

Certified: --

E-111-23

FILED WITH THE NASSAU COUNTY CLERK OF THE LEGISLATURE AUGUST 30TH, 2023 5:04 PM

NIFS ID: CLPB23000002

Capital:

Contract ID #: CQPB20000011 NIFS Entry Date: 06/23/2023

Slip Type: Amendm	nent		
onp Type. Timenam	Sup Type. Amendment		
CRP:			
Time Extension:			
Addl. Funds:			
Blanket Resolution:			
Revenue:	Federal Aid:	State Aid: X	
Vendor Submitted an Unsolicited Solicitation:			

Department: Probation

Service: Peer Diversion Court

Term: from 10/01/2021 to 09/30/2024

Contract Delayed: X

1) Mandated Program:	Yes
2) Comptroller Approval Form Attached:	Yes
3) CSEA Agmt. & 32 Compliance Attached:	Yes
4) Significant Adverse Information Identified? (if yes, attach memo):	No
5) Insurance Required:	Yes

Vendor/Municipality Info:	
Name: Fund for the City of New York, Inc	ID#:132612524
Main Address: 121 Avenue of the Amer New York, NY 10013	icas
Main Contact: Jill Borrero	
Contract Specific Contact: Katie Ginger	ich
Main Phone: (212) 925-6675	
Contract Specific Phone: (610) 551-1216	

Department:

Contact Name: Joseph Schiliro

Address: 400 County Seat Drive

Mineola, NY 10501

Phone: (516) 571-5548

Email:

jschiliro@nassaucountyny.gov,jplackis@nassaucountyny.gov,ddimaggio@nassaucountny.gov,areyer@nassaucount

yny.gov,dlandsman@nassaucountyny.gov

Contract Summary

Purpose: The Peer Diversion Court seeks to help teenage defendants avoid the legal and collateral consequences associated with criminal prosecution. The program ensures that adolescents ages 16 and 17 receive the benefit of developmentally appropriate services and reduce the likelihood of continuing a cycle of re-offending.

Method of Procurement: Sole Source

Procurement History: Fund for the City of New York, Center for Court Innovation has performed these services for the County for several years through the District Attorney's Office. There is no other entity with the expertise, experiences, and capacity to provide the services required under the contract.

Description of General Provisions: The Peer Diversion Court is an educational diversion program for young offenders

coordinated through the Center for Court Innovation(CCI). This effort requires an on-site coordination staff to ensure that appropriate defendants are identified, referred to effective services and monitored appropriately. CCI staff reports to and allows project stakeholders to track progress, outcomes and case resolutions, as well as monitors compliance with the Peer Diversion Program dispositions.

Impact on Funding / Price Analysis: Program is 100% funded by NYS OCFS. Increasing maximum amount by \$404,651.00 New maximum amount is \$600,998.00.

Change in Contract from Prior Procurement: \$404,651.00

Recommendation: Approve as Submitted

Advisement Information

Fund	Control	Resp. Center	Object	Index Code	Sub Object	Budget Code	Line	Amount
GRT	79	PB79	DE	PBGRT79	DE500	PBGRT79 DE500	03	\$66,971.00
Grant N	lumber	X!NYS						
Grant D	etail	21						
						TOTAL		\$66,971.00

Additional Info		
Blanket Encumbrance		
Transaction		
	Renewal	
% Increase		
% Decrease		

Funding Source	Amount
Revenue Contract:	
County	\$0.00
Federal	\$0.00
State	\$66,971.00
Capital	\$0.00
Other	\$0.00
Total	\$66,971.00

Routing Slip

Department				
NIFS Entry	Joseph Schiliro	06/23/2023 06:04PM	Approved	
NIFS Final Approval	John Plackis	07/03/2023 03:35PM	Approved	
Final Approval	John Plackis	07/03/2023 03:35PM	Approved	
County Attorney				
Approval as to Form	Thomas Montefinise	07/06/2023 11:33AM	Approved	
RE & Insurance Verification	Grady Farnan	07/03/2023 03:46PM	Approved	
NIFS Approval	Mary Nori	07/07/2023 11:42AM	Approved	
Final Approval	Mary Nori	07/07/2023 11:42AM	Approved	
OMB				
NIFS Approval	Irfan Qureshi	07/03/2023 04:01PM	Approved	
NIFA Approval	Irfan Qureshi	07/03/2023 04:02PM	Approved	
Final Approval	Irfan Qureshi	07/03/2023 04:02PM	Approved	
Compliance & Vertical DCE				
Procurement Compliance Approval	Andrew Levey	07/07/2023 12:02PM	Approved	
DCE Compliance Approval	Robert Cleary	08/14/2023 04:38PM	Approved	
Vertical DCE Approval	Arthur Walsh	08/15/2023 09:49AM	Approved	
Final Approval	Arthur Walsh	08/15/2023 09:49AM	Approved	
Legislative Affairs Review				
Final Approval	Christopher Leimone	08/30/2023 04:57PM	Approved	
Legislature				
Final Approval			In Progress	
Comptroller				
Claims Approval			Pending	

Legal Approval			Pending
Accounting / NIFS Approval			Pending
Deputy Approval			Pending
Final Approval			Pending
NIFA			
NIFA Approval			Pending

RULES RESOLUTION NO. - 2023

A RESOLUTION AUTHORIZING THE COUNTY EXECUTIVE TO EXECUTE AN AMENDMENT TO A PERSONAL SERVICES AGREEMENT BETWEEN THE COUNTY OF NASSAU, ACTING ON BEHALF OF THE NASSAU COUNTY DEPARTMENT OF PROBATION, AND FUND FOR THE CITY OF NEW YORK, INC., AND FURTHER AUTHORIZING THE COUNTY EXECUTIVE TO EXECUTE AN ASSIGNMENT OF SAID PERSONAL SERVICES AGREEMENT WITH FUND FOR THE CITY OF NEW YORK, INC. TO JUSTICE INNOVATION

WHEREAS, the County negotiated an amendment to a personal services agreement with Fund for the City of New York, Inc. to provide Peer Diversion Court services, a copy of which is on file with the Clerk of the Legislature; and

Whereas, the County negotiated an assignment of the personal services agreement with Fund for the City of New York, Inc. to Justice Innovation to provide Peer Diversion Court services, a copy of which is on file with the Clerk of the Legislature; NOW, THEREFORE, be it

RESOLVED, that the Rules Committee of the Nassau County Legislature authorizes the County Executive to execute the said amendment and assignment, respectively, with Fund for the City of New York, Inc., and Justice Innovation.

ASSIGNMENT AND AMENDMENT NO. 2

THIS ASSIGNMENT AND AMENDMENT (together with any appendices or exhibits hereto, this "Assignment and Amendment") dated as of the date (the "Effective Date") that this Assignment and Amendment is executed by Nassau County, between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), acting for and on behalf of the County Department of Probation, having its principal office at 400 County Seat Drive, Mineola, New York 11501 (the "Department"); (ii) Fund for the City of New York, Center for Court Innovation, a New York State not-for-profit corporation, having its principal office at 121 Avenue of the Americas, 6th Floor, New York, New York 10013 (the "Fund" or "Assignor"); and (iii) Justice Innovation Inc. doing business as the Center for Court Innovation, a New York State not-for-profit corporation, having its principal office at 520 8th Avenue, 18th Floor, New York, New York 10018 ("Justice Innovation" or "Assignee") (collectively, the "Parties").

WITNESSETH

WHEREAS, on 8/20/19, the Fund submitted a proposal on behalf of the Center for Court Innovation (the "Center") in response to a Request for Proposals ("RFP") for the Nassau County Peer Diversion Court, which was issued by the County, acting through the Department, and the Fund was selected to receive funding pursuant to the RFP; and

WHEREAS, pursuant to County contract number CQPB20000011 between the County and the Fund, executed on behalf of the County on January 15, 2021, as amended by Amendment One, County contract number CLPB21000002, executed on behalf of the County on May 18, 2022 (collectively, the "Original Agreement"), the Center provides a Youth Court Coordinator for the Nassau County Youth Court, now known as the Nassau County Peer Diversion Court, which is more fully described in the Original Agreement (the services contemplated by the Original Agreement, the "Services"); and

WHEREAS, the term of the Original Agreement is from October 1, 2019 through September 30, 2021 with three (3) remaining one (1) year options to renew, at the County's discretion, subject to early termination as provided for under the Original Agreement (the "Original Term"); and

WHEREAS, the maximum amount that the County agreed to reimburse the Fund for Services under the Original Agreement, as full compensation for the Services, was One Hundred Ninety-six Thousand Three Hundred Forty-seven Dollars (\$196,347.00) (the "Maximum Amount"); and

WHEREAS, the County desires to exercise the three (3) remaining one (1) year renewal options by both extending the Original Term and increasing the Maximum Amount, and further desires to expand the Youth Court Coordinator role to a Program Manager; and

WHEREAS, the Fund and the Center agree to discontinue their fiscal sponsorship relationship and to transfer the Center's assets, activities and operations to Justice Innovation, effective May 1, 2022; and

WHEREAS, as a result of the foregoing, the Parties hereto desire for the Fund to assign its rights, interests and obligations in and under the Original Agreement to Justice Innovation, and for

Justice Innovation to accept such assignment and assume responsibility of the Original Agreement, effective as of May 1, 2022; and

WHEREAS, Section 10 of the Original Agreement requires the Fund to obtain the County's prior written consent in the case of any assignment and modifications of the Original Agreement; and

WHEREAS, the Parties desire to effectuate the assignment and amend the Original Agreement in the manner hereinafter provided.

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

I. Amendment

- a. Renewal of Term. The Original Agreement shall be renewed and thereby extended by three (3) additional years, so that the termination date of the Original Agreement, as amended by this Amendment (the "Amended Agreement"), shall be September 30, 2024, subject to early termination as provided for under the Amended Agreement.
- b. <u>Maximum Amount</u>. The Maximum Amount in the Original Agreement shall be increased by Four Hundred Four Thousand Six Hundred Fifty-one Dollars (\$404,651.00), so that the maximum amount that the County shall pay to the Contractor as full consideration for all Services provided under the Amended Agreement shall not exceed Six Hundred Thousand Nine Hundred Ninety-Eight Dollars (\$600,998.00) (the "Amended Maximum Amount").

c. Payment.

- The maximum amount increase provided under this Amendment shall be payable to the Fund and Justice Innovation in accordance with the attached Budgets, Attachments B and C.
- ii. The Fund shall invoice for allowable expenses incurred during the period of October 1, 2021 to April 30, 2022, and the County shall pay the Fund as full consideration for all Services provided under the Amended Agreement a maximum amount that shall not exceed \$66,971.00.
- iii. Justice Innovation shall invoice for allowable expenses incurred during the period of May 1, 2022 to September 30, 2024, and the County shall pay Justice Innovation as full consideration for all Services provided under the Amended Agreement a maximum amount that shall not exceed \$337,680.00.
- d. <u>Services</u>. In addition to the Services provided under the Original Agreement, The Youth Court Coordinator shall be re-titled as a Program Manager and take on additional responsibilities of identifying, coordinating, and monitoring community service opportunities.

II. Assignment

- a. The assignment of the Original Agreement is effective as of May 1, 2022.
- b. Assignor hereby assigns, transfers and conveys to Assignee all of Assignor's rights, titles, interests and obligations arising under the Original Agreement, effective as provided in Section 1 above (the "Assignment Effective Date") through the remaining term of the Original Agreement, including all renewals and extensions of such term.
- c. Assignee, for the benefit of Assignor and the County, hereby accepts the assignment and agrees to assume and perform all of the obligations and duties of Assignor under the Original Agreement, for the period from the Assignment Effective Date through the remaining term of the Original Agreement, including all renewals and extensions of such term. Assignee expressly covenants and agrees to assume and faithfully perform and discharge all of the terms, covenants, and obligations assumed or to be performed or discharged by the Assignor, without limitation, under the Original Agreement. Assignee agrees to be bound by the terms of the Original Agreement in every way as if Assignee were an original party to the Original Agreement. Such obligations include, but are not limited to, all liabilities arising from performance or non-performance of such obligations and duties before and/or after the Assignment Effective Date.
- d. Assignor understands and expressly agrees that by consenting to this Assignment, the County is not releasing or discharging the Assignor, and the Assignor shall not be released or discharged from its obligations, responsibilities or liabilities to the County under the Original Agreement for its actions or inactions occurring prior to the Assignment Effective Date.
- e. Assignor and Assignee understand and expressly agree that this assignment shall not be effective until (a) the Assignor and Assignee have executed this Assignment and Amendment; and (b) the County, by its authorized representative, has consented thereto by signing this Assignment and Amendment, whichever is later.
- f. Assignor and Assignee understand and expressly agree that no waiver or amendment of any provision of this assignment shall be effective unless such waiver or amendment is in writing and signed by the party to be charged and consented to in writing by the County.
- g. This Assignment shall be construed as the formal assignment and transfer of the Original Agreement and all obligations arising thereunder. Assignor and Assignee understand and expressly agree that this Assignment shall be binding upon their respective successors and assigns.
- h. Upon this assignment, all references to the "Contractor" in the Original Agreement shall refer to Assignee.

- Assignee shall provide to the County insurance certificates and endorsements for the identical type and amount of coverage currently required under the Original Agreement for this assignment to be effective, as well as provided County required vendor disclosure forms.
- j. The Parties shall reasonably cooperate with each other to effectuate this assignment and shall assist each other in the orderly transition of Original Agreement activities and administration in connection herewith.
- k. The terms of the Original Agreement addressing confidentiality and any other terms that would otherwise have been binding on Assignor after the Original Agreement expired or were terminated shall continue to bind Assignor, in addition to being assumed by Assignee as of the Assignment Effective Date.
- III. This Assignment and Amendment constitutes the entire agreement between the Parties regarding the subject matter hereof, and supersedes all prior or contemporaneous agreements, negotiations, representations or proposals (whether oral or written) between the Parties.
- IV. This Assignment and Amendment may be executed in counterparts, all which counterparts, when taken together, shall be deemed a fully executed instrument.
- V. <u>Full Force and Effect</u>. All the terms and conditions of the Original Agreement not expressly amended by this Agreement shall remain if full force and effect and govern the relationship of the Parties for the term of the Amended Agreement.

[Remainder of Page Intentionally Left Blank.]

IN WITNESS WHEREOF, the Parties have executed this Assignment and Amendment as of the Effective Date.

PLEASE EXECUTE IN BLUE INK

STATE OF NEW YORK))ss.: COUNTY OF) New York
On the 13 day of in the year 20 before me personally came to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of, that he or she is the, the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation. MICHAEL NAPOLITANO Notary Public, State of New York Reg. No. 01NA6349567 Qualified in Nassau County Commission Expires 10/24/2024
STATE OF NEW YORK))ss.: COUNTY OF NASSAU)
On the day of in the year 20 before me personally came to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of ; that he or she is a Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Nassau County.
NOTARY PUBLIC
STATE OF NEW YORK) COUNTY OF New York
On this 14 day of 2023, before me personally came Courtney Bryan, to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Essex; that he or she is the Executive Director of Justice Innovation Inc., the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.
NOTARY PUBLIC Alicia NEAL Notary Public, State of New York Reg. No. 02NE6419120 Qualified in New York County Commission Expires June 28, 2028

ATTACHMENT B BUDGET SUMMARY

Fund for the City of New York: Center for Court Innovation Nassau County Department of Probation (DOP)

Peer Diversion Court

October 1, 2021 - April 30, 2022

PERSONNEL		
Program Manager	Jasmin, Michael	38,490
Project Director, Queens Community Justice Center	McSwain, Erika	3,639
Program Manager	Thompson, Wesley	700
Subtotal		42,829
Fringe @ 32%		13,705
TOTAL PERSONNEL		56,534
OTPS		
TRAVEL		3 = 3
CELL PHONE COSTS		222
INDIRECT COSTS @ 18%		10,215
TOTAL OTPS		10,437
TOTAL		66,971

ATTACHMENT B BUDGET SUMMARY

Justice Innovation

Nassau County Department of Probation (DOP)

Peer Diversion Court

May 1, 2022 - September 30, 2022

PERSONNEL		
Program Manager	Jasmin, Michael	31,869
Project Director, Queens Community Justice Center	McSwain, Erika	7,926
Program Manager	Thompson, Wesley	1,167
Subtotal		40,962
Fringe @ 32%		13,108
TOTAL PERSONNEL		54,070
OTPS		
TRAVEL		82
CELL PHONE COSTS		183
INDIRECT COSTS @ 18%		9,766
TOTAL OTPS		9,949
TOTAL		64,019

ATTACHMENT C BUDGET SUMMARY

Justice Innovation

Nassau County Department of Probation (DOP)

Peer Diversion Court

October 1, 2022 - September 30, 2023

PERSONNEL		·
Program Manager	Jasmin, Michael	78,400
Project Director, Queens Community Justice Center	McSwain, Erika	5,575
Subtotal		83,975
Fringe @ 32%		26,872
TOTAL PERSONNEL		110,847
OTPS		
TRAVEL		2,755
CELL PHONE COSTS		660
INDIRECT COSTS @ 18%		20,567
TOTAL OTPS		23,982
TOTAL		134,829

ATTACHMENT C BUDGET SUMMARY

Justice Innovation

Nassau County Department of Probation (DOP)

Peer Diversion Court

October 1, 2023 - September 30, 2024

PERSONNEL		
Program Manager	Jasmin, Michael	80,800
Project Director, Queens Community Justice Center	McSwain, Erika	5,745
Subtotal		86,545
Fringe @ 32%		27,694
TOTAL PERSONNEL		114,239
OTPS		
TRAVEL		2,755
CELL PHONE COSTS		660
INDIRECT COSTS @ 18%		21,178
TOTAL OTPS		24,593
TOTAL		138,832



Nassau County Interim Finance Authority

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

1. Vendor: Fund for the City of New York, Inc

2. Amount requiring NIFA approval: \$404,651.00

Amount to be encumbered: \$66,971.00

Slip Type: Amendment

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

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

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

3. Contract Term: 10/01/2021 to 09/30/2024

Has work or services on this contract commenced? Yes

If yes, please explain: The Peer Diversion Program is an approved program as part of Raise The Age legislation. There has been a

4. Funding Source:

General Fund (GEN) Capital Improvement Fund (CAP)		Grant Fund (GRT) Other	X
Federal %	O		
State %	100		
County %	0		
Is the cash available for the full amount of the contract	et?	Yes	
If not, will it require a future borrowing?		No	
Has the County Legislature approved the borrowing?		N/A	

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

The Peer Diversion Court seeks to help teenage defendants avoid the legal and collateral consequences associated with criminal prosecution. The program ensures that adolescents ages 16 and 17 receive the benefit of developmentally appropriate services and reduce the likelihood of continuing a cycle of re-offending.

