



Nassau County Shared Services,  
Office of Purchasing

**A-14-23**  
**Staff Summary A-14-2023**

Subject: Advertisement to promote vaccination on NICE buses (RQHE23000028)
Department: Department of Shared Services/ Office of Purchasing
Department Head Name: Melissa Gallucci
Department Head Signature <i>Melissa Gallucci</i>

Date: May 25, 2023
Vendor Name: HFT Management d/b/a Gateway Outdoor Advertising
Contract Number: A-14-2023
Contract Manager Name: Mark Clemens, Buyer

Internal Approvals			
Date & Init.	Approval	Date & Init.	Approval
<i>6/29/2023</i> <i>[Signature]</i>	CPO	<i>6/30/23</i> <i>[Signature]</i>	Budget
	County Atty.		County Exec.

Significant Adverse Information Identified? [Yes ___/No <u>X</u> ] (If Yes, attach memo.)
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**Narrative**

**Purpose:** To authorize and award a purchase order for advertising to promote vaccination billboard signs on NICE buses to Gateway Outdoor Advertising for the Nassau County Department of Health.

**Discussion:** The Department of Shared Services, Office of Purchasing has determined that this is a sole source procurement. Gateway Outdoor Advertising is the sole vendor who manufactures, sells, and places interior and exterior bus advertisements on all NICE Bus revenue vehicles throughout our service area on Long Island, New York. No other product provides equivalent or similar benefits that will meet the County's needs for this process.

**Impact on Funding:** The maximum amount authorized under this purchase order shall be Two Hundred Ninety-Five Thousand, Five Hundred Dollars. (\$295,500.00.) from Hecx21DD419 federal funds.

**Recommendation:** Department of Shared Services, Office of Purchasing recommends awarding a purchase order to Gateway Outdoor Advertising as the sole source provider.

APPROVED: <i>[Signature]</i> <i>6/29/23</i> (DATE)
INSURANCE SECTION REAL ESTATE, RENT, AND PROPERTY TAXES

2023 JUL -5 A 11:11  
NASSAU COUNTY  
OFFICE OF PURCHASING

Ed. M. A.

COUNTY OF NASSAU  
INTER – DEPARTMENTAL MEMO

**TO:** CLERK OF THE COUNTY LEGISLATURE

**A-14-2023**


**FROM:** MELISSA GALLUCCI - COMMISSIONER OF SHARED SERVICES

**DATE:**

**SUBJECT:** RESOLUTION– VARIOUS NASSAU COUNTY AGENCIES.

THIS RESOLUTION IS RECOMMENDED BY THE COMMISSIONER OF SHARED SERVICES TO AUTHORIZE AN AWARD AND TO EXECUTE A PURCHASE ORDER IN THE AMOUNT OF TWO HUNDRED NINETY-FIVE THOUSAND DOLLARS (\$295,000.00) ON BEHALF OF THE VARIOUS NASSAU COUNTY AGENCIES TO GATEWAY OUTDOOR ADVERTISING FOR ADVERTISING ON NICE BUSES.

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

MC: br

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





RULES RESOLUTION

2023

A RESOLUTION AUTHORIZING THE COMMISSIONER OF SHARED SERVICES TO  
AWARD AND EXECUTE A PURCHASE ORDER BETWEEN THE COUNTY OF NASSAU  
ACTING ON BEHALF OF VARIOUS NASSAU COUNTY AGENCIES AND HFT  
MANAGEMENT INC. D/B/A GATEWAY OUTDOOR ADVERTISING.

WHEREAS, the Commissioner of Shared Services is representing to the Rules  
Committee that the firm, and HFT Management Inc. D/B/A Gateway Outdoor Advertising is 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 HFT  
Management Inc. D/B/A Gateway Outdoor Advertising.





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 [X] If yes, to what campaign committee?

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Electronically signed and certified at the date and time indicated by:  
Craig Heard [CHEARDJR@GATEWAYOUTDOOR.COM]

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Dated: 03/29/2023 05:24:08 am

Vendor: HFT Management Inc

Title: SR VP



### **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: 03/29/2023

1) Proposer's Legal Name: HFT Managment Inc

2) Address of Place of Business: 18 Pleasant Grove Rd

City: Long Valley State/Province/  
Territory: NJ Zip/Postal  
Code: 07853

Country: US

3) Mailing Address (if different): \_\_\_\_\_

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

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

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

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

4) Dun and Bradstreet number: 152333220

5) Federal I.D. Number: 223179699

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

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

YES [ ] NO [X] If yes, please provide details:

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



YES ☐ NO ☒ If yes, please provide details:

- 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 [X] 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 [X] 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 [X] 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 [X] 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 [X] 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.

Contact County and inform them

- 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;

06/18/1992

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.

Craig Heard  
President CEO  
2 Alcott Way Succasunna NJ 07876

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

Craig Heard Jr  
Corporate Secretary  
3 Longfellow Dr Succasunna NJ 07876

iv) State of incorporation (if applicable);

PA

v) The number of employees in the firm;

22

vi) Annual revenue of firm;

7000000

vii) Summary of relevant accomplishments

Transit Bus and Shelter Advertising

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

B. Indicate number of years in business.

86

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

We are sole source for advertising in Nassau County NY on the transit buses

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 Transdev

Contact Person John Brennan, C.P.M.



