

Certified: --

E-140-23

FILED WITH THE NASSAU COUNTY CLERK OF THE LEGISLATURE NOVEMBER 16TH, 2023 9:01 AM

NIFS ID: CQAT23000035

Capital: Contract ID #: CQAT23000035 NIFS Entry Date: 10/12/2023

Slip Type: New

Blanket Resolution:

CRP:

Revenue:

Department: County Attorney

Service: special counsel (Eiden) Term: June 1, 2023, to completion Contract Delayed: X

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

Vendor/Municipality Info:	
Name: Milber Makris Plousadis & Seiden, LLP	ID#: 113431286
Main Address: 1000 Woodbury Road Woodbury, NY 11797	
Main Contact: Stuart Besen	
Main Phone: (516) 870-1125	

Federal Aid:

Vendor Submitted an Unsolicited Solicitation:

State Aid:

Department:
Contact Name: Mary Nori
Address: 1 West Street Mineola, New York 11501
Phone: (516) 571-6083
Email: mnori@nassaucountyny.gov,acaruso@nassaucountyny.go
V

Contract Summary

Purpose: This is a new contract with Milber Makris Plousadis & Seiden, LLP ("Counsel"), the special counsel firm selected to represent the County in the matter known as Eiden v. County of Nassau, et al., EDNY, Docket No. 19-CV-03876 (JMA)(SIL), a false arrest and excessive force case.

Method of Procurement: In April 2018, 2019, and 2022, the County Attorney's Office conducted a formal Request for Qualifications ("RFQ") to identify eligible, experienced legal counsel for a broad array of legal areas, and a panel of firms ("Panel") qualified to provide legal services for the County has been established. Counsel has been added to the Panel. In this streamlined solicitation, a total of thirty (30) candidates qualified in the areas of section 1983 and municipal defense were solicited from the RFQ panel. Three (3) firms responded. After reviewing several factors, the committee found that Counsel possessed a satisfactory reputation in state and federal courts handling section 1983 and municipal defense cases for municipalities. Based on the committee's analysis, Counsel's proposal was deemed fit for working on the above referenced matter.

Procurement History: See above.

Description of General Provisions: As described above.

Impact on Funding / Price Analysis: The maximum amount of this contract is \$31,435. The entire amount will be encumbered.

Change in Contract from Prior Procurement: N/A - this is a new contract.

Recommendation: Approve as Submitted

Advisement Information

Fund	Control	Resp. Center	Object	Index Code	Sub Object	Budget Code	Line	Amount
GEN	10	1100	DE	ATGEN1100	DE502	ATGEN1100 DE502	01	\$31,435.00
						TOTAL		\$31,435.00

	Additional Info
Blanket Encumbrance	
Transaction	
	Renewal
% Increase	Renewal

Funding Source	Amount
Revenue Contract:	
County	\$31,435.00
Federal	\$0.00
State	\$0.00
Capital	\$0.00
Other	\$0.00
Total	\$31,435.00

Routing Slip

Department			
NIFS Entry	Mary Nori	10/25/2023 12:38PM	Approved
NIFS Final Approval	Mary Nori	10/25/2023 12:38PM	Approved
Final Approval	Mary Nori	10/25/2023 12:38PM	Approved
County Attorney			
Approval as to Form	Richard Soleymanzadeh	10/26/2023 09:22AM	Approved
RE & Insurance Verification	Andrew Amato	10/25/2023 12:50PM	Approved
NIFS Approval	Mary Nori	11/01/2023 04:53PM	Approved
Final Approval	Mary Nori	11/01/2023 04:53PM	Approved
ОМВ			
NIFS Approval	Jenna Ferrante	10/30/2023 04:04PM	Approved
NIFA Approval	Irfan Qureshi	11/01/2023 10:16AM	Approved
Final Approval	Irfan Qureshi	11/01/2023 10:16AM	Approved
Compliance & Vertical DCE			
Procurement Compliance Approval	Andrew Levey	11/01/2023 05:15PM	Approved
DCE Compliance Approval	Robert Cleary	11/06/2023 11:44AM	Approved
Vertical DCE Approval	Arthur Walsh	11/14/2023 12:32PM	Approved
Final Approval	Arthur Walsh	11/14/2023 12:32PM	Approved
Legislative Affairs Review			
Final Approval	Christopher Leimone	11/15/2023 05:04PM	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 A PERSONAL SERVICES AGREEMENT BETWEEN THE COUNTY OF NASSAU, ACTING ON BEHALF OF THE NASSAU COUNTY ATTORNEY'S OFFICE, AND MILBER MAKRIS PLOUSADIS & SEIDEN, LLP.

WHEREAS, the County has negotiated a personal services agreement with Milber Makris Plousadis & Seiden, LLP, to provide professional legal 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 agreement with Milber Makris Plousadis & Seiden, LLP.

SPECIAL COUNSEL AGREEMENT

THIS AGREEMENT, (together with the schedules, appendices, attachments and exhibits, if any, this "<u>Agreement</u>"), dated as of the date (the "<u>Effective Date</u>") that this Agreement is executed by Nassau County, is entered into by and between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "<u>County</u>"), acting for and on behalf of the **Office of the Nassau County Attorney**, having its principal office at One West Street, Mineola, New York 11501 (the "<u>Department</u>"), and (<u>ii</u>) **Milber Makris Plousadis & Seiden, LLP**, with an office located at 1000 Woodbury Road, Suite 402, Woodbury, New York 11797 ("Counsel" or "Contractor").

WITNESSETH:

WHEREAS, pursuant to Nassau County Charter Section 1101, the County Attorney has determined the need for the employment of special counsel; and

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

WHEREAS, Counsel is eminently qualified and ready to provide the necessary services; and

WHEREAS, Counsel desires to perform the services described in this Agreement.

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

1. <u>Term</u>. This Agreement shall commence on June 1, 2023, and shall terminate upon the completion of services, as hereinafter described, unless sooner terminated in accordance with the provisions of this Agreement.

2. <u>Services</u>. The services to be provided by Counsel under this Agreement shall consist of representing and defending the County in *Eiden v. County of Nassau et al.*, EDNY, Docket No. 19-CV-03876 (JMA)(SIL), an action for false arrest, excessive force, malicious prosecution, as well as other causes of action pursuant to Section 1983 ("Services"). Services under this Agreement shall include but are not limited to motion practice; depositions and investigations; discovery; trial; appeals; settlement negotiations; and such other Services as may be required to fully represent the County in the *Eiden* matter. When providing such Services, Counsel must comply with Nassau County's Litigation Management Guidelines, as may be amended (the "Guidelines"), provided under separate cover and incorporated by reference herein. Except as otherwise provided in this Agreement, such Services shall conclude no earlier than entry of a verdict or a settlement or of a court-order terminating the litigation.

3. <u>Payment</u>. (a) <u>Amount of Consideration</u>. (1) The amount to be paid to Counsel as full consideration for Counsel's Services under this Agreement, including disbursements, shall not exceed the sum of Thirty-One Thousand Four Hundred Thirty-Five Dollars (\$31,435.00) ("<u>Maximum Amount</u>"). Compensation for professional services shall be paid at an <u>hourly rate</u> according to the following fee schedule:

- (i) Partner: \$225.00
- (ii) Associate: \$190.00
- (iii) Paralegal: \$80.00

(2) Any appearances before the County Legislature, or any committee thereof for the purpose of the approval of this Agreement or any amendment thereto, are to be construed as part of

the fee negotiation and approval process and Counsel agrees that no fee will be charged for any such appearances.

(b) <u>Vouchers</u>; <u>Voucher Review</u>, <u>Approval and Audit</u>. Payment shall be made to Counsel in arrears and shall be contingent upon (i) Counsel submitting a claim voucher (the "<u>Voucher</u>") in a form satisfactory to the County, that (a) is accompanied by a contemporaneous record of hours billed stating the person(s) performing the Services and indicating with reasonable specificity, the Services provided and the payment requested in consideration for such Services, or contains a detailed, itemized list of allowable expenses; (b) certifies that the Services rendered and the payment requested are in accordance with this Agreement, and (c) is accompanied by documentation satisfactory to the County supporting the amount claimed, and upon (ii) review, approval and audit of the Voucher by the Department and/or the County Comptroller or his or her duly designated representative (the "Comptroller").

(c) <u>Timing of Payment Claims</u>. Counsel shall submit its claim no later than three (3) months following the County's receipt of the services that are the subject of the claim, and no more frequently than once a month.

(d) <u>Expenses and Disbursement</u>. Counsel shall be compensated within the Maximum Amount for all reasonable expenses and disbursements actually incurred, including but not limited to out-of-pocket disbursements for investigators, trial preparation services, court reporting services, interpreters, and other legitimate expenses in accordance with the Guidelines. Counsel shall obtain prior written approval from the County Attorney or his designee for all non-routine expenses and disbursements as specified in the Guidelines.

(e) <u>No Duplication of Payments</u>. Payments under this Agreement shall not duplicate payments for any work performed or to be performed under other agreements between Counsel and any funding source including the County.

(f) <u>Payments in Connection with Termination or Notice of Termination</u>. Unless a provision of this Agreement expressly states otherwise, payments to Counsel following the termination of this Agreement shall not exceed payments made as consideration for services that were (i) performed prior to termination, (ii) authorized by this Agreement to be performed, and (iii) not performed after Counsel received notice that the County did not desire to receive such services.

4. <u>Independent Contractor</u>. Counsel is an independent contractor of the County. Counsel shall not, nor shall any officer, director, employee, servant, agent or independent contractor of Counsel (a "<u>Counsel Agent</u>"), be (<u>i</u>) deemed a County employee, (<u>ii</u>) commit the County to any obligation, or (<u>iii</u>) hold itself, himself, or herself out as a County employee or Person with the authority to commit the County to any obligation. As used in this Agreement the word "<u>Person</u>" means any individual person, entity (including partnerships, corporations and limited liability companies), and government or political subdivision thereof (including agencies, bureaus, offices and departments thereof).

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

6. <u>Compliance with Law</u>. (a) <u>Generally</u>. Counsel shall comply with any and all applicable Federal, State and local Laws, including, but not limited to those relating to conflicts of interest, human rights, a living wage, disclosure of information and vendor registration in connection with its

performance under this Agreement. In furtherance of the foregoing, Counsel is bound by and shall comply with the terms of Appendix EE attached hereto and with the County's registration protocol. As used in this Agreement the word "Law" includes any and all statutes, local laws, ordinances, rules, regulations, applicable orders, and/or decrees, as the same may be amended from time to time, enacted, or adopted.