N/A

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

Nassau County Attorney as to form Ye

Nassau County Committee and/or Legislature

Has NIFA approved the borrowing for this contract?

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

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

Contract ID	Posting Date	Amount Added in Prior 12 Months
Contract ID	FUSHING Date	Amount Added in Frior 12 Mondis

AUTHORIZATION

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

IQURESHI	07/03/2023	
<u>Authenticated User</u>	<u>Date</u>	

COMPTROLLER'S OFFICE

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

Regarding funding, please check the correct response:

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

If this is a capital project:

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

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

<u>Authenticated User</u> <u>Date</u>				
NIFA				
Amount being approved by NIFA:				
Payment is not guaranteed for any work commenced prior to this approval.				

<u>Authenticated User</u> <u>Date</u>

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

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

NIFA reserves the right to request additional information as needed.

Elaine Phillips Comptroller



OFFICE OF THE COMPTROLLER

240 Old Country Road Mineola, New York 11501

COMPTROLLER APPROVAL FORM FOR PERSONAL, PROFESSIONAL OR HUMAN SERVICES CONTRACTS

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

CONTRACTOR NAME: Fund for the City of New York, Center for Court Innovation
CONTRACTOR ADDRESS: 520 8th Avenue, 18th Floor, New York, NY 10018
FEDERAL TAX ID #: 13-2612524
<u>Instructions:</u> Please check the appropriate box ("\Overline{\Over
I. The contract was awarded to the lowest, responsible bidder after advertisement for sealed bids. The contract was awarded after a request for sealed bids was published in [newspaper] on [date]. The sealed bids were publicly opened on [date] [#] or sealed bids were received and opened.
II. The contractor was selected pursuant to a Request for Proposals. The Contract was entered into after a written request for proposals was issued or [date]. Potential proposers were made aware of the availability of the RFP by advertisement in [newspaper], posting on industry websites, via email to interested parties and by publication on the County procurement website. Proposals were due on [date] [state #] proposals were received and evaluated. The evaluation committee consisted of:
(list # of persons or
committee and their respective departments). The proposals were scored and ranked. As a result of the scoring and ranking, the highest-ranking proposer was selected.

III. ☑ This is a renewal, extension or amendment of an existing contract.
The contract was originally executed by Nassau County on 1/19/2021 [date]. This is a
renewal or extension pursuant to the contract, or an amendment within the scope of the contract or RFP
(copies of the relevant pages are attached). The original contract was entered into
after determining that The Center for Court Innovation is a one-of-a-kind public/private partnership that is uniquely suited to provide the service.
[describe
procurement method, i.e., RFP, three proposals evaluated, etc.] Attach a copy of the most recent evaluation
of the contractor's performance for any contract to be renewed or extended. If the contractor has not
received a satisfactory evaluation, the department must explain why the contractor should nevertheless be
permitted to continue to contract with the county.
IV. — Pursuant to Executive Order No. 1 of 1993, as amended, at least three proposals were solicited and received. The attached memorandum from the department head describes the proposals received, along with the cost of each proposal.
\square A. The contract has been awarded to the proposer offering the lowest cost proposal; OR :
B. The attached memorandum contains a detailed explanation as to the reason(s) why the contract was awarded to other than the lowest-cost proposer. The attachment includes a specific delineation of the unique skills and experience, the specific reasons why a proposal is deemed superior, and/or why the proposer has been judged to be able to perform more quickly than other proposers.
V. Pursuant to Executive Order No. 1 of 1993 as amended, the attached memorandum from the department head explains why the department did not obtain at least three proposals.
A. There are only one or two providers of the services sought or less than three providers submitted proposals. The memorandum describes how the contractor was determined to be the sole source provider of the personal service needed or explains why only two proposals could be obtained. If two proposals were obtained, the memorandum explains that the contract was awarded to the lowest cost proposer, or why the selected proposer offered the higher quality proposal, the proposer's unique and special experience, skill, or expertise, or its availability to perform in the most immediate and timely manner.
☐ B. The memorandum explains that the contractor's selection was dictated by the terms of a federal or New York State grant, by legislation or by a court order. (Copies of the relevant documents are attached).
C. Pursuant to General Municipal Law Section 104, the department is purchasing the services required through a New York State Office of General Services contract no, and the attached memorandum explains how the purchase is within the scope of the terms of that contract.

required through an inter-municipal agreement.
VI. □ This is a human services contract with a not-for-profit agency for which a
competitive process has not been initiated. Attached is a memorandum that explains the reasons
for entering into this contract without conducting a competitive process, and details when the department
intends to initiate a competitive process for the future award of these services. For any such contract, where
the vendor has previously provided services to the county, attach a copy of the most recent evaluation of

D. Pursuant to General Municipal Law Section 119-o, the department is purchasing the services

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

the vendor's performance. If the contractor has not received a satisfactory evaluation, the department must

explain why the contractor should nevertheless be permitted to contract with the county.

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

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

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

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

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

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

Department Head Signature

Daté

Sole Source Justification for Contract with the Center for Court Innovation

Organization Name: Fund for the City of New York, Center for Court Innovation

The Center for Court Innovation (the Center) is a unique public/private partnership between the New York State Unified Court System and the Fund for the City of New York. The Center has an ongoing, formal contractual relationship with the Unified Court System and functions as its research and development arm. The Center has a long history of developing and sustaining innovative court-related initiatives in New York, including the Midtown Community Court, the Brooklyn Treatment Court, Red Hook Community Justice Center, and Youth Court programs in each borough on New York City and one court in New Jersey. The Center has received both a Harvard University Innovations in American Government Award and the Peter Drucker Award for Innovation in honor of its unique role in fostering court innovation in New York State and nationally.

Nassau County Peer Diversion Court is an educational diversion program for young offenders. Peer Diversion Court seeks to help teenage defendants avoid the legal and collateral consequences associated with criminal prosecution and receive the assistance they need to pursue law-abiding, productive futures. This effort requires an on-site coordination staff to ensure that appropriate defendants are identified, referred to effective services and monitored appropriately. The prosecutor, defense counsel and the court must receive timely and accurate updates on their participation in those services in order to come up with an appropriate disposition.

For those defendants that are referred to the Nassau County Peer Diversion Court program, CCI staff assists the Department of Probation in identifying appropriate cases for the program, conducting hearings staffed by high school students, making linkages to appropriate community service sites and pro-social activities. CCI staff also monitors compliance with the Peer Diversion Court dispositions and reports to the stakeholders.

<u>Uniqueness of the Contractor</u>

The Center for Court Innovation is a one-of-a-kind public/private partnership that acts as the New York State Unified Court System's research and development arm and is uniquely suited to provide the necessary services. For the past twenty years in New York, the Center has worked with the court system to create and operate demonstration projects that test new ideas to address local public safety problems, implement new solutions,

and evaluate their effectiveness. The Center's projects include: alternative to detention programs, community courts, drug courts, reentry courts, domestic violence courts, and mental health courts. In each of these projects the Center has had a commitment to developing technology to collect and provide crucial information for project operations, as well as collecting data for rigorous evaluations to assess program impact and effectiveness. This includes a commitment to tracking outcomes and case resolutions. The Center's firsthand experience working with the New York State Unified Court System on various initiatives has given it one-of-a-kind expertise in implementing new approaches to societal problems such as drug abuse, mental illness and low level offending.

With its extensive experience in working with youth, piloting alternative to incarceration programs, problem-solving court development, and court technology, as well as its well-established relationship with the New York State Unified Court System's Office of Court Administration, the Center is uniquely suited to provide assistance with the numerous legal and technical initiatives necessary for these projects.

A Notice of Intent to award this sole contract was posted in Newsday on July 31, 2019. Subsequent to this posting, there was one inquiry by Michele Keogh, Director of Grants & Program Evaluation of the LGBT Network, requesting clarity of the program and asking if it was a competitive funding opportunity. Arianne Reyer, Department of Probation Special Counsel responded,

"Dear Ms. Keogh:

This is a sole source contract where the Program Director is contracted through the Fund for the City of New York, Center for Court Innovation. The services consist of providing a coordinator for the Nassau County Peer Diversion Court/Youth Court which is an educational diversion program for young offenders to ensure that young offenders ages 11 and 17 years old re-engage in their communities, receive developmentally appropriate services and reduce the likelihood that they will be trapped in a cycle of re-offending. The existing contract expires 09/30/19 and has been administered by the Office of the Nassau County District Attorney as the Nassau County Adolescent Diversion Program. The Fund for the City of New York, Center for Court Innovation oversees all of the Youth Court programs in New York City."

The proposed vendor has performed these services for the County for several years through the District Attorney's Office and their performance has been excellent. The Department has found no other entity with the expertise, experience, and capacity to provide the services required under the contract.

Upon execution of the current contract which expired on 9/30/21 and was fully executed and certified on 6/15/22, Fund for the City of New York, Center for Court Innovation was sent Amendment 2 extending the

contract term through 9/30/24. On 6/29/22, we were notified that Center for Court Innovation separated from Fund for the City of New York and became a separate entity named Justice Innovation, Inc. d/b/a Center for Court Innovation. Justice Innovation responded with a proposed "Amendment 2" on 8/16/22 combining the assignment and term extension. This subsequently has been revised in collaboration with County Attorney and Comptroller's.



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 [] NC	[X] If yes, to what campaign committee?			_
	cally signed and certified at the date and time in o [JBORRERO@FCNY.ORG]	ndicated by:		
Dated:	_06/21/2023 11:56:40 am	Vendor:	Fund for the City of New York	
		Title:	Vice President of Finance & Operations	



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.	
3. Name, address and telephone number of client(s) by whom, or on whose behalf, the lobbyist is retained, endesignated:	mployed or
None.	
4. Describe lobbying activity conducted, or to be conducted, in Nassau County, and identify client(s) for each a	activity listed. See

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

None.

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?

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YES [] NO [X] 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: Jill Borrero [JBORRERO@FCNY.ORG]			
Dated:	06/21/2023 02:02:24 pm	Vendor:	Fund for the City of New York, Inc
		Title:	Vice President of Finance & Operations

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

The term "lobbying" or "lobbying activities" 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.

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PRINCIPAL QUESTIONNAIRE FORM

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

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

Home address:	13 Wai	wick Ave	State/Province/		Zip/Postal	
City	Douglaston		Territory:	NY	Code:	11363
	US		remitory.	INI	Code.	11303
Country:	03					
Business Addre	ss:	121 Avenue of th	ne Americas, 6th Flor			
			State/Province/		Zip/Postal	
City:	New York		Territory:	NY	Code:	10013
Country	US					
Telephone:	2129256675					
Other present a	address(es):					
other presents	3441 €35(€5)1		State/Province/		Zip/Postal	_
City:			Territory:		Code:	
Country:			-			
Telephone:	dresses and t	telephone number	rs attached			
Telephone:			rs attached ting date of each (check all a	applicable)		
Telephone:				applicable)		
Telephone: List of other ad Positions held i	n submitting -	business and star	ting date of each (check all a	-		
Telephone: List of other ad Positions held i President	n submitting pard		ting date of each (check all a	-		
Telephone: List of other ad Positions held i President Chairman of Bo	n submitting pard cer	business and star	ting date of each (check all a Treasurer Shareholde	-		
Telephone: List of other ad Positions held i President Chairman of Bo Chief Exec. Offi	n submitting pard cer	business and star	ting date of each (check all a Treasurer Shareholde Secretary	-		
Telephone: List of other ad Positions held i President Chairman of Bo Chief Exec. Offi Chief Financial Vice President	n submitting pard cer	business and star	ting date of each (check all a Treasurer Shareholde Secretary	-		
Telephone: List of other ad Positions held i President Chairman of Bo Chief Exec. Offi Chief Financial	n submitting pard cer	business and star	ting date of each (check all a Treasurer Shareholde Secretary	-		
Telephone: List of other ad Positions held i President Chairman of Bo Chief Exec. Offi Chief Financial Vice President (Other)	n submitting pard cer Officer	business and start	ting date of each (check all a Treasurer Shareholde Secretary Partner	r		
Telephone: List of other ad Positions held i President Chairman of Bo Chief Exec. Offi Chief Financial Vice President (Other) Do you have an	n submitting pard cer Officer	business and start 11/05/2020 est in the business	ting date of each (check all a Treasurer Shareholde Secretary	r		
Telephone: List of other ad Positions held i President Chairman of Bo Chief Exec. Offi Chief Financial Vice President (Other)	n submitting pard cer Officer	business and start 11/05/2020 est in the business	ting date of each (check all a Treasurer Shareholde Secretary Partner	r		

5.	Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other					
		the one submitting the questionnaire? [X] NO [] If Yes, provide details.				
	Also	on the boards of the Wintergreen club in Windham, NY and the Douglas C Allen Institute in Atlanta, GA.				
		a main a with a group of the firm Handal Architects in Now York				
	<u> i am</u>	a minority owner of the firm Handel Architects in New York				
6.	while	any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years e you were a principal owner or officer? [] NO [X] If Yes, provide details.				
	163	INO [A] IT Tes, provide details.				
any ac	tion ta	firmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of aken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, the appropriate page and attach it to the questionnaire.				
7.		ne past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which have been a principal owner or officer:				
	a.	Been debarred by any government agency from entering into contracts with that agency?				
		YES [] NO [X] If yes, provide 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 [X] 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 [X] 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 [X] 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				
	subje	ect of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period,				
		in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such				
		ness now the subject of any pending bankruptcy proceedings, whenever initiated? [] NO [X] If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If				
		need more space, photocopy the appropriate page and attached it to the questionnaire.)				
9.		Is there any felony charge pending against you?				
	a.	YES [] NO [X] 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 [X] If yes, provide an explanation of the circumstances and corrective action taken.
	c.	Is there any administrative charge pending against you? YES [] NO [X] 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 [X] 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 [X] 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 [X] If yes, provide an explanation of the circumstances and corrective action taken.
		С С С С С С С С С С С С С С С С С С С
10	subject investi at, for,	tion to the information provided in response to the previous questions, in the past 5 years, have you been the of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or gative agency and/or the subject of an investigation where such investigation was related to activities performed or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?
0		
11	Questi investi you we	tion to the information provided, in the past 5 years has any business or organization listed in response to on 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of gation by any government agency, including but not limited to federal, state, and local regulatory agencies while are a principal owner or officer? NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
12	sanctic	past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any on imposed as a result of judicial or administrative proceedings with respect to any professional license held? NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
13	local ta	e past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or exert or other assessed charges, including but not limited to water and sewer charges? NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
	123[]	TO [A] It year, provide an explanation of the organistation and corrective detail takens

I, Michael Arad	, hereby acknowledge that a materially false statement				
rillfully 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.					
anniated entitles non-responsible, and, in addition, may subject	ne to criminal charges.				
I, Michael Arad items contained in this form; that I supplied full and complete are information and belief; that I will notify the County in writing of this form; and that all information supplied by me is true to the best the County will rely on the information supplied in this form as a submitting business entity.	any change in circumstances occurring after the submission of best of my knowledge, information and belief. I understand that				
CERTIFICATION A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE	RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE				
Fund for the City of New York					
Name of submitting business					
Electronically signed and certified at the date and time indicated	by:				
Michael Arad MA@FCNY.ORG					
Board Chair					
Title					
05/25/2023 04:51:53 pm					
Date					