Address	700 Commercial Avenue		
City	Garden City	State/Province/Territory	NY
Country	US		
Telephone	(516) 296-4125		
Fax #			
E-Mail Address	john.brennan@transdev.com		

Company	County of Westchester NY		
Contact Person	Michael Swee		
Address	148 Martine Ave # 900		
City	White Plains	State/Province/Territory	NY
Country	US		
Telephone	(914) 995-1647		
Fax #			
E-Mail Address	mas9@westchestergov.com		

Company	Westchester County Parks		
Contact Person	John Condon		
Address	450 Saw Mill River Rd		
City	Ardsley,	State/Province/Territory	NY
Country	US		
Telephone	(914) 231-4520		
Fax #			
E-Mail Address	jmcc@westchestergov.com		



I, Craig Heard , 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, Craig Heard , 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: HFT Management Inc

Electronically signed and certified at the date and time indicated by:  
Craig Heard CHEARDJR@GATEWAYOUTDOOR.COM

SR VP

Title

04/07/2023

Date



## PRINCIPAL QUESTIONNAIRE FORM

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

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

1. Principal Name: Craig Heard  
Date of birth: 09/11/1945  
Home address: 2 Alcott Way  
City: Succasunna State/Province/Territory: NJ Zip/Postal Code: 07876  
Country: US  
Business Address: 18 Pleasant Grove Rd  
City: Long Valley State/Province/Territory: NJ Zip/Postal Code: 07876  
Country: US  
Telephone: 9086848122  
Other present address(es):  
City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_

List of other addresses and telephone numbers attached

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

President	<u>06/18/1992</u>	Treasurer	_____
Chairman of Board	_____	Shareholder	_____
Chief Exec. Officer	<u>06/18/1992</u>	Secretary	<u>06/18/2019</u>
Chief Financial Officer	_____	Partner	_____
Vice President	_____		
(Other)	_____		

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

YES ☒ NO ☐ If Yes, provide details.

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.

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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.

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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.

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- 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.

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- 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.

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- 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.

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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.)

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

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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?

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, Craig HEard , 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, Craig HEard , hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

**CERTIFICATION**

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HFT Manamgent Inc

Name of submitting business

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

Craig Heard CHEARDJR@GATEWAYOUTDOOR.COM

SR VP

Title

03/29/2023 05:31:51 am

Date



COUNTY OF NASSAU

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

1. Name of the Entity: HFT Manamgent Inc

Address: 18 Pleasant Grove Rd

City: Long valley State/Province/Territory: NY Zip/Postal Code: 07853

Country: US

2. Entity's Vendor Identification Number: 223179699

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):

First Name	<u>Craig</u>		
Last Name	<u>Heard</u>		
MI	_____	Suffix	_____
Address	<u>18 Pleasant Grove Rd</u>		
City	<u>Long Valley</u>	State/Province/ Territory:	<u>NJ</u> Zip/Postal Code: <u>07853</u>
Country	<u>US</u>		
Position	<u>President</u>		

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.

First Name	<u>Craig</u>		
Last Name	<u>Heard</u>		
MI	_____	Suffix	_____
Address	<u>18 Pleasant Grove Rd</u>		
City	<u>Long Valley</u>	State/Province/ Territory:	<u>NJ</u> Zip/Postal Code: <u>07853</u>
Country	<u>US</u>		



Position President

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 [X]

(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:

Craig Heard [CHEARDJR@GATEWAYOUTDOOR.COM]

Dated: 04/03/2023 04:05:21 pm

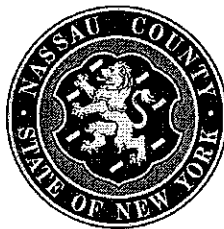
Title: SR VP



**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.



BRUCE A. BLAKEMAN  
NASSAU COUNTY EXECUTIVE



Irina Gelman, DPM, MPH, PhD  
Commissioner of Health

NASSAU COUNTY DEPARTMENT OF HEALTH

TO: Fiscal Office

FROM: Ann DeSimone, RN, PHA III  
Director, Communicable Disease Control  
Nassau County Department of Health

DATE: April 27, 2023

RE: Request to purchase media campaign/bus advertisements

JUSTIFICATION: The Nassau County Department of Health is requesting the purchase of educational media campaigns/bus ads to promote and increase vaccine uptake to high-risk and underserved populations, including racial and ethnic minority groups. The buses run routes throughout Nassau County.

This is 100% grant funded.



100 COUNTY SEAT DRIVE, MINEOLA, NEW YORK 11501  
Phone: 516-227-9639 Fax: 516-227-9669





## Clemens, Mark

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**From:** Cleary, Robert  
**Sent:** Tuesday, May 23, 2023 5:35 PM  
**To:** Jenkins, Deneen  
**Cc:** Broderick, Paul; Colasurdo, Claudia; Levey, Andrew; Clemens, Mark; Mahmood, Uzma; Nicosia, Debora; Naftol, Daniel  
**Subject:** RE: Sole Source -HFT Management Bus Ads - RQHE23000028

Deneen,

This sole source purchase is approved.

Thank you,

Robert

Robert Cleary  
Chief Procurement and Compliance Officer  
Nassau County  
One West Street  
Mineola, NY 11501  
(516) 571-1939  
[rcleary@nassaucountyny.gov](mailto:rcleary@nassaucountyny.gov)

---

**From:** Jenkins, Deneen <djenkins@nassaucountyny.gov>  
**Sent:** Tuesday, May 23, 2023 5:10 PM  
**To:** Cleary, Robert <RCleary@nassaucountyny.gov>  
**Cc:** Broderick, Paul <PBroderick@nassaucountyny.gov>; Colasurdo, Claudia <ccolasurdo@nassaucountyny.gov>; Levey, Andrew <ALevey@nassaucountyny.gov>; Clemens, Mark <MClemens@nassaucountyny.gov>; Mahmood, Uzma <UMahmood@nassaucountyny.gov>; Nicosia, Debora <DNicosia@nassaucountyny.gov>; Naftol, Daniel <DNaftol@nassaucountyny.gov>  
**Subject:** FW: Sole Source -HFT Management Bus Ads - RQHE23000028

Hi Robert

Can you please review the attached information on sole source approval for Bus advertisements? We have COVID grant funding we are trying use before the grant ends. Since this requisition is \$295,500 it has to go to rules committee. We are trying to make it on the June12th meeting as we have missed the other meetings. I have been emailing you about this since March. If you need more information please let us know.

