



E-72-20

**NIFS ID:CLDA19000003 Department: District Attorney**

**Capital:**

SERVICE: Batterers Intervention Program

Contract ID #:CQDA16000011 04 NIFS Entry Date: 28-OCT-19 Term: from 01-JUL-19 to 30-JUN-20

Renewal
Time Extension:
Addl. Funds:
Blanket Resolution:
RES#

1) Mandated Program:	N
2) Comptroller Approval Form Attached:	Y
3) CSEA Agmt. § 32 Compliance Attached:	N
4) Vendor Ownership & Mgmt. Disclosure Attached:	Y
5) Insurance Required	Y

<b>Vendor Info:</b>	
Name: <b>Hispanic Counseling Center, Inc.</b>	Vendor ID#: <b>11-2592214</b>
Address: 344 Fulton Avenue Hempstead, New York 11501	Contact Person: Gladys Serrano, Chief Executive Officer
	Phone: 516-538-2613

<b>Department:</b>
Contact Name: Robert McManus, Director of Office Services
Address: Nassau County District Attorney's Office 262 Old Country Rd Mineola, NY 11501 Phone: 516-571-3354

## Routing Slip

Department	NIFS Entry: X	12-DEC-19 -- TNIEDFELD
Department	NIFS Approval: X	12-DEC-19 -- RMCMANUS
DPW	Capital Fund Approved:	
OMB	NIFA Approval: X	18-DEC-19 -- CNOLAN
OMB	NIFS Approval: X	16-DEC-19 -- JNOGID
County Atty.	Insurance Verification: X	12-DEC-19 -- AAMATO
County Atty.	Approval to Form: X	12-DEC-19 -- MMISRA
CPO	Approval: X	12-MAY-20 -- KOHAGENCE

<b>DCEC</b>	<b>Approval: X</b>	<b>15-MAY-20 -- JCHIARA</b>
<b>Dep. CE</b>	<b>Approval: X</b>	<b>18-MAY-20 -- H WILLIAMS</b>
<b>Leg. Affairs</b>	<b>Approval/Review: X</b>	<b>20-MAY-20 -- JSCHANTZ</b>
<b>Legislature</b>	<b>Approval:</b>	
<b>Comptroller</b>	<b>Deputy:</b>	
<b>NIFA</b>	<b>NIFA Approval:</b>	

## Contract Summary

<b>Purpose:</b> This is a one (1) year agreement to fund Batterer's Intervention Program to address the problem of domestic violence by changing the behavior of perpetrators and protecting victims and families.
<b>Method of Procurement:</b> Sole Source
<b>Procurement History:</b> Sole Source - please see attached sole source memo
<b>Description of General Provisions:</b> One (1) year agreement from 7/1/19 to 6/30/20 in the amount of \$85,000.00 to support the Contractor's "Batterer's Intervention Program" to address the problem of domestic violence by changing the behavior of perpetrators and protecting victims and families.
<b>Impact on Funding / Price Analysis:</b> 100% funded by State Forfeiture Funds.
<b>Change in Contract from Prior Procurement:</b> No change.
<b>Recommendation:</b> (approve as submitted) Approve as submitted.

## Advisement Information

BUDGET CODES		FUNDING SOURCE	AMOUNT	LINE	INDEX/OBJECT CODE	AMOUNT
Fund:	GRT					
Control:	DA	Revenue		1	DAGRT891BOTH/D E500	\$ 85,000.00
Resp:	891B	Contract:				\$ 0.00
Object:	DE	County	\$ 0.00			\$ 0.00
Transaction:	CLDA	Federal	\$ 0.00			\$ 0.00
Project #:		State	\$ 85,000.00			\$ 0.00
Detail:		Capital	\$ 0.00			\$ 0.00
		Other	\$ 0.00			\$ 0.00
		<b>TOTAL</b>	<b>\$ 85,000.00</b>		<b>TOTAL</b>	<b>\$ 85,000.00</b>

RENEWAL	
% Increase	
% Decrease	

RULES RESOLUTION NO. – 2020

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 DISTRICT ATTORNEY'S OFFICE, AND HISPANIC COUNSELING CENTER, INC. ("HCCI").

WHEREAS, the County has negotiated an amendment to a personal services agreement with HCCI to add money to the agreement and extending the term to provide a Batterer's Intervention Program, 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 amended agreement with HCCI.



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

**1. Vendor:** Hispanic Counseling Center, Inc.

**2. Dollar amount requiring NIFA approval:** \$85000

**Amount to be encumbered:** \$85000

This is a Renewal

If new contract - \$ amount should be full amount of contract

If advisement – NIFA only needs to review if it is increasing funds above the amount previously approved by NIFA

If amendment - \$ amount should be full amount of amendment only

**3. Contract Term:** 07/1/2019 - 06/30/2020

Has work or services on this contract commenced? Y ☐

If yes, please explain: Continuing Program

**4. Funding Source:**

General Fund (GEN)

Capital Improvement Fund (CAP)

Other

X Grant Fund (GRT)

Federal % 0

State % 100

County % 0

Is the cash available for the full amount of the contract?

Y

If not, will it require a future borrowing?

N

Has the County Legislature approved the borrowing?

N/A

Has NIFA approved the borrowing for this contract?

N/A

**5. Provide a brief description (4 to 5 sentences) of the item for which this approval is requested:**

One (1) year agreement to fund Batterer's Intervention Program

**6. Has the item requested herein followed all proper procedures and thereby approved by the:**

Nassau County Attorney as to form Y

Nassau County Committee and/or Legislature

**Date of approval(s) and citation to the resolution where approval for this item was provided:**

**7. Identify all contracts (with dollar amounts) with this or an affiliated party within the prior 12 months:**

Contract ID	Date	Amount

## 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.

CNOLAN

18-DEC-19

**Authenticated User**

**Date**

## COMPTROLLER'S OFFICE

To the best of my knowledge, I hereby certify that the information listed is true and accurate and is in conformance with the Nassau County Approved Budget and not in conflict with the Nassau County Multi-Year Financial Plan.

Regarding funding, please check the correct response:

☐ I certify that the funds are available to be encumbered pending NIFA approval of this contract.

If this is a capital project:

I certify that the bonding for this contract has been approved by NIFA.

Budget is available and funds have been encumbered but the project requires NIFA bonding authorization

**Authenticated User**

**Date**

## NIFA

Amount being approved by NIFA:

Payment is not guaranteed for any work commenced prior to this approval.

**Authenticated User**

**Date**

**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.**

Jack Schnirman  
Comptroller



CLDA19000003  
CQDA16000011

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:** Hispanic Counseling Center, Inc.

**CONTRACTOR ADDRESS:** 344 Fulton Avenue, Hempstead, NY 11550

**FEDERAL TAX ID #:** 11-2592214

**Instructions:** Please check the appropriate box ("☐") 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 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 on \_\_\_\_\_ [date]. Potential proposers were made aware of the availability of the RFP by advertisement in \_\_\_\_\_ [newspaper], posting on industry websites, via email to interested parties and by publication on the County procurement website. Proposals were due on \_\_\_\_\_ [date]. \_\_\_\_\_ [state #] proposals were received and evaluated. The evaluation committee consisted of: \_\_\_\_\_

\_\_\_\_\_ (list # of persons on committee and their respective departments). The proposals were scored and ranked. As a result of the scoring and ranking, the highest-ranking proposer was selected.

**III. ☐ This is a renewal, extension or amendment of an existing contract.**

The contract was originally executed by Nassau County on \_\_\_\_\_ [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 \_\_\_\_\_

\_\_\_\_\_  
[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-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.

**Instructions with respect to Sections VIII, IX and X:** All Departments must check the box for VIII. Then, check the box for either IX or X, as applicable.

**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 submission of the first claim voucher, for services under this 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

10/28/19  
\_\_\_\_\_  
Date

**NOTE:** 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.



**MADELINE SINGAS**  
DISTRICT ATTORNEY



**OFFICE OF THE DISTRICT ATTORNEY  
NASSAU COUNTY**

**To:** Office of the Comptroller  
Office of Management and Budget

**From:** Jeffrey M. Stein  
Chief Administrative Officer

**Date:** October 28, 2019

**RE:** Sole Source Justification – Hispanic Counseling Center, Inc.

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This is a one-year extension of an agreement with Hispanic Counseling Center, Inc., to provide funding for the contractor's Batterer's Intervention Program, an educational and counseling program designed to change the behavior of perpetrators of domestic violence and protect victims and families.

The Hispanic Counseling Center, Inc., has been selected as a recipient of discretionary funding on the part of the District Attorney's Office because it is the only agency in Nassau County licensed by the State of New York to provide mental health and substance abuse treatment in an entirely bilingual, bicultural setting. The contractor operates a variety of programs and services which include mental health outpatient, chemical dependency, child, youth and family support, housing services for the mentally ill, Medicaid service coordination for the developmentally disabled, teen counseling, and a mental health program for individuals with HIV/AIDS. The Hispanic Counseling Center is Long Island's premier agency providing comprehensive professional services to the fast growing and vastly underserved Hispanic communities in our region, presently serving over 1,300 clients per month.

JMS:tn



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?

YES ☐ NO ☒ If yes, to what campaign committee?

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.

Electronically signed and certified at the date and time indicated by:  
Gladys Serrano, LCSW [GSERRANO@HISPANICCOUNSELING.ORG]

Dated: 01/06/2020 11:57:19 AM

Vendor: Hispanic Counseling Center Inc.

Title: Chief Executive Officer



COUNTY OF NASSAU

LOBBYIST REGISTRATION AND DISCLOSURE FORM

1. 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.

none

2. List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):

none

3. Name, address and telephone number of client(s) by whom, or on whose behalf, the lobbyist is retained, employed or designated:

none

4. Describe lobbying activity conducted, or to be conducted, in Nassau County, and identify client(s) for each activity listed. See the last page for a complete description of lobbying activities.

none

5. The name of persons, organizations or governmental entities before whom the lobbyist expects to lobby:

none

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?

YES ☐ NO ☒ If yes, to what campaign committee? If none, you must so state:

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.

Electronically signed and certified at the date and time indicated by:  
Gladys Serrano [GSERRANO@HISPANICCOUNSELING.ORG]

Dated: 05/05/2020 04:24:06 PM

Vendor: Hispanic Counseling Center

Title: CEO

**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 but 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" does not include:** 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.

## 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: Nanette Malebranche  
Date of birth: 12/23/1956  
Home address: 1954 Herbert Court  
City: Bellmore State/Province/Territory: NY Zip/Postal Code: 11710  
Country: US

Business Address: 510 Stewart Avenue  
City: Garden City State/Province/Territory: NY Zip/Postal Code: 11530  
Country: US  
Telephone: 5162149591

Other present address(es):  
City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_

List of other addresses and telephone numbers attached

2. Positions held in submitting business and starting date of each (check all applicable)

President	<u>09/18/2019</u>	Treasurer	_____
Chairman of Board	_____	Shareholder	_____
Chief Exec. Officer	_____	Secretary	_____
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 notfor-profit organization other than the one submitting the questionnaire?

YES ☐ NO ☒ 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?  
YES ☐ NO ☒ If Yes, provide details.

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 ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

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?

YES ☐ NO ☒ If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.

a. Is there any felony charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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? Y

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

10. 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 an explanation of the circumstances and corrective action taken.

11. 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 an explanation of the circumstances and corrective action taken.

12. 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 an explanation of the circumstances and corrective action taken.

13. 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 an explanation of the circumstances and corrective action taken.

I, Nanette Malebranche , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Nanette Malebranche , hereby certify that I have read and understand all the items contained in this form; 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 form; 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 form as additional inducement to enter into a contract with the submitting business entity.

**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.

Hispanic Counseling Center  
Name of submitting business

Electronically signed and certified at the date and time indicated by:  
Nanette Malebranche [NJMALEBRANCHE@FEDEX.COM]

Board President  
Title

05/04/2020 03:13:39 PM  
Date

## **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: Gladys Serrano  
Date of birth: 07/01/1946  
Home address: 5 Sprng Dr  
City: Seaford State/Province/Territory: NY Zip/Postal Code: 11550  
Country: US

Business Address: 344 Fulton Ave  
City: Hempstead State/Province/Territory: NY Zip/Postal Code: 11550  
Country: US  
Telephone: (516) 538-2613

Other present address(es):  
City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
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 Exec. Officer	<u>05/11/2015</u>	Secretary	_____
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 notfor-profit organization other than the one submitting the questionnaire?

YES ☐ NO ☒ 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?

YES ☐ NO ☒ If Yes, provide details.

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 ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

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?

YES ☐ NO ☒ If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.

a. Is there any felony charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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? Y

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

10. 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 an explanation of the circumstances and corrective action taken.

11. 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 an explanation of the circumstances and corrective action taken.

12. 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 an explanation of the circumstances and corrective action taken.

13. 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 an explanation of the circumstances and corrective action taken.

I, Gladys Serrano , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Gladys Serrano , hereby certify that I have read and understand all the items contained in this form; 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 form; 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 form as additional inducement to enter into a contract with the submitting business entity.

**CERTIFICATION**

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Hispanic Counseling Center, INC  
Name of submitting business

Electronically signed and certified at the date and time indicated by:  
Gladys Serrano [GSERRANO@HISPANICCOUNSELING.ORG]

CEO  
Title

02/06/2020 02:40:16 PM  
Date

## **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: Lawrence A Vollaro  
Date of birth: 05/17/1964  
Home address: 1299 Milanna Lane  
City: Wantagh State/Province/Territory: NY Zip/Postal Code: 11793  
Country: US

Business Address: 534 Broadhollow Rd Suite 302  
City: Melville State/Province/Territory: NY Zip/Postal Code: 11747  
Country: US  
Telephone: (212) 736-0022

Other present address(es):  
City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
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 Exec. Officer	_____	Secretary	_____
Chief Financial Officer	<u>01/04/2016</u>	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 notfor-profit organization other than the one submitting the questionnaire?

YES ☒ NO ☐ If Yes, provide details.

I am a partner in Lehman Flynn Vollaro CPA's



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?  
YES ☐ NO ☒ If Yes, provide details.

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 ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

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?

YES ☐ NO ☒ If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.

a. Is there any felony charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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? Y

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

10. 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 an explanation of the circumstances and corrective action taken.

11. 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 an explanation of the circumstances and corrective action taken.

12. 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 an explanation of the circumstances and corrective action taken.

13. 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 an explanation of the circumstances and corrective action taken.

I, Lawrence Vollaro , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Lawrence Vollaro , hereby certify that I have read and understand all the items contained in this form; 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 form; 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 form as additional inducement to enter into a contract with the submitting business entity.

**CERTIFICATION**

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Hispanic Counseling Center  
Name of submitting business

Electronically signed and certified at the date and time indicated by:  
Lawrence Vollaro [LVOLLARO@LNFCPA.COM]

CFO  
Title

05/05/2020 02:20:00 PM  
Date

## **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: Dilcia Granville  
Date of birth: 01/04/1957  
Home address: 384 Arkansas Drive  
City: Valley Stream State/Province/Territory: NY Zip/Postal Code: 11580  
Country: US

Business Address: Hispanic Counseling Center  
City: Hempstead State/Province/Territory: NY Zip/Postal Code: 11550  
Country: US  
Telephone: 5165382613

Other present address(es):  
City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
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 Exec. Officer	_____	Secretary	_____
Chief Financial Officer	_____	Partner	_____
Vice President	<u>09/01/2019</u>		
(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 notfor-profit organization other than the one submitting the questionnaire?

YES ☒ NO ☐ If Yes, provide details.

Past President of the Board for the Latino Social Work Coalition in New York City

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?

YES ☒ NO ☐ If Yes, provide details.

The Latino Social Work Coalition received vends from the New York City Council

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 ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

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?

YES ☐ NO ☒ If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.

a. Is there any felony charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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? Y

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

10. 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 an explanation of the circumstances and corrective action taken.

11. 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 an explanation of the circumstances and corrective action taken.

12. 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 an explanation of the circumstances and corrective action taken.

13. 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 an explanation of the circumstances and corrective action taken.



I, Dilcia Granville , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Dilcia Granville , hereby certify that I have read and understand all the items contained in this form; 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 form; 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 form as additional inducement to enter into a contract with the submitting business entity.

**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.

Hispanic Counseling Center

Name of submitting business

Electronically signed and certified at the date and time indicated by:

Dilcia Granville [DGRANV07@HOTMAIL.COM]

Vice-President of the Board of Director

Title

05/08/2020 02:21:41 PM

Date

## **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: David H. Stonehill  
Date of birth: 01/09/1954  
Home address: 2536 Columbus Ave.  
City: N. Bellmore State/Province/Territory: NY Zip/Postal Code: 11710  
Country: US

Business Address: 2536 Columbus Ave.  
City: N. Bellmore State/Province/Territory: NY Zip/Postal Code: 11710  
Country: US  
Telephone: (516) 378-7627

Other present address(es):  
City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
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	<u>09/18/2019</u>
Chairman of Board	_____	Shareholder	_____
Chief Exec. Officer	_____	Secretary	_____
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 notfor-profit organization other than the one submitting the questionnaire?

YES ☐ NO ☒ 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?  
YES ☐ NO ☒ If Yes, provide details.

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 ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

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?

YES ☐ NO ☒ If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.

a. Is there any felony charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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? Y

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

10. 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 an explanation of the circumstances and corrective action taken.

11. 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 an explanation of the circumstances and corrective action taken.

12. 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 an explanation of the circumstances and corrective action taken.

13. 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 an explanation of the circumstances and corrective action taken.

I, David H. Stonehill , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, David H. Stonehill , hereby certify that I have read and understand all the items contained in this form; 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 form; 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 form as additional inducement to enter into a contract with the submitting business entity.

**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.

Hispanic Counseling Center

Name of submitting business

Electronically signed and certified at the date and time indicated by:

David H. Stonehill [ECKHILL@AOL.COM]

Treasurer

Title

05/05/2020 11:38:25 AM

Date

## **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: Graciela E. Alford  
Date of birth: 11/30/0047  
Home address: 1526 Bellmore Road  
City: North Bellmore State/Province/Territory: NY Zip/Postal Code: 11710  
Country: US
- Business Address: 344 fulton ave  
City: Hempstead State/Province/Territory: NY Zip/Postal Code: 11550  
Country: US  
Telephone: (516) 538-2613
- Other present address(es):  
City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone: (516) 679-9361

List of other addresses and telephone numbers attached

2. Positions held in submitting business and starting date of each (check all applicable)

President	_____	Treasurer	<u>06/15/2011</u>
Chairman of Board	_____	Shareholder	_____
Chief Exec. Officer	_____	Secretary	<u>09/18/2019</u>
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 notfor-profit organization other than the one submitting the questionnaire?

