



Nassau County Purchasing

Staff Summary A-34-2022

Subject: Intellitech Jail Application (IMACS) Maintenance (RQIT22000190)
Department: Department of Shared Services Office of Purchasing
Department Head Name: Melissa Gallucci
Department Head Signature <i>Melissa Gallucci</i>

Date: August 16, 2022
Vendor Name: Intellitech Corporation
Contract Number: A-34-2022
Contract Manager Name: Kimberly Stanton

Internal Approvals			
Date & Init.	Approval	Date & Init.	Approval
8/18/2022 <i>[Signature]</i>	CPO	8/18/2022 <i>[Signature]</i>	Budget
8/22/2022 <i>[Signature]</i>	County Atty.	8/22/2022 <i>[Signature]</i>	County Exec.

Material Adverse Information Identified? [Yes ___/No X] (If Yes, attach memo.)

Narrative

Purpose: To authorize and award a purchase order for the Maintenance of the Intellitech Jail Application (IMACS) for the Nassau County Correctional Facility; Term: 8/10/2022 – 8/9/2023.

Discussion: The Department of Shared Services, Office of Purchasing has determined that this is a sole source procurement. Intellitech Corporation is the sole vendor who manufactures, sells and distributes exclusively the annual licenses to use IMACS and provides the support and maintenance to this product. This product is used for booking inmates and all the information regarding their incarceration.

Impact on Funding: The maximum amount authorized under this purchase order shall be One Hundred Ninety-Four Thousand Five Hundred Dollars (\$194,500.) from General Funds (ITGEN1430, DE5A5)

Recommendation: Department of Shared Services, Office of Purchasing recommends awarding a purchase order to Intellitech Corporation as the sole source provider.

APPROVED:

INSURANCE SECTION

REAL ESTATE, INSURANCE AND
PROPERTY MANAGEMENT

(DATE)

2022 AUG 31 P 3:35

RECEIVED
NASSAU COUNTY
CLERK OF THE LEGISLATURE

COUNTY OF NASSAU
INTER – DEPARTMENTAL MEMO

TO: CLERK OF THE COUNTY LEGISLATURE

A-34-2022


FROM: MELISSA GALLUCCI - COMMISSIONER OF SHARED SERVICES

DATE: AUGUST 16, 2022

SUBJECT: RESOLUTION– NASSAU COUNTY CORRECTION FACILITY

THIS RESOLUTION IS RECOMMENDED BY THE COMMISSIONER OF SHARED SERVICES TO AUTHORIZE AN AWARD AND TO EXECUTE A PURCHASE ORDER FOR THE AMOUNT OF ONE HUNDRED NINETY-FOUR THOUSAND FIVE HUNDRED DOLLARS (\$194,500.00) FOR THE MAINTENANCE OF THE INTELLITECH JAIL APPLICATION IMACS ON BEHALF OF THE NASSAU CORRECTIONAL FACILITY TO INTELLITECH CORPORATION.

THE ABOVE DESCRIBED DOCUMENT ATTACHED HERETO IS FORWARDED FOR YOUR REVIEW AND APPROVAL AND SUBSEQUENT TRANSMITTAL TO THE RULES COMMITTEE FOR INCLUSION IN ITS AGENDA.


MELISSA GALLUCCI
COMMISSIONER OF SHARED SERVICES

VB: gb

ENCL:

- (1) STAFF SUMMARY
- (2) DISCLOSURE STATEMENT
- (3) RESOLUTION
- (4) BID SUMMARY
- (5) BID PROPOSAL
- (6) CERTIFICATE OF LIABILITY INSURANCE
- (7) RECOMMENDATION OF AWARD
- (8) POLITICAL CONTRIBUTION FORM



A RESOLUTION AUTHORIZING THE COMMISSIONER OF SHARED SERVICES TO AWARD AND EXECUTE A PURCHASE ORDER BETWEEN THE COUNTY OF NASSAU, ACTING ON BEHALF OF THE NASSAU COUNTY DEPARTMENT OF INFORMATION TECHNOLOGY, AND INTELLITECH CORPORATION.