Deneen Jenkins, MBA  
Fiscal Director  
Nassau County Department of Health  
200 County Seat Drive  
Mineola, NY 11501

[djenkins@nassaucountyny.gov](mailto:djenkins@nassaucountyny.gov)  
Phone 516-227-8610  
Cell 516-351-6320



Fax 516 227-8627



**From:** Jenkins, Deneen

**Sent:** Thursday, April 27, 2023 2:39 PM

**To:** Cleary, Robert <[RCleary@nassaucountyny.gov](mailto:RCleary@nassaucountyny.gov)>

**Cc:** Broderick, Paul <[PBroderick@nassaucountyny.gov](mailto:PBroderick@nassaucountyny.gov)>; Mahmood, Uzma <[UMahmood@nassaucountyny.gov](mailto:UMahmood@nassaucountyny.gov)>; Nicosia, Debora <[DNicosia@nassaucountyny.gov](mailto:DNicosia@nassaucountyny.gov)>; Clemens, Mark <[MClemens@nassaucountyny.gov](mailto:MClemens@nassaucountyny.gov)>; Colasurdo, Claudia <[ccolasurdo@nassaucountyny.gov](mailto:ccolasurdo@nassaucountyny.gov)>; Naftol, Daniel <[DNaftol@nassaucountyny.gov](mailto:DNaftol@nassaucountyny.gov)>

**Subject:** FW: Sole Source -HFT Management Bus Ads - RQHE23000028

Hi Robert

Attached is the department Justification for Bus Ads on RQHE23000028. Please let me know If you need anything else.

Thank you

Deneen Jenkins, MBA  
Fiscal Director  
Nassau County Department of Health  
200 County Seat Drive  
Mineola, NY 11501

[djenkins@nassaucountyny.gov](mailto:djenkins@nassaucountyny.gov)

Phone 516-227-8610

Cell 516-351-6320

Fax 516 227-8627



**From:** Cleary, Robert <[RCleary@nassaucountyny.gov](mailto:RCleary@nassaucountyny.gov)>

**Sent:** Friday, April 14, 2023 3:52 PM

**To:** Jenkins, Deneen <[djenkins@nassaucountyny.gov](mailto:djenkins@nassaucountyny.gov)>

**Cc:** Broderick, Paul <[PBroderick@nassaucountyny.gov](mailto:PBroderick@nassaucountyny.gov)>; Mahmood, Uzma <[UMahmood@nassaucountyny.gov](mailto:UMahmood@nassaucountyny.gov)>; Nicosia, Debora <[DNicosia@nassaucountyny.gov](mailto:DNicosia@nassaucountyny.gov)>; Clemens, Mark <[MClemens@nassaucountyny.gov](mailto:MClemens@nassaucountyny.gov)>; Colasurdo, Claudia <[ccolasurdo@nassaucountyny.gov](mailto:ccolasurdo@nassaucountyny.gov)>

**Subject:** RE: Sole Source -HFT Management Bus Ads - RQHE23000028

Hi Deneen,

Please send a memo explaining the need/purpose of this purchase.

Thank you,

Robert



Robert Cleary  
Chief Procurement and Compliance Officer  
Nassau County  
One West Street  
Mineola, NY 11501  
(516) 571-1939  
[rcleary@nassaucountyny.gov](mailto:rcleary@nassaucountyny.gov)

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**From:** Jenkins, Deneen <[djenkins@nassaucountyny.gov](mailto:djenkins@nassaucountyny.gov)>  
**Sent:** Monday, April 10, 2023 10:26 AM  
**To:** Cleary, Robert <[RCleary@nassaucountyny.gov](mailto:RCleary@nassaucountyny.gov)>  
**Cc:** Broderick, Paul <[PBroderick@nassaucountyny.gov](mailto:PBroderick@nassaucountyny.gov)>; Mahmood, Uzma <[UMahmood@nassaucountyny.gov](mailto:UMahmood@nassaucountyny.gov)>; Nicosia, Debora <[DNicosia@nassaucountyny.gov](mailto:DNicosia@nassaucountyny.gov)>  
**Subject:** FW: Sole Source -HFT Management Bus Ads - RQHE23000028

Hi Robert

I am following up on the request for a sole source approval for the attached Bus advertisement is sent last month. You did approve them before for as a sole source purchase.

Thanks for you assistance in this matter.

Deneen Jenkins, MBA  
Fiscal Director  
Nassau County Department of Health  
200 County Seat Drive  
Mineola, NY 11501

[djenkins@nassaucountyny.gov](mailto:djenkins@nassaucountyny.gov)  
Phone 516-227-8610  
Cell 516-351-6320  
Fax 516 227-8627



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**From:** Jenkins, Deneen  
**Sent:** Friday, March 24, 2023 2:42 PM  
**To:** Cleary, Robert <[RCleary@nassaucountyny.gov](mailto:RCleary@nassaucountyny.gov)>  
**Cc:** Broderick, Paul <[PBroderick@nassaucountyny.gov](mailto:PBroderick@nassaucountyny.gov)>; Mahmood, Uzma <[UMahmood@nassaucountyny.gov](mailto:UMahmood@nassaucountyny.gov)>; Nicosia, Debora <[DNicosia@nassaucountyny.gov](mailto:DNicosia@nassaucountyny.gov)>  
**Subject:** Sole Source -HFT Management Bus Ads - RQHE23000028

Hi Robert

We are requesting you to review the attached information to approve a sole source vendor for placing Ads on L.I. NICE buses. We have grant funds that are paying for the advertisement.