Page **4** of **4** Rev. 3-2016

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

	ne: Ester Fuchs				
Date of birth					
Home addres	ss: 420 Riverside Drive				
		State/Province/		Zip/Postal	
City:	New York	Territory:	_NY	Code:	10025
Country:	US				
Business Add	lress: 121 Avenu	e of the Americas, 6th Floor			
	<u>. </u>	State/Province/		Zip/Postal	
City:	New York	Territory:	NY	Code:	10013
Country	US	**			
Telephone:	2129256675				
Other preser	nt address(es):				
Other preser	it dual ess(es):	State/Province/		Zip/Postal	-5
City:		Territory:		Code:	
Country:		·	8-		3
	-				
Telephone:	addresses and telephone nu	umbers attached			
List of other	addresses and telephone nu	umbers attached d starting date of each (check all	applicable)		
List of other Positions hel		d starting date of each (check all	applicable)		
List of other Positions hel President	d in submitting business and	d starting date of each (check all			
List of other Positions hel President Chairman of	d in submitting business and Board	d starting date of each (check all Treasurer Sharehold			
Positions hel President Chairman of Chief Exec. C	d in submitting business and Board Officer	d starting date of each (check all Treasurer Sharehold Secretary			
Positions hel President Chairman of Chief Exec. C Chief Financi	d in submitting business and Board Officer al Officer	d starting date of each (check all Treasurer Sharehold			
Positions hel President Chairman of Chief Exec. C Chief Financi Vice Presider	d in submitting business and Board Officer al Officer	d starting date of each (check all Treasurer Sharehold Secretary			
Positions hel President Chairman of Chief Exec. C Chief Financi	d in submitting business and Board Officer al Officer	d starting date of each (check all Treasurer Sharehold Secretary			
Positions hel President Chairman of Chief Exec. C Chief Financi Vice Presider (Other)	d in submitting business and Board Officer al Officer nt Other	d starting date of each (check all Treasurer Sharehold Secretary			
Positions hel President Chairman of Chief Exec. C Chief Financi Vice Presider (Other)	d in submitting business and Board Officer al Officer	d starting date of each (check all Treasurer Sharehold Secretary			

3. Do you have an equity interest in the business submitting the questionnaire? YES [] NO [X] If Yes, provide details.

4.	mad	there any outstanding loans, guarantees or any other form of security or lease or any other type of the in whole or in part between you and the business submitting the questionnaire? [] NO [X] If Yes, provide details.	of contribution
5.	than	nin the past 3 years, have you been a principal owner or officer of any business or notfor-profit or the one submitting the questionnaire? [] NO [X] If Yes, provide details.	ganization other
6.	while	any governmental entity awarded any contracts to a business or organization listed in Section 5 in e you were a principal owner or officer? [] NO [X] If Yes, provide details.	n the past 3 years
any ac	tion ta	firmative answer is required below whether the sanction arose automatically, by operation of law aken by a government agency. Provide a detailed response to all questions checked "YES". If you the appropriate page and attach it to the questionnaire.	
7.		ne past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in have been a principal owner or officer:	Section 5 in which
	a.	Been debarred by any government agency from entering into contracts with that agency?	
		YES [] NO [X] 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 contract cause?	s cancelled for
		YES [] NO [X] 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, bu failure to meet pre-qualification standards? YES [] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.	t not limited to,
		TES [] NO [A] II YES, PROVIDE ON EXPLANATION OF the Grown states and contesting deficit states.	
	d.	Been suspended by any government agency from entering into any contract with it; and/or is a that could formally debar or otherwise affect such business's ability to bid or propose on contract YES [] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.	
8.	subje been busir YES [e any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petitic ect of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the land in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago an ness now the subject of any pending bankruptcy proceedings, whenever initiated? [] NO [X] If 'Yes', provide details for each such instance. (Provide a detailed response to all quest need more space, photocopy the appropriate page and attached it to the questionnaire.)	ast 7 year period, nd/or is any such
Page 2	of 5		Rev. 3-2016

9,	a.,	Is there any felony charge pending against you? YES [] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
	b.	Is there any misdemeanor charge pending against you? YES [] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
	c.	Is there any administrative charge pending against you? YES [] NO [X] 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 [X] 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 [X] 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 [X] If yes, provide an explanation of the circumstances and corrective action taken.
10	subject investig at, for,	tion to the information provided in response to the previous questions, in the past 5 years, have you been the of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or gative agency and/or the subject of an investigation where such investigation was related to activities performed or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
11	Question investignment of the contraction of the co	tion to the information provided, in the past 5 years has any business or organization listed in response to on 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of gation by any government agency, including but not limited to federal, state, and local regulatory agencies while are a principal owner or officer? NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
12	sanctio	past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any in imposed as a result of judicial or administrative proceedings with respect to any professional license held? NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
13		past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or xes or other assessed charges, including but not limited to water and sewer charges?

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YES [] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

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I, Ester Fuchs	, 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, Ester Fuchs	, hereby certify that I have read and understand all the				
items contained in this form; that I supplied full and complete ar	iswers to each item therein to the best of my knowledge,				
information and belief; that I will notify the County in writing of					
this form; and that all information supplied by me is true to the					
the County will rely on the information supplied in this form as a	dditional inducement to enter into a contract with the				
submitting business entity.					
CERTIFICATION	WALLE IN COMPLECTION WITH THE CHESTION MADE MAN				
A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTL					
RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT					
BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING TH	1E FALSE STATEMENT TO CRIMINAL CHARGES.				
Fund for the City of New York					
Name of submitting business					
Electronically signed and certified at the date and time indicated	by:				
Ester Fuchs EF@FCNY.ORG					
Board Vice Chair					
Title					
05/25/2023 04:50:28 pm					
Date					

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PRINCIPAL QUESTIONNAIRE FORM

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

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	-	State/Province/		Zip/Postal	
City:	Brooklyn	Territory:	NY	Code:	11205
Country:	US				
Business Ad	dress: 121 Avenue	e of the Americas, 6th Floor			
		State/Province/		Zip/Postal	
City:	New York	Territory:	NY	Code:	10013
Country	US				
Telephone:	2129256675				
Other prese	nt_address(es):			=	
		State/Province/		Zip/Postal	
City:	E	Territory:		Code:	0
Country:					
Telephone:					
List of other	addresses and telephone nu	mbers attached			
	*	mbers attached I starting date of each (check all ap	pplicable)		
	*		oplicable) _11/16/	2020	
Positions he	ld in submitting business and	l starting date of each (check all ap		2020	
Positions he	ld in submitting business and Board	I starting date of each (check all ap		2020	
Positions he President Chairman of	ld in submitting business and Board Officer	I starting date of each (check all ap Treasurer Shareholder		2020	
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Positions he President Chairman of Chief Exec. (Chief Finance	ld in submitting business and Board Officer ial Officer	I starting date of each (check all ap Treasurer Shareholder Secretary		2020	
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Positions he President Chairman of Chief Exec. (Chief Financ Vice Preside (Other) Do you have	ld in submitting business and Board Officer ial Officer nt	I starting date of each (check all ap Treasurer Shareholder Secretary Partner		2020	

5.	than	in the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other the one submitting the questionnaire? [] NO [X] If Yes, provide details.
6.	while	any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years e you were a principal owner or officer? [] NO [X] If Yes, provide details.
any ac	tion ta	firmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of aken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, he appropriate page and attach it to the questionnaire.
7		e past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which have been a principal owner or officer:
	a.	Been debarred by any government agency from entering into contracts with that agency?
		YES [] NO [X] If yes, provide 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 [X] If yes, provide an explanation of the circumstances and corrective action taken.
		TES [] NO [A] IT yes, provide all 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 [X] 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 [X] If yes, provide an explanation of the circumstances and corrective action taken.
8.	subje been busir YES [any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the ect of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such ness now the subject of any pending bankruptcy proceedings, whenever initiated?] NO [X] If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If 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 [X] If yes, provide an explanation of the circumstances and corrective action taken.

YES [] NO [X] If yes, provide an explanation of the circumstances and corrective action taken. Is there any administrative charge pending against you? YES [] NO [X] If yes, provide an explanation of the circumstances and corrective action taken. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? YES [] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
res [] NO [X] If yes, provide an explanation of the circumstances and corrective action taken. 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?
element of which relates to truthfulness or the underlying facts of which related to the conduct of business?
n the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? (ES [] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
n the past 5 years, have you been found in violation of any administrative or statutory charges? (ES [] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
tive agency and/or the subject of an investigation where such investigation was related to activities performed on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? [X] If yes, provide an explanation of the circumstances and corrective action taken.
n to the information provided, in the past 5 years has any business or organization listed in response to
5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of tion by any government agency, including but not limited to federal, state, and local regulatory agencies while a principal owner or officer?
5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of fion by any government agency, including but not limited to federal, state, and local regulatory agencies while
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5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of tion by any government agency, including but not limited to federal, state, and local regulatory agencies while a principal owner or officer? [X] If yes, provide an explanation of the circumstances and corrective action taken. [St 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any imposed as a result of judicial or administrative proceedings with respect to any professional license held?
r

l, Georgia Boothe	, 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.						
l, Georgia Boothe	, 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						
this form; and that all information supplied by me is true to the						
the County will rely on the information supplied in this form as a	dditional inducement to enter into a contract with the					
submitting business entity.						
CERTIFICATION A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTL'	VAMADE IN CONNECTION WITH THIS OHESTIONNAIDE MAY					
RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT						
BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING TH						
BIDS, AND, IN ADDITION, MAT SUBJECT THE PERSON MAKING TI	TE PALSE STATEMENT TO CHIMINAL CHARGES.					
Fund for the City of New York						
Name of submitting business						
_						
Electronically signed and certified at the date and time indicated	by:					
Georgia Boothe GB@FCNY.ORG						
Board Treasurer						
Title						
05/25/2023 04:47:45 pm						
Date						

PRINCIPAL QUESTIONNAIRE FORM

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

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

		State/Province/		Zip/Postal	
City:	New York	Territory:	NY	Code:	10013
Country:	US	Territory.	141		10015
country.					
Business Ado	lress: 121 Avenue	e of the Americas, 6th Floor			
		State/Province/		Zip/Postal	
City:	New York	Territory:	NY	Code:	10013
Country	US				
Telephone:	2129256675				
Other preser	nt address(es):				
Other preser	it address(es).	State/Province/		Zip/Postal	-
City:		Territory:	NY	Code:	
Country:	US				
-					
Telephone: List of other	addresses and telephone nu	ımbers attached			
List of other		imbers attached d starting date of each (check all a	pplicable)		
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Positions hel President Chairman of Chief Exec. C Chief Financi Vice Presider (Other) Do you have	d in submitting business and Board Officer al Officer nt an equity interest in the bus	d starting date of each (check all a Treasurer Shareholder Secretary Partner	05/01/	2018	

5.	than	in the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other the one submitting the questionnaire?] NO [X] If Yes, provide details.
6.	while	any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years e you were a principal owner or officer? [] NO [X] If Yes, provide details.
any ac	tion ta	firmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of aken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, the appropriate page and attach it to the questionnaire.
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	a.	Been debarred by any government agency from entering into contracts with that agency? YES [] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
		TES [] NO [A] II yes, provide all explanation of the chediness and corrective action takens
	b.	Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?
		YES [] NO [X] If yes, provide 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 [X] If yes, provide an explanation of the circumstances and corrective action taken.
		120 [] Ive [N] Iv year provide an emplanation of the emplanation of the emplanetic o
	d.	Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? YES [] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
8.	subje been busin YES [any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the ect of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such less now the subject of any pending bankruptcy proceedings, whenever initiated?] NO [X] If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If 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 [X] If yes, provide an explanation of the circumstances and corrective action taken.

C.	
	Is there any administrative charge pending against you? YES [] NO [X] 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 [X] 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 [X] 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 [X] If yes, provide an explanation of the circumstances and corrective action taken.
-	t of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or
investig at, for,	•
investig at, for,	gative agency and/or the subject of an investigation where such investigation was related to activities performed or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?
investig at, for, YES [] In addir Questic investig you we	gative agency and/or the subject of an investigation where such investigation was related to activities performed or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?
investig at, for, YES [] In addir Questic investig you we	gative agency and/or the subject of an investigation where such investigation was related to activities performed or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? NO [X] If yes, provide an explanation of the circumstances and corrective action taken. tion to the information provided, in the past 5 years has any business or organization listed in response to on 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of gation by any government agency, including but not limited to federal, state, and local regulatory agencies while are a principal owner or officer?
In addir Questic investig you we YES []	gative agency and/or the subject of an investigation where such investigation was related to activities performed or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? NO [X] If yes, provide an explanation of the circumstances and corrective action taken. tion to the information provided, in the past 5 years has any business or organization listed in response to on 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of gation by any government agency, including but not limited to federal, state, and local regulatory agencies while are a principal owner or officer?

I, Dana Buchman	, 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.						
	1					
I, Dana Buchman	, hereby certify that I have read and understand all the					
items contained in this form; that I supplied full and complete ar						
information and belief; that I will notify the County in writing of						
this form; and that all information supplied by me is true to the l						
the County will rely on the information supplied in this form as a	dditional inducement to enter into a contract with the					
submitting business entity.						
CERTIFICATION						
A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTL	Y MADE IN CONNECTION WITH THIS OUESTIONNAIRE MAY					
RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT						
BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING TH						
, ,						
Fund for the City of New York						
Name of submitting business						
Electronically signed and certified at the date and time indicated	by:					
Dana Buchman DB@FCNY.ORG						
Board Secretary						
Title						
05/25/2023 04:46:05 pm						
Date						

Page **4** of **4** Rev. 3-2016

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

Home address:	86 6th Ave.				
		State/Province/		Zip/Postal	
City:E	Brooklyn	Territory:	NY	Code:	_11217
Country: L	JS				
Business Address	s: 121 Avenue of th	ne Americas, 6th Floor			
Ŋ.		State/Province/		Zip/Postal	
City:	lew York	Territory:	NY	Code:	10013
	JS				
	129256675				
Other present ac	ddress(es)				
Other present at	201033(03).	State/Province/		Zip/Postal	-67
City:		Territory:		Code:	
Country:					
Telephone:					
List of other add	resses and telephone number				
List of other add	submitting business and start	ing date of each (check all	applicable)		
List of other add Positions held in President	submitting business and start 09/01/2020	ing date of each (check all			
List of other add Positions held in President Chairman of Boa	submitting business and start 09/01/2020 ard	ing date of each (check all Treasurer Sharehold			
List of other add Positions held in President Chairman of Boa Chief Exec. Office	submitting business and start 09/01/2020 ard er	ing date of each (check all Treasurer Sharehold Secretary			
List of other add Positions held in President Chairman of Boa Chief Exec. Office Chief Financial C	submitting business and start 09/01/2020 ard er	ing date of each (check all Treasurer Sharehold			
List of other add Positions held in President Chairman of Boa Chief Exec. Office Chief Financial C	submitting business and start 09/01/2020 ard er	ing date of each (check all Treasurer Sharehold Secretary			
List of other add Positions held in President Chairman of Boa Chief Exec. Office Chief Financial C	submitting business and start 09/01/2020 ard er	ing date of each (check all Treasurer Sharehold Secretary			
List of other add Positions held in President Chairman of Boa Chief Exec. Office Chief Financial C Vice President (Other)	submitting business and start 09/01/2020 ord er Offficer	ing date of each (check all Treasurer Sharehold Secretary Partner	er		
List of other add Positions held in President Chairman of Boa Chief Exec. Office Chief Financial C Vice President (Other) Do you have an	submitting business and start 09/01/2020 ard er Officer equity interest in the business	ing date of each (check all Treasurer Sharehold Secretary Partner	er		
List of other add Positions held in President Chairman of Boa Chief Exec. Office Chief Financial C Vice President (Other) Do you have an	submitting business and start 09/01/2020 ord er Offficer	ing date of each (check all Treasurer Sharehold Secretary Partner	er		
List of other add Positions held in President Chairman of Boa Chief Exec. Office Chief Financial C Vice President (Other) Do you have an	submitting business and start 09/01/2020 ard er Officer equity interest in the business	ing date of each (check all Treasurer Sharehold Secretary Partner	er		

5.	than	nin the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other the one submitting the questionnaire? [X] NO [] If Yes, provide details.
	Chai	r, Guttman Community College Fdn; Board Mbr, Stand for Children; Trustee, Edwin Gould Fdn; Board Mbr, Schools Venture Fund; Trustee, NYPL
6.	while YES [any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years e you were a principal owner or officer? [X] NO [] If Yes, provide details.
		nonprofit organizations listed have received contracts.
any ac	tion ta	firmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of aken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, he appropriate page and attach it to the questionnaire.
7,	you	ne past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which have been a principal owner or officer:
	a.	Been debarred by any government agency from entering into contracts with that agency? YES [] NO [X] If yes, provide 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 [X] 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 [X] 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 [X] If yes, provide an explanation of the circumstances and corrective action taken.
8.	subje been busir YES [e any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the ect of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such ness now the subject of any pending bankruptcy proceedings, whenever initiated? 1] NO [X] If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If need more space, photocopy the appropriate page and attached it to the questionnaire.)
9.		to New York and the constitution of the consti
	a.	Is there any felony charge pending against you? YES [] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

	b.	Is there any misdemeanor charge pending against you? YES [] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
	c.	Is there any administrative charge pending against you? YES [] NO [X] 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 [X] 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 [X] 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 [X] If yes, provide an explanation of the circumstances and corrective action taken.
.0	subjec investi at, for,	ition to the information provided in response to the previous questions, in the past 5 years, have you been the t of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or gative agency and/or the subject of an investigation where such investigation was related to activities performed or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
1	Questi investi you we	ition to the information provided, in the past 5 years has any business or organization listed in response to on 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of gation by any government agency, including but not limited to federal, state, and local regulatory agencies while ere a principal owner or officer? NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
		NOTE: Provide the second second
2	sanctio	past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any on imposed as a result of judicial or administrative proceedings with respect to any professional license held? NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
.3	local ta	e past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or exes or other assessed charges, including but not limited to water and sewer charges? NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

l, Lisette Nieves	, 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.						
l, Lisette Nieves	, hereby certify that I have read and understand all the					
items contained in this form; that I supplied full and complete ar	iswers 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 l	pest of my knowledge, information and belief. I understand that					
the County will rely on the information supplied in this form as a	dditional inducement to enter into a contract with the					
submitting business entity.						
CERTIFICATION						
A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTL	Y 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 TH	IE FALSE STATEMENT TO CRIMINAL CHARGES.					
Fund for the City of New York						
Name of submitting business						
Electronically signed and certified at the date and time indicated	by:					
Lisette Nieves LN@FCNY.ORG						
President						
Title						
05/25/2023 04:43:19 pm						
Date						

Page **4** of **4** Rev. 3-2016

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).