(b) <u>Nassau County Living Wage Law.</u> Pursuant to LL 1-2006, as amended, and to the extent that a waiver has not been obtained in accordance with such law or any rules of the County Executive, Counsel agrees as follows:

- Counsel shall comply with the applicable requirements of the Living Wage Law, as amended;
- (ii) Failure to comply with the Living Wage Law, as amended, may constitute a material breach of this Agreement, the occurrence of which shall be determined solely by the County. Counsel has the right to cure such breach within thirty days of receipt of notice of breach from the County. In the event that such breach is not timely cured, the County may terminate this Agreement as well as exercise any other rights available to the County under applicable law.
- (iii) It shall be a continuing obligation of Counsel to inform the County of any material changes in the content of its certification of compliance, attached to this Agreement as Appendix L, and shall provide to the County any information necessary to maintain the certification's accuracy.

(c) <u>Records Access</u>. The parties acknowledge and agree that all records, information, and data ("<u>Information</u>") acquired in connection with performance or administration of this Agreement remains the sole property of the County and shall be used and disclosed solely for the purpose of performance and administration of the contract or as required by law. Counsel acknowledges that Counsel Information in the County's possession may be subject to disclosure under Article 6 of the New York State Public Officer's Law ("Freedom of Information Law" or "FOIL"). In the event that such a request for disclosure is made, the County shall make reasonable efforts to notify Counsel of such request prior to disclosure of the Information so that the Counsel may take such action as it deems appropriate.

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

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

(f) <u>Vendor Code of Ethics</u>. By executing this Agreement, the Contractor hereby certifies and covenants that:

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

7. <u>Ownership of Records.</u> All County Information provided to Counsel by the County shall remain the property of the County. All reports, documents or information created by Counsel on behalf of the County shall be deemed the property of the County. Upon the County's request, completion of Services, or termination of this Agreement, all such County Information, reports, documents or information shall be returned to the County.

8. <u>Service Standards</u>. Regardless of whether required by Law: (a) Counsel shall, and shall cause Counsel Agents to, conduct his or her activities in connection with this Agreement so as not to endanger or harm any Person or property.

(b) Counsel shall deliver Services under this Agreement in a professional manner consistent with the best practices of the legal profession. Counsel shall take all actions necessary or appropriate to meet the obligation described in the immediately preceding sentence, including obtaining and maintaining, and causing all Counsel Agents to obtain and maintain, all approvals, licenses, and certifications ("Approvals") necessary or appropriate in connection with this Agreement.

9. <u>No Conflict Representation</u>. During the term of this Agreement, Counsel shall not represent any party whose interest is or may be adverse to or in conflict with, or whose interest may appear to be adverse to or in conflict with the County, nor shall it commence any action or proceeding, or act as Counsel in any action or proceeding that is adverse to the County or any County officer or employee, without the County's prior written consent.

10. <u>Indemnification; Defense; Cooperation</u>. (a) Counsel shall indemnify, defend and hold harmless the County, the Department and its officers, employees, and agents (the "<u>Indemnified</u>

<u>Parties</u>") from and against any and all liabilities arising out of or in connection with performance under this Agreement by Counsel or a Counsel Agent, <u>provided</u>, <u>however</u>, that the Counsel shall not be responsible for that portion, if any, of a Loss that is caused by the negligence of the County.

(b) Counsel shall, upon the County's demand and at the County's direction, promptly and diligently defend, at Counsel's own risk and expense, any and all suits, actions, or proceedings which may be brought or instituted against one or more Indemnified Parties for which Counsel is responsible under this Section, and, further to Counsel's indemnification obligations, Counsel shall pay and satisfy any judgment, decree, loss or settlement in connection therewith.

(c) Counsel shall, and shall cause Counsel Agents to, cooperate with the County and the Department in connection with the investigation, defense or prosecution of any action, suit or proceeding in connection with this Agreement, including the acts or omissions of Counsel and/or a Counsel Agent in connection with this Agreement.

(d) The provisions of this Section shall survive the termination of this Agreement.

11. <u>Insurance</u>. (a) <u>Types and Amounts</u>. Counsel shall obtain and maintain throughout the term of this Agreement, at its own expense: (i) one or more policies for commercial general liability insurance, which policy(ies) shall name "Nassau County" as an additional insured and have a minimum single combined limit of liability of not less than One Million Dollars (\$1,000,000.00) per occurrence and Two Million Dollars (\$2,000,000.00) aggregate coverage, (ii) if contracting in whole or part to provide professional services, one or more policies for professional liability insurance, which policy(ies) shall have a minimum single combined limit of liability of not less than One Million Dollars (\$1,000,000.00) per claim (iii) compensation insurance for the benefit of the Counsel's employees ("Workers' Compensation Insurance"), which insurance is in compliance with the New York State Workers' Compensation Law, and (iv) such additional insurance as the County may from time to time specify.

(b) <u>Acceptability: Deductibles: Subcontractors</u>. All insurance obtained and maintained by Counsel pursuant to this Agreement shall be (<u>i</u>) written by one or more commercial insurance carriers licensed to do business in New York State and acceptable to the County, and which is (<u>ii</u>) in form and substance acceptable to the County. Counsel shall be solely responsible for the payment of all deductibles to which such policies are subject. Counsel shall require any subcontractor hired in connection with this Agreement to carry insurance with the same limits and provisions required to be carried by Counsel under this Agreement.

(c) <u>Delivery</u>; <u>Coverage Change</u>; <u>No Inconsistent Action</u>. Prior to the execution of this Agreement, copies of current certificates of insurance evidencing the insurance coverage required by this Agreement shall be delivered to the Department. Not less than thirty (30) days prior to the date of any expiration or renewal of, or actual, proposed or threatened reduction or cancellation of coverage under, any insurance required hereunder, Counsel shall provide written notice to the Department of the same and deliver to the Department renewal or replacement certificates of insurance. Counsel shall cause all insurance to remain in full force and effect throughout the term of this Agreement and shall not take or omit to take any action that would suspend or invalidate any of the required coverages. The failure of Counsel to maintain Workers' Compensation Insurance shall render this contract void and of no effect. The failure of Counsel to maintain the other required coverages shall be deemed a material breach of this Agreement upon which the County reserves the right to consider this Agreement terminated as of the date of such failure.

12. Assignment; Amendment; Waiver; Subcontracting. This Agreement and the rights

and obligations hereunder may not be in whole or part (i) assigned, transferred or disposed of, (ii) amended, (iii) waived, or (iv) subcontracted, without the prior written consent of the County Executive or his or her duly designated deputy (the "<u>County Executive</u>"), and any purported assignment, other disposal or modification without such prior written consent shall be null and void. The failure of a party to assert any of its rights under this Agreement, including the right to demand strict performance, shall not constitute a waiver of such rights.

13. <u>Termination</u>. (a) <u>Generally</u>. This Agreement may be terminated (i) for any reason by the County upon thirty (30) days' written notice to Counsel, (ii) for "Cause" by the County immediately upon the receipt by Counsel of written notice of termination, (iii) upon mutual written Agreement of the County and the Counsel, and (iv) in accordance with any other provisions of this Agreement expressly addressing termination.

As used in this Agreement the word "<u>Cause</u>" includes: (<u>i</u>) a breach of this Agreement; (<u>ii</u>) the failure to obtain and maintain in full force and effect all Approvals required for the services described in this Agreement to be legally and professionally rendered; and (<u>iii</u>) the termination or impending termination of federal or state funding for the services to be provided under this Agreement.

(b) <u>By Counsel</u>. This Agreement may be terminated by Counsel if performance becomes impracticable through no fault of the Counsel, where the impracticability relates to Counsel's ability to perform its obligations and not to a judgment as to convenience or the desirability of continued performance. Termination under this subsection shall be effected by Counsel delivering to the commissioner or other head of the Department (the "<u>Commissioner</u>"), at least sixty (60) days prior to the termination date (or a shorter period if sixty days' notice is impossible), a notice stating (<u>i</u>) that Counsel is terminating this Agreement in accordance with this subsection, (<u>ii</u>) the date as of which this subsection. A copy of the notice given to the Commissioner shall be given to the Deputy County Executive who oversees the administration of the Department (the "<u>Applicable DCE</u>") on the same day that notice is given to the Commissioner.

(c) <u>Counsel Assistance upon Termination</u>. In connection with the termination or impending termination of this Agreement the Counsel shall, regardless of the reason for termination, take all actions reasonably requested by the County (including those set forth in other provisions of this Agreement) to assist the County in transitioning Counsel's responsibilities under this Agreement. The provisions of this subsection shall survive the termination of this Agreement.

14. <u>Accounting Procedures: Records.</u> The Contractor shall maintain and retain, for a period of six (6) years following the later of termination of or final payment under this Agreement, complete and accurate records, documents, accounts and other evidence, whether maintained electronically or manually ("<u>Records</u>"), pertinent to performance under this Agreement. Records shall be maintained in accordance with Generally Accepted Accounting Principles and, if the Contractor is a non-profit entity, must comply with the accounting guidelines set forth in the applicable provisions of the Code of Federal Regulations, 2 C.F.R. Part 200, as may be amended. Such Records shall at all times be available for audit and inspection by the Comptroller, the Department, any other governmental authority with jurisdiction over the provision of services hereunder and/or the payment therefore, and any of their duly designated representatives. The provisions of this Section shall survive the termination of this Agreement.

15. <u>Limitations on Actions and Special Proceedings against the County</u>. No action or special proceeding shall lie or be prosecuted or maintained against the County upon any claims arising out of or in connection with this Agreement unless:

(a) <u>Notice</u>. At least thirty (30) days prior to seeking relief, Counsel shall have presented the demand or claim(s) upon which such action or special proceeding is based in writing to the Applicable DCE for adjustment and the County shall have neglected or refused to make an adjustment or payment on the demand or claim for thirty (30) days after presentment. Counsel shall send or deliver copies of the documents presented to the Applicable DCE under this Section to each of (i) the Department and the (ii) the County Attorney (at the address specified above for the County) on the same day that documents are sent or delivered to the Applicable DCE. The complaint or necessary moving papers of Counsel shall allege that the above-described actions and inactions preceded Counsel's action or special proceeding against the County.

(b) <u>Time Limitation</u>. Such action or special proceeding is commenced within the earlier of (i) one (1) year of the first to occur of (<u>A</u>) final payment under or the termination of this Agreement, and (<u>B</u>) the accrual of the cause of action, and (<u>ii</u>) the time specified in any other provision of this Agreement.