Please let us know if you need more information

Thank you

Deneen Jenkins, MBA  
Fiscal Director  
Nassau County Department of Health  
200 County Seat Drive  
Mineola, NY 11501

[djenkins@nassaucountyny.gov](mailto:djenkins@nassaucountyny.gov)

Phone 516-227-8610

Cell 516-351-6320

Fax 516 227-8627







HFT Management, Inc. dba

RQHE23000028

# Gateway Outdoor Advertising

18 Pleasant Grove Road, Long Valley, NJ 07853 Phone: 908-684-8122 Fax: 908-684-8133

Contract # \_\_\_\_\_

Originating Office \_\_\_\_\_

Ship To Information: (Materials only - contract/posting info to originating office)

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Client/Product

## Nassau County Proposal

Marker	# Display	Type	Code	Posting Date	Months	Cost Per Month	Total Cost
Nassau County	50	KONG		TBD	6	\$14,350.00	\$86,100.00 Production: \$7,500
	100	QUEEN			12	\$14,000.00	\$168,000.00 Production: \$5,500
	200	Interior Cards 2 / bus			6	\$4,400.00	\$26,400.00 Production: \$2,000

Not Contract/Non-Cancellable

Year: \_\_\_\_\_ Posting Date: \_\_\_\_\_ Total Display: \_\_\_\_\_ Other: \_\_\_\_\_

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1st Yr												
2nd Yr												

### COMMENTS

We, the undersigned client(s), hereby accept and agree to be bound by this contract and authorize Gateway Outdoor Advertising to perform for us the poster advertising display set forth above in the markets specified upon the terms and conditions of this contract attached.

A/P Contact, Telephone #, Email address: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: ☒ \_\_\_\_\_

Print: \_\_\_\_\_ Title: \_\_\_\_\_

Tele #: \_\_\_\_\_ Date: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Advertiser: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: ☒ \_\_\_\_\_

Print: \_\_\_\_\_ Title: \_\_\_\_\_

Tele #: \_\_\_\_\_ Date: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

### Gateway Outdoor Advertising Representative/Acceptance

Print: \_\_\_\_\_

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

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

Accepted: \_\_\_\_\_



**2023 Ads - Estimate**

**KONG**

Unit Cost <sup>1</sup>	287	\$574 full cost (non-profit 50% discount)
Periods	6	months
Buses <sup>4</sup>	50	
Bus Cost	86,100	
Ads	1	(25 buses each ad)
Cost to Print & Post <sup>3</sup>	150	per bus
Total Ads	7,500	
Total Cost Kong	93,600	

**QUEEN**

Unit Cost <sup>1</sup>	140	\$280 full cost (non-profit 50% discount)
Periods	12	months
Buses <sup>4</sup>	100	
Bus Cost	168,000	
Ads	1	(25 buses each ad)
Cost to Print & Post <sup>3</sup>	55	per bus
Total Ads	5,500	
Total Cost Queen	173,500	

**INTERIOR**

Unit Cost <sup>1</sup>	22	\$43 full cost (non-profit ~50% discount)
Periods	6	months
Buses <sup>4</sup>	100	
Bus Cost	26,400	
Ads	2	(2 ads per bus)
Cost to Print & Post <sup>3</sup>	10	per bus
Total Ads	2,000	
Total Cost Interior	28,400	
Cumulative Cost	295,500	

Notes: Prices reflect 2022 rates.



## TYPE CODES

08PST	Billboard (8-Sheet)	BU-FI	Ferry Interiors	BU-PR	Bus Princess	BU-TR	Trolley Traveler Display
08BKL	Billboard Backlite	BU-FS	Full Bus Side	BU-QK	Bus Queen Kong	BU-TS	Trolley Side Display
1-SHEET	C-Store Poster	BU-FW	Full Wrapped Bus	BU-QS	Bus Queen	BU-TT	Trolley Tail Display
CLING	C-Store Clings	BU-I	Bus Interior Cards	BU-SH	Bus Shelter	RL-2S	Rail 2-Sheets/Station
Bus Bench	Bench	BU-K	Bus Kong	BU-SK	Bus Super King	RL-DI	Dioramas on rail platforms
BU-BA	Bus Back Attack	BU-KK	Bus King Kong	BU-SQ	Bus Super Queen	RL-I	Rail Interior Car Cards
BU-F	Bus Front	BU-KS	Bus King	BU-ST	Bus Super Tail	RL-KS	Rail King
BU-FF	Bus free form on bus side	BU-PARA	Paratransit Vehicle	BU-T	Bus Tail	RL-PC	Rail Platform Clock

