a)  | Is there any felony charge pending against you? YESNO _X If Yes, provide details for each such charge.                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| b)  | Is there any misdemeanor charge pending against you? YESNO _X If Yes, provide details for each such charge.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| c)  | Is there any administrative charge pending against you? YESNO _X If Yes, provide details for each such charge.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| d)  | In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? YESNOX If Yes, provide details for each such conviction.                                                                                                                                                                                                                                                                          |
| e)  | In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?  YES NO _X If Yes, provide details for each such conviction.                                                                                                                                                                                                                                                                                                                                                                                                            |
| f)  | In the past 5 years, have you been found in violation of any administrative or statutory charges?  YESNO _X If Yes, provide details for each such occurrence.                                                                                                                                                                                                                                                                                                                                                                                                   |
|     | In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?  YESNO _X If Yes, provide details for each such investigation. |
| 10. | In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? YES NOX If Yes; provide details for each such investigation.                                                                                      |
|     | In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES NO _X If Yes; provide details for each such instance.                                                                                                                                                                                                                                                       |
|     | For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YES NO _X _ If Yes, provide details for each such year.                                                                                                                                                                                                                                                                               |

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# PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

|    | AWARD                                 | -VERLOURIAGE WAD IT MITT MOT BE CONSID                                                        |
|----|---------------------------------------|-----------------------------------------------------------------------------------------------|
| 1, | l. Principal Name Charles J. Gani     | m, Ph.D., Director, President                                                                 |
|    | Date of birth: 07/12/36               | · ·                                                                                           |
|    | Date of Birth: July 12, 193           | 6                                                                                             |
|    | Home Address: 9287 Chia<br>Naples, FI |                                                                                               |
|    |                                       | 1C Group, Inc. 9701 Niagara Falls Blvd.<br>agara Falls, NY 14304                              |
|    | Telephone; 71                         | 5-297-8641, Ext. 1                                                                            |
|    | Other present address(es):            | None;                                                                                         |
|    | List other addresses and tel          | ephone numbers attached. None                                                                 |
| 2. | 2. Positions held in submitting busi  | ness and starting date of each (check all applicable)                                         |
|    | President 6/1/1968 Treasur            |                                                                                               |
|    | Chairman of BoardS                    | . ,                                                                                           |
|    |                                       |                                                                                               |
|    |                                       | _//Partner//                                                                                  |
|    |                                       |                                                                                               |
|    | (Other) Director 6/1/1968             |                                                                                               |
| 3. | YES X NO If Yes, prov                 | the business submitting the proposal?<br>ide details.<br>e shareholder in the VMC Group, Inc. |

| 4. | Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the proposal? YESNO_XIf Yes, provide details.                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. | Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the proposal? YES NO X If Yes, provide details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 6, | Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? YESNO _X_ If Yes, provide details, Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    | NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    | Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7. | In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|    | <ul> <li>a. Been debarred by any government agency from entering into contracts with that agency?</li> <li>YES NO _X If Yes, provide details for each such instance.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|    | b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? YES NOX_If Yes, provide details for each such instance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|    | <ul> <li>Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? YES</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|    | d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? YES NOX_ If Yes, provide details for each such instance.                                                                                                                                                                                                                                                                                                                                                                                        |
| 8, | Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If yes, provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.) |

| a) | Is there any felony charge pending against you? YES NO _X If Yes, provide details for each such charge.                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| b) | Is there any misdemeanor charge pending against you? YESNO _X If Yes, provide details for each such charge.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| c) | Is there any administrative charge pending against you? YES NO X If Yes, provide details for each such charge.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| d) | In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? YESNOX If Yes, provide details for each such conviction.                                                                                                                                                                                                                                                                         |
| e) | In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?  YES NO _X If Yes, provide details for each such conviction.                                                                                                                                                                                                                                                                                                                                                                                                           |
| f) | In the past 5 years, have you been found in violation of any administrative or statutory charges?  YESNO _X If Yes, provide details for each such occurrence.                                                                                                                                                                                                                                                                                                                                                                                                  |
| 9. | In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?  YESNO _XIf Yes, provide details for each such investigation. |
| 10 | In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil antitrust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? YES NO_X_ If Yes, provide details for each such investigation.                                                                                    |
| 11 | In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES NO _X If Yes; provide details for each such instance.                                                                                                                                                                                                                                                      |
| 12 | For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YES NO _X _ If Yes, provide details for each such year.                                                                                                                                                                                                                                                                              |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

#### CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

the Items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

| Sworp to before me this 12 day of April | 2016                                                                                                                               |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Notany Public                           | SUSAN L SOLOMON<br>NOTARY PUBLIC, STATE OF NEW YOR<br>QUALIFIED IN NIAGARA COUNT<br>REG. #02508035702<br>MY COMM. EXP. 01/03/ 20 ( |
| Name of submitting business             |                                                                                                                                    |
| Print name JANIM                        |                                                                                                                                    |
| Signature /                             |                                                                                                                                    |
| Title Treschent                         |                                                                                                                                    |
| <u> </u>                                |                                                                                                                                    |

#### **Business History Form**

The contract shall be awarded to the responsible proposer who, at the discretion of the County, taking into consideration the reliability of the proposer and the capacity of the proposer to perform the services required by the County, offers the best value to the County and who will best promote the public interest.

In addition to the submission of proposals, each proposer shall complete and submit this questionnaire. The questionnaire shall be filled out by the owner of a sole proprietorship or by an authorized representative of the firm, corporation or partnership submitting the Proposal.

NOTE: All questions require a response, even if response is "none" or "not-applicable." No blanks.

(USE ADDITIONAL SHEETS IF NECESSARY TO FULLY ANSWER THE FOLLOWING QUESTIONS).

Date: Apale 12, 2016

1) Proposer's Legal Name: \( \lambda \) \( \text{Indit} \) \( \lambda \) \( \text{Indit} \) \( \lambda \) \( \text{Indit} \) \( \text{Indit}

| 9)  | Does this business have one or more affiliates, and/or is it a subsidiary of, or controlled by, any other business? Yes No X If Yes, provide details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10) | Has the proposer ever had a bond or surety cancelled or forfeited, or a contract with Nassau County or any other government entity terminated? Yes No If Yes, state the name of bonding agency, (if a bond), date, amount of bond and reason for such cancellation or forfeiture; or details regarding the termination (if a contract)                                                                                                                                                                                                                                                                                                                                                               |
| 11) | Has the proposer, during the past seven years, been declared bankrupt? Yes No X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 12) | In the past five years, has this business and/or any of its owners and/or officers and/or any affiliated business, been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency? And/or, in the past 5 years, have any owner and/or officer of any affiliated business been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency, where such investigation was related to activities performed at, for, or on behalf of an affiliated business.  Yes No If Yes, provide details for each such investigation |
| 13) | In the past 5 years, has this business and/or any of its owners and/or officers and/or any affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies? And/or, in the past 5 years, has any owner and/or officer of an affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies, for matters pertaining to that individual's position at or relationship to an affiliated business. Yes No if Yes, provide details for each such investigation                                                 |
| 14  | Has any current or former director, owner or officer or managerial employee of this business had, either before or during such person's employment, or since such employment if the charges pertained to events that allegedly occurred during the time of employment by the submitting business, and allegedly related to the conduct of that business:  a) Any felony charge pending? Yes No 🔀 If Yes, provide details for each such charge                                                                                                                                                                                                                                                        |
|     | b) Any misdemeanor charge pending? Yes No $\succeq$ _ If Yes, provide details for each such charge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|     | c) In the past 10 years, you been convicted, after trial or by plea, of any felony and/or any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? YesNo                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| if Yes, provide details for each such conviction |                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                  | d) In the past 5 years, been convicted, after trial or by plea, of a misdemeanor?  Yes No _X If Yes, provide details for each such conviction                                                                                                                                                                                                                                                  |
|                                                  | e) In the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions? Yes No If Yes, provide details for each such occurrence.                                                                                                                                                                                                                           |
| respect to                                       | t (5) years, has this business or any of its owners or officers, or any other affiliated had any sanction imposed as a result of judicial or administrative proceedings with any professional license held? Yes No _×; If Yes, provide details for instance                                                                                                                                    |
| pay any ap<br>limited to v<br>such year,         | est (5) tax years, has this business failed to file any required tax returns or failed to opplicable federal, state or local taxes or other assessed charges, including but not water and sewer charges? Yes No If Yes, provide details for each. Provide a detailed response to all questions checked 'YES'. If you need more otocopy the appropriate page and attach it to the questionnaire |
| Provide a deta<br>photocopy the                  | ailed response to all questions checked "YES". If you need more space, appropriate page and attach it to the questionnaire.                                                                                                                                                                                                                                                                    |
| 17) Conflict of<br>a)<br>conf                    | Interest: Please disclose any conflicts of interest as outlined below. NOTE: If no flicts exist, please expressly state "No conflict exists."  (i) Any material financial relationships that your firm or any firm employee has that may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.                                       |
|                                                  | (II) Any family relationship that any employee of your firm has with any County public servant that may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.                                                                                                                                                                        |
|                                                  | (III) Any other matter that your firm believes may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nessau County.                                                                                                                                                                                                                             |
| b)                                               | Please describe any procedures your firm has, or would adopt, to assure the County that a conflict of interest would not exist for your firm in the future.  YHIC DE QUIETS A RECEDIT FROM PLEASED CHARLES. Dump The Interview Vac a prestant the future of the hour of the first and employees. The have of Each new cult boyle to walker down                                                |

A. Include a resume or detailed description of the proposer's professional qualifications, demonstrating extensive experience in your profession. Any prior similar experiences, and the results of these experiences, must be identifies.

Should the proposer be other than an individual, the Proposer MUST include:

- i) Date of formation: The VMC Group, Inc. was incorporated in the State of New York on March 18, 1968.
- ii) Name Addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner:

The sole shareholder of the VMC Group, Inc., and the only person having a financial interest in VMC is:

Dr. Charles J. Ganim 9287 Chiasso Cove Ct. Naples, FL. 34114

iii) Name address and position of all officers and Directors of the company:

Directors: The sole Director of the VMC Group, Inc. is Dr. Charles J. Ganim.

#### Officers:

President
Dr. Charles J. Ganim
9287 Chiasso Cove Ct.
Naples, FL. 34114

Secretary/Treasurer
Barbara Fargo-Ganim
9287 Chiasso Cove Ct.
Naples, FL. 34114

Vice President—Operations
Charles C. Ganim
9701 Niagara Falls Blvd,
Niagara Falls, NY 14304

- iv) State of Incorporation: New York State
- v) The number of employees in the company: The VMC Group, Inc. currently has 11 employees.
- vi) Annual Revenue of Company: In calendar year 2015 VMC's total income was \$1,168,772.

## vii) Summary of relevant accomplishments:

## VMC Project Experience by Discipline

- A. Consolidation, Shared Services, and Efficiency
  - 1. Medina Village Fire (Paid vs. Volunteers)
  - 2. Key West Fire, Police, Public Works
  - 3. Grand Island Town and Grand Island CSD (Fuel Sharing)
  - 4. Cattaraugus County, City of Olean, and Rehab Center (Transportation) Current Client
  - 5. Town of Hamburg—Highway, Buildings & Grounds, and Recreation (Sharing of services)
  - 6. Essex County, and Towns (Shared Transportation)
  - 7. Greene County—DSS, Rural Health Network (Shared transportation); Highway Dept.
  - 8. Madison County and ARC (Shared transportation)
  - 9. Woodbury Town-Highway & Parks, Office Staff, Equipment, and Facilities
  - 10. Rockland BOCES (Shared transportation among 8 School Districts)
  - 11. Yorktown CSD and Lakeland CSD (Grounds, Staff, and Equipment Sharing)
  - 12. Steuben County, Villages of Bath and South Corning, City of Hormel, and Corning, Bath CSD, and 4 towns (Sharing of data processing services)
  - 13. Town of Babylon—Highway, Parks & Recreation, Buildings & Grounds (Sharing of services)
  - 14. Village of Buchanan—Solid Waste, Recreation, Buildings & Grounds (Staffing and scheduling)
  - 15. Mineola UFSD and 3 other school districts (Sharing of administrative services)
  - 16. Levittown UFSD-Transportation, Buildings & Grounds, Security, Business Office
  - 17. Greene County Highway Study
  - 18. Spencerport, Village of (Office operation)
  - 19. Woodbury, Town of (Recreation, highway, and Town Hall office staff)
  - 20. Upper Nyack, Village of Village office operation)
  - 21. Southampton, Town of (Highway Department)
  - 22. North Warren SD (Merging of 3 school districts)
  - 23. Bay Shore UFSD (Special Education Office Study)
  - 24. Cohoes CSD (Special Education reorganization)
  - 25. Garden City UFSD (Office automation)
  - 26. Town of Eastchester (Purchasing procedures)
  - 27. Wappinger CSD (Business Office operation)
  - 28. Mt. Lebanon SD (Outsourcing of Buildings & Grounds)
  - 29. Watkins Glen SD (Organizational and staffing)
  - 30. Eastchester, Town of (Purchase manual)
  - 31. Albany and Schenectady County Health Departments (Sharing of Children with Special Needs Transportation)

### B. Labor Negotiations

1. Harrison Fire Department

- 2. City of Lackawanna
- 3. Westfield, Village
- 4. Ellicott, Town of
- 5. City of Elmira
- 6. City of Elmira Water Board
- 7. Clinton County
- 8. Cortland County
- 9. Tonawanda, City of
- 10. Malone, Village of
- 11. Bastchester, Town of
- 12. Genesee County
- 13. Bronxville Fire District
- 14. Harrison, Town of
- 15. Greenburg, Town of
- 16. Webster, Town
- 17. Henrietta, Town
- 18. Lockport, City of
- 19. Lewiston, Town of
- 20. Newburgh, Town of
- 21. New Windsor, Town of
- 22. Livingston County
- 23. Orleans County
- 24. Orangetown, Town of
- 25. Clarkstown, Town of
- 26. Niagara County
- 27. St. Lawrence County
- 28. Saratoga County
- 29. Seneca Falls, Village
- 30. Cortland, Town of
- 31. Massina Village of
- 32. Easthampton, Town of
- 33. Riverhead, Town of
- 34. Southampton, Town of
- 35. Warren County
- 36. Palmyra, Village of
- 37. Watkins Glen CSD

#### C. Job Descriptions/Salaries

- 1. City of Elmira
- 2. Horseheads CSD
- 3. Cortland County
- 4. Cheektowaga, Town of
- 5. Clarence, Town of
- 6. Grand Island, Town of
- 7. Orchard Park, Town of
- 8. Hamburg, Town of

- 9. Livingston, County
- 10. Chile, Town of
- 11. Gates, Town of
- 12. Henrietta, Town of
- 13. Ogden, Town of
- 14. Lewiston, Town of
- 15. Lockport, Town of
- 16. Newfane, Town of
- 17. Cicero, Town of
- 18. Camillus, Town of
- 19. Salina, Town of
- 20. Newburgh, Town of
- 21. New Windsor, Town of
- 22. Orleans, County
- 23. Ramapo, Town of
- 24. Orangetown, Town of
- 25. Clarkstown, Town of
- 26. Steuben County
- 27. Saratoga County
- 28. Amityville, Village of
- 29. Easthampton, Town of
- 30. Riverhead, Town of
- 31. Ithaca, City of
- 32. Woodstock, Town of
- 33. Palmyra, Village of
- 34. Cortland, Town of
- 35. White Plains, City of
- 36. Yonkers, City of
- 37. Chemung County
- D. Organizational and/or Charter Revision
  - 1. Fredonia, Village (Charter
  - 2. Eastchester, Town of (Organizational)
  - 3. Deer Park CSD (Organizational)
  - 4. Watkins Glen CSD (Organizational)
- E. Transportation Management/Mobility Manager—Children with Special Needs1
  - 1. Albany County
  - 2. Cattaraugus County-All Departments (i.e. Dept. of Aging, Community Services, DSS, Dept. of Health, Youth Bureau
  - 3. Cattaraugus Rehabilitation Center—Handicapped Adults
  - 4. Cayuga County
  - 5. City of Olean-Public Transit System
  - 6. Delaware County
  - 7. Dutchess County

<sup>&</sup>lt;sup>1</sup> Except as indicated

- 8. Greene County—Children with Special Needs and Medicaid Transportation
- 9. Madison County
- 10. Niagara County
- 11. Onondaga County
- 12. Orange County
- 13. Rockland County
- 14. Schenectady County
- 15. Suffolk County
- 16, Ulster County
- 17. Wyoming County
- viii. Copies of all state and local licenses and permits:

There are no permits or licenses required in connection with the services requested under the County's RFP. Therefore, VMC holds no such licenses or permits.

B. Indicate number of years in business.

VMC has been in business 48 years.

C. Provide any other information which would be helpful in determining the Proposer's capacity and reliability to perform these services.

VMC has provided consulting services to more than 300 public jurisdictions, including 20 counties in New York State, and VMC's Financial Policy Advisor has had 28 years of experience as a School Business manager, Assistant Superintendent, and Associate Superintendent for 8 school districts. Other significant accomplishments achieved by VMC are:

- 7 New York State counties current secure consulting services from VMC;
- 4 New York State Counties that are currently customers of VMC have extending VMC's consulting Services for periods of in excess of 10 years;
- 13 New York State counties have saved in excess of a combined \$40 million in transportation costs;
- 0 counties have unresolved incidents and/or complaints while VMC provides regulatory and contract compliance services;
- 0 claims have been filed against a New York State county while VMC provided regulatory and contract compliance services.

In addition, VMC's Internal Consulting Group includes an in-house counsel who has a specialty in issues concerning the compliance of special education program transporters with contractual obligations.

D. Provide names and addresses for no fewer than three references for whom the proposer has provided services or who are qualifies to evaluate Proposer's capability to perform this work.