16. <u>Work Performance Liability</u>. The Counsel is and shall remain primarily liable for the successful completion of all work in accordance this Agreement irrespective of whether the Counsel is using a Counsel Agent to perform some or all of the work contemplated by this Agreement, and irrespective of whether the use of such Counsel Agent has been approved by the County.

17. <u>Consent to Jurisdiction and Venue; Governing Law</u>. Unless otherwise specified in this Agreement or required by Law, exclusive original jurisdiction for all claims or actions with respect to this Agreement shall be in the Supreme Court in Nassau County in New York State and the parties expressly waive any objections to the same on any grounds, including venue and <u>forum non conveniens</u>. This Agreement is intended as a contract under, and shall be governed and construed in accordance with, the Laws of New York State, without regard to the conflict of laws provisions thereof.

18. Notices. Any notice, request, demand or other communication required to be given or made in connection with this Agreement shall be (a) in writing, (b) delivered or sent (i) by hand delivery, evidenced by a signed, dated receipt, (ii) postage prepaid via certified mail, return receipt requested, or (iii) overnight delivery via a nationally recognized courier service, (c) deemed given or made on the date the delivery receipt was signed by a County employee, three (3) business days after it is mailed or one (1) business day after it is released to a courier service, as applicable, and (d)(i) if to the Department, to the attention of the Commissioner at the address specified above for the Department, (ii) if to an Applicable DCE, to the attention of the Applicable DCE (whose name Counsel shall obtain from the Department) at the address specified above for the Comptroller, to the attention of the Comptroller at 240 Old Country Road, Mineola, NY 11501, and (iv) if to Counsel, to the attention of the person who executed this Agreement on behalf of Counsel at the address specified above for Counsel, or in each case to such other persons or addresses as shall be designated by written notice.

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

(b) In the event that any provision of this Agreement shall be held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any

way be affected or impaired thereby.

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

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

20. <u>Section and Other Headings</u>. The section and other headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of this Agreement.

21. <u>Administrative Service Charge</u>. Counsel agrees to pay the County an administrative service charge of One Hundred Sixty Dollars (\$160.00) for the processing of this Agreement pursuant to Ordinance Number 74-1979, as amended by Ordinance Numbers 201-2001, 128-2006, and 153-2018. The administrative service charge shall be due and payable to the County by Counsel upon signing this Agreement.

22. Executory Clause. Notwithstanding any other provision of this Agreement:

(a) <u>Approval and Execution</u>. The County shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person unless (<u>i</u>) all requisite County and other governmental approvals have been obtained, including, if required, approval by the County Legislature and (<u>ii</u>) this Agreement has been executed by the County Executive (as defined in this Agreement).

(b) <u>Availability of Funds</u>. The County shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person beyond funds appropriated or otherwise lawfully available for this Agreement, and, if any portion of the funds for this Agreement are from the state and/or federal governments, then beyond funds available to the County from the state and/or federal governments.

(c) <u>NIFA Approval.</u> County contracts with a Maximum Amount equal to or greater than Fifty Thousand Dollars (\$50,000.00) require the approval of the Nassau County Interim Finance Authority ("NIFA") during the control period declared by NIFA on January 26, 2011, with limited exceptions. NIFA also requires that when the aggregate of contracts issued to a particular vendor for the provision of similar services is equal to or greater than \$50,000 in any 12-month period they be subject to NIFA approval even if each individual contract is less than \$50,000. NIFA has advised the County that NIFA's approval is subject, among other things, to the following limitation: payment to Counsel under this Agreement for Services, including related expenses and disbursements, rendered prior to the later of (i) the date of NIFA approval or (ii) full execution of the Agreement (such date, the "Approval Date") shall not exceed the sum of Fifty Thousand Dollars (\$50,000.00) prior to the Approval Date shall not be approved by NIFA, and shall not be paid by the County, unless NIFA makes an exception to its policy. Accordingly, to mitigate against exposure, Counsel shall provide the following notice to the Department:

- (A) If Counsel anticipates incurring costs in excess of Fifty Thousand Dollars (\$50,000.00) prior to the Approval Date, Counsel shall provide written notice to the Department at least Forty-five (45) days prior to the date on which Counsel anticipates reaching the Fifty Thousand Dollar (\$50,000.00) cap.
- (B) If Counsel has reached or anticipates reaching the Fifty Thousand Dollar (\$50,000.00) cap prior to the Approval Date, and in less than Forty-five (45) days, Counsel shall provide the Department with immediate written notice.

Upon receipt of such notice, the Department will review and advise Counsel of the Department's intended course of action, which, in appropriate cases as determined by the Department, may include seeking a waiver from NIFA.

23. <u>Entire Agreement</u>. This Agreement represents the full and entire understanding and agreement between the parties with regard to the subject matter hereof and supersedes all prior agreements (whether written or oral) of the parties relating to the subject matter of this Agreement.

[Remainder of Page Intentionally Left Blank.]

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

MILBER MAKRIS PLOUSADIS & SEIDEN, LLP By: Name: Harry J. Makris

Title: Managing Partner

Date: 6.23.23

NASSAU COUNTY

towns & Adams to ownas A Adams ty Attorney A 12, 2023 By: Name: Title: County Attorney Date:

NASSAU COUNTY

By:		
Name:		
	County Executive	
🗆 Dep	outy County Executive	
Date:		

PLEASE EXECUTE IN BLUE INK

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

On the 23 day of June in the year 2023 before me personally came Harry J. Makris to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Suffolk ; that he or she is the Managing Partner of Milber Makris Plousadis & Seiden LLP , 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

Lisa A. Harding Notary Public, State Of New York NO. 01HA6420301 Oualified in Suffolk County Commission Expires August 2, 20 X

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

On the $\frac{12}{h \text{ day of } fto testime}$ in the year 2023 before me personally came $\frac{1}{h \text{ cmas}}$ $\frac{1}{h \text{ dams}}$ to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is the **Nassau County Attorney**, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Law, including Nassau County Charter Section

1101. int the NOTARY PUBLIC

DIANA CATAPANO NOTARY PUBLIC, STATE OF NEW YORK NO. 01CA6089854 OUALIFIED IN NASSAU COUNTY COMMISSION EXPIRES MAR. 31, 2027

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 **County Executive of the County of Nassau**, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Nassau County.

NOTARY PUBLIC

Appendix EE Equal Employment Opportunities for Minorities and Women

The provisions of this Appendix EE are hereby made a part of the document to which it is attached.

The Contractor shall comply with all federal, State and local statutory and constitutional anti-discrimination provisions. In addition, Local Law No. 14-2002, entitled "Participation by Minority Group Members and Women in Nassau County Contracts," governs all County Contracts as defined herein and solicitations for bids or proposals for County Contracts. In accordance with Local Law 14-2002:

(a) The Contractor shall not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status in recruitment, employment, job assignments, promotions, upgradings, demotions, transfers, layoffs, terminations, and rates of pay or other forms of compensation. The Contractor will undertake or continue existing programs related to recruitment, employment, job assignments, promotions, upgradings, transfers, and rates of pay or other forms of compensation to ensure that minority group members and women are afforded equal employment opportunities without discrimination.

(b) At the request of the County contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, union, or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability, or marital status and that such employment agency, labor union, or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.

(c) The Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the County Contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

(d) The Contractor shall make best efforts to solicit active participation by certified minority or women-owned business enterprises ("Certified M/WBEs") as defined in Section 101 of Local Law No. 14-2002, for the purpose of granting of Subcontracts.

(e) The Contractor shall, in its advertisements and solicitations for Subcontractors, indicate its interest in receiving bids from Certified M/WBEs and the requirement that Subcontractors must be equal opportunity employers.

(f) Contractors must notify and receive approval from the respective Department Head prior to issuing any Subcontracts and, at the time of requesting such authorization, must submit a signed Best-Efforts Checklist.

(g) Contractors for projects under the supervision of the County's Department of Public Works shall also submit a utilization plan listing all proposed Subcontractors so that, to the greatest extent feasible, all Subcontractors will be approved prior to commencement of

work. Any additions or changes to the list of subcontractors under the utilization plan shall be approved by the Commissioner of the Department of Public Works when made. A copy of the utilization plan any additions or changes thereto shall be submitted by the Contractor to the Office of Minority Affairs simultaneously with the submission to the Department of Public Works.

(h) At any time after Subcontractor approval has been requested and prior to being granted, the contracting agency may require the Contractor to submit Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises. In addition, the contracting agency may require the Contractor to submit such documentation at any time after Subcontractor approval when the contracting agency has reasonable cause to believe that the existing Best Efforts Checklist may be inaccurate. Within ten working days (10) of any such request by the contracting agency, the Contractor must submit Documentation.

(i) In the case where a request is made by the contracting agency or a Deputy County Executive acting on behalf of the contracting agency, the Contractor must, within two (2) working days of such request, submit evidence to demonstrate that it employed Best Efforts to obtain Certified M/WBE participation through proper documentation.

(j) Award of a County Contract alone shall not be deemed or interpreted as approval of all Contractor's Subcontracts and Contractor's fulfillment of Best Efforts to obtain participation by Certified M/WBEs.

(k) A Contractor shall maintain Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises for a period of six (6) years. Failure to maintain such records shall be deemed failure to make Best Efforts to comply with this Appendix EE, evidence of false certification as M/WBE compliant or considered breach of the County Contract.

(1) The Contractor shall be bound by the provisions of Section 109 of Local Law No. 14-2002 providing for enforcement of violations as follows:

- a. Upon receipt by the Executive Director of a complaint from a contracting agency that a County Contractor has failed to comply with the provisions of Local Law No. 14-2002, this Appendix EE or any other contractual provisions included in furtherance of Local Law No. 14-2002, the Executive Director will try to resolve the matter.
- b. If efforts to resolve such matter to the satisfaction of all parties are unsuccessful, the Executive Director shall refer the matter, within thirty days (30) of receipt of

the complaint, to the American Arbitration Association for proceeding thereon.

c. Upon conclusion of the arbitration proceedings, the arbitrator shall submit to the Executive Director his recommendations regarding the imposition of sanctions, fines or penalties. The Executive Director shall either (i) adopt the recommendation of the arbitrator (ii) determine that no sanctions, fines or penalties should be imposed or (iii) modify the recommendation of the arbitrator, provided that such modification shall not expand upon any sanction recommended or impose any new sanction, or increase the amount of any recommended fine or penalty. The Executive Director, within ten days (10) of receipt of the arbitrators award and recommendations, shall file a determination of such matter and shall cause a copy of such determination to be served upon the respondent by personal service or by certified mail return receipt requested. The award of the arbitrator, and the fines and penalties imposed by the Executive Director, shall be final determinations and may only be vacated or modified as provided in the civil practice law and rules ("CPLR").