YES ☐ NO ☒ 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?  
YES ☐ NO ☒ If Yes, provide details.

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 ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

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?



YES ☐ NO ☒ If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.

a. Is there any felony charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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? Y

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

10. 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 an explanation of the circumstances and corrective action taken.

11. 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 an explanation of the circumstances and corrective action taken.

12. 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 an explanation of the circumstances and corrective action taken.

13. 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 an explanation of the circumstances and corrective action taken.

I, Graciela E. Alford , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Graciela E. Alford , hereby certify that I have read and understand all the items contained in this form; 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 form; 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 form as additional inducement to enter into a contract with the submitting business entity.

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Hispanic Counseling Center Inc.

Name of submitting business

Electronically signed and certified at the date and time indicated by:

Graciela E. Alford [GRACELIZABETH47@YAHOO.COM]

Secretary

Title

05/05/2020 02:36:43 PM

Date

## **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: Luis A Milete  
Date of birth: 02/03/1959  
Home address: 142 East Saint Marks Pl  
City: Valley Stream State/Province/Territory: NY Zip/Postal Code: 11580  
Country: US

Business Address: 344 Fulton Avenue  
City: Hempstead State/Province/Territory: NY Zip/Postal Code: 11550  
Country: US  
Telephone: (516) 538-2613

Other present address(es):  
City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
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 Exec. Officer	_____	Secretary	_____
Chief Financial Officer	_____	Partner	_____
Vice President	_____		
(Other)	_____		

Type	Description	Start Date
Other	Controller	04/13/2004

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 notfor-profit organization other than the one submitting the questionnaire?

YES ☐ NO ☒ 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?

YES ☐ NO ☒ If Yes, provide details.

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 ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

- 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 an explanation of the circumstances and corrective action taken.

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?  
YES ☐ NO ☒ If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9. a. Is there any felony charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- b. Is there any misdemeanor charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- c. Is there any administrative charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- 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? Y  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- f. In the past 5 years, have you been found in violation of any administrative or statutory charges?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

10. 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 an explanation of the circumstances and corrective action taken.

11. 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 an explanation of the circumstances and corrective action taken.

12. 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 an explanation of the circumstances and corrective action taken.

13. 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 an explanation of the circumstances and corrective action taken.

I, Luis A Milete , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Luis A Milete , hereby certify that I have read and understand all the items contained in this form; 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 form; 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 form as additional inducement to enter into a contract with the submitting business entity.

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Hispanic Counseling Center Inc.

Name of submitting business

Electronically signed and certified at the date and time indicated by:

Luis A Milete [LMILETE@HISPANICCOUNSELING.ORG]

Controller

Title

05/01/2020 04:20:12 PM

Date



### **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: 01/02/2019

1) Proposer's Legal Name: Hispanic Counseling Center Inc.

2) Address of Place of Business: 344 Fulton Avenue

City: Hempstead State/Province/Territory: NY Zip/Postal Code: 11550

Country: US

3) Mailing Address (if different): 344 Fulton Avenue

City: Hempstead State/Province/Territory: NY Zip/Postal Code: 11550

Country: US

Phone: (516) 538-2613

Does the business own or rent its facilities? Own If other, please provide details:

4) Dun and Bradstreet number: 12-540-67-77

5) Federal I.D. Number: 11-2592214

6) The proposer is a: Corporation (Describe) \_\_\_\_\_

7) Does this business share office space, staff, or equipment expenses with any other business?

YES ☐ NO ☒ If yes, please provide details:

8) Does this business control one or more other businesses?

YES ☐ NO ☒ If yes, please provide details:

9) Does this business have one or more affiliates, and/or is it a subsidiary of, or controlled by, any other business?

YES ☐ NO ☒ If yes, please 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 ☒ If yes, state date, court jurisdiction, amount of liabilities and amount of assets

- 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, an explanation of the circumstances and corrective action taken.

- 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, an explanation of the circumstances and corrective action taken.

- 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 investigation, an explanation of the circumstances and corrective action taken.

b) Any misdemeanor charge pending?

YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

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?  
YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the  
circumstances and corrective action taken.

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 investigation, an explanation of the  
circumstances and corrective action taken.

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 investigation, an explanation of the  
circumstances and corrective action taken.

- 15) In the past (5) years, has this business or any of its owners or officers, or any other affiliated business 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 investigation, an explanation of the  
circumstances and corrective action taken.

- 16) For the past (5) tax years, has this business 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 year. Provide a detailed response to all  
questions checked 'YES'. If you need more space, photocopy the appropriate page and attach it to the  
questionnaire.

17 Conflict of Interest:

- a) Please disclose any conflicts of interest as outlined below. NOTE: If no conflicts 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.

No conflict exists

(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.

No conflict exists, see policy attached

(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 Nassau County.

No conflict exists, See policy attached

- 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.

If a conflict arises, we will notify the county and instructions are provided

1 File(s) Uploaded: Conflicts of Interest Policy.pdf

- 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.

Have you previously uploaded the below information under in the Document Vault?

YES ☐ NO ☒

Is the proposer an individual?

YES ☐ NO ☒ Should the proposer be other than an individual, the Proposal MUST include:

- i) Date of formation;

10/22/1981

- ii) Name, addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner. If none, explain.

*No individuals with a financial interest in the company have been attached..*

1 File(s) Uploaded: HCC Board of Directors Contact List 101718.doc

- iii) Name, address and position of all officers and directors of the company. If none, explain.

*No officers and directors from this company have been attached.*

1 File(s) Uploaded: HCC Board of Directors Contact List 101718.doc

- iv) State of incorporation (if applicable);

NY

- v) The number of employees in the firm;

82

- vi) Annual revenue of firm;

6462106

- vii) Summary of relevant accomplishments

see attached

1 File(s) Uploaded: 2016 Annual Report.pdf

- viii) Copies of all state and local licenses and permits.

2 File(s) Uploaded: Chemical Dependency Operating Certificate 060117 - 053120.pdf, Mental Health Operating Certificate.pdf

- B. Indicate number of years in business.

41

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

Hispanic Counseling Center has been licensed by the State of New York to provide Mental Health and Alcohol and substance abuse services and treatment

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

Company NYS Office of Alcoholism & Substance Abuse Services (NYS OASAS)  
Contact Person Oscar Rivera  
Address 998 Crooked Hill Road  
City West Brentwood State/Province/Territory NY  
Country US  
Telephone (631) 434-7263  
Fax #  
E-Mail Address Oscar.Rivera@oasas.ny.gov

Company United Way of Long Island  
Contact Person Victoria White  
Address 819 Grand Blvd.  
City Deer Park State/Province/Territory NM  
Country US  
Telephone (631) 940-3723  
Fax #  
E-Mail Address vwhite@unitedwayli.oeg

Company NYS Office of Mental Health  
Contact Person Kimberly Page  
Address 44 Holland Avenue, 4th Fl  
City Albany State/Province/Territory NY  
Country US  
Telephone (518) 474-3048  
Fax #  
E-Mail Address kimberly.page@omh.ny.gov

I, Gladys Serrano , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Gladys Serrano , hereby certify that I have read and understand all the items contained in this form; 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 form; 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 form as additional inducement to enter into a contract with the submitting business entity.

#### **CERTIFICATION**

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Name of submitting business: Hispanic Counseling Center

Electronically signed and certified at the date and time indicated by:  
Gladys Serrano [GSERRANO@HISPANICCOUNSELING.ORG]

CEO

Title

05/05/2020 04:52:21 PM

Date

HISPANIC COUNSELING CENTER, INC.		
CORPORATE COMPLIANCE PROGRAM POLICY AND PROCEDURE		
SUBJECT: CONFLICT OF INTEREST	NUMBER: XIV	
EFFECTIVE DATE: November 1, 2008	SUPERSEDES: None	PAGE 1 of 5

PURPOSE:

To assist The Hispanic Counseling Center (HCC) decision-makers in identifying potential *conflicts of interest*, and insuring that the integrity of agency decisions is not compromised by potential conflicts.

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A) POLICY:

This *Conflict of Interest* policy is designed to help board members, officers and *Authorized Employees* of HCC to identify situations that present potential *conflicts of interest*, and to provide HCC with a procedure that, if observed, will allow a *Transaction* to be treated as valid and binding in the appropriate circumstances, even though a board member, officer, or *Authorized Employee* has or may have a *Conflict of Interest* with respect to the *Transaction*. In the event there is an inconsistency between requirements and procedures prescribed herein and those of any governmental entity having such jurisdiction, the law shall control.

B) PROCEDURE:

1) Definition of terms.

- a) A *Responsible Person* is any person serving as an officer, *Authorized Employee* or member of the board of directors of HCC.
- b) An *Authorized Employee* is an employee with the authority to make binding purchasing decisions or check signing authority.
- c) A *Family Member* is a spouse, domestic partner, parent, child, or brother or sister of a *Responsible Person*.
- d) A *Material Financial Interest* is any stock, bond or other debt obligation, option or right to purchase stock, share in profits, investment, partnership interest or other proprietary interest of any nature in a business entity except that ownership of securities in a corporation shall not be deemed to constitute a *Material financial interest* if such securities are traded on a national securities exchange or reported regularly in the over-the-counter quotations in the financial press and the market value of securities so owned does not exceed fifty (50%) percent of the individual's gross annual income. A *Material Financial Interest* also includes an employment or Contractual relationship with such business entity.

SUBJECT: CONFLICT OF INTEREST	NUMBER: XIV
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- e) A *Contract* or *Transaction* is any agreement or relationship involving the sale or purchase of goods, services, or rights of any kind, the providing or receipt of a loan or grant, or the establishment of any other type of pecuniary relationship. The making of a gift to HCC or any related organization is not a *Contract* or *Transaction*.

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2) *Conflicts of Interest Defined*. For purposes of this policy, the following circumstances shall be deemed to create *Conflicts of Interest*:

a) *Outside Interests*.

- i) A *Contract* or *Transaction* between HCC and a *Responsible Person* or his or her *Family Member*.
- ii) A *Contract* or *Transaction* between HCC and an entity in which a *Responsible Person* or *Family Member* has a *Material Financial Interest* or an entity of which such person is a board member, officer, agent, partner, associate, trustee, personal representative, receiver, guardian, custodian, conservator, or other legal representative.

b) *Outside Activities*.

- i) A *Responsible Person* competing with HCC in the rendering of services or in any other *Contract* or *Transaction* with a third party.
  - ii) A *Responsible Person's* having a *Material Financial Interest* in; or serving as a board member, officer, *Authorized Employee*, agent, partner, associate, trustee, personal representative, receiver, guardian, custodian, conservator, or other legal representative of an entity or individual that competes with HCC in the provision of services or in any other *Contract* or *Transaction* with a third party.
- c) *Gifts, Gratuities and Entertainment*. A *Responsible Person* accepting gifts, entertainment, or other favors from any individual or entity that:

- i) Does or is seeking to do business with, or is a known competitor of HCC; or
- ii) Has received, is receiving, or is seeking to receive a loan or grant, or to secure other financial commitments from HCC,

under circumstances where a reasonable person would infer that such action was intended to influence or possibly would influence the *Responsible Person* in the performance of his or her duties. This does not preclude the acceptance of items of nominal or insignificant value or entertainment of nominal or insignificant value, which means not greater than \$500 per calendar year.



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In the event, however, that the total of any item or items is \$250 per year per donor, such gifts must be specifically disclosed including the name, address, phone number and relationship of the donor. In the case of a Board Member or Agency CEO as gift recipient, such disclosure shall be made to the Board of Directors of the Agency, or if the Agency has a Finance Committee, to the members of the Finance Committee. In the case of *Responsible Person's* who are neither the CEO nor members of the Board of Directors, such disclosure shall be made to the CEO or his designee.

### 3) Procedures for Disclosure

#### DUTY TO DISCLOSE

##### Board Members and Agency CEO:

- a) Before any board member or the agency CEO participates in a *Contract* or such *Transaction* involving a potential *Conflict of Interest*, such member having an *interest* is required to disclose all facts material to the *Conflict of Interest* to the Board of Directors, or if the agency has a Finance Committee, to the members of the Finance Committee. Such disclosure shall be reflected in the minutes of the meeting.
- b) In connection with any actual or potential *Conflict of Interest*, other than one involving a specific *Contract* or *Transaction*, a *Responsible Person* who is a board member or has a *Family Member* in conflict shall disclose the existence of the *Material Financial Interest* in a *Transaction* and be given the opportunity to disclose all material facts to the board members of the agency, or if the agency has a Finance Committee, to the members of the Finance Committee.
- c) A person who has a *Conflict of Interest* shall not participate in or be permitted to hear the board's or committee's discussion of the matter, except to disclose material facts and to respond to questions. Such person shall not attempt to exert his or her personal influence with respect to the matter, either at or outside the meeting.
- d) A board member who has a *Conflict of Interest* with respect to a *Contract* or *Transaction* that will be voted on at a meeting shall not be counted in determining the presence of a quorum for purposes of the vote. The person having a *Conflict of Interest* shall not be present in the meeting room when the vote is taken and may not vote on the *Contract* or *Transaction*. Such person's ineligibility to vote shall be reflected in the minutes of the meeting.
- e) In the event there is an appearance that a *Conflict of Interest* of a board member or CEO may exist, the individual with the potential conflict shall disclose the circumstances to the Chair of the board or the Chair's designee, who shall determine whether there exists a *Conflict of Interest* that is subject to this policy.

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EFFECTIVE DATE:	SUPERSEDES: None
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All Other Responsible Persons:

- f) *Responsible Persons* who are neither the CEO nor a member of the board of directors, who have a *Conflict of Interest* with respect to a *Contract* or *Transaction*
- g) that is not the subject of board or committee action, shall disclose the material facts concerning such conflict to the CEO or designee for approval. Such disclosure shall be made as soon as the *Conflict of Interest* is known to the *Responsible Person*. The *Responsible Person* shall refrain from any action that may affect HCC's participation in such *Contract* or *Transaction* unless and until such participation is approved.
- h) In the event that there is an appearance that a *Conflict of Interest* of any *Responsible Person* or *Family Member* exists, and such person is not a board member such potential shall be disclosed to the CEO or designee who shall determine whether there exists a *Conflict of Interest* that is subject to this policy.
- i) Such disclosure shall be made as soon as the *Conflict of Interest* is known to the *Responsible Person*. The *Responsible Person* shall refrain from any action that may affect HCC's participation in such *Contract* or *Transaction* unless and until such participation is approved.

All Responsible Persons

4) Confidentiality.

Each *Responsible Person* shall exercise due care not to disclose confidential information acquired in connection with such status, or any information the disclosure of which might be adverse to the interests of HCC. Furthermore, a *Responsible Person* shall not disclose or use the information relating to the business of HCC for the personal profit or advantage of the *Responsible Person* or a *Family Member*.

5) Attestation.

Each *Responsible Person* shall sign a statement which affirms that such person:

- a) Has received a copy of the *conflicts of interest* policy; and
- b) Has read and understands the policy; and
- c) Has agreed to comply with the policy; and
- d) Understands that the Agency is charitable and in order to maintain its federal tax exemption, must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

APPROVALS:

\_\_\_\_\_  
Chief Compliance Officer

\_\_\_\_\_  
Reviewed/Revised Date

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Reviewed/Revised Date

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XIV-B  
Hispanic Counseling Center  
Disclosure Statement  
For year ending \_\_\_\_\_

This form may be completed and submitted by mail or electronically by:

- Responding to each question
- Entering the required information at the end of the form
- Sending, e-mailing or faxing to the Chief Compliance Officer of the agency.
- ~~This conflict Disclosure statement should be completed annually and if, during the~~  
year, a potential conflict arises.

**For Board Members and Authorized employees:**

This questionnaire is for completion by all Board members, officers and authorized employees with signing authority, and forwarded to the Chief Compliance Officer.

Due to the size and scope of the Organization, it is not unusual for people to make some affirmative responses to the questions included herein. If a question is answered "YES", it does not mean that a conflict of interest necessarily exists.

The following definitions have been provided to assist you in making responses to this statement. They are for purposes of the statement only and are not necessarily determinative of the question of whether a conflict of interest exists.

**Definition of Terms:**

Conflicts of Interest Defined. For purposes of this policy, the following circumstances shall be deemed to create *Conflicts of Interest*:

***Family Member:***

A *Family Member* is a spouse, domestic partner, parent, child, or brother or sister of a *Responsible Person*.

***Financial Interest:***

As used in this statement, *Financial Interest* includes (except as stated below) any stock, bond or other debt obligation, option or right to purchase stock, share in profits, investment, partnership interest or other proprietary interest of any nature. Ownership of securities in a corporation shall not be deemed to constitute *financial interest* therein within the meaning of this questionnaire, if: (a) the securities are traded on a national securities exchange, or regularly reported in over-the-counter quotations in the financial press; (b) the market value of the securities, so owned, does not exceed 50% of your gross annual revenue.

*Financial Interest* also includes employment and contractual relationships.

**Example:** An authorized employee who owns 100 shares of stock in Dell Computers. The individual would not have a conflict of interest in participating in decisions, involving the selection of Dell PCs, because the stock is traded on a national securities exchange.

The individual would have a potential conflict of interest, if they or an immediate *family member* were employed by Dell and/or had contractual relationships with the Organization for provisions of goods or services to the Organization (e.g., lease or purchase of PCs). ~~In such cases, the individual should complete the form and send~~ it to the Chief Compliance Officer. In order to avoid the potential for a conflict of interest, the individual would likely be advised to recuse themselves from (decline to participate in) any decision-making that involves Dell computers.

***Participated:***

In answering the questions, you should consider that you have Participated in a transaction on behalf of the Organization, if you have acted directly or have recommended, directed, authorized or approved the action of another who has acted for the Organization in the transaction, or if you have been involved in the selection or specification of the property purchased, sold or leased or the services procured, even though you may not have been involved in the actual negotiation or transaction.

**Example:** An authorized employee or volunteer would be considered to have potential conflict of interest, if they participated in the process of selecting and/or approving the selection of personal computers and a *family member's* job responsibilities involve the sale of personal computers to the Organization.