## THE FOLLOWING TERMS AND CONDITIONS ARE PART OF THIS CONTRACT

- The printed and written provisions of this Agreement contain all of the agreements, conditions and representations made by either party hereto; and any additions to, alterations of, or changes in this contract to be binding, must be made in writing and signed by both parties.
- Loss of service due to strike, lockout, fire, flood, riot or other causes beyond the control of Gateway shall not constitute a breach of this Agreement, but in such event Client may be entitled to a pro rata credit for services paid in advance for such loss or an extension of the term of service equivalent to the service lost, at the option of Gateway. It is agreed that no claim resulting from Gateway's failure to properly execute the display shall be valid unless reported to Gateway's office listed on the front side of this Agreement responsible for Client's account. In such case, Gateway will send a representative to the location involved and establish the facts. Credit for loss of service, if any, under this Agreement will be based on average daily space cost per panel to Client.
- Client agrees to furnish the necessary posters plus 10% additional posters to maintain the display in first class condition. If Client fails to supply sufficient posters, then no claim for loss of display will be made upon Gateway. Posters furnished by Client must arrive at least 10 days prior to posting date. Loss of service, due to failure of the Client to furnish cards or posters as provided above for installation on the stated commencement date, shall be borne by the Client. Other delays in commencing service in or on any of the lines contracted for, or the omission of cards or posters from a reasonable number of vehicles, shall not constitute a breach of this Agreement, but the Client shall be entitled to a pro rata credit for services paid in advance, or, at the option of Gateway, to additional service or an extension of the term of the service equivalent to the delay or omission. If the Client's copy is damaged, defaced, mutilated or spoiled by reason of storm, flood, strike, vandalism, ordinary wear and tear, or any other cause, or if lost or stolen, then replacement copies will be timely furnished by the Client upon Gateway's request, without liability or expense to Gateway. Gateway is not liable or otherwise responsible for unused cards, posters or other copy not requested by the Client within ten (10) days after expiration of this Agreement. Gateway shall not be held liable for the return of any poster used by it.
- Client shall indemnify, defend and save harmless Gateway and each Transit Authority from and against any liability, loss or expense to which they or any one of them may be subjected by reason of the advertising material displayed under this Agreement, including, but not limited to, liability for infringement of trademarks, trade names, copyrights, invasion of rights of privacy, defamation, illegal competition or trade practices, as well as all reasonable expenses, including attorney's fees, in defending any action or actions.
- Unless otherwise specifically agreed to by the Client and Gateway Outdoor Advertising, each monthly posting is to be considered four (4) weeks. Further, there will then be thirteen (13) posting periods per given year. It is understood that weather permitting, posting may commence as early as 5 days prior to the posting dates stipulated in this Agreement and completed within a period of 5 working days after such posting dates.
- Gateway reserves the right to refuse to post any poster, cards, advertisements or copy for which the copy was not previously submitted to Gateway and/or which Gateway or the Transit Authority deems objectionable or undesirable. In such a case, the Client will still be responsible for space costs set forth in this agreement.
- Gateway reserves the right to cancel this Agreement at any time upon default by the Client in payment or other breach, or in the event of any material violation on the part of the Client of any of the conditions or obligations set forth in the Agreement and upon such cancellations, all advertising done hereunder, including short term rates or other charges under this Agreement, which remain unpaid, shall become immediately due and payable. The Client agrees to pay for the advertising service covered by this Agreement and agrees to be liable for payment thereof, including reasonable expenses for collection, attorney's fees and court costs. Gateway at its option may not terminate this Agreement, but consider the entire balance of payments to be made under this Agreement accelerated and immediately due and payable.

- In case of delinquency in payment, waiver by Gateway of any specific breach or breaches of this Agreement by the Client shall not prejudice the rights of Gateway hereunder with respect to any breach or breaches not specifically waived by Gateway. Upon the Client's breach of this Agreement, Gateway may, at its option, be discharged from any obligation to further display the Client's copies and may terminate this Agreement and, in the event of demand, action, claim or suit for the collection of unpaid accounts, all cost of suit, including reasonable attorney's fees, may be added to the monies owed. If there is more than one Client, then Gateway shall hold the Client liable in the event of any default of payment. Should any parties become bankrupt or be delinquent in payment, Gateway may proceed hereunder against Client (if there is more than one Client, then both or any one of the Clients), without relieving either party of its liabilities to Gateway. Invoices will be rendered monthly in advance dating from commencement date of this Agreement and Client agrees to make payment net in advance upon receipt of bills. Default shall be deemed to occur whenever any monthly bills shall be unpaid for thirty (30) days.
- Gateway will, from time to time, at intervals following commencement of service, bill Client at address on face hereof. Client shall pay company thereon at address on bill, within 30 days after date of billing. If the Client fails to pay any charge within 30 days from the date payment is due, a finance charge of 1½% per month (being an annual percentage rate of 18%) will be applied until payment is made. If sums due under this Agreement are not timely paid, Gateway may discontinue services rendered under this Agreement. Gateway reserves the right to resell the contracted locations upon discontinuance of service or termination of this Agreement. Gateway will charge \$50.00 for returned checks.
  - The Client agrees that if Gateway ceases to have the right to display advertising copy in or on any of the vehicles covered by this Agreement, Gateway shall have the right to discontinue all or a portion of the service in such vehicles or locations thereof, without prejudice to this Agreement as to the remainder, but in such case the Client shall be given credit pro rata for the omitted service which had been paid in advance. If Gateway's contract with the Transit Authority is terminated for any reason whatsoever, this Agreement shall immediately terminate and Client will receive a pro rata credit for omitted services which have been paid in advance. Gateway will have a right to all fees up to and including the date this Agreement terminates.
  - If during the term of this Agreement, any federal, state or municipal taxes are imposed upon outdoor advertising affecting this contract, the undersigned agrees to pay the amount of such taxes in addition to the amount above specified or, in the event of electing not to pay such taxes, the undersigned agrees that Gateway shall have the right to cancel this Agreement.
  - It is expressly agreed that Gateway shall not be held liable for loss or damage on account of delays due to strikes, fires, government or municipal laws, rules or regulations, or acts of providence, nor for inability to secure specified materials, or to maintain said displays or any part thereof by reason of any regulation heretofore or hereafter enacted by federal, state or municipal government, or any rules or regulations made by any department of the federal, state or municipal government, or for other cause.
  - Client grants Gateway permission to promote Gateway's own business through the use of Advertiser's cards, posters or displays in any manner whatsoever.
  - All political advertisements shall be paid in full in advance of the date of showing.
  - Gateway is an equal opportunity employer.
  - If there is more than one Client, the "Client" shall read as plural, as well as the singular. If there is more than one Client, all of Client's obligations, responsibilities and indemnifications under this Agreement are joint and several.
  - Client agrees that this contract may not be cancelled without 60 days written notice. If production is included in the invoice amount to the Client, then the Client must pay any balance owed on the production cost after the 60 day period of notice so that Gateway recovers all production costs.





