



Certified:

**E-21-21**

Filed with the Clerk of the  
Nassau County Legislature  
January 25, 2021 11:33am

**NIFS ID:CLDA20000009 Department: District Attorney**

**Capital:**

SERVICE: 24 Hour Hotline/ Police Partnership Project

Contract ID #:CQDA19000004 (02)

NIFS Entry Date: 14-DEC-20

Term: from 01-JAN-21 to 31-DEC-21

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

1) Mandated Program:	N
2) Comptroller Approval Form Attached:	Y
3) CSEA Agmt. § 32 Compliance Attached:	N
4) Material Adverse Information Identified? (if yes, attach memo):	N
5) Insurance Required	Y

<b>Vendor Info:</b>	
Name: <b>The Safe Center LI, Inc.</b>	Vendor ID#: <b>11-2442377</b>
Address: 15 Grumman Road West Suite 1000 Bethpage, New York 11714	Contact Person: Cynthia Scott, Executive Director
	Phone: 516-465-4700

<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

## Routing Slip

Department	NIFS Entry: X	21-DEC-20 -- TNIEDFELD
Department	NIFS Approval: X	24-DEC-20 -- RMCMANUS
DPW	Capital Fund Approved:	
OMB	NIFA Approval: X	05-JAN-21 -- IQURESHI
OMB	NIFS Approval: X	29-DEC-20 -- JNOGID
County Atty.	Insurance Verification: X	24-DEC-20 -- AAMATO
County Atty.	Approval to Form: X	24-DEC-20 -- JDELLE

<b>CPO</b>	<b>Approval: X</b>	<b>11-JAN-21 -- KOHAGENCE</b>
<b>DCEC</b>	<b>Approval: X</b>	<b>12-JAN-21 -- JCHIARA</b>
<b>Dep. CE</b>	<b>Approval: X</b>	<b>22-JAN-21 -- HWILLIAMS</b>
<b>Leg. Affairs</b>	<b>Approval/Review: X</b>	<b>25-JAN-21 -- 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> The Safe Center LI, Inc. provides a 24-hour hotline for victims of sexual assault and domestic violence. They have unique experience dealing with victims of sexual assault and domestic violence. This is a one year renewal allowed in the original agreement for the term 1/1/2021 to 12/31/2021
<b>Method of Procurement:</b> The contractor is a sole source provider who has unique experience and expertise in dealing with victims of sex abuse and domestic violence and possesses resources, staff and facilities that no other agency on Long Island can duplicate.
<b>Procurement History:</b> The contractor is a sole source provider who has unique experience and expertise in dealing with victims of sex abuse and domestic violence and possesses resources, staff and facilities that no other agency on Long Island can duplicate.
<b>Description of General Provisions:</b> This is a one-year renewal of an agreement to provide a 24-hour hotline for victims of domestic violence, rape, and sexual assault for the period of 1/1/2021 to 12/31/2021 in the amount of \$90,000.00.
<b>Impact on Funding / Price Analysis:</b> Project is funded through forfeiture funds. This one year renewal is \$90,000.00
<b>Change in Contract from Prior Procurement:</b> N/A
<b>Recommendation: (approve as submitted)</b> Approve as submitted

## Advisement Information

BUDGET CODES		FUNDING SOURCE	AMOUNT	LINE	INDEX/OBJECT CODE	AMOUNT
Fund:	GRT	Revenue		02	DAGRT891BOTH/D	\$ 90,000.00
Control:	DA89	Contract:			E500	\$ 0.00
Resp:	1B	County	\$ 0.00			\$ 0.00
Object:	DE	Federal	\$ 0.00			\$ 0.00
Transaction:	CL	State	\$ 90,000.00			\$ 0.00
Project #:		Capital	\$ 0.00			\$ 0.00
Detail:		Other	\$ 0.00			\$ 0.00
RENEWAL		TOTAL	\$ 90,000.00		TOTAL	\$ 90,000.00
% Increase	100					
% Decrease						

RULES RESOLUTION NO. – 2021

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 OFFICE OF THE DISTRICT ATTORNEY, AND THE SAFE CENTER LI, INC.

WHEREAS, the County has negotiated an amendment to a personal services agreement with The Safe Center LI, Inc. to provide a twenty-four (24) hour hotline for victims of sexual abuse and 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 amendment to an agreement with The Safe Center LI, Inc.



## Nassau County Interim Finance Authority

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

**1. Vendor:** The Safe Center LI, Inc.

**2. Dollar amount requiring NIFA approval:** \$90000

**Amount to be encumbered:** \$90000

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: 1/1/2021 to 12/31/2021**

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

If yes, please explain:

**4. Funding Source:**

General Fund (GEN)

X Grant Fund (GRT)

Capital Improvement Fund (CAP)

Other

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:**

The Safe Center LI, Inc. provides a 24-hour hotline for victims of sexual assault and domestic violence. They have unique experience dealing with victims of sexual assault and domestic violence. This is a one year renewal allowed in the original agreement for the term 12/31/2021 to 12/31/2021

**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.

IQURESHI

05-JAN-21

**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



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: The Safe Center , LI, Inc.

CONTRACTOR ADDRESS: 15 Grumman Road W., Suite 1000, Bethpage, NY 11714

FEDERAL TAX ID #: 11-2442377

**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.

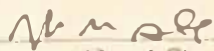
**Instructions with respect to Sections VIII, IX and X:** All Departments must check the box for VIII. Then, check the box for either IX or X, as applicable.

**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

12/14/2020  
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

**JEFFREY STEIN**  
Chief Administrative Officer



**OFFICE OF THE DISTRICT ATTORNEY  
NASSAU COUNTY**

**INTER-OFFICE MEMORANDUM**

To: To Whom It May Concern

From: Jeffrey M. Stein  
Chief Administrative Officer

Dated: December 14, 2020

Subject: Safe Center LI, Inc.

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This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. The Safe Center LI, Inc., exists as a result of the merger of two former non-profit agencies that separately served the victims of domestic abuse and child abuse, the Nassau County Coalition Against Domestic Violence (NCCADV) and the Coalition Against Child Abuse and Neglect (CACAN). Each of these organizations had provided services to victims of abuse for over thirty years. The Safe Center LI offers a broad spectrum of services including, but not limited to, group counseling, shelter and housing assistance, immigration services, individual therapy, medical referrals, entitlement assistance, adult basic education, and the service provided under this agreement, the Adult Victim Advocates program. These services are provided by a highly trained, nurturing, and compassionate staff of professionals well qualified to enhance the recovery of trauma victims and their non-offending family members.

No other organizational entity in this geographical area possesses the experience, staff, resources, facilities, reputation, and affiliations to be able to provide the services called for in this agreement.

Both NCCADV and CACAN had a long history of collaboration with the District Attorney's Office, the Nassau County Police Department and other local police agencies within Nassau County prior to their merger. For these reasons, no other alternative organizations were considered for this program.

# Certificate of No Change Form



All fields must be filled.

A materially false statement willfully or fraudulently made in connection with this certification, and/or the failure to conduct appropriate due diligence in verifying the information that is the subject of this certification, may result in rendering the submitting entity non-responsible for the purpose of contract award.

A materially false statement willfully or fraudulently made in connection with this certification may subject the person making the false statement to criminal charges.

I, Louanne Marchand state that I have read and understand all the items contained in the disclosure documents listed below and certify that as of this date, these items have not changed. I further certify that, to the best of my knowledge, information and belief, those answers are full, complete, and accurate; and that, to the best of my knowledge, information, and belief, those answers continue to be full, complete, and accurate.

In addition, I further certify on behalf of the submitting vendor that the information contained in the principal questionnaire(s) have not changed and have been verified and continue, to the best of my knowledge, to be full, complete and accurate.

I understand that Nassau County will rely on the information supplied in this certification as additional inducement to enter into a contract with the submitting entity.

## Vendor Disclosures

*This refers to the vendor integrity and disclosure forms submitted for the vendor doing business with the County.*

Name of Submitting Entity: THE SAFE CENTER LI, INC.

Vendor's Address: 35 lincoln st. copiaque NY US 11726

Vendor's EIN or TIN: 112442377

Forms Submitted: \_\_\_\_\_

Political Campaign Contribution Disclosure Form:

No Political Campaign Contribution Disclosure Forms have been selected.

Lobbyist Registration and Disclosure Form:

No Lobbyist Registration and Disclosure Forms have been selected.

Business History Form certified:

No Business History Forms have been selected.

Consultant's, Contractor's, and Vendor's Disclosure Form:

No Consultant's, Contractor's, and Vendor's Disclosure Forms have been selected.



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?

District Attorney: Madeline Singas, County Legislator: Siela Bynoe

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:  
LOUANNE MARCHAND [LMARCHAND@TSCLI.ORG]

Dated: 09/16/2020 02:16:42 PM

Vendor: THE SAFE CENTER LI, INC.

Title: DIR OF FINANCE AND PERSONNEL



## 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.

No Lobbyist(s) / lobbying organization.

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

No registered lobbyist.

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

No lobbyist retained.

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.

No lobbying activity conducted in Nassau County.

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

No lobbying activities expected.

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:  
LOUANNE MARCHAND [LMARCHAND@TSCLI.ORG]

Dated: 09/16/2020 02:18:28 PM

Vendor: THE SAFE CENTER LI, INC.

Title: DIR OF FINANCE AND PERSONNEL

**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.

## 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: 12/18/2020

1) Proposer's Legal Name: The Safe Center LI, Inc.

2) Address of Place of Business: 15 Grumman Rd. West, Suite 1000

City: Bethpage State/Province/Territory: NY Zip/Postal Code: 11714

Country: US

3) Mailing Address (if different): Same

City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

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

\_\_\_\_\_

4) Dun and Bradstreet number: 947923397

5) Federal I.D. Number: 11-2442377

6) The proposer is a: Other (Describe) Not for Profit

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.

(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.

- 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.

See attached TSCLI policy.

Should a potential conflict of interest arise we will contact the County and be guided accordingly.

1 File(s) Uploaded: TSCLI CONFLICT 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;

05/23/1978

- 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 PERSONS HAVE A FINANCIAL INTEREST IN THE COMPANY.

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

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

SEE ATTACHED BOARD OF DIRECTORS LISTING

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

7 File(s) Uploaded: 2018 TSCLI BOD Contact Info. List.pdf, 2018 TSCLI BOD Contact Info. List.pdf, 2018 TSCLI BOD Contact Info. List.pdf, 2020 TSCLI BOD Contact Info. List.docx, 2020 TSCLI BOD Contact Info. List.docx, BOD LIST DEC 2020.pdf, DOC000.pdf

- iv) State of incorporation (if applicable);

NY

- v) The number of employees in the firm;

122

- vi) Annual revenue of firm;

7796408

- vii) Summary of relevant accomplishments

See attached list of officers and directors (#iii) and summary of relevant accomplishments.

1 File(s) Uploaded: BOD LIST AND ATTACHMENTS TO A,B AND C..pdf

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

1 File(s) Uploaded: OPERATING CERT.pdf

B. Indicate number of years in business.

42

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

All information provided in attachment

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 Division of Criminal Justice Services		
Contact Person	Sophia Daskalakis		
Address	80 South Swan St.		
City	Albany	State/Province/Territory	NY
Country	US		
Telephone	(518) 457-7295		
Fax #			
E-Mail Address	sophia.daskalakis@dcjs.ny.gov		

Company	NYS Office of Children and Family Services		
Contact Person	Adam Berry		
Address	52 Washington St.		
City	Rensselaer	State/Province/Territory	NY
Country	US		
Telephone	(518) 474-7899		
Fax #			
E-Mail Address	adam.berry@ocfs.ny.gov		

Company	NYS Office of Victim Services		
Contact Person	Shaundra Burch-Sanchez		
Address	35 lincoln st.		
City	copiague	State/Province/Territory	NY
Country	US		
Telephone	(631) 524-1950		
Fax #			
E-Mail Address	lmarchand@tscli.org		

I, Louanne Marchand , 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, Louanne Marchand , 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.

Name of submitting business: THE SAFE CENTER LI, INC.

Electronically signed and certified at the date and time indicated by:  
Louanne Marchand [LMARCHAND@TSCLI.ORG]

Dir. of Finance and Personnel  
Title

12/18/2020 03:19:08 PM  
Date



## THE SAFE CENTER LI, INC.

### Conflict of Interest Policy

**Section 1. Purpose.** The purpose of this "Conflicts of Interest Policy" (the "Policy") is to protect the interests of the Corporation when it is contemplating entering into a transaction or arrangement that might benefit the private interest of a Director, Officer, or Key Employee of the Corporation. The Corporation will not enter into any such transaction or arrangement unless it is determined by the Board in the manner described below to be fair, reasonable and in the best interests of the Corporation at the time of such determination.

This Policy is intended to supplement, but not replace, any applicable state and federal laws governing conflicts of interest applicable to non-for-profit and charitable organizations. All capitalized terms not defined in this Policy shall have the meaning assigned to them in Appendix A, attached.

**Section 2. Related Party Transactions and Duty to Disclose.** A Related Party Transaction is not necessarily a prohibited transaction. Under this Policy, if the Corporation contemplates entering into a Related Party Transaction, the Independent Directors of the Board must determine if the transaction is fair, reasonable, and in the best interests of the Corporation at the time of such determination.

If at any time during his or her term of service a Related Party acquires any Financial Interest or when any matter for decision or approval comes before the Board in which a Related Party has a Financial Interest, that Financial Interest or potential Related Party Transaction must be promptly disclosed in writing to each member of the Board, the President, and to the Chair of any appropriate Board Committee, together with all material facts. The Board will then follow the procedures in Section 4 of this Policy.

**Section 3. Disclosure and Voting.**

**Disclosure.** Any Related Party shall disclose in good faith all material facts of his or her Financial Interest to the Board.

**Non-Participation and Review.** All transactions, agreements or any other arrangements between the Corporation and a Related Party, and any other transactions which may involve a potential conflict of interest, shall be reviewed by the Independent Directors of the Board. All Related Parties with a Financial Interest shall leave the room in which such deliberations are conducted. The Independent Directors of the Board will then determine whether the contemplated Related Party Transaction is fair, reasonable, and in the best interests of the Corporation at the time of such determination. The Corporation will not enter into any Related Party Transaction unless it is determined to be fair, reasonable and in the best interest of the Corporation at the time of such determination.

**Consideration of Alternate Transactions and Comparability Data.**

If the contemplated Related Party Transaction pertains to compensation for services or the transfer of property or other economic benefit to a Related Party, the Independent Directors of

the Board must determine that the value of the economic benefit provided by the Corporation to the Related Party does not exceed the value of the consideration received in exchange by obtaining and reviewing appropriate comparable data prior to entering the transaction.

In those instances where the contemplated Related Party Transaction does not involve compensation, transfer of property or benefits to a Related Party, the Independent Directors of the Board must consider alternative transactions to the extent possible, prior to entering into such transaction.

**Comparability Data.** When considering the comparability of compensation, for example, the types of relevant Comparability Data that the Independent Directors of the Board may consider include, but are not limited to (1) compensation levels paid by similarly situated organizations, both exempt and non-exempt; (2) the availability of similar services within the same geographic area; (3) current compensation surveys compiled by independent firms; and (4) written offers from similar institutions competing for the same person's services. When the transaction involves the transfer of real property as consideration, the relevant factors include, but are not limited to (i) current independent appraisals of the property, and (ii) offers received in a competitive bidding process.

**Voting.** The Board shall, after considering alternate transactions and/or comparability data, determine in good faith by vote of the Independent Directors of the Board whether the transaction or arrangement is fair, reasonable, and in the best interest of the Corporation at the time of such decision. The transaction shall be approved by not less than a majority vote of the Independent Directors or Committee members present at the meeting. In conformity with the above criteria, the Board shall make its decision as to whether to enter into the transaction or arrangement and shall document the meeting contemporaneously under Section 5 of this Policy.