Again, in such cases, the individual should reveal the potential conflict in their response to the questions on this form. In such cases, the authorized employee would be asked to recuse themselves from involvement in such decision making.

***Loan:***

As used in this statement, Loan means a loan of money, property, or services other than a bank loan at prevailing interest rates.

**Example:** In this case, a potential supplier might have loaned a personal computer to an authorized employee. If that individual is involved in the selection of PCs, the situation should be revealed in the COI disclosure statement under Question 4, and he or she should recuse themselves from participation in the decision-making process for the subject equipment.

*Transactions:*

The Transactions to which this statement relates are (a) purchases, sales and leases, and contracts for the purchase, sale or lease of property of any kind, or (b) the procurement of services such as printing, advertising and catering.

**Example:** If authorized employees were to have decision-making responsibility for the purchase or lease of PCs and they or their immediate *family member* had worked for the supplier, during the prior twelve months, they would be considered to have a potential conflict of interest that should be disclosed in the COI disclosure statement. In response to this disclosure, they would be asked to recuse themselves from the decision-making process for the purchase or lease of PCs by the Organization.

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**Conflict of Interest Disclosure Statement:**  
(Provide an explanation of Yes answers in the space provided.)

1. Have you or any *family member* had any material interest, direct or indirect, in any of the following transactions since during the past twelve (12) months preceding the execution of this disclosure, to which the agency was or is to be a party? ☐ Yes ☐ No
- a. Sale, purchase, exchange or leasing of property? ☐ Yes ☐ No
- b. Receiving or furnishing of goods, services or facilities? ☐ Yes ☐ No
- c. Transfer or receipt of income or assets? ☐ Yes ☐ No


2. Do you or any *family member* have a direct or indirect *financial interest* in a business that supplies property, goods or services to the agency or is competitive with the Organization? ☐ Yes ☐ No

If yes, list below:


3. If you answered "Yes" to Question 1 and/+ 2 above, in the past 12 months have you participated in a business decision on behalf of the agency with any business, named in the responses to those questions? ☐ Yes ☐ No

If yes, list name and describe decision below:


4. In the past 12 months, have you received any compensation, loan; gift, benefit, below market priced goods or services, or unusual hospitality from any supplier to the agency? ☐ Yes ☐ No

If yes, list below:


5. Do you have any other business or personal relationships, not covered in your answers to Questions 1 through 4 above that could appear to be a conflict of interest?

☐ Yes ☐ No


6. Each *Responsible Person* shall annually sign a statement which affirms such person:

- a) Has received a copy of the *conflicts of interest* policy,
- b) Has read and understands the policy,
- c) Has agreed to comply with the policy, and
- d) Understands the Organization is charitable and in order to maintain federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes


I have entered required responses to the above questions to the best of my knowledge and belief.

I have read and understand the Agency's Code of Ethics, <i>conflicts of interest</i> policy above.	
Signature .	Date
Full Name (Printed)	
Position	



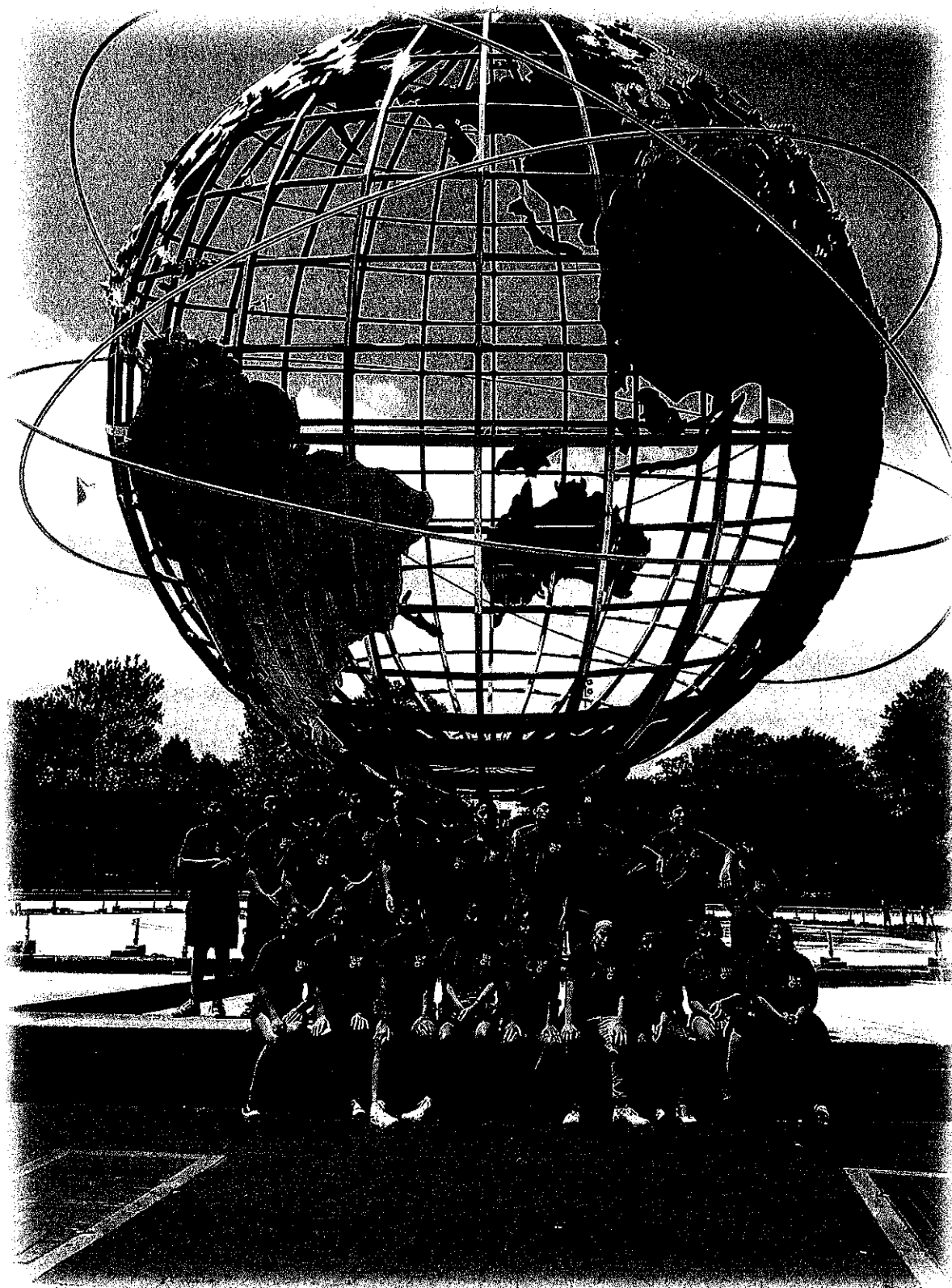
**HISPANIC COUNSELING CENTER  
BOARD OF DIRECTORS LIST**

<b>PRESIDENT</b> Vanek Trust Cheryl D. M. Vanek C: 516-528-3728 Vonv3@yahoo.com	President Vanek Trust 964 Cedarhurst Street North Woodmere, NY 11581
<b>TREASURER</b> Elizabeth Alford 1526 Bellmore Road North Bellmore, NY 11710 H: (516) 679-9361 Gracelizabeth47@yahoo.com	Retired W: (516) 578-2159
<b>SECRETARY</b> David H. Stonehill, Esq. Home: 516.378.7627 Cell: 516.909.1270 <u>ECKHILL@aol.com</u>	Attorney 43 Central Blvd Merrick, NY 11566
Nanette Malebranche Office: 212-290-6619 Mobile: 516-805-9787 Fax: 212-630-0218 njmalebranche@fedex.com	Managing Director USGO/Big Apple District FedEx Express  560 West 42nd Street, 3rd Floor New York, NY 10036
Henry Holley 20 Sterling Place Hempstead, NY 11550 H: (516) 489-8235 hrh@holleygroup.com	President/CEO The Holley Group 20 Sterling Place Hempstead, NY 11550 W: (516) 485-4344
Geevarghese Mathai C: 516-816-4915 Gmfinance31@aol.com	Real Estate Broker Shelterrock Realty Inc. 304 Ivy Hill Court, Muttontown, NY 11753

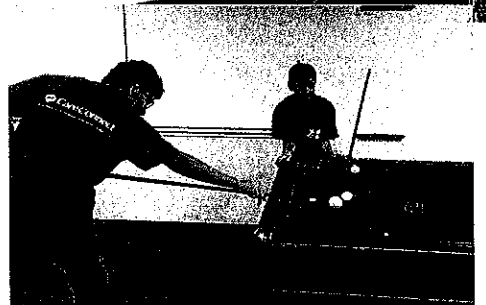
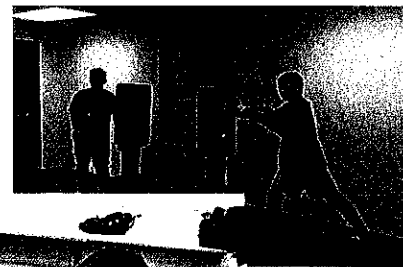
Sonia Berrios Villanueva, MPA svillanu@numc.edu	NuHealth–Nassau University Medical Center Administrator–Obstetrics and Gynecology. 1221 Hempstead Turnpike East Meadow, NY 11554 Tel: 516-296-7356 Cell: 516-343-4028
Judith Quinnonez Client Services Henry Schein Creative Services 135 Duryea Road Melville, NY 11747 Judithjuju.Quinnonez@henryschein.com	
Ingrid Izaguirre	149 Guenther Avenue Valley Stream, NY 11580 Iza1l@aol.com
Stephanie Meier, FACHE NYU Winthrop Hospital 516-663-8454	27 Marino Avenue Port Washington, NY 11050 Spmeier1@gmail.com
Carlos M. Hernandez LDI Color Toolbox	326 Oxhead Road Stony Brook, NY 11790 Carlnei81@yahoo.com

10/17/18

# HISPANIC COUNSELING CENTER



## 2016 ANNUAL REPORT





# **HISPANIC COUNSELING CENTER**

## **OUR MISSION**

The mission of the Hispanic Counseling Center is to enhance the strengths of Long Island's families and children through bilingual, bicultural counseling, prevention, vocational, and educational services to enrich their lives, foster economic independence, and nurture dreams for the generations to come.



## **ORGANIZATIONAL PROFILE**

Hispanic Counseling Center (HCC) promotes family and community wellness with a fully bilingual/bicultural staff and a network of interrelated services including licensed behavioral health treatment. HCC supports the recovery of the individual, and the entire family system, in a single point of entry. The agency has offices in Hempstead and Bay Shore that provide treatment and prevention for chemical dependency, mental health and many youth and family programs, serving more than 1,500 clients per month in 2016. HCC is the only agency in Nassau County licensed by the New York State to provide these services in a fully bilingual, bicultural setting, for families and individuals working toward a constructive, self-sustaining way of life. Services are available to all, regardless of race, ethnicity, or ability to pay.

HCC was originally established in 1977 by the Nassau County Department of Drug and Alcohol Addiction Services and the Nassau County Youth Board to provide substance abuse treatment services and services for children and adolescents in response to the county's growing Hispanic population. The agency has grown over the years, adding programs to respond to the community's most urgent needs. Through individual, group, and family counseling, educational workshops, case management, support groups, family activities, after-school tutoring and enrichment, summer camp, crisis intervention, and prevention programs for at-risk youth, clients can receive multiple services for themselves and their families. Since its inception, HCC has been a beacon of hope for many immigrants and their families who have come to Long Island seeking to make a better life.



# **HISPANIC COUNSELING CENTER**

## **HISTORY OF THE HISPANIC COUNSELING CENTER, INC.**

The agency timeline chronicles the growth of the Hispanic Counseling Center, from one program and four staff in a 600 square foot rented office in 1977, to ownership of a 38,000 square foot modern facility with multiple programs and services in 2017.

- 1977** The Hispanic Counseling Center is established by the Nassau County Department of Drug and Alcohol Addiction Services to provide substance abuse treatment services to Nassau County's growing Hispanic population.
- 1979** The Nassau County Youth Board awards funding to the Hispanic Counseling Center for Prevention, Education, and Counseling services to limited English speaking youth and their families.
- 1986** HCC is licensed by New York State to become Nassau County's first bilingual, bicultural alcohol and drug rehabilitation clinic.
- 1987** The Six week Summer Program begins for children ages 7-12.
- 1989** After school homework help and tutoring sessions are available to all school age children.
- 1992** HCC is awarded a second license from New York State, to open a mental health outpatient clinic offering counseling, therapy, and treatment.
- 1993** The Supported Housing Program is inaugurated, to assist mentally ill clients experiencing difficulty in obtaining adequate housing.
- 1994** The English as a Second Language Program is made available to all HCC clients.
- 1995** Respite, a Children and Family Support Services Program, is established to help families who have children with serious emotional problems and who need information, counseling, support, and respite services.
- 1996** The Domestic Violence Program is created in response to an overwhelming demand by the legal system, and to fill a gap in therapeutic services available to both victims and perpetrators.



# HISPANIC COUNSELING CENTER

## HISTORY OF THE HISPANIC COUNSELING CENTER, INC.

**1998** The HCBS Waiver Program is established to provide in-home services to developmentally disabled adults and children.

The Literacy Program is designed to teach adults how to read and write in Spanish.

The Early intervention Program is initiated which targets children ages 0-3 and their families, for social work services at HCC and in the home.

**1999** The Medicaid Service Coordination Program begins which provides assistance to developmentally disabled adults and children ages three and older through case management allowing them to live at home with their families, rather than in an institutional setting.

**2001** Ryan White Mental Health Program for People with HIV/AIDS begins.

**2003** HCC moves to the new building that will become the agency's permanent home.

The Teen Drop-In Center begins.

**2008** HCC purchases the adjacent building to its main site to expand the Mental Health program.

**2011** The Kinship program begins to provide support to grandparents and caregivers of children whose parents are incarcerated, deported or hospitalized.

**2012** Project Hope starts, providing crisis counseling after Super Storm Sandy.

**2014** Super Storm Sandy Program provides multiservice support to storm victims.

**2017** Care Coordination under Health Homes begins, to provide case management to clients in need.

**2017** Mental Health Clinic Crisis Stabilization Services begins, to provide intensive services for clients in need.



## HISPANIC COUNSELING CENTER

### Message from the Chief Executive Officer



Once again, in reviewing the year 2016, I am proud to report that the Hispanic Counseling Center (HCC) successfully reached its goals to expand HCC programs and services for children and families on Long Island. During 2016, all programs operated at full capacity and increased their services, and accepted new clients from HCC's many referral sources from across the region. HCC was established in 1977 as a *beacon of hope* for children and families in need, and over the years, the agency has continued in that spirit, while growing in new directions.

Among these new directions in 2016, HCC began a new Health Home initiative, the Care Coordination Program for Adults and Children. Funding for this program is through Northwell Health, and has enabled HCC to hire new staff to meet this critical need in Nassau County. After a planning period, the program will officially begin services in June 2017. Care Coordination connects and creates effective communication among clients and health care providers to ensure that appropriate care is provided, while avoiding unnecessary emergency room visits and hospitalizations. The program will offer children and families the opportunity to receive various concrete services; the program looks forward to serving all eligible referrals from other sources.

Another new direction for the agency was within the Mental Health Clinic. Planning also began in 2016 for another new and important initiative to support the HCC Mental Health Clinic. As in past years, the demand for mental health services has increased significantly from HCC's strong and well established referral network from across Nassau County. In addition to seeing a significant increase in referrals, the agency is seeing increasing referrals of patients presenting with serious mental health conditions which warrant intensive service and stabilization. A major goal for HCC was to provide a separate track for these clients, and through the Northwell Health DSRIP Initiative, HCC began planning for these specialized services, with the program to begin operations in 2017.

While adequate funding is always a challenge, HCC always pursues consideration of all opportunities for new funding, with the main purpose to continue expanding the services or to create new initiatives. The Development Department has been very proactive in bringing external funds to the agency, from public and private sources. Examples of exciting new programs resulting from external sources include a Mentor Program for Teens and a Parent Education Program, among others.

In closing, I wish to express my sincere thanks to the Hispanic Counseling Center Board of Directors for their continued support of the agency and its mission; to our funders whose support helps HCC provide "the extra margin of excellence" in all of our programs; to our volunteers who lend their time, energy, and expertise to help HCC thrive; and to the well qualified and experienced professional staff, including two psychiatrists, all of whom who are always ready to provide the highest level of services for our clients.

Gladys Serrano, LCSW  
Chief Executive Officer





## HISPANIC COUNSELING CENTER



### Message from the President of the Board of Directors

It is my honor to invite you to review the 2016 Annual Report and learn first-hand about the agency's impact, and its significance for the Long Island community. The Hispanic Counseling Center provides a vast and diverse array of services ranging from mental health and substance abuse treatment, to housing, after school programs, and socialization programs.

### 2016 Board of Directors

#### President

Cheryl D.M. Vanek

#### Treasurer

Elizabeth Alford

#### Secretary

David H. Stonehill, Esq.

#### Members

Sonia Berrios Villanueva, MPA

Michael R. Breitman

Edward Chewens, MBA

Jean-Lou Hogu

Henry Holley

Ingrid Izaguirre

Nanette Malebranche

Geevarghese Mathai

Janet S. Stern, Esq.

While the year 2016 was one of change and uncertainty for behavioral health, the 2016 program year also brought extraordinary growth to HCC in several program areas, as well as the expansion of new services and program directions. I credit this ability to weather the changing tides in the nonprofit world to extraordinary leadership, coupled with expertise and dedication of the various program professionals who are the driving force behind the success of the agency.

I would like to express deep appreciation to Chief Executive Officer Gladys Serrano for her impeccable service and dedication to the Hispanic Counseling Center, as well as to all the HCC staff, who tirelessly provide superior support to agency clients of different cultures and languages.

It is with gratitude that I acknowledge the many public and private supporters who have so generously funded HCC programs and services in 2016. We look forward to continuing the collaboration with these valued community partners and thank each one for helping HCC to make a difference. Finally, I would like to recognize the HCC Board of Directors, for their commitment of time, and for their generous support and team work.

As has been demonstrated in 2016, the Hispanic Counseling Center will continue to make a difference in people's lives, by providing superior service to those in need.