WHEREAS, the Commissioner of Shared Services is representing to the Rules Committee that the proposed award to Intellitech Corporation has been determined to be a sole source provider and meets all specifications for the product described in the said contract as determined by the Commissioner of Shared Services.

RESOLVED, that the Rules Committee of the Nassau County Legislature authorizes the Commissioner of Shared Services to award and execute the said Purchase Order with Intellitech Corporation.



COUNTY OF NASSAU

POLITICAL CAMPAIGN CONTRIBUTION DISCLOSURE FORM

1. Has the vendor or any corporate officers of the vendor provided campaign contributions pursuant to the New York State Election Law in (a) the period beginning April 1, 2016 and ending on the date of this disclosure, or (b), beginning April 1, 2018, the period beginning two years prior to the date of this disclosure and ending on the date of this disclosure, to the campaign committees of any of the following Nassau County elected officials or to the campaign committees of any candidates for any of the following Nassau County elected offices: the County Executive, the County Clerk, the Comptroller, the District Attorney, or any County Legislator?

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

2. VERIFICATION: This section must be signed by a principal of the consultant, contractor or Vendor authorized as a signatory of the firm for the purpose of executing Contracts.

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

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

Electronically signed and certified at the date and time indicated by:
john jacobs [JOHN.JACOBS@INTELLITECHCORPORATION.COM]

Dated: 08/16/2022 12:13:36 PM

Vendor: Intellitech Corporation

Title: CEO



COUNTY OF NASSAU

LOBBYIST REGISTRATION AND DISCLOSURE FORM

1. Name, address and telephone number of lobbyist(s)/lobbying organization. The term "lobbyist" means any and every person or organization retained, employed or designated by any client to influence - or promote a matter before - Nassau County, its agencies, boards, commissions, department heads, legislators or committees, including but not limited to the Open Space and Parks Advisory Committee and Planning Commission. Such matters include, but are not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements. The term "lobbyist" does not include any officer, director, trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties.

none

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

none

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

none

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

none

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

none

6. If such lobbyist is retained or employed pursuant to a written agreement of retainer or employment, you must attach a copy of such document; and if agreement of retainer or employment is oral, attach a written statement of the substance thereof. If the written agreement of retainer or employment does not contain a signed authorization from the client by whom you have been authorized to lobby, separately attach such a written authorization from the client.

7. Has the lobbyist/lobbying organization or any of its corporate officers provided campaign contributions pursuant to the New York State Election Law in (a) the period beginning April 1, 2016 and ending on the date of this disclosure, or (b), beginning April 1, 2018, the period beginning two years prior to the date of this disclosure and ending on the date of this disclosure, to the campaign committees of any of the following Nassau County elected officials or to the campaign committees of any candidates for any of the following Nassau County elected offices: the County Executive, the County Clerk, the Comptroller, the District Attorney, or any County Legislator?

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

I understand that copies of this form will be sent to the Nassau County Department of Information Technology ("IT") to be posted on the County's website.

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

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

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

Electronically signed and certified at the date and time indicated by:
john jacobs [JOHN.JACOBS@INTELLITECHCORPORATION.COM]

Dated: 08/16/2022 02:49:01 PM

Vendor: Intellitech Corporation

Title: CEO

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

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

PRINCIPAL QUESTIONNAIRE FORM

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

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

1. Principal Name: john jacobs
Date of birth: 09/30/1960
Home address: 1125 Paulin Road
City: Poland State/Province/Territory: OH Zip/Postal Code: 44514
Country: US

Business Address: Intellitech Corporation
City: Poland State/Province/Territory: OH Zip/Postal Code: 44514
Country: US
Telephone: 3305091090

Other present address(es):
City: Poland State/Province/Territory: OH Zip/Postal Code: 44514
Country: US
Telephone: 3305091090

List of other addresses and telephone numbers attached

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

President	_____	Treasurer	_____
Chairman of Board	_____	Shareholder	_____
Chief Exec. Officer	<u>01/01/1997</u>	Secretary	_____
Chief Financial Officer	_____	Partner	_____
Vice President	_____		
(Other)	_____		

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

YES ☒ NO ☐ If Yes, provide details.