All Related Parties with a Financial Interest must not be present for deliberations and voting on the transaction or arrangement in which he or she has a Financial Interest. However, Related Parties are not prohibited from providing information regarding the transaction to the Board prior to the Board's deliberations. Only Independent Directors of the Board shall vote on Related Party Transactions. No Director or Officer shall vote, act, or attempt to influence improperly the deliberations on any matter in which he or she has been determined by the Board to have a Financial Interest. Any attempt to vote, act, or improperly influence deliberations by a Related Party on any matter with which such person has a Financial Interest may be grounds for removal from the Board or termination from the Corporation.

**Compensation.**

A voting member of the Board of Directors or an Officer who receives compensation directly or indirectly from the Corporation for services or a Director serving as a voting member of any Committee whose jurisdiction includes compensation matters is precluded from voting or acting on matters pertaining to that Director's or Officer's compensation.

No voting member of the Board or any Committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Corporation, either individually or collectively, is prohibited from providing information to any Committee

regarding compensation.

**Section 4. Audit Committee Review.** The Board may delegate to the Audit Committee, which shall be composed solely of Independent Directors, the adoption, implementation of and compliance with this policy. The Board may delegate to the Audit Committee review and approval of any Related Party Transaction involving a Related Party and the Corporation, as contained in this Policy; provided that if the Related Party Transaction is of a magnitude that would otherwise require full Board approval, the Committee shall submit the Related Party Transaction to the Board for consideration, providing its recommendation as to whether or not to approve it.

In the event the Board delegates the review and approval of Related Party transactions to a committee, all references to Board in this Policy shall be deemed to refer to such Committee and all references to a majority of the Board shall be deemed to refer to a majority of such Committee.

**Section 5. Records of Proceedings.** The minutes of all meetings of the Board and all Committee meetings at which a Related Party Transaction is considered shall contain:

- The names of the persons who disclosed or otherwise were determined to have a potential or actual Financial Interest and/or conflict of interest, the nature of the potential or actual Financial Interest and/or conflict of interest, any action taken to determine whether a Financial Interest or conflict of interest exists, and the Board's decision as to whether a Financial Interest and/or conflict of interest exists.
- The names of the persons who were present for discussions and votes relating to any determinations under Section 3 above, including whether the Related Party and any members not considered to be Independent Directors left the room during any such discussions, the content of such discussions, including discussion of alternative transactions, and whether or not the transaction with the Related Party was approved by the Board.
- The minutes shall be documented contemporaneously to the decision and discussion regarding the Financial Interest or conflict of interest.

**Section 6. Initial and Annual Written Disclosures.** Prior to a Director's initial election to the Board, or an Officer or Key Employee's employment at the Corporation, and thereafter on an annual basis, all Directors, Officers, and Key Employees shall disclose in writing to the Secretary of the Corporation:

- (i) Any entity of which such person or a Relative of such person is an officer, director, trustee, member, owner, or employee and with which the Corporation has a relationship,
- (ii) Any Financial Interest such person may have in any corporation, organization, partnership or other entity which provides professional or other goods or services to Corporation for a fee or other compensation, and

(iii) Any position or other material relationship such Director, Officer, Key Employee, or Relative of such person, may have with any not-for-profit corporation with which the Corporation has a business relationship.

A copy of each disclosure statement shall be kept in Corporation's files and made available to any Director, Officer, or Key Employee upon request.

**Section 7. Annual Statements.** Each Director, Officer, and Key Employee shall annually sign and submit to the Secretary of the Corporation a statement which affirms such person: (a) has received a copy of this Policy, (b) has read and understands the Policy, and (c) has agreed to comply with the Policy.

*I hereby confirm that I have read The Safe Center LI, Inc.'s Conflict of Interest Policy, and that my responses to the above questions are complete and correct to the best of my knowledge and belief. I will promptly report any information of which I become aware that may change this disclosure or require disclosure under this Policy.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX A – DEFINITIONS

### CONFLICT OF INTEREST POLICY: THE SAFE CENTER II, INC.

- **Affiliate.** An affiliate of the Corporation is a person or entity that is directly or indirectly through one or more intermediaries, controlled by, in control of, or under common control with the Corporation.
- **Board of Directors.** The body responsible for the management of the Corporation.
- **Director.** Any voting or non-voting member of the governing board of a corporation, whether designated as a director, trustee, manager, governor, or by any other title.
- **Financial Interest.** A person has a Financial Interest if such person would receive an economic benefit, directly or indirectly, from any transaction, agreement, compensation agreement, including direct or indirect remuneration as well as gifts or favors that are not insubstantial or other arrangement involving the Corporation.
- **Independent Director.** A member of the Board of Directors (the "Board") who:
  - Has not been an employee of the Corporation or an Affiliate of the Corporation within the last three years;
  - Does not have a Relative who has been a Key Employee of the Corporation or an Affiliate of the Corporation within the last three years;
  - Has not received and does not have a Relative who has received more than \$10,000 in compensation directly from the Corporation or an Affiliate of the Corporation in any of the last three years (not including reasonable compensation or reimbursement for services as a Director, as set by the Corporation);
  - Does not have a substantial Financial Interest in and has not been an employee of, and does not have a Relative who has a substantial Financial Interest in or was an Officer of, any entity that has made payments to or received payments from, the Corporation or an Affiliate of the Corporation in excess of the lesser of: (a) \$25,000 or (b) 2% of the Corporation's consolidated gross revenue over the last three years (payment does not include charitable contribution);
  - Is not in an employment relationship under control or direction of any Related Party and does not receive payments subject to approval of a Related Party;
  - Does not approve a transaction providing economic benefits to any Related Party who in turn has approved or will approve a transaction providing economic benefits to the Director.
- **Key Employee.** A Key Employee is a person who is, or has within the last five years, been in a position to exercise substantial influence over the affairs of the Corporation. This includes, but is not limited to:
  - Voting members of the Board;

- o Presidents, chief executive officers, chief operating officers or employee of any other title with similar responsibilities;
  - o Treasurers and chief financial officers or employee of any other title with similar responsibilities; or
  - o A "highly compensated" employee, within the meaning of section 4958 of the Internal Revenue Code and guidance issued by the Internal Revenue Service, who is in a position to exercise substantial influence over the affairs of the Corporation.
- **Officer.** A person who has the authority to bind the Corporation as designated in the bylaws of the Corporation.
- **Related Party.** Persons who may be considered a Related Party of the Corporation or an Affiliate of the Corporation under this Policy include:
  - o Directors, Officers, or Key Employees of the Corporation or an Affiliate of the Corporation;
  - o Relatives of Directors, Officers, or Key Employees;
  - o any entity in which a person in (i) or (ii) has a 35% or greater ownership or beneficial interest or, in the case of a partnership or professional corporation, a direct or indirect ownership interest in excess of 5%;
  - o Founders of the Corporation;
  - o Substantial contributors to the Corporation (within the current fiscal year or the past five fiscal years);
  - o Persons owning a controlling interest (through votes or value) in the Corporation;
  - o Any non-stock entity controlled by one or more Key Employees.
- **Related Party Transaction.** Any transaction, agreement or any other arrangement with the Corporation or an Affiliate of the Corporation in which a Related Party has a Financial Interest. Any Related Party Transaction will be considered a conflict of interest for purposes of this Policy.
- **Relative.** A Relative is a spouse, ancestor, child (whether natural or adopted), grandchild, great grandchild, sibling (whether whole or half blood), or spouse of a child (whether natural or adopted), grandchild, great grandchild or sibling (whether whole or half blood), or a domestic partner as defined in section 2994-A of the New York Public Health Law.

**TSLI BOD and Officers**

LAST UPDATE: 12/2020  
24 BOARD MEMBERS

NAME	TITLE	OTHER AFFILIATION
Stephen G. Bondi, CPA	President	
Shanell Parrish-Brown	Vice President	
Ilene Cooper, Esq.	Member	
Cara Cronin, Esq.	Member	
Raymond Czajkowski	Member	
Henry Davidson	Member	
Adam Dejak	Member	
Christine Egan-Philippides	Member	
Bettina Finn	Member	
Esther Fortunoff-Greene	Member	
Marilyn Genoa, Esq.	Member	
Carol A. Glick, Esq.	Secretary	
Bonnie Habyan	Member	
Maragaret (Peggy) Keane	Member	
Thomas Locascio	Member	
William Liu, CFP	Member	
Judy Marrazzo	Member	
Stacey Novick	Member	
Thomas Paccione, MBA	Member	
Eric W. Penzer, Esq.	Vice President	
Elizabeth Ragozzino	Member	
Susan Ring	Member	
Karen Siris, Ed.D	Member	
Robert Zuccaro, CPA	Treasurer	

## **THE SAFE CENTER LI, INC.**

### **Attachments to Business History Form**

**A, B & C:** The mission of the Safe Center LI is to protect, assist and empower victims of family violence and sexual assault while challenging and changing social systems that tolerate and perpetuate abuse. The Safe Center is the only organization in Nassau County providing free comprehensive services to child and adult victims of family violence and sexual assault. Some of our services include Crisis Intervention provided through a 24 hour hotline (responding to over 6000 calls a year), emergency room advocacy, and outreach to victims after Police intervention. Our Safe Home for Abused Families provides safety and shelter for victims of domestic abuse, and our Transitional Housing Services provides case management and post shelter housing. The Child Advocacy Center houses a co-located multidisciplinary team including the NCPD Special Victims Squad, two Child Protective Services units, a NC Assistant District Attorney and an Article 28 Clinic of NUMC, working closely with The Safe Center Child Victim Advocates in navigating the forensic investigation, supporting prosecution of the offender, and minimizing the trauma to the child and family. Individual and group counseling are provided to adult victims and domestic and sexual assault and our Children's Mental Health Program provides services to child victims of domestic violence, teen dating violence, sexual assault and commercial exploitation. Our Adult Sex Trafficking Program works with the NC Trafficking Court to provide advocacy and counseling to victims. Our Legal Department provides civil legal assistance to Nassau County victims of domestic violence, dating violence, sexual assault and stalking. All of our client services are trauma informed and culturally sensitive, and particularly responsive to the needs of the un-served and underserved populations within the county. In addition to these direct client services, our Education Department, working closely with our many community partners, provides educational programs in schools and communities and training about the issues for professionals in such fields as education, law enforcement and medicine to increase awareness and prevent abuse.

The Safe Center LI is a successful merger of The Nassau County Coalition Against Domestic Violence and The Coalition Against Child Abuse & Neglect. The two agencies co-located an office space in Bethpage on February of 2010 to create comprehensive one-stop-center for victims of domestic violence, rape/sexual assault and child abuse, and were formally merged on January 3 of 2014. Both organizations and thus The Safe Center have long standing histories of providing services to the residents of Nassau County and are basically the sole providers of such services.

(The Coalition Against Child Abuse & Neglect was established in 1979, and The Nassau County Coalition Against Domestic Violence in 1978) Since the merger, the agency has continued to grow and has added several new initiatives including an Adult Victim Advocate program, an Adult Trafficking program and a Safe Harbor program for sexually commercially exploited children.





## Office of Children and Family Services

I do hereby certify that pursuant to authority conferred by law this operating certificate has been issued on the 14<sup>th</sup> day of May, 2018 to The Safe Center LI, Inc.

To operate a(n) 17-Bed Domestic Violence Shelter  
To be known as Safe Home for Abused Families (SHAF)  
Located at 15 Grumman Road West, Suite 1000  
Bethpage, NY 11714

In accordance with the regulations promulgated and adopted by the Office of Children and Family Services as the statute provides. Programs authorized by this operating certificate:  
Domestic Violence Shelter

Expiration Date: May 14, 2021  
Number(s) Y281214



In witness whereof, I have hereunto set my hand and affixed the official seal of the Office of Children and Family Services this 29<sup>th</sup> day of April, 2018.

*Diana M. Kelly*

Deputy Commissioner  
New York State  
Office of Children and Family Services



## Office of Children and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Acting Commissioner

April 24, 2018

Cindy Scott , Executive Director  
The Safe Center of Long Island  
15 Grumman Road West, Suite 1000  
Bethpage, NY 11714

Dear Ms. Scott:

Enclosed is the Operating Certificate for The Safe Center of Long Island – Safe Home for Abused Families Domestic Violence Shelter. This Operating Certificate was issued pursuant to Social Services Law of the State of New York and the Regulations of the Office of Children and Family Services.

This Operating Certificate should be displayed at the facility.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patricia Ryan".

Patricia Ryan, Domestic Violence Licensing and Program Manager  
Domestic Violence Unit  
Bureau of Program Support and Community Development  
Division of Child Welfare and Community Services



# Restoring Hope

2018 Annual Report



## *Angel Funders*

Those who have provided \$40,000 or more in funding during the 2018 calendar year.

Each is recognized for their continued generosity and dedication to providing for those in need of services.

Thank you for your faith in the work being done here each day!

◆ **The Family of Ilene Barshay** ◆

◆ **UJA-Federation of NY** ◆

◆ **The Joan F. Axinn Trust** ◆

◆ **Newsday Charities** ◆

◆ **Pritchard Charitable Trust** ◆

◆ **Steel One LLC** ◆

◆ **Susan and Leonard Feinstein Foundation** ◆

◆ **Anonymous Funder** ◆

# A LETTER FROM THE SAFE CENTER LI'S BOARD PRESIDENT AND EXECUTIVE DIRECTOR

## **2018 was a year of perseverance, partnership, prevention and progress.**

Regardless of the unique set of challenges presented by individuals seeking assistance, The Safe Center tirelessly worked to ensure that each victim as well as his/her non-offending family members were provided with a safe and healing environment.

In 2018, agency Advocates, Counselors, Lawyers and volunteers:

- ◆ Responded to 836 allegations of child abuse through referrals to the Child Advocacy Center.
- ◆ Assisted 4,881 survivors and families impacted by Domestic Violence, Sexual Assault, Trafficking and Child Abuse.
- ◆ Collectively provided more than 50,786 vital services to survivors and their families, including mental health services, group counseling sessions, housing, legal assistance, emergency assistance and advocacy within the Criminal Justice, Civil, and Family Court systems.
- ◆ Responded to 5,645 hotline calls from survivors and community members seeking guidance and services.

Relationships with existing community partners continued to grow and strengthen and new partnerships with those intent on ending systemic cycles of abuse were formed. Notably:

- ◆ With generous grant funding from The Phyllis Backer Foundation, The Safe Home's 17 bed facility was upgraded to include new bedroom furniture, bedding, and a safer outdoor playground area.
- ◆ Through the UJA—Federation of NY's Project Hope, victims of domestic violence and rape/sexual assault living in underserved south shore communities can now easily access counseling and legal services provided by The Safe Center at an off-site location.
- ◆ The Ilene Barshay Impact Fund was formed to maintain and support emerging and growing client service needs and to provide clinical staff with increased access to cutting edge and emerging best practices for working with victims of trauma.
- ◆ Educators reached new audiences and provided age and industry appropriate trainings to nearly 19,200 individuals. This included a bilingual domestic violence awareness training to a group of mostly indigent immigrant workers employed at Belmont Park and Aqueduct Race Track.
- ◆ Safe Center Champions continued to hold fundraising events on behalf of the agency and helped to increase educational outreach and exposure to the 24-hour, seven days a week hotline: 516.542.0404.

As you continue to read about The Safe Center's programs and services and its accomplishments this past year, please know that we could not have provided this level of service without your continued support.

It is with great pride that we present our 2018 Restoring Hope Annual Report.



Stephen G. Bondi  
Board President



Cynthia G. Scott  
Executive Director



# PROGRAMS & SERVICES

"May you find hope in every sunrise and peace in every sunset."

