



Certified: --

E-108-26

FILED BY THE NASSAU COUNTY CLERK OF
THE LEGISLATURE AUGUST 31, 2026
12:00 PM

NIFS ID: CQHS26000065

Capital:

Contract ID #: **CQHS26000065**

NIFS Entry Date: **07/08/2026**

Department: Human Services

Service: **YOUTH DEVELOPMENT**

Term: from **01/01/2026** to **12/31/2028**

Contract Delayed: **X**

Slip Type: New		
CRP:		
Blanket Resolution:		
Revenue:	Federal Aid:	State Aid:
Vendor Submitted an Unsolicited Solicitation:		

1) Mandated Program:	No
2) Comptroller Approval Form Attached:	No
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: 3Ds Aftercare Inc	ID#: 261344106
Main Address: 881 Merrick Road Baldwin, NY 11510 Contract Specific Address: 2375 Harrison Avenue Baldwin, NY 11510	
Main Contact: Dr. Zodelia Williams	
Main Phone: (347) 631-7494	

Department:
Contact Name: Seema Zaki
Address: 60 Charles Lindberg Blvd., Suite 220, Uniondale, NY 11553-36886060
Phone: (516) 227-7003
Email: alok.raman@hhsnassaucountyny.us

Contract Summary

Purpose: • Increase Parent Engagement and Participation • Improve Student Academic Outcomes through Family Support • Increase Parent Knowledge of Social-Emotional Learning (SEL) • Strengthening Parent Confidence and Self-Efficacy • Strengthening School-Family-Community Collaboration • Ensure Program Accountability and Continuous Quality Improvement
Procurement History: This is the first approved RFP for this agency
Description of General Provisions: • Conduct monthly Parental Skills and Social-Emotional Learning (SEL) workshops designed to increase parent involvement in school and program activities. • Provide participation support (childcare, meals, transportation assistance, and hybrid access) to remove barriers and sustain consistent attendance.

- Deliver family-centered academic support sessions that train parents in effective homework routines, literacy strategies, and study skills.
- Coordinate ongoing communication with schools and families to share student progress and align academic support.

Impact on Funding / Price Analysis: Agency will provide services for 100 youth at a per capita cost of \$750.00

Change in Contract from Prior Procurement: None

Method of Source Selection:

- ☒ Request For Proposals awarded to proposer offering best value

RFP #: HS0630-2536

Advertised On: 06/30/2025

Advertised In: Bid Board, Official Newspaper, Other NY Post

Proposals Due On: 08/18/2025

Number of proposals received: 25

Evaluation Committee members: Lionel Chitty • Alicia Williams • Donna Worsley- Hines • Tracy Presti • Nancy Holland

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.

The contract has been awarded to the proposer offering the lowest cost proposal

MWBE Participation:

☒ Participation of Minority-owned and Women-owned Business Enterprises 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 by the Comptroller's Office prior to the approval of claim vouchers. [Note: This box must be checked.]

☒ Department MWBE Responsibilities: To ensure compliance with MWBE requirements as outlined in Exhibit EE, Department will require vendor to submit list of subcontractor requirements prior to submission of the first claim voucher for services under this contract being submitted to the Comptroller.

Contractor is a (check all that apply):

☐ MWBE

☐ SDVOB

Recommendation: Approve as Submitted

Advisement Information

Fund	Control	Resp. Center	Object	Index Code	Sub Object	Budget Code	Line	Amount
GEN	10	1324	DE	HSGEN1324	DE511	HSGEN1324 DE511	01	\$75,000.00
						TOTAL	\$75,000.00	

Additional Info	
Blanket Encumbrance	
Transaction	
Renewal	
% Increase	
% Decrease	

Funding Source	Amount
Revenue Contract:	
County	\$75,000.00
Federal	\$0.00
State	\$0.00
Capital	\$0.00
Other	\$0.00
Total	\$75,000.00

Routing Slip

Department			
NIFS Entry	Alok Raman	07/09/2026 02:02PM	Approved
NIFS Final Approval	Seema Zaki	07/09/2026 04:36PM	Approved
Final Approval	Seema Zaki	07/09/2026 04:36PM	Approved
County Attorney			
Approval as to Form	Julie Silverstein	07/14/2026 04:40PM	Approved
RE & Insurance Verification	Shannon Molloy	07/15/2026 12:07PM	Approved
NIFS Approval	Mary Nori	07/20/2026 02:05PM	Approved
Final Approval	Mary Nori	07/20/2026 02:05PM	Approved
OMB			
NIFS Approval	Amanda Cohn	07/15/2026 05:02PM	Approved
NIFA Approval	Irfan Qureshi	07/16/2026 11:10AM	Approved
Final Approval	Irfan Qureshi	07/16/2026 11:10AM	Approved
Compliance & Vertical DCE			
Procurement Compliance Approval	Andrew Levey	07/20/2026 02:13PM	Approved
DCE Compliance Approval	Robert Cleary	07/20/2026 02:27PM	Approved
Vertical DCE Approval	Anissa Moore	07/21/2026 09:27AM	Approved
Final Approval	Anissa Moore	07/21/2026 09:27AM	Approved
Legislative Affairs Review			
Final Approval	Christopher Leimone	08/31/2026 11:24AM	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. – 2026

A RESOLUTION AUTHORIZING THE COUNTY EXECUTIVE TO EXECUTE A PERSONAL SERVICES AGREEMENT BETWEEN THE COUNTY OF NASSAU, ACTING ON BEHALF OF THE NASSAU COUNTY DEPARTMENT OF HUMAN SERVICES AND THE 3DS AFTERCARE INC

WHEREAS, the County has negotiated a personal services agreement with 3Ds Aftercare Inc, to provide the County with youth services and parent development 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 an agreement with 3Ds Aftercare Inc.