> Oneida County Department of Health Barbara Pellegrino Director, Special Children Services 185 Genesee Street, 5th Floor Utica, NY 13501

Phone: 315-798-5223 Fax: 315-798-6441

Email: bpellegr@ocgov.net

Ulster County Dept. of Social Services Children with Special Needs Rita Wood Coordinator, Pre-K and Barly Intervention 1061 Development Court Kingston, NY 12402 Phone: 845-334-5245

Fax: 845-334-5227

Email: rwoo@co.ulster.ny.us

Niagara County Department of Health Daniel Stapleton Commissioner of Health 5467 Upper Mountain Road, suite 101 Lockport, NY 14094

Phone: 716-439-7435 Fax: 716-439-7402

Email: dan.stapleton@niagaracounty.com

### CERTIFICATION

| CONNECTION WITH THIS QUESTIONNAIRE MAY SUBMITTING BUSINESS ENTITY NOT RESPONS BID OR FUTURE BIDS, AND, IN ADDITION, MAY SEALSE STATEMENT TO CRIMINAL CHARGES.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RESULT IN RENDERING THE                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| the items contained in the foregoing pages of this quattachments; that I supplied full and complete answers knowledge, information and belief; that I will notify the circumstances occurring after the submission of this the contract; and that all information supplied by me information and belief. I understand that the County questionnaire as additional inducement to enter into entity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | uestionnaire and the following pages of ers to each Item therein to the best of my he County in writing of any change in a questionnaire and before the execution of e is true to the best of my knowledge, will rely on the information supplied in this |
| Sworn to before me this (2th day of April                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2016                                                                                                                                                                                                                                                      |
| Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SUSAN L. SOLOMON NOTARY PUBLIC, STATE OF NEW YORK —QUALIFIED IN NIAGARA COUNTY REG. #02906038702 MY COMM. EXP. 01/03/ 20                                                                                                                                  |
| Name of submitting business: \\\(\frac{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{ | ) e.                                                                                                                                                                                                                                                      |
| By: CHARLES S. CHALYM Print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                           |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nariosis.                                                                                                                                                                                                                                                 |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                           |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                           |

#### AMENDMENT NO. II

AMENDMENT (together with any appendices or exhibits hereto, this "Amendment") dated as of the date that this Amendment is executed by Nassau County (the "Effective Date"), between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), acting for and on behalf of the County Department of Health, having its principal office at 200 County Seat Drive, Mineola, New York 11501 (the "Department"), and (ii) VMC Group, Inc., having an office at 9701 Niagara Falls Blvd., Suite 1A, Niagara Falls, NY 14304 (the "Contractor").

#### WITNESSETH:

WHEREAS, pursuant to County contract number CQHE14000005 between the County and the Contractor, executed on behalf of the County on November 6, 2014, and as amended by Amendment I, County contract Amendment CLHE15000001 executed on behalf of the County on February 9, 2015 (the "Original Agreement"), the Contractor provides services in connection with the Department's Pre-School Special Education Program, which services are more fully described in the Original Agreement (the services contemplated by the Original Agreement, the "Services"); and

WHEREAS, the term of the Original Agreement is from November 1, 2014 until October 31, 2015, with four (4) available one (1) year options to renew, unless sooner terminated in accordance with the terms of the Original Agreement (the "Original Term"); and

WHEREAS, the maximum amount that the County agreed to reimburse the Contractor for Services under the Original Agreement, as full compensation for the Services, was Three Hundred Thousand Dollars (\$300,000.00) (the "Maximum Amount"); and

WHEREAS, the County desires to exercise one (1) of the four (4) options to renew by extending the Original Term and increasing the Maximum Amount.

NOW, THEREFORE, in consideration of the promises and mutual covenants contained in this Amendment, the parties agree as follows:

- 1. Renewal of Term. The Original Agreement shall be renewed and thereby extended by one (1) year (the period November 1, 2015 October 31, 2016, the "First Renewal Year"), so that the termination date of the Original Agreement, as amended by this Amendment (the "Amended Agreement"), shall be October 31, 2016.
- Maximum Amount. The Maximum Amount in the Original Agreement shall be increased by Three Hundred Thousand Dollars (\$300,000.00) (the "Amendment Maximum Amount"), payable for services rendered during the First Renewal Year only, so that the maximum amount that the County shall pay to the Contractor as full consideration for all Services provided under the Amended Agreement shall be Six Hundred Thousand Dollars (\$600,000.00) (the "Amended Maximum Amount").

- 3. Vouchers; Voucher Review, Approval and Audit. Payments of the Amendment Maximum Amount shall be made to the Contractor as follows: (a) Thirty Thousand Dollars (\$30,000.00) of the Amendment Maximum Amount shall be payable to the Contractor in advance upon the County's approval of this Amendment; (b) The remainder of the Amendment Maximum Amount shall be payable in arrears. All payments are subject to voucher review, approval and audit, as well as recoupment of advance payments and reconciliation, as more fully described in the Original Agreement.
- 4. <u>Full Force and Effect</u>. All the terms and conditions of the Original Agreement not expressly amended by this Amendment shall remain in full force and effect and govern the relationship of the parties for the term of the Amended Agreement.

[Remainder of Page Intentionally Left Blank.]

IN WITNESS WHEREOF, the parties have executed this Amendment as of the Effective Date.

| VMC GROUP, INC.                       |
|---------------------------------------|
| ву: Д Д Д                             |
| Name: CHADLES LT. GADIN               |
| Title: PRESIDENT                      |
| Date: 10/20/X                         |
| ,                                     |
|                                       |
| NASSAU COUNTY                         |
| ву:                                   |
| Name: Charles Leba & County Executive |
|                                       |
| Deputy County Executive               |
| Date:6/\(\rac{1}{\psi}\)              |

PLEASE EXECUTE IN BLUE INK

| STATE OF NEW YORK)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| )ss.:<br>COUNTY OF NASSAU)<br>WIAGAIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| On the day of hope in the year 2015 before me personally came to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| SUSAN L. SOLOMON  NOTARY PUBLIC  SUSAN L. SOLOMON  NOTARY PUBLIC, STATE OF NEW YORK  OUALIFIED IN NIAGARA COUNTY  REG. #02506035702  MY COMM. EXP. 01/03/ 20 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| STATE OF NEW YORK)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| )ss.:<br>COUNTY OF NASSAU )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| On the 21 day of in the year 20 6 before me personally came (NATE) handO to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of; that he or she is a Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Nassau County.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| PUBLIC  Exp. February 04, 2017: N  EXP. February 04, 2017: N  NASSAU COUNTY  OF NEW INTERNATIONAL STATEMENT OF NEW INTERNATI |

# Appendix EE Equal Employment Opportunities for Minorities and Women

The provisions of this Appendix EE are hereby made a part of the document to which it is attached.

The Contractor shall comply with all federal, State and local statutory and constitutional antidiscrimination provisions. In addition, Local Law No. 14-2002, entitled "Participation by Minority Group Members and Women in Nassau County Contracts," governs all County Contracts as defined herein and solicitations for bids or proposals for County Contracts. In accordance with Local Law 14-2002:

- (a) The Contractor shall not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status in recruitment, employment, job assignments, promotions, upgradings, demotions, transfers, layoffs, terminations, and rates of pay or other forms of compensation. The Contractor will undertake or continue existing programs related to recruitment, employment, job assignments, promotions, upgradings, transfers, and rates of pay or other forms of compensation to ensure that minority group members and women are afforded equal employment opportunities without discrimination.
- (b) At the request of the County contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, union, or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability, or marital status and that such employment agency, labor union, or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
- (c) The Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the County Contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.
- (d) The Contractor shall make best efforts to solicit active participation by certified minority or women-owned business enterprises ("Certified M/WBEs") as defined in Section 101 of Local Law No. 14-2002, for the purpose of granting of Subcontracts.
- (e) The Contractor shall, in its advertisements and solicitations for Subcontractors, indicate its interest in receiving bids from Certified M/WBEs and the requirement that Subcontractors must be equal opportunity employers.
- (f) Contractors must notify and receive approval from the respective Department Head prior to issuing any Subcontracts and, at the time of requesting such authorization, must submit a signed Best Efforts Checklist.
- (g) Contractors for projects under the supervision of the County's Department of Public Works shall also submit a utilization plan listing all proposed Subcontractors so that, to the greatest extent feasible, all Subcontractors will be approved prior to commencement of work. Any additions or changes to the list of subcontractors under the utilization plan shall be approved by the Commissioner of the Department of Public Works when made. A copy of the utilization plan any additions or changes thereto shall be submitted by the Contractor to the Office of Minority Affairs simultaneously with the submission to the Department of Public Works.
- (h) At any time after Subcontractor approval has been requested and prior to being granted, the contracting agency may require the Contractor to submit Documentation Demonstrating Best

Efforts to Obtain Certified Minority or Women-owned Business Enterprises. In addition, the contracting agency may require the Contractor to submit such documentation at any time after Subcontractor approval when the contracting agency has reasonable cause to believe that the existing Best Efforts Checklist may be inaccurate. Within ten working days (10) of any such request by the contracting agency, the Contractor must submit Documentation.

- (i) In the case where a request is made by the contracting agency or a Deputy County Executive acting on behalf of the contracting agency, the Contractor must, within two (2) working days of such request, submit evidence to demonstrate that it employed Best Efforts to obtain Certified M/WBE participation through proper documentation.
- (j) Award of a County Contract alone shall not be deemed or interpreted as approval of all Contractor's Subcontracts and Contractor's fulfillment of Best Efforts to obtain participation by Certified M/WBEs.
- (k) A Contractor shall maintain Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises for a period of six (6) years. Failure to maintain such records shall be deemed failure to make Best Efforts to comply with this Appendix EE, evidence of false certification as M/WBE compliant or considered breach of the County Contract.
- (i) The Contractor shall be bound by the provisions of Section 109 of Local Law No. 14-2002 providing for enforcement of violations as follows:
  - a. Upon receipt by the Executive Director of a complaint from a contracting agency that a County Contractor has failed to comply with the provisions of Local Law No. 14-2002, this Appendix EE or any other contractual provisions included in furtherance of Local Law No. 14-2002, the Executive Director will try to resolve the matter.
  - b. If efforts to resolve such matter to the satisfaction of all parties are unsuccessful, the Executive Director shall refer the matter, within thirty days (30) of receipt of the complaint, to the American Arbitration Association for proceeding thereon.
  - c. Upon conclusion of the arbitration proceedings, the arbitrator shall submit to the Executive Director his recommendations regarding the imposition of sanctions, fines or penalties. The Executive Director shall either (i) adopt the recommendation of the arbitrator (ii) determine that no sanctions, fines or penalties should be imposed or (iii) modify the recommendation of the arbitrator, provided that such modification shall not expand upon any sanction recommended or impose any new sanction, or increase the amount of any recommended fine or penalty. The Executive Director, within ten days (10) of receipt of the arbitrators award and recommendations, shall file a determination of such matter and shall cause a copy of such determination to be served upon the respondent by personal service or by certified mail return receipt requested. The award of the arbitrator, and the fines and penalties imposed by the Executive Director, shall be final determinations and may only be vacated or modified as provided in the civil practice law and rules ("CPLR").
  - (m) The contractor shall provide contracting agency with information regarding all

subcontracts awarded under any County Contract, including the amount of compensation paid to each Subcontractor and shall complete all forms provided by the Executive Director or the Department Head relating to subcontractor utilization and efforts to obtain M/WBE participation.

Failure to comply with provisions (a) through (m) above, as ultimately determined by the Executive Director, shall be a material breach of the contract constituting grounds for immediate termination. Once a final determination of failure to comply has been reached by the Executive Director, the determination of whether to terminate a contract shall rest with the Deputy County Executive with oversight responsibility for the contracting agency.

Provisions (a), (b) and (c) shall not be binding upon Contractors or Subcontractors in the performance of work or the provision of services or any other activity that are unrelated, separate, or distinct from the County Contract as expressed by its terms.

The requirements of the provisions (a), (b) and (c) shall not apply to any employment or application for employment outside of this County or solicitations or advertisements therefor or any existing programs of affirmative action regarding employment outside of this County and the effect of contract provisions required by these provisions (a), (b) and (c) shall be so limited.

The Contractor shall include provisions (a), (b) and (c) in every Subcontract in such a manner that these provisions shall be binding upon each Subcontractor as to work in connection with the County Contract.

As used in this Appendix EE the term "Best Efforts Checklist" shall mean a list signed by the Contractor, listing the procedures it has undertaken to procure Subcontractors in accordance with this Appendix EE.

As used in this Appendix EE the term "County Contract" shall mean (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of twenty-five thousand dollars (\$25,000), whereby a County contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the County; or (ii) a written agreement in excess of one hundred thousand dollars (\$100,000), whereby a County contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon. However, the term "County Contract" does not include agreements or orders for the following services: banking services, insurance policies or contracts, or contracts with a County contracting agency for the sale of bonds, notes or other securities.

As used in this Appendix EE the term "County Contractor" means an individual, business enterprise, including sole proprietorship, partnership, corporation, not-for-profit corporation, or any other person or entity other than the County, whether a contractor, licensor, licensee or any other party, that is (i) a party to a County Contract, (ii) a bidder in connection with the award of a County Contract, or (iii) a proposed party to a County Contract, but shall not include any Subcontractor.

As used in this Appendix EE the term "County Contractor" shall mean a person or firm who will manage and be responsible for an entire contracted project.

As used in this Appendix EE "Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises" shall include, but is not limited to the following:

- a. Proof of having advertised for bids, where appropriate, in minority publications, trade newspapers/notices and magazines, trade and union publications, and publications of general circulation in Nassau County and surrounding areas or having verbally solicited M/WBEs whom the County Contractor reasonably believed might have the qualifications to do the work. A copy of the advertisement, if used, shall be included to demonstrate that it contained language indicating that the County Contractor welcomed bids and quotes from M/WBE Subcontractors. In addition, proof of the date(s) any such advertisements appeared must be included in the Best Effort Documentation. If verbal solicitation is used, a County Contractor's affidavit with a notary's signature and stamp shall be required as part of the documentation.
- b. Proof of having provided reasonable time for M/WBE Subcontractors to respond to bid opportunities according to industry norms and standards. A chart outlining the schedule/time frame used to obtain bids from M/WBEs is suggested to be included with the Best Effort Documentation
- c. Proof or affidavit of follow-up of telephone calls with potential M/WBE subcontractors encouraging their participation. Telephone logs indicating such action can be included with the Best Effort Documentation
- d. Proof or affidavit that M/WBE Subcontractors were allowed to review bid specifications, blue prints and all other bid/RFP related items at no charge to the M/WBEs, other than reasonable documentation costs incurred by the County Contractor that are passed onto the M/WBE.
- e. Proof or affidavit that sufficient time prior to making award was allowed for M/WBEs to participate effectively, to the extent practicable given the timeframe of the County Contract.
- f. Proof or affidavit that negotiations were held in good faith with interested M/WBEs, and that M/WBEs were not rejected as unqualified or unacceptable without sound business reasons based on (1) a thorough investigation of M/WBE qualifications and capabilities reviewed against industry custom and standards and (2) cost of performance. The basis for rejecting any M/WBE deemed unqualified by the County Contractor shall be included in the Best Effort Documentation.
- g. If an M/WBE is rejected based on cost, the County Contractor must submit a list of all sub-bidders for each item of work solicited and their bid prices for the work.
- h. The conditions of performance expected of Subcontractors by the County Contractor must also be included with the Best Effort Documentation
- i. County Contractors may include any other type of documentation they feel necessary to further demonstrate their Best Efforts regarding their bid documents.

As used in this Appendix EE the term "Executive Director" shall mean the Executive Director of the Nassau County Office of Minority Affairs; provided, however, that Executive Director shall include a designee of the Executive Director except in the case of final determinations issued pursuant to Section (a) through (l) of these rules.

As used in this Appendix EE the term "Subcontract" shall mean an agreement consisting of part or parts of the contracted work of the County Contractor.

As used in this Appendix EE, the term "Subcontractor" shall mean a person or firm who performs part or parts of the contracted work of a prime contractor providing services, including construction services, to the County pursuant to a county contract. Subcontractor shall include a person or firm that provides labor, professional or other services, materials or supplies to a prime contractor that are necessary for the prime contractor to fulfill its obligations to provide services to the County pursuant to a county contract. Subcontractor shall not include a supplier of materials to a contractor who has contracted to provide goods but no services to the County, nor a supplier of incidental materials to a contractor, such as office supplies, tools and other items of nominal cost that are utilized in the performance of a service contract.

Provisions requiring contractors to retain or submit documentation of best efforts to utilize certified subcontractors and requiring Department head approval prior to subcontracting shall not apply to inter-governmental agreements. In addition, the tracking of expenditures of County dollars by not-for-profit corporations, other municipalities, States, or the federal government is not required.