-Unknown

# CRISIS INTERVENTION

## THROUGH THE HOTLINE (516.542.0404)

24-hours a day, seven days a week, The Safe Center hotline staff provide those in need of crisis intervention easy access to agency services. Crisis Intervention Counselors are prepared to assess each situation and offer emotional support and service assistance, whether the caller seeks information or expresses needs that must be addressed immediately. The safety of the caller is always a primary concern and all calls are confidential.

**In 2018, the Safe Center Hotline responded to 4512 calls from victims of domestic violence; 1089 calls from victims of rape/sexual assault and 44 calls from victims of sex and labor trafficking. In addition to those housed at the Safe Home, the hotline secured alternative or out-of-area housing for 89 adults and 66 children.**

## IN THE EMERGENCY ROOM

SAFER (Survivor Advocate for Emergency Response) Advocates are volunteers who complete a 30-hour training program. Upon completion of the program, the volunteers are prepared and are on call to provide emergency room advocacy to victims of rape, sexual assault and/or domestic violence and child victims of sexual abuse and/or assault who have been brought to hospitals in Nassau County and surrounding areas.

**25 individuals were trained to be SAFER volunteers in 2018. Along with others trained in previous years, Safe Center Safer volunteers provided hospital advocacy support to 123 rape/sexual assault victims and 37 domestic violence victims during the year.**

## IN COLLABORATION WITH THE POLICE

Through the Police Project, Law Enforcement connects victims of interpersonal violence to The Safe Center. The Nassau County Police Department and municipal police departments responding to a domestic violence incident provide the victim with information about The Safe Center's services while also notifying agency staff who will then contact the victim to inform him/her of available help. This collaborative outreach is a first step to ensure the future safety of a victim and their non-offending family members.

**1486 people were given access to The Safe Center's programs and services through its collaboration with Nassau County law enforcement on the Police Project.**





# DOMESTIC VIOLENCE AND RAPE & SEXUAL ASSAULT SERVICES

## ADULT VICTIM ADVOCATE PROGRAM

Safe Center Advocates provide a wide range of services to adult victims of domestic violence and rape/sexual assault, including the elderly who can be mistreated physically and/or emotionally or exploited financially. Services offered include intake and application assistance, telephone and face-to-face support, follow-up contacts with victims and their non-offending family members, advocacy, information and referrals, emergency assistance, as well as accompaniment to forensic interviews, medical exams, and Criminal and Family Court proceedings.

**284 people received over 2690 services from The Safe Center's Adult Victim Advocate Program in 2018.**

## RAPE & SEXUAL ASSAULT COUNSELING

Sexual Violence takes many different forms, including attempted rape, fondling or unwanted sexual touching, incest or molestation, or forcing a victim to perform sexual acts and penetration of victim's body by any object, also known as rape. However, one thing always remains the same: it is never the victim's fault. Victims, regardless of gender, that suffer from sexual violence (including adult victims of current assaults and/or adult survivors of childhood sexual abuse) respond uniquely to the various types of trauma, and each victim's recovery process is different. When a victim of sexual violence connects with The Safe Center, specially-trained trauma-informed Counselors immediately begin offering them services that include individual and group counseling. The effect of sexual violence can be devastating. However, with support, compassion, and time, a victim can heal and rebuild their lives.

**336 victims received counseling through the Rape & Sexual Assault Services Program in 2018. Counselors facilitated 127 support group sessions and 2050 individual counseling sessions.**

## DOMESTIC VIOLENCE COUNSELING

Victims of domestic violence live with fear, secrecy, isolation, and shame and overcoming these barriers to healing is essential if victims are to establish safe, independent, productive lives and healthy relationships in the future. Through one-on-one counseling, victims build trusting, supportive relationships with trained counselors who specialize in helping domestic abuse victims. Group counseling offers victims a chance to connect with others and regain hope.

**478 domestic violence victims received counseling services in 2018. Counselors facilitated 125 group sessions and 2397 individual counseling sessions during the year.**

**Exciting New Initiative:** Through the generous fundraising efforts of the UJA Federation, Project Hope is positioned to provide culturally competent domestic violence services to the underserved Orthodox Jewish community. By locating a counselor at a site that is both easily accessible to victims and that allows them to utilize services without fear of community exposure, the project is reaching victims who have not previously had services. In the first four months of operation, the project served 20 victims.

*"Last week marked a year of my being a client at The Safe Center. Why do I keep coming back every week, by Long Island Railroad and taxi, often a two-hour trip, one way? Because I've been given the exceptional, extraordinary gift of expert, compassionate counseling, and the fellowship of being with my peers, as a victim of sexual assault, and being the recipient of their genuine empathy and understanding of my issues. The past year has been a rewarding experience beyond my expectations. My gratitude is more than I can express".*

*- Male Survivor of Rape/Sexual Assault*



# HUMAN TRAFFICKING SERVICES

## COUNSELING AND ADVOCACY

Within the past decade, individuals living and working in Nassau and Suffolk Counties have become increasingly more aware that sex and labor trafficking exist in their communities. To address this prevalent issue, The Safe Center is available as the leading provider of services on Long Island to victims of human trafficking. The Department provides female and male domestic and foreign-born victims of sex and labor trafficking with vital services which include individual and group therapy provided by licensed clinicians, court advocacy, crisis counseling, community referrals, supportive services, and case management. Services are bilingual and include English, Spanish, Mandarin, Cantonese and Russian languages. Department staff offer trainings to professionals and community members on how to recognize human trafficking and commercial sexual exploitation of both adults and minors.

**90 adult victims of human trafficking were served in 2018.**

## HUMAN TRAFFICKING INTERVENTION COURT

The Safe Center is the lead service provider for the Nassau County Human Trafficking Intervention Court which was created with the goal of shifting the perception of individuals arrested for prostitution from a criminal-based perspective to a victim-centered approach. The Court has a diversion program that enables a victim to rehabilitate through services provided by The Safe Center rather than being sentenced to jail. Victim services include individual trauma-informed and group counseling, case management, and court advocacy. Through this initiative, there has been a significant shift in the way prostitution is viewed by the justice system and community, supporting individuals who have been systematically exploited by pimps, buyers, traffickers, and johns.

## SAFE HARBOUR PROGRAM

The Safe Harbour program is a collaborative network of child welfare professionals, law enforcement, prosecutors, medical personnel and service providers trained to identify and respond to the commercial and technology-facilitated sexual exploitation (child pornography) of children. The Department of Social Services designated The Safe Center as the facilitator and primary referral source for child trafficking cases in Nassau County. Safe Harbour Counselors and Advocates work directly with the Child Advocacy Center and in the community to ensure that both the child and their families receive a trauma-informed, multi-disciplinary response.

**In 2018, 134 new referrals were received by the Safe Harbour Program while agency staff continued to work with minors from 43 cases received in 2017.**

"You are my hero. I want to be like you and cannot wait to get better--xoxo".

—Texted by a Safe Harbour Survivor to her Counselor

STEP  
INTO MY  
SHOES

To understand the lived experiences  
of Human Trafficking survivors in  
Long Island

I really thought he loved me. I did everything for him. When I had to go to the hospital for emergency surgery because of all the injuries that I had sustained is when everything went wrong. My "daddy" beat one of the other girls in the stable to death. He told me it was my fault. He told me if I wasn't at the hospital the girl wouldn't be dead. It's all my fault.

was recruited and offered a job opportunity in America from the Philippines. In order to come to the States, I was told to pay a fee which I could not afford but the [redacted] checked me up with a loan company. After I came [redacted] was not placed with any job but I was [redacted] with an unlivable wage-

# SAFE HOME & SHORT TERM HOUSING

## EMERGENCY HOUSING AT THE SAFE HOME

Safe housing is a critical component of the response to domestic violence. Individuals fleeing from an unsafe home environment find safety and respite from desperate and often dangerous living situations at The Safe Center's Safe Home. This comfortable 17-bed facility, situated in a confidential location, is Nassau County's only safe house for victims of domestic violence and their children.

The stable, safe, and supportive environment provided by The Safe Home gives survivors time to explore options and take the next step in establishing a life free of abuse. Under the guidance of experienced staff, survivors start the healing process and think about a new future. Services provided include counseling, case management, advocacy, and legal services.

**In 2018, 119 domestic violence victims and 81 children received safe housing through The Safe Center. Of those, 56 adults (55 women and 1 male) and 23 children were housed at the Safe Home.**

## HORIZONS HOUSING PROGRAM

Funded on the federal level by the Department of Housing and Urban Development, this program is considered a Rapid Re-Housing program. Services provided include short-term housing support for survivors of domestic violence that are considered homeless or fleeing a domestic violence situation and do not have other resources.

Eligible individuals and families who participate in this program receive assistance in identifying and securing housing. Once housed they receive continued case management and advocacy services. In addition, monthly rental subsidies are provided based on each participant's income.

The goal of the program is to rapidly house individuals and families, provide them with supports and connect them with resources that will help them to sustain permanent housing once they have moved on from the program.

**33 adults and 26 of their children were housed in The Safe Center's Housing Programs in 2018.**



### **Marian's Challenges and Concerns of Safe Home Living:**

Ambivalence; helping her two children to adjust; lack of financial resources; struggles with community living; concerns about future housing and employment; and limited English proficiency

### **Notable Successes After Her Stay:**

Both Marian and her children engaged in counseling; received legal services; found future housing and employment; had access to ESL classes; celebrated daughter's birthday with others at the house; increased hope and confidence; reduced migraines; better coping skills with setting boundaries; Marian and her children will continue to receive services from The Safe Center as long as they need support.

# LEGAL SERVICES

## LEGAL SERVICES AND COURT ADVOCACY

To further ensure that victims of interpersonal violence and their children are protected and free of their abusers, legal services are a critical component to the array of services available. The Safe Center's Legal Department provides various legal services and advocacy to victims of domestic abuse, dating violence, elder abuse, rape and sexual assault in Nassau County. Attorney representation and advocacy are available for custody and visitation matters, child and spousal support, family offenses, divorces, immigration, and for other legal issues arising from the abuse. To meet those needs, the agency's attorneys, advocates, and Pro Bono attorneys who collaborate with the Legal Department provide services in the Supreme Court and Family Court of Nassau County, the Domestic Violence and Integrated Domestic Violence Courts, and also advocate with the criminal justice and law enforcement systems. The Legal Department is familiar with and is prepared to address the unique challenges the legal system poses for the unserved and underserved populations such as the Latino and Muslim communities, victims who are monolingual, and those lacking proficiency in the English language. In addition to having attorneys on staff and coordinating Pro Bono attorney services, the Legal Department further increases awareness, education, and the availability of services by offering internships and externships to qualified law students who exhibit a sincere interest in assisting victims of abuse.

**In 2018, 708 Safe Center clients received 5297 legal services. Attorneys worked with 304 individuals**

*"The most helpful thing about the program was having someone who understands domestic violence (and) knows how hard it is to face an abuser in or out of Court. I would never have been able to do this alone". – Domestic Violence Survivor*

## PRO BONO PROJECT

The Safe Center Pro Bono Project supplements the availability of legal services provided by the agency and recruits attorneys for pro bono representation to underserved clients. The agency also offers an established Mentor/Mentee program which pairs inexperienced lawyers with seasoned matrimonial attorneys. Trainings offered through the Pro Bono Project include the "Impact of DV in your Legal Practice" and the "Effect of DV in Matrimonial Proceedings".

**In 2018, pro bono lawyers accepted 80 new cases and continued to work on approximately 45-50 cases that were assigned prior to 2018. The Pro Bono Project recruited and trained 35 potential new volunteer attorneys and currently has a total of 150 attorneys participating in the program.**

**Pro Bono Project Impact:** A female survivor of human sex trafficking, age 18, with arrests in multiple counties was referred to The Safe Center for professional services for herself and her family. The young woman feared that having a criminal record would derail any attempts at securing stable employment which was key to her being able to break away from her victimizers.

*Pro Bono Attorney, Elizabeth Kase, Esq. of Abrams Fensterman compassionately and skillfully provided representation for the young woman and was able to get an Adjournment in Contemplation of Dismissal in all counties. This major victory paved the way for the victim to rebuild her life as a survivor!*  
– Debbie Lyons, LMFT, The Safe Center's Child Advocacy Center Director



# CHILDREN'S PROGRAMS

## CHILD ADVOCACY CENTER MULTIDISCIPLINARY TEAM

The Safe Center is proud to facilitate the Nassau County Child Advocacy Center (CAC). The CAC is a child friendly facility in which multidisciplinary professionals work together to investigate child abuse, help children heal from abuse, and hold offenders accountable. The Child Abuse Multidisciplinary Team (MDT) approach helps investigative team members obtain information in a developmentally appropriate manner to evaluate child abuse allegations and because this information is shared with all team partners, it ensures each member can do their part to support children and their families. Together with our MDT partners, the Nassau County CAC responds to more than 700 allegations of child abuse per year. The MDT partnership consists of the following programs:

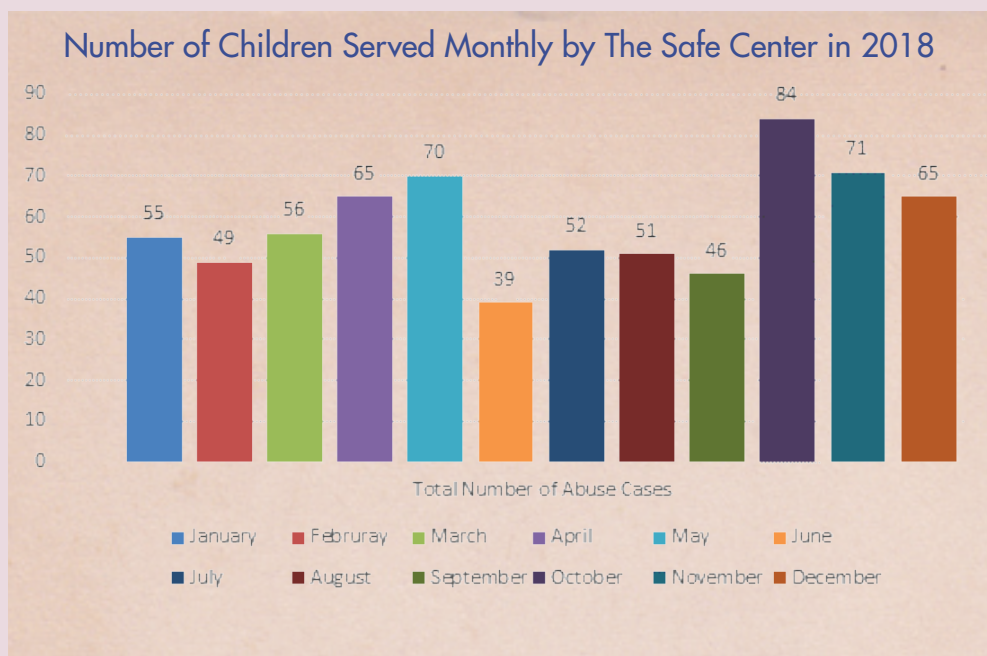
- ♦ The Safe Center - Child Victim Advocate, Forensic Interview, Children's Mental Health, and Rape & Sexual Assault Programs
- ♦ Nassau County Police Department- Special Victims Squad
- ♦ Nassau County Child Protective Services- Sex Abuse and Severe Physical Abuse Units
- ♦ District Attorney's Office- Special Victims Bureau
- ♦ County Attorney's Office- Family Court Bureau
- ♦ Nassau University Medical Center- SANE (Sexual Assault Nurse Examiner) program
- ♦ Nassau County Probation – Criminal and Family Divisions
- ♦ Westchester Institute for Human Development – Child Abuse Pediatrics Program

**In 2018, the Child Advocacy Center Multidisciplinary Team responded to 836 allegations of child abuse.**

## CHILD VICTIM ADVOCATE PROGRAM

The Child Victim Advocate Program assists families in addressing concrete needs (i.e., transportation, housing referrals, etc.) as well as providing information and support for families involved with the Child Advocacy Center. Support provided by the trained staff Advocates increases engagement and lessens anxiety about interactions with the criminal justice and child protective systems. Advocates are available to accompany families to medical appointments, meetings with the District Attorney and any court appointments, including Grand Jury, trial proceedings and sentencing. Referrals for community services are provided, and ongoing follow-up contact is maintained as needed throughout the life of the case.