CONTRACT FOR SERVICES

THIS AGREEMENT, made as of the date this agreement is last executed by the County (together with the schedules, appendices, attachments, and exhibits, if any, this "Agreement"), between **Nassau County**, a municipal corporation having its principal office at 1 West Street, Mineola, New York 11501 (the "County"), acting on behalf of the Nassau County Department of Human Services, Office of Youth Services having its principal office at 60 Charles Lindbergh Boulevard, Suite 220, Uniondale, New York 11553-369 (the "Department"), and 3 D's Aftercare Inc., a New York State not-for-profit corporation, having its principal office at 2375 Harrison Avenue, Baldwin, New York 11510 (the "Contractor").

WITNESSETH:

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

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

WHEREAS, this is a personal service contract within the intent and purview of Section 2206 of the County Charter;

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

1) **Term.**

- A. This Agreement shall commence on January 1, 2026 and shall terminate on December 31, 2026 (the "Initial Term"), unless sooner terminated as provided for herein. The Department may, in its sole discretion, renew the term of this Agreement, on the below agreed upon terms and conditions, for one (1) additional two (2) year period (the "Renewal Term"), for a possible total term of three (3) years, subject to the County's right of early termination as provided in the contract.
- B. The decision to renew the contract(s) will be at the sole discretion of the Department and may be exercised by written notice thereof to the Contractor.

2) **Services.**

- A. The Contractor will increase parent participation, improve student academic outcomes through family support.
- B. The contractor will be required to provide reports to the County, as well as provide all findings and recommended actions to mitigate any issues found. All findings and recommended actions must include prioritization based on risk, factoring current intelligence into the risk level. The contractor will also be required to include guidance on how to remediate each item, as well as estimated internal staff hours needed to address each item. The contractor will not remediate any findings unless instructed by the County. The County will pursue recommended actions using the contractor's guidance as appropriate. The County will make all final decisions regarding their IT system operations.
- C. Additional services are included as **EXHIBIT A**.
- D. **Renewal Services:** Services to be provided during the renewal period shall be based on the results of the initial contract period services and current needs of the County.

3) **Payment.**

- (a) **Amount of Consideration.** The maximum amount to be paid to the Contractor as full consideration for the Services and all Additional Services performed under this Agreement during the Initial Term and Renewal Term, shall not exceed Two Hundred Twenty Five Thousand and 00/100 Dollars (\$225,000.00) DOLLARS (the "Maximum Amount"). The Maximum Amount is inclusive of any and all expenses and shall be payable as follows:
- (b) **Partial Encumbrance.** The Contractor acknowledges that the County will partially encumber funds to be applied toward the Maximum Amount throughout the term of this Agreement. The Contractor further acknowledges that the initial encumbrance authorized upon approval of this Agreement shall be Seventy Five Thousand and 00/100 Dollars (\$75,000.00) DOLLARS.
- (i) one third ($\frac{1}{3}$) of the Initial encumbrance shall be paid in advance upon the final execution of this Agreement; and
 - (ii) Starting with claims submitted for Services performed in April and continuing until September, the total advance will be deducted in equal installments from the monthly claims submitted. If claims for any of the six (6) months are less than the monthly amount being deducted, the Contractor shall submit with its claim a check payable to the County for the difference.
 - (iii) Subsequent payments shall be on a reimbursement basis for actual expenses incurred and solely in accordance with the budget attached hereto.
- (c) Thereafter, the Department shall notify the Contractor of the availability of additional monies, which written notice shall include the amount encumbered. Such notification shall serve as notice to proceed.
- (d) **Vouchers; Voucher Review, Approval and Audit.** All Payments shall be made in arrears and in accordance with Section 3(a) above and shall be contingent upon (i) the Contractor submitting Vouchers in a form satisfactory to the County that: (a) states with reasonable specificity the services to be provided and the payment requested as consideration for such services, (b) certifies that the services to be rendered and the payment requested are in accordance with this Agreement, and (c) is accompanied by documentation satisfactory to the County supporting the amount claimed, and (ii) review, approval and audit of the Voucher by the Department and/or the County Comptroller or his or her duly designated representative (the "Comptroller").
- (e) **Timing of Payment Claims.** The Contractor shall submit claims no later than three (3) months following the County's receipt of the services that are the subject of the claim and no more frequently than once a month.
- (f) **No Duplication of Payments.** Payments under this Agreement shall not duplicate payments for any work performed or to be performed under other agreements between the parties and any funding source including the county.