100% owner

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, john jacobs , 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, john jacobs , 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.

Intellitech Corporation

Name of submitting business

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

john jacobs [JOHN.JACOBS@INTELLITECHCORPORATION.COM]

CEO

Title

08/16/2022 02:38:13 PM

Date

Business History Form

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

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

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

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

Date: 05/13/2021

1) Proposer's Legal Name: Intellitech Corporation

2) Address of Place of Business: 8544 Hickory Hill Dr.

City: Poland State/Province/Territory: OH Zip/Postal Code: 44514

Country: US

3) Mailing Address (if different): 8544 Hickory Hill Drive Suite 1

City: Poland State/Province/Territory: OH Zip/Postal Code: 44514

Country: US

Phone: (330) 707-1090

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

4) Dun and Bradstreet number: 043405187

5) Federal I.D. Number: 341853744

6) The proposer is a: Corporation (Describe) _____

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

YES ☐ NO ☒ If yes, please provide details:

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

YES ☐ NO ☒ If yes, please provide details:

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

YES ☐ NO ☒ If yes, please provide details:

- 10) Has the proposer ever had a bond or surety cancelled or forfeited, or a contract with Nassau County or any other government entity terminated?
YES ☐ NO ☒ If yes, state the name of bonding agency, (if a bond), date, amount of bond and reason for such cancellation or forfeiture: or details regarding the termination (if a contract).

- 11) Has the proposer, during the past seven years, been declared bankrupt?
YES ☐ NO ☒ If yes, state date, court jurisdiction, amount of liabilities and amount of assets

- 12) In the past five years, has this business and/or any of its owners and/or officers and/or any affiliated business, been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency? And/or, in the past 5 years, have any owner and/or officer of any affiliated business been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency, where such investigation was related to activities performed at, for, or on behalf of an affiliated business.
YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

- 13) In the past 5 years, has this business and/or any of its owners and/or officers and/or any affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies? And/or, in the past 5 years, has any owner and/or officer of an affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies, for matters pertaining to that individual's position at or relationship to an affiliated business.
YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

- 14) Has any current or former director, owner or officer or managerial employee of this business had, either before or during such person's employment, or since such employment if the charges pertained to events that allegedly occurred during the time of employment by the submitting business, and allegedly related to the conduct of that business:
a) Any felony charge pending?
YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

- b) Any misdemeanor charge pending?
YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

c) In the past 10 years, you been convicted, after trial or by plea, of any felony and/or any other crime, an

element of which relates to truthfulness or the underlying facts of which related to the conduct of business?
YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the
circumstances and corrective action taken.

d) In the past 5 years, been convicted, after trial or by plea, of a misdemeanor?
YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the
circumstances and corrective action taken.

e) In the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions?
YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the
circumstances and corrective action taken.

- 15) In the past (5) years, has this business or any of its owners or officers, or any other affiliated business had any
sanction imposed as a result of judicial or administrative proceedings with respect to any professional license
held?
YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the
circumstances and corrective action taken.
-

- 16) For the past (5) tax years, has this business failed to file any required tax returns or failed to pay any applicable
federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?
YES ☐ NO ☒ If yes, provide details for each such year. Provide a detailed response to all
questions checked 'YES'. If you need more space, photocopy the appropriate page and attach it to the
questionnaire.
-

17 Conflict of Interest:

- a) Please disclose any conflicts of interest as outlined below. NOTE: If no conflicts exist, please expressly
state "No conflict exists."
(i) Any material financial relationships that your firm or any firm employee has that may create a conflict
of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.
☐ No Conflict Exists
-

- (ii) Any family relationship that any employee of your firm has with any County public servant that may
create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau
County.
☐ No Conflict Exists
-

- (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.

if a conflict of interest should arise we would take the proper measures to correct the situation.