**In 2018, the Child Victim Advocate Program provided 2550 direct services to 924 individuals.**



## CHILDREN'S MENTAL HEALTH SERVICES

The Safe Center's Children's Mental Health Department works to help children heal and break the cycle of abuse. Trained staff provide trauma-focused mental health services to children and adolescents impacted by domestic violence, sexual abuse, teen dating violence, and commercial sexual exploitation/trafficking. These services include:

- ◆ Crisis intervention
- ◆ Intake and assessment
- ◆ Individual and family therapy
- ◆ Parent guidance
- ◆ Advocacy and case management
- ◆ Referrals and linkage to other service providers
- ◆ Group work and programs for children, teens, parents, siblings and caregivers such as:
  - Project Kidz Talk©
  - Healthy Relationships Group
  - Children's DV Support Groups
  - Teen Trauma Survivors Group
  - Caregiver Resource Group
  - Parenting to Break the Cycle and Active Parenting Groups
  - Counseling services to Safe Home Shelter Clients

*"A MALE CHILD SURVIVOR OF DOMESTIC VIOLENCE LIVING AT THE SAFE HOME WAS HAVING DIFFICULTY OPENING UP DURING COUNSELING SESSIONS. AFTER TAKING THE CHILD OUTDOORS TO THE NEW SAFE HOME PLAYGROUND, HE STARTED SHOWING OFF ALL THE TRICKS HE KNEW AND THE GAMES HE MADE UP. WHEN WE WENT BACK INTO THE COUNSELING SESSION, THE CHILD WAS ABLE TO RELAX, CONNECT AND TALK ABOUT SOME THINGS THAT HAD BEEN BOTHERING HIM."*

*– CHILD COUNSELOR*





# CHILDREN'S PROGRAMS

## PROJECT KIDZ TALK©

Project Kidz Talk© is a group work program for children who have been sexually abused and their non-offending family members. Its purpose is to increase social support, reduce isolation, and help families cope with the effects of sexual abuse. In 2018, Spanish-speaking programming for Project Kidz Talk© was strategically moved to a location in Hempstead creating easier access for Latinx families. Families are now more engaged and enrollment has increased significantly.

**In 2018, 145 children received mental health services at The Safe Center. Counselors facilitated 60 group sessions and 1485 individual and family sessions.**

## HEALTHY RELATIONSHIPS GROUP

The Safe Center's Healthy Relationships Group is a support group for teen dating violence victims and at-risk teens. In 2018, the agency further developed and expanded services for this underserved, often hidden, population.



## Girls Retreat

Sponsored by a generous grant from CA Technologies, The Safe Center welcomed 36 girls to the "We Run the World" Girl's Retreat in August. This all-day retreat, held at Nassau County BOCES, provided an opportunity for developing supportive social relationships following an incident of abuse. Attendees participated in canvas painting, making friendship bracelets, STEM and yoga activities. The highlight of the day was when 1-800 FLOWERS presented a beautiful Planter Decorating Workshop for all to learn and enjoy. This all-day annual event is geared towards encouraging camaraderie, boosting self-esteem, team building, trust and fun.

*"I LOOK FORWARD TO THE GIRL'S RETREAT EVERY YEAR. IT IS MY FAVORITE EVENT OF THE SUMMER" – GIRLS RETREAT ATTENDEE*

# SUBSTANCE ABUSE SERVICES

The Safe Center's Substance Abuse Specialist and Substance Abuse Case Coordinator work collaboratively with Nassau County Child Protective Services to address cases where there is suspicion that substance usage has impacted a caregiver's ability to safely care for their child(ren), in order to support their ability to parent their child effectively.

The Substance Abuse Specialist provides substance abuse testing, assistance with case planning and disposition, and participates in joint field visits with Child Protective Services workers. The Substance Abuse Case Coordinator facilitates linkages with local substance abuse treatment centers and assists with connecting caregivers with the appropriate level of care.

The trauma of abuse can often be a causal element in substance abuse. For victims in substance abuse recovery, domestic violence can be a relapse trigger. The Safe Center's DV/Substance Abuse Counselor works with victims who are impacted by both domestic violence and substance abuse, whether they struggle with substance use themselves or are affected by another's usage.

**In 2018, the Substance Abuse Specialist received 243 referrals and conducted 134 tests on behalf of the Department of Social Services. The Substance Abuse Case Coordinator collaborated on 31 cases to discuss substance abuse treatment.**

## PROFESSIONAL AND COMMUNITY EDUCATION

The Safe Center's Education Department is committed to raising awareness of interpersonal violence issues across Nassau County by educating individuals and system responders to prevent, recognize and respond appropriately to all forms of abuse and sexual violence. The Department trains individuals from a variety of fields, including:

- ◆ law enforcement
- ◆ child protection
- ◆ education
- ◆ business community
- ◆ mental health professionals
- ◆ attorneys
- ◆ judges

The Safe Center also provides trainings to people of all ages to help increase awareness about family violence, sexual assault and sex trafficking. School-based prevention programs are offered to middle schools, high schools, colleges and universities, and focus on sexual assault prevention and healthy relationships. The Safe Center is an authorized provider of continuing education units for Social Workers, Mental Health Counselors, Substance Abuse Counselors, Certified Prevention Professionals/Specialists and Attorneys if they are presenting in one of The Safe Center's presentations, allowing us to provide continuing education workshops based on the latest research in the areas of domestic violence, child abuse, sexual assault, sex trafficking, and the effects of trauma on individuals and families.

**In 2018, The Safe Center educational staff facilitated 677 trainings for 19,196 attendees along with 32 community outreach events where 1,009 people stopped by our tables to receive information about our services.**



# PROFESSIONAL AND COMMUNITY EDUCATION

## ENOUGH IS ENOUGH

The Safe Center's Enough is Enough Initiative is funded by New York's Department of Health to collaborate with Colleges and Universities in Nassau County. The goal is to reach students in their daily lives to raise awareness of the prevalence of sexual violence and how it can be prevented. The Safe Center, in partnership with colleges and universities throughout Nassau County, is engaging students in the critical dialogue regarding how to keep their campus communities safe.

The Safe Center is currently working with New York Institute of Technology, Adelphi University, Hofstra University, Molloy College, LIU Post, Nassau Community College SUNY Old Westbury, New York School of Professional Medicine, and Cold Spring Harbor Laboratories.

**The Safe Center facilitated 74 Enough is Enough trainings in 2018 reaching 4,274 attendees consisting of faculty, staff, and students.**

## ENOUGH ABUSE CAMPAIGN

The Enough Abuse Campaign is a prevention initiative designed to empower parents and community members to reduce the occurrence of child sexual abuse. The Safe Center is one of the only approved Enough Abuse training site on Long Island. Through ongoing trainings, the agency continues to expand the network of community members who have been trained to protect children.

In June 2018, The Safe Center recruited and trained 12 volunteers, which increased the pool of available Enough Abuse facilitators to nearly 50. These trainers are available to go into the community to train parents, professionals and community members on how to keep children safe from abuse.

**In 2018, a total of 390 people received training on how to recognize and keep children safe from abuse during 20 different facilitated Enough Abuse trainings. 28 additional volunteer trainers joined the Enough Abuse campaign in 2018. To date, we have educated over 1,500 adults throughout the Long Island community about Enough Abuse.**









# SUPPORTING THE SAFE CENTER



Although The Safe Center is largely supported through government contracts and grants, 15% of annual revenue for 2018 was raised through individual support, foundation grants, special events and campaign fundraisers which included Taste That Jazz Food and Beverage Tasting, Swing for Hope Golf Outing, Every Home A Safe Home Gala and 2018 Season of Giving. Other revenue generated income accounted for 1% of total revenue.

## Safe Center Champions

Both monetary and in-kind donations are received annually via The Safe Center Champions initiative. Associations, advocacy groups, local businesses, corporations, college and university clubs and others who select The Safe Center as their "charity of choice" provide much-needed support for programs and services not fully covered under government contracts and grants.

**In 2018, over 120 individuals visited The Safe Center to learn more about programs and services, tour the agency and explore opportunities from contributing as a Champion.**



## Sandy Oliva Special Needs Fund

The Sandy Oliva Special Needs Fund receives monetary donations designated for the purchase of basic client necessities including food, clothing, bedding, personal hygiene items, toiletries, and transportation expenses (metro cards, gas cards, and cab fare).

**Generous donations to the Fund amounted to over \$14.7K in 2018.**



## School Supply and Holiday Gift Card Drives

Each year, client families receiving services from The Safe Center are provided with gift cards so that they can make their own decision when purchasing school supplies and gifts, as well as other family necessities, during the holiday season. Gift cards and monetary contributions to purchase gift cards are generously donated by supporters of the agency.

**In 2018, over 200 Gift Cards were distributed to Safe Center families during the Back-to-School Gift Card Drive and 227 children and 69 adults benefited from gift cards distributed during the Season of Giving.**





The Safe Center's 2018

*Every Home A Safe Home*

Annual Gala

Remembers Past Board President and Member  
Ilene H. Barshay



for 25 Years of Service to The Safe Center and those qualities she inspired.

- ♦ Compassion for Those Less Fortunate ♦ Commitment to Making a Difference ♦
- ♦ Leadership by Example ♦ Unwavering Dedication and Strength ♦

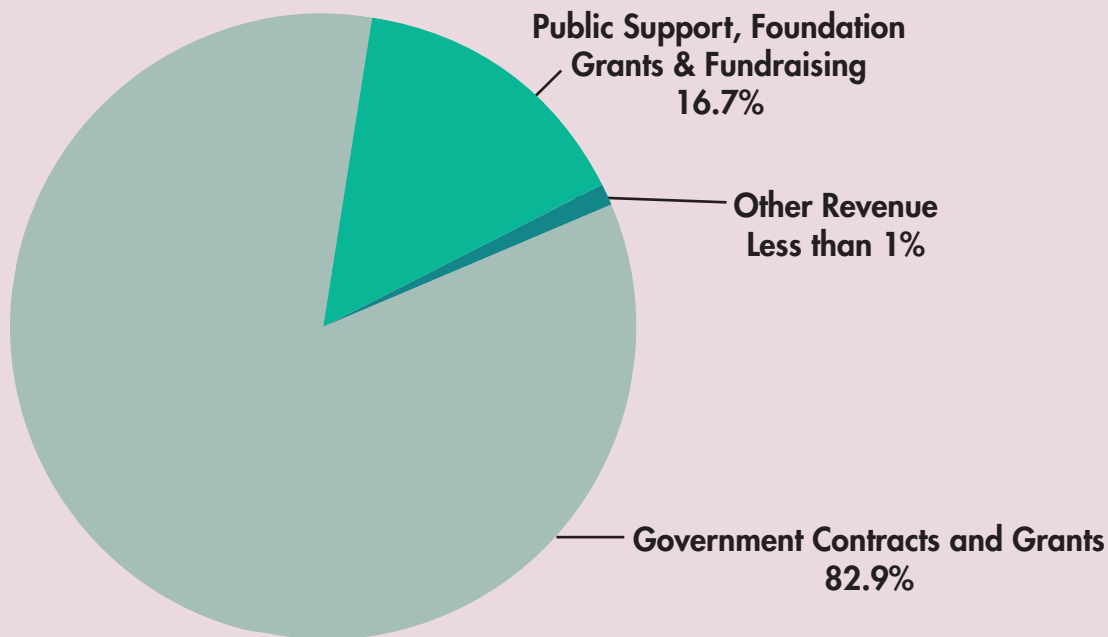
The Ilene H. Barshay Impact Fund  
was announced by former Co-Executive Director, Sandy Olivia at the 2018 Gala.

**The Fund, proudly established with love by the family of Ilene H. Barshay:**

- ♦ Creates a legacy for Ilene that inspires others to help victims of abuse
- ♦ Creates initiatives that work to end cycles of interpersonal violence
- ♦ Supports and maintains emerging and growing Safe Center client service needs
- ♦ Provides agency clinical staff with increased access to cutting edge and emerging best practices for working with victims of trauma

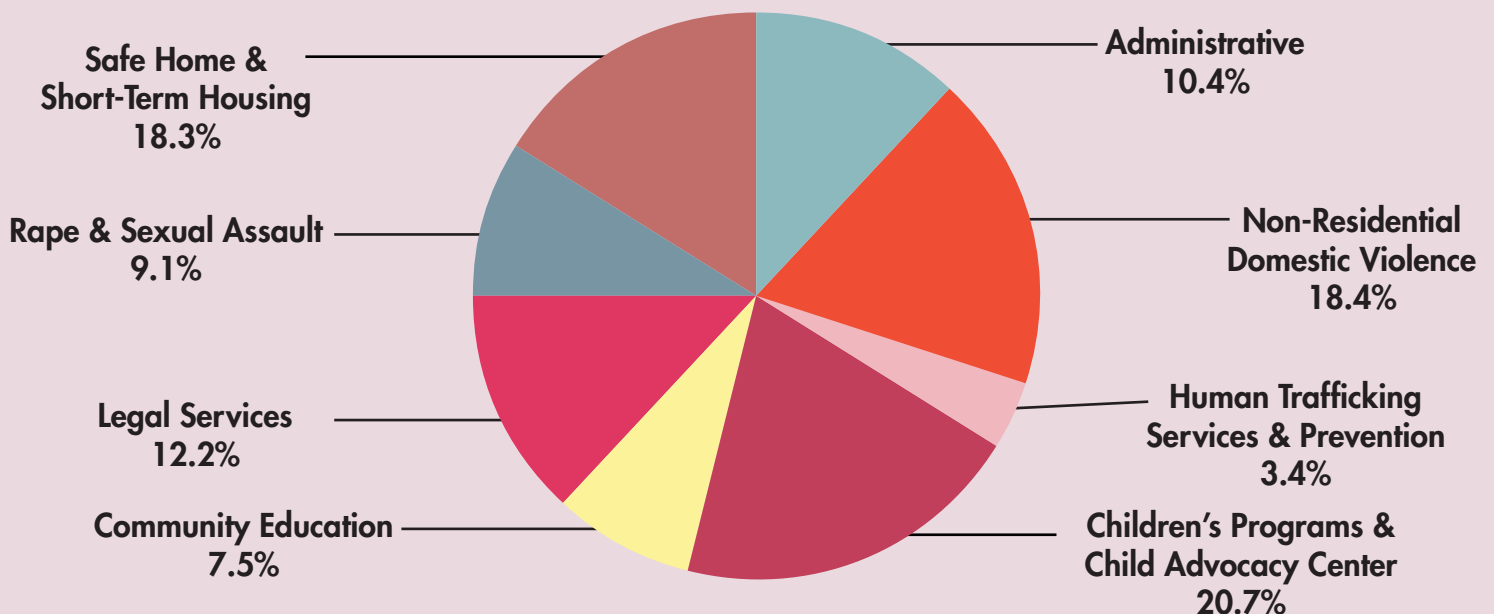
# REVENUE BROKEN DOWN BY SOURCES OF FUNDING