- (g) **Payments in Connection with Termination or Notice of Termination.** Unless a provision of this Agreement expressly states otherwise payments to the Contractor following the termination of this Agreement shall not exceed payments made as consideration for services that were (i) performed prior to termination, and (ii) authorized by this Agreement to be performed. The Contractor will receive no payments respecting any services performed after the Contractor received notice of termination from the County.
- 4) **Non-Completion.** Unless otherwise specifically addressed elsewhere in this Agreement, in the event the Agreement is terminated, or the Program cancelled for any reason prior to the date of completion of the Program, the Contractor shall immediately return any and all payment that the Contractor has received. The re-payments shall be made within seven (7) days from the notice of cancellation or when the performance was due, whichever is sooner.
- 5) **Independent Contractor.** The Contractor is an independent contractor of the County. The Contractor shall not, nor shall any officer, director, employee, servant, agent or independent contractor of the Contractors (a "**Contractors Agent**"), be (i) deemed a County employee, (ii) commit the County to any obligation, or (iii) hold itself, himself, or herself out as a County employee or Person with the authority to commit the County to any obligation. As used in this Agreement the word "**Person**" means any individual person, entity (including partnerships, corporations and limited liability companies), and government or political subdivision thereof (including agencies, bureaus, offices and departments thereof).
- 6) **No Arrears, Default and/or Claims.** The Contractor represents it 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 but not limited to any obligation to pay taxes to, or perform services for or on behalf of, the County.
- 7) **Compliance With Law.**
- (a) **Generally.** The Contractor shall comply with any and all applicable Federal, State and local Laws. In furtherance of the foregoing, the Contractor is bound by and shall comply with the terms of the County's vendor registration protocol, Procurement Policy, Charter and Administrative Rules and Regulations and other rules promulgated from time to time from the County and/or relevant Department. 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. The Contractor shall have a continuing obligation, as circumstances arise, to update the County regarding any changes to the Contractor's disclosures.
- (b) **Records Access.** The parties acknowledge and agree that all records, information, and data ("Information") acquired in connection with performance or administration of this Agreement shall be used and disclosed solely for the purpose of performance and administration of the contract or as required by law. The Contractor shall require all Contractor Agents, Contractor subcontractors, and their respective employees (including Contractor's own employees) to execute a confidentiality agreement, attached hereto as Exhibit A (the "**Confidentiality Agreement**"), prior to commencing Services under this Agreement. The Contractor shall provide the executed Confidentiality Agreements to the Department prior to the Contractor Agent or subcontractor commencing Services. The Contractor acknowledges that Contractor Information in the County's possession may be subject to disclosure under Article 6 of the New York State Public Officer's Law ("Freedom

of Information Law” or “FOIL”). In the event that such a request for disclosure is made, the County shall make reasonable efforts to notify the Contractor of such request prior to disclosure of the Information so that the Contractor may take such action as it deems appropriate.

- (c) The Contractor further acknowledges that to extent this Agreement is subject to approval by the County Legislature, the Agreement, together with any other forms and Contractor disclosures that make up the contract package that is submitted for County approvals (the “Contract Package”), will be posted on the County website. If the Contractor believes that the Contract Package contains information that is excepted from FOIL, such as information of a personal or private nature, the Contractor may submit a duplicate redacted Contract Package for the County’s consideration. If the redactions are acceptable to the County, the County will post the redacted Contract Package to the County website. Failure of the Contractor to submit a redacted Contract Package shall be deemed Contractor’s consent to the posting of the un-redacted Contract Package to the County website.

- 8) **Prohibition of Gifts.** In accordance with County Executive Order 2-2018, the Contractor shall not offer, give, or agree to give anything of value to any County employee, agent, consultant, construction manager, or other person or firm representing the County (a “County Representative”), including members of a County Representative’s immediate family, in connection with the performance by such County Representative of duties involving transactions with the Contractor on behalf of the County, whether such duties are related to this Agreement or any other County contract or matter. As used herein, “anything of value” shall include, but not be limited to, meals, holiday gifts, holiday baskets, gift cards, tickets to golf outings, tickets to sporting events, currency of any kind, or any other gifts, gratuities, favorable opportunities or preferences. For purposes of this subsection, an immediate family member shall include a spouse, child, parent, or sibling. The Contractor shall include the provisions of this subsection in each subcontract entered into under this Agreement.
- 9) **Disclosure of Conflicts of Interest.** In accordance with County Executive Order 2-2018, the Contractor has disclosed as part of its response to the County's Business History Form, or other disclosure form(s), any and all instances where the Contractor employs any spouse, child, or parent of a County employee of the agency or department that contracted or procured the goods and/or services described under this Agreement. The Contractor shall have a continuing obligation, as circumstances arise, to update this disclosure throughout the term of this Agreement.
- 10) **Nassau County Living Wage Law.** Pursuant to LL 1-2006, as amended, and to the extent that a waiver has not been obtained in accordance with such law or any rules of the County Executive, the Contractor agrees as follows:
 - A. Contractor shall comply with the applicable requirements of the Living Wage Law, as amended.
 - B. Failure to comply with the Living Wage Law, as amended, may constitute a material breach of this Agreement, such breach being determined solely by the County. Contractor has the right to cure such breach within thirty days of receipt of notice of breach from the County. In the event that such breach is not timely cured, the County may terminate this Agreement as well as exercise any other rights available to the County under applicable law.
 - C. On a yearly basis, Contractor shall provide the County with any material changes to its Certificate of Compliance, attached to this Agreement as Appendix L.