- 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;

09/01/1997

- 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.

John J. Jacobs

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.

John J. Jacobs

No officers and directors from this company have been attached.

- iv) State of incorporation (if applicable);

OH

- v) The number of employees in the firm;

15

- vi) Annual revenue of firm;

4000000

- vii) Summary of relevant accomplishments

successfully installed over 300 users

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

- B. Indicate number of years in business.

25

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

none

- 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	Mahoning County Sheriff's Office		
Contact Person	Commander Kountz		
Address	110 5th Avenue		
City	Youngstown	State/Province/Territory	OH
Country	US		
Telephone	(330) 480-4938		
Fax #			
E-Mail Address	Kountz, Kenneth <kkountz@sheriff.mahoning.oh.us>		

Company	Tulsa County Sheriff's Office		
Contact Person	Daniel Lutz		
Address	300 N. Denver Ave		
City	Tulsa	State/Province/Territory	OK
Country	US		
Telephone	(918) 596-5625		
Fax #			
E-Mail Address	Daniel Lutz <dlutz@tcsso.org>		

Company	Franklin County Sheriff's Office		
Contact Person	Shanon Crowther		
Address	370 South Front Street		
City	Columbus	State/Province/Territory	OH
Country	US		
Telephone	(614) 525-3014		
Fax #			
E-Mail Address	Crowther, Shanon E. <secrowth@franklincountyohio.gov>		

I, John Jacobs , 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, John Jacobs , 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: Intellitech Corporation

Electronically signed and certified at the date and time indicated by:
John J Jacobs [JOHN.JACOBS@INTELLITECHCORPORATION.COM]

CEO

Title

08/19/2022 10:05:25 AM

Date

COUNTY OF NASSAU

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

1. Name of the Entity: Intellitech Corporation

Address: 8544 Hickory Hill Drive Ste #1,

City: Poland State/Province/Territory: OH Zip/Postal Code: 44514

Country: US

2. Entity's Vendor Identification Number: 341853744

3. Type of Business: Closely Held Corp (specify) _____

4. List names and addresses of all principals; that is, all individuals serving on the Board of Directors or comparable body, all partners and limited partners, all corporate officers, all parties of Joint Ventures, and all members and officers of limited liability companies (attach additional sheets if necessary):

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.

John Jacobs

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):

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

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

8. VERIFICATION: This section must be signed by a principal of the consultant, contractor or Vendor authorized as a signatory of the firm for the purpose of executing Contracts.

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

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

john jacobs [JOHN.JACOBS@INTELLITECHCORPORATION.COM]

Dated: 08/16/2022 02:39:57 PM

Title: CEO

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

REQUISITION

RQIT22000190 16/AUG/2022

VENDOR:
INTELLITECH CORPORATION
8544 HICKORY HILL
SUITE 1
POLAND

OH 44514

TEL: (330) 707-1090
FAX: (330) 707-1099

REQUISITIONER:
IT DEPARTMENT OF INFORMATION TECH
240 OLD COUNTRY ROAD
6TH FLOOR
MINEOLA NY 11501
S. BARNETT/MARY MAHONEY
TEL: (516) 571-3159
FAX: (516) 571-3918