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

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

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

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

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

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

As used in this Appendix EE the term "County Contract" shall mean (i) a written agreement

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

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

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

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

- a. Proof of having advertised for bids, where appropriate, in minority publications, trade newspapers/notices and magazines, trade and union publications, and publications of general circulation in Nassau County and surrounding areas or having verbally solicited M/WBEs whom the County Contractor reasonably believed might have the qualifications to do the work. A copy of the advertisement, if used, shall be included to demonstrate that it contained language indicating that the County Contractor welcomed bids and quotes from M/WBE Subcontractors. In addition, proof of the date(s) any such advertisements appeared must be included in the Best Effort Documentation. If verbal solicitation is used, a County Contractor's affidavit with a notary's signature and stamp shall be required as part of the documentation.
- b. Proof of having provided reasonable time for M/WBE Subcontractors to respond to bid opportunities according to industry norms and standards. A chart outlining the schedule/time frame used to obtain bids from M/WBEs is suggested to be included with the Best Effort Documentation
- c. Proof or affidavit of follow-up of telephone calls with potential M/WBE subcontractors encouraging their participation. Telephone logs indicating such action can be included with the Best Effort Documentation
- d. Proof or affidavit that M/WBE Subcontractors were allowed to review bid specifications, blue prints and all other bid/RFP related items at no charge to the M/WBEs, other than reasonable documentation costs incurred by the County

Contractor that are passed onto the M/WBE.

- e. Proof or affidavit that sufficient time prior to making award was allowed for M/WBEs to participate effectively, to the extent practicable given the timeframe of the County Contract.
- f. Proof or affidavit that negotiations were held in good faith with interested M/WBEs, and that M/WBEs were not rejected as unqualified or unacceptable without sound business reasons based on (1) a thorough investigation of M/WBE qualifications and capabilities reviewed against industry custom and standards and (2) cost of performance The basis for rejecting any M/WBE deemed unqualified by the County Contractor shall be included in the Best Effort Documentation
- g. If an M/WBE is rejected based on cost, the County Contractor must submit a list of all sub-bidders for each item of work solicited and their bid prices for the work.
- h. The conditions of performance expected of Subcontractors by the County Contractor must also be included with the Best Effort Documentation
- i. County Contractors may include any other type of documentation they feel necessary to further demonstrate their Best Efforts regarding their bid documents.

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

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

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

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

Appendix L

Certificate of Compliance

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

1. The chief executive officer of Contractor is:

Harry J. Makris, Managing Partner	(Name)
1000 Woodbury Rd, Suite 402, Woodbury, NY 11797	(Address)
516.870.1101	(Telephone Number)

- 2. The Contractor agrees to either (1) comply with the requirements of the Nassau County Living Wage Law or (2) as applicable, obtain a waiver of the requirements of the Law pursuant to section 9 of the Law. In the event that the Contractor does not comply with the requirements of the Law or obtain a waiver of the requirements of the Law, and such Contractor establishes to the satisfaction of the Department that at the time of execution of this Agreement, it had a reasonable certainty that it would receive such waiver based on the Law and Rules pertaining to waivers, the County will agree to terminate the contract without imposing costs or seeking damages against the Contractor
- 3. In the past five years, Contractor _____ has X ____ has not been found by a court or a government agency to have violated federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If a violation has been assessed against the Contractor, describe below:

4. In the past five years, an administrative proceeding, investigation, or government bodyinitiated judicial action _____ has X ____ has not been commenced against or relating to the Contractor in connection with federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If such a proceeding, action, or investigation has been commenced, describe below:

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

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

Signature of Chief Executive Officer

6.23.23 Dated

Harry J. Makris Name of Chief Executive Officer

Sworn to before me this

day of June , 2023 .

Notary Public

Lisa A. Harding Notary Public, State Of New York NO. 01HA6420301 Qualified in Suffolk County Commission Expires August 2, 20 3/



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

1. Vendor: Milber Makris Plousadis & Seiden, LLP

2. Amount requiring NIFA approval: \$31,435.00

Amount to be encumbered: \$31,435.00

Slip Type: New

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: to June 1, 2023, to completion

Has work or services on this contract commenced? Yes

If yes, please explain: case in contract involves active litigation.

4. Funding Source: General Fund (GEN) Capital Improvement Fund (CAP)	Х	Grant Fund (GRT) Other
Federal %	0	
State %	0	
County %	100	
Is the cash available for the full amount of the	contract?	Yes
If not, will it require a future borrowing?		No
Has the County Legislature approved the borro	owing?	N/A
Has NIFA approved the borrowing for this con	tract?	N/A

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

This is a new contract with Milber Makris Plousadis & Seiden, LLP ("Counsel"), the special counsel firm selected to represent the County in the matter known as Eiden v. County of Nassau, et al., EDNY, Docket No. 19-CV-03876 (JMA)(SIL), a false arrest and excessive force case.

Yes

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

Nassau County Attorney as to form

Nassau County Committee and/or Legislature

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

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

Contract IDPosting DateAmount Added in Prior 12 Months
--

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	11/01/2023	
Authenticated User	<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: Milber Makris Plousadis & Seiden, LLP

CONTRACTOR ADDRESS: 1000 Woodbury Rd., Suite 402, Woodbury, NY 11797

FEDERAL TAX ID #:

<u>Instructions</u>: Please check the appropriate box ("I") 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 [newspaper], posting on industry by advertisement in websites, via email to interested parties and by publication on the County procurement website. [date]. [state #] proposals were Proposals were due on evaluation committee consisted of: The evaluated. received and

(list # of

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

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

The contract was originally executed by Nassau County on _____ [date]. This is a renewal or extension pursuant to the contract, or an amendment within the scope of the contract or RFP (copies of the relevant pages are attached). The original contract was entered into after

[describe procurement method, i.e., RFP, three proposals evaluated, etc.] Attach a copy of the most recent evaluation of the contractor's performance for any contract to be renewed or extended. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to continue to contract with the county.

IV. ⊠ Pursuant to Executive Order No. 1 of 1993, as amended, at least three proposals were solicited and received. The attached memorandum from the department head describes the proposals received, along with the cost of each proposal.

- □ A. The contract has been awarded to the proposer offering the lowest cost proposal; OR:
- x B. A Request for Qualifications ("RFQ") was issued, and a panel of firms qualified to provide legal services for the County has been established. The firm Milber Makris Plousadis & Seiden, LLP ("Milber Makris" or "Counsel") has been added to this panel. In this streamlined solicitation, thirty firms were solicited from the RFQ special counsel panel in the areas of section 1983 and municipal defense. Of the thirty solicited, three responded, to wit: 1) Bee Ready, 2) Milber Makris, and 3) Sokoloff Stern. After a review of the three proposals by an evaluation committee, the firm Milber Makris Plousadis & Seiden, LLP was selected to handle this matter because of their reputation in state and federal courts handling section 1983 and municipal defense cases on behalf of municipalities. Counsel was deemed fit for working on this matter.

V. Dursuant 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.

 \Box A. There are only one or two providers of the services sought or less than three providers submitted proposals. The memorandum describes how the contractor was determined to be the sole source provider of the personal service needed or explains why only two proposals could be obtained. If two proposals were obtained, the memorandum explains that the contract was awarded to the lowest cost proposer, or why the selected proposer offered the higher quality proposal, the proposer's unique and special experience, skill, or expertise, or its availability to perform in the most immediate and timely manner.

- □ B. The memorandum explains that the contractor's selection was dictated by the terms of a federal or New York State grant, by legislation or by a court order. (Copies of the relevant documents are attached).
- □ C. Pursuant to General Municipal Law Section 104, the department is purchasing the services required through a New York State Office of General Services contract no.______, and the attached memorandum explains how the purchase is within the scope of the terms of that contract.

- **D.** Pursuant to General Municipal Law Section 119-o, the department is purchasing the services required through an inter-municipal agreement.
- VI.
 This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. Attached is a memorandum that explains the reasons for entering into this contract without conducting a competitive process, and details when the department intends to initiate a competitive process for the future award of these services. For any such contract, where the vendor has previously provided services to the county, attach a copy of the most recent evaluation of the vendor's performance. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to contract with the county.
- VII. □ This is a public works contract for the provision of architectural, engineering or surveying services. The attached memorandum provides details of the department's compliance with Board of Supervisors' Resolution No. 928 of 1993, including its receipt and evaluation of annual Statements of Qualifications & Performance Data, and its negotiations with the most highly qualified firms.

<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. I 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. 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: \Box 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

<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.

Compt. form Pers./Prof. Services Contracts: Rev. 01/18



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?

Electronically signed and certified at the date and time indicated by: Harry Makris [HMAKRIS@MILBERMAKRIS.COM]

Dated: 07/26/2023 10:50:38 am

Vendor:	Milber Makris Plousadis and Seiden, LLP
Title:	Managing Partner

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 N Date of bir				
Date of bil				
Country:	US			
Business A	ddress: 1000 W	odbury Road, Suite 402		
20.01110007	<u> </u>	State/Province/	Zip/Postal	
City:	Woodbury		NY Code:	11797
Country	US			
Telephone	: 516-712-4000			
City: Country: Telephone	:	Territory:	Code:	
List of oth	er addresses and telephone	numbers attached		
Positions h	eld in submitting business	nd starting date of each (check all appl	icable)	
President		Treasurer		
Chairman	of Board	Shareholder	05/01/1998	
Chief Exec	. Officer	Secretary		
Chief Fina	ncial Officer	Partner	05/01/1998	
Vice Presid	lent			
(Other)				

- Do you have an equity interest in the business submitting the questionnaire? YES [X] NO [] If Yes, provide details.
 16.7285%
- Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?
 YES [] NO [X] If Yes, provide details.

- 5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?
 YES [] NO [X] If Yes, provide details.
- Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer?
 YES [] NO [X] If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

- 7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
 - a. Been debarred by any government agency from entering into contracts with that agency? YES [] NO [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.

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

9.

a. Is there any felony charge pending against you?
 YES [] NO [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.
- 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.
- 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.

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.

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, Harry Makris

, 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, Harry Makris , 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.