### Appendix L

### Certificate of Compliance

In compliance with Local Law 1-2006, as amended (the "Law"), the Contractor hereby certifies the following:

| 1. | The chief executive officer of the Contractor is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | CHAPLES J. GANIM Ph.B. (Name) 9701 NIAGANA FALLS PSLUD., STE. 1A  DIAGANA FALLS, DY 14324 (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|    | 716-297-8641 (Telephone Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 2, | The Contractor agrees to either (1) comply with the requirements of the Nassau County Living Wage Law or (2) as applicable, obtain a waiver of the requirements of the Law pursuant to section 9 of the Law. In the event that the contractor does not comply with the requirements of the Law or obtain a waiver of the requirements of the Law, and such contractor establishes to the satisfaction of the Department that at the time of execution of this agreement, it had a reasonable certainty that it would receive such waiver based on the Law and Rules pertaining to waivers, the County will agree to terminate the contract without imposing costs or seeking damages against the Contractor |
| 3. | In the past five years, Contractor has has not been found by a court or a government agency to have violated federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If a violation has been assessed against the Contractor, describe below:                                                                                                                                                                                                                                                                                                                                                                                            |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

| 4.                              | judicial action has has not been commenced against or relating to the Contractor connection with federal, state, or local laws regulating payment of wages or benefits, labor rel or occupational safety and health. If such a proceeding, action, or investigation has been commenced below: | in<br>ations,        |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|                                 |                                                                                                                                                                                                                                                                                               |                      |
|                                 |                                                                                                                                                                                                                                                                                               |                      |
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|                                 |                                                                                                                                                                                                                                                                                               |                      |
|                                 |                                                                                                                                                                                                                                                                                               |                      |
| 5.                              | Contractor agrees to permit access to work sites and relevant payroll records by authorized Corepresentatives for the purpose of monitoring compliance with the Living Wage Law and investigating employee complaints of noncompliance.                                                       | ounty                |
| I hereb correct stated by Dated | by certify that I have read the foregoing statement and, to the best of my knowledge and belief, it and complete. Any statement or representation made herein shall be accurate and true as of the below.  Signature of Chief Executive Officer                                               | t is true,<br>e date |
|                                 | CHAILLES J. CANIM  Name of Chief Executive Officer                                                                                                                                                                                                                                            |                      |
| Sworn<br>70 Th                  | day of Alam, 20 SUSAN L. SOLOMON NOTARY PUBLIC. STATE OF NEW YORK QUALIFIED IN NIAGARA COUNTY REG. #02SO6035702 MY COMM. EXP. 01/03/ 2017                                                                                                                                                     |                      |

### **BUSINESS ASSOCIATE ADDENDUM**

| This addendum ("Addendum") is eff            | ective as of . 2015 and                    | amends and is made  |
|----------------------------------------------|--------------------------------------------|---------------------|
| part of the agreement dated as of            | (as the same may be amended, mo            | dified, or          |
| supplemented, including, without limitation, | by this Addendum, the "Agreement") by      | and between VMC     |
| Group, Inc. (the "Contractor") and Nassau Co | ounty, a New York municipal corporation    | n, acting on behalf |
| of the County Department of Health (collecti | vely, the "County"). The County, and th    | e Contractor        |
| mutually agree to modify the Agreement to in | acorporate the terms and conditions of th  | is Addendum to      |
| comply with the requirements of the Health I | nsurance Portability and Accountability.   | Act of 1996, as     |
| amended, and its implementing regulations (4 | 15 C.F.R. Parts 160-164) (collectively, "I | -IIPAA").           |

#### WITNESSETH:

WHEREAS, the County wishes to allow the Contractor to have access to Protected Health Information ("PHI"), including but not limited to, Electronic Protected Health Information ("EPHI") which is either provided to the Contractor by the County, or received, viewed, or created by the Contractor on behalf of the County in the course of performing the Services hereinafter set forth;

WHEREAS, the Contractor requires access to such PHI and EPHI to effectively perform the Services;

WHEREAS, the County is required by the Privacy and Security Rules promulgated pursuant to HIPAA to have a written agreement with the Contractor with respect to the use and disclosure of PHI and EPHI; and

WHEREAS, the parties desire to enter into this Addendum to set forth the terms and conditions pursuant to which PHI and EPHI will be handled by the Contractor and certain third parties, as applicable, during the duration of the Agreement of which it is a part, and upon that Agreement's termination, cancellation, expiration, or other conclusion.

NOW, THEREFORE, in consideration of the mutual promises and covenants set forth herein, and for other good and valuable consideration, the receipt of which is hereby mutually acknowledged, the parties hereby agree as follows:

#### 1. **DEFINITIONS**

Capitalized terms used, but not otherwise defined, in this Addendum shall have the meaning set forth in HIPAA at 45 CFR §§160.103, 164.103 and 164.501.

- 1.1 <u>Designated Record Set.</u> "Designated Record Set" shall have the meaning set forth in 45 C.F.R. §164.501.
- 1.2 <u>Electronic Protected Health Information</u>. "Electronic Protected Health Information" or "EPHI" shall have the meaning set forth in 45 C.F.R. § 160.103.
- 1.3 <u>HHS</u>. "HHS" shall mean the U.S. Department of Health and Human Services, or any successor agency thereto.

- 1.4 <u>Individual</u>. "Individual" shall have the same meaning as the term "individual" set forth in 45 CFR §160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).
- 1.5 <u>Privacy Officer</u>. "Privacy Officer" shall have the meaning set forth in 45 C.F.R. §164.530(a)(1).
- 1.6 <u>Privacy Rule</u>. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information provided at 45 CFR Part 160 and Part 164.
- 1.7 <u>Protected Health Information</u> or <u>PHI</u>. "Protected Health Information," or "PHI" shall have the same meaning as the term "protected health information" set forth in 45 CFR § 160,103.
- 1.8 Required by Law. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR §164.103.
- 1.9 <u>Secretary</u>. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his or her designee, or their respective successors.
- 1.10 <u>Security Incident</u>. "Security Incident" shall mean the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operations in an information system.
- 1.11 <u>Security Rule</u>. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 160 and Part 164.
- 1.12 <u>Standard Transactions</u>. "Standard Transactions" shall have the meaning set forth in 45 C.F.R. §162.103.

# 2. PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BY THE CONTRACTOR

- 2.1 <u>Use and Disclosure to Provide the Services to the Contractor</u>. The Contractor provides or will provide to, for, or on behalf of the County certain services (the "Services"), which Services require the use and/or disclosure of PHI pursuant to and as described in the Agreement, of which this Addendum is made a part. Except as otherwise expressly provided herein, the Contractor may use or disclose PHI in relation to such Services only as necessary to comply with applicable state and federal laws and to satisfy its obligations hereunder, as long as such use or disclosure of PHI would not violate (a) the Privacy Rule if done by the County and (b) any other applicable federal or state law which imposes requirements of confidentiality on the use and/or disclosure of PHI more stringent than those imposed by the Privacy Rule ("Other Legal Requirements"). If there shall exist any conflict between the requirements of the Privacy Rule and the Other Legal Requirements, the Contractor shall comply with both, to the extent possible, and otherwise with the more stringent requirements. All other uses or disclosures of the PHI not expressly authorized herein are strictly prohibited.
- 2.2 <u>Use and Disclosure for Management and Administration Purposes</u>. In addition to the uses and disclosures described above, the Contractor may:
- a) use PHI for management and administration purposes and to satisfy any present or future legal responsibilities of the Contractor provided that such uses are permitted under applicable state and federal laws;

- b) disclose PHI in its possession to third parties for management and administration purposes and to satisfy any present or future legal responsibilities of the Contractor, provided that the Contractor shall represent to the County, promptly in writing, that: (i) the disclosures are Required by Law, or (ii) the Contractor has obtained from the third party written assurances regarding its confidential handling of such PHI as required under 45 C.F.R. §164.504(e)(4). For such written assurances to be satisfactory, they must bind the third party to:
- i) maintain the confidentiality of PHI in its possession and limit the use and/or disclosure of such PHI to the purposes for which the Contractor disclosed the PHI to the third party, unless otherwise Required by Law; and
- ii) immediately notify the Contractor (who shall immediately notify the County) of any instance in which the third party learns of any unauthorized use and/or disclosure of such PHI.

#### 3. RESPONSIBILITIES OF THE CONTRACTOR WITH RESPECT TO PHI

- 3.1 <u>Contractor's Responsibilities</u>. With respect to any use and/or disclosure of PHI, the Contractor hereby agrees that it shall:
- a) use and/or disclose PHI only as permitted or required by this Addendum, as required by the Privacy Rule, or as otherwise Required by Law;
- b) implement comprehensive procedures for mitigating any harmful effects from any unauthorized use and/or disclosure of PHI by the Contractor, its agents or subcontractors;
- c) report to the County's designated Privacy Officer, in writing, any use and/or disclosure of PHI which is not authorized hereunder of which the Contractor becomes aware or has knowledge within one (1) day of the Contractor's discovery of such unauthorized use and/or disclosure. The Contractor's report of such unauthorized use and/or disclosure shall specify at least: (i) the nature of the unauthorized use and/or disclosure; (ii) the specific PHI that was disclosed; (iii) the party responsible for making the unauthorized use and/or disclosure; (iv) what, if any, actions the Contractor has taken or will take to limit the extent of the unauthorized use(s) and/or disclosure(s), and to mitigate the damage resulting therefrom; (v) what, if any, corrective actions the Contractor has or will take to prevent further unauthorized uses and/or disclosures; (vi) when such corrective measures will be taken (if they have not already been completed), and, as applicable, an explanation of why they have not already been completed; and (vii) provide the County with any other information it reasonably requests;
- d) develop, implement, maintain and utilize appropriate administrative, technical, and physical safeguards, in compliance with the Social Security Act § 1173(d) (42 U.S.C. § 1320d-2(d)), the Privacy Rule, and any other regulations now in effect or later issued by HHS which implement HIPAA, to preserve the integrity and confidentiality, and to prevent unauthorized use and/or disclosure, of PHI;
- e) require any of its subcontractors and/or agents that receive, use, or have any access to PHI, as authorized by this Addendum, to enter into a written agreement, which agreement shall contain provisions substantially similar to this Addendum, to comply with the same obligations and restrictions as are required of the Contractor hereunder;
- f) provide the Secretary of HHS with access to all records, books, agreements, policies, and procedures relating to the use and/or disclosure of PHI for compliance investigations;

- g) within ten (10) days of receipt of a written request, provide the County with access to all records, books, agreements, policies, and procedures relating to the use and/or disclosure of PHI for purposes of enabling the County to determine the Contractor's compliance with the terms of this Addendum. Such access shall be at the Contractor's place of business during normal operating hours;
- h) within five (5) days of receipt of a written request from the County, provide the County with such information as is requested to permit it to respond to a request by an Individual for an accounting of disclosures of all PHI related to the Individual;
- i) subject to Section 7.4 below, within thirty (30) days of the earlier of the termination of the Agreement or this Addendum, return to the County or destroy all PHI in its possession. The Contractor shall not retain any copies of such information in any form; and
- j) disclose to its subcontractors, agents, and any other third parties, and request from the County, only the minimum PHI necessary to conduct or fulfill a specific function authorized hereunder.
- 3.2 <u>Responsibilities of the Contractor with Respect to Access, Amendment, Restrictions, and Accounting of Disclosures of PHI</u>. The Contractor hereby agrees to do the following with respect to providing access to PHI, amending inaccuracies contained in PHI, restrictions regarding PHI, and accounting for disclosures of PHI in its possession:
- a) at the request of, and in the time and manner designated by the County, provide access to any PHI contained in a Designated Record Set to the County or to the Individual who is the subject of such PHI or his or her authorized representative, as applicable, to satisfy a request for inspection and/or copying under 45 C.F.R. § 164.524;
- b) at the request of, and in the time and manner designated by the County, make any amendment(s) that the County so directs, or permit the County access to amend, any portion of the PHI pursuant to 45 C.F.R. § 164.526 to allow the County to comply with the Privacy Rule;
- c) at the request of, and in the time and manner designated by the County, comply with any restrictions that the County has agreed to adhere to with regard to the use and disclosure of PHI of any Individual that materially affects and/or limits the uses and disclosures which are otherwise permitted; and
- d) record each disclosure that the Contractor makes of PHI for the County to respond to an Individual's request for an accounting in accordance with 45 C.F.R. §164.528. Such record shall include, but not be limited to: (i) the date of disclosure; (ii) the name and address of the Individual or organization to whom the disclosure was made; (iii) a description of the PHI disclosed; and (iv) a statement of the purpose for the disclosure (collectively the "disclosure information"). If the Contractor makes multiple disclosures of PHI to the same person or entity for a single purpose, the Contractor may provide: (i) the disclosure information for the first disclosure; (ii) the frequency, periodicity, or number of these repetitive disclosures; and (iii) the date of the last of these repetitive disclosures. Such disclosure information must be kept by the Contractor for a period of not less than six (6) years from the date of disclosure.

#### 4. RESPONSIBILITIES OF THE COUNTY WITH RESPECT TO PHI

4.1 <u>Responsibilities of the County</u>. With respect to any use and/or disclosure of PHI, the County hereby undertakes to do the following to the extent material to the PHI held by the Contractor:

- a) inform the Contractor of any changes in the County's Notice of Privacy Practices (the "Notice"), which the County provides to Individuals pursuant to 45 C.F.R. §164.520, and provide the Contractor a current copy of such Notice and a copy of all updated versions thereof prior to their effective date;
- b) inform the Contractor of any changes in, or withdrawal of, any relevant authorization provided to the County by Individuals pursuant to 45 C.F.R. §164.508, which impact the Contractor under the Agreement;
- c) inform the Contractor of any applicable decisions made by any Individual to optout of allowing his or her PHI to be used for fundraising activities of the County pursuant to 45 C.F.R. §164.514(f), which impact the Contractor under the Agreement; and
- d) notify the Contractor, in writing, of any arrangements permitted or required under 45 C.F.R. parts 160 and 164, which impact the use and/or disclosure of PHI by the Contractor under the Agreement, including, but not limited to, restrictions on use and/or disclosure of PHI as provided for in 45 C.F.R. §164.522 agreed to by the County.
- 4.2 <u>Responsibilities of the County with Respect to Access, Amendment, Restrictions and Accounting of Disclosures of PHI</u>. The County hereby agrees to do the following regarding access to PHI, amendments to inaccuracies contained in PHI, and restrictions regarding PHI in the Contractor's possession, to the extent material to the PHI held by the Contractor:
- a) notify the Contractor, in writing, of any PHI that the County seeks to make available to an Individual pursuant to 45 C.F.R. § 164.524 and the time, manner, and form which the Contractor shall provide such access;
- b) notify the Contractor, in writing, of any amendment(s) to PHI in the possession of the Contractor that the Contractor shall make and inform the Contractor of the time, form, and manner in which such amendment(s) shall be made; and
- c) notify the Contractor, in writing, of any restrictions that the County has agreed to adhere to with regard to the use and disclosure of PHI of any Individual that materially affects and/or limits the uses and disclosures which are otherwise permitted.

### 5. RESPONSIBILITIES OF THE CONTRACTOR WITH RESPECT TO EPHI

- 5.1 <u>The Contractor's Responsibilities.</u> With respect to any use and/or disclosure of EPHI, Contractor agrees that it shall:
- a) implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of EPHI that Contractor creates, receives, maintains, or transmits on behalf of the County. Contractor shall be responsible for ensuring that such safeguards are adequate to comply with the requirements of the Security Rule.
- b) ensure that any agent to whom it provides EPHI, including a subcontractor, agrees to implement reasonable and appropriate safeguards to protect such EPHI.
- c) report to the County, in writing, any Security Incident within three (3) business days of becoming aware of such Security Incident. Without limiting the foregoing, the Contractor shall

report to the County regarding whether such Security Incident has resulted in a breach of the Security Rule.

- d) upon the County's request, provide the County with immediate access to the Contractor's security systems and programs in order for the County to investigate any Security Incident or to audit the Contractor's security systems and programs. The Contractor acknowledges that the County has the right, but not the obligation, to access and audit the Contractor's security systems and programs.
- e) provide the Secretary of HHS with access to all records, books, agreements, policies and procedures relating to the use and/or disclosure of EPHI for compliance investigations.
- f) within ten (10) days of receipt of a written request, provide the County with access to all records, books, agreements, policies and procedures relating to the use and/or disclosure of EPHI for purposes of enabling the County to determine the Contractor's compliance with the terms of this Agreement. Such access shall be at the Contractor's place of business during routine operating hours.

### 6. COMPLIANCE WITH STANDARD TRANSACTIONS

- 6.1 <u>Compliance with Standard Transactions by the Contractor</u>. If the Contractor conducts in whole or in part Standard Transactions for or on behalf of the County, the Contractor shall:
- a) comply and require all subcontractors and agents of the Contractor to comply with each applicable requirement of 45 C.F.R. Part 162; and
- b) not enter into, or permit its subcontractors or agents to enter into, any trading partner addendum or agreement in connection with the conduct of Standard Transactions for or on behalf of the County that:
  - i) alters the definition, data condition, or use of any data element or segment in any Standard Transaction;
  - ii) adds any elements or segments to the maximum defined data set;
  - iii) uses any code or data element that is marked "not used" in the Standard Transaction's specifications for execution or is not in the Standard Transaction's specifications for execution; or
  - iv) changes the meaning or intent of the Standard Transaction's specifications for implementation.

### 7. TERMS AND TERMINATION

- 7.1 Term. This Addendum shall become effective as of the date first indicated above, and shall continue in effect until all of the PHI provided by the County to the Contractor, or created or received by the Contractor on behalf of the County, is destroyed or returned to the County, and all other obligations of the parties have been met, unless terminated by the County as provided in Section 7.2. If it is infeasible to return or destroy such PHI, then such PHI shall continue to be protected as set forth in Section 7.4.
- 7.2 Termination by the County. As provided for under 45 C.F.R. §§ 164.504(e)(2)(iii) and 164.314(a)(2)(i), the County may (a) exercise its rights under Section 7.3 below or (b) immediately terminate the Agreement if the County, in its sole discretion, determines that the Contractor has breached a material term of this Addendum. The County may exercise such right to terminate the Agreement by providing the Contractor with written notice of its intent to terminate specifying the material breach of the Agreement that provides the basis for termination. Such termination will be effective immediately, unless another date is specified in such notice.

- 7.3 Opportunity to Cure. As provided for under 45 C.F.R. § 164.504(e)(2)(iii) and notwithstanding Section 7.2 hereof, the County may terminate the Agreement, after notice and opportunity to cure as herein provided, if the County, in its sole discretion, determines that the Contractor has unintentionally breached a material term of this Addendum. If the County decides to provide an opportunity to cure in such case, it shall: (a) provide the Contractor with written notice of the existence of an alleged material breach; and (b) afford the Contractor an opportunity to cure the alleged material breach. Failure to cure within fourteen (14) days shall constitute grounds for the immediate termination of the Agreement by the County.
- 7.4 <u>Effect of Termination</u>. Upon the termination, cancellation, or any other conclusion of the Agreement, the Contractor shall, if feasible, return to the County or destroy all PHI, in whatever form or medium, pursuant to 45 C.F.R. § 164.504(e)(2)(ii)(I), including, but not limited to, PHI in the possession of its subcontractors and/or agents, within thirty (30) days of the effective date of the termination, cancellation, or other conclusion of the Agreement.
- a) Once all PHI in the Contractor 's possession or control, including, but not limited to, PHI in the possession or control of its subcontractors and/or agents, has been returned to the County or destroyed, the Contractor shall provide a written certification to the County regarding the return or destruction of such PHI within such thirty (30) day period. Such certification shall be relied upon by the County as a binding representation; and
- b) if the Contractor believes that return or destruction of PHI in its possession and/or in the possession of its subcontractors or agents is infeasible, the Contractor shall notify the County of such infeasibility in writing. Said notification shall include, but not be limited to: (i) a statement that the Contractor has, in good faith, determined that it is infeasible to return or destroy the PHI in its possession and/or in the possession of its subcontractors or agents, as applicable, (ii) identification of the PHI that the Contractor believes it is infeasible to return or destroy, and (iii) the specific reasons for such determination. In addition to providing such notification, the Contractor shall certify within such thirty (30) day period that it will and will require its subcontractors or agents, as applicable, to limit any further uses and/or disclosures of such PHI to the purposes that make the return or destruction of the PHI infeasible.