March 21, 2023

Reference Letter for Gateway Outdoor Advertising

To Whom It May Concern:

This letter shall confirm that Transdev Services, Inc. d/b/a NICE Bus has contracted with Gateway Outdoor Advertising (18 Pleasant Road, Long Valley, NJ 07853 | Tel: 908-684-8122 | [www.gatewayoutdoor.com](http://www.gatewayoutdoor.com)) for selling and placing interior and exterior bus advertisements on all NICE Bus revenue vehicles throughout our service area on Long Island, New York.

This is a multi-year exclusive Agreement running through December 2023, and it holds a one (1) year Contract Option for Calendar 2024, exercisable by NICE Bus for Gateway Outdoor Advertising.

If you have any questions, comments or other inquiries regarding this letter, please feel free to contact me at: [john.brennan@transdev.com](mailto:john.brennan@transdev.com) or by phone at 516-296-4125.

Sincerely,

A handwritten signature in black ink that reads "John Brennan, C.P.M.".

John Brennan, C.P.M.  
Sr. Director of Procurement  
Transdev Services, Inc. d/b/a NICE Bus

cc: file



## Vendor Name and Background Check

Vendor: HFI

FEIN: 223179699

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As described in the Countywide Procurement & Compliance Policy # CE-01-2019 most adverse information is disclosed by vendors through submission of required vendor disclosure forms. In an effort to verify information listed on the Vendor Disclosure Forms the Purchasing Department Buyers shall access the below list of sites to conduct their own background investigation of vendors. Any adverse vendor information must be brought to a supervisor's attention before recommending award or moving on to the next lowest responsive responsible vendor. Supervisors must forward adverse information findings to the Nassau County Attorney and Chief Procurement Officer for further review and verification. The following is a list of sites the Purchasing Office Buyers shall utilize as part of the vendor background analysis and check for contracts valued at \$100,000.00 or greater:



### **NY State Debarred and Non-Responsible Entities**

<https://ogs.ny.gov/debarred-and-non-responsible-entities>

Enter company's name into the Non-Responsible Entities search box or scroll through the list of Non-Responsible Entities.

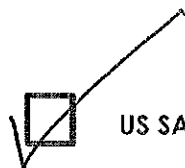
Also search the Database of Debarred Entities.



### **NY State Department of State/Division of Corporations**

[https://www.dos.ny.gov/corps/bus\\_entity\\_search.html](https://www.dos.ny.gov/corps/bus_entity_search.html)

Check to see if the vendor status is "**ACTIVE**"



### **US SAM (System For Award Management)**

<https://sam.gov/search/?index=-all&pageSize=25&page=1&sort=-relevance>

Use the name of the vendor or DUNS number. Check to see if the vendors status is active or debarred and if there is an active exclusion.

- You will need a vendors DUNS number in order to narrow search.
- Sometimes there will be "No Records Found".





### Google Search

<https://www.google.com/#spf=1567530067860>

Use Google Search Engine to enter the vendors name and see if any adverse information comes up that can be verified. A two-page search is enough in most cases. Suggested key word search criteria can be as follows:

- Investigation
- Violation
- Default
- Fraud
- Debar
- Bankruptcy
- Lien
- Stop Work Order
- OSHA Violation (Only required when there is a labor component part B)



### NYC Mayor's Office of Contract Services (PASSPort)

<https://www1.nyc.gov/site/mocs/systems/about-go-to-passport.page>

PASSPort is available for buyers to use when conducting vendor background checks and comparing disclosure information.

**Be advised that there will be cases where a vendor is not registered on any of the above listed sites. Therefore, a Google search, reference check and disclosure form review may be all that can be reasonably accomplished to satisfy any adverse vendor information check within the resources of the Purchasing Department. Upon completion of the background check this form shall be filed in the contract folder in the event of further review or audit.**



## Principal Questionnaire(s)

*This refers to the most recent principal questionnaire submissions.*

Principal Name Craig Heard [CHEARDJR@GATEWAYOUTDOOR.COM]  
Date Certified 03/29/2023 05:31:51 am

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I, Craig Heard 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 further 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."

Craig Heard CHEARDJR@GATEWAYOUTDOOR.COM  
*Name*

SR VP  
*Title*

HFT Management inc  
*Name of Submitting Entity*

04/07/2023 10:44:06 am  
*Date*





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):

Not Applicable

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

Not Applicable

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.

Not Applicable

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

Not Applicable

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 [X] If yes, to what campaign committee? If none, you must so state:

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

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

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

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

Electronically signed and certified at the date and time indicated by:  
Craig Heard [CHEARDJR@GATEWAYOUTDOOR.COM]

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Dated: 03/29/2023 05:25:43 am

Vendor: HFT Management Inc

Title: SR VP



**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.



# Certificate of No Change Form



All fields must be filled.