Milber Makris Plousadis & Seiden, LLP

Name of submitting business

Electronically signed and certified at the date and time indicated by: Harry Makris HMAKRIS@MILBERMAKRIS.COM

Managing Partner

Title

08/29/2023 11:53:41 am

Date

PRINCIPAL QUESTIONNAIRE FORM

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

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

	rincipal Nam	e: James Plousadis				
Da	ate of birth:					
Co	ountry:	US				
Bı	usiness Addr	ess: 1000 Woo	dbury Road, Suite 402			
			State/Province/		Zip/Postal	
Ci	ity:	Woodbury	Territory:	NY	Code:	11797
Co	ountry	US				
Te	elephone:	516-712-4000				
Co	ity: ountry: elephone:		State/Province/ Territory:		Zip/Postal Code:	
Lis	st of other a	ddresses and telephone n	umbers attached			
Pc	ositions held	in submitting business an	d starting date of each (check all	applicable)		
Pr	resident		Treasurer			
Cł	hairman of B	oard	Shareholde	er 05/01/	1998	
Cł	hief Exec. Of	ficer	Secretary			
Cł	hief Financia	l Officer	Partner	05/01/	1998	

- Do you have an equity interest in the business submitting the questionnaire? YES [X] NO [] If Yes, provide details.
 16.7285%
- Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?
 YES [] NO [X] If Yes, provide details.

Vice President

(Other)

- 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.
- Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer?
 YES [] NO [X] If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

- 7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
 - a. Been debarred by any government agency from entering into contracts with that agency? YES [] NO [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.

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

9.

a. Is there any felony charge pending against you?
 YES [] NO [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.
- 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.
- 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.

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.

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, James Plousadis

, 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, James Plousadis , 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.

Milber Makris Plousadis & Seiden, LLP

Name of submitting business

Electronically signed and certified at the date and time indicated by: James Plousadis JPLOUSADIS@MILBERMAKRIS.COM

Partner

Title

08/29/2023 12:39:44 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

Date of bir	lame: <u>Mark Seiden</u> th:				
Country:	US				
Business A	ddress: 1000 Woo	dbury Road, Suite 402			
		State/Province/		Zip/Postal	
City:	Woodbury	Territory:	NY	Code:	11797
Country	US				
Telephone	: 516-712-4000				
0.1					
Other pres	sent address(es):	Ctata / Duavia ag /		7:	
City		State/Province/		Zip/Postal	
City:				Code:	
Country:					
Telephone					
Telephone	:				
Telephone					
Telephone	:				
Telephone List of othe	er addresses and telephone n		licable)		
Telephone List of othe Positions h	er addresses and telephone n	umbers attached Id starting date of each (check all appl	licable)		
Telephone List of othe Positions h President	er addresses and telephone n neld in submitting business an	umbers attached Id starting date of each (check all app Treasurer		1998	
Telephone List of othe Positions h President Chairman o	er addresses and telephone n neld in submitting business an	umbers attached Id starting date of each (check all app Treasurer Shareholder	licable) 05/01/	1998	
Telephone List of othe Positions h President Chairman o Chief Exec.	er addresses and telephone n neld in submitting business an of Board	umbers attached od starting date of each (check all appl Treasurer Shareholder Secretary	05/01/		
Telephone List of othe Positions h President Chairman o Chief Exec. Chief Finar	er addresses and telephone n neld in submitting business an of Board . Officer	umbers attached Id starting date of each (check all app Treasurer Shareholder			
Telephone List of othe Positions h President Chairman o Chief Exec.	er addresses and telephone n neld in submitting business an of Board . Officer	umbers attached od starting date of each (check all appl Treasurer Shareholder Secretary	05/01/		

- Do you have an equity interest in the business submitting the questionnaire?
 YES [X] NO [] If Yes, provide details.
 16.7285%
- Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?
 YES [] NO [X] If Yes, provide details.

- 5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?
 YES [] NO [X] If Yes, provide details.
- Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer?
 YES [] NO [X] If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

- 7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
 - a. Been debarred by any government agency from entering into contracts with that agency? YES [] NO [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.

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

9.

a. Is there any felony charge pending against you?
 YES [] NO [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.
- 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.
- 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.

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.

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, Mark Seiden

, 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, Mark Seiden , 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.

Milber Makris Plousadis & Seiden, LLP

Name of submitting business

Electronically signed and certified at the date and time indicated by: Mark Seiden MSEIDEN@MILBERMAKRIS.COM

Partner

Title

08/29/2023 01:28:12 pm

Date

Business History Form

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

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

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

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

05/01/	/2023					
Proposer's	Legal Name:	Milber Makris Plous	adis & Seiden, LLP			
Address of	Place of Business:	1000 Woodbury Roa	ad, Suite 402			
City:	Woodbury		State/Province/ Territory:	NY	Zip/Postal Code:	11797
Country:	US					
Address:	100 Manhattar	nville Road, Suite 4E20				
			State/Province		Zip/Postal	
City:	Purchase		Territory:	NY	Code:	10577
Country: Start Date:	US				End Date:	
Address:	1001 Old Cassa	att Road, Suite 310	State/Province/		Zip/Postal	
City:	Berwyn		Territory:	PA	Code:	19312
Country:	US					
Start Date:					End Date:	
Address:	14 Old Castle D	Drive				
		Drive	State/Province,		Zip/Postal	
City:	Newtown	Drive	State/Province, Territory:	/CT	Zip/Postal Code:	06470
	Newtown US	Drive			•	06470

City:	Miami			State/Province/ Territory:	FL	Zip/Postal Code:	33130
, Country:	US						
Start Date:						End Date:	
Addrosse		rate Dlud Suite	440 Fast				
Address:	1900 N.W. Corpo	rale Bivu, Suile	440 EdSL	State/Province/		Zip/Postal	
City:	Boca Raton			Territory:	NY	Code:	33431
Country:	US			/			
Start Date:						End Date:	
Address:		e. Suite 103					
		,		State/Province/		Zip/Postal	
City:	Roseland			Territory:	NJ	Code:	07068
Country:	US						
Start Date:						End Date:	
	-						
-	ress (if different):			te/Province/ ritory:		Zip/Postal Code:	
City:	ress (if different):			te/Province/ ritory:		Zip/Postal Code:	
-	ress (if different):					•	
City:	ress (if different):					•	
City: Country: Phone:	ress (if different):	s facilities?			 If	•	vide details
City: Country: Phone: Does the bus		<u>s facilities?</u> 048998947	Ter		lf	Code:	vide details
City: Country: Phone: Does the bus	siness own or rent it		Ter		lf	Code:	vide details
City: Country: Phone: Does the bus	siness own or rent it dstreet number:		Ter		lf	Code:	ride details
City: Country: Phone: Does the bus Dun and Bra	siness own or rent it dstreet number: Number:		Ter		_Law Firm	Code:	vide details

- B) 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 [] 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).
- 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
- 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? 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.
- 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.

b) Any misdemeanor charge pending?

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:

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 conflicts exist

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

(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 conflicts exist

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.

MMP&S does a complete conflict check of all matters it is assigned to handle. In addition, MMP&S Conflicts Committee would scrutinize any matter where a potential conflict exists to ensure that no matter is accepted

where a potential conflict of interest could exist.

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 [X] NO []

Is the proposer an individual?

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

- i) Date of formation; 05/01/1998
- 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.

lark Seiden, Partner		
lank belaen, rarther		

1 File(s) uploaded: List of Equity Partners.pdf

Name, address and position of all officers and directors of the company. If none, explain.
 Harry J. Makris, Managing Partner

Mark Seiden, Partner

James Plousadis, Partner

1 File(s) uploaded: ADDENDUM TO LIST OF EQUITY PARTNERS.docx

- iv) State of incorporation (if applicable); NY
- v) The number of employees in the firm; 204

- vi) Annual revenue of firm;
- vii) Summary of relevant accomplishments See Technical Proposal

1 File(s) uploaded: Technical Proposal.pdf

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

B. Indicate number of years in business.25

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

MMP&S has defended well in excess of 350 discrimination claims involving age, sex and racial discrimination. Peter Tamigi, who is Counsel to the firm, has previously defended the County of Nassau, and its various Departments, including the Nassau County Department of Health, the Nassau County Sheriff's Department, and the Nassau County Police Department, in various Section 1983 litigation matters. Elizabeth Gorman is head of MMP&S' Employment Practices Department. Elizabeth concentrates her practice in Labor and Employment Law on behalf of management. She has successfully defended clients before state and federal courts, the United States Equal Employment Opportunity Commission, National Labor Relations Board, Department of Labor and state agencies in discrimination, sexual harassment, FMLA, prevailing wage, wrongful discharge, whistleblower, ERISA and wage and hour matters. She also counsels companies on personnel issues, employment policies, restrictive covenants and compliance.

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	Suffolk County Water Authority		
Contact Person	Mabel Smith		
Address	4060 Sunrise Highway, P.O. Box 38		
City	Oakdale	_ State/Province/Territory	NY
Country	US	_	
Telephone	(631) 563-0394	_	
Fax #	(631) 218-1155	_	
E-Mail Address	mabel.smith@scwa.com	_	
Company	Suffolk County Attorney		
Contact Person	Dennis M. Cohen, Esq.		
Address	H. Lee Dennison Building, 100 Veterans Me	morial Highway	
City	Hauppauge	_ State/Province/Territory	NY
Country	US	_	
Telephone	(631) 853-4049	_	
Fax #	(631) 853-5169	_	
E-Mail Address	Dennis.Cohen@suffolkcountyny.gov	_	
Company	Babylon Town Attorney		
Contact Person	Joseph Wilson, Esq.		