- 11) **Vendor Code of Ethics.** By executing this Agreement, the Contractor hereby certifies and covenants that:
- A. 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;
 - B. 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;
 - C. All Participating Employees have completed the acknowledgment required by the Vendor Code of Ethics;
 - D. 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;
 - E. The Contractor will continue to distribute the Vendor Code of Ethics, obtain signed Participating Employee acknowledgements as new Participating Employees are added or changed during the term of this Agreement, and retain such signed acknowledgements for the period the Contractor is required to retain other records pertinent to performance under this Agreement;
 - F. 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; and
 - G. The Contractor shall comply with all federal, State and local statutory and constitutional anti-discrimination provisions. Including but not limited to, Local Law No. 14-2002, entitled "Participation by Minority Group Members and Women in Nassau County Contracts," ("MWBE") which governs all County Contracts as defined herein and solicitations for bids or proposals for County Contracts (See Appendix "EE" attached hereto.)
 - i) IF APPLICABLE AND AT THE OPTION OF THE OFFICE OF MINORITY AFFAIRS "OMA") In an effort to increase the utilization of minority, woman, veteran and Service-Disabled Veteran-Owned Business ("SDVOB") the County is implementing an overall target of 15% MWBE and 2% SDVOB participation in locally funded procurements. Each vendor and/or subcontractor agrees to cooperate and make its best efforts to assist the procuring Department and OMA in achieving this goal. Such best efforts may include, but are not limited to, providing upon request to OMA, information related to Contractor's utilization of SDVOB and MWBE. The County may utilize such information in determining the ability of the contractor to receive future awards.
- 12) **Minimum Service Standards.** Regardless of whether required by Law:
- A. The Contractor shall conduct its, his or her activities in connection with this Agreement so as not to endanger or harm any Person or property.
 - B. The Contractor shall deliver services under this Agreement in a professional manner consistent with the best practices of the industry in which the Contractor operates.
 - C. The Contractor shall take all actions necessary or appropriate to meet the obligation described in the immediately preceding sentence, including obtaining and maintaining, and causing all Contractor Agents to obtain and maintain, all approvals, permits, licenses, and certifications ("Approvals") necessary or appropriate in connection with this Agreement.
- 13) **Right to Works/Ownership of Work Product/Copyright.**
- A. Contractor retains all right, title and interest, including all copyrights, patent rights and trade secret rights, in any Contractor property or works. Contractor hereby grants to County a non

-exclusive, irrevocable, non-transferable, royalty-free, perpetual internal use license to use such Contractor Works. As used in this Agreement, the term "Contractor Works" means any of the following: (i) any software program, algorithm, process, methodology, documentation, report, data, flow diagram, document, or other material owned, generated, or distributed by Contractor prior to or separately from this Agreement; or (ii) any tools or utilities developed by or on behalf of Contractor or used by Contractor.

- B. The County retains sole ownership and all right, title, and interest in and to any reports, documents data, photographs, deliverables, and/ or other materials provided by the County ("County Works") to the Contractor for services under this Agreement. Contractor will use County Works in accordance with this Agreement.
- C. Any reports, documents, data, photographs, deliverables, and/or other materials produced pursuant to this Agreement, and any and all drafts and/or other preliminary materials in any format related to such items produced pursuant to this Agreement, shall upon their creation become the exclusive property of the County.
- D. Any reports, documents, data, photographs, deliverables, and/or other materials provided pursuant to this Agreement ("Copyrightable Materials") shall be considered "work-made-for-hire" pursuant to Section 101 Of the United States Copyright Act, 17 U.S.C. § 101, and the County shall be the copyright owner thereof and of all aspects, elements, and components thereof in which copyright protection might exist. To the extent that the Copyrightable Materials do not qualify as "work-made-for-hire," the Contractor hereby irrevocably transfers, assigns and conveys exclusive copyright ownership in and to the Copyrightable Materials to the County, free and clear of any liens, claims, or other encumbrances. The Contractor shall retain no copyright or intellectual property interest in the Copyrightable Materials. The Copyrightable Materials shall be used by the Contractor for no purpose other than in the performance of this Agreement without the prior written permission of the County. The County may grant the Contractor a license to use the Copyrightable Materials on such terms as determined by the County and set forth in the license.
- E. the Contractor acknowledges that the County may, in its sole discretion, register copyright in the Copyrightable Materials with the United States Copyright Office or any other government agency authorized to grant copyright registrations. The Contractor shall cooperate in this effort and agrees to provide any and all documentation necessary to accomplish this.
- F. The Contractor represents and warrants that the Copyrightable Materials: (i) are wholly original material not published elsewhere (except for material that is in the public domain; (ii) do not violate any copyright law; (iii) do not constitute defamation or invasion of the right of privacy or publicity; and (iv) are not an infringement, of any kind, of the rights of any third party. To the extent that the Copyrightable Materials incorporate any non-original material, the Contractor has obtained all necessary permissions and clearances, in writing, for the use of such non-original material under this Agreement.