#### 8. INDEMNIFICATION

- 8.1 <u>Indemnity</u>. The Contractor agrees to indemnify and hold harmless the County and any of its affiliates, officers, directors, employees, attorneys, or agents (collectively, "Indemnitees") from and against any claim, cause of action, liability, damage, cost, or expense, including attorneys' fees and court or proceeding costs, and the fees and costs of enforcement of the indemnification rights provided herein, arising out of or in connection with any non-permitted or violating use or disclosure of PHI or other breach of this Addendum by the Contractor or any subcontractor, agent, person, or entity under the Contractor's control.
- 8.2 <u>Control of Defense.</u> If any Indemnitees are named a party in any judicial, administrative, or other proceeding arising out of or in connection with any use or disclosure of PHI by the Contractor or any subcontractor, agent, Individual, or organization under the Contractor 's control, and such use or disclosure of PHI was not permitted by this Addendum, then any Indemnitee shall have the option at any time either: (i) to tender defense to the Contractor, in which case the Contractor shall provide qualified attorneys, consultants, and other appropriate professionals to represent the Indemnitee's interests at the Contractor 's expense, or (ii) undertake its own defense, choosing the attorneys, consultants, and other appropriate professionals to represent its interests, in which case the Contractor shall be responsible for and pay the fees and expenses of such attorneys, consultants, and other professionals.

8.3 <u>Control of Resolution</u>. The Indemnitees shall have the sole right and discretion to settle, compromise, or otherwise resolve any and all claims, causes of actions, liabilities, or damages against them, notwithstanding that the Indemnitees may have tendered their defense to the Contractor. Any such resolution will not relieve the Contractor of its obligation to indemnify the Indemnitees under this Section.

#### 9. CONFIDENTIALITY

This Addendum does not affect any other obligations in the Agreement to the extent not inconsistent herewith or not involving the confidentiality, use, or disclosure of PHI. This Addendum, however, does supercede all other obligations in the Agreement to the extent they are inconsistent herewith and involve the confidentiality, use, or disclosure of PHI.

#### 10. MISCELLANEOUS

- 10.1 <u>Survival</u>. The respective rights and obligations of the Contractor and the County under the provisions of Sections 3, 4, 5, 7.4, and 8, solely with respect to PHI the Contractor retains in accordance with Section 7.4 because it is not feasible to return or destroy such PHI, shall survive the termination of the Agreement indefinitely. In addition, Section 9 shall survive termination of this Addendum indefinitely, notwithstanding whether the Contractor retains PHI in accordance with Section 7.4 hereto.
- Amendments. The Agreement (including the terms of this Addendum) may not be modified, nor shall any provision of the Agreement be waived or amended, except in a writing duly signed by authorized representatives of the parties and expressly referencing the Agreement. Notwithstanding anything in the Agreement to the contrary, to the extent that the Privacy Rule or Security Rule, or any other applicable law related to the privacy or security of health information is materially amended, updated, or revised following the execution of this Addendum, the parties agree to take such action as is necessary to amend this Addendum from time to time as is necessary for the County to comply with the requirements of HIPAA.
- 10.3 No Third Party Beneficiaries. Nothing contained in the Agreement (including, but not limited to, this Addendum), whether express or implied, is intended to confer, nor shall anything herein confer, upon any person other than the parties and their respective successors or assigns of the parties, any rights, remedies, obligations, or liabilities whatsoever in relation to the disclosure or use of PHI.
- 10.4 <u>Cooperation and Disputes</u>. Each party will reasonably cooperate with the other in the performance of the mutual obligations under this Addendum. If any controversy, dispute, or claim arises between the parties with respect to the Agreement (including, but not limited to, this Addendum), the parties shall make reasonable good faith efforts to resolve such matters informally.
- 10.5 <u>Regulatory References</u>. Any reference to any part or section of the CFR shall include such part or section as drafted upon the effective date of this Addendum and as it is subsequently updated, amended, supplemented, superceded, or revised.
- 10.6 <u>Conflicts</u>. Any conflicts or inconsistencies between the terms in this Addendum and terms in other parts of the Agreement shall be resolved in favor of the terms in this Addendum.

10.7 <u>Interpretation</u>. Any ambiguity in the Agreement (including, but not limited to, this Addendum) shall be resolved in favor of a meaning that permits the County to comply to the greatest extent possible with the Privacy Rule, the Security Rule and Other Legal Requirements.

IN WITNESS WHEREOF, each of the undersigned has caused this Addendum to be duly executed in its name and on its behalf effective as of the date first indicated above.

| NASSAU COUNTY | VMC GROUP, INC.               |
|---------------|-------------------------------|
| Зу:           | By:                           |
| Print Name:   | Print Name: / JAPLES J. HANIM |
| Γitle:        | Title: PUBLET                 |
| Date:         | Date: $\frac{1}{3}$           |
|               |                               |

Contract ID#: <u>COHE14000005-01</u>



Department: <u>Health</u>

### **Contract Details**

NIFS ID #:<u>CLHE15000001</u>

 NIFS Entry Date 1/13/2015
 Term: from: 11/1/2014 - 10/31/2015

| New Renewal             | 1) Mandated Program:                             | Yes 🗌 | No 🖂  |
|-------------------------|--------------------------------------------------|-------|-------|
| Amendment               | 2) Comptroller Approval Form Attached:           | Yes 🖂 | No 🗌  |
| Time Extension          | 3) CSEA Agmt. § 32 Compliance Attached:          | Yes 🗌 | No 🖂  |
| Addl. Funds             | 4) Vendor Ownership & Mgmt. Disclosure Attached: | Yes   | No 🗵  |
| Blanket Resolution RES# | 5) Insurance Required                            | Yes 🛛 | )vo 🗆 |

# **Agency Information**

| Vendo                           | )r                              |  |  |
|---------------------------------|---------------------------------|--|--|
| VMC Group, Inc.                 | Vendor ID# 16-0961026           |  |  |
| 9701 Niagara Falls Blvd., Suite | Contact Person Charles J. Ganim |  |  |
| 1A<br>Niagara Falls, NY 14304   | Phone (716) 297-8641            |  |  |

| County Department Contact | Departn  | nent     |
|---------------------------|----------|----------|
| Ginny Mundy               |          |          |
| Address                   |          |          |
| 60 Charles Lin            |          | Ste. 112 |
| Uniondale, NY             | i 1553 - |          |
| Phone 516-227-8589        |          |          |

# **Routing Slip**

| PATE :  | DEPARTMENT          | Internal Verification                                                 | 4.2    | DATE<br>Appy'd& **<br>Fw'd. | SIGNATURE       | Leg. Approval             |
|---------|---------------------|-----------------------------------------------------------------------|--------|-----------------------------|-----------------|---------------------------|
| 1/13/15 | Department          | NIFS Entry (Dept)<br>NIFS Appvl (Dept. Head)<br>Contractor Registered |        | (/13/).                     | Yoni Masa       |                           |
|         | ОМВ                 | NIFS Approval<br>(Contractor Registered)                              |        | 1/26/5                      | Jarghe M. Aled- | Yes No No Not required if |
| 1/29/19 | County Attorney     | CA RE & Insurance<br>Verification                                     |        | 1/29/15                     | Q and           |                           |
| 127/18  | County Attorney     | CA Approval as to form                                                | $\Box$ | 1/2/16                      | + DAI           | Yes No 🗗                  |
|         | Legislative Affairs | Fw'd Original Contract to<br>CA                                       |        | 1 6                         | 1               |                           |
| 129/1   | County Attorney     | NIFS Approval                                                         | Ø,     | 1/23/1                      | 1 1             | and the second of         |
| ! .     | Comptroller         | NIFS Approval                                                         | ø      | 3/3/0                       | John M          | 3/2/15                    |
|         | County Executive    | Notarization<br>Filed with Clerk of the Leg.                          |        | 2191                        | 15 9/1          |                           |



Department: <u>Health</u>

Contract Summary

| Description:                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Administrative Service for Municipal Representatives                                                                                                                                                                                                                                                                                                                                                                           |
| Purpose:                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Need for an agency to provide Municipal Domesta                                                                                                                                                                                                                                                                                                                                                                                |
| Need for an agency to provide Municipal Representatives to represent children three to five years old at Committee on Pre-<br>School Special Education (CPSE) meetings, to review requests and evaluations of children who are suspected of having a<br>disability. The CPSE along with the child's parents then select the appropriate services from approved service providers.                                              |
| NVS Education Frontierement:                                                                                                                                                                                                                                                                                                                                                                                                   |
| NYS Education Law 4410 mandated the Preschool Special Education Program. The agency needs to provide Committee on Pre-School Regulations.                                                                                                                                                                                                                                                                                      |
| Frocurement History:                                                                                                                                                                                                                                                                                                                                                                                                           |
| This is a new contract. RFP #HE0401-1410                                                                                                                                                                                                                                                                                                                                                                                       |
| Description of General Provisions:                                                                                                                                                                                                                                                                                                                                                                                             |
| Seeking a Confractor to accume the administrative in                                                                                                                                                                                                                                                                                                                                                                           |
| Seeking a Contractor to assume the administrative function of individually contracting with and providing payment for services of these municipal representatives the Department of Health (DOH) identifies, assigns, and authorizes payment. The DOH maintains responsibility for all program operations. We anticipate the administrative fee to be not greater than 10% of the contract, for a total contract of \$300,000. |
| Impact on Funding / Price Analysis                                                                                                                                                                                                                                                                                                                                                                                             |
| The county is prepared to provide a 10% advance on this contract. The advance payment is not to exceed Thirty Thousand Dollars (\$30,000.00).                                                                                                                                                                                                                                                                                  |
| Change in Contract from Prior Procurement:                                                                                                                                                                                                                                                                                                                                                                                     |
| n/a                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Recommendation: (approve as submitted)                                                                                                                                                                                                                                                                                                                                                                                         |
| Approved as Submitted.                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Advisement Information                                                                                                                                                                                                                                                                                                                                                                                                         |

| BUDGET       | CODES | 7        |
|--------------|-------|----------|
| Fund:        | GEN   | F        |
| Control:     | 54    |          |
| Resp:        | 5400  | F        |
| Object:      | PP763 | S        |
| Transaction: | 103   | C        |
|              |       | <u> </u> |

| FUNDING SOURCE   | AMOUNT  |
|------------------|---------|
| Revenue Contract | XXXXXXX |
| County           | \$.01   |
| Federal          | \$      |
| State            | \$      |
| Capital          | \$      |
| Other            | \$      |
| TOTAL            | \$.01   |

| LINE | INDEX/OBJECT CODE | AMOUNT |
|------|-------------------|--------|
| 1    | HEGEN5400PP763    | \$.01  |
| 2    |                   | \$     |
| 3    | 200               | •      |
| 4    | y. Justo 1/29/15  | \$     |
| . 5  | 1/24//3           | \$     |
| 6    | ,                 | ¢      |
|      | TOTAL             | \$.01  |

| RENEV      | WAL |
|------------|-----|
| % Increase |     |
| % Decrease |     |

| ment Prepared By: | Ginny Mundy 227-8589 |
|-------------------|----------------------|
| •                 |                      |

| Date; | -1/13//2015 |  |
|-------|-------------|--|

| NIFS Certification                                   | Comptroller Certification                                                                                               | County Executive Approval |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------|
| I certify that this document was accepted into NIFS. | I certify that an unencumbered balance sufficient to cover this contract is present by the appropriation to be charged. | Name Name                 |
| Name                                                 | Name Name                                                                                                               | Date                      |
| Date                                                 | Muc                                                                                                                     | 21911                     |
| 3/3/17                                               | Date 3/3/15                                                                                                             | (For Office Use Only)     |
|                                                      | 17/13                                                                                                                   | ] E #:                    |

| |eorge Maragos |Comptroller



COMPTROLLER APPROVAL FORM FOR PERSONAL,

PROFESSIONAL OR HUMAN SERVICES CONTRACTS

Attach this form along with all personal, professional or human services contracts, contract renewals, extensions and amendments.

| CONTRACTOR NAME: VMC Group, I                                                                     | Inc.                                                  |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| CONTRACTOR ADDRESS: 9701 Niagar<br>Niagara Falls, NY 14304                                        | ra Falls Blvd, Suite 1A                               |
| FEDERAL TAX ID #: 16-0961026                                                                      |                                                       |
| Instructions: Please check the appropria                                                          | ` .                                                   |
| I.   The contract was awarded to the lower for sealed bids. The contract was awarded in           | after a request for sealed bids was published         |
| [date]. The sealed bids were publicly opened on sealed bids were received and opened.             | [date][#] of                                          |
| II. □ The contractor was selected pursuan                                                         |                                                       |
| The Contract was entered into after a written reque<br>Potential proposers were made aware of the | est for proposals was issued on[date].                |
|                                                                                                   | [#] of potential proposers requested copies of        |
| the RFP. Proposals were due on[date                                                               | e]. [#] proposals were received and evaluated.        |
| The evaluation committee consisted of:                                                            | [list members]. The proposals were scored             |
| and ranked. As a result of the scoring and ranking (a                                             | attached), the highest-ranking proposer was selected. |

1

| III. It is is a renewal, extension or amendment of an existing contract.  The contract was originally executed by Nassau County on Nov. 6, 2014 [date]. This is a renewal of extension pursuant to the contract, or an amendment within the scope of the contract (There was an error in the original contract omitting the 10% advancement.) or RFP (copies of the relevant pages are attached). The original contract was entered into after RFP(HE0401-1410) on 4-4-14 and made aware of by County Website and a Published Newsday classified ad [describe procurement method, i.e., RFP, three proposals evaluated, etc.] Attach a copy of the most recent evaluation of the contractor's performance for any contract to be renewed or extended. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to continue to contract with the county. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IV.   — Pursuant to Executive Order No. 1 of 1993, as amended, at least three proposals were solicited and received. The attached memorandum from the department head describes the proposals received, along with the cost of each proposal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ☐ A. The contract has been awarded to the proposer offering the lowest cost proposal; OR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| B. The attached memorandum contains a detailed explanation as to the reason(s) why the contract was awarded to other than the lowest-cost proposer. The attachment includes a specific delineation of the unique skills and experience, the specific reasons why a proposal is deemed superior, and/or why the proposer has been judged to be able to perform more quickly than other proposers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| V. □ Pursuant to Executive Order No. 1 of 1993 as amended, the attached memorandum from the department head explains why the department did not obtain at least three proposals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| A. There are only one or two providers of the services sought or less than three providers submitted proposals. The memorandum describes how the contractor was determined to be the sole source provider of the personal service needed or explains why only two proposals could be obtained. If two proposals were obtained, the memorandum explains that the contract was awarded to the lowest cost proposer, or why the selected proposer offered the higher quality proposal, the proposer's unique and special experience, skill, or expertise, or its availability to perform in the most immediate and timely manner.                                                                                                                                                                                                                                                                                                               |
| ☐ B. The memorandum explains that the contractor's selection was dictated by the terms of a federal or New York State grant, by legislation or by a court order. (Copies of the relevant documents are attached).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| C. Pursuant to General Municipal Law Section 104, the department is purchasing the services required through a New York State Office of General Services contract no, and the attached memorandum explains how the purchase is within the scope of the terms of that contract.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

□ D. Pursuant to General Municipal Law2Section 119-o, the department is purchasing the services

required through an inter-municipal agreement.

VI. This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. Attached is a memorandum that explains the reasons for entering into this contract without conducting a competitive process, and details when the department intends to initiate a competitive process for the future award of these services. For any such contract, where the vendor has previously provided services to the county, attach a copy of the most recent evaluation of the vendor's performance. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to contract with the county.

In certain limited circumstances, conducting a competitive process and/or completing performance evaluations may not be possible because of the nature of the human services program, or because of a compelling need to continue services through the same provider. In those circumstances, attach an explanation of why a competitive process and/or performance evaluation is inapplicable.

VII. □ This is a public works contract for the provision of architectural, engineering or surveying services. The attached memorandum provides details of the department's compliance with Board of Supervisors' Resolution No.928 of 1993, including its receipt and evaluation of annual Statements of Qualifications & Performance Data, and its negotiations with the most highly qualified firms.

In addition, if this is a contract with an individual or with an entity that has only one or two employees:

□ a review of the criteria set forth by the Internal Revenue Service, *Revenue Ruling No.* 87-41, 1987-1 C.B. 296, attached as Appendix A to the Comptroller's Memorandum, dated February 13, 2004, concerning independent contractors and employees indicates that the contractor would not be considered an employee for federal tax purposes.

Department Head Signature

Date

<u>NOTE:</u> Any information requested above, or in the exhibit below, may be included in the county's "staff summary" form in lieu of a separate memorandum.

Compt. form Pers./Prof. Services Contracts: Rev. 02/04

### AMENDMENT NO. 1

AMENDMENT (together with any appendices or exhibits hereto, this "Amendment") dated as of the date (the "Effective Date") that this Amendment is executed by Nassau County, between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), acting for and on behalf of the County Department of Health, having its principal office at 200 County Seat Drive, Mineola, New York 11501 (the "Department"), and (ii) VMC Group, Inc., having its principal office at 9701 Niagara Falls Blvd., Suite 1A, Niagara Falls, New York 14304 (the "Contractor").

#### WITNESSETH:

WHEREAS, pursuant to County contract number CQHE14000005 between the County and the Contractor, executed on behalf of the County on November 6, 2014 (the "Original Agreement"), the Contractor provides services in connection with the Department's Pre-School Special Education Program, which services are more fully described in the Original Agreement (the services contemplated by the Original Agreement, the "Services"); and

WHEREAS, the term of the Original Agreement is from November 1, 2014 until October 31, 2015 (each year in the term of the Original Agreement, an "Agreement Year"), with four (4) remaining one (1) year renewal options (the "Original Term"); and

WHEREAS, the maximum amount that the County agreed to reimburse the Contractor for Services under the Original Agreement, as full compensation for the Services, was Three Hundred Thousand Dollars (\$300,000.00); and

WHEREAS, the County desires to amend the payment terms of the Original Agreement, as amended by this Amendment (the "Amended Agreement").