Page 1 of 6

te:	05/25	/2023					
	Proposer's	s Legal Name:	Fund for the Cit	y of New York			
	Address of	f Place of Business:	121 6th Avenue,	6th Floor			
	City:	New York		State/Province/ Territory:	NY	Zip/Postal Code:	10013
	Country:	US					
	Address:	_520 8th Avenue	, 18th Floor				
	City	New York		State/Province Territory:	r/ NY	Zip/Postal Code:	10018
	City: Country:				INT	code.	10016
	Start Date					End Date:	
į.							
1	Mailing Ac	ddress (if different):	520 8th Avenu	ie, 18th Floor State/Province/		Zip/Postal	
Đ	Mailing Ad	ddress (if different): New York	520 8th Avenu				
(I)			_520 8th Avenu	State/Province/		Zip/Postal	
Đ	City:		520 8th Avenu	State/Province/		Zip/Postal	
3	City: Country: Phone:	New York		State/Province/		Zip/Postal	de details:
	City: Country: Phone:	New York (212) 925-6676		State/Province/ Territory:		Zîp/Postal Code:	de details:
į	City: Country: Phone: Does the b	New York (212) 925-6676		State/Province/ Territory:		Zîp/Postal Code:	de details:

Rev. 3-2016

6)	The proposer is a:	Other	(Describe)	501(c)(3)
7)		nare office space, staff, or olease provide details:	equipment expenses with a	ny other business?
8)		ontrol one or more other please provide details:	businesses?	
9)	YES [X] NO [] If yes, p	olease provide details:		or controlled by, any other business?
	Affiliated with Nation	nal Center for Civic Innov	ation and International Centr	e for Civic Innovation.
10)	government entity to YES [] NO [X] If yes, s	erminated? state the name of bondin		ntract with Nassau County or any other mount of bond and reason for such t).
11)			s, been declared bankrupt? ion, amount of liabilities and	amount of assets
12)	subject of a criminal investigative agency? subject of a criminal investigative agency, business.	investigation and/or a cive And/or, in the past 5 year investigation and/or a cive where such investigation	vil anti-trust investigation by ars, have any owner and/or ovil anti-trust investigation by a was related to activities per	ficers and/or any affiliated business, been the any federal, state or local prosecuting or officer of any affiliated business been the any federal, state or local prosecuting or formed at, for, or on behalf of an affiliated tion of the circumstances and corrective action
13)	subject of an investig agencies? And/or, in investigation by any g matters pertaining to	tation by any government the past 5 years, has any government agency, inclu that individual's position	t agency, including but not ling owner and/or officer of an a uding but not limited to feden nat or relationship to an affil	ers and/or any affiliated business been the nited to federal, state and local regulatory ffiliated business been the subject of an ral, state and local regulatory agencies, for lated business. tion of the circumstances and corrective action
14)	such person's employ	yment, or since such emp	oloyment if the charges perta	ee of this business had, either before or during ined to events that allegedly occurred during to the conduct of that business:

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YES [] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective action

a) Any felony charge pending?

YES take	ny misdemeanor charge pending? [] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective n.
whi	the past 10 years, you been convicted, after trial or by plea, of any felony and/or any other crime, an element ch relates to truthfulness or the underlying facts of which related to the conduct of business? [] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective en.
	the past 5 years, been convicted, after trial or by plea, of a misdemeanor? [] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and correctiveen.
	the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions? [] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective en.
imp	ne past (5) years, has this business or any of its owners or officers, or any other affiliated business had any sanct osed as a result of judicial or administrative proceedings with respect to any professional license held? [] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective in.
stat YES	the past (5) tax years, has this business failed to file any required tax returns or failed to pay any applicable fede e or local taxes or other assessed charges, including but not limited to water and sewer charges? [] NO [X] If yes, provide details for each such year. Provide a detailed response to all stions checked 'YES'. If you need more space, photocopy the appropriate page and attach it to the questionnain

Page **3** of **6** Rev. 3-2016

(iii) Any other matter that your firm believes may create a conflict of interest or the appearance of a conflict of

No conflict exists.

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.
	The Fund's Board of Directors complete annual conflict of interest forms.
	e a resume or detailed description of the Proposer's professional qualifications, demonstrating extensive ence in your profession. Any prior similar experiences, and the results of these experiences, must be identified.
-	ou previously uploaded the below information under in the Document Vault? NO [X]
-	oroposer an individual? NO [X] Should the proposer be other than an individual, the Proposal MUST include:
-	Date of formation;
_ (02/01/1968
<u>, 1</u>	Name, addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner. If none, explain.
1	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.
	2 File(s) uploaded: Board List 05.2021.pdf, Board List 11.2022.pdf
iv)	State of incorporation (if applicable);
	NY
v) [The number of employees in the firm; 475
vi)	Annual revenue of firm;
VI)	80000000
vii)	Summary of relevant accomplishments
	Summary of relevant accomplishments attached.
	1 File(s) uploaded: Business History Form Attachment 1 (003).pdf
viii)	Copies of all state and local licenses and permits.
5000	e number of years in business.
55	

Rev. 3-2016

A.

Page 4 of 6

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

 Attached.
 - 1 File(s) uploaded: Business History Form Attachment 2.pdf
- 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	New York City Mayor's Office of Criminal	Justice	
Contact Person	Gerald Foley		
Address	One Centre Street, Room 1012N		
City	New York	State/Province/Territory	NY
Country	US		·
Telephone	(646) 576-3471		
Fax #	(212) 312-0825		
E-Mail Address	GFoley@cityhall.nyc.gob	_	
Company	New York STate Unified Court System - Re	ed Hook Community Justice Cer	nter
Contact Person	Judge Alex Calabrese		
Address	88 Visitation Place		
City	Brooklyn	State/Province/Territory	NY
Country	US		
Telephone	(718) 923-8225		
Fax #			
E-Mail Address	acalabre@nycourts.gov	_	
Company	Robin Hood Foundation		
Contact Person	Kwaku Driskell		
Address	826 Broadway, 9th Floor		
City	New York	State/Province/Territory	NY
Country	US		
Telephone	(212) 844-3574		
Fax #			
E-Mail Address	driskell@robinhood.org		

I, Jill Borrero	, 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, Jill Borrero	, hereby certify that I have read and understand all the					
items contained in this form; that I supplied full and complete a						
information and belief; that I will notify the County in writing of						
	best of my knowledge, information and belief. I understand that					
the County will rely on the information supplied in this form as a						
submitting business entity.						
Submitted Submitted Childy.						
CERTIFICATION						
A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTL	Y MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY					
RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT						
BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING T						
Name of submitting business: Fund for the City of Nev	ν York					
Electronically signed and certified at the date and time indicated	I by:					
Jill Borrero JBORRERO@FCNY.ORG	·					
Vice President of Finance & Operations						
Title						
05/25/2023						
Date						

Rev. 3-2016



Board of Directors

Michael Arad (Chair), Partner, Handel Architects LLP; Designer, World Trade Center Memorial.

Georgia Boothe (Treasurer), Vice President, Child Welfare and Family Services, Children's Aid Society.

Dana Buchman (Secretary), Fashion Designer; Chair, Promise Project; Author of "A Special Education: One Family's Journey Through the Maze of Learning Disabilities;" Member of the Council of Fashion Designers America.

Jomysha Delgado Stephen, Executive Vice President of the College and General Counsel, Barnard College.

Ester Fuchs (Vice Chair), Professor of International and Public Affairs and Political Science, Columbia University; former Special Advisor on Governance and Strategic Planning to Mayor Michael R. Bloomberg.

Linda Lausell Bryant, Katherine and Howard Aibel Executive-in-Residence, Clinical Assistant Professor, Director, Undergraduate Field Learning, NYU Silver School of Social Work.

Lisette Nieves, President, Fund for the City of New York; Clinical Professor, Educational Leadership & Policy Studies, Steinhardt School of Culture, Education & Human Development, New York University; Former Belle Zeller Distinguished Visiting Professor in Public Policy, City University of New York (CUNY); Executive Director, Year Up NYC; Adjunct Professor, Brooklyn College; former Chief of Staff, NYC Department of Youth and Community Development; Director of Special Projects for The After School Corporation (TASC).

COUNTY OF NASSAU

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

1. Name of th	e Entity: Fund for the Ci	ty of New York			
Address:	121 Avenue of the Americas, 6	6th Floor			
City: New	York	State/Province/Territory:	NY	_ Zip/Postal Code:	10013
Country:	US				
2. Entity's Ver	ndor Identification Number:	13-2612524			
3. Type of Bus	iness: Other	(specify)	501 c3 Nonprof	it	
, ,	anies (attach additional sheets ded: Board List 11.2022.pdf	s if necessary):			
First Name	Lisette				
Last Name	Nieves				
MI		Suffix			
Address	121 AVENUE OF THE AMER	RICAS, 6TH FLOOR			
	,	State/Prov	nce/	Zip/Postal	
City	NEW YORK	Territory:	NY	Code:	_10013
Country	US				
Position	President				
5. List names the individual this section. If none, expla	shareholders/partners/meml	ders, members, or partners of the bers. If a Publicly held Corporatio	e firm. If the share n, include a copy	eholder is not an indiv of the 10K in lieu of o	vidual, list completing
	HI to				

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):

None

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

None

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

None.

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

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

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

Jill Borrero [JBORRERO@FCNY.ORG]

Dated:

06/21/2023 12:08:06 pm

Title:

Vice President of Finance & Operations

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.

YRAJU

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/21/2023

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.

If the configure holder is an ADDITIONAL INSURED, the policy/ies) must have ADDITIONAL INSURED provisions or be endorsed

l i	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to	t to	the	terms and conditions of	the policy	, certain p	olicies may	require an endorsemen	t. A st	atement on
	PRODUCER License # 0C36861				CONTACT Suzanne Orosz					
Nev	New York-Alliant Ins Svc Inc				NAME: PHONE (A/C, No, Ext): (A/C, No):					
	l Park Ave 14th Fl w York, NY 10178						alliant.com			
	. 1011,111				ADDICESS:			DING COVERAGE		NAIC#
					INSURER A			nity Insurance Comp	anv	18058
INS	URED							ce Company	•	15032
	Fund for the City of New York	k Ind	_		INSURER C					
	121 Avenue of the Americas	κ, π	٥.		INSURER D:					
	New York, NY 10013				INSURER E :					
					INSURER F					
CC	OVERAGES CERT	TIFIC	ATE	NUMBER:			1	REVISION NUMBER:		
T II C	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	S OF EQUI PER POLIC	REME TAIN, CIES.	SURANCE LISTED BELOW HENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF ANY DED BY TH BEEN RED	CONTRAC HE POLICIE DUCED BY P	O THE INSUR T OR OTHER S DESCRIBE PAID CLAIMS.	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSF	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	PC (MN	OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A								EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		PHPK2516393	2	2/3/2023	2/3/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	S	3,000,000
	POLICY PRO- X LOC							PRODUCTS - COMP/OP AGG	S	3,000,000
	OTHER:							EBL AGGREGATE	S	3,000,000
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	S	1,000,000
	X ANY AUTO		PHPK2516393	PHPK2516393	2	2/3/2023	2/3/2024	BODILY INJURY (Per person)	S	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	3310-32-3007								s	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			PHUB850727	2	2/3/2023	2/3/2024	AGGREGATE	s	5,000,000
	DED X RETENTION\$ 10,000							Loso Loso	s	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE ER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		01-0015-131	2	2/3/2023	2/3/2024	E.L. EACH ACCIDENT	S	1,000,000
								E L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						21212221	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
A	Professional Liab			PHPK2516393	2	2/3/2023	2/3/2024	Agg: \$3,000,000/Occ:		1,000,000
Re:	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Partner Project: CCI ssau County Youth Court.	ES (A	CORD) 101, Additional Remarks Schedul	le, may be att	tached If more	space is require	ed)		
Nas	sau County - Office of the District Attorn	ey is	incl	uded as Additional Insured	l where red	quired by w	vritten contra	ct or agreement.		
CF	RTIFICATE HOLDER				CANCEL	LATION				
CERTIFICATE HOLDER Nassau County - Office of the District Attorney 262 Old Country Road Mineola, NY 11501				Attorney	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					



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
Legal Name & Address of Insured (use street address only) Fund for the City of New York 121 Avenue of the Americas New York, NY 10013	1b. Business Telephone Number of Insured (212) 925-6675
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number 13-2612524
Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Nassau County - Office of the District Attorney 262 Old Country Road Mineola, NY 11501	3a. Name of Insurance Carrier UniCare Life & Health Insurance Company NAIC #80314 3b. Policy Number of Entity Listed in Box "1a" 218835 GDBL 3c. Policy effective period October 1, 2022 to October 1, 2023
4. Policy provides the following benefits: X A. Both disability and paid family leave benefits. B. Disability benefits only. C. Paid family leave benefits only. 5. Policy covers: X A. All of the employer's employees eligible under the NYS Disability. B. Only the following class or classes of employer's employees: Under penalty of perjury, I certify that I am an authorized representative or I	
insured has NYS Disability and/or Paid Family Leave Benefits insurance co	
Date Signed 06/21/2023 By Theresa R	
· -	carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)
Telephone Number 220-219-0691 Name and Title Th	eresa Ross, Contract Administrator Lead
Licensed Insurance Agent of that carrier, this certificate is N	signed by the insurance carrier's authorized representative or NYS ficate is COMPLETE. Mail it directly to the certificate holder. NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS must be mailed for completion to the Workers' Compensation ghamton, NY 13902-5200.
PART 2. To be completed by the NYS Workers' Compensati	on Board (Only if Box 4C or 5B of Part 1 has been checked)
State of Workers' Comp According to information maintained by the NYS Workers' Compen. NYS Disability and Paid Family Leave Benefits Law with respect to	New York pensation Board sation Board, the above-named employer has complied with the 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.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY INSURANCE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Effective Date: 02/03/2020

Name of Person or Organization (Additional Insured):

Any person or organization where the insured has a signed written contract requiring coverage for Primary & Non-contributory insurance.

SECTION II – WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the endorsement Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" arising out of or relating to your negligence in the performance of "your work" for such person(s) or organization(s) that occurs on or after the effective date shown in the endorsement Schedule.

This insurance is primary to and non-contributory with any other insurance maintained by the person or organization (Additional Insured), except for loss resulting from the sole negligence of that person or organization.

This condition applies even if other valid and collectible insurance is available to the Additional Insured for a loss or "occurrence" we cover for this Additional Insured.

The Additional Insured's limits of insurance do not increase our limits of insurance, as described in **SECTION III – LIMITS OF INSURANCE**.

All other terms, conditions, and exclusions under the policy are applicable to this endorsement and remain unchanged.

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 Workers' 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 my 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 not withstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits 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.



CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (use street address only)	1b. Business Telephone Number of Insured (212) 925-6675
Fund for the City of New York, Inc. 121 Avenue of the Americas, 6th Floor New York, NY 10013	1c. NYS Unemployment Insurance Employer Registration Number of Insured
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1d. Federal Employer Identification Number of Insured or Social Security Number 13-2612524
Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	3a. Name of Insurance Carrier GuideOne Mutual Insurance Company (NAIC#: 15032)
Nassau County - Office of the District Attorney 262 Old Country Road Mineola, NY 11501	3b. Policy Number of Entity Listed in Box "1a" 01-0015-131
	3c. Policy effective period
	02/03/2023 to 02/03/2024
	3d. The Proprietor, Partners or Executive Officers are
	included. (Only check box if all partners/officers included) 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:	Leslie R Downey	
	(Print name of authorized representative or	licensed agent of insurance carrier)
Approved by:		6/23/2023
	(Signature)	(Date)
Title:	Workers Compensation Underwriting Spo	ecialist - GuideOne

Telephone Number of authorized representative or licensed agent of insurance carrier: 719-464-5103

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.



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?			
	ally signed and certified at the date and time indicated Bryan [COURTNEYB@INNOVATINGJUSTICE.ORG]	by:		
Dated:	05/26/2023 03:39:12 pm	Vendor:	Justice Innovation Inc.	
		Title:	Executive Director	



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.

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?

Page **1** of **3** Rev. 3-2016

YES [] NO [X] 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: Courtney Bryan [COURTNEYB@INNOVATINGJUSTICE.ORG]					
Dated: 05/26/2023 03:39:48 pm	Vendor:	Justice Innovation Inc.			
	Title:	Executive Director			

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

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.