14) **Confidentiality.**

- A. The Contractor agrees to hold confidential, both during and after the completion or termination of this Agreement, all of the reports, information, or data, furnished to or prepared, assembled or used by, the Contractor under this Agreement ("Confidential information"). The Contractor agrees to maintain the confidentiality of such Confidential Information by using a reasonable degree of care and using at least the same degree of care that the Contractor uses to preserve the confidentiality of its own confidential information. The Contractor agrees that Confidential Information shall not be made available to any person or entity without the prior written approval of the County.

- B. Required Disclosure: Notwithstanding any inconsistent provision in this Agreement, Contractor shall not be liable for disclosure of Confidential Information to the extent disclosure is required by virtue of court order, subpoena, other validly issued administrative or judicial notice or order, or pursuant to applicable law ("Required Disclosure"); provided that, in such event Contractor has given the County prompt notice in writing or by email of Required Disclosure;
- C. If applicable, Vendor and/or vendors employees/agents, subcontractors, agree to execute the attached Non-Disclosure Agreement ("NDA") and/or Confidentiality Agreement.
- D. **Data Protection.** Contractor acknowledges that it may have access to certain of the County's computer and communications systems and networks for the purposes set forth in this Agreement. If any data is made available or accessible to Contractor, its employees, agents or contractors, pertaining to County business or financial affairs, or to County's projects, transactions, clients or customers, Contractor will not store, copy, analyze, monitor or otherwise use that data except for the purposes set forth in this Agreement for the benefit of the County. Contractor will comply fully with all applicable laws, regulations, and government orders relating to personally identifiable information ("PII") and data privacy with respect to any such data that Contractor receives or has access to under the Agreement or in connection with the performance of any services for the County. Contractor will otherwise protect PII and will not use, disclose, or transfer across borders such PII except as necessary to perform under this Agreement or as authorized by the data subject or in accordance with applicable law. To the extent that Contractor receives PII related to the performance of this Agreement, Contractor will protect the privacy and legal rights of the County's personnel, clients, customers and contractors.
- E. The provisions of this Section shall survive termination of the Agreement.

15) **Indemnification; Defense; Cooperation.**

- A. Contractor shall be responsible for and shall indemnify and hold harmless the County, the Department and its officers, employees, agents, volunteers and representatives (the "Indemnified Parties") from and against any and all liabilities, losses, costs, expenses (including, without limitation, attorneys' fees and disbursements) and damages ("Losses"), arising out of or in connection with any acts or omissions of the Contractor, regardless of whether due to negligence, fault, or default, including Losses in connection with any threatened investigation, litigation or other proceeding or preparing a defense to or prosecuting the same; provided, however, that the Contractor shall not be responsible for that portion, if any, of a Loss that is caused by the negligence of the County.
- B. The Contractor shall, at the County's demand and at the County's direction, promptly and diligently defend, at the Contractor's own risk and expense, any and all suits, actions, or legal proceedings which may be brought or instituted against one or more Indemnified Parties, on any such claim, demand or cause of action in connection with this Agreement and Contractor shall pay and satisfy any judgment or decree which may be rendered against the indemnified Parties in any suit, action or other legal proceeding; and Contractor shall pay for any and all damages to the property of the Indemnified Parties, for loss or theft of such property, done or caused by the Contractor.
- C. The Contractor shall and shall cause all of Contractor's Agent(s) to cooperate with the County and the Department in connection with the investigation, defense or prosecution of any action, suit or proceeding in connection with this Agreement, including the acts or omissions of the Contractor and/or the Contractor's Agent(s) in connection with this Agreement.