Address	200 E. Sunrise Highway		
City	Lindenhurst	State/Province/Territory	NY
Country	US		
Telephone	(631) 957-3029		
Fax #			
E-Mail Address	jwilson@townofbabylon.com		
Company	United States Liability Insurance Group		
Contact Person	Dee Foreman		
Address	1190 Devon Park Drive		
City	Wayne	State/Province/Territory	РА
Country	US		
Telephone	(888) 523-5545		
Fax #	(610) 687-9398		
E-Mail Address	dforeman@usli.com		

I, Harry Makris

, 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, Harry Makris , 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:

MILBER MAKRIS PLOUSADIS AND SEIDEN, LLP

Electronically signed and certified at the date and time indicated by: Harry Makris HMAKRIS@MILBERMAKRIS.COM

Managing Partner

Title

07/26/2023

Date

<u>NAMES, ADDRESSES AND POSITION OF ALL PERSONS HAVING A</u> <u>FINANCIAL INTEREST IN THE COMPANY, INCLUDING SHAREHOLDERS,</u> <u>MEMBERS, GENERAL OR LIMITED PARTNER</u>

- Harry J. Makris Sr. Partner 1000 Woodbury Road, Suite 402 Woodbury, NY 11797
- James Plousadis Sr. Partner 1000 Woodbury Road, Suite 402 Woodbury, NY 11797
- Mark Seiden Sr. Partner 1000 Woodbury Road, Suite 402 Woodbury, NY 11797
- Peter Seiden Sr. Partner 1000 Woodbury Road, Suite 402 Woodbury, NY 11797
- Andrew F. Pisanelli Sr. Partner 1000 Woodbury Road, Suite 402 Woodbury, NY 11797
- Christopher A. Albanese Sr. Partner 1000 Woodbury Road, Suite 402 Woodbury, NY 11797
- Elizabeth R. Gorman Sr. Partner 1000 Woodbury Road, Suite 402 Woodbury, NY 11797
- Frank Mattera Sr. Partner 1000 Woodbury Road, Suite 402 Woodbury, NY 11797
- James K. Baden Sr. Partner 1000 Woodbury Road, Suite 402 Woodbury, NY 11797
- John P. Grisafi Sr. Partner
 1000 Woodbury Road, Suite 402
 Woodbury, NY 11797

- Larry Shaw Sr. Partner
 1000 Woodbury Road, Suite 402
 Woodbury, NY 11797
- Leonardo D'Alessandro Sr. Partner 1000 Woodbury Road, Suite 402 Woodbury, NY 11797
- Lorin A. Donnelly Sr. Partner 1000 Woodbury Road, Suite 402 Woodbury, NY 11797
- 14. Michael A. Heran Sr. Partner 1000 Woodbury Road, Suite 402 Woodbury, NY 11797
- 15. Otto Cheng Sr. Partner1000 Woodbury Road, Suite 402Woodbury, NY 11797
- Patrick F. Palladino Sr. Partner 1000 Woodbury Road, Suite 402 Woodbury, NY 11797
- Samantha B. Lansky Sr. Partner 1000 Woodbury Road, Suite 402 Woodbury, NY 11797
- Stuart P. Besen Sr. Partner 1000 Woodbury Road, Suite 402 Woodbury, NY 11797
- Susan J. Stromberg Sr. Partner 1000 Woodbury Road, Suite 402 Woodbury, NY 11797
- Thomas H. Kukowski Sr. Partner 1000 Woodbury Road, Suite 402 Woodbury, NY 11797
- Thomas M. Fleming Sr. Partner 1000 Woodbury Road, Suite 402 Woodbury, NY 11797

ADDENDUM TO LIST OF EQUITY PARTNERS:

No individual holds more than 10% equity, except for Harry Makris, Mark Seiden and James Plousadis.



ATTORNEYS AT LAW 1000 WOODBURY ROAD SUITE 402 WOODBURY, NY 11797 TELEPHONE: 516.712.4000 FAX: 516.712.4013 HTTP://WWW.MILBERMAKRIS.COM

May 16, 2022

RESPONSE TO REQUEST FOR PROPOSALS: LEGAL SERVICES RFQ#AT0330-2211

TECHNICAL PROPOSAL

MILBER MAKRIS PLOUSADIS & SEIDEN, LLP ("MMP&S") is writing in response to the March 30, 2022 Request for Qualifications ("RFQ") for Legal Services (RFQ #AT0330-2211). Please allow the following to serve as our firm's response to the RFQ's Requirement for a Technical Proposal. MMP&S is highly qualified (RFQ-Appendix A) in Appellate, Casualty, Class Action, Commercial Litigation, Construction Litigation, Discrimination Law, Disciplinary Hearings, Employment and Labor Law, Environmental Law, Federal Civil Rights Section 1983, Insurance Law, Mediation, Medical Malpractice, Municipal Law, Tort Law and Zoning Law.

As the enclosed Firm Resume indicates, MMP&S handles a variety of complex litigation matters ranging from professional malpractice to construction accidents to personal injury claims. MMP&S's Municipal Liability Department represents numerous municipalities throughout Long Island and New York State, in all types of litigation, ranging from personal injury matters to civil rights litigation, as well as Article 78 proceedings and environmental law.

MMP&S has extensive public sector experience, both through individual representation and through insurance carriers assigning cases to the firm on behalf of municipalities.

Our firm currently represents the Town of Oyster Bay, Town of Huntington, Town of Babylon and Town of Perinton in both general liability cases and complex tort cases. MMP&S represents the Town of Oyster Bay in complex general liability matters, environmental and toxic torts, including a class action brought by residents of Bethpage for alleged injuries stemming from contamination at Bethpage Community Park. MMP&S recently secured a dismissal for the Town of Oyster Bay in this potential high exposure case in Federal Court. In addition, Peter Tamigi, Esq. of MMP&S has represented the Town of Oyster Bay in age and sex discrimination cases..

MMP&S represented the Town of Huntington in its litigation against the Long Island Power Authority on the Northport Power Plant and the amount of property taxes said power plant should pay. The case involved hundreds of millions of dollars, which eventually led to a historic settlement that has been used as a model for other municipalities throughout Long Island.

MMP&S currently represents Suffolk County and Warren County in complex tort litigation, medical malpractice cases and general liability and Article 78 matters. Peter Tamigi, Esq. has previously represented Nassau County in cases involving civil rights violations. The firm represents numerous Villages throughout New York State, including, but not limited to, Village

> WOODBURY, NEW YORK E PURCHASE, NEW YORK New Jersey E Connecticut E Florida E Pennsylvania

of Port Washington North, Village of Northport, Village of Ardsley, Village of Sands Point and Village of Oyster Bay Cove. In addition, the firm represents and has represented public entities including Suffolk County Water Authority, Hempstead Union Free School District and Hempstead Sanitary District No. 6.

Not only does MMP&S have the resources to handle any type of case, but, as the attached fee proposal demonstrates, MMP&S can deliver exemplary service in a cost-efficient manner. These factors make MMP&S unique in that it can offer large New York City law firm services at local Long Island-based firm fees.

MMP&S is committed to transforming legal defense work by delivering quality, measurable, cost-effective services to our clients. The environment that we create is based on mutual respect and camaraderie and working closely with our clients to obtain superior results. We do this by collaboration and real partnerships. We employ top legal minds whose focus is the best interests of the client. What differentiates us from our peers and inspires us every day is our desire to work together. Our collaborative approach brings greater depth and breadth to our work, giving us the edge we need to get our clients winning results. That is why so many insurance companies retain us to represent their insureds. Insurance carriers we represent include CNA, Nationwide, Harleysville, Scottsdale, RLI, USLI, Zurich, Hanover, Geico, XL Catlin, Citizens, and Berkley, as well as representing a number of clients with large self-retention policies, such as Northwell Health.

The following is a small sampling of the tens of thousands of defense cases that we have successfully handled:

- We recently successfully obtained a dismissal of all claims against the Town of Oyster Bay of the class action litigation involving the residents of Bethpage who alleged their various types of cancer were caused by exposure from contaminants at Bethpage Community Park. *Romano, et al. v. Northrop Grumman,* 2:16-cv-05760.
- Defense verdict after jury trial in an action in which a municipal truck went through a controlled intersection. We were able to prove that, although the plaintiff had the right of way, the cause of the accident was plaintiff's speeding. *Outlaw v. Town of Babylon*, Supreme Court, Suffolk County Index No. 061293/2013.
- Defense verdict after jury trial in an action in which a plaintiff alleged that a snow plow crossed over a double yellow line. We argued that the standard of care was "gross negligence" and the jury returned a defense verdict in our municipal client's favor. *Aiken v. Town of Babylon*, Supreme Court, Suffolk County Index No. 13752/06.
- The Town of Oyster Bay's drainage system was accused of causing a water main break leading to flooding which caused a derailment of a Long Island Railroad train



> in Syosset. The Town was found not liable for the derailment. Long Island Railroad v. Nassau County and Town of Oyster Bay, U.S.D.C., EDNY (2001).

- We secured summary judgment before a trial in an action involving an extensive trench collapse due to excavation for a water main improvement project in the Village of Kings Point. Ferreira v. Village of Kings Point and Dvirka and Bartilucci Consulting Engineers, et al., Supreme Court, Nassau County Index No. 21195/06.
- Successful motion for summary judgment where the plaintiff and co-defendant claimed that the municipality was liable for failing to trim its bushes in its right of way. *Alicia v. Town of Huntington*, Supreme Court, Suffolk County Index No. 60839/14.
- Plaintiff claimed to have suffered serious injuries after a car accident with a municipal vehicle. At trial, we successfully proved that plaintiff's injuries did not rise to the level of the No Fault Threshold Law. The jury returned a defense verdict. *Holve v. Town of Huntington*, Supreme Court, Suffolk County Index No. 22554/10.
- After winning summary judgment for the Town of Oyster Bay on a diving accident case at Roosevelt Beach, this decision was affirmed by the Appellate Division, Second Dept., *Toni Ann Mugnai v. Town of Oyster Bay*, Appellate Division, 2nd Dept. 2016-02672
- Successful motion for summary judgment where infant-plaintiff fell at the Bethpage Skating Rink which resulted in a laceration of her finger. The Court found that the plaintiff assumed the risk of her injury and that the Town of Oyster Bay exercised adequate supervision of the skating rink. *V.P. by her father, Vito Petruso v. Town of Oyster Bay*, Supreme Court, Nassau County Index No. 7504/04.
- A defense verdict was obtained when a plaintiff claimed that he was assaulted by an employee of our client, the Garage Employees Union Local 272. *William Baker* v. Garage Employees Union Local 272, et al., Supreme Court, New York County Index No. 5639/2011.
- Summary judgment was granted when plaintiff filed a lawsuit against the Long Island Railroad and the Town of Huntington for negligently removing snow on a pathway to the Huntington Train Station. *Jacobellis v. Town of Huntington and Long Island Railroad*, Suffolk County Index No. 34393/2010.
- Successfully received a dismissal in a discrimination matter involving a sanitary worker who claimed discrimination based on disability.



MMP&S's philosophy is that in its collaborative approach with clients tackling challenges together, we advance files quickly and cost effectively. This is not just idle talk. We prove it through data analytics that examine outcomes such as suit life, attorney's fees and indemnity paid. These metrics help us set quality standards second to none, keep us accountable to our clients, and give us solid benchmarks for improvement. We are proud of our systems and stellar results whether honing innovative state of the art strategies or obtaining courtroom verdicts for our clients our attorneys meet and exceed our rigorous quality standards. Our firm is proud of our results.

While many MMP&S attorneys have the experience necessary to handle the litigation covered by the RFP, all municipal litigation matters, would be handled by the following highly qualified and experience attorneys. Resumes for each attorney are attached.