Cheryl D.M. Vanek  
President of the Board

# HISPANIC COUNSELING CENTER, INC.

**Mental Health  
Outpatient  
Clinic**  
Children  
Adolescents  
Adults

- Psychiatric  
Evaluation
- Individual,  
Group  
& Family  
Sessions

**Chemical  
Dependency  
Outpatient Clinic**  
Education,  
Prevention  
Adults, Adolescents,  
Families

- Individual, Group,  
Family Sessions
- Educational  
Series
- Psychiatric  
Assessment
- Relapse  
prevention group
- Women's Group
- Adolescent Group

**Prevention Program**  
Evidence Based  
Education and  
Prevention for  
Students

- Group and Individual  
education  
Programs
- Too Good for Drugs  
Life Skills

**Domestic  
Violence  
Batterers  
Intervention**  
Evidence Based  
Psycho education  
Adults

- Individual
- Group
- Women's Group
- Evidence Based  
Domestic  
Violence Psycho  
Education

**Nurturing  
Parenting Program**  
Parenting education

- Parenting Group  
Program
- Evidence Based  
Program

**Care Coordination  
Program**  
Children and Adults with  
qualifying diagnosis  
(6 years old & up)

- Help with benefits  
and entitlements
- Home Visits
- Advocacy,  
Linkages,  
Education and  
Information

**Medicaid Service  
Coordination**  
Children 4 years old & up  
with Developmental  
Disabilities

- Help with benefits  
and entitlements
- Home Visits
- Advocacy,  
Linkage,  
Education and  
Information

**Family & Children  
Program**  
Respite for Parents  
SED Children

- Individual (Home)
- Group (Agency)
- Parent Advocacy
- Parent Education
- Homework Help
- Socialization Skills

**Ryan White Part A/MHI  
Mental Health Services for  
HIV/AIDS Adult Clients  
(Nassau/Suffolk)**

- Individual, Group  
& Family Mental  
Health Services
- Concrete Services
- Advocacy

**Supported Housing**  
Permanent Housing  
18 years and up for the  
mentally ill (SPM)

- Permanent Housing
- Home Visits
- Care Coordination
- Life Skills
- Advocacy

**Youth & Family  
Program**  
Children & Families

**Teen Drop-In Center**  
After School  
Ages 12 to 17

- Homework Help
- Socialization skills
- Gang Prevention  
Activities
- Life skills
- Parent Workshops
- School Support
- Monitoring
- Crisis Intervention
- Summer Camp



# HISPANIC COUNSELING CENTER

## 2016 PROGRAM HIGHLIGHTS

### CLINICAL SERVICES

- The Chemical Dependency Outpatient Program provided services to more than 500 men, women, and adolescents, providing 12,500 units of service, which included individual, group, education, and relapse prevention counseling sessions. The goal of the program is to assist individuals who abuse substances to achieve sobriety and to live a substance free lifestyle.
- The Mental Health Clinic served 1,858 adults, children, and adolescents, nearly double the number of clients served in 2014. The total number of units of service billed was 17, 842, an increase from 12,338 units of service in 2014. The goal of the program is to enable individuals who have chronic mental illness, or who are suffering emotional distress, to reach the highest level of functioning possible, and to lead productive lives in the community.
- The Children and Family Support Services Respite Program served 47 children with serious emotional difficulties, and their families, with agency-based and home-based respite. These children received 4,236 units of service. The goal of the program is to provide temporary care of children and adolescents, to support families which have children or adolescents with emotional and behavioral issues and who are severely emotionally disturbed, and to reduce family stress, the incidence of hospitalization, and the risk of child abuse.
- The Ryan White Part A/MAI Mental Health Services for People with HIV/ AIDS provided comprehensive mental health services to 58 clients living with HIV/AIDS in Nassau and Suffolk Counties. Ryan White Part A funding serves as the payer of last resort for those who are not eligible for other entitlements.
- Five families and 25 individuals were housed in 30 units through the Supported Housing Program, and received financial assistance for rent and utilities, case management, advocacy, and household necessities. The Supported Housing Program provides permanent housing to individuals who have a serious mental illness and who are experiencing difficulties with housing.

### FAMILY SERVICES

- The Youth and Family Program served 425 children, teens, and their families in 2016, nearly double the number of program participants in 2014. The Program provided afterschool education and tutoring, mentoring, socialization and enrichment, gang prevention, and a summer camp.
- The Medicaid Service Coordination Program (MSC) served 312 consumers in 2016, an increase from 200 consumers in 2014. Program staff increased to nine full time staff to address this program surge. The MSC provides an individualized service approach for developmentally disabled individuals, to foster self-sufficiency and independence, and enables clients to reside at home with family rather than in an institutionalized setting.



## **HISPANIC COUNSELING CENTER**

### **CHEMICAL DEPENDENCY OUTPATIENT PROGRAM**

During 2016, the Chemical Dependency Outpatient Program provided services to more than 500 men, women and adolescents, predominantly of Hispanic origin who, as a result of alcohol/drug use, have been negatively impacted in all aspects of their lives, and have had a negative impact on the lives of their loved ones. In 2016, the program delivered over 12,500 units of service, which included individual, group, educational series and relapse prevention counseling sessions. This is an increase from 10,400 units in 2015.

The goal of the program is to assist individuals who abuse substances to achieve sobriety and to live a substance free lifestyle. Families are provided with services designed to meet the individual treatment needs of each family member. In addition to the program's therapeutic services, clients are provided with educational and prevention services to address the cycle of addiction. All services are delivered within an atmosphere of cultural understanding, and one which recognizes the importance of family involvement. The incorporation of self-help philosophy serves as the basis of maintaining abstinence and achieving sobriety.

Services provided consist of chemical dependence and psychiatric assessments. Individual, group, family, educational series and relapse prevention counseling are an integral part of treatment. In addition, the program provided chemical dependency education and parent/family workshops. During the 2016 year, the Chemical Dependency Program continued to receive referrals from Nassau and Suffolk District Courts, Felony Court, Family Court, Probation Officers and Social Services Agencies. The program continued to receive referrals from the Domestic Violence Courts for individuals struggling with addiction, and explosive behavior.

There is a strong correlation between the use of alcohol/drugs and domestic violence, and there continued to be an increase in the number of referrals for domestic violence treatment. The women's therapeutic support group continued in 2016.

In addition to a focus on the disease model of alcohol/drug dependence, other educational materials are provided to clients and their families. These include information on tobacco use, depression, HIV/AIDS, STD's, tuberculosis, and hepatitis.

The program also provided clients with information and referral services designed to improve their employment opportunities such as referrals to ESL and literacy classes. Presentations were made to the treatment groups by agencies regarding job safety and the importance in maintaining a healthy lifestyle.

Several staff members received training in Evidence Based Treatment modalities such as the Duluth Model for Domestic Violence, Nurturing Parenting Skills, and Anger Management. This training has enhanced the quality of the services that we are able to provide to our clients.

A presentation was made to the group sessions regarding legal immigration rights with respect to current government immigration policies. A Physician provided education to the clients regarding



## **HISPANIC COUNSELING CENTER**

### **CHEMICAL DEPENDENCY OUTPATIENT PROGRAM**

the importance of the annual physical exam, and the consequences of certain illnesses in relation to substance abuse.

One hundred percent of the program staff is fully bilingual and bicultural. The program is housed within a multi-service agency which allows the program to provide its clients with comprehensive treatment. The program services are designed in a flexible manner in consideration of the time and employment constraints of clients, with sessions available in the morning and in the evening.

#### **CHEMICAL DEPENDENCY PREVENTION PROGRAM**

The prevention program served more than 500 children and youth who presented with at-risk behavior, or who were exposed to risk factors which could lead to substance use, violence, truancy, gang involvement, or the use of gateway drugs. In addition, over 1,000 prevention activities were conducted for children and adolescents throughout the year, including tutoring and after-school activities such as theater and creative arts, computer skills, socialization, and various community service projects. Prevention workers continued to present workshops at Hempstead High School and at the HCC Teen Drop-In Center on topics such as drug abuse, self-esteem, creative expression, etc. The Prevention Program continued to provide a series of workshops to middle school students designed to reduce the risk of gang involvement, violence, the use of alcohol and other drugs and other high-risk behaviors, as well as life skills needed for success. Gambling workshops were also conducted by the Prevention Counselors.

One hundred percent of the program's staff is fully bilingual and bicultural. The program is housed within a multi-service agency allowing the program to provide its clients with comprehensive treatment.

#### **DOMESTIC VIOLENCE BATTERERS ACCOUNTABILITY PROGRAM**

This 26 week psycho-educational program is designed to educate individuals who are referred by courts and child welfare agencies due to charges stemming from domestic violence and child abuse. The goal of the program is to offer individuals with an opportunity to change learned behaviors through education, to take control and responsibility for their actions and the impact of their actions on victims, and to reduce the potential for family violence.

#### **NURTURING PARENTING SKILLS PROGRAM**

This 16 week psycho-educational program is designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices. The long term goals are to prevent recidivism in families, to reduce the rate of juvenile delinquency and reduce the abuse of alcohol/drugs, and to stop the intergenerational cycle of child abuse, by teaching positive parenting behaviors.



## **HISPANIC COUNSELING CENTER**

### **CHEMICAL DEPENDENCY OUTPATIENT PROGRAM**

#### **GOALS FOR 2017**

- To increase the number of services provided during 2016
- To design groups for significant others comprised of women, adolescents, and children who are “victims” of the chemical dependency cycle within the family
- To continue the implementation of the Evidence Based Treatment Modalities such as the Domestic Violence model (Duluth Model) and Parenting Skills model
- To continue providing the quality of care that our clients need
- To continue the implementation of Evidence Based Treatment modalities such as “Too Good for Drugs” and to begin the implementation of the Evidence Based Treatment “Life Skills”
- To provide educational activities for the families of clients





## **HISPANIC COUNSELING CENTER**

### **CHILDREN AND FAMILY SUPPORT SERVICES PROGRAM: RESPITE PROGRAM**

The primary objective of the Children and Family Support Services Program is to provide temporary care of children and adolescents, to support families which have children or adolescents with emotional and behavioral issues and who are severely emotionally disturbed. The program is designed to reduce family stress, the incidence of hospitalization, and the risk of child abuse. The agency provides three hours of respite care per week to families in Nassau County in need of these services.

In 2016, the Respite Program served 47 children and their families in Nassau County. Forty children received on-site group activities and seven families received individual respite services provided in the home. Respite services are provided year round and include summer programming.

All children received tutoring, and socialization and recreational activities, with the overarching goal to improve academic and socialization skills. Children also participated in organized social events including group parties at Halloween, Christmas, and at the end of the school year. The summer session incorporated field trips and recreation, entertainment, and a summer picnic. Family members participated in summer events.

The Parent Advocate and Family Support Groups are essential components of the program. During 2016 the Family Support Group met twice a month; these group meetings engaged parents in discussion about successes and frustrations, and supported parents in advocating for family needs.

Annually, the program offers opportunities for formal parent training. In November 2016, the program held the annual Parent Training Conference at HCC, followed in the spring by the 22th Annual Children's Mental Health Training Conference, sponsored by the New York State Office of Mental Health.

The program coordinator and staff attend trainings and workshops throughout the year that address relevant issues including diagnosis, medication, school advocacy, parent leadership resident legal rights, and navigating the social service systems which may serve program families.

#### **GOALS FOR 2017**

- To expand services to additional families in Nassau County
- To continue to provide respite for clients and family members
- To continue to advocate for the needs of the Hispanic community, with the education and mental health system
- To continue to empower parents
- To continue to provide limited case management
- To continue to provide structure and support for children and adolescents
- To continue to provide linkages to appropriate community resources
- To continue to facilitate a smooth transition to Special Education or the mainstream



## **HISPANIC COUNSELING CENTER**

### **MEDICAID SERVICE COORDINATION PROGRAM**

In 2016, the Medicaid Service Coordination Program (MSC) continued to provide services to adults and children with developmental disabilities. The MSC Program provides an individualized service approach to developmentally disabled individuals, to foster self-sufficiency and independence.

The MSC Program served 312 consumers in 2016, an increase from 197 consumers in 2014, with program services provided on a monthly basis. The MSC Program has nine full time workers, an increase of three new staff to meet the growing number of program referrals.

The MSC Coordinator provides routine monthly review to ensure that all consumers receive all services and benefits to which they are entitled. The Coordinator also advocates on behalf of the program consumers, with the Department of Social Services, Social Security Administration, and local school districts, as well as attends meetings of the Committee on Special Education in local school districts, and refers consumers to other programs as desired.

#### PLAN OF CARE SUPPORT SERVICES

The Plan of Care Support Services (PCSS) is an alternative form of Medicaid Service Coordination. PCSS provides assistance to individuals who do not require ongoing and comprehensive services. PCSS is delivered by a qualified Medicaid Service Coordinator. The program currently serves 20 consumers whom have elected to transfer from MSC to PCSS. A PCSS worker is assigned to complete two Individualized Service Plan reviews a year, and if necessary, to also provide two additional visits or forms of assistance. The total maximum number of annual units for PCSS is four units.

#### NON-MEDICAID SERVICE COORDINATION

The Hispanic Counseling Center also provides Service Coordination to developmentally disabled consumers in Nassau County who are not Medicaid-eligible. The Non-Medicaid Service Coordination structure follows the structure of the MSC. Sixteen consumers and their families were served during 2016 in this program.

#### **GOALS FOR 2017**

- To continue to expand the program and provide advocacy and support to the developmentally disabled individuals in Nassau and Suffolk County
- To increase the number of consumers served
- To encourage parents to participate in workshops and other activities
- To add additional direct services







## **HISPANIC COUNSELING CENTER**

### **MENTAL HEALTH OUTPATIENT PROGRAM**

The Hispanic Counseling Center Mental Health Clinic is the only fully bilingual, bicultural mental health program in the region area licensed by the New York State Office of Mental Health. The Mental Health Program provides mental health treatment to children, adolescents, adults, seniors and families in a bilingual, bicultural setting. The goal of the program is to enable individuals who have chronic mental illness, or who are suffering emotional distress, to reach the highest level of functioning possible, and to lead productive lives in the community. Individual therapy, family therapy, group therapy, and couples counseling are provided, as well as crisis intervention for those in need. The Mental Health Clinic has two bilingual, bicultural psychiatrists on staff, one of whom is specialized in child psychiatry.

In the year 2016, there were 1750 applications and screenings for treatment in the Mental Health Program. The total number of clients served was 1,858, nearly double the number of clients served in 2014. The total number of units of service billed was 17,842, an increase from 12,338 units of service billed in 2014.

Children often present at the agency with depression, suicidal thoughts, and/or severe psychiatric features such as hallucinations, and may have experienced severe abuse and neglect in early childhood, or have been exposed to domestic violence in the home. In addition, these children may also have learning disabilities and developmental delays. The HCC Mental Health Program addresses all of these conditions through treatment and through specialized children's groups, such as ADHD groups, adjustment groups, and depression and anxiety groups for children.

Suicide threats, cutting behaviors, explosive outbursts, mood swings, defiance, antisocial conduct, severe phobias—all these symptoms are often found among the adolescents who come to the Mental Health Program. The Mental Health Program addresses both “acting out” behavior and “acting in” symptoms such as suicidality. The Mental Health Program accepts referrals from such agencies as the Department of Probation and Children's Protective Services, to help acting out teens make healthy choices and engage in nonviolent conflict resolution. Committed staff also conduct family sessions, guided by a therapist, to help parents and teens to resolve issues which may have been present since early childhood. These sessions are powerful and HCC has a strong track record of significant family improvement resulting from the sessions.

A bilingual therapist is in a unique position to bridge the gap between an Americanized teenager, and the traditional Spanish-speaking parent who may not have fully assimilated. Bilingual staff support teens in the developmental processes needed by youth who are adapting to the stress of immigration, family reunification, and a culturally different academic and social environment.

The Mental Health Program accepts adults with chronic and severe mental illnesses such as schizophrenia, and also men and women with depression, anxiety, and overwhelming stress. Seniors and elderly often present lonely, dejected, and anxious due to medical and aging concerns, and are especially welcome in the Mental Health Program. Adult children and other relatives are included and involved in the therapy sessions of elderly individuals. Adult children are helped to



## **HISPANIC COUNSELING CENTER**

### **MENTAL HEALTH OUTPATIENT PROGRAM**

understand the feelings and needs of their aging parents, resulting in restored closeness, responsiveness and respect.

Comprehensive assessment, including a psychiatric evaluation, determines the client's needs. Individuals are involved in every aspect of their services, identifying situations they wish to change, developing realistic plans for change, and transferring acquired knowledge and skills to other areas of their lives. Therapists employ interventions which are evidence-based, empowering the individual or family to use their strengths to achieve their goals. Coordination of services and linkages to other programs, both within the agency and in the community, are an integral part of mental health services. Upon discharge, necessary referrals are made to other programs or self-help groups.

The Mental Health treatment team makes every effort necessary to meet the large and growing number of recipients, many uninsured, in the face of continuing budget constraints. Patient assistance programs and pharmaceutical contacts are utilized to provide medication for the uninsured. On a regular basis, therapists continue to receive training in risk assessment, co-occurring disorders, and evidenced-based practices.

In 2016, the agency was awarded a grant from Newsday through its charitable arm, the McCormick Fund. The project addresses the special mental health needs of bilingual children who have been exposed to domestic violence. The grant involves all family members who have been affected by domestic violence, and builds positive self-esteem, improved behavior at home and school, and overall emotional health.

The Consumer Advisory Board, which meets every three months, enables clients served in the Mental Health Program to participate in the direction of the services, and to provide input on policies and procedures created for the Mental Health Program. Opinions are also elicited via Recipient Satisfaction Surveys on a yearly basis.

The clinic welcomed four college and university social work interns from Adelphi University, Molloy College and Stony Brook University. Social work interns, under the guidance and supervision of agency social workers, provide services for clients, expanding the number of clients HCC is able to serve, while gaining first-hand experience in a supervised setting at HCC and at the academic institution

#### **GOALS FOR 2017**

- The Mental Health Program will continue to work on reducing the number of high-risk incidents among clients, via the implementation of a comprehensive risk assessment procedure involving suicide and violence risk assessment methods and interventions and safety planning.
- The Mental Health Program will implement measures to foster an integrated health management approach designed to improve medical health needs and mental health needs



## **HISPANIC COUNSELING CENTER**

### **MENTAL HEALTH OUTPATIENT PROGRAM**

through an integrated approach. The medical director will make recommendations for each individual, in order to ensure that medical care is part of mental health treatment plan.