- D. In the event the Contractor does not provide the above defense and indemnification to the County, and such refusal or denial to provide the above defense and indemnification is found to be in breach of this provision, then the Contractor shall reimburse the County reasonable attorney's fees incurred in connection with the defense of any action, and in connection with enforcing this provision of the Agreement.
- E. **Infringement Indemnification**. The Contractor shall indemnify, defend and hold the County harmless against any and all liabilities, losses, costs, expenses (including reasonable attorney's fees and disbursements) and damages ("Losses") arising out of or in connection with any infringement, violation or unauthorized use of any copyright, trade secrets, or trademark, patent or any other property or personal right of any third party by the Contractor and/or its employees, agents, or subcontractors in the performance of this Agreement. As a condition to the foregoing indemnity obligation, the County shall give the Contractor: (A) prompt written notice of any action, claim or threat of infringement suit or other suit, (B) the opportunity to take over, settle or defend such action, claim or suit at the Contractor's sole expense, and (C) assistance in the defense of any such action at the expense of the Contractor.
- (1) In addition to the foregoing, if the use of any Work Product shall be enjoined for any reason or if the Contractor believes that it may be enjoined, the Contractor shall have the right, at its own expense, to take action in the following order of precedence: (A) to procure for the County the right to continue using such Work Product; (B) to modify the Work Product so that it becomes non-infringing and of at least equal quality and performance; or (C) to replace said Work Product with non-infringing deliverable(s), item(s) or part(s) of at least equal quality and performance, or (D) if none of the foregoing is commercially reasonable, then provide monetary compensation to the County up to the dollar amount of the aggregate consideration paid to the Contractor for such Work Product; (E) the preceding remedies are in addition to and not in lieu of the Contractor's obligation to indemnify and defend the County; (F) time is of the essence with respect to every provision of this Agreement in which time of performance is a factor.
 - (2) The foregoing provisions shall not apply to any infringement occasioned by modification by the County that is (A) not contemplated by the Contractor; (B) made without the Contractor's approval; (C) infringement occasioned by County Works, specifications, or requirements provided to the Contractor.
 - (3) In the event that an action at law or equity is commenced against the County arising out of a claim that the County's use of a Work Product infringes any patent, copyright or propriety right and the Contractor is of the opinion that the allegations in such action in whole or in part are not covered by the indemnification and defense provisions set forth in this Agreement, the Contractor shall immediately notify the County in writing and shall specify to what extent the Contractor believes it is obligated to defend and indemnify under the terms and conditions of this Agreement. The Contractor shall in such event protect the interests of the County and secure a continuance to permit the County to appear and defend its interests in cooperation with the Contractor as is appropriate, including any jurisdictional defenses the County may have.
- F. The provisions of this Section shall survive the termination of this Agreement.

16) **Insurance**.

- A. Types and Amounts. The Contractor shall obtain and maintain throughout the term of this Agreement, at its own expense: (i) one or more policies for commercial general liability insurance, which policy(ies) shall name "Nassau County" its officials, employees, volunteers, agents, volunteers and representatives as an additional insured and have a minimum single

combined limit of liability of not less than one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) 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 liability of not less than one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) aggregate coverage, (iii) workers compensation insurance for the benefit of the Contractor's employees ("Workers' Compensation Insurance"), which insurance is in compliance with the New York State Workers' Compensation Law, or, if the Contractor is exempt from New York State Workers' Compensation Insurance requirements, the Contractor shall provide the County with appropriate documentation evidencing such exemption, and (iv) such additional insurance as the County may from time to time specify. A waiver of subrogation or exemption is granted in favor of the County of Nassau.

- B. Acceptability; Deductibles; Subcontractors. All insurance obtained and maintained by the Contractors pursuant to this Agreement shall be (i) written by one or more commercial insurance carriers licensed to do business in New York State maintains an A.M. Best rating of at least A- and acceptable to the County, and which is (ii) in form and substance acceptable to the County. The Contractor shall be solely responsible for the payment of all deductibles to which such policies are subject. The Contractor shall require any subcontractor hired in connection with this Agreement to carry insurance with the same limits and provisions required to be carried by the Contractor under this Agreement.
- C. Delivery; Coverage Change; No Inconsistent Action. Prior to the execution of this Agreement, copies of current certificates of insurance evidencing the insurance coverage required by this Agreement shall be delivered to the Department. Not less than thirty (30) days prior to the date of any expiration or renewal of, or actual, proposed or threatened reduction or cancellation of coverage under, any insurance required hereunder, the Contractor shall provide written notice to the Department of the same and deliver to the Department renewal or replacement certificates of insurance. The Contractor shall cause all insurance to remain in full force and effect throughout the term of this Agreement and shall not take or omit to take any action that would suspend or invalidate any of the required coverages. The failure of the Contractor to maintain Workers' Compensation Insurance shall render this contract void and of no effect. The failure of the Contractor to maintain 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.

17) Assignment; Amendment; Waiver; Subcontracting.

- A. This Agreement and the rights and obligations hereunder may not be in whole or part and in accordance with General Municipal Law Section 109 (i) assigned, transferred or disposed of, (ii) amended, (iii) waived, or (iv) subcontracted, without the prior written consent of the County Executive or his or her duly designated deputy (the "County Executive"), and any purported assignment, other disposal or modification without such prior written consent shall be null and void. The failure of a party to assert any of its rights under this Agreement, including the right to demand strict performance, shall not constitute a waiver of such rights.
- B. The Contractor is and shall remain primarily liable for the successful completion of all Services in accordance with this Agreement. Nothing in this Agreement or otherwise shall create any contractual relationship between the County and the Contractor's subcontractors. The Contractor agrees to be fully responsible to the County for the acts and omissions of its subcontractors. The Contractor's obligation to pay its subcontractors is an independent obligation from the County's obligation to make payments to the Contractor. Therefore, the

County shall have no obligation to pay or to enforce the payment of any moneys to any Contractor subcontractors.