Stuart P. Besen (Municipal litigation, Section 1983 litigation, Article 78 litigation and complex tort litigation land use and zoning);

Peter Tamigi (Municipal litigation, Section 1983 litigation, complex environmental litigation, and complex tort litigation)

Elizabeth Gorman (Discrimination and public sector employment law);

Donna Pasceuci (Medical malpractice and Complex Tort Litigation);

Andrew Pisanelli (construction law and Labor Law 240 cases);

Lauren Donnelly (Appellate Practice);

Louis Imbroto (Municipal litigation).

COMPOSITION OF MMP&S

MMP&S is a limited liability partnership founded in 1998 as is a full service defense litigation firm. The firm is comprised of approximately 110 attorneys, 35 paralegals and 60 support staff employees. The average years of experience for its partners is 20 years. The firm has 17 practice groups with extensive experience in municipal and public sector litigation.

CONFLICTS OF INTEREST

MMP&S does not have any interests with any individuals or companies with whom the County of Nassau does business with as it pertains to this Request for Qualifications. There is no is no family relationship with any individual from this firm and a County public official. Every case that MMP&S receives goes through a conflicts check and any potential conflict is analyzed by a conflicts committee made up of senior partners of the firm.



NON-DISCRIMINATION CLAUSE

MMP&S does not discriminate against employees or applicants for employment because of race, religion, creed, color, national origin, sex, age, disability, marital status, sexual orientation, or citizenship status.

COUNTY CODE OF ETHICS

MMP&S shall abide by the Nassau County Code of Ethics.

INSURANCE RETIREMENT

MMP&S has procured and carries insurance coverage as described in Appendix E Section 8 of this RFQ.

LITIGATION MANAGEMENT GUIDELINES

MMP&S agrees to follow Litigation Management Guidelines as described in Appendix H of the RFQ.

The names, title, e mails and telephone numbers of the persons authorized to act on behalf of MMP&S as it pertains to this proposal is listed below.

If you have any questions or require any additional information, please do not hesitate to contact Stuart Besen and/or Harry Makris at any time.

We appreciate the consideration and look forward to successfully representing Nassau County:

Very truly yours, Stuart Besen

Harry Makris

SB/HM/ga Encs.



COUNTY OF NASSAU

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

1. Name of the Entity:M		Milber Makris Plo	ousadis & Seiden, LLP			
Address:	1000 Woodb	ury Road, Suite 402	2			
City: Wo	odbury		_ State/Province/Territory:	NY	Zip/Postal Code:	11797
Country:	US					
2. Entity's Ve	endor Identific	cation Number:				
3. Type of Bu	isiness: _(Other	(specify)	Limited Liabil	ity Partnership	

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: Consultants form Ques 4 and 5.docx

5. List names and addresses of all shareholders, members, or partners of the firm. If the shareholder is not an individual, list the individual shareholders/partners/members. If a Publicly held Corporation, include a copy of the 10K in lieu of completing this section.

If none, explain.

1 File(s) uploaded: Consultants form Ques 4 and 5.docx

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

Page 1 of 3

not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements. The term "lobbyist" does not include any officer, director, trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties.

> Are there lobbyists involved in this matter? YES [] NO [X]

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

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

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

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

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

Electronically signed and certified at the date and time indicated by: Harry Makris [HMAKRIS@MILBERMAKRIS.COM]

Dated:	07/26/2023 11:01:56 am
Title:	Managing Partner

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.

Harry J. Makris, Managing Partner

Mark Seiden, Partner

James Plousadis, Partner

Harry J. Makris, Managing Partner

Mark Seiden, Partner

James Plousadis, Partner



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

1s. Legal Name & Address of Insured (use street address only) 1b. Business Telephone Number of Insured 1000 WOODBURY ROAD SUITE 402 (516) 712-4000 WOODBURY, NY 11797 115 2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Cartificate Holder) 3a. Name of Insurance Carrier ShelterPoint Life Insurance Company 3. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Cartificate Holder) 3a. Name of Insurance Carrier ShelterPoint Life Insurance Company 3. Name of Insurance Carrier ShelterPoint Life Insurance Company 3. Name of Insurance Carrier ShelterPoint Life Insurance Company 3. Name of Insurance Carrier ShelterPoint Life Insurance Company 3. Name of Insurance Carrier ShelterPoint Life Insurance Company 3. Name of Insurance Carrier ShelterPoint Life Insurance Company 3. Name of Insurance Carrier ShelterPoint Life Insurance Company 3. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.	PART 1. To be completed by NYS disab	oility and Paid Family L	eave benefits carrier or licensed insurance agent of that carrier
Work Location of Insured (Only required 4 coverage is specifically limited to cartain coattains in New York State, i.e., Wrap UP Policy) or Social Security Number 2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Sa. Name of Insurance Carrier Nassau County 3a. Name of Insurance Carrier B. Delicy Number of Entity Listed in Box *1a* DBL582068 3c. Policy greative period 01/01/2023 to M. A Both disability and paid family leave benefits. D. Disability benefits only. 12/31/2023 5. Policy covers: A. A Both disability benefits only. 12/31/2023 6. Policy covers: M. A. Joth disability and/or Paid Family Leave Benefits Law. Disability benefits only. 5. Policy covers: M. A. Joth disability and/or Paid Family Leave Benefits insurance coverage as described above. Image: Coverage Coverage as described above. Under parally of parjux; I certify that I am an authorized representative or Insurance carrier's authorized representative or NS Licensed Insurance Agent of that insurance carrier's authorized representative or NS Licensed Insurance Carrier's authorized representative or NS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail It directly to the certificate holder. IVPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is NOT COMP	MILBER MAKRIS PLOUSADIS AND SEIDER 1000 WOODBURY ROAD SUITE 402		and an
Work Location of Insured (only required if coverage is specifically limited to certain locations in New York State. (a). Warp-UP provides the following baseful to the certificate holder) 3a. Name of Insurance Carrier ShelterPoint Life Insurance Company 3b. Policy provides the following basefilts: Se. Policy offective period 12/31/2023 4. Policy provides the following basefilts: A. Both disability and paid family leave benefits. Se. Policy offective period 12/31/2023 5. Policy provides the following basefilts: C. Paid family leave basefilts only. C. Paid family leave basefilts only. 12/31/2023 6. Policy provides the following dates or classes of employer's employees: C. Paid family leave basefilts under the NYS Disability and Paid Family Leave Benefilts Law. Deloty ourser: Work Pailor of Pailory (1 certify that I am an authorized representative or licensed agent of the insurance carrier's erferenced above and that the named insured has NYS Disability and/or Pail Family Leave Benefilts Insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is NOT COMPLETE. Mail it directly to the certificate or NYS Licensed Insurance Agent of that carrier, this certificate is NOT COMPLETE. Mail it directly to the cartificate holder. MPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is NOT COMPLETE. Mail it direcup to the cartificate holder.			
(Entity Being Listed as the Certificate Hölder) ShelterPoint Life Insurance Company 3b. Policy Number of Entity Listed in Box "1a" DBL582068 3c. Policy offective period 01/01/2023 to 4. Policy provides the following benefits: B. Disability and paid family leave benefits. b. Disability and paid family leave benefits. B. Disability benefits only. C. Paid family leave benefits only. c. Paid family leave benefits only. 5. Policy covers: A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. B. Only the following class or classes of employees:			
Nassau County 3b. Policy Number of Entity Listed in Box "1a" 3b. Policy Number of Entity Listed in Box "1a" 3c. Policy provides the following benefits: A. Both disability and paid family leave benefits. B. Disability benefits only. C. Paid family leave benefits only. S. Policy rowers: Mark A lof the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. B. Only the following class or classes of employer's employees: Under penalty of perjury. I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above. Date Signed 51/12023 By Identity and/or Paid Family Leave Benefits insurance coverage as described above. Its insurance carrier's authorized representative or NIS Licensed Insurance Agent of that insurance carrier! IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wch.y.gov or it can be mailed for complexition to the Workers' Compensation Board (Insurance Unit, PO Box 5200, Binghamton, NY 13902-5200, Binghamton, NY 13902-5200			
DBL582068 3c. Policy effective period 01/01/2023 to 12/31/2023 4. Policy provides the following benefits: B. Disability benefits only. C. Paid family leave benefits only. 5. Policy covers: M. A.II of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. B. Only the following class or classes of employer's employees: Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above. Date Signed 5/1/2023 By (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier) IMPORTANT: If Boxs 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder. If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200. PART 2. To be completed by the NYS Workers' Compensation Board (only if Box 4B, 4C or 5B have been checked)		,	ShelterPoint Life Insurance Company
3c. Policy effective period 01/01/2023 to 12/31/2023 4. Policy provides the following benefits: A. Both disability and paid family leave benefits. B. Disability benefits only. 5. Dial family leave benefits only. C. Paid family leave benefits only. C. Paid family leave benefits only. 5. Policy overse: Image: Complexity of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. Image: Complexity of the employer's employee's employees: Under penalty of perjury. I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above. Date Signed 5/1/2023 By (signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder. If Box 4B, 4C or SB is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board (Inly of PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board (Inly of Box 4B, 4C or SB have been checked) State of New York Workers' Compensation Board (Inly of Box 4B, 4C or SB			
01/01/2023 to 12/31/2023 4. Policy provides the following benefits: A. Both disability and paid family leave benefits. B. Disability and paid family leave benefits. B. Disability benefits only. C. Paid family leave benefits only. C. Paid family leave benefits only. 5. Policy covers: M. A. for the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. B. Only the following class or classes of employer's employees:			
4. Policy provides the following benefits: A. Both disability and paid family leave benefits. B. Disability benefits only. C. Paid family leave benefits only. A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. B. Only the following class or classes of employer's employees:			
A. Both disability and paid family leave benefits. B. Disability benefits only. C. Paid family leave benefits only. C. Paid family leave benefits only. C. Paid family leave benefits only. A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. B. Only the following class or classes of employer's employees: Under penalty of perjury. I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above. Date Signed			01/01/2023 to12/31/2023
Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder. If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200. PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked) State of New York Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law.(Article 9 of the Workers' Compensation Law) with respect to all of their employees. Date Signed By (Signature of Authorized NYS Workers' Compensation Board Employee) Telephone Number Name and Title	 A. Both disability and paid family leave B. Disability benefits only. C. Paid family leave benefits only. 5. Policy covers: A. All of the employer's employees elig B. Only the following class or classes of Under penalty of perjury, I certify that I am an a insured has NYS Disability and/or Paid Family 	yible under the NYS Disabilit of employer's employees: authorized representative or Leave Benefits insurance co By	licensed agent of the insurance carrier referenced above and that the named overage as described above.
IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder. If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200. PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked) State of New York Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law(Article 9 of the Workers' Compensation Law) with respect to all of their employees. Date Signed By			
Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder. If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200. PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked) State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law(Article 9 of the Workers' Compensation Law) with respect to all of their employees. Date Signed By			
Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200. PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked) State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law(Article 9 of the Workers' Compensation Law) with respect to all of their employees. Date Signed By	IMPORTANT: If Boxes 4A and 5A are ch Licensed Insurance Agent	ecked, and this form is si of that carrier, this certifie	gned by the insurance carrier's authorized representative or NYS cate is COMPLETE. Mail it directly to the certificate holder.
State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law(Article 9 of the Workers' Compensation Law) with respect to all of their employees. Date Signed By	Disability and Paid Family	Leave Benefits Law. It m	ust be emailed to PAU@wcb.ny.gov or it can be mailed for
Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law(Article 9 of the Workers' Compensation Law) with respect to all of their employees. Date Signed By	PART 2. To be completed by the NYS	Workers' Compensat	ion Board (Only if Box 4B, 4C or 5B have been checked)
(Signature of Authorized NYS Workers' Compensation Board Employee) Telephone Number Name and Title	According to information maintained by th NYS Disability and Paid Family Leave Be	Workers' Com e NYS Workers' Comper	pensation Board sation Board, the above-named employer has complied with the
(Signature of Authorized NYS Workers' Compensation Board Employee) Telephone Number Name and Title	Date Signed	Ву	
			Signature of Authorized NYS Workers' Compensation Board Employee)
	and the second		

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

DB-120.1 (12-21)



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 NYS 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 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 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.