ITEM	DESCRIPTION	QTY	U/M	UNIT COST	TOTAL
001	920-07	1.00	EA	194,500.0000	194,500.00

APPLICATIONS SOFTWARE FOR MICROCOMPUTER SYSTEMS

QUOTE: 2022-1768

ANNUAL LICENSES TO USE IMACS AND SUPPORT FROM 8/10/2022 - 8/9/2023

SEND LICENSE KEY(S) TO ANDREW LESTER: ALESTER@NASSAUCOUNTYNY.GOV

BILL TO: I.T. ACCOUNTS PAYABLE

240 OLD COUNTRY ROAD 6TH FLOOR

MINEOLA, NY, 11501

EMAIL TO: ITACCOUNTING@NASSAUCOUNTYNY.GOV

ESTIMATED TOTAL: 194,500.00

REQ DOC INQUIRY 2140

SOLE SOURCE VENDOR; LETTER PROVIDED; QUOTE: 2022-1768
VENDOR EMAIL: JEFF.SWEENEY@INTELLITECHCORPORATION.COM
~~~~~

- A) FINAL MAINTENANCE RENEWAL FOR THE INTELLITECH JAIL APPLICATION IMACS.  
TERM: 8/10/2022 - 8/9/2023.
- B) \$194,500.00
- C) NO
- D) NO. VENDOR IS THE SOLE SOURCE PROPRIETARY OWNER/SUPPLIER OF THIS  
SOFTWARE AND ITS SUPPORT.
- E) REQUIRED FOR USE AT THE JAIL; CURRENT ANNUAL MAINTENANCE IS SET TO EXPIRE  
AUGUST 2022. THIS IS BEING REPLACED BY A NEW JMS SYSTEM PURCHASED IN 2021  
VIA POIT21000226 BUT IT IS NOT READY TO GO LIVE FOR AT LEAST 6 MONTHS.  
INTELLITECH WOULD NOT AGREE TO RENEW FOR A PARTIAL YEAR.
- F) N/A (G) N/A  
REFER TO POIT21000324/RQIT21000068

|                  |          |              |              |               |            |
|------------------|----------|--------------|--------------|---------------|------------|
| F1-HELP          | F4-AUDIT | F5-TOP       | F6 COPY      | F7-PR PAGE    | F8-NX PAGE |
| F9-LINK          | F10-SAVE | F11-INS PAGE | F12-DEL PAGE | ENTER-INQUIRE | CL-EXIT    |
| INQUIRY COMPLETE |          |              |              |               |            |



330.707.1090 Voice | 330.707.1099 Fax | 8544 Hickory Hill Drive, Poland, OH 44514  
www.intellitechcorporation.com

Invoice Number: 2022-1768

Invoice Date: Mar 28, 2022

Page: 1

## INVOICE

|                                                                                              |
|----------------------------------------------------------------------------------------------|
| <b>Bill To:</b>                                                                              |
| Nassau County<br>Dept of Information Technology<br>240 Old Country Road<br>Mineola, NY 11501 |

|                                                                                              |
|----------------------------------------------------------------------------------------------|
| <b>Ship to:</b>                                                                              |
| Nassau County<br>Dept of Information Technology<br>240 Old Country Road<br>Mineola, NY 11501 |

| Customer ID  | Customer PO     | Payment Terms |          |
|--------------|-----------------|---------------|----------|
| NASSAU       |                 | Prepaid       |          |
| Sales Rep ID | Shipping Method | Ship Date     | Due Date |
|              | US Mail         |               |          |

| Quantity               | Item | Description                                                                          | Unit Price | Amount     |
|------------------------|------|--------------------------------------------------------------------------------------|------------|------------|
| 1.00                   |      | Annual Licenses to use IMACS and Support from August 10, 2022 through August 9, 2023 | 194,500.00 | 194,500.00 |
| Subtotal               |      |                                                                                      |            | 194,500.00 |
| Sales Tax              |      |                                                                                      |            |            |
| Total Invoice Amount   |      |                                                                                      |            | 194,500.00 |
| Payment/Credit Applied |      |                                                                                      |            |            |
| TOTAL                  |      |                                                                                      |            | 194,500.00 |

Check/Credit Memo No:





330.707.1090 Voice | 330.707.1099 Fax | 8544 Hickory Hill Drive, Poland, OH 44514 | [www.intellitechcorp.com](http://www.intellitechcorp.com)

June 14, 2022

Nassau County Sheriff's Department  
100 Carman Ave  
East Meadow, NY 11554

RE: Sole Source

Dear Nassau County Sheriff's Department:

Intellitech Corporation owns, develops, distributes, and supports the Intellitech Corporation suite of criminal justice software solutions. The IMACS jail management system used by Nassau County is included in this suite.

Intellitech Corporation is the sole source and provider of this solution.

Please do not hesitate to call with any questions.

Best Regards,

A handwritten signature in cursive script that reads 'Jeff Sweeney'.

Jeff Sweeney  
Vice President  
Intellitech Corporation  
(330) 707-1090



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/16/2022

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><br>RSC Insurance Brokerage, Inc.<br>8150 Market Street<br><br>Youngstown OH 44512 | <b>CONTACT NAME:</b> Kimberly Cervone<br><b>PHONE (A/C, No, Ext):</b><br><b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b> kcervone@risk-strategies.com<br><b>INSURER(S) AFFORDING COVERAGE</b><br><table><tr><td><b>INSURER A:</b> Travelers Casualty Ins.Co of America</td><td><b>NAIC #</b> 19046</td></tr><tr><td><b>INSURER B:</b> Travelers Property Casualty Company of America</td><td>25674</td></tr><tr><td><b>INSURER C:</b> Travelers Indemnity Co of Amer</td><td>25666</td></tr><tr><td><b>INSURER D:</b> Lloyds of London</td><td></td></tr><tr><td><b>INSURER E:</b></td><td></td></tr><tr><td><b>INSURER F:</b></td><td></td></tr></table> | <b>INSURER A:</b> Travelers Casualty Ins.Co of America | <b>NAIC #</b> 19046 | <b>INSURER B:</b> Travelers Property Casualty Company of America | 25674 | <b>INSURER C:</b> Travelers Indemnity Co of Amer | 25666 | <b>INSURER D:</b> Lloyds of London |  | <b>INSURER E:</b> |  | <b>INSURER F:</b> |  |
| <b>INSURER A:</b> Travelers Casualty Ins.Co of America                                            | <b>NAIC #</b> 19046                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                     |                                                                  |       |                                                  |       |                                    |  |                   |  |                   |  |
| <b>INSURER B:</b> Travelers Property Casualty Company of America                                  | 25674                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |                     |                                                                  |       |                                                  |       |                                    |  |                   |  |                   |  |
| <b>INSURER C:</b> Travelers Indemnity Co of Amer                                                  | 25666                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |                     |                                                                  |       |                                                  |       |                                    |  |                   |  |                   |  |
| <b>INSURER D:</b> Lloyds of London                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        |                     |                                                                  |       |                                                  |       |                                    |  |                   |  |                   |  |
| <b>INSURER E:</b>                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        |                     |                                                                  |       |                                                  |       |                                    |  |                   |  |                   |  |