NOW, THEREFORE, in consideration of the promises and mutual covenants contained in this Amendment, the parties agree as follows:

- 1. <u>Vouchers: Voucher Review, Approval and Audit.</u> Section 3(b) of the Original Agreement is hereby deleted in its entirety and restated as follows:
  - "(b) Vouchers; Voucher Review, Approval and Audit. An advance payment in an amount not to exceed Thirty Thousand Dollars (\$30,000.00) shall be payable to the Contractor upon execution of the Amendment by the County. Payments subsequent to the advance payment shall be made to the Contractor in arrears, provided that, if the County elects to renew the Amended Agreement, the County shall have the option to provide additional advance funds to be outlined in a subsequent amendment. All payments in advance and arrears shall be contingent upon (i) the Contractor submitting a claim voucher (the "Voucher") in a form satisfactory to the County, that (a) states with reasonable specificity the services provided (or to be provided in the case of an advance payment) and the payment requested as consideration for such services, (b) certifies that the services rendered and the payment requested are in accordance with this Amended Agreement, and (c) is accompanied by documentation satisfactory to the County supporting the amount claimed, and (ii) review, approval and audit of

the Voucher by the Department and/or the County Comptroller or his or her duly designated representative (the "Comptroller")."

- 2. Recoupment of Advance Payment. The Contractor shall deduct the advance payment in equal installments from the claims submitted for payment during the last three (3) months of the Agreement Year for which the advance was provided. In the event that the amount of the claims is insufficient to allow the County to recoup the entire advance payment, the Contractor shall submit a reconciliation report along with a check for the difference within sixty (60) days of the earlier of the end of the Agreement Year for which the advance was provided or the termination of the Amended Agreement.
- 3. Reconciliation; Rollover, Reimbursement upon Termination. Within sixty (60) days following the termination or expiration of this Amended Agreement, or such other date as may be requested by the County, the Contractor shall file with the Department, in duplicate, certified reconciliation reports which shall in each case include a complete accounting of all monies received and expenditures made during the term of this Amended Agreement. Any funds remaining unexpended shall be paid to the County simultaneously with the filling of the reconciliation report. Funds for one Agreement Year shall not be applied to or utilized for a different Agreement Year.
- 4. <u>Full Force and Effect</u>. All the terms and conditions of the Original Agreement not expressly amended by this Amendment shall remain in full force and effect and govern the relationship of the parties for the term of the Amended Agreement.

[Remainder of Page Intentionally Left Blank.]

IN WITNESS WHEREOF, the parties have executed this Amendment as of the Effective Date.

VMC GROUP, INC.

Name.

Title: POPE

NASSAU COUNTY

By:

Name: Actional R. Wall

Title: / County Executive

Deputy County Executive

Date: 29 15

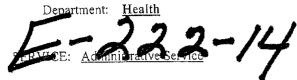
PLEASE EXECUTE IN BLUE INK

| STATE OF NEW YORK)                     | ·                                                                                                                                                                                                                                                                                  |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| )ss.:<br>COUNTY OF NASSAU )<br>NIAGADA |                                                                                                                                                                                                                                                                                    |
| TOPERATIONS of VICE                    | instrument; and that he of she signed his or her name                                                                                                                                                                                                                              |
| NOTARY PUBLIC                          | SUSAN L. SOLOMON  NOTARY PUBLIC, STATE OF NEW YORK  QUALIFIED IN NIAGARA COUNTY  REG. #02SO6035702  MY COMM. EXP. 01/03/ 20                                                                                                                                                        |
| STATE OF NEW YORK)                     | •                                                                                                                                                                                                                                                                                  |
| )ss,:<br>COUNTY OF NASSAU )            | •                                                                                                                                                                                                                                                                                  |
| County Executive of the County of Na   | in the year 20 before me personally came ersonally known, who, being by me duly sworn, did depose County of by that he or she is a Deputy issau, the municipal corporation described herein and and that he or she signed his or her name thereto Government Law of Nassau County. |

Contract ID#: CQHE14000005

## **Contract Details**





NIFS ID #:COHE14000005

NIFS Entry Date 8/19/2014 Term: from: 11/1/2014 - 10/31/2015

|                          |                                                  | •          |
|--------------------------|--------------------------------------------------|------------|
| New 🛛 Renewal 🗌          | 1) Mandated Program:                             | Yes 🔲 No 🗵 |
| Amendment                | 2) Comptroller Approval Form Attached:           | Yes ⊠ No □ |
| Time Extension           | 3) CSEA Agmt. § 32 Compliance Attached:          | Yes 🗌 No 🛚 |
| Addl. Funds              | 4) Vendor Ownership & Mgmt. Disclosure Attached: | Yes ☐ No 🗵 |
| Blanket Resolution  RES# | 5) Insurance Required                            | Yes 🛛 🕦 🗆  |
|                          |                                                  |            |

# **Agency Information**

| Vendor                                                           |                          |  |
|------------------------------------------------------------------|--------------------------|--|
| VMC Group, Inc.                                                  | Vendor ID#<br>16-0961026 |  |
| 9701 Niagara Falls Blvd., Suite<br>1A<br>Niagara Falls, NY 14304 | Charles J. Ganim         |  |
|                                                                  | Phone (716) 297-8641     |  |

| County Department                                                     |        |
|-----------------------------------------------------------------------|--------|
| Department Contact                                                    | $\neg$ |
| Ginny Mundy                                                           |        |
| Address<br>60 Charles Lindbergh Blvd. Ste. 112<br>Uniondale, NY 11553 |        |
| Phone 516-227-8589                                                    |        |
|                                                                       |        |

# **Routing Slip**

| DATE<br>Rec'd. | DEPARTMENT          | Internal Verification                                           | -   .    | DATE<br>Appy'd&<br>Fw'd. | SIGNATURE       | Leg. Approval<br>Required                    |
|----------------|---------------------|-----------------------------------------------------------------|----------|--------------------------|-----------------|----------------------------------------------|
| 8)19           | Department          | NIFS Entry (Dept) NIFS Appvl (Dept. Head) Contractor Registered | Ž<br>Ž   | 19                       | Masor           |                                              |
|                | ОМВ                 | NIFS Approval<br>(Contractor Registered)                        |          | 1/20/2                   | Laughert Chiles | Yes No No Not required if blanket resolution |
| 8/28/1-        | County Attorney     | CA RE & <u>Insurance</u><br>Verification                        | <b>1</b> | 8/28/1                   | P a. Coneto -   | 10/2/2                                       |
| 3/,2/1         | County Attorney     | CA Approval as to form                                          |          | 1/2/14                   | 601             | Yes WNo L                                    |
| 7-1            | Legislative Affairs | Fw'd Original Contract to<br>CA                                 |          | 1/25/14                  | Degoty a. Men   |                                              |
|                | County Attorney     | NIFS Approval                                                   |          | 10/09/2                  | MC Da Re        | -                                            |
|                | Comptroller         | NIFS Approval                                                   |          | 13:7:                    |                 | 12/32/14                                     |
|                | County Executive    | Notarization Filed with Clerk of the Leg.                       |          | 11/6/11                  | 4 ///           |                                              |



Department: Health

Contract Summary

| Description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Administrative Service for Municipal Representatives                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Purpose:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Need for an agency to provide Municipal Representatives to represent children three to five years old at Committee on Pre-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| School Special Education (CPSE) meetings to review research children three to five years old at Committee on Pre-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| School Special Education (CPSE) meetings, to review requests and evaluations of children who are suspected of having a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Method of Progurement:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| N 15 Education Law 4410 mandated the Durest Library                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Special Education (CPSE) with the knowledge of the CPSE process and part 200 of the NYS Commissioner of Education's Rules and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Regulations, Regulations, Rules and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Procurement History:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| This is a new contract. RFP #HE0401-1410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Description of General Provisions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Seeking a Contractor to assume the administrative function of individually contracting with and providing payment for services of these municipal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| of the contract, for a total contract of \$300,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Impact on Funding / Price Analysis:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| The county is prepared to provide a 10% advance on this contract. The maximum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| The county is prepared to provide a 10% advance on this contract. The maximum contract reimbursement is \$300,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Change in Contract from Prior Procurement:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| n/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Pogomeranda di Managara di Man |
| Recommendation: (approve as submitted)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Approved as Submitted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A. 1. P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Advisement Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| BUDGET CODES |       | FUNDING SOURCE   | AMOUNT     |
|--------------|-------|------------------|------------|
| Fund:        | GEN   | Revenue Contract | XXXXXXX    |
| Control:     | 54    | County           | \$300,000  |
| Resp:        | 5400  | Federal          | \$         |
| Object:      | PP763 | State            | 5          |
| Transaction: | 103   | Capital          | \$         |
|              |       | Other            | \$         |
| RENEWAL      |       | TOTAL            | \$ 300,000 |
| 0/ 1         |       |                  | ·          |

| LINE | INDEX/OBJECT CODE | AMOUNT     |
|------|-------------------|------------|
| 11   | HEGEN5400PP763    | \$300,000  |
| 2 .  |                   | \$         |
| 3    | . 00              | \$         |
| 4    | 4. Insto \$ 28,40 | \$         |
| 5 .  |                   | \$         |
| 6    |                   | \$         |
|      | TOTAL             | \$ 300,000 |

| RENE       | WAL |
|------------|-----|
| % Increase |     |
| % Decrease |     |

| Document Prepared By: | Ginny Mundy 227-8589 |
|-----------------------|----------------------|
| Document Prepared By: |                      |

| Date: | 8/19/2014 |
|-------|-----------|
|       |           |

|               | NIEP Could of                                        |                                                                                                                            | Date: 0,1372014                |
|---------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------|
|               | NIFS Certification                                   | Comptroller Certification                                                                                                  | Country two prints A           |
| Name          | I certify that this document was accepted into NIFS. | I certify that an unencumbered balance sufficient to cover this contract is<br>present in the appropriation to be charged. | Name County Executive Approval |
| · · · · · · · | f(t, x)                                              | Name-                                                                                                                      | Date                           |
| Date          |                                                      | Date Company                                                                                                               | 1116114                        |
|               | 10/3/14                                              | 10/30/14                                                                                                                   | E #:                           |

### RULES RESOLUTION NO. 23/-2014

A RESOLUTION AUTHORIZING THE COUNTY EXECUTIVE TO EXECUTE A PERSONAL SERVICES AGREEMENT BETWEEN THE COUNTY OF NASSAU, ACTING ON BEHALF OF THE DEPARTMENT OF HEALTH AND VMC GROUP, INC.

WHEREAS, the County has negotiated a personal services agreement with VMC Group, Inc., to provide Municipal Representatives to represent children at Committee on Pre-School Special Education (CPSE) meetings and to review requests and evaluations of children who are suspected of having a disability, a copy of which is on file with the Clerk of the Legislature; now, therefore, be it

RESOLVED, that the Rules Committee of the Nassau County Legislature authorizes the County Executive to execute the said agreement with VMC Group, Inc.

#### RULES RESOLUTION NO. - 2014

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RESOLVED, that the Rules Committee of the Nassau County Legislature authorizes the County Executive to execute the said agreement with VMC Group, Inc.





240 Old Country Road Mineola, New York 11501

# COMPTROLLER APPROVAL FORM FOR PERSONAL, PROFESSIONAL OR HUMAN SERVICES CONTRACTS

Attach this form along with all personal, professional or human services contracts, contract renewals, extensions and amendments.

| CONTRACTOR NAME: VMC Group, Inc.                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRACTOR ADDRESS: <u>9701 Niagara Falls Blvd, Suite 1A</u> Niagara Falls, NY 14304                                                                                                                                                                                                                                                                                     |
| FEDERAL TAX ID #: 16-0961026                                                                                                                                                                                                                                                                                                                                             |
| Instructions: Please check the appropriate box ("\sum") after one of the following roman numerals, and provide all the requested information.                                                                                                                                                                                                                            |
| I.   The contract was awarded to the lowest, responsible bidder after advertisement for sealed bids. The contract was awarded after a request for sealed bids was published in [newspaper] on [date]. The sealed bids were publicly opened on [date] [#] of                                                                                                              |
| [date]. The sealed bids were publicly opened on [date] [#] of sealed bids were received and opened.                                                                                                                                                                                                                                                                      |
| II. ☑ The contractor was selected pursuant to a Request for Proposals.  The Contract was entered into after a written request for proposals was issued on4/2/2014                                                                                                                                                                                                        |
| [date]. Potential proposers were made aware of the availability of the RFP by Newsday, County Website newspaper advertisement, posting on website, mailing, etc.]1 [#] of potential proposers requested copies of the RFP. Proposals were due on5/16/2014 [date]1 [#] proposals were received and evaluated. The evaluation committee consisted of: Linda Rennie.Shannon |
| was selected.                                                                                                                                                                                                                                                                                                                                                            |

| The contra renewal or          | ct was originally executed by Nassau County on [date]. This is extension pursuant to the contract, or an amendment within the scope of the contract or RFN of the relevant pages are attached). The original contract was entered into                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| of the con<br>received a       | nt method, i.e., RFP, three proposals evaluated, etc.] Attach a copy of the most recent evaluation stractor's performance for any contract to be renewed or extended. If the contractor has not satisfactory evaluation, the department must explain why the contractor should nevertheless be to continue to contract with the county.                                                                                                                                                                                                                                                                         |
| proposal                       | ursuant to Executive Order No. 1 of 1993, as amended, at least three s were solicited and received. The attached memorandum from the ent head describes the proposals received, along with the cost of each .                                                                                                                                                                                                                                                                                                                                                                                                   |
| □ A.                           | The contract has been awarded to the proposer offering the lowest cost proposal; OR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| cor<br>del<br>sup              | The attached memorandum contains a detailed explanation as to the reason(s) why the attach as awarded to other than the lowest-cost proposer. The attachment includes a specific ineation of the unique skills and experience, the specific reasons why a proposal is deemed perior, and/or why the proposer has been judged to be able to perform more quickly than other posers.                                                                                                                                                                                                                              |
| memora                         | ursuant to Executive Order No. 1 of 1993 as amended, the attached ndum from the department head explains why the department did not t least three proposals.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| sub<br>sol<br>obt<br>aw<br>pro | There are only one or two providers of the services sought or less than three providers omitted proposals. The memorandum describes how the contractor was determined to be the e source provider of the personal service needed or explains why only two proposals could be cained. If two proposals were obtained, the memorandum explains that the contract was arded to the lowest cost proposer, or why the selected proposer offered the higher quality oposal, the proposer's unique and special experience, skill, or expertise, or its availability to efform in the most immediate and timely manner. |
| fed                            | The memorandum explains that the contractor's selection was dictated by the terms of a leral or New York State grant, by legislation or by a court order. (Copies of the relevant cuments are attached).                                                                                                                                                                                                                                                                                                                                                                                                        |
| req<br>no.                     | Pursuant to General Municipal Law Section 104, the department is purchasing the services quired through a New York State Office of General Services contract, and the attached memorandum explains how the purchase is thin the scope of the terms of that contract.                                                                                                                                                                                                                                                                                                                                            |

- **D.** Pursuant to General Municipal Law Section 119-0, the department is purchasing the services required through an inter-municipal agreement.
- VI. This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. Attached is a memorandum that explains the reasons for entering into this contract without conducting a competitive process, and details when the department intends to initiate a competitive process for the future award of these services. For any such contract, where the vendor has previously provided services to the county, attach a copy of the most recent evaluation of the vendor's performance. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to contract with the county.

In certain limited circumstances, conducting a competitive process and/or completing performance evaluations may not be possible because of the nature of the human services program, or because of a compelling need to continue services through the same provider. In those circumstances, attach an explanation of why a competitive process and/or performance evaluation is inapplicable.

VII. 

This is a public works contract for the provision of architectural, engineering or surveying services. The attached memorandum provides details of the department's compliance with Board of Supervisors' Resolution No.928 of 1993, including its receipt and evaluation of annual Statements of Qualifications & Performance Data, and its negotiations with the most highly qualified firms.

<u>In addition</u>, if this is a contract with an individual or with an entity that has only one or two employees:

a review of the criteria set forth by the Internal Revenue Service, *Revenue Ruling No.* 87-41, 1987-1 C.B. 296, attached as Appendix A to the Comptroller's Memorandum, dated February 13, 2004, concerning independent contractors and employees indicates that the contractor would not be considered an employee for federal tax purposes.

Jone Masar Department Head Signature

Date

<u>NOTE:</u> Any information requested above, or in the exhibit below, may be included in the county's "staff summary" form in lieu of a separate memorandum.