- Therapists will form new groups for women with depression, victims of domestic violence, and a maintenance group for adult patients, adolescents with anxiety and group for adjustment issues and oppositional behaviors in adolescents.





## **HISPANIC COUNSELING CENTER**

### **RYAN WHITE PART A/MAI MENTAL HEALTH SERVICES FOR PEOPLE WITH HIV/AIDS**

The Ryan White Mental Health is a federal program that provides comprehensive mental health services to individuals infected and affected by HIV/AIDS in Nassau and Suffolk Counties. At HCC, the program has served this population for the past 15 years and has earned recognition by other providers on Long Island for its quality of service. The program has a continued and strong source of referrals and receives excellent reviews from program clients, and from Site Visits conducted by the program sponsor, United Way of Long Island.

According to federal program requirements, the Ryan White Program serves individuals who are not eligible to any entitlements, since the Ryan White funds serve as the payer of last resort. The goal of the program is to “ensure the provision of mental health services to individuals with HIV/AIDS, in order to maintain them effectively compliant with primary health care”. During 2016, the Ryan White Program served 58 clients.

In 2016 the program coordinator continued to participate on the United Way Planning Council, and served on the Cultural Competency Committee at Winthrop Hospital, as well as on “Ending the HIV Epidemic” committees in Nassau and Suffolk Counties. The program maintained twenty three (23) memoranda of agreement (MOA) with HIV/AIDS services providers, established strong interagency relationships, and increased the number of mutual referrals on behalf of people living with HIV/AIDS.

Program services are vital to each client’s ability to maintain an acceptable level of functioning necessary to live a productive and independent life. The burden of living with a chronic terminal illness, the medical demands on their time management, and the stigma associated with HIV/AIDS are daily challenges which impact mental health.

Many clients face challenges including language barriers, limited basic education, poverty, illiteracy, issues related to immigration status, and difficulties in adhering to medical treatment. With a fully bilingual/bicultural mental health staff, the agency has been able to establish and maintain lasting professional relationships, gain client trust, and successfully help clients understand and accept the importance of treatment.

#### **GOALS FOR 2017**

- To continue to expand program outreach efforts in Nassau and Suffolk Counties in order to meet the program’s projected capacity
- To secure additional funding and continue to provide high quality mental health services
- To secure a permanent and more suitable Ryan White mental health site in West Suffolk County and expand program services on the eastern end of Suffolk county
- To improve outreach and utilize the most effective strategies to inform clients about available services and encourage participation in mental health services



## **HISPANIC COUNSELING CENTER**

### **SUPPORTED HOUSING PROGRAM**

The Supported Housing Program (SHP), sponsored by the Office of Mental Health, provides permanent housing to individuals who are 18 years of age and older, who have serious mental illness and who are experiencing difficulty with housing. The SHP provides financial assistance with rent and utility stipends, based according to individual needs.

The SHP program supports clients in the challenging task of finding appropriate housing opportunities. The program assists clients in locating apartments; intercedes and negotiates with landlords; and pays the apartment security deposit. Furniture and other household necessities are also provided as needed.

In 2016, the SHP continued to function at full capacity, serving five families and 25 individuals, housed in 30 apartments. Eleven apartments housed English-speaking clients, and nineteen units housed Hispanic clients.

Home visits are conducted on a monthly basis to ensure that the apartments are maintained in good condition and to address any emerging client needs.

#### **GOALS FOR 2017**

- To provide SHP clients with the best possible housing alternatives in the region
- To secure a positive, safe and healthy environment to the seriously mentally ill
- To advocate for the mental health population, to prevent homelessness and provide permanent housing to those in need





## **HISPANIC COUNSELING CENTER**

### **YOUTH AND FAMILY PROGRAM**

The Youth and Family Program enables newly arrived families with limited English skills to become integrated members of the community, with greater knowledge of the culture of their new environment, by providing support and developing effective coping mechanisms to deal with familial issues and the acculturation process. The program encourages continued education, helps to build healthy self-esteem, identifies leadership capabilities, promotes academic achievement, helps to prevent school dropout, and provides education on HIV/AIDS, drug and alcohol abuse prevention, teen pregnancy and juvenile delinquency.

In 2016, the program continued its commitment to bridge the generation and culture gaps that exist in immigrant families and provided services to approximately 425 youth, and their families, nearly double the number served in 2014. Participants engaged in a variety of scheduled programs designed to bridge the generation and culture gaps through individual, family and group counseling activities. In addition, the program continued its active role in the school/community collaboration, Hands Across Hempstead.

#### TEEN DROP-IN CENTER PROGRAM

The Teen Drop-In Center is a program for youth ages 12-17 years of age, and offers teens a safe and supervised after school center. Recreational activities are offered including dance and fitness classes, pool tournaments, movie nights, arts and crafts, computer lab, homework assistance and tutoring, mentoring, and educational evidence based workshops. The educational, evidence based workshops are part of a prevention program to help adolescents cope with daily peer pressure encountered in school and in the community. Field trips are scheduled as part of an incentive plan for scholastic achievement, and community service projects are offered to build character and community pride. The Teen Drop-In Center program provides a safe haven and a positive and productive alternative for youth.

Parents of Teen Drop-In Center participants are instrumental in the success of the program and are encouraged to participate and attend the Parenting Classes.

#### HANDS ACROSS HEMPSTEAD

Hands Across Hempstead is a comprehensive school/community partnership designed to restructure and mobilize existing resources on behalf of students and their families within the Hempstead School District. The partnership is based on the belief that education extends beyond classroom experiences, and that the coordination of all services fosters education and learning.

#### **GOALS FOR 2017**

- To continue to secure funding for the program
- To continue youth development services that focus on building positive self-image and character
- To increase the number of youth served by the Teen Drop-In Center
- To extend the Teen Drop-In Center student advocacy and prevention workshops to elementary schools and the middle school in Hempstead School District



## **HISPANIC COUNSELING CENTER**

### **YOUTH AND FAMILY PROGRAM**

- To increase participation of parents and guardians in program activities, parenting workshops, and student's academic progress
- To increase the number of youth served by the HCC Summer Camp Program, and to enrich youth through a series of cultural, artistic, and historical field trips
- To continue partnerships with local colleges and universities to engage interns in the youth program
- To establish a mentoring program for adolescents, matching them with an adult professional, to help guide them through high school, post-secondary, and career opportunities





# HISPANIC COUNSELING CENTER

## OUR SUPPORTERS

The Hispanic Counseling Center is grateful to the following public and private funding sources, for fiscal support of agency programs and services during 2016:

### PUBLIC SUPPORT

- U.S. Department of Health and Human Services, Health Resources Services Administration
- NYS Office of Alcoholism and Substance Abuse Services
- NYS Office of Mental Health
- NYS Office for People with Developmental Disabilities
- NYS Office of Children and Family Services
- NYS Division of Criminal Justice Services
- Nassau County Department of Human Services
- Nassau County Office of Youth Services
- Nassau County District Attorney's Office
- Uniondale Union Free School District
- Village of Hempstead Community Development Agency

### CORPORATE AND FOUNDATION SUPPORTERS

- Affinity Health Plan
- Advanced Data Systems Corporation
- Bethpage Federal Credit Union
- Fat Guy Media
- FedEx Corporate Responsibility
- Flushing Bank
- Henry Schein
- Hispanic Federation
- Long Island Community Foundation
- Manhasset Community Fund / Greentree Foundation
- Nassau County Bar Association We Care Fund
- New York Digital
- Newsday Charities / a McCormick Foundation Fund
- North Shore LIJ Connect
- Northwell Health
- Suffolk County National Bank
- Taprogge America, Inc.
- United Way of Long Island
- Winthrop-University Hospital





## **HISPANIC COUNSELING CENTER**

### **HISPANIC COUNSELING CENTER**

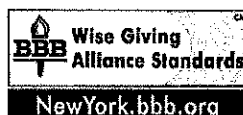
344 Fulton Avenue  
Hempstead, NY 11550  
(516) 538-2613

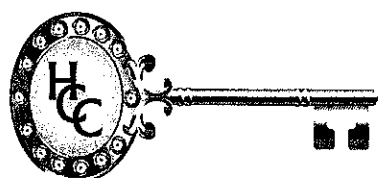
Website: [www.hispaniccounseling.org](http://www.hispaniccounseling.org)

Email: [Info@hispaniccounseling.org](mailto:Info@hispaniccounseling.org)

The Hispanic Counseling Center, Inc. is licensed by: NYS Office of Alcoholism and Substance Abuse Services, NYS Office of Children and Family Services, and NYS Office of Mental Health

The Hispanic Counseling Center is tax-exempt under section 501 (C) (3) of the Internal Revenue Code. Donations are tax-deductible to the full extent allowed by the law.





*Celebrating 40 years of opening doors to the  
future for Long Island children and families*

State of New York

# Office of Alcoholism and Substance Abuse Services

Pursuant to the provisions of Article 32 of the Mental Hygiene Law

**Hispanic Counseling Center, Inc.**

is hereby granted this

## CHEMICAL DEPENDENCE

## OPERATING CERTIFICATE

authorizing the operation of Chemical Dependence Services, in compliance with the requirements of  
14 NYCRR Parts 800 and 814 and the laws and regulations of the State of New York

Site

1st & 2nd Floors  
344 Fulton Avenue  
Hempstead, New York 11550-  
3923

Program Name(s)

Service(s)

- Part 822 Outpatient Services



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

200510806

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: June 01, 2017

EXPIRATION DATE: May 31, 2020



New York State  
Office of Mental Health

## Operating Certificate Outpatient Facilities Class

I do hereby certify that pursuant to authority conferred by law this operating certificate has been issued on **January 1, 2016**

to: **Hispanic Counseling Center, Inc.**

to operate a: **Clinic Treatment Program**

to be known as: **Hispanic Counseling Center**

located at: **344 Fulton Avenue  
Hempstead, NY 11550**

in accordance with the rules and regulations made and established by the Commissioner as the statute provides.

Authorized by this operating certificate:

Hours of Operation: **Monday through Thursday: 9:00 a.m. - 8:00 p.m.**  
**Friday: 9:00 a.m. - 5:00 p.m.**  
**Saturday: 9:00 a.m. - 1:00 p.m.**

Population Served: **Children, Adolescents, and Adults**

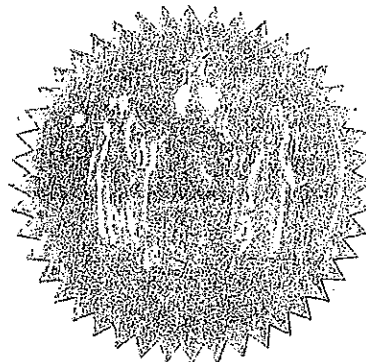
Optional Services: **None**

In witness whereof, I have hereunto set my hand on **January 20, 2016**

*Keith J. McCarthy (864)*

Keith J. McCarthy, Director  
Bureau of Inspection and Certification

Renewal Date: **December 31, 2018**  
Operating Certificate Number: **7768100A**



COUNTY OF NASSAU

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

1. Name of the Entity: Hispanic Counseling Center Inc.

Address: 344 Fulton Avenue

City: Hempstead State/Province/Territory: NY Zip/Postal Code: 11550

Country: US

2. Entity's Vendor Identification Number: 11-2592214

3. Type of Business: Other (specify) Not-for-Profit C Corp.

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):

1 File(s) uploaded HCC Board of Directors Contact List updated 10-4-2019.pdf

First Name David  
 Last Name Stonehill  
 MI H Suffix \_\_\_\_\_  
 Address 43 Central Blvd.  
 City Merrick State/Province/Territory: NY Zip/Postal Code: 11566  
 Country US  
 Position Secretary

First Name Graciela  
 Last Name Alford  
 MI E Suffix \_\_\_\_\_  
 Address 1526 Bellmore Rd  
 City North Bellmore State/Province/Territory: NY Zip/Postal Code: 11710  
 Country US  
 Position Treasurer

First Name Hernandez  
 Last Name Carlos  
 MI \_\_\_\_\_ Suffix \_\_\_\_\_  
 Address 326 Oxhead Rd  
 City Stony Brook State/Province/Territory: NY Zip/Postal Code: 11790  
 Country US  
 Position Vice President

First Name Dilcia  
 Last Name Granville  
 MI \_\_\_\_\_ Suffix \_\_\_\_\_  
 Address 384 Arkansas Drive  
 City Valley Stream State/Province/Territory: NY Zip/Postal Code: 11580

Country	US
Position	Vice President

First Name	Nanette				
Last Name	Malebranche				
MI	Suffix				
Address	510 Stewart Avenue				
City	Garden City	State/Province/Territory:	NY	Zip/Postal Code:	11530
Country	US				
Position	President				

First Name	Henry				
Last Name	Holley				
MI	Suffix				
Address	20 Sterling Place				
City	Hempstead	State/Province/Territory:	NY	Zip/Postal Code:	11550
Country	US				
Position	Board Member				

First Name	Judith				
Last Name	Quinnonez				
MI	Suffix				
Address	135 Duryea Road				
City	Melville	State/Province/Territory:	NY	Zip/Postal Code:	11747
Country	US				
Position	Board Member				

First Name	George				
Last Name	Santiago				
MI	Suffix				
Address	22 Russell Avenue				
City	Bethpage	State/Province/Territory:	NY	Zip/Postal Code:	11714
Country	US				
Position	Board member				

First Name	Stephanie				
Last Name	Meier				
MI	Suffix				
Address	27 Marino Avenue				
City	Port Washington	State/Province/Territory:	NY	Zip/Postal Code:	11050
Country	US				
Position	Board Member				

First Name	Sonia				
Last Name	Berrios-Villanueva				
MI	Suffix				
Address	1221 Hempstead Turnpike				
City	East Meadow	State/Province/Territory:	NY	Zip/Postal Code:	11554
Country	US				

Position

Board Member

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.

If none, explain.

None

*No shareholders, members, or partners have been attached to this form.*

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.

None

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.

Are there lobbyists involved in this matter?

YES ☐ NO ☒

(a) Name, title, business address and telephone number of lobbyist(s):

None

(b) Describe lobbying activity of each lobbyist. See below for a complete description of lobbying activities.

None

(c) List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):

None

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.

Electronically signed and certified at the date and time indicated by:

Gladys Serrano [GSERRANO@HISPANICCOUNSELING.ORG]

Dated: 05/05/2020 04:39:15 PM

Title:

---

CEO

---



**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.

**HISPANIC COUNSELING CENTER  
BOARD OF DIRECTORS LIST**

<p><b>PRESIDENT</b> Nanette Malebranche Office: 212-290-6619 Mobile: 516-805-9787 Fax: 212-630-0218 <a href="mailto:njmalebranche@fedex.com">njmalebranche@fedex.com</a></p>	<p>Nanette Malebranche Managing Director USGO/Big Apple District FedEx Express 560 West 42<sup>nd</sup> Street, 3<sup>rd</sup> Floor New York, NY 10036</p>
<p><b>VICE PRESIDENT</b> Dilcia Granville, PhD (516) 984-3560 <a href="mailto:dgranv07@hotmail.com">dgranv07@hotmail.com</a></p>	<p>Dilcia Granville, PhD 384 Arkansas Drive Valley Stream, NY 11850</p>
<p><b>TREASURER</b> David H. Stonehill, Esq. Home: 516.378.7627 Cell: 516.909.1270 <a href="mailto:ECKHILL@aol.com">ECKHILL@aol.com</a></p>	<p>Attorney 2536 Columbus Avenue, North Bellmore, NY 11710</p>
<p><b>SECRETARY</b> Graciela Elizabeth Alford 1526 Bellmore Road North Bellmore, NY 11710 H: (516) 679-9361 <a href="mailto:Gracelizabeth47@yahoo.com">Gracelizabeth47@yahoo.com</a></p>	<p>Office Assistant Hi/Hello Child Care Inc. 134 S. Ocean Avenue Freeport, NY 11520 W: (516) 379-8203</p>
<b>BOARD MEMBERS:</b>	
<p>Sonia Berrios Villanueva, MPA <a href="mailto:svillanu@numc.edu">svillanu@numc.edu</a></p>	<p>NuHealth – Nassau University Medical Center Administrator – Obstetrics and Gynecology. 1221 Hempstead Turnpike East Meadow, NY 11554 Tel: 516-296-7356 Cell: 516-343-4028</p>
<p>Henry Holley 20 Sterling Place Hempstead, NY 11550 H: (516) 489-8235 <a href="mailto:hrh@holleygroup.com">hrh@holleygroup.com</a></p>	<p>Mr. Henry Holley President / CEO The Holley Group 479 Front Street, Apt, 1H Hempstead, NY 11550 Cell: (516) 523-4913</p>
Stephanie Meier, FACHE	

Stephanie Meier, FACHE 27 Marino Avenue Port Washington, NY 11050 <u><a href="mailto:Spmeier1@gmail.com">Spmeier1@gmail.com</a></u> 516-404-5353	NYI Withrop Hospital 591 –bed academic medical center affiliate of NYU Langone Health System 259 First Street Mineola NY 11501
Judith Quinnonez <u><a href="mailto:JudithJuJu.Quinnonez@henryschein.com">JudithJuJu.Quinnonez@henryschein.com</a></u> (631) 843-5500 (ext. 222-8971)	Judith Quinnonez Client Services Henry Schein Creative Services 135 Duryea Road Melville, NY 11747
George Santiago, Jr, Ph.D. 22 Russell Avenue Bethpage NY 11714 Home: 516-827-0102 Cell: 516-510-1471 Email: <a href="mailto:Gsantiagophd@gmail.com">Gsantiagophd@gmail.com</a>	George Santiago, Jr. Ph.D. Chief Executive Officer Accreditation Associates Mergers Acquisitions & Transitions 22 Russell Avenue Bethpage NY 11714

Updated 10/04/19

### AMENDMENT 3

This AMENDMENT, dated as of August 28, 2019 (together with the exhibit hereto, this "Amendment"), 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 Nassau County District Attorney's Office, having its principal office at 262 Old Country Road, Mineola, New York 11501, (the "Department"), and (ii) **Hispanic Counseling Center, Inc.**, having its principal office at 344 Fulton Avenue, Hempstead, New York 11550 (hereinafter referred to as "the Contractor").