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PRINCIPAL QUESTIONNAIRE FORM

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

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

Date of hirt	ame:	Susan McClure				
Date of birth:		09/26/1977				
Home addr	ess:	10 East End Avenue, A	State/Province/		Zip/Postal	
City No.		/ York	Territory:	NY	Code:	10075
City:	US	/ TOTK	remony.	S=		10073
Country:						
Business Ac	dress:	520 Eighth Av	venue, 18th Floor			
	3		State/Province/		Zip/Postal	
City:	New	/ York	Territory:	NY	Code:	10018
Country	US					
Telephone:	646-	-386-3100				
Other prese	ent <u>addre</u>	ess(es):	State/Province/		Zip/Postal	=
City			Territory:		Code:	
City:			remitory.	£	Code.	S=====
Country: Telephone:						
List of othe	r address	ses and telephone num	bers attached			
			bers attached tarting date of each (check all a	pplicable)		
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President Chairman o Chief Exec. Chief Finan Vice Preside	eld in sul of Board Officer cial Offic	bmitting business and s	tarting date of each (check all a Treasurer Shareholder Secretary		/2022	
President Chairman o Chief Exec. Chief Finan	eld in sul of Board Officer cial Offic	bmitting business and s	tarting date of each (check all a Treasurer Shareholder Secretary		/2022	
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Positions he President Chairman o Chief Exec. Chief Finan Vice Preside (Other) Do you hav YES [] NO [of Board Officer cial Officent e an equ X] If Yes,	bmitting business and s	tarting date of each (check all a Treasurer Shareholder Secretary Partner ness submitting the questionnain	o5/01/	ny other type of cor	ntributio

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 [X] If Yes, provide details.				
6.	while	any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years e you were a principal owner or officer?] NO [X] If Yes, provide details.			
any ac	tion ta	irmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of ken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, ne appropriate page and attach it to the questionnaire.			
7		e past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which have been a principal owner or officer:			
	a.	Been debarred by any government agency from entering into contracts with that agency?			
		YES [] NO [X] If yes, provide 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 [X] If yes, provide an explanation of the circumstances and corrective action taken.			
		TES [] NO [A] IT yes, provide all 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 [X] 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 [X] If yes, provide an explanation of the circumstances and corrective action taken.			
8.	subje been busin YES [any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the ect of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such less now the subject of any pending bankruptcy proceedings, whenever initiated? NO [X] If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If 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 [X] If yes, provide an explanation of the circumstances and corrective action taken.			

	b.	Is there any misdemeanor charge pending against you? YES [] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.				
	c.	Is there any administrative charge pending against you? YES [] NO [X] 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 [X] 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 [X] 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 [X] If yes, provide an explanation of the circumstances and corrective action taken.				
	investi at, for,	t of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or gative agency and/or the subject of an investigation where such investigation was related to activities performed or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? NO [X] If yes, provide an explanation of the circumstances and corrective action taken.				
11	Questi investi you we	tion to the information provided, in the past 5 years has any business or organization listed in response to on 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of gation by any government agency, including but not limited to federal, state, and local regulatory agencies while ere a principal owner or officer? NO [X] If yes, provide an explanation of the circumstances and corrective action taken.				
12	sanctio	past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any on imposed as a result of judicial or administrative proceedings with respect to any professional license held? NO [X] If yes, provide an explanation of the circumstances and corrective action taken.				
L3	local ta	e past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or executive or other assessed charges, including but not limited to water and sewer charges?				
	YES []	NO [X] If yes, provide an explanation of the circumstances and corrective action taken.				

١,	Susan McClure	, hereby acknowledge that a materially false statement				
wil	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.						
۱, [Susan McClure	, hereby certify that I have read and understand all the				
iter	ns contained in this form; that I supplied full and complete an	swers to each item therein to the best of my knowledge,				
info	ormation and belief; that I will notify the County in writing of a	ny change in circumstances occurring after the submission of				
this	s form; and that all information supplied by me is true to the b	est of my knowledge, information and belief. I understand that				
the	County will rely on the information supplied in this form as a	dditional inducement to enter into a contract with the				
sub	mitting business entity.					
	RTIFICATION					
	MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY					
		RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE				
BID	S, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING TH	E FALSE STATEMENT TO CRIMINAL CHARGES.				
l	Man hara a santa a ha a					
	tice Innovation Inc.					
Nar	me of submitting business					
ГΙα	otropically signed and contified at the data and time indicated	h				
Electronically signed and certified at the date and time indicated by: Susan McClure SUSANM@INNOVATINGJUSTICE.ORG						
Sus	an McClure SOSANM@INNOVATINGJOSTICE.ORG					
Soc	retary and General Counsel					
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05/	26/2023 03:46:00 pm					
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Page **4** of **4** Rev. 3-2016

PRINCIPAL QUESTIONNAIRE FORM

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

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	ss: <u>223</u>	Bainbridge Street, Ap	State/Province/		Zip/Postal	
City:	Brooklyn		Territory:	NY	Code:	11233
Country:	US			*************************************		
Business Ado	dress:	520 Eighth Aveni	ue. 18th Floor			
			State/Province/		Zip/Postal	
City:	New York		Territory:	NY	Code:	10018
Country	US		s	-		-
Telephone:	646-386-3	3100				
Other preser	nt address(es)):				
			State/Province/		Zip/Postal	
City:	-		Territory:		Code:	
Country:						
Telephone:						
List of other	addresses an	id telephone number	s attached			
		·	s attached ing date of each (check all a	applicable)		
		·		applicable)		
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5.	than	nin the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other the one submitting the questionnaire? [] NO [X] If Yes, provide details.
6.	while	any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years e you were a principal owner or officer? [] NO [X] If Yes, provide details.
any ac	tion ta	firmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of aken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, he appropriate page and attach it to the questionnaire.
7,.		ne past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which have been a principal owner or officer:
	a.	Been debarred by any government agency from entering into contracts with that agency? YES [] NO [X] If yes, provide 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 [X] 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 [X] 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 [X] If yes, provide an explanation of the circumstances and corrective action taken.
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į.		
9.	a.	Is there any felony charge pending against you? YES [] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

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	f.	In the past 5 years, have you been found in violation of any administrative or statutory charges? YES [] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
10	subject investig at, for,	tion to the information provided in response to the previous questions, in the past 5 years, have you been the cof a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or gative agency and/or the subject of an investigation where such investigation was related to activities performed or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
11	Question investion you we	tion to the information provided, in the past 5 years has any business or organization listed in response to on 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of gation by any government agency, including but not limited to federal, state, and local regulatory agencies while are a principal owner or officer? NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
12	sanctio	past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any in imposed as a result of judicial or administrative proceedings with respect to any professional license held? NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
13	local ta	past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or xes or other assessed charges, including but not limited to water and sewer charges?
	YES []	NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

l, Rasmia Kirmani	, 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 subjec	
l, Rasmia Kirmani	$oxedsymbol{oxed}$, hereby certify that I have read and understand all the
items contained in this form; that I supplied full and complete a	
	f any change in circumstances occurring after the submission of
	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 FRAUDULENT	IV MADE IN CONNECTION WITH THIS OLIESTIONNAIDE MAY
	RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE
BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING T	
,,,	THE THE STATE OF T
Justice Innovation Inc.	
Name of submitting business	
Electronically signed and certified at the date and time indicate	d by:
Rasmia Kirmani RKIRMANI@INNOVATINGJUSTICE.ORG	
Chair of the Board	
Title	
05/26/2023 03:43:35 pm	
03/20/2023 03:43:35 pm	
Date	

Page 4 of 4

PRINCIPAL QUESTIONNAIRE FORM

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

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Data of laterials.	-	rtney Bryan				
Date of birth: Home addres		01/0076				
nome addres	S: 50 R	laymond Avenue	State/Province/	Chata /Dura in a /		
City:	South Or	ango	Territory:	NJ	Zip/Postal Code:	07079
Country:	South Ora	ange	remitory:	- 143	Code:	0/0/9
Country:						
Business Add	ress:	520 Eighth Avenu	e, 18th Floor			
			State/Province/		Zip/Postal	
City:	New York	<u> </u>	Territory:	NY	Code:	10018
Country	US					
Telephone:	646-386-	3100				
Other presen	t address(e	5):				
p. 00011		-,-	State/Province/		Zip/Postal	
City:			Territory:		Code:	
Country:						
Telephone:						
List of other a	addresses ar	nd telephone numbers	attached			
			attached ng date of each (check all a	applicable)		
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Positions held President Chairman of I Chief Exec. Of Chief Financia Vice Presiden (Other)	d in submitti Board fficer al Officer t	03/16/2020 terest in the business s	ng date of each (check all a Treasurer Shareholde Secretary Partner	er		
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5.	than	nin the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other the one submitting the questionnaire? [] NO [X] If Yes, provide details.
6.	whil	any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years e you were a principal owner or officer? [] NO [X] If Yes, provide details.
any ac	tion ta	firmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of aken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, he appropriate page and attach it to the questionnaire.
7,.		ne past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which have been a principal owner or officer:
	a.	Been debarred by any government agency from entering into contracts with that agency? YES [] NO [X] If yes, provide 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 [X] 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 [X] 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 [X] If yes, provide an explanation of the circumstances and corrective action taken.
8.	subje been busin YES [any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the ect of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such ness now the subject of any pending bankruptcy proceedings, whenever initiated? NO [X] If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If 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 [X] If yes, provide an explanation of the circumstances and corrective action taken.

	b.	Is there any misdemeanor charge pending against you? YES [] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
	c.	Is there any administrative charge pending against you? YES [] NO [X] 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 [X] 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 [X] 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 [X] If yes, provide an explanation of the circumstances and corrective action taken.
LO	subjectinvestiat, for,	tion to the information provided in response to the previous questions, in the past 5 years, have you been the t of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or gative agency and/or the subject of an investigation where such investigation was related to activities performed or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
.1	Questi investi you we	tion to the information provided, in the past 5 years has any business or organization listed in response to on 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of gation by any government agency, including but not limited to federal, state, and local regulatory agencies while ere a principal owner or officer? NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
2	sanctio	past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any on imposed as a result of judicial or administrative proceedings with respect to any professional license held? NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
.3	local ta	e past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or exes or other assessed charges, including but not limited to water and sewer charges? NO [X] If yes, provide an explanation of the circumstances and corrective action taken.
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Page **3** of **4** Rev. 3-2016

I, Courtney Bryan	, hereby acknowledge that a materially false statement
willfully or fraudulently made in connection with this form may r	esult in rendering the submitting business entity and/or any
affiliated entities non-responsible, and, in addition, may subject	me to criminal charges.
l, Courtney Bryan	, hereby certify that I have read and understand all the
items contained in this form; that I supplied full and complete ar	iswers 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 l	pest of my knowledge, information and belief. I understand that
the County will rely on the information supplied in this form as a	
submitting business entity.	
CERTIFICATION	
A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTL'	Y 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 TH	IE FALSE STATEMENT TO CRIMINAL CHARGES.
Justice Innovation Inc.	
Name of submitting business	
Electronically signed and certified at the date and time indicated	by:
Courtney Bryan COURTNEYB@INNOVATINGJUSTICE.ORG	
Executive Director	
Title	
05/26/2023 03:36:50 pm	
Date	

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PRINCIPAL QUESTIONNAIRE FORM

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

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

Home address: 1472 Fox Hollow Rd City: Niskayuna Territory: NY Cocuntry: US Business Address: 520 Eighth Avenue, 18th Floor City: New York Territory: NY Cocuntry US Telephone: 646-386-3837 Other present address(es): City: State/Province/ Territory: NY Cocuntry: Territory: Cocuntry: Country: Cocuntry: Cocuntry: Territory: Cocuntry: Cocuntr			w Savago					
City: Niskayuna Territory: NY Country: US Business Address: 520 Eighth Avenue, 18th Floor City: New York Territory: NY Country US Telephone: 646-386-3837 Other present address(es): State/Province/ NY Country: NY Country US Telephone: State/Province/ Zighth Avenue, 18th Floor City: New York Territory: NY Country US Telephone: 646-386-3837 Other present address(es): State/Province/ Zighthh Avenue, 18th Floor City: Territory: Country: Country: Country: Territory: Country: Coun		03/11/1985						
City: Niskayuna Territory: NY Country: US Business Address: 520 Eighth Avenue, 18th Floor State/Province/ Zing State/Province/ State/Provinc	Home address:	1472 Fox Hollow Rd						
Country: US Business Address: 520 Eighth Avenue, 18th Floor City: New York Territory: NY Coccountry US Telephone: 646-386-3837 Other present address(es): City: State/Province/ Zip City: Territory: Coccountry: Coccountry: Territory: Coccountry: Telephone: List of other addresses and telephone numbers attached Positions held in submitting business and starting date of each (check all applicable) President Treasurer O5/01/2022 Chairman of Board Shareholder Chief Exec. Officer Secretary Chief Financial Officer O5/01/2022 President (Other) Do you have an equity interest in the business submitting the questionnaire?				State/Province/		Zip/Postal		
Business Address: 520 Eighth Avenue, 18th Floor City: New York Territory: NY Country US Telephone: 646-386-3837 Other present address(es): State/Province/ Zip Territory: NY Country: Territory: Country: Count	City: Nis	skayuna		Territory:	NY	Code:	12309	
City: New York Territory: NY Co Country US Telephone: 646-386-3837 Other present address(es): City: State/Province/ Zip City: Territory: Co Country: Telephone: List of other addresses and telephone numbers attached Positions held in submitting business and starting date of each (check all applicable) President Treasurer 05/01/2022 Chairman of Board Shareholder Chief Exec. Officer Secretary Chief Financial Officer 05/01/2022 Partner Do you have an equity interest in the business submitting the questionnaire?	Country: US							
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Telephone: 646-386-3837 Other present address(es): State/Province/ Zip Territory: Co Country: Telephone: List of other addresses and telephone numbers attached Positions held in submitting business and starting date of each (check all applicable) President Chairman of Board Chief Exec. Officer Chief Financial Officer Vice President (Other) Do you have an equity interest in the business submitting the questionnaire?	Country US						-	
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Chief Exec. Officer Secretary Chief Financial Officer 05/01/2022 Partner Vice President (Other) Do you have an equity interest in the business submitting the questionnaire?		i-				71/2022		
Chief Financial Officer 05/01/2022 Partner Vice President (Other) Do you have an equity interest in the business submitting the questionnaire?					-			
Vice President (Other) Do you have an equity interest in the business submitting the questionnaire?		_	05/01/2022		-			
(Other) Do you have an equity interest in the business submitting the questionnaire?		i=	03/01/2022	raitilel	9			
Do you have an equity interest in the business submitting the questionnaire?		12						
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YES [] NO [X] If Yes, provide details.	,				nire?			
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Are there any outstanding loans, guarantees or any other form of security or lease or any other t	Do you have an eq			ubmitting the questionna				

5.	than	nin the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other the one submitting the questionnaire? [] NO [X] If Yes, provide details.
6.	while	any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years e you were a principal owner or officer? [] NO [X] If Yes, provide details.
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subjectinvestiat, for, YES [] In add Questiinvestiyou wo YES [] In the sanctic YES []	It of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or igative agency and/or the subject of an investigation where such investigation was related to activities perform, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? NO [X] If yes, provide an explanation of the circumstances and corrective action taken. ition to the information provided, in the past 5 years has any business or organization listed in response to ion 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of gation by any government agency, including but not limited to federal, state, and local regulatory agencies where a principal owner or officer? NO [X] If yes, provide an explanation of the circumstances and corrective action taken. past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any on imposed as a result of judicial or administrative proceedings with respect to any professional license held?

, 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.
amiliated entities non-responsible, and, in addition, may subject me to criminal charges.
I, Matthew Savao , 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. Justice Innovation Inc.
Name of submitting business
Electronically signed and certified at the date and time indicated by: Matthew Savago FUNDING@INNOVATINGJUSTICE.ORG
Chief Financial Officer
Title
05/04/2023 12:05:19 pm
Date

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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:	05/26/2023					
1)	Proposer's Legal Name: Ju	ıstice Innovation Ind	: <u>.</u>			
2)	Address of Place of Business:52	20 Eighth Avenue, 1	8th Floor			
	City: New York		State/Province/ Territory:	NY	Zip/Postal Code:	10018
	Country: US					
3)	Mailing Address (if different):					
	City:		State/Province/ Territory:	3-	Zip/Postal Code:	
	Country:					
	Phone:					
ſ	Does the business own or rent its f	facilities? R		If other	, please provi	de details:
4)	Dun and Bradstreet number:(086718437				
5)	Federal I.D. Number:	85-2810883				
6)	The proposer is a: Corporation	າ	(Describe)	5+		
7)	Does this business share office space YES [] NO [X] If yes, please provide			ny other business?		

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

Does this business have one or more affiliates, and/or is it a subsidiary of, or controlled by, any other business? YES [] NO [X] If yes, please provide details: 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 [X] 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). Has the proposer, during the past seven years, been declared bankrupt? YES [] NO [X] If yes, state date, court jurisdiction, amount of liabilities and amount of assets In the past five years, has this business and/or any of its owners and/or officers and/or any affiliated business, been 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 affiliate business. YES [] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective taken. In the past 5 years, has this business and/or any of its owners and/or officer and 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 a facility of 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 li	_	VEC LI NO IVI If you please provide details:
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	t	aken.

Page **2** of **6** Rev. 3-2016

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.
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.
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.
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.

15)

16)

17

(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.

The Center's Board of Directors completes annual conflict of interest forms.

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 [X]

Is the	proposer	an ind	livic	lual	?
--------	----------	--------	-------	------	---

В.

C.

YES [] NO [X] Should the proposer be other than an individual, the Proposal MUST include:

i)	Date of formation;
	07/29/2020
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.
	None; the Center is a 501(c)(3) organization.
:::\	Name address and wastring of all officers and directors of the community of page would be
iii)	Name, address and position of all officers and directors of the company. If none, explain. Please see attached Board of Directors list.
	Please see attached board of Directors list.
	1 File(s) uploaded: Board of Directors 4.4.docx
	17 He(s) uploaded. Board of Directors 4.4.docx
iv)	State of incorporation (if applicable);
	NY
v)	The number of employees in the firm;
	706
.,	
vi)	Annual revenue of firm;
	93118035
vii)	Summary of relevant accomplishments
VIII	Please see attached.
	Fledse see attached.
	1 File(s) uploaded: Business History Form Attachment 1_summary of accomplishments.docx
	2 · · · · · · · · · · · · · · · · · · ·
viii)	Copies of all state and local licenses and permits.
P	rate number of years in business.
26	
_	
	ide any other information which would be appropriate and helpful in determining the Proposer's capacity and
-	bility to perform these services.
Pleas	se see attached.