Compt. form Pers./Prof. Services Contracts: Rev. 02/04

≟Evals

School District Meetings HE0401-1410 Muni Representation for Nassau County At

1. Overall Responsiveness of the Proposal

2. Vendor Profile: Organization, Capacity, Staffing, Resumes.

Related Experience

30% 40%

Raters:

4 Toni Mason

2 Kris Anderson 3Shannon Jauck

1 Linda Rennie

**Municipal Representation School District Meetings** for Nassau County at

8/19/2014

**WEIGHT** 30%

MOT

High

> Weighted Average

Total Average Weighted Score=

63.50

60.00 60.00 66.00

68.00

Final Weighted Average Scores:

# School District Meetings HE0401-1410 Muni Representation for Nassau County At

1. Overall Responsiveness of the Proposal

2. Vendor Profile: Organization, Capacity, Staffing, Resumes. Related Experience

WEIGHT

30%

Hìgh

Low

40%

30%

Vendor:

Rater: VMC 2 ω

ట 4 4 4 4 ω 4 ω N N N ယ

> Average Weighted

11.00 9.00

Total Average Weighted Score=

Raters:

4 Toni Mason 3Shannon Jauck 2 Kris Anderson 1 Linda Rennie

Final Weighted Average Scores:

10.00 9.00

9.75

#### VMC Proposal #14-005 in response to Nassau County RFP #HE0401-1410 To Provide Municipal Representation for Nassau County at School District Meetings

#### Appendix C

#### Principal Questionnaire Form

All questions on these questionnaires must be answered and the answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS OUESTIONNAIRE CAREFULLY AND C λ 2 <u>L</u> <u>R</u>

|                    | E OF HEGHOLD IN THE CAREFULLY AND COMPLETELY, FAILURE TO                |
|--------------------|-------------------------------------------------------------------------|
| VILL BE REJECTED   | E QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAT                      |
| WARD               | AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR                     |
| 1117442            | •                                                                       |
| 1. Principal Nam   | e Charles J. Ganim, Ph.D., Director, President                          |
| *                  | ,                                                                       |
| SSN: 098-28-8      | 7783                                                                    |
|                    |                                                                         |
| Date of Birth: Jul | v 12 1936                                                               |
|                    | , t2, 1,550                                                             |
| Home Address: 9    | 287 Chiasso Cove Ct.                                                    |
| 7                  | Naples, FL. 34114                                                       |
|                    |                                                                         |
| Business address:  | VMC Group, Inc. 9701 Niagara Falls Blvd.                                |
|                    | Niagara Falls, NY 14304                                                 |
| •                  |                                                                         |
| Telephone:         | 716-297-8641, Ext. 1                                                    |
|                    |                                                                         |
| Other present add  | ress(es): None:                                                         |
| Tint other all     |                                                                         |
| List other address | ses and telephone numbers on additional sheets, as necessary            |
| 2. Positions held  | in submitting business and starting date of each (check all applicable) |
|                    | 68 Treasurer//                                                          |
|                    |                                                                         |
|                    | rdShareholder 6/1/1968                                                  |
| Chief Exec. Office | cer/ Secretary/                                                         |
| Chief Financial (  | Officer / / Partner / /                                                 |
| Vice President     |                                                                         |
| (Other) Director   |                                                                         |
| -/                 |                                                                         |

3. Do you have an equity interest in the business submitting the proposal?

#### CONTRACT FOR SERVICES

| THIS AGREEMENT, dated as of                  | , 2014 (together with the schedules,                             |
|----------------------------------------------|------------------------------------------------------------------|
| appendices, attachments and exhibits, if any | (A this "Agreement"), is entered into by and between (3) Married |
| county, a municipal corporation having its   | principal office at 1550 Franklin Avenue Minegla Nove Year       |
| 11301 (the "County"), acting on behalf of t  | he County Dengetment of Health, having its principal accurate    |
| 200 County Seat Drive, Mineola, New Yorl     | k 11501 (the "Department"), and (ii) VMC Group, Inc., having its |
| principal office at 9701 Niagara Falls Blvd, | Suite 1A, Niagara Falls, New York 14304 (the "Contractor")       |

#### WITNESSETH

WHEREAS, the County desires to hire the Contractor to perform the services described in this Agreement; and

WHEREAS, this is a personal service contract within the intent and purview of Section 2206 of the County Charter;

WHEREAS, the Contractor desires to perform the services described in this Agreement;

NOW, THEREFORE, in consideration of the promises and mutual covenants contained in this Agreement, the parties agree as follows:

- 1. Term. This Agreement shall commence on November 1, 2014 and terminate on October 31, 2015, with the option to renew, under the same terms and conditions, for an additional four (4) year period, for a possible total term of five (5) years subject to the County's right of early termination as provided in this Agreement. The decision to renew the contract(s) will be at the sole discretion of the County.
- 2. <u>Services</u>. Services to be provided by the Contractor include responsibility for individually contracting with and providing payment for hourly services to Municipal Representatives identified, assigned and authorized to receive payment by the Department. Said Municipal Representatives are to represent the interests of the Municipality where children ages three (3) to five (5) classified by the Committee on Pre-School Special Education (CPSE) as having a disability ("Services").
- 3. <u>Payment.</u> (a) <u>Amount of Consideration</u>. The maximum amount to be paid to the Contractor as full consideration for the Contractor's services under this Agreement shall be Three Hundred Thousand dollars (\$300,000.00), payable as follows: Contractor's invoice to the County will show the amount paid to the Municipal Representatives as authorized by the Department and a 10% administration fee paid to the Contractor. Specifically, Municipal Representatives will be paid \$39,00 per hour for attendance at school districts CPSE meetings \$25 per hour for attendance at scheduled meetings with the Department.
- (b) <u>Vouchers: Voucher Review, Approval and Audit.</u> Payments shall be made to the Contractor in arrears and shall be contingent upon (i) the Contractor submitting a claim voucher (the "Voucher") in a form satisfactory to the County, 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 this Agreement, and (c) is accompanied by documentation satisfactory to the County supporting the amount claimed, and (ii) review, approval and audit of the Voucher by the Department and/or the County Comptroller or his or her duly designated representative (the "Comptroller").
- (c) <u>Timing of Payment Claims</u>. The Contractor shall submit claims no later than three months following the CPSE meetings or attendance at department meetings that are the subject of the claim and no more frequently than once a month.

- (d) <u>No Duplication of Payments</u>. Payments under this Agreement shall not duplicate payments for any work performed or to be performed under other agreements between the Contractor and any funding source including the County.
- (e) <u>Payments in Connection with Termination or Notice of Termination</u>. Unless a provision of this Agreement expressly states otherwise, payments to the Contractor following the termination of this Agreement shall not exceed payments made as consideration for services that were (i) performed prior to termination, (ii) authorized by this Agreement to be performed, and (iii) not performed after the Contractor received notice that the County did not desire to receive such services.
- 4. <u>Independent Contractor</u>. The Contractor is an independent contractor of the County. The Contractor shall not, nor shall any officer, director, employee, servant, agent or independent contractor of the Contractor (a "<u>Contractor Agent</u>"), be (i) deemed a County employee, (ii) commit the County to any obligation, or (iii) hold itself, himself, or herself out as a County employee or Person with the authority to commit the County to any obligation. As used in this Agreement the word "<u>Person</u>" 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).
- 5. No Arrears or Default. The Contractor is not in arrears to the County upon any debt or contract and it is not in default as surety, contractor, or otherwise upon any obligation to the County, including any obligation to pay taxes to, or perform services for or on behalf of, the County.
- 6. Compliance with Law. (a) Generally. The Contractor shall comply with any and all applicable Federal, State and local Laws, including, but not limited to those relating to conflicts of interest, discrimination, a living wage, disclosure of information and vendor registration, in connection with its performance under this Agreement. In furtherance of the foregoing, the Contractor is bound by and shall comply with the terms of Appendix EE attached hereto and with the County's vendor registration protocol. As used in this Agreement the word "Law" includes any and all statutes, local laws, ordinances, rules, regulations, applicable orders, and/or decrees, as the same may be amended from time to time, enacted, or adopted.
- (b) <u>Nassau County Living Wage Law.</u> Pursuant to LL 1-2006, as amended, and to the extent that a waiver has not been obtained in accordance with such law or any rules of the County Executive, the Contractor agrees as follows:
- (i) Contractor shall comply with the applicable requirements of the Living Wage Law, as amended;
- (ii) Failure to comply with the Living Wage Law, as amended, constitutes a material breach of this Agreement, the occurrence of which may be determined solely by the County. Contractor has the right to cure such breach within thirty days of receipt of notice of breach from the County. In the event that such breach is not timely cured, the County may terminate this Agreement as well as exercise any other rights available to the County under applicable law.
- (iii) It shall be a continuing obligation of the Contractor to inform the County of any material changes in the content of its certification of compliance, attached to this Agreement as Appendix L, and shall provide to the County any information necessary to maintain the certification's accuracy.
- (c) <u>Records Access</u>. The parties acknowledge and agree that all records, information, and data ("<u>Information</u>") acquired in connection with performance or administration of this Agreement shall be used and disclosed solely for the purpose of performance and administration of the contract or as required by law.

The Contractor acknowledges that Contractor Information in the County's possession may be subject to disclosure under Article 6 of the New York State Public Officer's Law ("Freedom of Information Law" or "FOIL"). In the event that such a request for disclosure is made, the County shall make reasonable efforts to notify the Contractor of such request prior to disclosure of the Information so that the Contractor may take such action as it deems appropriate.

- 7. <u>Minimum Service Standards</u>. Regardless of whether required by Law: (a) The Contractor shall, and shall cause Contractor Agents to, conduct its, his or her activities in connection with this Agreement so as not to endanger or harm any Person or property.
- (b) The Contractor shall deliver services under this Agreement in a professional manner consistent with the best practices of the industry in which the Contractor operates. The Contractor shall take all actions necessary or appropriate to meet the obligation described in the immediately preceding sentence, including obtaining and maintaining, and causing all Contractor Agents to obtain and maintain, all approvals, licenses, and certifications ("Approvals") necessary or appropriate in connection with this Agreement.
- 8. <u>Indemnification; Defense; Cooperation</u>. (a) The Contractor shall be solely responsible for and shall indemnify and hold harmless the County, the Department and its officers, employees, and agents (the "<u>Indemnified Parties</u>") from and against any and all liabilities, losses, costs, expenses (including, without limitation, attorneys' fees and disbursements) and damages ("<u>Losses</u>"), arising out of or in connection with any acts or omissions of the Contractor or a Contractor Agent, regardless of whether due to negligence, fault, or default, including Losses in connection with any threatened investigation, litigation or other proceeding or preparing a defense to or prosecuting the same; <u>provided</u>, <u>however</u>, that the Contractor shall not be responsible for that portion, if any, of a Loss that is caused by the negligence of the County.
  - (b) The Contractor shall, upon the County's demand and at the County's direction, promptly and diligently defend, at the Contractor's own risk and expense, any and all suits, actions, or proceedings which may be brought or instituted against one or more Indemnified Parties for which the Contractor is responsible under this Section, and, further to the Contractor's indemnification obligations, the Contractor shall pay and satisfy any judgment, decree, loss or settlement in connection therewith.
- (c) The Contractor shall, and shall cause Contractor Agents to, cooperate with the County and the Department in connection with the investigation, defense or prosecution of any action, suit or proceeding in connection with this Agreement, including the acts or omissions of the Contractor and/or a Contractor Agent in connection with this Agreement.
  - (d) The provisions of this Section shall survive the termination of this Agreement.
- 9. <u>Insurance.</u> (a) <u>Types and Amounts</u>. The Contractor shall obtain and maintain throughout the term of this Agreement, at its own expense: (i) one or more policies for commercial general liability insurance, which policy(ies) shall name "Nassau County" as an additional insured and have a minimum single combined limit of liability of not less than one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) aggregate coverage, (ii) if contracting in whole or part to provide professional services, one or more policies for professional liability insurance, which policy(ies) shall have a minimum single combined limit liability of not less than one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) aggregate coverage, (iii) compensation insurance for the benefit of the Contractor's employees ("Workers' Compensation Insurance"), which insurance is in compliance with the New York State Workers' Compensation Law, and (iv) such additional insurance as the County may from time to time specify.

- (b) Acceptability: Deductibles: Subcontractors. All insurance obtained and maintained by the Contractor pursuant to this Agreement shall be (i) written by one or more commercial insurance carriers licensed to do business in New York State and acceptable to the County, and which is (ii) in form and substance acceptable to the County. The Contractor shall be solely responsible for the payment of all deductibles to which such policies are subject. The Contractor shall require any subcontractor hired in connection with this Agreement to carry insurance with the same limits and provisions required to be carried by the Contractor under this Agreement.
- (c) <u>Delivery; Coverage Change; No Inconsistent Action</u>. Prior to the execution of this Agreement, copies of current certificates of insurance evidencing the insurance coverage required by this Agreement shall be delivered to the Department. Not less than thirty (30) days prior to the date of any expiration or renewal of, or actual, proposed or threatened reduction or cancellation of coverage under, any insurance required hereunder, the Contractor shall provide written notice to the Department of the same and deliver to the Department renewal or replacement certificates of insurance. The Contractor shall cause all insurance to remain in full force and effect throughout the term of this Agreement and shall not take or omit to take any action that would suspend or invalidate any of the required coverages. The failure of the Contractor to maintain Workers' Compensation Insurance shall render this contract void and of no effect. The failure of the Contractor to maintain the other required coverages shall be deemed a material breach of this Agreement upon which the County reserves the right to consider this Agreement terminated as of the date of such failure.
- 10. <u>Assignment: Amendment: Waiver: Subcontracting</u>. This Agreement and the rights and obligations hereunder may not be in whole or part (i) assigned, transferred or disposed of, (ii) amended, (iii) waived, or (iv) subcontracted, without the prior written consent of the Commissioner of Health or his or her duly designated deputy (the "Commissioner of the Health Department"), and any purported assignment, other disposal or modification without such prior written consent shall be null and void. The failure of a party to assert any of its rights under this Agreement, including the right to demand strict performance, shall not constitute a waiver of such rights.
- 11. <u>Termination</u>. (a) <u>Generally</u>. This Agreement may be terminated (i) for any reason by the County upon 30 days written notice to the Contractor, (ii) for "Cause" by the County immediately upon the receipt by the Contractor of written notice of termination, (iii) upon mutual written Agreement of the County and the Contractor, and (iv) in accordance with any other provisions of this Agreement expressly addressing termination.

As used in this Agreement the word "<u>Cause</u>" includes: (i) a breach of this Agreement; (ii) the failure to obtain and maintain in full force and effect all Approvals required for the services described in this Agreement to be legally and professionally rendered; and (iii) the termination or impending termination of federal or state funding for the services to be provided under this Agreement.

(b) By the Contractor. This Agreement may be terminated by the Contractor if performance becomes impracticable through no fault of the Contractor, where the impracticability relates to the Contractor's ability to perform its obligations and not to a judgment as to convenience or the desirability of continued performance. Termination under this subsection shall be effected by the Contractor delivering to the commissioner or other head of the Department (the "Commissioner"), at least sixty (60) days prior to the termination date (or a shorter period if sixty days' notice is impossible), a notice stating (i) that the Contractor is terminating this Agreement in accordance with this subsection, (ii) the date as of which this Agreement will terminate, and (iii) the facts giving rise to the Contractor's right to terminate under this subsection. A copy of the notice given to the Commissioner shall be given to the Deputy County Executive who oversees the administration of the Department (the "Applicable DCE") on the same day that notice is given to the Commissioner.

- (c) <u>Contractor Assistance upon Termination</u>. 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 County (including those set forth in other provisions of this Agreement) to assist the County in transitioning the Contractor's responsibilities under this Agreement. The provisions of this subsection shall survive the termination of this Agreement.
- 12. Accounting Procedures; Records. The Contractor shall maintain and retain, for a period of six (6) years following the later of termination of or final payment under this Agreement, complete and accurate records, documents, accounts and other evidence, whether maintained electronically or manually ("Records"), pertinent to performance under this Agreement. Records shall be maintained in accordance with Generally Accepted Accounting Principles and, if the Contractor is a non-profit entity, must comply with the accounting guidelines set forth in the federal Office of Management & Budget Circular A-122, "Cost Principles for Non-Profit Organizations." Such Records shall at all times be available for audit and inspection by the Comptroller, the Department, any other governmental authority with jurisdiction over the provision of services hereunder and/or the payment therefore, and any of their duly designated representatives. The provisions of this Section shall survive the termination of this Agreement.
- 13. <u>Limitations on Actions and Special Proceedings against the County</u>. No action or special proceeding shall lie or be prosecuted or maintained against the County upon any claims arising out of or in connection with this Agreement unless:
- (a) Notice. At least 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 Applicable DCE for adjustment and the County 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 Applicable DCE under this Section to each of (i) the Department and the (ii) the County Attorney (at the address specified above for the County) on the same day that documents are sent or delivered to the Applicable DCE. 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 County.
- (b) <u>Time Limitation</u>. Such action or special proceeding is commenced within the earlier of (i) one year 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, and (ii) the time specified in any other provision of this Agreement.
- 14. Work Performance Liability. The Contractor is and shall remain primarily liable for the successful completion of all work in accordance this Agreement irrespective of whether the Contractor is using a Contractor Agent to perform some or all of the work contemplated by this Agreement, and irrespective of whether the use of such Contractor Agent has been approved by the County.
- Agreement or required by Law, exclusive original jurisdiction for all claims or actions with respect to this Agreement shall be in the Supreme Court in Nassau County in New York State and the parties expressly waive any objections to the same on any grounds, including venue and forum non conveniens. This Agreement is intended as a contract under, and shall be governed and construed in accordance with, the Laws of New York State, without regard to the conflict of laws provisions thereof.
- 16. <u>Notices</u>. Any notice, request, demand or other communication required to be given or made in connection with this Agreement shall be (<u>a</u>) in writing, (<u>b</u>) delivered or sent (<u>i</u>) by hand delivery, evidenced by a signed, dated receipt, (<u>ii</u>) postage prepaid via certified mail, return receipt requested, or (<u>iii</u>) overnight

delivery via a nationally recognized courier service, (c) deemed given or made on the date the delivery receipt was signed by a County employee, three (3) business days after it is mailed or one (1) business day after it is released to a courier service, as applicable, and (d)(i) if to the Department, to the attention of the Commissioner at the address specified above for the Department, (ii) if to an Applicable DCE, to the attention of the Applicable DCE (whose name the Contractor shall obtain from the Department) at the address specified above for the County, (iii) if to the Comptroller, to the attention of the Comptroller at 240 Old Country Road, Mineola, NY 11501, and (iv) if to the Contractor, to the attention of the person who executed this Agreement on behalf of the Contractor at the address specified above for the Contractor, or in each case to such other persons or addresses as shall be designated by written notice.

- 17. All Legal Provisions Deemed Included; Severability; Supremacy. (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) Unless the application of this subsection will cause a provision required by Law to be excluded from this Agreement, in the event of an actual conflict between the terms and conditions set forth above the signature page to this Agreement and those contained in any schedule, exhibit, appendix, or attachment to this Agreement, the terms and conditions set forth above the signature page shall control. To the extent possible, all the terms of this Agreement should be read together as not conflicting.
- (d) Each party has cooperated in the negotiation and preparation of this Agreement. Therefore, in the event that construction of this Agreement occurs, it shall not be construed against either party as drafter.
- 18. <u>Section and Other Headings</u>. The section and other headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of this Agreement.
- 19. <u>Entire Agreement</u>. This Agreement represents the full and entire understanding and agreement between the parties with regard to the subject matter hereof and supersedes all prior agreements (whether written or oral) of the parties relating to the subject matter of this Agreement.
- 20. <u>Administrative Service Charge</u>. The Contractor agrees to pay the County an administrative service charge of Five Hundred Thirty-three dollars (\$533.00) for the processing of this Agreement pursuant to Ordinance Number 74-1979, as amended by Ordinance Number 128-2006. The administrative service charge shall be due and payable to the County by the Contractor upon signing this Agreement.
  - 21. Executory Clause. Notwithstanding any other provision of this Agreement:
- (a) <u>Approval and Execution</u>. The County shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person unless (i) all County approvals have been obtained, including, if required, approval by the County Legislature, and (ii) this Agreement has been executed by the County Executive (as defined in this Agreement).