#### W I T N E S S E T H:

WHEREAS, pursuant to County contract number CQDA16000011 between the County and the Contractor, executed on behalf of the County on February 1, 2017, as amended by amendment one (1), County contract number CLDA17000011, executed on behalf of the County on July 14, 2017, as further amended by amendment two (2), County contract number CLDA18000004, executed on behalf of the County on June 10, 2019 (collectively, the "Original Agreement"), the Contractor conducts a program called the "Batterer's Intervention Program," to address the problem of domestic violence by changing the behavior of perpetrators and protect victims and families. These services are more fully described in the Original Agreement (the services contemplated by the Original Agreement, the "Services");

WHEREAS, the term of the Original Agreement was from July 1, 2016, through June 30, 2019 with two (2) remaining one (1) year options to renew, and subject to early termination as provided for under 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 One Hundred and Seventy Thousand and 00/100 Dollars (\$170,000.00) (the "Maximum Amount"); and

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

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

**1. Renewal of Term.** The Original Term shall be renewed and thereby extended by one (1) year, so that the termination date of the Original Agreement, as amended by this

Amendment (the "Amended Agreement"), shall be June 30, 2020, subject to early termination as provided under the Amended Agreement.

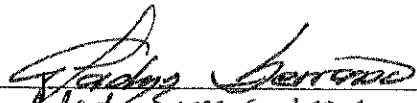
**2. Maximum Amount.** The Maximum Amount in the Original Agreement shall be increased by Eighty-Five Thousand Dollars (\$85,000.00), so that the maximum amount that the County shall pay to the Contractor as full consideration for all Services provided under the Amended Agreement shall be Two Hundred and Fifty-Five Thousand Dollars (\$255,000.00) (the "Amended Maximum Amount"). The increase provided under this Amendment shall be payable in accordance with the attached Appendix A-3.

**3. Full Force and Effect.** 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 date first above written.

HISPANIC COUNSELING CENTER, INC.

By:   
Name: Gladys Serrano, LCSW  
Title: Chief Executive Officer  
Date: August 28, 2019

NASSAU COUNTY

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: County Executive  
☐ Deputy County Executive  
Date: \_\_\_\_\_

PLEASE EXECUTE IN BLUE INK

COUNTY OF NASSAU )

On the 28 day of August in the year 2019 before me personally came Mrs. Gladys Serrano to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of NASSAU; that he or she is the CEO of THE HISPANIC COUNSELING CENTER, 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.

NOTARY PUBLIC

Chyone Ortiz

MARJORIE ORTIZ  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01OR6359872  
Qualified in Nassau County  
My Commission Expires 06-12-2021

STATE OF NEW YORK )  
 )ss.:  
COUNTY OF NASSAU )

On the \_\_\_\_ day of \_\_\_\_\_ in the year 2019 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 pursuant to Section 205 of the County Government Law of Nassau County.

NOTARY PUBLIC

**APPENDIX A-3**  
**BUDGET**

<u>PERSONNEL</u>	<u>AMOUNT</u>
Social Worker - annual salary \$50,000	<b>\$50,000.00</b>
<u>FRINGE BENEFITS</u> (0.2155 of Personnel Costs)	<b>\$10,775.00</b>
<u>PROGRAM OVERHEAD</u> (.19 of personnel costs)	<b>\$11,547.00</b>
<u>RENT</u>	<b>\$4,951.00</b>
<b>SUB-TOTAL</b>	<b>\$77,273.00</b>
<u>ADMINISTRATIVE FEE (10%)</u>	<b>\$7,727.00</b>
<b>TOTAL BUDGET</b>	<b>\$85,000.00</b>





HISPCOU-01

JWEBB

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/28/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> SCS Agency, Inc. 1981 Marcus Avenue Suite 125 Lake Success, NY 11042	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (516) 466-6007	<b>FAX (A/C, No):</b> (516) 829-5857
<b>INSURED</b>  Hispanic Counseling Center Luis A Milete 344 Fulton Ave Hempstead, NY 11550	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Philadelphia Insurance Co.	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

NAIC #  
18058

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSION MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Prof Liab 1ml/2mil	X		PHPK2081114	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2081114	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB707002	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder is included as additional Insured.

## CERTIFICATE HOLDER

## CANCELLATION

Nassau County Department of Human Services  
60 Charles Lindbergh Blvd.  
Uniondale, NY 11553

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



New York State Insurance Fund

8 CORPORATE CENTER DR, 2ND FLR, MELVILLE, NEW YORK 11747-3166

| [nysif.com](http://nysif.com)

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

\*\*\*\*\* 112592214

HISPANIC COUNSELING CENTER INC T/A  
H C C  
344 FULTON AVE  
HEMPSTEAD NY 11550



SCAN TO VALIDATE  
AND SUBSCRIBE

**POLICYHOLDER**

HISPANIC COUNSELING CENTER INC T/A  
H C C  
344 FULTON AVE  
HEMPSTEAD NY 11550

**CERTIFICATE HOLDER**

NASSAU COUNTY DEPARTMENT OF  
HUMAN SERVICES  
60 CHARLES LINDBERGH BLVD  
UNIONDALE NY 11553

**POLICY NUMBER**  
H1044 782-9

**CERTIFICATE NUMBER**  
256792

**POLICY PERIOD**  
06/01/2019 TO 06/01/2020

**DATE**  
9/17/2019

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1044 782-9, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 238496838



**Workers'  
Compensation  
Board**

**CERTIFICATE OF INSURANCE COVERAGE  
DISABILITY AND PAID FAMILY LEAVE  
BENEFITS LAW**

**PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier**

<p>1a. Legal Name and Address of Insured (Use street address only)</p> <p>HISPANIC COUNSELING CENTER INC. 344 FULTON AVENUE HEMPSTEAD, NY 11550</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured</p> <p>(516) 538-2613</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number</p> <p>11 2592214</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NASSAU COUNTY DEPARTMENT OF HUMAN SERVICES 60 CHARLES LINDBERGH BLVD UNIONDALE NY 11553</p>	<p>3a. Name of Insurance Carrier</p> <p><b>The Guardian Life Insurance Company of America</b></p> <p>3b. Policy Number of entity listed in box "1a":</p> <p>00929860</p> <p>3c. Policy effective period:</p> <p>01/01/2020 to 01/01/2021</p>
<p>4. Policy provides the following benefits:</p> <p><input checked="" type="checkbox"/> A. Both disability and paid family leave benefits.</p> <p><input type="checkbox"/> B. Disability benefits only.</p> <p><input type="checkbox"/> C. Paid family leave benefits only.</p> <p>5. Policy covers:</p> <p><input checked="" type="checkbox"/> A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.</p> <p><input type="checkbox"/> B. Only the following class or classes of employer's employees:</p> <p>Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.</p> <p>Date Signed: 05/04/2020</p> <p>By: <u>Raymond J. Marra</u> Raymond J. Marra (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)</p> <p>Telephone Number: 1-888-278-4542 Title: Senior Vice President, Group and Worksite Markets</p> <p><b>IMPORTANT:</b> If Box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is <b>COMPLETE</b>. Mail it directly to the certificate holder. If Box "4b, 4c or 5b" is checked, this certificate is <b>NOT COMPLETE</b> for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, PO Box 5200, Birmingham, NY 13902-5200.</p>	

**PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4c or 5b" of Part 1 has been checked)**

**State Of New York  
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed:

By: \_\_\_\_\_  
(Signature of NYS Workers' Compensation Board Employee)

Telephone Number:

Title:

**Please Note:** Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. **Insurance brokers are NOT authorized to issue this form.**

**Additional Instructions for Form DB-120.1**

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2".

The insurance carrier must notify the certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to non-payment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured form coverage indicated on this certificate. (these notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved the by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier. cancelled for any other reason or if the insured is otherwise eliminated from the coverage indicated on this certificate prior to the end of the policy effective period?

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Family Leave Benefits contract of insurance only while the underlying policy is in effect.

**Please Note:** Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

**DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW**

**§220.Subd. 8**

- (a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and not withstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

- (b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.

**MADELINE SINGAS**  
DISTRICT ATTORNEY



**OFFICE OF THE DISTRICT ATTORNEY  
NASSAU COUNTY**

**INTER-OFFICE MEMORANDUM**

**To:** Robert Cleary  
Chief Procurement Officer

**From:** Robert McManus  
Director of Office Services

**Date:** April 20, 2020

**Re:** Late Submission: CQDA16000011/CLDA19000003  
Hispanic Counseling Center

---

The Nassau County District Attorney's Office (NCDA) welcomes proposals from non-profit organizations and law enforcement agencies that will enhance law enforcement efforts, reduce crime, and improve quality of life for Nassau County residents. Through the allocation of federal and state asset forfeiture funds, along with associated special revenue funds, the NCDA recently established a Community Partnership and Crime Prevention Fund (CPCPF), from which it will, from time to time, award grants for exceptional projects and proposals that will impact upon public safety or the criminal justice system. The overall mission of the initiative is to foster innovative community-based crime prevention or response strategy, cultivate social and organizational partnerships, and improve the overall efficiency of Nassau County's criminal justice process. All proposals will be subjected to review by the NCDA Community Partnership and Crime Prevention Fund Advisory Committee.

This is a continuation of the District Attorney's agreement with the Hispanic Counseling Center (HCC) for the Batterer's Intervention Program, which expired on June 30, 2019. There was a significant delay in preparing the budget for this extension due to uncertainty over the availability of forfeiture funding due for this agreement due to changes in federal regulations. There were also additional issues on the part of HCC in submitting the required disclosure forms to the County.

We regret any inconvenience.



E-29-19

**NIFS ID:CLDA18000004 Department: District Attorney**

**Capital:**

SERVICE: Batterers Intervention Program

Contract ID #:CQDA16000011 03 NIFS Entry Date: 28-NOV-18 Term: from 01-JUL-18 to 30-JUN-19

Renewal
Time Extension:
Addl. Funds:
Blanket Resolution:
RES#

1) Mandated Program:	N
2) Comptroller Approval Form Attached:	Y
3) CSEA Agmt. § 32 Compliance Attached:	N
4) Vendor Ownership & Mgmt. Disclosure Attached:	Y
5) Insurance Required	Y

<b>Vendor Info:</b>	
Name: <b>Hispanic Counseling Center, Inc.</b>	Vendor ID#: <b>11-2592214</b>
Address: 344 Fulton Avenue Hempstead, New York 11501	Contact Person: Gladys Serrano, LCSW, Chief Executive Officer
	Phone: 516-538-2613

<b>Department:</b>
Contact Name: Robert McManus, Director of Office Services
Address: Nassau County District Attorney's Office 262 Old Country Road Mineola, New York 11501 Phone: 516-571-3354

2019 FEB 27 A 11:21  
 NASSAU COUNTY  
 DISTRICT ATTORNEY'S OFFICE

## Routing Slip

Department	NIFS Entry: X	29-NOV-18 -- VCORDOVA
Department	NIFS Approval: X	04-DEC-18 -- RMCMANUS
DPW	Capital Fund Approved:	
OMB	NIFA Approval: X	10-DEC-18 -- APERSICH
OMB	NIFS Approval: X	03-DEC-18 -- SDEWS
County Atty.	Insurance Verification: X	03-DEC-18 -- AAMATO
County Atty.	Approval to Form: X	04-DEC-18 -- DMCDERMOTT
CPO	Approval: X	19-DEC-18 -- KOHAGENCE

DCEC	Approval: X	24-DEC-18 -- JCHIARA
Dep. CE	Approval: X	09-JAN-19 -- HWILLIAMS
Leg. Affairs	Approval/Review: X	16-JAN-19 -- JSCHANTZ
Legislature	Approval:	
Comptroller	Deputy:	
NIFA	NIFA Approval:	

## Contract Summary

<b>Purpose:</b> One (1) year agreement to fund Batterer's Intervention Program.
<b>Method of Procurement:</b> Sole Source.
<b>Procurement History:</b> See attached memo.
<b>Description of General Provisions:</b> One (1) year agreement from 7/1/18 - 6/30/19 in the amount of \$85,000.00 to support the Contractors "Batterer's Intervention Program" to address the problem of domestic violence by changing the behavior of perpetrators and protecting victims and families.
<b>Impact on Funding / Price Analysis:</b> 100% financed by State Forfeiture Funds.
<b>Change in Contract from Prior Procurement:</b> No change.
<b>Recommendation:</b> (approve as submitted) Approve as submitted.

## Advisement Information

BUDGET CODES	
Fund:	GRT
Control:	DA
Resp:	891B
Object:	De
Transaction:	CLDA
Project #:	
Detail:	

RENEWAL	
% Increase	
% Decrease	

FUNDING SOURCE	AMOUNT
Revenue	
Contract:	
County	\$ 0.00
Federal	\$ 0.00
State	\$ 85,000.00
Capital	\$ 0.00
Other	\$ 0.00
<b>TOTAL</b>	<b>\$ 85,000.00</b>

LINE	INDEX/OBJECT CODE	AMOUNT
1	DAGRT891BOTH/D E500	\$ 85,000.00
		\$ 0.00
		\$ 0.00
		\$ 0.00
		\$ 0.00
		\$ 0.00
	<b>TOTAL</b>	<b>\$ 85,000.00</b>



# NIFA Nassau County Interim Finance Authority

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

1. Vendor: Hispanic Counseling Center, Inc.

2. Dollar amount requiring NIFA approval: \$85000

Amount to be encumbered: \$85000

This is a Renewal

If new contract - \$ amount should be full amount of contract

If advisement - NIFA only needs to review if it is increasing funds above the amount previously approved by NIFA

If amendment - \$ amount should be full amount of amendment only

3. Contract Term: 7/1/2018 - 6/30/2019

Has work or services on this contract commenced? Y \_\_\_\_\_

If yes, please explain: Continuing Program

4. Funding Source:

General Fund (GEN)

Capital Improvement Fund (CAP)

Other

X Grant Fund (GRT)

Federal % 0

State % 100

County % 0

Is the cash available for the full amount of the contract?

Y

If not, will it require a future borrowing?

N

Has the County Legislature approved the borrowing?

N/A

Has NIFA approved the borrowing for this contract?

N/A

5. Provide a brief description (4 to 5 sentences) of the item for which this approval is requested:

One (1) year agreement to fund Batterer's Intervention Program.

6. Has the item requested herein followed all proper procedures and thereby approved by the:

Nassau County Attorney as to form Y

Nassau County Committee and/or Legislature

Date of approval(s) and citation to the resolution where approval for this item was provided:

7. Identify all contracts (with dollar amounts) with this or an affiliated party within the prior 12 months:

Contract ID	Date	Amount

## 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.

APERSICH

10-DEC-18

**Authenticated User**

**Date**

## COMPTROLLER'S OFFICE

To the best of my knowledge, I hereby certify that the information listed is true and accurate and is in conformance with the Nassau County Approved Budget and not in conflict with the Nassau County Multi-Year Financial Plan.

Regarding funding, please check the correct response:

☐ I certify that the funds are available to be encumbered pending NIFA approval of this contract.

If this is a capital project:

I certify that the bonding for this contract has been approved by NIFA.

Budget is available and funds have been encumbered but the project requires NIFA bonding authorization

**Authenticated User**

**Date**

## NIFA

Amount being approved by NIFA:

Payment is not guaranteed for any work commenced prior to this approval.

**Authenticated User**

**Date**

**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.**

E-29-19

RULES RESOLUTION NO. 47-2019

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 DISTRICT ATTORNEY'S  
OFFICE AND HISPANIC COUNSELING CENTER, INC.

3-11-19  
27 0 0 0

WHEREAS, the County has negotiated an amendment to a personal services agreement with Hispanic Counseling Center, Inc. to add money to the agreement and extending the term to provide a program respecting domestic violence, 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 amended agreement with Hispanic Counseling Center, Inc.

Jack Schnirman  
Comptroller

CLDA18000004  
CQDA16000011 03



**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:** Hispanic Counseling Center, Inc.

**CONTRACTOR ADDRESS:** 344 Fulton Avenue, Hempstead, NY 11550

**FEDERAL TAX ID #:** 11-2592214

**Instructions:** Please check the appropriate box ("☐") 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 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 on \_\_\_\_\_ [date]. Potential proposers were made aware of the availability of the RFP by advertisement in \_\_\_\_\_ [newspaper], posting on industry websites, via email to interested parties and by publication on the County procurement website. Proposals were due on \_\_\_\_\_ [date]. \_\_\_\_\_ [state #] proposals were received and evaluated. The evaluation committee consisted of: \_\_\_\_\_

\_\_\_\_\_ (list # of persons on committee and their respective departments). The proposals were scored and ranked. As a result of the scoring and ranking, the highest-ranking proposer was selected.

**III. ☐ This is a renewal, extension or amendment of an existing contract.**

The contract was originally executed by Nassau County on \_\_\_\_\_ [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 \_\_\_\_\_

\_\_\_\_\_  
[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-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.
- 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.

**Instructions with respect to Sections VIII, IX and X:** All Departments must check the box for VIII. Then, check the box for either IX or X, as applicable.

- 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 submission of the first claim voucher, for services under this 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

11/28/18  
Date

**NOTE:** 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. 01/18

**MADLINE SINGAS**  
DISTRICT ATTORNEY



**OFFICE OF THE DISTRICT ATTORNEY  
NASSAU COUNTY**

**To:** Office of the Comptroller  
Office of Management and Budget

**From:** Jeffrey M. Stein  
Chief Administrative Officer

**Date:** 11/27/18

**Re:** Sole Source Justification – Hispanic Counseling Center, Inc.

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This is a one year extension of an agreement with the Hispanic Counseling Center, Inc., to provide funding for the contractor's Batterer's Intervention Program, an educational and counseling program designed to change the behavior of perpetrators of domestic violence and protect victims and families.

The Hispanic Counseling Center, Inc., has been selected as a recipient of discretionary funding on the part of the District Attorney's Office because it is the only agency in Nassau County licensed by the State of New York to provide mental health and substance abuse treatment in an entirely bilingual, bicultural setting. The contractor operates a variety of programs and services which include mental health outpatient, chemical dependency, child, youth and family support, housing services for the mentally ill, Medicaid service coordination for the developmentally disabled, teen counseling, and a mental health program for individuals with HIV/AIDS. The Hispanic Counseling Center is Long Island's premier agency providing comprehensive professional services to the fast growing and vastly underserved Hispanic communities in our region, presently serving over 1,300 clients per month.