| <b>INSURER F:</b>                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        |                     |                                                                  |       |                                                  |       |                                    |  |                   |  |                   |  |
| <b>INSURED</b><br>Intellitech Corporation<br>Po Box 5009<br><br>Poland OH 44514                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        |                     |                                                                  |       |                                                  |       |                                    |  |                   |  |                   |  |

**COVERAGES****CERTIFICATE NUMBER:** 22-23 Master**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><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |           |          | 6805F057598   | 02/02/2022              | 02/02/2023              | <table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table> | EACH OCCURRENCE                                                                           | \$ 1,000,000 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000   | 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 |  | \$ |
| EACH OCCURRENCE                                                                           | \$ 1,000,000                                                                                                                                                                                                                                                                                                                                        |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |              |                                           |              |                              |            |                                |              |                   |              |                        |              |  |    |
| DAMAGE TO RENTED PREMISES (Ea occurrence)                                                 | \$ 300,000                                                                                                                                                                                                                                                                                                                                          |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |              |                                           |              |                              |            |                                |              |                   |              |                        |              |  |    |
| 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                                                                                                                                                                                                                                                                                                                                        |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |              |                                           |              |                              |            |                                |              |                   |              |                        |              |  |    |
|                                                                                           | \$                                                                                                                                                                                                                                                                                                                                                  |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |              |                                           |              |                              |            |                                |              |                   |              |                        |              |  |    |
|                                                                                           | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                   |           |          |               |                         |                         | <table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>                                                                                                                                          | COMBINED SINGLE LIMIT (Ea accident)                                                       | \$           | BODILY INJURY (Per person)                | \$           | BODILY INJURY (Per accident) | \$         | PROPERTY DAMAGE (Per accident) | \$           |                   | \$           |                        |              |  |    |
| COMBINED SINGLE LIMIT (Ea accident)                                                       | \$                                                                                                                                                                                                                                                                                                                                                  |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |              |                                           |              |                              |            |                                |              |                   |              |                        |              |  |    |
| 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<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 5,000                                                                              |           |          | CUP5F058847   | 02/02/2022              | 02/02/2023              | <table><tr><td>EACH OCCURRENCE</td><td>\$ 2,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>                                                                                                                                                                                                                                                                               | EACH OCCURRENCE                                                                           | \$ 2,000,000 | AGGREGATE                                 | \$ 2,000,000 |                              | \$         |                                |              |                   |              |                        |              |  |    |
| EACH OCCURRENCE                                                                           | \$ 2,000,000                                                                                                                                                                                                                                                                                                                                        |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |              |                                           |              |                              |            |                                |              |                   |              |                        |              |  |    |
| AGGREGATE                                                                                 | \$ 2,000,000                                                                                                                                                                                                                                                                                                                                        |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |              |                                           |              |                              |            |                                |              |                   |              |                        |              |  |    |