1 File(s) uploaded: Business History Form Attachment 2_capacity and reliability.docx

D_e 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	New York City Mayor's Office of Criminal Ju	stice	
Contact Person	Tim Williams		
Address	1 Centre Street		
City	New York	State/Province/Territory	NY
Country	US		
Telephone	(212) 416-5682		
Fax #		_	
E-Mail Address	twilliams2@cityhall.nyc.gov	~~ 	
Company	Thompson Family Foundation		
Contact Person	Kwaku Driskell		
Address	230 Park Avenue, Suite 1541		
City	New York	_ State/Province/Territory	NY
Country	US	_	
Telephone	(773) 368-1682	_	
Fax #			
E-Mail Address	kdriskell@thompsonfamilyfoundation.org	<u>-</u>	
Company	New York State Unified Court System – Mid	town Community Court	
Contact Person	Hon. John Zhou Wang		
Address	314 West 54th Street		
City	New York	_ State/Province/Territory	NY
Country	US		
Telephone	(646) 264-1308	_	
Fax #	-	<u>=</u>	
F-Mail Address	iwang@nvcourts.gov		

I, Courtney Bryan	, hereby acknowledge that a materially false statement							
willfully or fraudulently made in connection with this form may	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, Courtney Bryan	, hereby certify that I have read and understand all the							
items contained in this form; that I supplied full and complete a								
information and belief; that I will notify the County in writing of								
	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								
CERTIFICATION								
A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTI	V MADE IN CONNECTION WITH THE OUTCTIONNAIDE MAY							
RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT								
BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING T								
bibs, AND, IN ADDITION, WAT SUBJECT THE LEISON WARRING T	TIETALSE STATEMENT TO CHIMINAL CHARGES.							
Name of submitting business: Justice Innovation Inc.								
Electronically signed and certified at the date and time indicated	by:							
Courtney Bryan COURTNEYB@INNOVATINGJUSTICE.ORG								
Executive Director								
Title								
06/21/2023								
Date								

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Justice Innovation Inc. – Board of Directors

Rasmia Kirmani, Chair

Cecily M. Carson, Director

Sheryl Goldstein, Director

Honorable Victoria Pratt, Director

Eric Lee, Director

Honorable Jonathan Lippman, Director

Eyasu McCall, Director

Marlon Peterson, Director

Richard Roberts, Director

COUNTY OF NASSAU

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

1. Name of the Entity:	Inc.			=======================================		
Address: 520 Eighth Avenue, 18th Floor						
City: New York	State/Province/Territory:	NY	Zip/Postal Code:	10018		
Country: US						
2. Entity's Vendor Identification Number:8	85-2810883					
3. Type of Business: Other	(specify)	501(c)(3) non-pr	ofit corporation			
4. List names and addresses of all principals; that is, all individuals serving on the Board of Directors or comparable body, all partners and limited partners, all corporate officers, all parties of Joint Ventures, and all members and officers of limited liability companies (attach additional sheets if necessary): 1 File(s) uploaded: Board of Directors 4.4.docx						
5. List names and addresses of all shareholders, the individual shareholders/partners/members. this section. If none, explain.				•		
None; the Center is a 501(c)(3) organization.						
6. List all affiliated and related companies and the a separate disclosure form for each affiliated or disclosure shall be updated to include affiliated	subsidiary company that ma	y take part in the p	performance of this	contract. Such		

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.

None.

performance of the contract.

	Are there lobbyists involved in this matter? YES [] NO [X]							
	(a) Name, title, business address and telephone number of lobbyist(s):							
	None.							
	(b) Describe lobbying activity of each lobbyist. See below for a complete description of lobbying activities.							
	None.							
	(c) List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):							
	None.							
	ON: This section must be signed by a principal of the consultant, contractor or Vendor authorized as a signatory of the irpose of executing Contracts.							
	ed affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her ue and accurate.							
•	signed and certified at the date and time indicated by: n [COURTNEYB@INNOVATINGJUSTICE.ORG]							
Dated:	05/26/2023 03:38:35 pm							

Title:

Executive Director

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



CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Le	eave benefits carrier or licensed insurance agent of that carrier
1a. Legal Name & Address of Insured (use street address only)	1b. Business Telephone Number of Insured
Justice Innovation Inc. 520 8th Ave, 18th Floor New York, NY 10018	
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	Federal Employer Identification Number of Insured or Social Security Number
	85-2810883
Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	3a. Name of Insurance Carrier
Nassau County Department of Probation 400 County Seat Drive	The Standard Life Insurance Company of New York 333 Westchester Avenue, West Building, Suite 300 White Plains, New York 10604
Mineola, NY 11501	3b. Policy Number of Entity Listed in Box "1a"
	448422
	3c. Policy effective period 5/1/2022 to 4/30/2024
 ✓ 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 ☐ B. Only the following class or classes of employer's employees: Under penalty of perjury, I certify that I am an authorized representative or linamed insured has NYS disability and/or Paid Family Leave benefits insural Date Signed 3/23/2023 	icensed agent of the insurance carrier referenced above and that the
	Tessa Carter, Account Manager
If Box 4B, 4C or 5B is checked, this certificate is N Disability and Paid Family Leave Benefits Law. It m	icate is COMPLETE. Mail it directly to the certificate holder. OT COMPLETE for purposes of Section 220, Subd. 8 of the NYS nust be emailed to PAU@wcb.ny.gov or it can be mailed for
	Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.
PART 2. To be completed by the NYS Workers' Compensation	
State of I Workers' Comp According to information maintained by the NYS Workers' Comp with the NYS Disability and Paid Family Leave Benefits Law (Article their employees.	
Date Signed By	Signature of Authorized NYS Workers' Compensation Board Employee)
	ignature of Authorized NTS 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 Coverage (Certificate) to the entity listed 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 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 my 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 NYS 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 Insurance Coverage for NYS disability and/or Paid Family Leave Benefits or other authorized proof that the business is complying with the mandatory coverage requirements of the NYS Disability and Paid Family Leave Benefits Law.

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

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

KVASTO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/5/2023

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(jes) must have ADDITIONAL INSURED provisions or be endorsed

	his certificate does not confer rights t				CONTA NAME:		-				
Alli	Alliant Insurance Services, Inc. 701 B St 6th Fl San Diego, CA 92101				PHONE (A/C, No, Ext): (619) 238-1828 (A/C, No):						
					E-MAIL ADDRE	SS:			(Alo, No).		
	-						URER(S) AFFO	RDING COVERAGE	:		NAIC#
								mnity Insura		oanv	18058
INS	NSURED					Rв: Housto	100				12936
	Justice Innovation Inc dba	Cente	r for	Justice Innovation	INSURER C :						
	520 8th Avenue 18th Floor c/o Dejanee Taylor				INSURER D :						
	New York, NY 10018				INSURER E :						
					INSURER F :						
CC	VERAGES CER	TIFIC	CATE	E NUMBER:	Intoorti			REVISION NU	IMRED.		li.
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES OI EQUI PER	F INS REMI TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIC , THE INSURANCE AFFOR	ON OF A	ANY CONTRAC Y THE POLICI	CT OR OTHER ES DESCRIE	RED NAMED AB R DOCUMENT W BED HEREIN IS	OVE FOR T	ECT TO	WHICH THIS
INSR		ADDL				POLICY EFF (MM/DD/YYYY)			LIMIT	's	
A	X COMMERCIAL GENERAL LIABILITY	INSU	AAAD	TODOT HOMBER		(MIR/DD/YYYY)	(MM/DD/YYYY)	EAGU GOOLIDEE			1,000,000
	CLAIMS-MADE X OCCUR	х		PHPK2537173		4/1/2023	4/1/2024	DAMAGE TO REN PREMISES (Ea or		\$	100,000
		^		THE RESOLUTION		4/ 1/2020	7/ 1/2027			\$	5,000
								MED EXP (Any or		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & AD	110000000000000000000000000000000000000	\$	3,000,000
	POLICY PRO X LOC							GENERAL AGGR	1000110001	\$	3,000,000
	OTHER:							PRODUCTS - CO		\$	3,000,000
Α	AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	LE LIMIT	S	1,000,000
	X ANY AUTO			PHPK2537173	4/1/2023	4/1/2024					
	OWNED SCHEDULED AUTOS ONLY		111112337173		4/1/2020	7/1/2024	BODILY INJURY (\$		
	HIRED NON-OWNED AUTOS ONLY	ļ.,						PROPERTY DAM (Per accident)		\$	
	X Comp \$500 Ded X Collision \$1000							(Per accident)	West.	\$	
Α	X UMBRELLA LIAB X OCCUR							5101100011000		\$	1,000,000
	EXCESS LIAB CLAIMS-MADE			PHUB857942		4/1/2023	4/1/2024	EACH OCCURRE	NCE	S	1,000,000
	DED X RETENTION\$ 10,000							AGGREGATE		S S	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	отн-	3	
								E.L. EACH ACCID	ER	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA			
	If yes, describe under DESCRIPTION OF OPERATIONS below										
	BESCRIPTION OF OPERATIONS BELLIN							E.L. DISEASE - PO	JLICY LIMIT	\$	
В	Commercial Umbrella			ESB-HS-UCX-0000213-0	1	4/1/2023	4/1/2024	Each Occurre	ence		4,000,000
DES The	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL CERT HOLDER IS included as Additional In	LES (A SUREC	corp d und	0.101, Additional Remarks Schedu ler General Liability only a	ule, may b as per w	e attached if more ritten contrac	space is requir t/agreement.	ed)		1	
CERTIFICATE HOLDER Nassau County Dept of Probation 400 County Seat Drive			CANO	ELLATION							
			THE	EXPIRATION	DATE TH	ESCRIBED POLI EREOF, NOTIC Y PROVISIONS.	E WILL E				
	Mineola, NY 11501				AUTHORIZED REPRESENTATIVE KORLL X. VIII						



CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (use street address only)	1b. Business Telephone Number of Insured 646-386-3100
Justice Innovation Inc. dba Center for Justice Innovation 520 8th Avenue, 18th Floor New York, NY 10018	1c. NYS Unemployment Insurance Employer Registration Number of Insured
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1d. Federal Employer Identification Number of Insured or Social Security Number 85-2810883
Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	3a. Name of Insurance Carrier GuideOne Mutual Insurance Company (NAIC#: 15032)
Nassau County Dept of Probation 400 County Seat Dr Minneola NY 11501	3b. Policy Number of Entity Listed in Box "1a" 01-0031-725
	3c. Policy effective period
	04/01/2023 to 04/01/2024
	3d. The Proprietor, Partners or Executive Officers are
	included. (Only check box if all partners/officers included)
	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:	Leslie R. Downey	
	(Print name of authorized representative of	or licensed agent of insurance carrier)
Approved by:		4/5/2023
	(Signature)	(Date)
Title:	Workers Compensation Underwriting S	pecialist - GuideOne

Telephone Number of authorized representative or licensed agent of insurance carrier: 719-464-5103

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.

- 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.



NASSAU COUNTY PROBATION DEPARTMENT

400 COUNTY SEAT DRIVE MINEOLA, NY 11501-4823

To:

Robert Cleary, Chief Procurement and Compliance Officer

From:

Joseph Schiliro, Fiscal Officer

Date:

June 27, 2023

Subject:

Fund for the City of New York, Center for Court Innovation

Justice Innovation

Contract Assignment and Amendment for Fund for the City of New York, Center for Court Innovation and Justice Innovation

This memorandum is respectfully submitted to provide information relating to a retroactive Assignment and Amendment the Probation Department is seeking to have approved by the Legislature. This contract/assignment is between the County and Fund for the City of New York, Center for Court Innovation and Justice Innovation.

This contract assignment and amendment is to continue funding for the Program Manager compliant with Raise the Age (RTA). Amendment No.1, extending the original contract through September 30, 2021, was executed on May 18, 2022. Delays in execution were due to documents becoming stale caused by delays in receiving completed disclosures and the change in County administration. Upon execution of Amendment No. 1, Fund for the City of New York, Center For Court Innovation, was sent Amendment No.2, extending the contract through September 30, 2022. The County was informed at that time that Center For Court Innovation's assets, activities, and operations had been transferred to Justice Innovation. There have been delays in obtaining the various procurement documents and signatures needed for the complete Assignment and Amendment package.

The Department has been committed to moving forward with its contracts in a timely fashion, but has been hindered by delays in obtaining correct and active vendor documents. .



E-25-22

Certified:

Filed with the Clerk of the Nassau County Legislature March 31, 2022 3:38PM

Department: Probation NIFS ID:CLPB21000002

Capital:

SERVICE: Peer Diversion Program

Contract ID #:CQPB20000011

NIFS Entry Date: 09-SEP-21

Term: from 01-OCT-20 to 30-SEP-21

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

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

Vendor Info:	
Name: Fund for the City of New York, Center for Court Innovation	Vendor ID#: 13-2612524
Address: 520 Fifth Avenue, 18th	Contact Person: Alexandrea Le
Floor	
New York, NY 10018	
	Phone: 212-925-6676

Department:	
Contact Name: Joseph Schiliro	
Address: 400 County Seat Drive	
Mineola, NY 10501	
Phone: 516-571-5548	

Routing Slip

Department	NIFS Entry: X	09-SEP-21 JSCHILIRO
Department	NIFS Approval: X	09-SEP-21 JSCHILIRO
DPW	Capital Fund Approved:	
ОМВ	NIFA Approval: X	15-SEP-21 IQURESHI
ОМВ	NIFS Approval: X	10-SEP-21 SJACOB
County Atty.	Insurance Verification: X	10-SEP-21 AAMATO

County Atty.	Approval to Form: X	10-SEP-21 DGREGWARE
СРО	Approval: X	17-SEP-21 PARJUNE
DCEC	Approval: X	03-DEC-21 RCLEARY
Dep. CE	Approval: X	31-MAR-22 ATWALSH
Leg. Affairs	Approval/Review: X	31-MAR-22 CLEIMONE
Legislature	Approval:	
Comptroller	Deputy:	
NIFA	NIFA Approval:	

Contract Summary

Purpose: The Peer Diversion Court seeks to help teenage defendants avoid the legal and collateral consequences associated with criminal prosecution. The program ensures that adolescents ages 16 and 17 receive the benefit of developmentally appropriate services and reduce the likelihood of continuing a cycle of re-offending.

Method of Procurement: Sole Source

Procurement History: Fund for the City of New York, Center for Court Innovation has performed these services for the County for several years through the District Attorney's Office. There is no other entity with the expertise, experiences, and capacity to provide the services required under the contract.

Description of General Provisions: The Peer Diversion Court is an educational diversion program for young offenders coordinated through the Center for Court Innovation(CCI). This effort requires an on-site coordination staff to ensure that appropriate defendants are identified, referred to effective services and monitored appropriately. CCI staff reports to and allows project stakeholders to track progress, outcomes and case resolutions, as well as monitors compliance with the Peer Diversion Program dispositions.

Impact on Funding / Price Analysis: Program is 100% funded by NYS OCFS. Increasing maximum amount by \$99,178. New maximum amount is \$196,347.

Change in Contract from Prior Procurement: \$2,009

Recommendation: (approve as submitted) Approve as submitted

Advisement Information

BUDG	ET CODES
Fund:	GRT
Control:	79
Resp:	PB79-20
Object:	DE500
Transaction:	
Project #:	
Detail:	

R	RENEWAL	
%		
Increase		
%		
Decrease		

FUNDING SOURCE	AMOUNT
Revenue	
Contract:	
County	\$ 0.00
Federal	\$ 0.00
State	\$ 99,178.00
Capital	\$ 0.00
Other	\$ 0.00
TOTAL	\$ 99,178.00

LINE	INDEX/OBJECT CODE	AMOUNT
1	PBGRT79X1NYS- X9/DE500	\$ 99,178.00
		\$ 0.00
		\$ 0.00
		\$ 0.00
		\$ 0.00
		\$ 0.00
	TOTAL	\$ 99,178.00

RULES RESOLUTION NO. - 2022

A RESOLUTION AUTHORIZING THE COUNTY EXECUTIVE TO EXECUTE AN AMENDMENT TO A PERSONAL SERVICES AGREEMENT BETWEEN THE COUNTY OF NASSAU, ACTING ON BEHALF OF THE COUNTY DEPARTMENT OF PROBATION, AND FUND FOR THE CITY OF NEW YORK, CENTER FOR COURT INNOVATION

WHEREAS, the County has negotiated an amendment to a personal services agreement with Fund for the City of New York, Center for Court Innovation to provide a youth court coordinator for the Nassau County Youth Court, a copy of which is on file with the Clerk of the Legislature; now, therefore, be it

RESOLVED, that the Rules Committee of the Nassau County
Legislature authorizes the County Executive to execute the said amendment
to an agreement with Fund for the City of New York, Center for Court
Innovation.