JMS:rm

## AMENDMENT 2

This AMENDMENT, dated as of \_\_\_\_\_, 2018 (together with the exhibit hereto, this "Amendment"), 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 Nassau County District Attorney's Office, having its principal office at 262 Old Country Road, Mineola, New York 11501, (the "Department"), and (ii) **Hispanic Counseling Center, Inc.**, having its principal office at 344 Fulton Avenue, Hempstead, New York 11550 (hereinafter referred to as "the Contractor").

### WITNESSETH:

WHEREAS, pursuant to County contract number CQDA16000011, executed on behalf of the County on February 1, 2017, as amended by amendment one (1), County contract number CLDA17000011, executed on behalf of the County on July 14, 2017 (collectively, the "Original Agreement"), the Contractor conducts a program called the "Batterer's Intervention Program," to address the problem of domestic violence by changing the behavior of perpetrators and protect victims and families. These services are more fully described in the Original Agreement (the services contemplated by the Original Agreement, the "Services");

WHEREAS, the term of the Original Agreement was from July 1, 2016, through June 30, 2018 with three (3) remaining one (1) year options to renew, and subject to early termination as provided for under 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 One Hundred and Seventy Thousand and 00/100 Dollars (\$170,000.00) (the "Maximum Amount"); and

WHEREAS, the County desires to exercise one (1) of the three remaining renewal options by both extending the Original Term, increasing the Maximum Amount and amending the Compliance With Law Section of the Original Agreement.

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

1. **Renewal of Term.** The Original Term shall be renewed and thereby extended by one (1) year, so that the termination date of the Original Agreement, as amended by this amendment (the "Amended Agreement"), shall be June 30, 2019, subject to early termination as provided under this Amended Agreement.



**2. Maximum Amount.** The Maximum Amount in the Original Agreement shall be increased by Eighty-Five Thousand Dollars (\$85,000.00), 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 Two Hundred and Fifty-Five Thousand Dollars (\$255,000.00) (the "Amended Maximum Amount"). The increase provided under this Amendment shall be payable in accordance with the attached Appendix A-2.

**3. Compliance With Law.** Section 6 of the Original Agreement is hereby amended to add the following subsections:

(e) **Prohibition of Gifts.** In accordance with County Executive Order 2-2018, the Contractor shall not offer, give, or agree to give anything of value to any County employee, agent, consultant, construction manager, or other person or firm representing the County (a "County Representative"), including members of a County Representative's immediate family, in connection with the performance by such County Representative of duties involving transactions with the Contractor on behalf of the County, whether such duties are related to this Agreement or any other contract or matter. As used herein, "anything of value" shall include, but not be limited to, meals, holiday gifts, holiday baskets, gift cards, tickets to golf outings, tickets to sporting events, currency of any kind, or any other gifts, gratuities, favorable opportunities or preferences. For purposes of this subsection, an immediate family member shall include a spouse, child, parent, or sibling. The Contractor shall include the provisions of this subsection in each subcontract entered into under this Agreement.

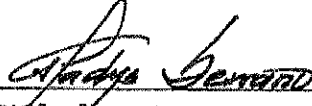
(f) **Disclosure of Conflicts of Interest.** In accordance with County Executive Order 2-2018, the Contractor has disclosed as part of its response to the County's Business History Form, or other disclosure form(s), any and all instances where the Contractor employs any spouse, child, or parent of a County employee of the agency or department that contracted or procured the goods and/or services described under this Agreement. The Contractor shall have a continuing obligation, as circumstances arise, to update this disclosure throughout the term of this Agreement.

**4. Full Force and Effect.** 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 date first above written.

HISPANIC COUNSELING CENTER, INC.

By:   
Name: Gladys Serrano, LCSW  
Title: Chief Executive Officer  
Date: November 02, 2018

NASSAU COUNTY

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: County Executive  
☐ Deputy County Executive  
Date: \_\_\_\_\_

PLEASE EXECUTE IN BLUE INK



**APPENDIX A-2**  
**BUDGET**

<u>PERSONNEL</u>	<u>AMOUNT</u>
Social Worker - annual salary \$50,000	<b>\$50,000.00</b>
<u>FRINGE BENEFITS</u> (.2155 of Personnel Costs)	<b>\$10,775.00</b>
<u>PROGRAM OVERHEAD</u> (.19 of personnel costs)	<b>\$11,547.00</b>
<u>RENT</u>	<b><u>\$4,951.00</u></b>
<b>SUB-TOTAL</b>	<b>\$77,273.00</b>
<u>ADMINISTRATIVE FEE (10%)</u>	<b>\$7,727.00</b>
<b>TOTAL BUDGET</b>	<b>\$85,000.00</b>

**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:

Gladys Serrano, LCSW (Name)

344 Fulton Avenue, Hempstead NY 11550 (Address)

516-538-2613 (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 X 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. 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 in connection with federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If such a proceeding, action, or investigation has been commenced, describe below:

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5. Contractor agrees to permit access to work sites and relevant payroll records by authorized County representatives for the purpose of monitoring compliance with the Living Wage Law and investigating employee complaints of noncompliance.

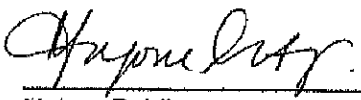
I hereby certify that I have read the foregoing statement and, to the best of my knowledge and belief, it is true, correct and complete. Any statement or representation made herein shall be accurate and true as of the date stated below.

November 02, 2018  
Dated

  
Signature of Chief Executive Officer

Gladys Serrano, LCSW  
Name of Chief Executive Officer

Sworn to before me this  
2nd day of November, 2018.

  
Notary Public

MARJORIE ORTIZ  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01OR6359872  
Qualified in Nassau County  
My Commission Expires 06-12-2021



HISPA-1

OP ID: CO

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/28/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> SCS Agency, Inc. 1981 Marcus Avenue, Suite 125 Lake Success, NY 11042 516-466-8007		<b>CONTACT</b> MJG Concepts PHONE (A/C, No, Ext): 516-466-8007 FAX (A/C, No): 516-829-5557 E-MAIL ADDRESS: riveraconsultingmjc@gmail.com	
<b>INSURED</b> Hispanic Counseling Center Luis A Milete 344 Fulton Ave Hempstead, NY 11550		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Philadelphia Insurance Co. NAIS # 18058 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NR	TYPE OF INSURANCE	ADOL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
1/2		INSR WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC OTHER:	X	PHUB611841	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ 1/3 COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		PHUB611841	01/01/2018	01/01/2019	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10000		PHUB611841	01/01/2018	01/01/2019	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	PHUB611841	01/01/2018	01/01/2019	Per Claim \$ 1,000,000 Aggregate \$ 3,000,000
A	Profess Liab		PHUB611841	01/01/2018	01/01/2019	Per Claim \$ 1,000,000 Aggregate \$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder is included as additional Insured mortgagee as regards to  
336-338 Fulton Ave, Hempstead, NY 11550.

<b>CERTIFICATE HOLDER</b> Nassau County District Attorney's Office 262 Old Country Road Mineola, NY 11501	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

ACORD 25 (2016/03)

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# Amendment 1

Contract ID#: CLDA1600011  
CLDA1700011



Department: District Attorney

E-151-17

## Contract Details

SERVICE: Batterer's Intervention Program

NIFS ID #: CLDA1700011

NIFS Entry Date: 6/7/17

Term: 7/1/17 - 6/30/18

New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/>
Amendment <input type="checkbox"/>
Time Extension <input type="checkbox"/>
Addl. Funds <input type="checkbox"/>
Blanket Resolution <input type="checkbox"/>
RES#

1) Mandated Program:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2) Comptroller Approval Form Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3) CSEA Agreement § 32 Compliance Attached:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5) Insurance Required	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

## Agency Information

Vendor	
Name <b>Hispanic Counseling Center, Inc.</b>	Vendor ID# 11-2592214
Address 344 Fulton Avenue Hempstead, NY 11501	Contact Person Gladys Serrano, LCSW Chief Executive Officer
	Phone 516-538-2613

County Department	
Department Contact Robert McManus	
Address Nassau County District Attorney's Office 262 Old Country Rd. Mineola, NY 11501	
Phone 516-571-3354	

## Routing Slip

DATE Rec'd.	DEPARTMENT	Internal Verification	DATE App'd & Fwd.	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept.) <input checked="" type="checkbox"/> NIFS Appel (Dept. Head) <input checked="" type="checkbox"/> Contractor Registered <input checked="" type="checkbox"/>	6/7/17 6/7/17	<i>[Signature]</i> <i>[Signature]</i>	
	OMB	NIFS Approval (Contractor Registered) <input checked="" type="checkbox"/>	6/7/17	<i>[Signature]</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
6/13/17	County Attorney	CA RE & Insurance Verification <input checked="" type="checkbox"/>	6/13/17	<i>[Signature]</i>	
6/13/17	County Attorney	CA Approval as to form <input type="checkbox"/>	6/14/17	<i>[Signature]</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Legislative Affairs	Fwd'd Original Contract to CA <input type="checkbox"/>			
	County Attorney	NIFS Approval <input checked="" type="checkbox"/>	6/27/17	<i>[Signature]</i>	
	Comptroller	NIFS Approval <input checked="" type="checkbox"/>	7/11/17	<i>[Signature]</i>	
6/16/17	County Executive	Notarization: <input type="checkbox"/> Filed with Clerk of the Leg. <input type="checkbox"/>	6/16/17	<i>[Signature]</i>	



Contract ID#: CQDA16000011  
CLDA17000011



Department: District Attorney

## Contract Summary

Description: One (1) year agreement to fund Batterer's Intervention Program.
Purpose: To provide funding for the "Batterer's Intervention Program" to address the problem of domestic violence by changing the behavior of perpetrators and protecting victims and families.
Method of Procurement: Sole source.
Procurement History: See attached memo.
Description of General Provisions: One (1) year agreement from 7/1/17-6/30/18 in the amount of \$85,000.00 to support the Contractors "Batterer's Intervention Program" to address the problem of domestic violence by changing the behavior of perpetrators and protecting victims and families.
Impact on Funding / Price Analysis: 100% financed by State Forfeiture Funds.
Change in Contract from Prior Procurement: No change.
Recommendation: Approve as submitted.

## Advisement Information

BUDGET CODES	
Fund:	GRT
Control:	DA
Resp.:	891B
Object:	DE
Transaction:	CQDA

RENEWAL	
% Increase	
% Decrease	

FUNDING SOURCE	AMOUNT
Revenue Contract <input type="checkbox"/>	XXXXXXXX
County	\$
Federal	\$
State	\$85,000.00
Capital	\$
Other	\$
TOTAL	\$85,000.00

LINE	INDEX/OBJECT CODE	AMOUNT
1	DAQRT891B0TH/DE500	\$85,000.00
2		\$
3		\$
4		\$
5		\$
6		\$
TOTAL		\$85,000.00

Document Prepared By: D. Despot

Date: 6/7/17

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 in the appropriation to be charged.	Name: <u>[Signature]</u>
Name: <u>[Signature]</u>	Name: <u>[Signature]</u>	Date: <u>[Signature]</u>
Date: <u>7/11/17</u>	Date: <u>7/11/17</u>	(For Office Use Only)
		E #:

E-151-17

RULES RESOLUTION NO. 208-2017

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 DISTRICT ATTORNEY'S  
OFFICE AND HISPANIC COUNSELING CENTER, INC.

Passed by the Rules Committee  
Nassau County Legislature  
By Voice Vote on 6-26-17  
VOTING:  
yes 7 opposes 0 abstained 0 refused 0  
Legislators present: 7

WHEREAS, the County has negotiated an amendment to a personal  
services agreement with Hispanic Counseling Center, Inc. to extend the term  
to provide a program respecting domestic violence, 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 amended  
agreement with Hispanic Counseling Center, Inc.

CQDA16000011  
CLDA17000011

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: Hispanic Counseling Center, Inc.

CONTRACTOR ADDRESS: 344 Fulton Avenue, Hempstead, NY 11550

FEDERAL TAX ID #: 11-2592214

**Instructions:** Please check the appropriate box ("☐") 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 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 on \_\_\_\_\_ [date]. Potential proposers were made aware of the availability of the RFP by advertisement in \_\_\_\_\_ [newspaper], posting on industry websites, via email to interested parties and by publication on the County procurement website. Proposals were due on \_\_\_\_\_ [date]. \_\_\_\_\_ [state #] proposals were received and evaluated. The evaluation committee consisted of: \_\_\_\_\_

\_\_\_\_\_ (list # of persons on committee and their respective departments). The proposals were scored and ranked. As a result of the scoring and ranking, the highest-ranking proposer was selected.

**III. ☐ This is a renewal, extension or amendment of an existing contract.**

The contract was originally executed by Nassau County on \_\_\_\_\_ [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 \_\_\_\_\_

\_\_\_\_\_  
[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-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.

Instructions with respect to Sections VIII, IX and X: All Departments must check the box for VIII. Then, check the box for either IX or X, as applicable.

**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 submission of the first claim voucher, for services under this 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

6/7/17  
Date

**NOTE:** 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.



MADELINE SINGAS  
DISTRICT ATTORNEY

OFFICE OF  
THE DISTRICT ATTORNEY  
NASSAU COUNTY

To: Office of the Comptroller  
Office of Management and Budget

From: Jeffrey M. Stein  
Chief Administrative Officer

Date: 06/07/17

Re: Sole Source Justification – Hispanic Counseling Center, Inc.

---

This agreement with the Hispanic Counseling Center, Inc., is to provide funding for the contractor's Batterer's Intervention Program, an educational and counseling program designed to change the behavior of perpetrators of domestic violence and protect victims and families.

The Hispanic Counseling Center, Inc., has been selected as a recipient of discretionary funding on the part of the District Attorney's Office because it is the only agency in Nassau County licensed by the State of New York to provide mental health and substance abuse treatment in an entirely bilingual, bicultural setting. The contractor operates a variety of programs and services which include mental health outpatient, chemical dependency, child, youth and family support, housing services for the mentally ill, Medicaid service coordination for the developmentally disabled, teen counseling, and a mental health program for individuals with HIV/AIDS. The Hispanic Counseling Center is Long Island's premier agency providing comprehensive professional services to the fast growing and vastly underserved Hispanic communities in our region, presently serving over 1,300 clients per month.

## AMENDMENT 1

This AMENDMENT, dated as of \_\_\_\_\_, 2017 (together with the exhibit hereto, this "Amendment"), 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 Nassau County District Attorney's Office, having its principal office at 262 Old Country Road, Mineola, New York 11501, and (ii) **Hispanic Counseling Center, Inc.**, having its principal office at 344 Fulton Avenue, Hempstead, New York 11550 (hereinafter referred to as "the Contractor").

### WITNESSETH:

WHEREAS, pursuant to County contract number CQDA16000011 between the County and the Contractor, executed on behalf of the County on February 27, 2017, (the "Original Agreement"), the Contractor conducts a program called the "Batterer's Intervention Program," to address the problem of domestic violence by changing the behavior of perpetrators and protecting victims and families. These services are more fully described in the Original Agreement (the services contemplated by the Original Agreement, (the "Services");

WHEREAS, the term of the Original Agreement was from July 1, 2016, through June 30, 2017 with four (4) one (1) year options to renew, and subject to early termination as provided for under 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 Eighty Five Thousand and 00/100 Dollars (\$85,000.00) (the "Maximum Amount"); and

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

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

1. Term Extension. The Original Term shall be extended by one (1) year, so that the termination date of the Original Agreement, as amended by this Amendment (the "Amended Agreement"), shall be June 30, 2018.

2. Maximum Amount. The Maximum Amount in the Original Agreement shall be increased by Eighty-Five Thousand Dollars (\$85,000.00), 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 One Hundred and Seventy Thousand Dollars (\$170,000.00) (the "Amended Maximum Amount"). The increase provided under this Amendment shall be payable in accordance with the attached Appendix B-1.

3. Full Force and Effect. 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.]




APPENDIX A-1  
BUDGET

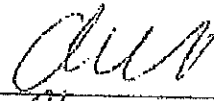
<u>PERSONNEL</u>	<u>AMOUNT</u>
Social Worker - annual salary \$50,000	\$50,000.00
<u>FRINGE BENEFITS</u>	
(.2155 of Personnel Costs)	\$10,775.00
<u>PROGRAM OVERHEAD</u> (.19 of personnel costs)	\$11,547.00
<u>RENT</u>	<u>\$4,951.00</u>
 SUB-TOTAL	 \$77,273.00
 <u>ADMINISTRATIVE FEE (10%)</u>	 \$7,727.00
 TOTAL BUDGET	 \$85,000.00

IN WITNESS WHEREOF, the parties have executed this Amendment as of the date first above written.

HISPANIC COUNSELING CENTER, INC.

By:   
Name: Gladys Serrano, LCSW  
Title: Chief Executive Officer  
Date: June 2, 2017

NASSAU COUNTY

By:   
Name: Charles Robles  
Title: County Executive  
☒ Deputy County Executive  
Date: 7/14/17

PLEASE EXECUTE IN BLUE INK

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU )

On the 29<sup>th</sup> day of June in the year 2017 before me personally came Stefan S. S. S. S. to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is the CEO of Hispanic Chamber of Commerce, 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.

NOTARY PUBLIC

NIDIA A. REYES  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 01RE6114422  
Qualified in Nassau County  
Commission Expires November 29, 2020

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU )

On the 14 day of July in the year 2017 before me personally came Charles Brando to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; 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.