January 1, 2018 - December 31, 2018



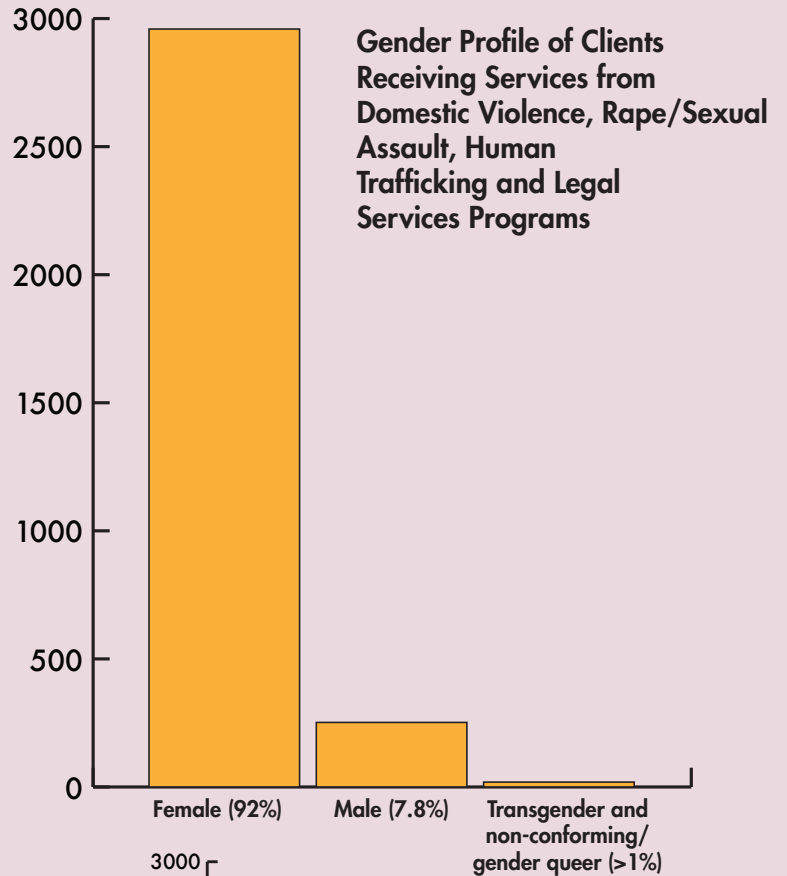
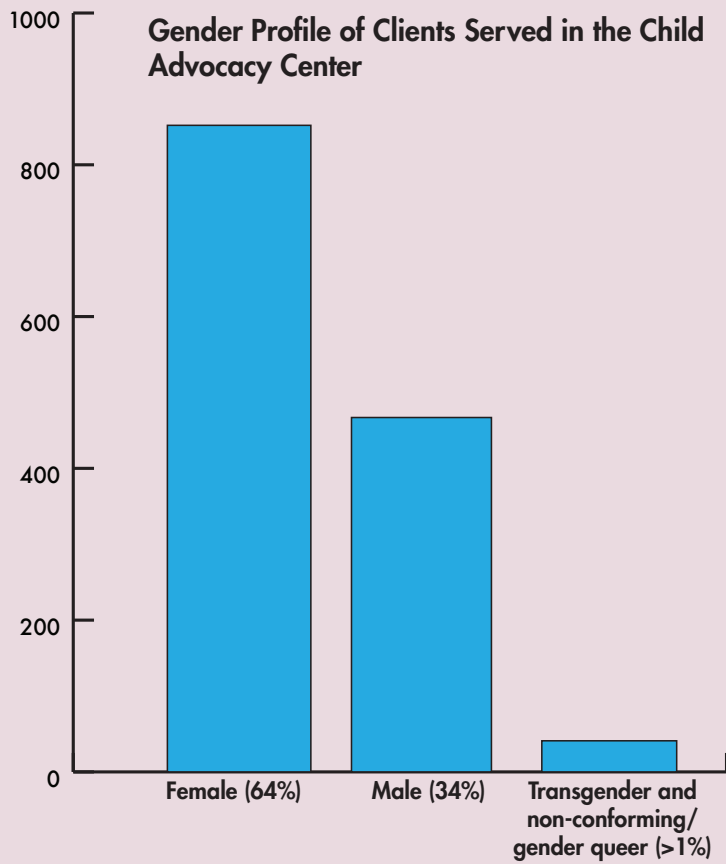
# EXPENSES BROKEN DOWN BY PROGRAM AREA

January 1, 2018 - December 31, 2018



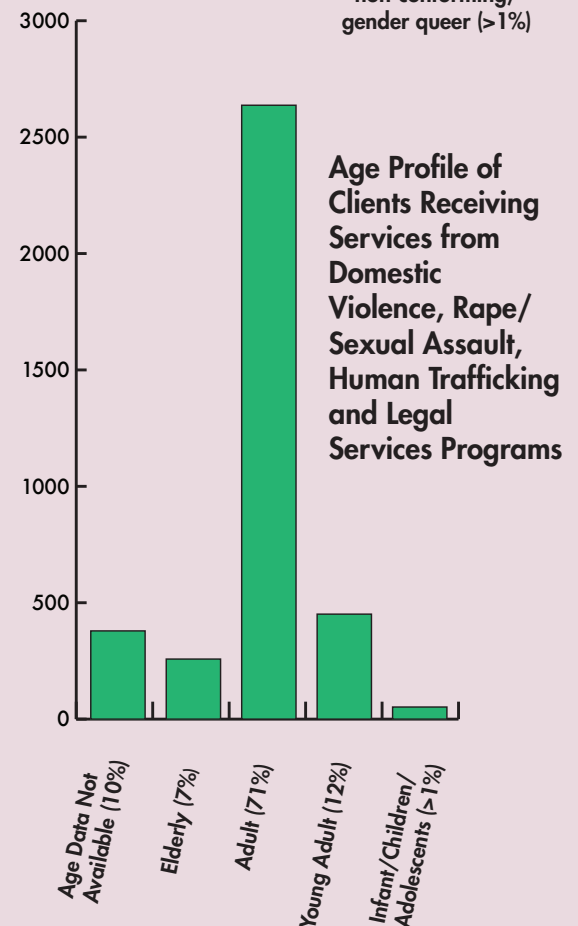
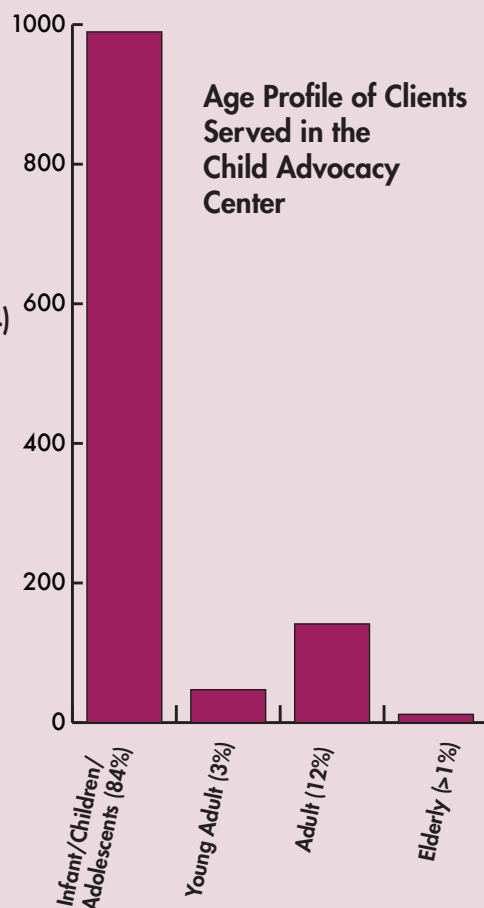
For a copy of The Safe Center's most recent Audited 990, please visit [www.tscli.org](http://www.tscli.org).

# POPULATIONS SERVED BY THE SAFE CENTER



## BREAKDOWN OF AGE GROUPS:

Infant/Children/  
Adolescents (Age 0-17)  
Young Adult (Age 18-24)  
Adult (Age 25-59)  
Elderly (Age 60+)



Ethnic populations served by The Safe Center include White, Latinx, Black, Asian/SE Asian/Indian, and American Indian/Alaskan/Pacific Islander adult and child victims of abuse.



# CHAMPIONS AND SUPPORTERS

## January 1, 2018 – December 31, 2018

### Associations, Foundations & Charitable Funds

100 Who Care Alliance ♦ Adelphi University ♦ Asofsky Family Foundation ♦ The Association of Wall-Ceiling and Carpet Industries of New York, Inc. ♦ Beacon Light Foundation ♦ Central Nassau County Rotary Foundation, Inc. ♦ Community Chest of Port Washington ♦ Community Church of East Williston World Service ♦ Diane and Darryl Mallah Family Foundation ♦ Direct Archdiocesan District Philoptochos ♦ Ferriday Fund Charitable Trust ♦ From Our Family To Yours Foundation ♦ The Glen Oaks Philanthropic Fund ♦ Glick Family Foundation ♦ Havayah Centre ♦ Insurance Professional Association of LI ♦ The Jacobson Family Foundation ♦ The Joan F. Axinn Trust ♦ Juliber-Adams Philanthropic Fund ♦ Joan F. Greenfield Trust ♦ John N. Blackman, Sr. Foundation ♦ Judith and Donald Rechler Foundation, Inc. ♦ The Judith C. White Foundation, Inc. ♦ JR/BC Blumenthal Foundation ♦ Kaltman Family Foundation ♦ LIU Post ♦ Manhasset Community Coalition Against Substance Abuse ♦ Manhasset Community Fund's Greentree Foundation "Good Neighbor" Fund ♦ Making A Difference Foundation ♦ The Mary Kay Foundation ♦ The Meadowbrook Women's Initiative ♦ Mitzi and Warren Eisenberg Family Foundation ♦ Molloy College ♦ Ms. Molly Foundation ♦ Mutual of America Foundation ♦ Nassau Bar Foundation, Inc./We Care Fund ♦ Nassau County Women's Bar Association ♦ Nassau County Detectives Charitable Foundation of New York ♦ Nassau County Superior Officers Association ♦ Newsday Charities—McCormick Foundation ♦ New York District Council of Carpenters Benefit Funds ♦ New York Institute of Technology ♦ New York State Children's Alliance ♦ Rexford Management Fund, Inc. ♦ Northport Union Free School District ♦ The Otolaryngology Foundation ♦ Pritchard Charitable Trust ♦ The Richards Family Fund ♦ The Slomo and Cindy Silvian Foundation ♦ The Stanley and Iris Rabinowitz Foundation ♦ Sterling National Bank Charitable Foundation ♦ Susan and Leonard Feinstein Foundation ♦ Tradition Title Agency, Inc. ♦ UJA Federation of NY ♦ United Fund of Manhasset, Inc. ♦ The United Methodist Church of Hempstead New York ♦ United Way of Long Island ♦ The Women's Group of The Greens, Inc.

### Businesses & Corporations

A Valerio Building Consultants, Inc. ♦ Abrams, Fensterman, Fensterman, Eisman, Formato, Ferrara & Wolf, LLP ♦ Albanese Organization, Inc. ♦ Albertson Electric, Inc. ♦ American Wood Installers, Inc. ♦ Ameriprise Financial Services, Inc. ♦ Anchin Block and Anchin, LLP ♦ Anton Media Group ♦ Arrow Transfer and Storage ♦ Bank of America ♦ Berdon LLP ♦ Bethpage Federal Credit Union ♦ Bridgehampton National Bank ♦ CA Technologies Corporation ♦ Capital One Bank ♦ CARR/A Xerox Company ♦ Castagna Realty Co., Inc. ♦ Cronin and Cronin Law Firm, PLLC ♦ Delphi Group/CE Insurance Brokerage, LTD ♦ Edgewood Partners Insurance Center, Inc. ♦ Equity Settlement Services/Puleo Delisle, PLLC ♦ Farrell Fritz, P.C. ♦ Fifth Avenue of Long Island Realty Associates, LLC ♦ Flushing Bank ♦ Fortunoff Fine Jewelry ♦ Fortune Footwear, Inc. ♦ Four Leaf Designs, LLC ♦ G.R. Reid Associates, LLP ♦ Gilbane Building Company ♦ GPA Mechanical Piping of NY, Inc. ♦ Great Value Vacations ♦ Hermes Paris ♦ HFM Valuation and Consulting Services, Inc. ♦ Holden and Flynn Universal Contractors, Inc. ♦ Horing, Welikson, and Rosen, P.C. ♦ Infinity Mechanical, Inc. ♦ Iron Cove ♦ Island Acoustics ♦ Innisfree M&A Incorporated ♦ Jasper Surety Agency LLC ♦ JEM Container Corp. ♦ Laurel Hill Advisory Group ♦ Leggiadro ♦ Long Island Roller Rebels NFP, Inc. ♦ Mutual of America ♦ National Interiors, Inc. ♦ Nawrocki Smith, LLP ♦ The New York Center for Facial and Plastic Surgery ♦ Newsday ♦ Northwestern Mutual ♦ Pabco Construction Corp. ♦ Park Avenue Building and Roofing Supplies, LLC ♦ Pegalis Law Group, LLC. ♦ People's United Bank ♦ Poll Restaurant Group ♦ PSEG Long Island, LLC ♦ Port Pop-Up Boutique ♦ Realtime Reporting, Inc. ♦ Redland Strategies Inc. ♦ RX Electric Inc. ♦ Sciame Construction, LLC ♦ Signature Bank ♦ Signature Properties of Huntington LLC ♦ Southshore Tattoo ♦ Sir Speedy—Westbury ♦ Spartan Petroleum Corp. ♦ Stagg, Terenzi, Confusione and Wabnik, LLP ♦ Steel One, LLC ♦ Sterling National Bank ♦ Taub Family Wine & Spirits Services LLC ♦ TOG Insurance Brokerage Group, Inc./The Oberman Companies ♦ The CLOROX Company ♦ Trainville Hobby Depot ♦ Triple Crown Sports Memorabilia ♦ VOXX International Corporation ♦ WAC Lighting, Inc. ♦ Wakefern Food Corp./Food Parade ♦ Ware Industries Inc. ♦ Woodworks Construction Company, Inc. ♦ Zabell and Associates, P.C.