Contract ID

NIFA Nassau County Interim Finance Authority

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

1. Vendor: Fund for the City of New York, Cente	r for Court Innovation		
2. Dollar amount requiring NIFA approval: \$99	9178		
Amount to be encumbered: \$99178			
This is a Amendment			
f new contract - \$ amount should be full amount f advisement ?NIFA only needs to review if it is i f amendment - \$ amount should be full amount o	increasing funds above th	e amount previously app	roved by NIFA
3. Contract Term: 10/01/2020-09/30/2021 Has work or services on this contract comme	enced? Y		
If yes, please explain: Grant Program			
4. Funding Source:			
General Fund (GEN) Capital Improvement Fund (CAP) Other	X Grant Fund (GRT)	Federal % 0 State % 100 County % 0	
is the cash available for the full amount of the co If not, will it require a future borrowing?	ontract?	Y N	
Has the County Legislature approved the borrow	/ing?	N/A	
Has NIFA approved the borrowing for this contra	ict?	N/A	
5. Provide a brief description (4 to 5 sentence	es) of the item for which	this approval is reques	sted:
The Peer Diversion Court seeks to help teenage defendant ensures that adolescents ages 16 and 17 receive the bene offending.	ts avoid the legal and collateral c ifit of developmentally appropriate	onsequences associated with co e services and reduce the likelih	riminal prosecution. The program ood of continuing a cycle of re-
6. Has the item requested herein followed all	l proper procedures and	I thereby approved by t	he:
Nassau County Attorney as to form			
Nassau County Committee and/or Legislature	э		
Date of approval(s) and citation to the reso	olution where approval f	for this item was provic	led:

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

Amount

AUTHORIZATION

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

IQURESHI 15-SEP-21

<u>Authenticated User</u>

<u>Date</u>

COMPTROLLER'S OFFICE

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

Regarding funding, please check the correct response:

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

If this is a capital project:

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

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

Authenticated User <u>Date</u>

NIFA

Amount being approved by NIFA: _

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

Authenticated User Date

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

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

NIFA reserves the right to request additional information as needed.

Jack Schnirman Comptroller



OFFICE OF THE COMPTROLLER

240 Old Country Road Mineola, New York 11501

COMPTROLLER APPROVAL FORM FOR PERSONAL, PROFESSIONAL OR HUMAN SERVICES CONTRACTS

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

CONTRACTOR NAME: Fund for the City of New York, Center for Court Innovation
CONTRACTOR ADDRESS: 520 8th Avenue, 18th Floor, New York, NY 10018
FEDERAL TAX ID #: 13-2612524
Instructions: Please check the appropriate box ("\overline{\Omega}") after one of the following roman numerals, and provide all the requested information.
I. The contract was awarded to the lowest, responsible bidder after advertisement for sealed bids. The contract was awarded after a request for sealed bids was published in [newspaper] on [date]. The sealed bids were publicly opened on [date] [#] of sealed bids were received and opened.
II. The contractor was selected pursuant to a Request for Proposals. The Contract was entered into after a written request for proposals was issued on [date]. Potential proposers were made aware of the availability of the RFP by advertisement in [newspaper], posting on industry websites, via email to interested parties and by publication on the County procurement website. Proposals were due on [date] [state #] proposals were received and evaluated. The evaluation committee consisted of:
(list # of persons on committee and their respective departments). The proposals were scored and ranked. As a result of the scoring and ranking, the highest-ranking proposer was selected.

III. This is a renewal, extension or amendment of an existing contract. The contract was originally executed by Nassau County on 1/19/2021 [date]. This is a renewal or extension pursuant to the contract, or an amendment within the scope of the contract or RFP (copies of the relevant pages are attached). The original contract was entered into
after determining that The Center for Court Innovation is a one-of-a-kind public/private partnership that is uniquely suited to provide the service.
[describe procurement method, i.e., RFP, three proposals evaluated, etc.] Attach a copy of the most recent evaluation of the contractor's performance for any contract to be renewed or extended. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to continue to contract with the county.
IV. Pursuant to Executive Order No. 1 of 1993, as amended, at least three proposals were solicited and received. The attached memorandum from the department head describes the proposals received, along with the cost of each proposal.
☐ A. The contract has been awarded to the proposer offering the lowest cost proposal; OR:
B. The attached memorandum contains a detailed explanation as to the reason(s) why the contract was awarded to other than the lowest-cost proposer. The attachment includes a specific delineation of the unique skills and experience, the specific reasons why a proposal is deemed superior, and/or why the proposer has been judged to be able to perform more quickly than other proposers.
V. Description Pursuant to Executive Order No. 1 of 1993 as amended, the attached memorandum from the department head explains why the department did not obtain at least three proposals.
A. There are only one or two providers of the services sought or less than three providers submitted proposals. The memorandum describes how the contractor was determined to be the sole source provider of the personal service needed or explains why only two proposals could be obtained. If two proposals were obtained, the memorandum explains that the contract was awarded to the lowest cost proposer, or why the selected proposer offered the higher quality proposal, the proposer's unique and special experience, skill, or expertise, or its availability to perform in the most immediate and timely manner.
☐ B. The memorandum explains that the contractor's selection was dictated by the terms of a federal or New York State grant, by legislation or by a court order. (Copies of the relevant documents are attached).
C. Pursuant to General Municipal Law Section 104, the department is purchasing the services required through a New York State Office of General Services contract no, and the attached memorandum explains how the purchase is within the scope of the terms of that contract.

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

VI.

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

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

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

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

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

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

X. Vendor will not require any sub-contractors.

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

Department Head Signature

Date

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



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 con	mmittee?	
	FICATION: This section must be signed by a princi y of the firm for the purpose of executing Contracts		consultant, contractor or Vendor authorized as a
	ersigned affirms and so swears that he/she has re nowledge, true and accurate.	ad and und	derstood the foregoing statements and they are, to
The under	ersigned further certifies and affirms that the contribetly and without duress, threat or any promise of a ation.	ibution(s) to governme	o the campaign committees identified above were ntal benefit or in exchange for any benefit or
	ically signed and certified at the date and time indi y Bryan [BRYANC@COURTINNOVATION.ORG]	cated by:	
Dated:	08/06/2021 05:26:01 PM	Vendor:	Fund for the City of New York, Inc., Center for Court Innovation
		Title:	Executive Director

Rev. 3-2016



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.

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the New (b), begind this discless committee	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:					
	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: Courtney Bryan [BRYANC@COURTINNOVATION.ORG]						
Dated:	08/06/2021 05:27:25 PM	Vendor:	Fund for the City of New York, Inc., Center for Court Innovation			
		Title:	Executive Director			

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

The term "lobbying" or "lobbying activities" 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 ratemaking 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.

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PRINCIPAL QUESTIONNAIRE FORM

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

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

	Courtney Br	yan						
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Country: US								
Business Address	:	520 8th Ave						
City: Nev	v York		State/Prov	ince/Territory:	_NY	_ Zip/Postal C	ode:	10018
Country US								
Telephone: (64	6) 386-3100							
Other present add	dress(es):							
City:	,		State/Prov	ince/Territory:		Zip/Postal C	ode:	
Country								
Telephone:								
Positions held in s	submitting bus	siness and s	starting date	Treasurer	k an ap	oncable)		
	rd	siness and s				incable)		
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President Chairman of Boar Chief Exec. Office Chief Financial O Vice President (Other) Type Other Do you have an e YES Are there any out	er fficer guity interest X I	Description Executive in the busing Yes, providence.	on e Director ness submitt de details.	Treasurer Shareholder Secretary Partner ing the question	onnaire?	Start Da 03/16/20	te 020 ther typ	oe of
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	NO X If Yes, provide details.
Has a 3 year	ny governmental entity awarded any contracts to a business or organization listed in Section 5 in the rs while you were a principal owner or officer?
YES	NO X If Yes, provide details.
f anv	firmative answer is required below whether the sanction arose automatically, by operation of law, or action taken by a government agency. Provide a detailed response to all questions checked "YES". pace, photocopy the appropriate page and attach it to the questionnaire.
In the	past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Secicle in Secicle page 1.
a.	Been debarred by any government agency from entering into contracts with that agency? YES NO X If yes, provide an explanation of the circumstances and corrective act taken.
b.	Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? YES NO X If yes, provide an explanation of the circumstances and corrective act taken.
b.	cancelled for cause? YES NO X If yes, provide an explanation of the circumstances and corrective act
	cancelled for cause? YES NO X If yes, provide an explanation of the circumstances and corrective act taken.
b.	Cancelled for cause? YES NO X If yes, provide an explanation of the circumstances and corrective act taken. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? YES NO X If yes, provide an explanation of the circumstances and corrective act
	Cancelled for cause? YES NO X If yes, provide an explanation of the circumstances and corrective act taken. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?
	Cancelled for cause? YES NO X If yes, provide an explanation of the circumstances and corrective act taken. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? YES NO X If yes, provide an explanation of the circumstances and corrective act
	Cancelled for cause? YES NO X If yes, provide an explanation of the circumstances and corrective act taken. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? YES NO X If yes, provide an explanation of the circumstances and corrective act

8.	been the last 7 years a initiated YES all que	any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever d? NO X If 'Yes', provide details for each such instance. (Provide a detailed response to stions check "Yes". If you need more space, photocopy the appropriate page and attached it to the onnaire.)
9.	a.	Is there any felony charge pending against you? YES NO X If yes, provide an explanation of the circumstances and corrective action taken.
	b.	Is there any misdemeanor charge pending against you? YES NO X If yes, provide an explanation of the circumstances and corrective action taken.
	C.	Is there any administrative charge pending against you? YES NO X 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 X 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 X 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 X If yes, provide an explanation of the circumstances and corrective action taken.

be pr to in	n addition to the information provided in response to the previous questions, in the past 5 years, have you een the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local rosecuting or investigative agency and/or the subject of an investigation where such investigation was related a activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed response to Question 5? YES NO X If yes, provide an explanation of the circumstances and corrective action taken.
to ty a	n 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 X If yes, provide an explanation of the circumstances and corrective action taken.
h lie	n the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 and any sanction imposed as a result of judicial or administrative proceedings with respect to any professional cense held? YES NO X If yes, provide an explanation of the circumstances and corrective action taken.
S	For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YES NO X If yes, provide an explanation of the circumstances and corrective action taken.

how has a dwarf but a metarially false attackment
I, Courtney Bryan , 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, Courtney Bryan , 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.
Fund for the City of New York, Inc.
Name of submitting business
Electronically signed and certified at the date and time indicated by: Courtney Bryan [BRYANC@COURTINNOVATION.ORG]
Countries bryan (Bitth the George Children Countries Cou
Executive Director
Title
08/31/2021 12:48:03 PM

Date

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PRINCIPAL QUESTIONNAIRE FORM

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

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Home address: 86 6th Ave. Ity: Brooklyn State/Province/Territory: NY Zip/Postal Code: 1		Lisette Nieves
City: Brooklyn State/Province/Territory: NY Zip/Postal Code: 1 Business Address: 121 Avenue of the Americas, 6th Floor City: New York State/Province/Territory: NY Zip/Postal Code: 1 Country US City: New York State/Province/Territory: NY Zip/Postal Code: 1 Country US City: State/Province/Territory: Zip/Postal Code: 1 City: State/Province/Territory: NY Zip/Postal Code: 1		07/02/1968
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Telephone: 2129256675 Other present address(es): Country: State/Province/Territory: Zip/Postal Code: Country: Telephone: List of other addresses and telephone numbers attached Positions held in submitting business and starting date of each (check all applicable) President 09/01/2020 Treasurer Shareholder Shareholder Shareholder Chief Exec. Officer Secretary Partner Chief Financial Officer Partner Other) Oo you have an equity interest in the business submitting the questionnaire? YES NO X If Yes, provide details. 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? Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit or other than the one submitting the questionnaire?	,	,
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Contribution made in whole or in part between you and the business submitting the questionnaire? YES NO X If Yes, provide details. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit orgother than the one submitting the questionnaire?		
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Contribution made in whole or in part between you and the business submitting the questionnaire? YES NO X If Yes, provide details. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit orgother than the one submitting the questionnaire?		
Contribution made in whole or in part between you and the business submitting the questionnaire? YES NO X If Yes, provide details. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit orgother than the one submitting the questionnaire?	41	standing leans, guarantees or any other form of security or lease or any other type of
Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit orgother than the one submitting the questionnaire?	re there any outs	standing loans, guarantees of any other form of security of lease of any other type of
Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit orgother than the one submitting the questionnaire?		
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other than the one submitting the questionnaire?	Vithin the next O:	years, have you been a principal owner or officer of any business or notfor-profit organ
YES X NO If Yes, provide details. Chair, Guttman Community College Fdn; Board Mbr, Stand for Children; Trustee, Edwin Gould Fdn;		

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	Mbr. N	ewSchools Venture Fund; Trustee, NYPL
6.	3 year YES	ny governmental entity awarded any contracts to a business or organization listed in Section 5 in the past swhile you were a principal owner or officer? X NO If Yes, provide details. If yes, provide details. If yes, provide details.
result	of any a	irmative answer is required below whether the sanction arose automatically, by operation of law, or as a action taken by a government agency. Provide a detailed response to all questions checked "YES". If you cace, photocopy the appropriate page and attach it to the questionnaire.
7.	In the in which	past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 ch you have been a principal owner or officer: Been debarred by any government agency from entering into contracts with that agency? YES NO X If yes, provide 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 X 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 X 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 X If yes, provide an explanation of the circumstances and corrective action taken.

Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or 8. 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

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6.

	NO X If 'Yes', provide details for each such instance. (Provide a detailed response to estions check "Yes". If you need more space, photocopy the appropriate page and attached it to the ionnaire.)
a.	Is there any felony charge pending against you? YES NO X If yes, provide an explanation of the circumstances and corrective action taken.
b.	Is there any misdemeanor charge pending against you? YES NO X If yes, provide an explanation of the circumstances and corrective action taken.
C.	Is there any administrative charge pending against you? YES NO X 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 crir an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? Y YES NO X 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 X 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

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taken.

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

YES NO X If yes, provide an explanation of the circumstances and corrective action

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	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 X If yes, provide an explanation of the circumstances and corrective action taken.
4.4	
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 X If yes, provide an explanation of the circumstances and corrective action taken.
	1ES NO X If yes, provide arr explanation of the discumstances 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 X If yes, provide an explanation of the circumstances and corrective action taken.
	TES NO A II yes, provide an explanation of the circumstances and corrective detail 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 X If yes, provide an explanation of the circumstances and corrective action taken.

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I, Lisette Nieves , 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.
Lisette Nieves , 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.
Fund for the City of New York, Inc
Name of submitting business
Electronically signed and certified at the date and time indicated by: Lisette Nieves [LN@FCNY.ORG]
President
Title
08/26/2021 12:17:39 PM

Date

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PRINCIPAL QUESTIONNAIRE FORM

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

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

Home address		arwick Ave			1117	77: /D + 10 1	44000
City: Country:	Douglasto US	n	State/Provi	nce/Territory:	NY	Zip/Postal Code:	_11363
Business Add		121 Ανοι	nue of the Amer	icas 6th Flor			
City:	New York			nce/Territory:	NY	Zip/Postal Code:	10013
Country	US		Otato/i 10Vi	noo, ronnory.			
Telephone:	21292566	375					
Other presen	t address(e	es):					_
City:			State/Provi	nce/Territory:		_ Zip/Postal Code:	
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Positions hel	d in submit	ting business ar	nd starting date	of each (checl	k all apı	olicable)	
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President				Treasurer			
Chairman of	Board	11/05/2020		Shareholder			
Chief Exec. (Secretary			
Chief Financi	ial Officer			Partner	*		
Vice Preside	nt			_			
(Other)		-		-			
Do you have	an equity in	nterest in the bu		ng the questio	nnaire?		
YES	NO	X If Yes, pro	ovide details.				
						lease or any other ty	
	_		•	the business s	submitti	ng the questionnaire	<i>(</i>
YES	NO	X If Yes, pro	ovide details.				