NOTARY PUBLIC

FRANCIS X. BECKER II  
Notary Public, State of New York  
No. 01BE5073153  
Qualified in Nassau County  
Commission Expires February 18, ~~1999~~ 2019

Contract ID#: CODA16000011



Department: District Attorney

E-3-17

**Contract Details**

SERVICE: Domestic Violence Intervention

NIFS ID #: CODA16000011

NIFS Entry Date: 12/02/16

Term: 07/01/2016 to 06/30/2017

New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/>
Amendment <input type="checkbox"/>
Time Extension <input type="checkbox"/>
Addl. Funds <input type="checkbox"/>
Blanket Resolution <input type="checkbox"/>
RES#

1) Mandated Program:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2) Comptroller Approval Form Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3) CSEA Agreement § 32 Compliance Attached:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5) Insurance Required	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Agency Information**

Vendor	
Name	Vendor ID#
Hispanic Counseling Center, Inc.	11-2592214
Address	Contact Person
344 Fulton Ave. Hempstead, NY 11550	Gladys Serrano, LCSW Interim C.E.O.
	Phone (516) 538-2613

County Department
Department Contact
Nassau County District Attorney's Office ADA Rene Fiechter
Address
262 Old Country Road Mineola NY 11501
Phone
(516) 571-1090

**Routing Slip**

DATE Rec'd.	DEPARTMENT	Internal Verification	DATE App'd or Fw'd	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) NIFS Appl (Dept Head) <input checked="" type="checkbox"/> Contractor Registered <input checked="" type="checkbox"/>	12/2/16 12/3/16	<i>[Signature]</i> <i>[Signature]</i>	
	OMB	NIFS Approval (Contractor Registered) <input checked="" type="checkbox"/>	12/7/16	<i>[Signature]</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
12/27/16	County Attorney	CA RE & Insurance Verification <input checked="" type="checkbox"/>	12/25/16	<i>[Signature]</i>	
	County Attorney	CA Approval as to form <input checked="" type="checkbox"/>	12/27/16	<i>[Signature]</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1/11/17	Legislative Affairs	Fw'd Original Contract to CA <input type="checkbox"/>	1/11/17	<i>[Signature]</i>	
	County Attorney	NIFS Approval <input type="checkbox"/>		<i>[Signature]</i>	
	Comptroller	NIFS Approval <input type="checkbox"/>	12/27/16	<i>[Signature]</i>	
1/19/17	County Executive	Notarization <input type="checkbox"/> Filed with Clerk of the Leg. <input type="checkbox"/>	1/19/17	<i>[Signature]</i>	

**Contract Summary**

PR5254 (1/06)



**Description:** A one year agreement to provide financial assistance to the Hispanic Counseling Center, Inc., to address the problem of domestic violence and abuse through the Batterer's Intervention Program.

**Purpose:** The purpose of this agreement is to conduct an educational and counseling program designed to change the behavior of abusers, increase accountability and protect victims and families.

**Method of Procurement:** This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. This contractor was selected because it is the only agency in Nassau County licensed by the State of New York to provide mental health and substance abuse treatment in an entirely bilingual, bicultural setting. With Spanish speaking domestic abuse offenders and their victims, language and cultural barriers must be considered in providing counseling and intervention. The Hispanic Counseling Center (the "Contractor") is Long Island's premier agency providing comprehensive professional services to Latino families since 1977, presently serving more than 1,300 clients per month.

**Procurement History:** N/A

**Description of General Provisions:** Agreement for a one year period, renewable for four additional years, in the amount of \$85,000.00 to conduct the Batterer's Intervention Program to address the problem of domestic violence and abuse.

**Impact on Funding / Price Analysis:** None, this agreement will be funded using N.Y. State forfeiture proceeds.

**Change in Contract from Prior Procurement:** N/A

**Recommendation:** Approve as submitted.

### Advisement Information

BUDGET CODES	
Fund:	GRT
Control:	DA 89
Resp:	1B
Object:	DE
Transaction:	CQ

FUNDING SOURCE	AMOUNT
Revenue Contract <input type="checkbox"/>	XXXXXXX
County	\$
Federal	\$
State	\$85,000.00
Capital	\$
Other	\$
<b>TOTAL</b>	<b>\$85,000.00</b>

LINE	INDEX/OBJECT CODE	AMOUNT
1	DAGRT891BOTH/DE500	\$85,000.00
2		\$
3		\$
4		\$
5		\$
6		\$
<b>TOTAL</b>		<b>\$85,000.00</b>

RENEWAL	
% Increase	
% Decrease	

Document Prepared By: R. McManus

Date: 11/30/16

NIFS Certification	Comptroller Certification	County Executive Approval
I certify that the department has adopted the NIFS	I certify that an unencumbered balance sufficient to cover this contract is present in the appropriation to be charged	Name: <i>[Signature]</i>
Name: <i>[Signature]</i>	Name: <i>[Signature]</i>	Date: <i>[Signature]</i>
Date: <i>[Signature]</i>	Date: 12/27/2017	E #:

E-3-17

RULES RESOLUTION NO. 20 - 2017

A RESOLUTION AUTHORIZING THE COUNTY EXECUTIVE  
TO EXECUTE A PERSONAL SERVICES AGREEMENT BETWEEN  
THE COUNTY OF NASSAU, ACTING ON BEHALF OF THE NASSAU  
COUNTY DISTRICT ATTORNEY'S OFFICE, AND THE HISPANIC  
COUNSELING CENTER, INC.

Passed by the Rules Committee  
Nassau County Legislature  
By vote held on 2-13-17  
yeas 7 nays 0 abstained 0 recused 0  
Legislators present: 7

WHEREAS, the County has negotiated a personal services agreement  
with The Hispanic Counseling Center, Inc. to conduct the Batterer's  
Intervention Program, 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 agreement with  
The Hispanic Counseling Center, 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: Hispanic Counseling Center, Inc.

CONTRACTOR ADDRESS: 344 Fulton Ave., Hempstead, NY 11550

FEDERAL TAX ID #: 11-2592214

---

**Instructions:** Please check the appropriate box ("☐") 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 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 on \_\_\_\_\_ [date]. Potential proposers were made aware of the availability of the RFP by \_\_\_\_\_ [newspaper advertisement, posting on website, mailing, etc.]. \_\_\_\_\_ [#] of potential proposers requested copies of the RFP. Proposals were due on \_\_\_\_\_ [date]. \_\_\_\_\_ [#] 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 (attached), the highest-ranking proposer was selected.

**III. ☐ This is a renewal, extension or amendment of an existing contract.**

This is a renewal of a contract that was awarded the county by the state and federal government to enhance and expand the work done in the schools under the first contract. See Staff Summary.

**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-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.

**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.

*[Signature]*  
Department Head Signature

11/30/16  
Date

*NOTE: 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*

MADELINE SINGAS  
DISTRICT ATTORNEY



OFFICE OF THE DISTRICT ATTORNEY  
NASSAU COUNTY

To: Office of the Comptroller  
Office of Management and Budget

From: Jeffrey M. Stein  
Chief Administrative Officer

Date: 11/30/16

Re: Sole Source Justification -- Hispanic Counseling Center, Inc.

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This is a six month extension of an agreement with the Hispanic Counseling Center, Inc., is to provide funding for the contractor's Batterer's Intervention Program, an educational and counseling program designed to change the behavior of perpetrators of domestic violence and protect victims and families.

The Hispanic Counseling Center, Inc., has been selected as a recipient of discretionary funding on the part of the District Attorney's Office because it is the only agency in Nassau County licensed by the State of New York to provide mental health and substance abuse treatment in an entirely bilingual, bicultural setting. The contractor operates a variety of programs and services which include mental health outpatient, chemical dependency, child, youth and family support, housing services for the mentally ill, Medicaid service coordination for the developmentally disabled, teen counseling, and a mental health program for individuals with HIV/AIDS. The Hispanic Counseling Center is Long Island's premier agency providing comprehensive professional services to the fast growing and vastly underserved Hispanic communities in our region, presently serving over 1,300 clients per month.

JMS:rm

## CONTRACT FOR SERVICES

THIS AGREEMENT, dated as of \_\_\_\_\_, 20\_\_ (together with the schedules, appendices, attachments and exhibits, if any, this "Agreement"), is entered into by and between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), acting on behalf of the County Department of the District Attorney, having its principal office at 262 Old Country Road, Mineola, NY 11501 (the "Department"), and (ii) The Hispanic Counseling Center, Inc., a New York State not-for-profit corporation, having its principal office at 344 Fulton Avenue, Hempstead, New York 11550 (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;

WHEREAS, the Department is authorized to utilize civil forfeiture funds pursuant to N.Y. Civil Practice Law, Article 13A, Section 1349; and

WHEREAS, the Department is authorized to receive and expend grants for these purposes;

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

**Section 1. Term.** This Agreement shall commence on July 1, 2016, and terminate on June 30, 2017, unless sooner terminated in accordance with the provisions of this Agreement; provided, however, the County may renew this Agreement under the same terms and conditions for four (4) additional one (1) year terms.

**Section 2. Services.** The Contractor shall conduct a program to address the problem of domestic violence called the "Batterer's Intervention Program," an educational and counseling program designed to change the behavior of perpetrators of domestic violence, increase accountability and protect victims and families. These services are more fully described in the attached Appendix "A".

**Section 3. Payment.** (a) Amount of Consideration. The maximum amount that the County shall pay the Contractor as full consideration for all services provided under this Agreement shall not exceed Eighty-Five Thousand Dollars (\$85,000.00) (the "Maximum Amount"), as described in the budget in the attached budget Appendix "B".

(b) Vouchers; Voucher Review, Approval and Audit. 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) Timing of Payment Claims. The Contractor shall submit claims no later than (1) month following the County's receipt of the services that are the subject of the claim and no more frequently than once a month.

(d) No Duplication of Payments. 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) Payments in Connection with Termination or Notice of Termination. 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.

(f) Reallocation Among Line Items. The Contractor may reallocate monies among line items, provided however, that the Contractor shall not reallocate more than ten percent (10%) of the amount allocated to any line item to another line item without the prior written consent of the Department. Clause 10 notwithstanding.

**Section 4. Independent Contractor.** 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 "Contractor Agent"), 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 "Person" means any individual person, entity (including partnerships, corporations and limited liability companies), and government or political subdivision thereof (including agencies, bureaus, offices and departments thereof).

**Section 5. No Arrears or Default.** The Contractor is not in arrears to the County upon any debt or contract and 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.

**Section 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) Nassau County Living Wage Law. 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, may constitute a material breach of this Agreement, the occurrence of which shall 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 as Appendix L, and shall provide to the County any information necessary to maintain the certification's accuracy.

(c) Records Access. The parties acknowledge and agree that all records, information, and data ("Information") 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

(d) Protection of Client Information. The Contractor acknowledges and agrees that all information that the Contractor acquires in connection with performance under this Agreement is strictly confidential, shall be held in the strictest confidence and shall be used solely for the purpose of performing services for or on behalf of the County. Such confidential information shall not be disclosed to third parties except (i) as permitted under this Agreement, or (ii) with the written consent of the County (and then only to the extent of the consent) or (iii) upon legal compulsion. The provisions of this section shall survive the termination of this Agreement and any breach of these provisions shall be cause for immediate termination of this Agreement.

**Section 7. Minimum Service Standards.** 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.

**Section 8. Indemnification; Defense; Cooperation.** (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 "Indemnified Parties") from and against any and all liabilities, losses, costs, expenses (including, without limitation, attorneys' fees and disbursements) and damages ("Losses"), 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; provided, however, 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.

**Section 9. Insurance.** (a) Types and Amounts. 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 claim 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 claim, (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) Delivery; Coverage Change; No Inconsistent Action. 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 coverage. 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 coverage 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.

**Section 10. Assignment; Amendment; Waiver; Subcontracting.** 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 County Executive or his or her duly designated deputy (the "County Executive"), 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.

**Section 11. Termination.** (a) Generally. This Agreement may be terminated (i) for any reason by the County upon thirty (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 "Cause" 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) Contractor Assistance upon Termination. In connection with the termination or impending termination of this Agreement the Contractor shall, regardless of the reason for termination, take all actions reasonably requested by the 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.

**Section 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.

**Section 13. Limitations on Actions and Special Proceedings against the County.** 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 thirty (30) days prior to seeking relief the Contractor shall have presented the demand or claim(s) upon which such action or special proceeding is based in writing to the 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) Time Limitation. Such action or special proceeding is commenced within the earlier of (i) one (1) 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.

**Section 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.

**Section 15. Consent to Jurisdiction and Venue; Governing Law.** Unless otherwise specified in this 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.

**Section 16. Notices.** Any notice, request, demand or other communication required to be given or made in connection with this Agreement shall be (a) in writing, (b) delivered or sent (i) by hand delivery, evidenced by a signed, dated receipt, (ii) postage prepaid via certified mail, return receipt requested, or (iii) 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.

**Section 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.

**Section 18. Section and Other Headings.** 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.

**Section 19. Entire Agreement.** 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.

**Section 20. Executory Clause.** Notwithstanding any other provision of this Agreement:

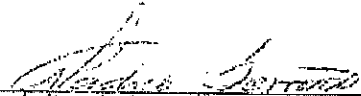
(a) Approval and Execution. The County shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person unless (i) all County and other governmental approvals have been obtained, including, if required, approval by the County Legislature, and (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.

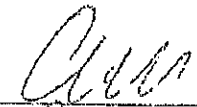
[Remainder of Page Intentionally Left Blank.]

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

THE HISPANIC COUNSELING CENTER, INC.

By:   
Name: Gladys Simon, LCSW  
Title: Chief Executive Officer  
Date: November 21, 2016

NASSAU COUNTY

By:   
Name: Charles Bell  
Title: County Executive  
☒ Deputy County Executive  
Date: 2/1/17

PLEASE EXECUTE IN BLUE INK

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU )

On the 21 day of November in the year 2016 before me personally came Eladio Serrano to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is the CEO of the Hispanic Counseling Center, Inc., 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.

*Loida R. DeLassantos*  
NOTARY PUBLIC

**LOIDA R DELOSSANTOS**  
Notary Public, State of New York  
No. 01DE6207047  
Qualified in Nassau County  
Commission Expires June 03, 2017

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU )

On the 1<sup>st</sup> day of March in the year 2017 before me personally came Charles Ribandier to me personally known, who, being by me duly sworn, did depose and say that he resides in the County of Nassau; that he 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.

*Francis X. Becker II*  
NOTARY PUBLIC

**FRANCIS X. BECKER II**  
Notary Public, State of New York  
No. 012E5073153  
Qualified in Nassau County  
Commission Expires February 18, 1999

## APPENDIX A (P. I)

### 1. Organization Background and Services

The Hispanic Counseling Center (the "Contractor") is Long Island's premier agency providing comprehensive professional services to Latino families since 1977, presently serving more than 1,300 clients per month. The contractor is a multi-service agency that provides treatment, prevention, education and support services for chemical dependency, mental health, domestic violence, and many youth and family services. The contractor operates a variety of programs which include mental health outpatient, chemical dependency, youth and family, child, youth and family support services (Respite), supported housing for the mentally ill, Medicaid service coordination for the developmentally disabled, domestic violence education and prevention, teen counseling, mental health program for people with HIV/AIDS, and the SSBG (Super Storm Sandy Block Grant) program which provides case management services to individuals, families and communities affected by Hurricane Sandy.

### 2. Communities Served

The Contractor's services are available to anyone in need. However, it primarily serves the fast growing and vastly underserved Hispanic communities of Nassau County. Clients mostly come from the following Long Island communities: Hempstead, Freeport, Westbury, Uniondale, Roosevelt, Elmont. The Contractor is the *only* agency in Nassau County licensed by the State of New York to provide mental health and substance abuse treatment in an entirely bilingual, bicultural setting. As such, the Contractor is the designated agency for referrals from Family Courts and the Legal System, Child Protective Services, Foster Care, and other community-based agencies serving domestic violence clients. This creates a continuous demand for services with little government funding to adequately support the program. The domestic violence victims and perpetrators that seek services from the Contractor are low-income and most lack private health insurance. Because of the nature of domestic violence, clients frequently do not have access to adequate employment opportunities and/or have very limited financial resources. As a result, the Contractor must provide treatment at low cost.

### 3. Project Need

A domestic violence situation commonly reaches crisis before victims seek help or officials intervene. It is crucial that therapeutic intervention is immediate. With Spanish speaking offenders and their victims, language and cultural barriers **MUST** be considered. Hispanic abusers/victims often fear deportation, separation from their children, and have insufficient or no financial resources except those provided by the batterer. They deny abuse, making prosecution and treatment of offenders difficult. In addition reunification of families can be difficult post-treatment. Trust is established through bilingual, bicultural treatment and barriers that prevent the proper prosecution and or treatment of the offender are broken.

The Contractor has identified a growing trend toward more serious assaults and another more recent trend indicating that battered women defend themselves and their children and resort to violence as well, completing or exacerbating the cycle of abuse and violence. This cycle is broken through empowering batterers, victims and their children by education and treatment.

## APPENDIX A (P. 2)

While other very worthy and effective programs to address domestic violence and child abuse exist in the area, only the Contractor specifically addresses the special needs of the Hispanic community and provides services addressing the underlying acculturation problems of domestic violence for this particular population. Courts recognizing the growing number of cases involving criminal activity and domestic violence by Spanish speaking people and the criminal justice system's inability to provide culturally sensitive services to this special population have turned to the Contractor for assistance.

### 4. Purpose of Requested Funding: Batterer's Intervention Program

The Contractor is currently implementing a 26 week program which promotes victim safety as well as abuser accountability. The purpose of the funding will be to expand existing services to a wider group of participants. Due to a previous lack of financial resources, the Contractor was only able to provide services to approximately 15 individuals. Additional funding will benefit this program enormously since the Contractor will be able to hire a full time social worker to implement the Batterers Intervention Program that will also incorporate parenting skills programs to clients referred by the courts, the Department of Probation and Department of Social Services/Child Protective Services division. The goal of the program will be to reduce the number of cases of domestic abuse by trying to increase feelings of self-worth and improve mental health on the part of participants. Parents with improved self-esteem who practice positive behaviors are better able to raise their children in a positive, healthy nurturing manner.

APPENDIX B  
BUDGET

<u>PERSONNEL</u>	<u>SALARY</u>	<u>TOTAL</u> <u>AMOUNT</u>
Social Worker	\$45,000.00	\$45,000.00
<u>FRINGE BENEFITS</u>	<u>AMOUNT</u>	
(.2849 of Personnel Costs)	\$12,821.00	\$12,821.00
<u>OTHER EXPENSES</u>	<u>AMOUNT</u>	
Utilities	\$1,423.00	
Office Supplies	\$1,632.00	
Liability Insurance	\$1,430.00	
Data Processing	\$225.00	
Postage	\$185.00	
Telephone	\$513.00	
Office Equipment Rental	\$696.00	
R & M Office	\$1,025.00	
Audit Fees	\$825.00	
Program Education Materials	\$2,000.00	
<u>Contracted Services</u>	<u>\$638.00</u>	
TOTAL OTHER EXPENSES		\$10,592.00
<u>RENT</u>		\$5,500.00
SUB-TOTAL		\$73,913.00
<u>ADMINISTRATIVE FEE (15%)</u>		\$11,087.00
<u>TOTAL BUDGET</u>		<u>\$85,000.00</u>

## **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 anti-discrimination 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.

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

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.

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