## Individuals

Scott and Melissa Barshay ♦ Lawrence Barshay ♦ Stanley Barshay ♦ Charles Bennett ♦ Susan Blumenfeld ♦ The Bondi Family ♦ The Bush Family ♦ Deborah Cannon ♦ Christopher Casale ♦ Frank and Rita Castagna ♦ The William Catacosinos Family ♦ James and Deborah Catacosinos ♦ Kenneth and Joann Coffin ♦ Jason Cohen ♦ Anne Cooleen ♦ Barbara and Steven Cooper ♦ Robyn Cooper ♦ John Corbisiero ♦ The Cronin Family ♦ Haleh Damaghi ♦ Henry and Linda Davidson ♦ The Dejak Family ♦ The Dellacroce Family ♦ Joseph Dlabola ♦ Steven Feldstein, MD ♦ Lawrence and Bonnie Fenster ♦ Howard Fensterman ♦ Nicholas Fisch ♦ John Fitzgerald ♦ John and Jane Garvey ♦ Esther Fortunoff-Greene and Joshua Greene ♦ Susan Fredericks ♦ Simone Freeman ♦ The Honorable Marilyn Genoa, Esq. ♦ Joel and Carol Glick ♦ Seth and Michelle Golden ♦ Stephen and Joan Greenfield ♦ Priscilla Gremillion ♦ Robert Hemm ♦ Steve and Iris Herman ♦ Dr. Andrew Jacono, M.D., F.A.C.S. ♦ Lois Juliber ♦ Barbara Milgram Kessler, Esq. ♦ William and Debra Kienke ♦ Staci Kirschner ♦ Philip B. Kolb ♦ Fred and Susan Konigsberg ♦ Lee and Gloria Korn ♦ Martha Krisel ♦ Kenneth and Toni Liebman ♦ Michael Litman ♦ The Locascio Family ♦ William Long ♦ Nancy Lurie ♦ The Marrazzo Family ♦ The Medlin Family ♦ David and Arlene Mittelman ♦ Sandy Oliva ♦ Russell Mathews ♦ Lillian McCormick ♦ The Medaglia Family ♦ The Mills Family ♦ Jacqueline Morgan ♦ Donald and Stacey Novick ♦ Thomas and Anne Marie Paccione ♦ Michael J. Paul ♦ The Penzer Family ♦ The Philippides Family ♦ Rubin and Sharon Pikus ♦ Peter and Marie Pruden ♦ Joseph Purpura ♦ Michael and Julianne Quinn ♦ Daniel Reich ♦ Susan Ring and Joseph Pellicano ♦ The Rokhsar Family ♦ Alan and Reva Rothenberg ♦ Rita Sachs ♦ Anthony Saleh ♦ Jerry and Joan Scheckman ♦ Jane D. Schmitt ♦ Gene and Linda Schroer ♦ Cynthia Scott ♦ Dana Schwaeber ♦ Lois Schwaeber ♦ David and Alison Simon ♦ Ira and Sydell Smith ♦ Priscilla Smith ♦ Ned Smith ♦ Adrian M. Sokoloff ♦ The Ragozzino Family ♦ Linda Taub, Esq. ♦ Ken Thompson ♦ Michael Weber ♦ Simone Weiner ♦ Stanley and Carol Weinstock ♦ Howard and Marilyn Weisler ♦ Peter and Diane Weiss ♦ Toni Weiner ♦ The Zuccaro Family

## Government

Legislative Grants from the Members of the New York State Senate and Assembly who Represent Nassau and Suffolk Counties ♦ Nassau County District Attorney's Office ♦ Nassau County Department of Housing ♦ Nassau County Department of Mental Health ♦ Nassau County Department of Social Services ♦ Nassau County Police Department ♦ Nassau County Youth Board ♦ New York State Coalition Against Sexual Assault ♦ New York State Department of Health ♦ New York State Division of Criminal Justice Services ♦ New York State Office of Children & Family Services ♦ New York State Office of Court Administration ♦ New York State Office of Victims Services ♦ United States Department of Federal Housing and Urban Development ♦ United States Department of Justice ♦ Village of Freeport

**Subcontracted Awards From:** Central Nassau Guidance and Counseling Services, Inc. and Family and Children's Association

## In-Kind Donations of Products and Services

In addition to generous monetary donations received in 2018, The Safe Center accepted in-kind donations of products and services from members of the Long Island community throughout the year. These donations which included baby care items, new clothing and bed linens, household and cleaning supplies, kitchen essentials, paper goods, toiletries and gift cards to local Target, Walmart & Stop and Shop helped to offset expenses incurred for client needs at both the Safe Home and the agency. Local businesses, restaurants, and retail stores also contributed to our fundraising efforts by providing products and services which were used as raffle and silent auction items at special events.

### Message to all Safe Center Champions

Administrative staff work very hard to present a complete listing of all who make donations in support of Safe Center's programs and services. The listing of Association, Corporate, and Individual Donors include those who have contributed \$500 or more in the 2018 calendar year. The Safe Center apologizes if an acknowledgement of support was inadvertently missed and extends its heartfelt appreciation to each of you who had provided support at any level. Support provided by Safe Center Champions is invaluable. Thank you for being an important part of The Safe Center family.

# THE 2018 SAFE CENTER TEAM

## BOARD OF DIRECTORS

Stephen G. Bondi, CPA  
*President*

Esther Fortunoff-Greene  
*Vice President*

Eric W. Penzer, Esq.  
*Vice President*

Robert Zuccaro, CPA  
*Treasurer*

Carol A. Glick, Esq.  
*Secretary*

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Marilyn Genoa, Esq.  
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Russell G. Matthews  
George Medlin  
Richard A. Mills, CPA, MS  
Stacey Novick  
Thomas Paccione, MBA  
Rubin Pikus  
Elizabeth Ragozzino  
Susan Ring

## BOARD OF ADVISORS

Alison Berns Simon, LCSW-R, BCD  
Karen Brand, Esq.  
James Catacosinos  
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Deseriee Kennedy, Esq.  
Toni H. Liebman, MS Ed

Sandy Oliva  
Barbara Milgram Kessler, Esq.  
Jacqueline Morgan CSW  
Charlotte Podolsky, PhD  
Reva Rothenberg, MS Sp. Ed.  
Louise Skolnik, DSW  
Linda Taub, Esq.

## STAFF LEADERSHIP

Cynthia G. Scott  
**Executive Director**

Joshua Hanson  
**Associate Executive Director**

## STAFF & VOLUNTEERS

Employees and volunteers of The Safe Center work tirelessly to ensure that adult and child victims of abuse and their non-offending family members are safe, receive the necessary services to heal from abuse without shame, and restore hope for a better future. Staff members of The Safe Center include Attorneys, Counselors, Social Workers, Advocates, Educators, program interns, and administrative personnel, many of whom are bilingual service providers. The Safe Center requires new staff to attend educational trainings that provide an overview of the types of abuses addressed by the agency including child abuse, domestic violence, rape and sexual assault, and human trafficking. Our volunteers are compassionate individuals from all walks of life who train to provide support to those in need, and to aid in the work of the agency.



## **MISSION**

To protect, assist and empower victims of family violence and sexual assault while challenging and changing social systems that tolerate and perpetuate abuse.

## **VISION**

To Restore Hope For Victims of Abuse

## **APPROACH**

Due to the visionary leadership of Executive Director, Cindy Scott, and The Board of Directors, The Safe Center has become a beacon of hope within Nassau County and surrounding communities that provides a fast and easy path to resources that assist in saving and changing lives of women, men, children and elderly victims of family violence and sexual abuse. The Safe Center addresses the impact of abuse on victims as well as their families so that cycles of abuse can end. Services are bilingual and confidential.


## **NON-DISCRIMINATION POLICY**


Services provided by The Safe Center are available for all persons regardless of race, creed, color, national origin, sex, sexual orientation, gender identity or expression, military status, marital status, disability, or age. The Safe Center welcomes everyone and works hard to overcome each victim's unique barriers to safety.




15 Grumman Road West  
Suite 1000 • Bethpage, NY 11714  
Office: (516) 465-4700 • [www.tscli.org](http://www.tscli.org)

**24/7 Hotline: (516) 542-0404**

 [facebook.com/thesafecenterli](https://facebook.com/thesafecenterli)

 [@thesafecenterli](https://www.instagram.com/thesafecenterli)

 [twitter.com/tscli](https://twitter.com/tscli)

 [The Safe Center](https://www.linkedin.com/company/the-safe-center)



NATIONAL  
CHILDREN'S  
ALLIANCE®

ACCREDITED  
MEMBER



## 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: Stephen G. Bondi  
Date of birth: [REDACTED]  
Home address: [REDACTED]  
City: [REDACTED] State/Province/Territory: [REDACTED] Zip/Postal Code: [REDACTED]  
Country: US

Business Address: 400 Madison Ave, 14th floor  
City: New York State/Province/Territory: NY Zip/Postal Code: 10017  
Country: US  
Telephone: (646) 932-7554

Other present address(es):  
City: East Williston State/Province/Territory: NY Zip/Postal Code: 11596  
Country: US  
Telephone: 6469327554

List of other addresses and telephone numbers attached

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

President	<u>07/01/2014</u>	Treasurer	<u></u>
Chairman of Board	<u></u>	Shareholder	<u></u>
Chief Exec. Officer	<u></u>	Secretary	<u></u>
Chief Financial Officer	<u></u>	Partner	<u></u>
Vice President	<u></u>		
(Other)	<u></u>		

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.

From 07/05/16 to Present: Chief Compliance Officer & Chief Financial Officer of Mittleman Brothers, LLC &

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, Stephen G. Bondi, 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, Stephen G. Bondi, 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.

The Safe Center LI, Inc.

Name of submitting business

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

StephenG. Bondi [SGBONDI@GMAIL.COM]

President

Title

05/08/2020 02:15:05 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: Robert S Zuccaro  
Date of birth: [REDACTED]  
Home address: [REDACTED]  
City: [REDACTED] State/Province/Territory: [REDACTED] Zip/Postal Code: [REDACTED]  
Country: US

Business Address: none  
City: Massapequa Park State/Province/Territory: NY Zip/Postal Code: 11762  
Country: US  
Telephone: 5165099733

Other present address(es): 54 Harbor Lane  
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></u>	Treasurer	<u>05/16/2018</u>
Chairman of Board	<u></u>	Shareholder	<u></u>
Chief Exec. Officer	<u></u>	Secretary	<u></u>
Chief Financial Officer	<u></u>	Partner	<u></u>
Vice President	<u></u>		
(Other)	<u></u>		

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.

Treasurer, Catholic Health Services of Long Island ("CHSLI") since 02/01/2019. Includes Mercy Medical



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.

CHSLI has multiple grant contracts with federal, state and local governments.

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.

To the best of my knowledge and belief CHSLI has no current criminal investigations at this time.

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, Robert S Zuccaro , 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, Robert S Zuccaro , 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.

The Safe Center of L.I. Inc.

Name of submitting business

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

Robert S Zuccaro [RSZUCCARO@AOL.COM]

Treasurer

Title

05/04/2020 12:28:42 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: Eric Penzer  
Date of birth: [REDACTED]  
Home address: [REDACTED] ve  
City: Melville State/Province/Territory: [REDACTED] Zip/Postal Code: [REDACTED]  
Country: US

Business Address: 400 RXR Plaza  
City: Uniondale State/Province/Territory: NY Zip/Postal Code: 11556  
Country: US  
Telephone: (516) 227-0618

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>07/01/2014</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.

I am a partner/owner of the law firm Farrell Fritz, P.C.

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.

Farrell Fritz provides legal services to various municipalities.

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, Eric Penzer, 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, Eric Penzer, 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.

The Safe Center LI

Name of submitting business

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

Eric Penzer [EPENZER@FARRELLFRITZ.COM]

Vice President

Title

05/12/2020 01:00:22 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.

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1. Principal Name: Carol A. Glick  
Date of birth: [REDACTED]  
Home address: [REDACTED]  
City: [REDACTED] State/Province/Territory: [REDACTED] Zip/Postal Code: [REDACTED]  
Country: US

Business Address: 5 Horseman's Lane  
City: Muttontown State/Province/Territory: NY Zip/Postal Code: 11791  
Country: US  
Telephone: (516) 659-4778

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	07/01/2014
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, Carol A. Glick, 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, Carol A. Glick, 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.

THE SAFE CENTER LI, INC.

Name of submitting business

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

Carol A. Glick [CAROLGLICK@HOTMAIL.COM]

Secretary

Title

05/11/2020 10:11:15 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: Cynthia G. Scott  
Date of birth: [REDACTED]  
Home address: [REDACTED]  
City: [REDACTED] State/Province/Territory: [REDACTED] Zip/Postal Code: [REDACTED]  
Country: US

Business Address: 15 Grumman Road West, Suite 1000  
City: Bethpage State/Province/Territory: NY Zip/Postal Code: 11714  
Country: US  
Telephone: (516) 465-9291

Other present address(es): none  
City: none 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	Executive Director	10/15/1997

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:
- 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.
  - 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.
  - 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.
  - 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, Cynthia Scott, 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, Cynthia Scott, 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.

The Safe Center LI, Inc  
Name of submitting business

Electronically signed and certified at the date and time indicated by:  
Cynthia Scott [CSCOTT@TSCLI.ORG]

Executive Director  
Title

05/01/2020 10:22:09 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: Shanell Parrish-Brown

Date of birth: [REDACTED]

Home address: [REDACTED]

City: [REDACTED]

State/Province/Territory: [REDACTED]

Zip/Postal Code: [REDACTED]

Country: US

Business Address: 15 Grumman Road

City: Bethpage

State/Province/Territory: NY

Zip/Postal Code: 11552

Country: US

Telephone: 5164654742

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 \_\_\_\_\_

Chairman of Board \_\_\_\_\_

Chief Exec. Officer \_\_\_\_\_

Chief Financial Officer \_\_\_\_\_

Vice President \_\_\_\_\_

(Other) \_\_\_\_\_

Treasurer \_\_\_\_\_

Shareholder \_\_\_\_\_

Secretary \_\_\_\_\_

Partner \_\_\_\_\_

11/18/2020

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, Shanell Parrish-Brown, 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, Shanell Parrish-Brown, 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.**

The Safe Center LI

Name of submitting business

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

Shanell Parrish-Brown [SPB02ESQ@YAHOO.COM]

Vice-President

Title

12/12/2020 08:00:28 AM

Date

COUNTY OF NASSAU

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

1. Name of the Entity: The Safe Center LI, Inc.

Address: 15 Grumman Road West, suite 1000

City: Bethpage State/Province/Territory: NY Zip/Postal Code: 11714

Country: US

2. Entity's Vendor Identification Number: 11-2442377

3. Type of Business: Other (specify) Not for Profit Corporation

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):

9 File(s) uploaded 2018 TSCLI BOD Contact Info. List.pdf, 2018 TSCLI BOD Contact Info. List.pdf, 2018 TSCLI BOD Contact Info. List.pdf, 2019 TSCLI BOD Contact Info. List.docx, 2020 TSCLI BOA Contact Info. List.pdf, 2020 TSCLI BOD Contact Info. List.docx, BOD LIST DEC 2020.pdf, DOC.pdf, DOC000.pdf

*No principals have been attached to this form.*

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.

No shareholders, members or partners of firm.

*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):

No lobbyist utilized.

1 File(s) uploaded BOD LIST.pdf

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

No lobbying activity.

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

No registered lobbyist.

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:

Cynthia Scott [CSCOTT@TSCLI.ORG]

Dated: 12/18/2020 03:26:43 PM

Title: Executive Director

**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.



**TSLI BOD and Officers**

LAST UPDATE: 12/2020  
24 BOARD MEMBERS

NAME	TITLE	OTHER AFFILIATION
Stephen G. Bondi, CPA	President	
Shanell Parrish-Brown	Vice President	
Ilene Cooper, Esq.	Member	
Cara Cronin, Esq.	Member	
Raymond Czajkowski	Member	
Henry Davidson	Member	
Adam Dejak	Member	
Christine Egan-Philippides	Member	
Bettina Finn	Member	
Esther Fortunoff-Greene	Member	
Marilyn Genoa, Esq.	Member	
Carol A. Glick, Esq.	Secretary	
Bonnie Habyan	Member	
Maragaret (Peggy) Keane	Member	
Thomas Locascio	Member	
William Liu, CFP	Member	
Judy Marrazzo	Member	
Stacey Novick	Member	
Thomas Paccione, MBA	Member	
Eric W. Penzer, Esq.	Vice President	
Elizabeth Ragozzino	Member	
Susan Ring	Member	
Karen Siris, Ed.D	Member	
Robert Zuccaro, CPA	Treasurer	



## The Safe Center Advisory Board 2020

*Established 1/13/2016*

**Alison Berns-Simon, LCSW-R, BCD**

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Karen Brand, Esq.**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**James Catacosinos**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]

**Jane Donnelly-Schmitt, MS**

[REDACTED]  
[REDACTED]  
[REDACTED]

**Andrew A. Jacono, M.D., F.A.C.S.**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Deseriee Kennedy, Esq.**

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Toni H. Liebman, MS Ed**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**George Medlin**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



## The Safe Center Advisory Board 2020

*Established 1/13/2016*

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

**Barbara Milgram Kessler, Esq.**

[Redacted]  
[Redacted]  
[Redacted]

**Jacqueline Morgan, CSW**

[Redacted]  
[Redacted]  
[Redacted]

**Sandy Oliva**

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

**Charlotte Podolsky, PhD**

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

**Reva Rothenberg, MS Sp. Ed.**

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

**Louise Skolnik, DSW**

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

**Linda Taub, Esq.**

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

**Rubin Pikus**

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

## LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION PROPOSAL FORM

**IMPORTANT: A LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION PROPOSAL FORM MUST BE SUBMITTED WITH BID OR PROPOSAL. IN ADDITION TO THE INITIAL SUBMITTAL OF THIS FORM, A DCJS-3301 MUST BE SUBMITTED FOR EACH SUBSEQUENT CONTRACT/RENEWAL PERIOD AND WITH ALL APPLICABLE BUDGET MODIFICATION REQUESTS, PROVIDING DETAIL OF NEW OR REASSESSED GOALS.**