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

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

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

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

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

## Vendor Disclosures

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

Name of Submitting Entity: HFT Management Inc

Vendor's Address: 18 Pleasant Grove Rd Long valley NJ US 07853

Vendor's EIN or TIN: 223179699

Forms Submitted:

Political Campaign Contribution Disclosure Form: 03/29/2023 05:24:08 am

Lobbyist Registration and Disclosure Form: 03/29/2023 05:25:43 am

Business History Form certified: 03/31/2023 10:59:49 am

Consultant's, Contractor's, and Vendor's Disclosure Form: 04/03/2023 04:05:21 pm



REQUISITION

RQHE23000028 25/MAY/2023

VENDOR:  
HFT MANAGEMENT, INC.  
18 PLEASANT GROVE ROAD  
LONG VALLEY NJ 07853  
TEL: (908)684-8122  
FAX: (908)684-8133

REQUISITIONER:  
HE HEALTH DEPARTMENT  
200 COUNTY SEAT DRIVE  
MINEOLA NY 11501-0000  
DEBBIE NICOSIA/UZMA MAHAMOOD  
TEL: (516)227-8719  
FAX: ( ) -

ITEM	DESCRIPTION	QTY	U/M	UNIT COST	TOTAL	
001	801-58	1.00	LOT	93,600.0000	93,600.00	
SIGNS: BILLBOARD, ADVERTISING, ETC.						
ADVERTISEMENT TO PROMOTE VACCINATION ON NICE BUSES						
\$287(UNIT COST) X 6 PERIODS (4 WEEKS/PERIOD) = \$1,722						
\$1,722 X 50 BUS ADS = \$86,100						
PRODUCTION & INSTALLATION OF 50 KONG ADS = \$150 EACH						
\$150 X 50 ADS = \$7,500 INSTALLATION -						
(THIS LAST \$7,500 WILL NOT BE NEEDED IF AD REMAINS THE SAME)						
TOTAL CAMPAIGN = \$86,100 + \$7,500 = \$93,600						
002	801-58	1.00	LOT	173,500.0000	173,500.00	
SIGNS: BILLBOARD, ADVERTISING, ETC.						
ADVERTISEMENT TO PROMOTE VACCINATION ON NICE BUSES						
\$140(UNIT COST) X 12 PERIODS (4 WEEKS/PERIOD) = \$1,680						
\$1,680 X 100 BUS ADS = \$168,000						
PRODUCTION & INSTALLATION OF 100 QUEEN ADS = \$55 EACH						
\$55 X 100 ADS = \$5,500 INSTALLATION						
TOTAL CAMPAIGN = \$168,000 + \$5,500 = \$173,500						
003	801-58	1.00	LOT	28,400.0000	28,400.00	
SIGNS: BILLBOARD, ADVERTISING, ETC.						
ADVERTISEMENT TO PROMOTE VACCINATION ON NICE BUSES						
\$22(UNIT COST) X 6 PERIODS (4 WEEKS/PERIOD) = \$132						
\$132 X 200 (2 ADS PER BUS 100 BUSES) = \$26,400						
PRODUCTION & INSTALLATION OF 200 INTERIOR ADS(2 ADS PER BUS)= \$10 EACH						
\$20 X 100 ADS = \$2,000 INSTALLATION						

CONTINUED, NEXT PAGE







REQUISITION

RQHE23000028 25/MAY/2023

VENDOR:

HFT MANAGEMENT, INC.  
18 PLEASANT GROVE ROAD  
LONG VALLEY NJ 07853

TEL: (908) 684-8122  
FAX: (908) 684-8133

REQUISITIONER:

HE HEALTH DEPARTMENT  
200 COUNTY SEAT DRIVE  
MINEOLA NY 11501-0000  
DEBBIE NICOSIA/UZMA MAHAMOOD  
TEL: (516) 227-8719  
FAX: ( ) -

TOTAL CAMPAIGN = \$26,400 + \$2,000 = \$28,400

ESTIMATED TOTAL: 295,500.00







REQUISITION

RQHE23000028 25/MAY/2023

VENDOR:

HFT MANAGEMENT, INC.  
18 PLEASANT GROVE ROAD  
LONG VALLEY NJ 07853

TEL: (908) 684-8122  
FAX: (908) 684-8133

REQUISITIONER:

HE HEALTH DEPARTMENT  
200 COUNTY SEAT DRIVE  
MINEOLA NY 11501-0000  
DEBBIE NICOSIA/UZMA MAHAMOOD  
TEL: (516) 227-8719  
FAX: ( ) -



REQ DOC INQUIRY 2140

THE NASSAU COUNTY DEPARTMENT OF HEALTH IS REQUESTING THE PURCHASE OF EDUCATIONAL MEDIA CAMPAIGNS/BUS ADS TO PROMOTE AND INCREASE VACCINE UPTAKE IN RACIAL AND ETHNIC MINORITY GROUPS. THE BUSES RUN ROUTES THROUGHOUT NASSAU COUNTY.

- \* THERE ARE NONE ON HAND.
- \* THERE ARE NO ALTERNATIVES.
- \* HFT MANAGEMENT INC, DBA GATEWAY OUTDOOR ADVERTISING, IS THE SOLE SOURCE FOR AD CAMPAIGNS ON NICE BUSES.
- \* THIS PURCHASE IS 100% GRANT FUNDED

CONTACT DEBBIE NICOSIA FOR A COPY OF THE QUOTE AND SOLE SOURCE LETTER AT EXT. 7-8719.