(b) Availability of Funds. The County 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, and, if any portion of the funds for this Agreement are from the state and/or federal governments, then beyond funds available to the County from the state and/or federal governments.

[Remainder of Page Intentionally Left Blank]

IN WITNESS WHEREOF, the Contractor and the County have executed this Agreement as of the date firs, above written.

VMC GROUP, INC.

БУ;\_\_\_\_

Name: / CHANGS J. GANA

Title: PULSIDEUT

Date: 8/14/14

NASSAU COUNTY

Ву:

Name:

Title: Deputy County Executive

Date:

11/6

PLEASE EXECUTE IN BLUE INK

STATE OF NEW YORK)

| On the 17 day of ACAST in the year 20 4 before me personally came to me personally known, who, being by me duly sworn, did depose and say that to me personally known, who, being by me duly sworn, did depose and say that the or she resides in the County of ACAST is that he or she is the ACAST of nstrument; and that he or she signed his or her name thereto by authority of the board of directors of said surporation.  SUSAN L. SOLOMON NOTARY PUBLIC  SUSAN L. SOLOMON NOTARY PUBLIC. STATE OF NEW YORK QUALIFIED IN NIAGARA COUNTY REG. #02SO6035702 MY COMM. EXP. 01/03/ 20 15 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU)

On the day of North of in the year 2014 before me personally came he or she resides in the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Coxcetta a. Petrucci

No. 017 1 2003 Out !! feed in Ferche : County Commission Expires April 02, 201

#### Appendix EE Equal Employment Opportunities for Minorities and Women

The provisions of this Appendix EE are hereby made a part of the document to which it is attached.

The Contractor shall comply with all federal, State and local statutory and constitutional antidiscrimination provisions. In addition, Local Law No. 14-2002, entitled "Participation by Minority Group Members and Women in Nassau County Contracts," governs all County Contracts as defined herein and solicitations for bids or proposals for County Contracts. In accordance with Local Law 14-2002:

- (a) The Contractor shall not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status in recruitment, employment, job assignments, promotions, upgradings, demotions, transfers, layoffs, terminations, and rates of pay or other forms of compensation. The Contractor will undertake or continue existing programs related to recruitment, employment, job assignments, promotions, upgradings, transfers, and rates of pay or other forms of compensation to ensure that minority group members and women are afforded equal employment opportunities without discrimination.
- (b) At the request of the County contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, union, or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability, or marital status and that such employment agency, labor union, or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
- (c) The Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the County Contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.
- (d) The Contractor shall make best efforts to solicit active participation by certified minority or women-owned business enterprises ("Certified M/WBEs") as defined in Section 101 of Local Law No. 14-2002, for the purpose of granting of Subcontracts.
- (e) The Contractor shall, in its advertisements and solicitations for Subcontractors, indicate its interest in receiving bids from Certified M/WBEs and the requirement that Subcontractors must be equal opportunity employers.
- (f) Contractors must notify and receive approval from the respective Department Head prior to issuing any Subcontracts and, at the time of requesting such authorization, must submit a signed Best Efforts Checklist.
- (g) Contractors for projects under the supervision of the County's Department of Public Works shall also submit a utilization plan listing all proposed Subcontractors so that, to the greatest extent feasible, all Subcontractors will be approved prior to commencement of work. Any additions or changes to the list of subcontractors under the utilization plan shall be approved by the Commissioner of the Department of Public Works when made. A copy of the utilization plan any additions or changes thereto shall be submitted by the Contractor to the Office of Minority Affairs simultaneously with the submission to the Department of Public Works.

- (h) At any time after Subcontractor approval has been requested and prior to being granted, the contracting agency may require the Contractor to submit Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises. In addition, the contracting agency may require the Contractor to submit such documentation at any time after Subcontractor approval when the contracting agency has reasonable cause to believe that the existing Best Efforts Checklist may be inaccurate. Within ten working days (10) of any such request by the contracting agency, the Contractor must submit Documentation.
- (i) In the case where a request is made by the contracting agency or a Deputy County Executive acting on behalf of the contracting agency, the Contractor must, within two (2) working days of such request, submit evidence to demonstrate that it employed Best Efforts to obtain Certified M/WBE participation through proper documentation.
- (j) Award of a County Contract alone shall not be deemed or interpreted as approval of all Contractor's Subcontracts and Contractor's fulfillment of Best Efforts to obtain participation by Certified M/WBEs.
- (k) A Contractor shall maintain Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises for a period of six (6) years. Failure to maintain such records shall be deemed failure to make Best Efforts to comply with this Appendix EE, evidence of false certification as M/WBE compliant or considered breach of the County Contract.
- (l) The Contractor shall be bound by the provisions of Section 109 of Local Law No. 14-2002 providing for enforcement of violations as follows:
  - a. Upon receipt by the Executive Director of a complaint from a contracting agency that a County Contractor has failed to comply with the provisions of Local Law No. 14-2002, this Appendix EE or any other contractual provisions included in furtherance of Local Law No. 14-2002, the Executive Director will try to resolve the matter.
  - b. If efforts to resolve such matter to the satisfaction of all parties are unsuccessful, the Executive Director shall refer the matter, within thirty days (30) of receipt of the complaint, to the American Arbitration Association for proceeding thereon.
  - c. Upon conclusion of the arbitration proceedings, the arbitrator shall submit to the Executive Director his recommendations regarding the imposition of sanctions, fines or penalties. The Executive Director shall either (i) adopt the recommendation of the arbitrator (ii) determine that no sanctions, fines or penalties should be imposed or (iii) modify the recommendation of the arbitrator, provided that such modification shall not expand upon any sanction recommended or impose any new sanction, or increase the amount of any recommended fine or penalty. The Executive Director, within ten days (10) of receipt of the arbitrators award and recommendations, shall file a determination of such matter and shall cause a copy of such determination to be served upon the respondent by personal service or by certified mail return receipt requested. The award of the arbitrator, and the fines and penalties imposed by the Executive Director, shall be final determinations and may only be vacated or modified as provided in the civil practice law and rules ("CPLR").
- (m) The contractor shall provide contracting agency with information regarding all subcontracts awarded under any County Contract, including the amount of compensation paid to each Subcontractor and

shall complete all forms provided by the Executive Director or the Department Head relating to subcontractor utilization and efforts to obtain M/WBE participation.

Failure to comply with provisions (a) through (m) above, as ultimately determined by the Executive Director, shall be a material breach of the contract constituting grounds for immediate termination. Once a final determination of failure to comply has been reached by the Executive Director, the determination of whether to terminate a contract shall rest with the Deputy County Executive with oversight responsibility for the contracting agency.

Provisions (a), (b) and (c) shall not be binding upon Contractors or Subcontractors in the performance of work or the provision of services or any other activity that are unrelated, separate, or distinct from the County Contract as expressed by its terms.

The requirements of the provisions (a), (b) and (c) shall not apply to any employment or application for employment outside of this County or solicitations or advertisements therefor or any existing programs of affirmative action regarding employment outside of this County and the effect of contract provisions required by these provisions (a), (b) and (c) shall be so limited.

The Contractor shall include provisions (a), (b) and (c) in every Subcontract in such a manner that these provisions shall be binding upon each Subcontractor as to work in connection with the County Contract.

As used in this Appendix EE the term "Best Efforts Checklist" shall mean a list signed by the Contractor, listing the procedures it has undertaken to procure Subcontractors in accordance with this Appendix EE.

As used in this Appendix EE the term "County Contract" shall mean (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of twenty-five thousand dollars (\$25,000), whereby a County contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the County; or (ii) a written agreement in excess of one hundred thousand dollars (\$100,000), whereby a County contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon. However, the term "County Contract" does not include agreements or orders for the following services: banking services, insurance policies or contracts, or contracts with a County contracting agency for the sale of bonds, notes or other securities.

As used in this Appendix EE the term "County Contractor" means an individual, business enterprise, including sole proprietorship, partnership, corporation, not-for-profit corporation, or any other person or entity other than the County, whether a contractor, licensor, licensee or any other party, that is (i) a party to a County Contract, (ii) a bidder in connection with the award of a County Contract, or (iii) a proposed party to a County Contract, but shall not include any Subcontractor.

As used in this Appendix EE the term "County Contractor" shall mean a person or firm who will manage and be responsible for an entire contracted project.

As used in this Appendix EE "Documentation Demonstrating Best Efforts to Obtain Certified

Minority or Women-owned Business Enterprises" shall include, but is not limited to the following:

- Proof of having advertised for bids, where appropriate, in minority publications, trade newspapers/notices and magazines, trade and union publications, and publications of general circulation in Nassau County and surrounding areas or having verbally solicited M/WBEs whom the County Contractor reasonably believed might have the qualifications to do the work. A copy of the advertisement, if used, shall be included to demonstrate that it contained language indicating that the County Contractor welcomed bids and quotes from M/WBE Subcontractors. In addition, proof of the date(s) any such advertisements appeared must be included in the Best Effort Documentation. If verbal solicitation is used, a County documentation.
- b. Proof of having provided reasonable time for M/WBE Subcontractors to respond to bid opportunities according to industry norms and standards. A chart outlining the schedule/time frame used to obtain bids from M/WBEs is suggested to be included with the Best Effort Documentation

  c. Proof or affidavit of followers.
- e. Proof or affidavit of follow-up of telephone calls with potential M/WBE subcontractors encouraging their participation. Telephone logs indicating such action can be included with the Best Effort Documentation
- d. Proof or affidavit that M/WBE Subcontractors were allowed to review bid specifications, blue prints and all other bid/RFP related items at no charge to the M/WBEs, other than reasonable documentation costs incurred by the County Contractor that are passed onto the M/WBE.
- e. Proof or affidavit that sufficient time prior to making award was allowed for M/WBEs to participate effectively, to the extent practicable given the timeframe of the County Contract.
- f. Proof or affidavit that negotiations were held in good faith with interested M/WBEs, and that M/WBEs were not rejected as unqualified or unacceptable without sound business reviewed against industry custom and standards and (2) cost of performance. The basis for the Best Effort Documentation.
- g. If an M/WBE is rejected based on cost, the County Contractor must submit a list of all subbidders for each item of work solicited and their bid prices for the work.
- h. The conditions of performance expected of Subcontractors by the County Contractor must also be included with the Best Effort Documentation
- i. County Contractors may include any other type of documentation they feel necessary to further demonstrate their Best Efforts regarding their bid documents.

As used in this Appendix EE the term "Executive Director" shall mean the Executive Director of the Nassau County Office of Minority Affairs; provided, however, that Executive Director shall include a designee of the Executive Director except in the case of final determinations issued pursuant to Section (a) through (l) of

these rules.

As used in this Appendix EE the term "Subcontract" shall mean an agreement consisting of part or parts of the contracted work of the County Contractor.

As used in this Appendix EE, the term "Subcontractor" shall mean a person or firm who performs part or parts of the contracted work of a prime contractor providing services, including construction services, to the County pursuant to a county contract. Subcontractor shall include a person or firm that provides labor, professional or other services, materials or supplies to a prime contractor that are necessary for the prime contractor to fulfill its obligations to provide services to the County pursuant to a county contract. Subcontractor shall not include a supplier of materials to a contractor who has contracted to provide goods but no services to the County, nor a supplier of incidental materials to a contractor, such as office supplies, tools and other items of nominal cost that are utilized in the performance of a service contract.

Provisions requiring contractors to retain or submit documentation of best efforts to utilize certified subcontractors and requiring Department head approval prior to subcontracting shall not apply to intergovernmental agreements. In addition, the tracking of expenditures of County dollars by not-for-profit corporations, other municipalities, States, or the federal government is not required.

#### Appendix L

## Certificate of Compliance

In compliance with Local Law 1-2006, as amended (the "Law"), the Contractor hereby certifies the following:

|   | The chief executive officer of the Contractor is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | CHADLES T. GAWIM (Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|   | 9701 DIAGARA FALLS BLUD. STE 1A. (Address)  NAGARA FALLS, NY 14304  716-297-8641 (Telephone Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| • | The Contractor agrees to either (1) comply with the requirements of the Nassau County Living Wag Law or (2) as applicable, obtain a waiver of the requirements of the Law pursuant to section 9 of the Law. In the event that the contractor does not comply with the requirements of the Law or obtain a waiver of the requirements of the Law, and such contractor establishes to the satisfaction of the Department that at the time of execution of this agreement, it had a reasonable certainty that it would receive such waiver based on the Law and Rules pertaining to waivers, the County will agree to terminate the contract without imposing costs or seeking damages against the Contractor |
| • | In the past five years, Contractor has has not been found by a court or a government agency to have violated federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If a violation has been assessed against the Contractor, describe below:                                                                                                                                                                                                                                                                                                                                                                                           |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| • | In the past five years, an administrative proceeding, investigation, or government body-initiated judicial action has _X has not been commenced against or relating to the Contractor. If succeeding, action, or investigation has been commenced describe heles.                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| I hereb | Contractor agrees to permit access to work sites and relevant payroll records by authorized Courepresentatives for the purpose of monitoring compliance with the Living Wage Law and invested employee complaints of noncompliance.  y certify that I have read the foregoing statement and, to the best of my knowledge and belief, it is and complete. Any statement or representation made herein shall be accurate and true as of the |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I hereb | employee complaints of noncompliance.                                                                                                                                                                                                                                                                                                                                                                                                     |

Notary Public

SUSAN BOOK A COUNTY

NOTARY P.F. BOOK A COUNTY

REC. S. 15702

MY COMM. EXP. 61/03/ 20

#### **BUSINESS ASSOCIATE ADDENDUM**

| This addendum ("Addendum") is effec             | tive as of, 2014 and amends and is made                  |
|-------------------------------------------------|----------------------------------------------------------|
| part of the agreement dated as of               | (as the same may be amended, modified, or                |
| supplemented, including, without limitation, by | y this Addendum, the "Agreement") by and between VMC     |
| Group, Inc. (the "Contractor") and Nassau Cou   | inty, a New York municipal corporation, acting on behalf |
| of the County Department of Health (collective  | ely, the "County"). The County, and the Contractor       |
| mutually agree to modify the Agreement to inc   | corporate the terms and conditions of this Addendum to   |
| comply with the requirements of the Health Ins  | surance Portability and Accountability Act of 1996, as   |
| amended, and its implementing regulations (45   | C.F.R. Parts 160-164) (collectively, "HIPAA").           |

#### WITNESSETH:

WHEREAS, the County wishes to allow the Contractor to have access to Protected Health Information ("PHI"), including but not limited to, Electronic Protected Health Information ("EPHI") which is either provided to the Contractor by the County, or received, viewed, or created by the Contractor on behalf of the County in the course of performing the Services hereinafter set forth;

WHEREAS, the Contractor requires access to such PHI and EPHI to effectively perform the Services;

WHEREAS, the County is required by the Privacy and Security Rules promulgated pursuant to HIPAA to have a written agreement with the Contractor with respect to the use and disclosure of PHI and EPHI; and

WHEREAS, the parties desire to enter into this Addendum to set forth the terms and conditions pursuant to which PHI and EPHI will be handled by the Contractor and certain third parties, as applicable, during the duration of the Agreement of which it is a part, and upon that Agreement's termination, cancellation, expiration, or other conclusion.

NOW, THEREFORE, in consideration of the mutual promises and covenants set forth herein, and for other good and valuable consideration, the receipt of which is hereby mutually acknowledged, the parties hereby agree as follows:

#### 1. DEFINITIONS

Capitalized terms used, but not otherwise defined, in this Addendum shall have the meaning set forth in HIPAA at 45 CFR §§160.103, 164.103 and 164.501.

- 1.1 <u>Designated Record Set</u>. "Designated Record Set" shall have the meaning set forth in 45 C.F.R. §164.501.
- 1.2 <u>Electronic Protected Health Information</u>. "Electronic Protected Health Information" or "EPHI" shall have the meaning set forth in 45 C.F.R. § 160.103.
- 1.3 <u>HHS</u>. "HHS" shall mean the U.S. Department of Health and Human Services, or any successor agency thereto.

- 1.4 <u>Individual</u>. "Individual" shall have the same meaning as the term "individual" set forth in 45 CFR §160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).
- 1.5 <u>Privacy Officer</u>. "Privacy Officer" shall have the meaning set forth in 45 C.F.R. §164.530(a)(1).
- 1.6 <u>Privacy Rule</u>. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information provided at 45 CFR Part 160 and Part 164.
- 1.7 <u>Protected Health Information</u> or <u>PHI</u>. "Protected Health Information," or "PHI" shall have the same meaning as the term "protected health information" set forth in 45 CFR § 160.103.
- 1.8 Required by Law. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR §164.103.
- 1.9 <u>Secretary</u>. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his or her designee, or their respective successors.
- 1.10 <u>Security Incident</u>. "Security Incident" shall mean the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operations in an information system.
- 1.11 <u>Security Rule</u>. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 160 and Part 164.
- 1.12 <u>Standard Transactions</u>. "Standard Transactions" shall have the meaning set forth in 45 C.F.R. §162.103.