## Grantee (Contractor) Information:

1. Name: The Safe Center LI, Inc. Address: 15 Grumman Rd. West, Suite 1000, Bethpage, NY 11714

Contact Person/Title: Louanne Marchand / Dir. of Finance and Personnel Telephone Number: 516-465-4700

2. Contract Number: C103200 Project Number: LG18-1224-D00 3. DUNS Number: 947923397

4. Project/RFP Title: Family and Sexual Violence Education Program 5. Project Location (Municipality/County/Region): Nassau County

6. Contract Amount: \$85,714 7. Grantee Discretionary NPS Amount: \$0 8. Contract Award Period: 11/1/18-10/31/19

## 9. Description of Goods/Services/Supplies Provided:

10. MWBE Subcontractor/Supplier Name and Address						11. NYS ESD Vendor ID Number	12. Description of Services & Supplies	13. MBE Goal Amount	14. WBE Goal Amount	15. MWBE Goal Amount
								</		

New York State Division of Criminal Justice Services  
Local Assistance MWBE NPS Discretionary Budget Determination Worksheet

**IMPORTANT: BUDGET ITEMS IDENTIFIED AND APPROVED AS EXCLUSIONS ARE EXCLUDED FOR THIS SOLICITATION OR CONTRACT ONLY. CONTRACTUAL OBLIGATIONS WITH SUBCONTRACTORS/SUPPLIERS MUST BE RENEGOTIATED AFTER AGREEMENT EXPIRATION TO EXPLORE FUTURE MWBE GRANT PARTICIPATION OPPORTUNITIES.**

A. Bidder/Applicant Name: The Safe Center LL Inc. C. Project ID No. LG18-1224-D00  
B. Solicitation/Contract No. C103200 D. Contract Amount \$85,714

**Budget Summarization**

E. Budget Category	F. Grant Funds	G. Exempt Amount	H. Excluded Amount	I. Discretionary Budget*	J. Exemption/Exclusion Category	K. Additional Comments/Justification
<b>Personnel (Exempt):</b>						
1. Cumulative Personnel	\$61,983	\$61,983			\$0 Personnel	
<b>Fringe (Exempt):</b>						
1. Cumulative Fringe Benefits	\$10,609	\$10,609			\$0 Fringe Benefits	
<b>Consultants:</b>						
1.					\$0	
2.					\$0	
3.					\$0	
<b>Equipment:</b>						
1.					\$0	
2.					\$0	
3.					\$0	
4.					\$0	
5.					\$0	
<b>Supplies:</b>						
1.					\$0	
2.					\$0	
3.					\$0	
4.					\$0	
5.					\$0	
<b>Travel &amp; Subsistence:</b>						
1.					\$0	
2.					\$0	
3.					\$0	
<b>Rental of Facilities:</b>						
1. RENT	\$10,300			\$10,300	Occupancy Rental	
2.				\$0		
<b>Alterations:</b>						
1.					\$0	
2.					\$0	
<b>All Other Expenses:</b>						
1. INSURANCE	\$1,500			\$1,500	Pre-existing Contractual Obligation	
2. KEYNOTE SPEAKER	\$1,412			\$1,412		
3.				\$0		
4.				\$0		
5.				\$0		
<b>Totals:</b>	<b>\$85,804</b>	<b>\$72,592</b>	<b>\$0</b>	<b>\$13,212</b>		<b>\$85,804</b>

L. Certified By: *James H. Harkness* I certify that to the best of my knowledge, the information provided herein is complete and accurate. ☒

M. Date: September 26, 2019 N. Phone No. 516-465-4700 O. E-mail Address: jharkness@tscj.org

FOR DCJS USE ONLY

OPDF Contract Manager:

Reviewer Comments:

Approved ☐

Denied ☐

Additional Information Requested ☐

Review Date:

\*NOTE: THE TOTAL OF COLUMN I SHOULD BE TRANSFERRED TO FIELDS 7 AND 16 ON THE DCJS-3301 LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION PROPOSAL FORM.

Reviewer Comments:



## AMENDMENT 1

This AMENDMENT, dated as of \_\_\_\_\_, 2020 (together with the appendix 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) **The Safe Center LI, Inc.**, a New York State not-for-profit corporation, having its principal office at 15 Grumman Road W., Suite 1000, Bethpage, New York 11714 (hereinafter referred to as the "Contractor").

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

WHEREAS, pursuant to County contract number CQDA19000004 between the County and the Contractor, executed on behalf of the County on April 3, 2020, (the "Original Agreement"), the Contractor conducts a 24-hour Hotline for victims of domestic violence. 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 January 1, 2020 through December 31, 2020 with two (2) one (1) year County 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 Ninety Thousand Dollars (\$90,000.00) (the "Maximum Amount"); and

WHEREAS, the County desires to exercise one (1) of the two (2) 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 December 31, 2021, subject to early termination as provided under the Amended Agreement.


**2. Maximum Amount.** The Maximum Amount in the Original Agreement shall be increased by Ninety Thousand Dollars (\$90,000.00), 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 Eighty Thousand Dollars (\$180,000.00) (the "Amended Maximum Amount"). The increase provided under this Amendment shall be payable in accordance with the attached Appendix A-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.]

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

THE SAFE CENTER LI, INC.

By:   
Name: CYNTHIA SCOTT  
Title: EXEC. DIRECTOR  
Date: 12/9/20

NASSAU COUNTY

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

PLEASE EXECUTE IN BLUE INK

)ss.:

**NOTARY PUBLIC**

Lois Schwaber  
Notary Public, State of NY  
Expiring 12/31/2012  
Contact: 516-333-0144

)SS.:

**NOTARY PUBLIC**

**APPENDIX A-1**

**THE SAFE CENTER LI, INC.  
DA HOTLINE POLICE PROJECT**

**BUDGET**

**January 1, 2021 – December 31, 2021**

<b>PERSONNEL</b>	<b>AMOUNT</b>
Administrative Assistant	12,000.00
Fiscal Assistant	1,400.00
Police Advocate	17,980.00
Police Advocate	13,300.00
Sr. Dir. Of Client Services	4,500.00
Executive Director	5,000.00
Crisis Center Coordinator	21,400.00
<hr/>	
<b>Total Personnel</b>	<b>\$75,580.00</b>
<hr/>	
<b>FRINGE BENEFITS (15.88%)</b>	<b>\$12,000.00</b>
<hr/>	
<b>OTHER EXPENSES</b>	
Client Needs	2,420.00
<hr/>	
<b>Total Other Expenses</b>	<b>\$2,420.00</b>
<hr/>	
<b>GRAND TOTAL</b>	<b>\$90,000.00</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/24/2020

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> TOG Insurance Brokerage Group Inc. d/b/a The Oberman Companies 777 Westchester Ave White Plains NY 10604	<b>CONTACT NAME:</b> Philicia Blake <b>PHONE (A/C, No, Ext):</b> (914) 694-8550 <b>E-MAIL ADDRESS:</b> pblake@oberman.com <b>FAX (A/C, No):</b> (914) 694-8552
<b>INSURED</b> The Safe Center LI, Inc 15 Grumman Rd W Bethpage NY 11714	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Ins Co. NAIC # 18058 <b>INSURER B:</b> Philadelphia Ins Co 23850 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES** **CERTIFICATE NUMBER:** 20-21 Liability **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.

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2178241	08/31/2020	08/31/2021	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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2178241	08/31/2020	08/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y		PHUB739257	08/31/2020	08/31/2021	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	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 \$
A	<b>PROFESSIONAL LIABILITY ABUSE &amp; MOLESTATION</b>			PHPK2178241	08/31/2020	08/31/2021	CYBER LIAB AGGR 3,000,000/DED 1K 1,000,000/2,000,000 1,000,000/2,000,000

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 as required by written contract or agreement

**CERTIFICATE HOLDER****CANCELLATION**

Nassau County  
1 West Street

Mineola

NY 11501

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

*Debra Oberman*

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## 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

1a. Legal Name & Address of Insured (use street address only) <b>THE SAFE CENTER LI INC</b>  <b>15-10 GRUMMAN ROAD WEST SUITE 1000 BETHPAGE, NY 11714</b>  <small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small>	1b. Business Telephone Number of Insured <b>516-465-4700</b>  1c. Federal Employer Identification Number of Insured or Social Security Number <b>112442377</b>
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) <b>NASSAU COUNTY</b> <b>1 WEST STREET</b> <b>MINEOLA, NY 11501</b>	3a. Name of Insurance Carrier <b>ShelterPoint Life Insurance Company</b>  3b. Policy Number of Entity Listed in Box "1a" <b>DBL96450</b>  3c. Policy effective period <b>04/01/2020</b> to <b>03/31/2021</b>

4. Policy provides the following benefits:


☒ A. Both disability and paid family leave benefits.  
☐ B. Disability benefits only.  
☐ C. Paid family leave benefits only.

5. Policy covers:

☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.  
☐ B. Only the following class or classes of employer's employees:

\_\_\_\_\_

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.

Date Signed 5/12/2020 By   
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

**IMPORTANT:** If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE 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, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

### PART 2. To be completed by the 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 Authorized NYS Workers' Compensation Board Employee)

Telephone Number \_\_\_\_\_ Name and 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.**





New York State Insurance Fund

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

| nysif.com

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)



SCAN TO VALIDATE  
AND SUBSCRIBE

\*\*\*\*\* 112442377  
OBERMAN COMPANIES  
777 WESTCHESTER AVENUE  
WHITE PLAINS NY 10604

<b>POLICYHOLDER</b> THE SAFE CENTER LI INC 15 GRUMMAN RD W STE 1000 BETHPAGE NY 11714		<b>CERTIFICATE HOLDER</b> NASSAU COUNTY 1 WEST STREET MINEOLA NY 11501	
<b>POLICY NUMBER</b> H 587 593-5	<b>CERTIFICATE NUMBER</b> 647220	<b>POLICY PERIOD</b> 01/23/2020 TO 01/23/2021	<b>DATE</b> 12/17/2019

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 587 593-5, 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.

BY CAUSING THIS CERTIFICATE TO BE ISSUED TO THE CERTIFICATE HOLDER, THE POLICYHOLDER UNDERTAKES TO PROVIDE THE CERTIFICATE HOLDER 30 CALENDAR DAYS' NOTICE OF ANY CANCELLATION OF THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 671151978



E-39-20

**NIFS ID:**CQDA19000004      **Department:** District Attorney

**Capital:**

SERVICE: 24 Hour Hotline/Police Partnership Project

Contract ID #:cqda19000004

NIFS Entry Date: 13-DEC-19

Term: from 01-JAN-20 to 31-DEC-20

New
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>The Safe Center LI, Inc.</b>	Vendor ID#: <b>11-2442377</b>
Address: 15 Grumman Road West Suite 1000 Bethpage, NY 11714	Contact Person: Cynthia Scott, Executive Director
	Phone: 516-465-4700

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

**Routing Slip**

Department	NIFS Entry: X	13-DEC-19 -- TNIEDFELD
Department	NIFS Approval: X	13-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	16-DEC-19 -- AAMATO
County Atty.	Approval to Form: X	16-DEC-19 -- MMISRA
CPO	Approval: X	06-JAN-20 -- KOHAGENCE

Corrected Staff Summary  
E-39-20

RECEIVED  
HASSARD COUNTY  
CLERK  
1020 MAY - 6 P 3:54

JOHN B. CHIARA  
DEPUTY COUNTY EXECUTIVE FOR  
COMPLIANCE



ROBERT CLEARY  
CHIEF PROCUREMENT OFFICER

OFFICE OF THE CHIEF PROCUREMENT OFFICER  
ONE WEST STREET, 1<sup>ST</sup> FLOOR  
MINEOLA, NEW YORK, 11501

## MEMORANDUM

**To:** Katie Horst, Director, Legislative Affairs

**From:** Robert Cleary

**Re:** Corrected Routing Slip

**Date:** March 6, 2020

---

Attached please find a corrected routing slip to replace the one previously filed. The item previously filed included an erroneous question 4. The correct question 4 is now indicated.

Please feel free to contact me should you have any further questions in this regard. Thank you.



E-39-20

**NIFS ID: CQDA19000004**      **Department: District Attorney****Capital:**

SERVICE: 24 Hour Hotline/Police Partnership Project

Contract ID #: cqda19000004

NIFS Entry Date: 13-DEC-19

Term: from 01-JAN-20 to 31-DEC-20

New
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>The Safe Center LI, Inc.</b>	Vendor ID#: <b>11-2442377</b>
Address: 15 Grumman Road West Suite 1000 Bethpage, NY 11714	Contact Person: Cynthia Scott, Executive Director
	Phone: 516-465-4700

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

**Routing Slip**

Department	NIFS Entry: X	
Department	NIFS Approval: X	13-DEC-19 -- TNIEDFELD
DPW	Capital Fund Approved:	13-DEC-19 -- RCMANUS
OMB	NIFA Approval: X	
OMB	NIFS Approval: X	18-DEC-19 -- CNOLAN
County Atty.	Insurance Verification: X	16-DEC-19 -- JNOGID
County Atty.	Approval to Form: X	16-DEC-19 -- AAMATO
CPO	Approval: X	16-DEC-19 -- MMISRA
		06-JAN-20 -- KOHAGENCE

DCEC	Approval: X	06-JAN-20 -- JCHIARA
Dep. CE	Approval: X	28-JAN-20 -- HWILLIAMS
Leg. Affairs	Approval/Review: X	28-FEB-20 -- JSCHANTZ
Legislature	Approval:	
Comptroller	Deputy:	
NIFA	NIFA Approval:	

## Contract Summary

<b>Purpose:</b> The Safe Center LI, Inc. provides a 24 hour hotline for victims of sexual assault and domestic violence. They have a unique experience dealing with victims of sexual assault and domestic violence. This contract is a one year agreement with a term from 1/1/20 to 12/31/20
<b>Method of Procurement:</b> The contractor is a sole source provider who has unique experience and expertise in dealing with victims of sex abuse and domestic violence and possesses resources, staff and facilities that no other agency on Long Island can duplicate.
<b>Procurement History:</b> The contractor is a sole source provider who has unique experience and expertise in dealing with victims of sex abuse and domestic violence and possesses resources, staff and facilities that no other agency on Long Island can duplicate.
<b>Description of General Provisions:</b> This Agreement is to provide a 24 hour hotline for victims of domestic violence, rape, and sexual assault for the period 1/1/20 to 12/31/20. The maximum amount of the agreement is \$90,000.00.
<b>Impact on Funding / Price Analysis:</b> None, project is funded through forfeiture funds.
<b>Change in Contract from Prior Procurement:</b> N/A
<b>Recommendation:</b> (approve as submitted) Approve as submitted.