NYS 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 LIABILITY INSURANCE

NGONZALEZ

DATE	(MM/DD/YYYY)	
E /	40/0000	

MILBMAK-01

								5/	10/2023
CER BEL	S CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMAT OW. THIS CERTIFICATE OF IN RESENTATIVE OR PRODUCER, A	IVELY C	OR NEGATIVELY AMEND	, EXTEND OR	ALT	ER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES
IMPO	ORTANT: If the certificate holde	r is an A	DDITIONAL INSURED. the	policy(ies) mu	ist ha	ve ADDITIO	NAL INSURED provision	s or b	e endorsed.
If SU	UBROGATION IS WAIVED, subje	ct to the	e terms and conditions of	the policy, cer	rtain	policies may			
this	certificate does not confer rights t	o the ce	rtificate holder in lieu of su		ent(s)				
PRODUC				CONTACT NAME:					
	& Gough Greensboro Drive			PHONE (A/C, No, Ext): (7	03) 8	327-2277	FAX (A/C, No):	(703) 8	327-2279
Suite 9	980			E-MAIL ADDRESS: adm	in@	amesgoug	h.com		
McLea	n, VA 22102						RDING COVERAGE		NAIC #
							ce Co. A(XIV)		19801
INSURE	D						alty Company (CNA) A	XV	20443
moone	Milber Makris Plousadis & S	Seiden, L	LP					, / ·	20440
	1000 Woodbury Road			INSURER C :					
	Suite 402			INSURER D :					
	Woodbury, NY 11797			INSURER E :					
				INSURER F :					
COVE	RAGES CER	TIFICAT	TE NUMBER:				REVISION NUMBER:		
INDIO CER EXCL	IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	REQUIREN PERTAII POLICIES	MENT, TERM OR CONDITIO N, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAVE	N OF ANY COM DED BY THE F BEEN REDUCE	NTRA POLIC D BY	CT OR OTHEF IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUE	D POLICY NUMBER	POLICY (MM/DD/	EFF (YYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
G	EN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	
							PRODUCTS - COMP/OP AGG	\$	
	OTHER:						COMBINED SINGLE LIMIT	\$	
AL							(Ea accident)	\$	
							BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$	
	AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
wo	ORKERS COMPENSATION						PER OTH- STATUTE ER	φ	
								•	
	IY PROPRIETOR/PARTNER/EXECUTIVE	N / A					E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE		
	ves, describe under ESCRIPTION OF OPERATIONS below rofessional Liab.		LPL409484-6	5/15/2	022	5/15/2024	E.L. DISEASE - POLICY LIMIT Per Claim/Aggregate	\$	10,000,00
B C)	yber Liability		652431474	5/15/2	023	5/15/2024	Per Claim/Aggregate		2,000,00
DESCRII Travele	PTION OF OPERATIONS / LOCATIONS / VEHIC Prs Indemnity Company provides \$51	LES (ACOI M/\$5M ex	D 101, Additional Remarks Schedu Cess limits over Argonaut I	le, may be attached nsurance Comp	l if mor pany \$	e space is requi 55M/\$5M limit	red) ts.	<u> </u>	
CERT	IFICATE HOLDER			CANCELLAT	ION				
	Nassau County			THE EXPIR	ATIO	N DATE TH	DESCRIBED POLICIES BE C. IEREOF, NOTICE WILL CY PROVISIONS.		
					PRESE	NTATIVE			
ACOR	RD 25 (2016/03)				© 19	88-2015 AC	ORD CORPORATION.	All ria	hts reserved

y

		Client#	: 17729	940			MILBI	EMAK1	_	
	ACORD _M	CERTI	FIC/	ATE OF LIABI	ILIT	Y INSI	JRANO	CE	C	DATE (MM/DD/YYYY) 5/06/2023
CI BI RI	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.									
lf	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).									
-	DUCER				CONTAC NAME:	^{CT} Tasha C				
	Insurance Services L				PHONE (A/C, No	, _{Ext):} 914-45	9-6238		FAX (A/C, No):	866-494-6864
-	RXR Plaza East Towe	er.			E-MAIL ADDRES	_{ss:} Tasha.C	oleman@u	si.com		
	ondale, NY 11556							FORDING COVERAG	E	NAIC #
							Insurance Co			11000
INSU	Milber, Makris,	Plousadis &	Seide	n, Llp			- WC Multiple	Issuing Cos		00914 38989
	1000 Woodbury			<i>`</i>			ustom insura	ince Company		30909
	Woodbury, NY	11797			INSURE					
					INSURE					
CO	/ERAGES	CERT	FICATE	E NUMBER:	INSUKL	NT.		REVISION NUM	BER:	
IN CE	DICATED. NOTWITHSTAND ERTIFICATE MAY BE ISSUE	ING ANY REQUED OR MAY PENS OF SUCH FILE	JIREMEI RTAIN,	JRANCE LISTED BELOW HAY NT, TERM OR CONDITION OF THE INSURANCE AFFORDED S. LIMITS SHOWN MAY HAV POLICY NUMBER 12SBAVU8412	F ANY (D BY TH /E BEEN	CONTRACT OF HE POLICIES N REDUCED F POLICY EFF (MM/DD/YYYY)	R OTHER DOO DESCRIBED H BY PAID CLAI POLICY EXP (MM/DD/YYYY)	CUMENT WITH R HEREIN IS SUBJE MS. EACH OCCURRENC	ESPECT 1 ECT TO A LIMITS	TO WHICH THIS ALL THE TERMS,
	GEN'L AGGREGATE LIMIT APPL X POLICY DECT	IES PER:						DAMAGE TO RENTE PREMISES (Ea occu MED EXP (Any one p PERSONAL & ADV I GENERAL AGGREG PRODUCTS - COMP	ED irrence) Derson) NJURY ATE 2/OP AGG	\$1,000,000 \$10,000 \$1,000,000 \$2,000,000 \$2,000,000 \$
Α	AUTOMOBILE LIABILITY			12SBAVU8412		05/01/2023	05/01/2024	COMBINED SINGLE (Ea accident)	LIMIT	_{\$} 1,000,000
	ANY AUTO							BODILY INJURY (Pe		\$
	AUTOS ONLY AL	CHEDULED JTOS DN-OWNED JTOS ONLY						BODILY INJURY (Pe PROPERTY DAMAG (Per accident)	,	\$ \$
										\$
Α	X UMBRELLA LIAB X	OCCUR		12SBAVU8412		05/01/2023	05/01/2024	EACH OCCURRENC	E	\$4,000,000
	EXCESS LIAB	CLAIMS-MADE						AGGREGATE		\$4,000,000
	DED X RETENTION \$	10000						DED		\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N		12WECAB4J6H		05/01/2023	05/01/2024	X STATUTE	OTH- ER	
	ANY PROPRIETOR/PARTNER/EX OFFICER/MEMBER EXCLUDED?	XECUTIVE N	I/A					E.L. EACH ACCIDEN		\$1,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E		
^	DÉSCRIPTION OF OPERATIONS	S below		00050040		04/20/2022	04/20/2024	E.L. DISEASE - POL		\$1,000,000
С	Emp Practice			68052312		01/30/2023	01/30/2024	\$1,000,000- A \$1,000,000-3 \$35,000-Rete	rd Party	
DESC	CRIPTION OF OPERATIONS / LOC	CATIONS / VEHICL	ES (ACOF	D 101, Additional Remarks Schedu	ule, may k	e attached if mo	ore space is requ			
Ins	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The General Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status to Nassau County only when there is a written contract that requires such status, and only with regard to work performed by or on behalf of the named insured.									
CEF	TIFICATE HOLDER				CANC	ELLATION				
	Nassau County SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE One West Street THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Mineola, NY 11501 ACCORDANCE WITH THE POLICY PROVISIONS.									
					AUTHOR	RIZED REPRESE	MIANVE			

Ulle	Scall
	© 1988-2015 ACORD CORPORATION. All rights reserved.

This page has been left blank intentionally.



THOMAS A. ADAMS County Attorney

COUNTY OF NASSAU OFFICE OF THE COUNTY ATTORNEY

TO: Robert Cleary Director of Procurement Compliance

- FROM: Mary J. Nori Assistant County Attorney
- **DATE:** October 12, 2023

SUBJECT: Delay Memo – Milber Makris Plousadis & Seiden, LLP

The purpose of this memo is to explain the delay with processing a new contract between the County and Milber Makris Plousadis & Seiden, LLP ("Counsel"), the special counsel firm selected to represent the County in the *Eiden v. Nassau, et al.*, EDNY Docket No. 19-CV-03876(JMA)(SIL) matter.

This matter was assigned to Counsel with a contract start date of June 1, 2023. This firm has several contracts with the County, and we have been routing them one at a time, making sure disclosure forms are current and a new certificate of no change (CNC) is completed each time. The firm were re-certified their forms on August 29, 2023, and a CNC was completed on September 29, 2023. After confirming all was complete on Counsel's part, we began packaging and uploading the contract package for the requisite County approvals.

I trust this memorandum satisfies your inquiry, however, please do not hesitate to contact this office should you have any additional questions.

Nori

MARY J. NORI Assistant County Attorney