|                                                                                           | \$                                                                                                                                                                                                                                                                                                                                                  |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |              |                                           |              |                              |            |                                |              |                   |              |                        |              |  |    |
| C                                                                                         | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                       | Y/N<br>N  | N/A      | UB9K91404A    | 10/01/2022              | 10/01/2023              | <table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER</td><td>Florida</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 100,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 100,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 500,000</td></tr></table>                                                                                                 | <input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER | Florida      | E.L. EACH ACCIDENT                        | \$ 100,000   | E.L. DISEASE - EA EMPLOYEE   | \$ 100,000 | E.L. DISEASE - POLICY LIMIT    | \$ 500,000   |                   |              |                        |              |  |    |
| <input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER | Florida                                                                                                                                                                                                                                                                                                                                             |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |              |                                           |              |                              |            |                                |              |                   |              |                        |              |  |    |
| E.L. EACH ACCIDENT                                                                        | \$ 100,000                                                                                                                                                                                                                                                                                                                                          |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |              |                                           |              |                              |            |                                |              |                   |              |                        |              |  |    |
| E.L. DISEASE - EA EMPLOYEE                                                                | \$ 100,000                                                                                                                                                                                                                                                                                                                                          |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |              |                                           |              |                              |            |                                |              |                   |              |                        |              |  |    |
| E.L. DISEASE - POLICY LIMIT                                                               | \$ 500,000                                                                                                                                                                                                                                                                                                                                          |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |              |                                           |              |                              |            |                                |              |                   |              |                        |              |  |    |
| D                                                                                         | Professional Liability                                                                                                                                                                                                                                                                                                                              |           |          | W2044C200401  | 10/27/2021              | 10/27/2022              | <table><tr><td>Each Claim</td><td>2,000,000</td></tr><tr><td>Aggregate</td><td>2,000,000</td></tr></table>                                                                                                                                                                                                                                                                                                                       | Each Claim                                                                                | 2,000,000    | Aggregate                                 | 2,000,000    |                              |            |                                |              |                   |              |                        |              |  |    |
| Each Claim                                                                                | 2,000,000                                                                                                                                                                                                                                                                                                                                           |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |              |                                           |              |                              |            |                                |              |                   |              |                        |              |  |    |
| Aggregate                                                                                 | 2,000,000                                                                                                                                                                                                                                                                                                                                           |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |              |                                           |              |                              |            |                                |              |                   |              |                        |              |  |    |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional insured status is provided to Nassau County on the General Liability, Automobile Liability and Umbrella coverages per the additional insured forms included within the policy. This document neither affirmatively nor negatively amends, extends or alters the terms of or the coverage afforded by the policy referenced herein.

**CERTIFICATE HOLDER****CANCELLATION**

|                                                                                     |                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br>Nassau County<br>1 West Street<br><br>Mineola NY 11501 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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