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	l am a	minority owner of the firm Handel Architects in New York
6.		ny governmental entity awarded any contracts to a business or organization listed in Section 5 in the past s while you were a principal owner or officer? NO X If Yes, provide details.
result	of any a	irmative answer is required below whether the sanction arose automatically, by operation of law, or as a action taken by a government agency. Provide a detailed response to all questions checked "YES". If you bace, photocopy the appropriate page and attach it to the questionnaire.
7.		past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 ch you have been a principal owner or officer:
	a.	Been debarred by any government agency from entering into contracts with that agency? YES NO X If yes, provide 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 X 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 X 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 X 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

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1		NO X If 'Yes', provide details for each such instance. (Provide a detailed response to stions check "Yes". If you need more space, photocopy the appropriate page and attached it to the onnaire.)
9,	a.	Is there any felony charge pending against you? YES NO X If yes, provide an explanation of the circumstances and corrective action taken.
	b.	Is there any misdemeanor charge pending against you? YES NO X If yes, provide an explanation of the circumstances and corrective action taken.
	C.	Is there any administrative charge pending against you? YES NO X 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 X 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 X 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 X 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

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

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Michael Arad , 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, Michael Arad , 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.
OFFITION TION
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.
MARINO THE FALSE STATEMENT TO S
Fund for the City of New York, Inc.
Name of submitting business
Electronically signed and certified at the date and time indicated by:
Michael Arad [MA@FCNY.ORG]
Board Chair
Title
11/23/2021 08:55:22 AM

Date

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PRINCIPAL QUESTIONNAIRE FORM

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

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

Date of birth:	Ester Fuchs 08/14/1951	5					
Home address:	420 Riversi	de Drive					
	w York	de Dilve	State/Provi	nce/Territory:	NY	Zip/Postal Code:	10025
City: Ne Country: US			State/1 TOVI	nice/ remitory.	141	_ 210/1 03141 0000:	10020
oodiniy. <u>soc</u>							
Business Addres		121 Avenue		icas, 6th Floor			
-	w York		State/Provi	nce/Territory:	NY_	_ Zip/Postal Code:	10013
Country US							
Telephone: 21:	29256675						
Other present ad	qress(es).						
City:	u1633(63).		State/Provi	nce/Territory:		Zip/Postal Code:	-
Country				- 4		-	-
Telephone:							
List of other addr							
President Chairman of Boa				Treasurer Shareholder			
Chief Exec. Offic				Secretary			
Chief Financial C	officer			Partner	-		
Chief Financial C Vice President	officer			_ Partner -			
Chief Financial C	Officer			_ Partner -			
Chief Financial C Vice President (Other)	Officer	Descriptio		_ Partner -	-	Start Date	
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YES	NO	X	If Yes, provide details.
	10.		
Has a	nv government	al entitv	awarded any contracts to a business or organization listed in Section 5 in the
			ncipal owner or officer?
YES	NO	X	If Yes, provide details.
An af	irmative answe	er is real	uired below whether the sanction arose automatically, by operation of law, or a
of any	action taken by	a gove	rnment agency. Provide a detailed response to all questions checked "YES". I
nore s	ace, photocop	y the ap	propriate page and attach it to the questionnaire.
In the	past (5) years,	have y	ou and/or any affiliated businesses or not-for-profit organizations listed in Sectional owner or officer:
			incipal owner or officer: by government agency from entering into contracts with that agency?
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8.	been the last 7 years a initiated YES all que	In y of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the rear period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever d? NO X If 'Yes', provide details for each such instance. (Provide a detailed response to stions check "Yes". If you need more space, photocopy the appropriate page and attached it to the onnaire.)
9.	a.	Is there any felony charge pending against you? YES NO X If yes, provide an explanation of the circumstances and corrective action taken.
	b.	Is there any misdemeanor charge pending against you? YES NO X If yes, provide an explanation of the circumstances and corrective action taken.
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).	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 X If yes, provide an explanation of the circumstances and corrective action taken.
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2.	In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES NO X If yes, provide an explanation of the circumstances and corrective action taken.
3.	For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YES NO X If yes, provide an explanation of the circumstances and corrective action taken.

I, Ester Fuchs , 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, Ester Fuchs , 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.
Fund for the City of New York, Inc. Name of submitting business
Electronically signed and certified at the date and time indicated by: Ester Fuchs [EF@FCNY.ORG]
Vice Chair
Title
11/08/2021 04:46:39 PM

Date

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PRINCIPAL QUESTIONNAIRE FORM

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

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

Principal Name:	Dana Bud	hman					
Date of birth:	11/23/195	51					
Home address:	55 N. Mod	ore St.					
City: No	ew York		State/Pro	vince/Territory:	NY	Zip/Postal Code:	10013
Country: Us	S						
Business Addres	ss:	121 Avenu	ue of the Am	ericas, 6th Flooi	r		
-	ew York			vince/Territory:		Zip/Postal Code:	10013
Country U:			=	,		_ '	
	129256675						
Other present ac	ddress(es):						
City:			State/Pro	vince/Territory:	NY	Zip/Postal Code:	
Country: Us	S						
Telephone:							
List of other add	lresses and t	telephone nu	mbers attach	ned			
Positions held in	n submitting l	business and	d starting date	e of each (checl	k all app	olicable)	
				_			
President				Treasurer			
President				Treasurer Shareholder			
Chairman of Boa				Shareholder	_	/01/2018	
Chairman of Boa Chief Exec. Office	cer			Shareholder Secretary	_	/01/2018	
Chairman of Boa Chief Exec. Offic Chief Financial	cer			Shareholder	_	/01/2018	
Chairman of Boa Chief Exec. Offic Chief Financial O Vice President	cer			Shareholder Secretary	_	/01/2018	
Chairman of Boa Chief Exec. Offic Chief Financial	cer			Shareholder Secretary	_	/01/2018	
Chairman of Boa Chief Exec. Offic Chief Financial (Vice President (Other)	cer Officer			Shareholder Secretary Partner	05/		
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	NO	X	If Yes, provide details.
of any	action taken by	a gove	quired below whether the sanction arose automatically, by operation of law, or as ernment agency. Provide a detailed response to all questions checked "YES". If yppropriate page and attach it to the questionnaire.
In the	past (5) years,	have y	ou and/or any affiliated businesses or not-for-profit organizations listed in Section rincipal owner or officer:
a.			ny government agency from entering into contracts with that agency? X If yes, provide an explanation of the circumstances and corrective action
b.	Been declare cancelled for YES taken.		fault and/or terminated for cause on any contract, and/or had any contracts? X If yes, provide an explanation of the circumstances and corrective action
C.			ard of a contract and/or the opportunity to bid on a contract, including, but not meet pre-qualification standards?
	YEStaken.	NO	X If yes, provide an explanation of the circumstances and corrective action
	No.		
			any government agency from entering into any contract with it; and/or is any act
d.	Been suspen pending that contract?	ded by could fo	ormally debar or otherwise affect such business's ability to bid or propose on

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?

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	NO X If 'Yes', provide details for each such instance. (Provide a detailed response to lestions check "Yes". If you need more space, photocopy the appropriate page and attached it to the tionnaire.)
a.	Is there any felony charge pending against you? YES NO X If yes, provide an explanation of the circumstances and corrective action taken.
b.	Is there any misdemeanor charge pending against you? YES NO X If yes, provide an explanation of the circumstances and corrective action taken.
c.	Is there any administrative charge pending against you? YES NO X 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 X 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 X 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 X 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 X If yes, provide an explanation of the circumstances and corrective action taken.
1.	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 X If yes, provide an explanation of the circumstances and corrective action taken.
	1ES NO X III yes, provide an explanation of the distances and corrective determination
2.	In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES NO X If yes, provide an explanation of the circumstances and corrective action taken.
3.	For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?
	YES NO X If yes, provide an explanation of the circumstances and corrective action taken.

I, Dana Buchman, 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, Dana Buchman , 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.
Fund for the City of New York
Name of submitting business
Electronically signed and certified at the date and time indicated by: Dana Buchman [DB@FCNY.ORG]
Board Secretary
Title
09/20/2021 02:45:55 PM

Date

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PRINCIPAL QUESTIONNAIRE FORM

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

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

	rincipal Nam		gia Boothe					
	ate of birth:		4/1969					
	ome address		Washingotn Ave		(T	NIX	Zin /Da stal Carlos	11005
	-	Brooklyn		State/Provi	nce/Territory:	NY	Zip/Postal Code:	11205
C	ountry:	US						
	usiness Addı			nue of the Ame				10010
	,	New York	(State/Provi	nce/Territory:	NY	Zip/Postal Code:	10013
		US						
l e	elephone: _	21292566	5/5					
0	ther present	address(e	es):					_
С	ity:			State/Provi	ince/Territory:		Zip/Postal Code:	
С	ountry:							
Te	elephone: _							
1:	at of other or	44	and talanhana n	umbors attache	ad			
LI	ist of other ad	aaresses	and telephone n	umbers attache	eu			
Р	ositions held	in submit	tting business an	nd starting date	of each (check	k all ap	plicable)	
			9					
	resident				Treasurer		/16/2020	
_	hairman of B				Shareholder			
	hief Exec. O		-		Secretary			
	hief Financia				Partner			
	ice Presiden	t			-			
(C	Other)							
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							lease or any other ty	
C	ontribution m	_		•	the business s	ubmitti	ing the questionnaire	?
Y	ES	NO	X If Yes, pro	ovide details.				
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			nave you been nitting the questi		iei di dilicei di	arry bu	ionicoo or notior-profi	. organizati
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111								

YES		NO	X	If Yes, provide details.
of any	action ta	ken by	a gove	uired below whether the sanction arose automatically, by operation of law, or as a rnment agency. Provide a detailed response to all questions checked "YES". If your propriate page and attach it to the questionnaire.
	ch yoù h	nave be debarre	en a pr	ou and/or any affiliated businesses or not-for-profit organizations listed in Section incipal owner or officer: by government agency from entering into contracts with that agency? X If yes, provide an explanation of the circumstances and corrective action
b.		led for		ault and/or terminated for cause on any contract, and/or had any contracts X If yes, provide an explanation of the circumstances and corrective action
C.				ard of a contract and/or the opportunity to bid on a contract, including, but not neet pre-qualification standards? X If yes, provide an explanation of the circumstances and corrective action
d.		ng that o		any government agency from entering into any contract with it; and/or is any action or any debar or otherwise affect such business's ability to bid or propose on

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e.	In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? YES NO X If yes, provide an explanation of the circumstances and corrective action taken.
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	YES NO X If yes, provide an explanation of the circumstances and corrective action taken.
1,	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 X If yes, provide an explanation of the circumstances and corrective action taken.
	123 NO X II yes, provide an explanation of the circumstances and corrective detion taken.
2.	In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES NO X If yes, provide an explanation of the circumstances and corrective action taken.
3.	For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YES NO X If yes, provide an explanation of the circumstances and corrective action taken.
	120 NO X III yes, provide an explanation of the directive determination

I, Georgia Booth , 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, Georgia Booth , 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.
Fund for the City of New York
Name of submitting business
Electronically signed and certified at the date and time indicated by:
Georgia Boothe [GB@FCNY.ORG]
Board Treasurer
Title
00/00/0004 00:40:50 DM
09/20/2021 02:42:50 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:	_08/2	28/2019			
1)	Proposer	's Legal Name: Fun	d for the City of New Yo	rk	
2)	Address	of Place of Business:	121 6th Avenue		
	City:	New York	State/Province/	Territory: NY	Zip/Postal Code: 10013
	Country:	US			
Addre City: Count	_	520 8th Avenue, 18th Flo New York		tory: NY	Zip/Postal Code: 10018
	Date:				End Date:
3)	City: Country: Phone:	(212) 925-6676	State/Province/	Territory:	Zip/Postal Code: If other, please provide details:
	501(c)(3)		Tabilities 1 Territ		
4) 5)		Bradstreet number: 07			
6)	The prop	oser is a: Other		(Describe) 501(c	9)(3)
7)	Does this	s business share office s NO X If yes,	pace, staff, or equipment please provide details:		other business?

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

	YES NO X 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 X NO If yes, please provide details:
	Affiliated with National Center for Civic Innovation and International Centre for Civic Innovation.
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 X If yes, state the name of bonding agency, (if a bond), date, amount of bond
	and reason for such cancellation or forfeiture: or details regarding the termination (if a contract).
11)	Has the proposer, during the past seven years, been declared bankrupt? YES NO X If yes, state date, court jurisdiction, amount of liabilities and amount of assets
	120 No X II you care date, court jurioure in an interest are directed.
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 X 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 X 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 X If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

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	YES NO X 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:
	 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

		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	o)	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.			
		The Fund's Board of Directors complete annual conflict of interest forms.			
е		le a resume or detailed description of the Proposer's professional qualifications, demonstrating extensive ience in your profession. Any prior similar experiences, and the results of these experiences, must be fied.			
	Have /ES	you previously uploaded the below information under in the Document Vault? NO X			
	s the /ES	proposer an individual? NO X Should the proposer be other than an individual, the Proposal MUST include:			
i)	, _	Date of formation; 02/01/1968			
ii	. =	Name, addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner. If none, explain.			
		No individuals with a financial interest in the company have been attached.			
No individuals with a financial interest in the company have been attached.					
ii	ii)	Name, address and position of all officers and directors of the company. If none, explain.			
No office	ers ar	nd directors from this company have been attached.			
		1 File(s) Uploaded: Board List 7.2018.pdf			
İ۱	v) [State of incorporation (if applicable); NY			
٧	')	The number of employees in the firm; 899			
٧	/i) 	Annual revenue of firm; 105389402			
V	/ii)	Summary of relevant accomplishments Summary of relevant accomplishments attached.			

1 File(s) Uploaded: Business History Form Attachment 1 (003).pdf

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B. Indicate number of years in business. Provide any other information which would be appropriate and helpful in determining the Proposer's capacity C. and reliability to perform these services. Attached. 1 File(s) Uploaded: Business History Form Attachment 2.pdf Provide names and addresses for no fewer than three references for whom the Proposer has provided similar D. services or who are qualified to evaluate the Proposer's capability to perform this work. New York City Mayor's Office of Criminal Justice Company Contact Person Gerald Foley One Centre Street, Room 1012N Address NY New York State/Province/Territory Citv Country US Telephone (646) 576-3471 Fax# (212) 312-0825 GFoley@cityhall.nyc.gob E-Mail Address New York STate Unified Court System - Red Hook Community Justice Center Company Contact Person Judge Alex Calabrese Address 88 Visitation Place NY Brooklyn State/Province/Territory City Country US Telephone (718) 923-8225 Fax# E-Mail Address acalabre@nycourts.gov

viii)

Copies of all state and local licenses and permits.

Robin Hood Foundation Company Contact Person Kwaku Driskell Address 826 Broadway, 9th Floor New York State/Province/Territory NY City Country US Telephone (212) 844-3574 Fax # E-Mail Address driskell@robinhood.org

I, Alexandrea Lee , 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, Alexandrea Lee , 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: Fund for the City of New York				
Electronically signed and certified at the date and time indicated by: Alexandrea Lee [ALEE1@NYCOURTS.GOV]				
Development Manager				
Title				
04/20/2021 11:44:30 AM				

Date

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Board of Directors

Michael Arad (Chair), Partner, Handel Architects LLP; Designer, World Trade Center Memorial.

Georgia Boothe (Treasurer), Executive Vice President, Children's Aid; former Executive President, Pathways to Housing NY.

Dana Buchman (Secretary), Fashion Designer; Chair, Promise Project; Author of "A Special Education: One Family's Journey Through the Maze of Learning Disabilities;" Member of the Council of Fashion Designers America.

Ester Fuchs (Vice Chair), Professor of International and Public Affairs and Political Science, and Director, Urban and Social Policy Program, Columbia University; former Special Advisor on Governance and Strategic Planning to Mayor Michael R. Bloomberg.

Linda Lausell Bryant, Master Teacher; Clinical Associate Professor; Katherine and Howard Aibel Executive-in Residence; former Executive Director, Inwood House; former Associate Commissioner, Office of Youth Development at the New York City Administration for Children's Services.

Lisette Nieves, President, Fund for the City of New York; Clinical Professor, Educational Leadership & Policy Studies, Steinhardt School of Culture, Education & Human Development, New York University; Belle Zeller Distinguished Visiting Professor in Public Policy, City University of New York (CUNY); former Executive Director, Year Up NYC; former Adjunct Professor, Brooklyn College; former Chief of Staff, NYC Department of Youth and Community Development; Director of Special Projects for The After School Corporation (TASC).

David Steinberger, President and CEO of Arcadia Publishing; Chairman of the National Book Foundation; former President and CEO, Perseus Books Group; former President, Adult Trade Group and Corporate Strategy and International at HarperCollins; Management Consultant, Booz Allen Hamilton and NYC Deputy Transportation Commissioner.

COUNTY OF NASSAU

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

1. Name of the Entity: Fund for the City of New York, Center for Court Innovation						
Address: 52	20 8th Avenue, 18th Floor					
City: New	York State/Province/Territory: NY Zip/Postal Code: 10018					
Country: _L	JS					
2. Entity's Ver	ndor Identification Number: 13-2612524					
3. Type of Bus	siness: Other (specify) 501 c3 Nonprofit					
4. List names and addresses of all principals; that is, all individuals serving on the Board of Directors or comparable body, all partners and limited partners, all corporate officers, all parties of Joint Ventures, and all members and officers of limited liability companies (attach additional sheets if necessary):						
1 File(s) uploaded Board List 05.2021.pdf						
First Name Last Name MI Address City Country Position	Lisette Nieves Suffix 121 AVENUE OF THE AMERICAS, 6TH FLOOR NEW YORK State/Province/Territory: NY VS President Suffix Zip/Postal Code: 10013					
First Name Last Name MI Address	Courtney Bryan Suffix 121 Avenue of the Americas New York State/Province/Territory: NY Zip/Postal Code: 10013					
City Country	US					
Position	Executive Director					
individual, list	and addresses of all shareholders, members, or partners of the firm. If the shareholder is not an the individual shareholders/partners/members. If a Publicly held Corporation, include a copy of the completing this section. in.					

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.

None.	
"None." The to to influence - legislators or Commission. property subje	lyists whose services were utilized at any stage in this matter (i.e., pre-bid, bid, post-bid, etc.). If none, enter erm "lobbyist" means any and every person or organization retained, employed or designated by any client or promote a matter before - Nassau County, its agencies, boards, commissions, department heads, committees, including but not limited to the Open Space and Parks Advisory Committee and Planning Such matters include, but are not limited to, requests for proposals, development or improvement of real ect to County regulation, procurements. The term "lobbyist" does not include any officer, director, trustee, unsel 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):
	None.
Ĩ	(b) Describe lobbying activity of each lobbyist. See below for a complete description of lobbying activities. None.
	(c) List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):
	None.
8. VERIFICA signatory of the	ΓΙΟΝ: This section must be signed by a principal of the consultant, contractor or Vendor authorized as a ne firm for the purpose of executing Contracts.
	ned affirms and so swears that he/she has read and understood the foregoing statements and they are, to edge, true and accurate.
	signed and certified at the date and time indicated by: an [BRYANC@COURTINNOVATION.ORG]
Dated:	08/12/2021 09:48:12 AM
Title:	Executive Director

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