- C. The Contractor shall ensure that their subcontractors shall not further subcontract, or otherwise engage an independent contractor or agent to provide any Services under this Agreement without the prior written consent of the County Executive.

18) **Termination.**

- A. **Generally.** This Agreement may be terminated (i) for any reason by the County upon thirty (30) days' written notice to the Contractor (ii) for "Cause" by the County immediately upon the receipt by the Contractor of written notice of termination, (iii) upon mutual written agreement of the County and the Contractor, and/or (iv) in accordance with any other provisions of this Agreement expressly addressing termination.
- B. As used in this Agreement the word "Cause" includes: (i) a breach of this Agreement; (ii) the failure to obtain and maintain in full force and effect all Approvals required for the services described in this Agreement to be legally and professionally rendered; and (iii) the termination or impending termination of federal or state funding for the services to be provided under this Agreement.
- C. By the Contractor: This Agreement may be terminated by the Contractor if performance becomes impracticable through no fault of the Contractor, where the impracticability relates to the Contractor's ability to perform its obligations and not to a judgment as to convenience or the desirability of continued performance. Termination under this subsection shall be effected by the Contractor delivering to the commissioner or other head of the Department (the "Commissioner"), at least sixty (60) days prior to the termination date (or a shorter period if sixty days' notice is impossible), a notice stating (i) that the Contractor is terminating this Agreement in accordance with this subsection, (ii) the date as of which this Agreement will terminate, and (iii) the facts giving rise to the Contractor's right to terminate under this subsection. A copy of the notice given to the Commissioner shall be given to the Deputy County Executive who oversees the administration of the Department (the "Applicable DCE") on the same day that notice is given to the Commissioner.
- D. **Contractor Assistance Upon Termination.** In connection with the termination or impending termination of this Agreement the Contractor shall, regardless of the reason for termination, take all actions reasonably requested by the County (including those set forth in other provisions of this Agreement) to assist the County in transitioning the Contractor's responsibilities under this Agreement. The provisions of this subsection shall survive the termination of this Agreement.

19) **Accounting Procedures; Records.**

- A. The Contractor shall maintain and retain, for a period of six (6) years following the later of termination of or final payment under this Agreement, complete and accurate records, documents, accounts and other evidence, whether maintained electronically or manually ("Records"), pertinent to performance under this Agreement. Records shall be maintained in accordance with Generally Accepted Accounting Principles and, if the Contractor is a non-profit entity, must comply with the accounting guidelines set forth in the applicable provisions of the Code of Federal Regulations, 2 C.F.R. Part 200, as may be amended. Such Records shall at all times be available for audit and inspection by the Comptroller, the Department, the County Inspector General, 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.

- 20) **Limitations on Actions and Special Proceedings Against the County.** No action or special proceeding shall lie or be prosecuted or maintained against the County upon any claims arising out of or in connection with this Agreement unless:
- A. **Notice.** At least thirty (30) days prior to seeking relief the Contractor shall have presented the demand or claim(s) upon which such action or special proceeding is based in writing to the Applicable DCE for adjustment and the County shall have neglected or refused to make an adjustment or payment on the demand or claim for thirty (30) days after presentment. The Contractor shall send or deliver copies of the documents presented to the Applicable DCE under this Section to each of (i) the Department and the (ii) the County Attorney (at the address specified above for the County) on the same day that documents are sent or delivered to the Applicable DCE. The complaint or necessary moving papers of the Contractor shall allege that the above-described actions and inactions preceded the Contractor's action or special proceeding against the County.
 - B. **Time Limitation.** Such action or special proceeding is commenced within the earlier of (i) one (1) year of the first to occur of (A) final payment under or the termination of this Agreement, and (B) the accrual of the cause of action, and (ii) the time specified in any other provision of this Agreement.
- 21) **Work Performance Liability.** The Contractor is and shall remain primarily liable for the successful completion of all work in accordance this Agreement irrespective of whether the Contractor is using a Contractor Agent to perform some or all of the work contemplated by this Agreement, and irrespective of whether the use of such Contractor Agent has been approved by the County.
- 22) **Data Breach:**
- A. Upon the discovery by the Contractor of a confirmed breach of security that results in the unauthorized release, disclosure, or acquisition of the personal data of any past or present employee of Nassau County and their dependents, the Contractor shall provide "Initial Notice" to the Procuring Department within five (5) business days, after such discovery. The Initial Notice shall be delivered to the Department by electronic mail and by phone call, and shall include the following information, to the extent known at the time of notification:
 - i) Date and time of the breach;
 - ii) Names of employee(s) whose personal data, and that of their dependents, was released, disclosed or acquired;
 - iii) The nature and extent of the breach;
 - iv) The Contractor's proposed plan to investigate and remediate the breach.
 - B. Upon discovery by the Contractor of a confirmed breach, the Contractor shall conduct an investigation and restore the integrity of its data systems and, without unreasonable delay, but not later than thirty (30) days after discovery of the breach, shall provide the Department with a more detailed notice of the breach, including but not limited to the date and time of the breach; name(s) of the employee(s) whose personal data was released, disclosed or acquired; nature and extent of the breach; and measures taken to ensure that such a breach does not occur in the future.