NOTE TO BUYER, MATCH TYPE IS AB FOR SERVICE.  
EMAIL: JACKG@GATEWAYOUTDOOR.COM

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

PRIOR PAGE COMPLETE





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

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

1a. Legal Name & Address of Insured (use street address only)

HFT MANAGEMENT INC  
18 PLEASANT GROVE RD  
LONG VALLEY, NJ 07853

1b. Business Telephone Number of Insured  
(908) 684-8122

1c. Federal Employer Identification Number of Insured or Social Security Number

223179699

Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)

2. Name and Address of Entity Requesting Proof of Coverage  
(Entity Being Listed as the Certificate Holder)

NASSAU COUNTY, NY  
240 OLD COUNTRY ROAD  
MINEOLA, NY 11501

3a. Name of Insurance Carrier

New York State Insurance Fund (NYSIF)

3b. Policy Number of Entity Listed in Box "1a"

DBL 7364 28 - 5

3c. Policy effective period

03/28/2023

to

03/28/2024

4. Policy provides the following benefits:

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

5. Policy covers:

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

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 4/7/2023

By

Kristin Markwica

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (866) 697-4332

Name and Title Kristin Markwica, Head of Disability Insurance Unit

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

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200

## PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

### State of New York Workers' Compensation Board

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

Date Signed \_\_\_\_\_

By \_\_\_\_\_

(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number \_\_\_\_\_

Name and Title \_\_\_\_\_

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



## Additional Instructions for Form DB-120.1

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

The insurance carrier must notify the above certificate holder and the Worker's Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

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

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

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

### DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

#### §220. Subd. 8

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

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





THE HARTFORD  
BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251

April 7, 2023

Nassau County, NY  
240 OLD COUNTRY RD  
MINEOLA NY 11501

#### Account Information:

<b>Policy Holder Details :</b>	<b>HFT MANAGEMENT, INC. D/B/A GATEWAY OUTDOOR ADVERTISING</b>
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#### Contact Us

##### Need Help?

Chat online or call us at  
(866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team





**Workers'  
Compensation  
Board**

**CERTIFICATE OF  
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<b>1a. Legal Name &amp; Address of Insured (use street address only)</b>  HFT Management, Inc. dba Gateway Outdoor Advertising 18 Pleasant Grove Road Long Valley, NJ 07853  <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i>	<b>1b. Business Telephone Number of Insured</b>  (908) 684-8122  <b>1c. NYS Unemployment Insurance Employer Registration Number of Insured</b>    <b>1d. Federal Employer Identification Number of Insured or Social Security Number</b>  22-3179699
<b>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b>  Nassau County, NY 240 Old Country Rd Mineola, NY 11501	<b>3a. Name of Insurance Carrier</b>  Twin City Fire Insurance Company  <b>3b. Policy Number of Entity Listed in Box "1a"</b>  13WBAC4HE1  <b>3c. Policy effective period</b>  10/18/2022 to 10/18/2023  <b>3d. The Proprietor, Partners or Executive Officers are</b> <input type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) **Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.**

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

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

**Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.**

**Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.**

Approved by: Barbara Hancock  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Barbara Hancock 4/11/2023  
(Signature) (Date)

Title: Area Assistant Vice President

Telephone Number of authorized representative or licensed agent of insurance carrier: (973) 921-8227

**Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.**



## **Workers' Compensation Law**

### **Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.**

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/27/2023

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 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> A J GALLAGHER RISK MGMNT SVCS LLC 13658042 200 JEFFERSON PARK WHIPPANY NJ 07981	<b>CONTACT NAME:</b>	
	<b>PHONE</b> (973) 467-0444	<b>FAX</b>
	<b>(A/C, No, Ext):</b>	<b>(A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>NAIC#</b>	
<b>INSURED</b> HFT MANAGEMENT INC DBA GATEWAY OUTDOOR ADVERTISING 18 PLEASANT GROVE RD LONG VALLEY NJ 07853-3443	<b>INSURER A:</b> Hartford Fire and Its P&C Affiliates	
	<b>INSURER B:</b> Hartford Fire Insurance Company	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		13 UUN BM1015	10/18/2022	10/18/2023	EACH OCCURRENCE	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$10,000	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	
	OTHER:						\$1,000,000	
							GENERAL AGGREGATE	
							\$2,000,000	
							PRODUCTS - COMP/OP AGG	
							\$2,000,000	
B	<b>AUTOMOBILE LIABILITY</b>	X		13 UEN BM0814	10/18/2022	10/18/2023	COMBINED SINGLE LIMIT (Ea accident)	
	<input checked="" type="checkbox"/> ANY AUTO						\$1,000,000	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)	
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident)	
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> NON-OWNED AUTOS							
	<b>UMBRELLA LIAB EXCESS LIAB</b>						EACH OCCURRENCE	
	<input type="checkbox"/> OCCUR CLAIMS-MADE							
	<input type="checkbox"/> DED						RETENTION \$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A		13 WB AC4HE1	10/18/2022	10/18/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
	EMPLOYEE BENEFITS			13 UUN BM1015	10/18/2022	10/18/2023	Each Claim Limit	
							Aggregate Limit	
							\$1,000,000	
							\$2,000,000	

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

Those usual to the Insured's Operations. See Commercial General Liability coverage form HG 00 01 attached to this Policy for Additional Insured provisions. Certificate holder is an additional Insured per the Commercial Auto Broad Form Endorsement HA9916, attached to this policy.

## CERTIFICATE HOLDER

Nassau County, NY  
240 OLD COUNTRY RD  
MINEOLA NY 11501-4255

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE

*Susan L. Castaneda*

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THE HARTFORD  
BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251

June 27, 2023

Nassau County, NY  
240 OLD COUNTRY RD  
MINEOLA NY 11501-4255

#### Account Information:

<b>Policy Holder Details :</b>	<b>HFT MANAGEMENT INC DBA GATEWAY OUTDOOR ADVERTISING</b>
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#### Contact Us

##### Need Help?

Chat online or call us at  
(866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team