# 2. PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BY THE CONTRACTOR

- 2.1 <u>Use and Disclosure to Provide the Services to the Contractor</u>. The Contractor provides or will provide to, for, or on behalf of the County certain services (the "Services"), which Services require the use and/or disclosure of PHI pursuant to and as described in the Agreement, of which this Addendum is made a part. Except as otherwise expressly provided herein, the Contractor may use or disclose PHI in relation to such Services only as necessary to comply with applicable state and federal laws and to satisfy its obligations hereunder, as long as such use or disclosure of PHI would not violate (a) the Privacy Rule if done by the County and (b) any other applicable federal or state law which imposes requirements of confidentiality on the use and/or disclosure of PHI more stringent than those imposed by the Privacy Rule ("Other Legal Requirements"). If there shall exist any conflict between the requirements of the Privacy Rule and the Other Legal Requirements, the Contractor shall comply with both, to the extent possible, and otherwise with the more stringent requirements. All other uses or disclosures of the PHI not expressly authorized herein are strictly prohibited.
- 2.2 <u>Use and Disclosure for Management and Administration Purposes</u>. In addition to the uses and disclosures described above, the Contractor may:
- a) use PHI for management and administration purposes and to satisfy any present or future legal responsibilities of the Contractor provided that such uses are permitted under applicable state and federal laws;

- b) disclose PHI in its possession to third parties for management and administration purposes and to satisfy any present or future legal responsibilities of the Contractor, provided that the Contractor shall represent to the County, promptly in writing, that: (i) the disclosures are Required by Law, or (ii) the Contractor has obtained from the third party written assurances regarding its confidential handling of such PHI as required under 45 C.F.R. §164.504(e)(4). For such written assurances to be satisfactory, they must bind the third party to:
- i) maintain the confidentiality of PHI in its possession and limit the use and/or disclosure of such PHI to the purposes for which the Contractor disclosed the PHI to the third party, unless otherwise Required by Law; and
- ii) immediately notify the Contractor (who shall immediately notify the County) of any instance in which the third party learns of any unauthorized use and/or disclosure of such PHI.

#### 3. RESPONSIBILITIES OF THE CONTRACTOR WITH RESPECT TO PHI

- 3.1 <u>Contractor's Responsibilities</u>. With respect to any use and/or disclosure of PHI, the Contractor hereby agrees that it shall:
- a) use and/or disclose PHI only as permitted or required by this Addendum, as required by the Privacy Rule, or as otherwise Required by Law;
- b) implement comprehensive procedures for mitigating any harmful effects from any unauthorized use and/or disclosure of PHI by the Contractor, its agents or subcontractors;
- c) report to the County's designated Privacy Officer, in writing, any use and/or disclosure of PHI which is not authorized hereunder of which the Contractor becomes aware or has knowledge within one (1) day of the Contractor's discovery of such unauthorized use and/or disclosure. The Contractor's report of such unauthorized use and/or disclosure shall specify at least: (i) the nature of the unauthorized use and/or disclosure; (ii) the specific PHI that was disclosed; (iii) the party responsible for making the unauthorized use and/or disclosure; (iv) what, if any, actions the Contractor has taken or will take to limit the extent of the unauthorized use(s) and/or disclosure(s), and to mitigate the damage resulting therefrom; (v) what, if any, corrective actions the Contractor has or will take to prevent further unauthorized uses and/or disclosures; (vi) when such corrective measures will be taken (if they have not already been completed), and, as applicable, an explanation of why they have not already been completed; and (vii) provide the County with any other information it reasonably requests;
- d) develop, implement, maintain and utilize appropriate administrative, technical, and physical safeguards, in compliance with the Social Security Act § 1173(d) (42 U.S.C. § 1320d-2(d)), the Privacy Rule, and any other regulations now in effect or later issued by HHS which implement HIPAA, to preserve the integrity and confidentiality, and to prevent unauthorized use and/or-disclosure, of PHI;
- e) require any of its subcontractors and/or agents that receive, use, or have any access to PHI, as authorized by this Addendum, to enter into a written agreement, which agreement shall contain provisions substantially similar to this Addendum, to comply with the same obligations and restrictions as are required of the Contractor hereunder;
- f) provide the Secretary of HHS with access to all records, books, agreements, policies, and procedures relating to the use and/or disclosure of PHI for compliance investigations;

- g) within ten (10) days of receipt of a written request, provide the County with access to all records, books, agreements, policies, and procedures relating to the use and/or disclosure of PHI for purposes of enabling the County to determine the Contractor's compliance with the terms of this Addendum. Such access shall be at the Contractor's place of business during normal operating hours;
- h) within five (5) days of receipt of a written request from the County, provide the County with such information as is requested to permit it to respond to a request by an Individual for an accounting of disclosures of all PHI related to the Individual;
- i) subject to Section 7.4 below, within thirty (30) days of the earlier of the termination of the Agreement or this Addendum, return to the County or destroy all PHI in its possession. The Contractor shall not retain any copies of such information in any form; and
- j) disclose to its subcontractors, agents, and any other third parties, and request from the County, only the minimum PHI necessary to conduct or fulfill a specific function authorized hereunder.
- 3.2 Responsibilities of the Contractor with Respect to Access, Amendment, Restrictions, and Accounting of Disclosures of PHI. The Contractor hereby agrees to do the following with respect to providing access to PHI, amending inaccuracies contained in PHI, restrictions regarding PHI, and accounting for disclosures of PHI in its possession:
- a) at the request of, and in the time and manner designated by the County, provide access to any PHI contained in a Designated Record Set to the County or to the Individual who is the subject of such PHI or his or her authorized representative, as applicable, to satisfy a request for inspection and/or copying under 45 C.F.R. § 164.524;
- b) at the request of, and in the time and manner designated by the County, make any amendment(s) that the County so directs, or permit the County access to amend, any portion of the PHI pursuant to 45 C.F.R. § 164.526 to allow the County to comply with the Privacy Rule;
- c) at the request of, and in the time and manner designated by the County, comply with any restrictions that the County has agreed to adhere to with regard to the use and disclosure of PHI of any Individual that materially affects and/or limits the uses and disclosures which are otherwise permitted; and
- d) record each disclosure that the Contractor makes of PHI for the County to respond to an Individual's request for an accounting in accordance with 45 C.F.R. §164.528. Such record shall include, but not be limited to: (i) the date of disclosure; (ii) the name and address of the Individual or organization to whom the disclosure was made; (iii) a description of the PHI disclosed; and (iv) a statement of the purpose for the disclosure (collectively the "disclosure information"). If the Contractor makes multiple disclosures of PHI to the same person or entity for a single purpose, the Contractor may provide: (i) the disclosure information for the first disclosure; (ii) the frequency, periodicity, or number of these repetitive disclosures; and (iii) the date of the last of these repetitive disclosures. Such disclosure information must be kept by the Contractor for a period of not less than six (6) years from the date of disclosure.

#### 4. RESPONSIBILITIES OF THE COUNTY WITH RESPECT TO PHI

4.1 <u>Responsibilities of the County</u>. With respect to any use and/or disclosure of PHI, the County hereby undertakes to do the following to the extent material to the PHI held by the Contractor:

- a) inform the Contractor of any changes in the County's Notice of Privacy Practices (the "Notice"), which the County provides to Individuals pursuant to 45 C.F.R. §164.520, and provide the Contractor a current copy of such Notice and a copy of all updated versions thereof prior to their effective date;
- b) inform the Contractor of any changes in, or withdrawal of, any relevant authorization provided to the County by Individuals pursuant to 45 C.F.R. §164.508, which impact the Contractor under the Agreement;
- c) inform the Contractor of any applicable decisions made by any Individual to optout of allowing his or her PHI to be used for fundraising activities of the County pursuant to 45 C.F.R. §164.514(f), which impact the Contractor under the Agreement; and
- d) notify the Contractor, in writing, of any arrangements permitted or required under 45 C.F.R. parts 160 and 164, which impact the use and/or disclosure of PHI by the Contractor under the Agreement, including, but not limited to, restrictions on use and/or disclosure of PHI as provided for in 45 C.F.R. §164.522 agreed to by the County.
- 4.2 <u>Responsibilities of the County with Respect to Access, Amendment, Restrictions and Accounting of Disclosures of PHI</u>. The County hereby agrees to do the following regarding access to PHI, amendments to inaccuracies contained in PHI, and restrictions regarding PHI in the Contractor's possession, to the extent material to the PHI held by the Contractor:
- a) notify the Contractor, in writing, of any PHI that the County seeks to make available to an Individual pursuant to 45 C.F.R. § 164.524 and the time, manner, and form which the Contractor shall provide such access;
- b) notify the Contractor, in writing, of any amendment(s) to PHI in the possession of the Contractor that the Contractor shall make and inform the Contractor of the time, form, and manner in which such amendment(s) shall be made; and
- c) notify the Contractor, in writing, of any restrictions that the County has agreed to adhere to with regard to the use and disclosure of PHI of any Individual that materially affects and/or limits the uses and disclosures which are otherwise permitted.

#### 5. RESPONSIBILITIES OF THE CONTRACTOR WITH RESPECT TO EPHI

- 5.1 <u>The Contractor's Responsibilities.</u> With respect to any use and/or disclosure of EPHI, Contractor agrees that it shall:
- a) implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of EPHI that Contractor creates, receives, maintains, or transmits on behalf of the County. Contractor shall be responsible for ensuring that such safeguards are adequate to comply with the requirements of the Security Rule.
- b) ensure that any agent to whom it provides EPHI, including a subcontractor, agrees to implement reasonable and appropriate safeguards to protect such EPHI.
- c) report to the County, in writing, any Security Incident within three (3) business days of becoming aware of such Security Incident. Without limiting the foregoing, the Contractor shall

report to the County regarding whether such Security Incident has resulted in a breach of the Security Rule.

- d) upon the County's request, provide the County with immediate access to the Contractor's security systems and programs in order for the County to investigate any Security Incident or to audit the Contractor's security systems and programs. The Contractor acknowledges that the County has the right, but not the obligation, to access and audit the Contractor's security systems and programs.
- e) provide the Secretary of HHS with access to all records, books, agreements, policies and procedures relating to the use and/or disclosure of EPHI for compliance investigations.
- f) within ten (10) days of receipt of a written request, provide the County with access to all records, books, agreements, policies and procedures relating to the use and/or disclosure of EPHI for purposes of enabling the County to determine the Contractor's compliance with the terms of this Agreement. Such access shall be at the Contractor's place of business during routine operating hours.

#### 6. COMPLIANCE WITH STANDARD TRANSACTIONS

- 6.1 <u>Compliance with Standard Transactions by the Contractor</u>. If the Contractor conducts in whole or in part Standard Transactions for or on behalf of the County, the Contractor shall:
- a) comply and require all subcontractors and agents of the Contractor to comply with each applicable requirement of 45 C.F.R. Part 162; and
- b) not enter into, or permit its subcontractors or agents to enter into, any trading partner addendum or agreement in connection with the conduct of Standard Transactions for or on behalf of the County that:
  - i) alters the definition, data condition, or use of any data element or segment in any Standard Transaction;
  - ii) adds any elements or segments to the maximum defined data set;
  - iii) uses any code or data element that is marked "not used" in the Standard Transaction's specifications for execution or is not in the Standard Transaction's specifications for execution; or
  - iv) changes the meaning or intent of the Standard Transaction's specifications for implementation.

#### 7. TERMS AND TERMINATION

- 7.1 Term. This Addendum shall become effective as of the date first indicated above, and shall continue in effect until all of the PHI provided by the County to the Contractor, or created or received by the Contractor on behalf of the County, is destroyed or returned to the County, and all other obligations of the parties have been met, unless terminated by the County as provided in Section 7.2. If it is infeasible to return or destroy such PHI, then such PHI shall continue to be protected as set forth in Section 7.4.
- 7.2 Termination by the County. As provided for under 45 C.F.R. §§ 164.504(e)(2)(iii) and 164.314(a)(2)(i), the County may (a) exercise its rights under Section 7.3 below or (b) immediately terminate the Agreement if the County, in its sole discretion, determines that the Contractor has breached a material term of this Addendum. The County may exercise such right to terminate the Agreement by providing the Contractor with written notice of its intent to terminate specifying the material breach of the Agreement that provides the basis for termination. Such termination will be effective immediately, unless another date is specified in such notice.

- 7.3 Opportunity to Cure. As provided for under 45 C.F.R. § 164.504(e)(2)(iii) and notwithstanding Section 7.2 hereof, the County may terminate the Agreement, after notice and opportunity to cure as herein provided, if the County, in its sole discretion, determines that the Contractor has unintentionally breached a material term of this Addendum. If the County decides to provide an opportunity to cure in such case, it shall: (a) provide the Contractor with written notice of the existence of an alleged material breach; and (b) afford the Contractor an opportunity to cure the alleged material breach. Failure to cure within fourteen (14) days shall constitute grounds for the immediate termination of the Agreement by the County.
- 7.4 <u>Effect of Termination</u>. Upon the termination, cancellation, or any other conclusion of the Agreement, the Contractor shall, if feasible, return to the County or destroy all PHI, in whatever form or medium, pursuant to 45 C.F.R. § 164.504(e)(2)(ii)(I), including, but not limited to, PHI in the possession of its subcontractors and/or agents, within thirty (30) days of the effective date of the termination, cancellation, or other conclusion of the Agreement.
- a) Once all PHI in the Contractor's possession or control, including, but not limited to, PHI in the possession or control of its subcontractors and/or agents, has been returned to the County or destroyed, the Contractor shall provide a written certification to the County regarding the return or destruction of such PHI within such thirty (30) day period. Such certification shall be relied upon by the County as a binding representation; and
- b) if the Contractor believes that return or destruction of PHI in its possession and/or in the possession of its subcontractors or agents is infeasible, the Contractor shall notify the County of such infeasibility in writing. Said notification shall include, but not be limited to: (i) a statement that the Contractor has, in good faith, determined that it is infeasible to return or destroy the PHI in its possession and/or in the possession of its subcontractors or agents, as applicable, (ii) identification of the PHI that the Contractor believes it is infeasible to return or destroy, and (iii) the specific reasons for such determination. In addition to providing such notification, the Contractor shall certify within such thirty (30) day period that it will and will require its subcontractors or agents, as applicable, to limit any further uses and/or disclosures of such PHI to the purposes that make the return or destruction of the PHI infeasible.

#### 8. INDEMNIFICATION

- 8.1 <u>Indemnity</u>. The Contractor agrees to indemnify and hold harmless the County and any of its affiliates, officers, directors, employees, attorneys, or agents (collectively, "Indemnitees") from and against any claim, cause of action, liability, damage, cost, or expense, including attorneys' fees and court or proceeding costs, and the fees and costs of enforcement of the indemnification rights provided herein, arising out of or in connection with any non-permitted or violating use or disclosure of PHI or other breach of this Addendum by the Contractor or any subcontractor, agent, person, or entity under the Contractor's control.
- 8.2 <u>Control of Defense.</u> If any Indemnitees are named a party in any judicial, administrative, or other proceeding arising out of or in connection with any use or disclosure of PHI by the Contractor or any subcontractor, agent, Individual, or organization under the Contractor's control, and such use or disclosure of PHI was not permitted by this Addendum, then any Indemnitee shall have the option at any time either: (i) to tender defense to the Contractor, in which case the Contractor shall provide qualified attorneys, consultants, and other appropriate professionals to represent the Indemnitee's interests at the Contractor's expense, or (ii) undertake its own defense, choosing the attorneys, consultants, and other appropriate professionals to represent its interests, in which case the Contractor shall be responsible for and pay the fees and expenses of such attorneys, consultants, and other professionals.

10.7 <u>Interpretation</u>. Any ambiguity in the Agreement (including, but not limited to, this Addendum) shall be resolved in favor of a meaning that permits the County to comply to the greatest extent possible with the Privacy Rule, the Security Rule and Other Legal Requirements.

IN WITNESS WHEREOF, each of the undersigned has caused this Addendum to be duly executed in its name and on its behalf effective as of the date first indicated above.

| NASSAU COUNTY | VMC GROVP, INC.,              |
|---------------|-------------------------------|
|               | (/LA)//                       |
| Зу:           | By: Alle Klan '               |
| Print Name:   | Print Name: /CHARLES J. CANIM |
| Title:        | Title: PRESIDENT              |
| Date:         | Date: 8/14/14                 |
|               |                               |

8.3 <u>Control of Resolution</u>. The Indemnitees shall have the sole right and discretion to settle, compromise, or otherwise resolve any and all claims, causes of actions, liabilities, or damages against them, notwithstanding that the Indemnitees may have tendered their defense to the Contractor. Any such resolution will not relieve the Contractor of its obligation to indemnify the Indemnitees under this Section.

#### 9. CONFIDENTIALITY

This Addendum does not affect any other obligations in the Agreement to the extent not inconsistent herewith or not involving the confidentiality, use, or disclosure of PHI. This Addendum, however, does supercede all other obligations in the Agreement to the extent they are inconsistent herewith and involve the confidentiality, use, or disclosure of PHI.

#### 10. MISCELLANEOUS

- 10.1 <u>Survival</u>. The respective rights and obligations of the Contractor and the County under the provisions of Sections 3, 4, 5, 7.4, and 8, solely with respect to PHI the Contractor retains in accordance with Section 7.4 because it is not feasible to return or destroy such PHI, shall survive the termination of the Agreement indefinitely. In addition, Section 9 shall survive termination of this Addendum indefinitely, notwithstanding whether the Contractor retains PHI in accordance with Section 7.4 hereto.
- 10.2 <u>Amendments</u>. The Agreement (including the terms of this Addendum) may not be modified, nor shall any provision of the Agreement be waived or amended, except in a writing duly signed by authorized representatives of the parties and expressly referencing the Agreement. Notwithstanding anything in the Agreement to the contrary, to the extent that the Privacy Rule or Security Rule, or any other applicable law related to the privacy or security of health information is materially amended, updated, or revised following the execution of this Addendum, the parties agree to take such action as is necessary to amend this Addendum from time to time as is necessary for the County to comply with the requirements of HIPAA.
- 10.3 No Third Party Beneficiaries. Nothing contained in the Agreement (including, but not limited to, this Addendum), whether express or implied, is intended to confer, nor shall anything herein confer, upon any person other than the parties and their respective successors or assigns of the parties, any rights, remedies, obligations, or liabilities whatsoever in relation to the disclosure or use of PHI.
- 10.4 <u>Cooperation and Disputes</u>. Each party will reasonably cooperate with the other in the performance of the mutual obligations under this Addendum. If any controversy, dispute, or claim arises between the parties with respect to the Agreement (including, but not limited to, this Addendum), the parties shall make reasonable good faith efforts to resolve such matters informally.
- 10.5 <u>Regulatory References</u>. Any reference to any part or section of the CFR shall include such part or section as drafted upon the effective date of this Addendum and as it is subsequently updated, amended, supplemented, superceded, or revised.
- 10.6 <u>Conflicts</u>. Any conflicts or inconsistencies between the terms in this Addendum and terms in other parts of the Agreement shall be resolved in favor of the terms in this Addendum.