## Advisement Information

BUDGET CODES		FUNDING SOURCE	AMOUNT	LINE	INDEX/OBJECT CODE	AMOUNT
Fund:	GRT					
Control:	DA89	Revenue		01	DAGRT891BOTH/D	\$ 90,000.00
Resp:	1B	Contract:			E500	
Object:	DE	County	\$ 0.00			\$ 0.00
Transaction:	CQ	Federal	\$ 0.00			\$ 0.00
Project #:		State	\$ 90,000.00			\$ 0.00
Detail:		Capital	\$ 0.00			\$ 0.00
		Other	\$ 0.00			\$ 0.00
		TOTAL	\$ 90,000.00		TOTAL	\$ 90,000.00

RENEWAL	
% Increase	
% Decrease	





E-39-20

**NIFS ID:**CQDA19000004     **Department:** District Attorney

**Capital:**

SERVICE: 24 Hour Hotline/Police Partnership Project

Contract ID #:cqda19000004

NIFS Entry Date: 13-DEC-19

Term: from 01-JAN-20 to 31-DEC-20

New
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) Material Adverse Information Identified? (if yes, attach memo):	Y
5) Insurance Required	Y

<b>Vendor Info:</b>	
Name: <b>The Safe Center LI, Inc.</b>	Vendor ID#: <b>11-2442377</b>
Address: 15 Grumman Road West Suite 1000 Bethpage, NY 11714	Contact Person: Cynthia Scott, Executive Director
	Phone: 516-465-4700

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

2020 FEB 28 PM 2:23  
NASSAU COUNTY  
CLERK OF SUPREMACY

**Routing Slip**

Department	NIFS Entry: X	13-DEC-19 -- TNIEDFELD
Department	NIFS Approval: X	13-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	16-DEC-19 -- AAMATO
County Atty.	Approval to Form: X	16-DEC-19 -- MMISRA
CPO	Approval: X	06-JAN-20 -- KOHAGENCE

DCEC	Approval: X	06-JAN-20 -- JCHIARA
Dep. CE	Approval: X	28-JAN-20 -- HWILLIAMS
Leg. Affairs	Approval/Review: X	28-FEB-20 -- JSCHANTZ
Legislature	Approval:	
Comptroller	Deputy:	
NIFA	NIFA Approval:	

## Contract Summary

**Purpose:** The Safe Center LI, Inc. provides a 24 hour hotline for victims of sexual assault and domestic violence. They have a unique experience dealing with victims of sexual assault and domestic violence. This contract is a one year agreement with a term from 1/1/20 to 12/31/20

**Method of Procurement:** The contractor is a sole source provider who has unique experience and expertise in dealing with victims of sex abuse and domestic violence and possesses resources, staff and facilities that no other agency on Long Island can duplicate.

**Procurement History:** The contractor is a sole source provider who has unique experience and expertise in dealing with victims of sex abuse and domestic violence and possesses resources, staff and facilities that no other agency on Long Island can duplicate.

**Description of General Provisions:** This Agreement is to provide a 24 hour hotline for victims of domestic violence, rape, and sexual assault for the period 1/1/20 to 12/31/20. The maximum amount of the agreement is \$90,000.00.

**Impact on Funding / Price Analysis:** None, project is funded through forfeiture funds.

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

**Recommendation:** (approve as submitted) Approve as submitted.

## Advisement Information

BUDGET CODES		FUNDING SOURCE	AMOUNT	LINE	INDEX/OBJECT CODE	AMOUNT
Fund:	GRT	Revenue		01	DAGRT891BOTH/D E500	\$ 90,000.00
Control:	DA89	Contract:				\$ 0.00
Resp:	1B	County	\$ 0.00			\$ 0.00
Object:	DE	Federal	\$ 0.00			\$ 0.00
Transaction:	CQ	State	\$ 90,000.00			\$ 0.00
Project #:		Capital	\$ 0.00			\$ 0.00
Detail:		Other	\$ 0.00			\$ 0.00
		TOTAL	\$ 90,000.00		TOTAL	\$ 90,000.00
RENEWAL						
% Increase						
% Decrease						

E-39-2020

RULES RESOLUTION NO. 47 - 2020

A RESOLUTION AUTHORIZING THE COUNTY EXECUTIVE TO EXECUTE A PERSONAL SERVICES AGREEMENT BETWEEN THE COUNTY OF NASSAU, ACTING ON BEHALF OF THE OFFICE OF THE DISTRICT ATTORNEY, AND THE SAFE CENTER LI, INC. ("SAFE CENTER")

Passed by the Rules Committee  
Nassau County Legislature  
by Voice Vote on 3-9-2020  
NOTING:  
yes 7 nays 0 abstained 0 recused 0  
Legislators present: 7

WHEREAS, the County has negotiated a personal services agreement with Safe Center to provide a twenty-four (24) hour hotline for victims of sexual abuse and domestic violence, copy of which is on file with the Clerk of the Legislature; now, therefore, be it

RESOLVED, that the Rules Committee of the Nassau County Legislature authorizes the County Executive to execute the said agreement with Safe Center.

## CONTRACT FOR SERVICES

THIS AGREEMENT, (together with the schedules, appendices, attachments and exhibits, if any, this "Agreement"), dated as of the date (the "Effective Date") that this Agreement is executed by Nassau County, 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 for and 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 Safe Center LI, Inc., a New York State not-for-profit corporation, having its principal office at 15 Grumman Road W., Suite 1000, Bethpage, NY 11714 (the "Contractor").

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

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

WHEREAS, the Contractor desires 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; and

WHEREAS, the Department is authorized to utilize forfeiture funds pursuant to N.Y. Civil Practice Law, Article 13A, Section 1349, effective January 1, 1962; and

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

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

1. Term. This Agreement shall commence on January 1, 2020 and terminate on December 31, 2020, 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 two (2) additional one (1) year terms.

2. Services. (a) The services to be provided by the Contractor under this Agreement shall consist of conducting a 24-hour Hotline for victims of domestic violence. Hotline workers are counselors trained in the dynamics of domestic violence, rape, sexual assault and crisis intervention. Hotline workers provide crisis intervention, arrange for safe housing, and link victims to law enforcement, mental health professionals, attorneys and other resources. As of January 2015, the Safe Center Hotline has fielded more than 234,000 calls and provided over 25,000 intake interviews with victims of domestic violence. The Hotline operates in conjunction with Contractor's Police Partnership Project, which is a collaboration between the Contractor, the Nassau County Police Department, and eight local police departments within Nassau County. Through this project, the Contractor is notified of domestic violence incidents reported to the police and contacts victims to provide follow-up support and services. (the "Services").

3. Payment. (a) Amount of Consideration. The maximum amount to be paid to the Contractor as full consideration for the Contractor's Services under this Agreement shall not exceed the sum of Ninety Thousand Dollars (\$90,000.00) (the "Maximum Amount"), which shall be payable as per the budget in the attached Appendix "A".

(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 three (3) months 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.

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).

5. No Arrears or Default. The Contractor is not in arrears to the County upon any debt or contract and it is not in default as surety, contractor, or otherwise upon any obligation to the County, including any obligation to pay taxes to, or perform services for or on behalf of, the County.

6. Compliance with Law. (a) Generally. The Contractor shall comply with any and all applicable Federal, State and local Laws, including, but not limited to those relating to conflicts of interest, human rights, 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 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 to this Agreement 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 remains the sole property of the County and shall be used and disclosed solely for the purpose of performance and administration of the Agreement 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.

(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 County 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.

(g) Vendor Code of Ethics. By executing this Agreement, the Contractor hereby certifies and covenants that:

- (i) The Contractor has been provided a copy of the Nassau County Vendor Code of Ethics issued on June 5, 2019, as may be amended from time to time (the "Vendor Code of Ethics"), and will comply with all of its provisions;
- (ii) All of the Contractor's Participating Employees, as such term is defined in the Vendor Code of Ethics (the "Participating Employees"), have been provided a copy of the Vendor Code of Ethics prior to their participation in the underlying procurement;
- (iii) All Participating Employees have completed the acknowledgment required by the Vendor Code of Ethics;
- (iv) The Contractor will retain all of the signed Participating Employee acknowledgements for the period it is required to retain other records pertinent to performance under this Agreement;
- (v) The Contractor will continue to distribute the Vendor Code of Ethics, obtain signed Participating Employee acknowledgments as new Participating Employees are added or changed during the term of this Agreement, and retain such signed acknowledgments for the period the Contractor is required to retain other records pertinent to performance under this Agreement; and
- (vi) The Contractor has obtained the certifications required by the Vendor Code of Ethics from any subcontractors or other lower tier participants who have participated in procurements for work performed under this Agreement.

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.

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.

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 (\$1,000,000.00) per occurrence and Two Million Dollars (\$2,000,000.00) 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 limit liability of not less One Million Dollars (\$1,000,000.00) 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 coverages. The failure of the Contractor to maintain Workers' Compensation Insurance shall render this contract void and of no effect. The failure of the Contractor to maintain the other required coverages shall be deemed a material breach of this Agreement upon which the County reserves the right to consider this Agreement terminated as of the date of such failure.

10. 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.

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.

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 applicable provisions of the Code of Federal Regulations, 2 C.F.R. Part 200, as may be amended. Such Records shall at all times be available for audit and inspection by the Comptroller, the Department, any other governmental authority with jurisdiction over the provision of services hereunder and/or the payment therefore, and any of their duly designated representatives. The provisions of this Section shall survive the termination of this Agreement.

13. 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.

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.

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.

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.

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

(b) In the event that any provision of this Agreement shall be held to be invalid, illegal or

unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

(c) Unless the application of this subsection will cause a provision required by Law to be excluded from this Agreement, in the event of an actual conflict between the terms and conditions set forth above the signature page to this Agreement and those contained in any schedule, exhibit, appendix, or attachment to this Agreement, the terms and conditions set forth above the signature page shall control. To the extent possible, all the terms of this Agreement should be read together as not conflicting.

(d) Each party has cooperated in the negotiation and preparation of this Agreement. Therefore, in the event that construction of this Agreement occurs, it shall not be construed against either party as drafter.

18. 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.

19. 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 approvals, third party approvals 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.

20. 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.

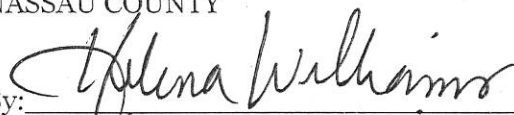
[Remainder of Page Intentionally Left Blank.]

IN WITNESS WHEREOF, the Contractor and the County have executed this Agreement as of the Effective Date.

THE SAFE CENTER LI, INC.

By:   
Name: CYNTHIA SCOTT  
Title: EXECUTIVE DIRECTOR  
Date: 10/18/19

NASSAU COUNTY

By:   
Name: Helena Williams  
Title: County Executive  
☐ Deputy County Executive  
Date: 4/3/2020

PLEASE EXECUTE IN BLUE INK

IN WITNESS WHEREOF, the Contractor and the County have executed this Agreement as of the Effective Date.

THE SAFE CENTER LI, INC.

By: 

Name: CYNTHIA SCOTT

Title: EXECUTIVE DIRECTOR

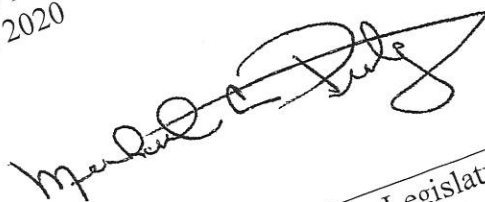
Date: 10/18/19

York  
} SS.:  
Nassau }

I, Michael C. Pulitzer, Clerk of the Legislature, do hereby certify that the foregoing is a true and correct copy of the original agreement with The Safe Center L.I. Inc.

On behalf of the Nassau County, District Attorney

On file in this office of the Legislature and is of the whole said original  
IN WITNESS WHEREOF, I have hereunto set my hand and affixed seal of the  
Nassau County Legislature the 3rd Day of April 2020



Clerk of the Nassau County Legislature  
Nassau County, N.Y.



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

On the 18TH day of OCTOBER in the year 2019 before me personally came CYNTHIA SCOTT 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 EXEC. DIRECTOR of THE SAFE CENTER LI, 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.

NOTARY PUBLIC  
*Paul C. Appene*


TERESA C. AZZUE  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 02AZ6388262  
Qualified in NASSAU County  
Commission Expires 03/04/2023

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

On the 3 day of April in the year 2020 before me personally came Helena Williams 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 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

*Tanya Carter*



TANYA L. CARTER  
Notary Public, State of New York  
No. 01CA6072855  
Qualified in Nassau County  
Commission Expires April 15, 2022



**APPENDIX A  
BUDGET  
January 1, 2020 – December 31, 2020**

<b>PERSONNEL</b>	<b>AMOUNT</b>
Administrative Assistant	\$12,000
Fiscal Assistant	1,400
Police Advocate	16,900
Police Advocate	13,300
Sr. Dir. Of Client Services	4,500
Executive Director	5,000
Crisis Center Coordinator	21,400
<b>Total Salaries</b>	<b>\$74,500</b>
<b>FRINGE BENEFITS (13.8255%)</b>	<b>\$10,300</b>
<b>OTHER EXPENSES</b>	
Audit	\$ 300
Client Needs*	2,500
Insurance	1,300
Office Supplies	300
Photocopying	200
Telephone	600
<b>Total Other Expenses</b>	<b>\$ 5,200</b>
<b>GRAND TOTAL</b>	<b>\$90,000</b>

## **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.
- b. If efforts to resolve such matter to the satisfaction of all parties are unsuccessful, the Executive Director shall refer the matter, within thirty days (30) of receipt of the complaint, to the American Arbitration Association for proceeding thereon.
- c. Upon conclusion of the arbitration proceedings, the arbitrator shall submit to the Executive Director his recommendations regarding the imposition of sanctions, fines or penalties. The Executive Director shall either (i) adopt the recommendation of the arbitrator (ii) determine that no sanctions, fines or penalties should be imposed or (iii) modify the recommendation of the arbitrator, provided that such modification shall not expand upon any sanction recommended or impose any new sanction, or increase the amount of any recommended fine or penalty. The Executive Director, within ten days (10) of receipt of the arbitrators award and recommendations, shall file a determination of such matter and shall cause a copy of such determination to be served upon the respondent by personal service or by certified mail return receipt requested. The

award of the arbitrator, and the fines and penalties imposed by the Executive Director, shall be final determinations and may only be vacated or modified as provided in the civil practice law and rules ("CPLR").

(m) The contractor shall provide contracting agency with information regarding all subcontracts awarded under any County Contract, including the amount of compensation paid to each Subcontractor and shall complete all forms provided by the Executive Director or the Department Head relating to subcontractor utilization and efforts to obtain M/WBE participation.

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

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

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

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

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

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

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

County Contract, or (iii) a proposed party to a County Contract, but shall not include any Subcontractor.

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

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

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

- i. County Contractors may include any other type of documentation they feel necessary to further demonstrate their Best Efforts regarding their bid documents.

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

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

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

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



Appendix L

Certificate of Compliance

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

1. The chief executive officer of the Contractor is:

CYNTHIA SCOTT (Name)  
15 GRUMMAN RD. WEST SUITE 1000  
BETHPAGE, NY 11714 (Address)  
516-465-4700 (Telephone Number)

2. The Contractor agrees to either (1) comply with the requirements of the Nassau County Living Wage Law or (2) as applicable, obtain a waiver of the requirements of the Law pursuant to section 9 of the Law. In the event that the Contractor does not comply with the requirements of the Law or obtain a waiver of the requirements of the Law, and such Contractor establishes to the satisfaction of the Department that at the time of execution of this Agreement, it had a reasonable certainty that it would receive such waiver based on the Law and Rules pertaining to waivers, the County will agree to terminate the contract without imposing costs or seeking damages against the Contractor

3. In the past five years, Contractor \_\_\_\_\_ has ☒ has not been found by a court or a government agency to have violated federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If a violation has been assessed against the Contractor, describe below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. In the past five years, an administrative proceeding, investigation, or government body-initiated judicial action ☒ has \_\_\_\_\_ 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:

A WRONGFUL TERMINATION SUIT WAS FILED IN  
OCTOBER 2017 AND SETTLED IN AUGUST 2018.  
A SLIP & FALL ACCIDENT HAPPENED IN FEBRUARY 2015.  
CLAIM IS PENDING DEPOSITION BY THE CLAIMANT.



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.

10/18/19  
Dated

[Signature]  
Signature of Chief Executive Officer

CYNTHIA SCOTT  
Name of Chief Executive Officer

Sworn to before me this

18<sup>TH</sup> day of OCTOBER, 2019.  
[Signature]  
Notary Public

TERESA C. AZZUE NOTARY PUBLIC, STATE OF NEW YORK Registration No. 02AZ6388262 Qualified in NASSAU County Commission Expires 03/04/20 <u>23</u>
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