- C. The Contractor agrees to cooperate with the Department with respect to investigation of the breach and to reimburse the Department for actual documented costs legally required or associated with responding to the breach of security caused by the negligence of Contractor.
 - D. The Department shall have the option to terminate this Agreement if the Contractor is found to have suffered a breach of security as described in subsection (a) of this section on two (2) separate occasions during the contract period.
- 23) **Consent to Jurisdiction and Venue; Governing Law.** Unless otherwise specified in this Agreement or required by Law, exclusive original jurisdiction for all claims or actions with respect to this Agreement shall be in the Supreme Court in Nassau County in New York State and the parties expressly waive any objections to the same on any grounds, including venue and forum non conveniens. This Agreement is intended as a contract under, and shall be governed and construed in accordance with, the Laws of New York State, without regard to the conflict of laws provisions thereof.
- 24) **Notices.** Any notice, request, demand or other communication required to be given or made in connection with this Agreement shall be:
- A. in writing to the above referenced addresses and in compliance with the below,
 - 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,
 - iv) 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
 - (1) if to the Department, to the attention of the Commissioner at the address specified above for the Department,
 - (2) if to an Applicable DCE, to the attention of the Applicable DCE (whose name the Contractor shall obtain from the Department) at the address specified above for the County,
 - (3) if to the Comptroller, to the attention of the Comptroller at 240 Old Country Road, Mineola, NY 11501, and
 - (4) if to the Contractor, to the attention of the person who executed this Agreement on behalf of the Contractor at the address specified above for the Contractor, or in each case to such other persons or addresses as shall be designated by written notice.
- 25) **All Legal Provisions Deemed Included; Severability; Supremacy.**
- A. Every provision required by Law to be inserted into or referenced by this Agreement is intended to be a part of this Agreement. If any such provision is not inserted or referenced or is not inserted or referenced in correct form then (i) such provision shall be deemed inserted into or referenced by this Agreement for purposes of interpretation and (ii) upon the application of either party this Agreement shall be formally amended to comply strictly with the Law, without prejudice to the rights of either party.
 - B. In the event that any provision of this Agreement shall be held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.
 - C. Unless the application of this subsection will cause a provision required by Law to be excluded from this Agreement, in the event of an actual conflict between the terms and conditions set

forth above the signature page to this Agreement and those contained in any schedule, exhibit, appendix, or attachment to this Agreement, the terms and conditions set forth above the signature page shall control. To the extent possible, all the terms of this Agreement should be read together as not conflicting.

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

- 26) **Section and Other Headings.** The section and other headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of this Agreement.

- 27) **Administrative Service Charge.** Unless exempted or excluded by law, the Contractor agrees to pay the County an administrative service charge 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 the Contractor upon signing this Agreement in accordance with the following schedule:

Value of Contract	Administrative Fee
(a) \$0-\$10,000	\$0
(b) Over \$10,000-\$50,000	\$160
(c) Over \$50,000-\$100,000	\$266
(d) Over \$100,000	\$533

- 28) **Executory Clause.** Notwithstanding any other provision of this Agreement:

- A. **Approval and Execution.** The County shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person unless:

- i) all County approvals have been obtained, including, if required, approval by the County Legislature, and
- ii) this Agreement has been executed by the County Executive (as defined in this Agreement).

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

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

- 30) **Counterpart Execution.** This Agreement may be executed in any number of counterparts and each such counterpart shall be deemed an original Agreement for all purposes; provided that no Party shall be bound to this Agreement unless and until all Parties have executed a counterpart. Delivery of a copy of a counterpart by facsimile or email by one Party to the other Party shall be deemed to be delivery of an original by that Party.

- 31) **Not-For-Profit Merger, Acquisition, Judicial or Non-Judicial Dissolution (if applicable):** The Contractor agrees to provide written notice the Department, Applicable DCE, County Attorney, and Comptroller Ninety (90) days prior to any Merger, Acquisition, Judicial or Non-Judicial Dissolution, as defined under New York State Not-For-Profit Law.

- 32) **Force Majeure.** Neither party hereto will be liable for losses, defaults, or damages under any contract resulting from this solicitation which result from delays in performing, or inability to perform, all or any of the obligations or responsibilities imposed upon it pursuant to the terms and conditions of this solicitation, due to or because of acts of God, the public enemy, acts of government, earthquakes, floods, strikes, civil strife, pandemic, fire or any other cause beyond the reasonable control of the party that was so delayed in performing or so unable to perform provided that such party was not negligent and shall have used reasonable efforts to avoid and overcome such cause. Such party will resume full performance of such obligations and responsibilities promptly upon removal of any such cause.
- 33) **Non-Waiver:** Failure of the County to insist, in any one or more instances, upon strict performance of any term or condition herein contained shall not be deemed a waiver or relinquishment of such term or condition, but same shall remain in full force and effect. Acceptance by the County of any portion of the Work or the payment or any fees or reimbursements due hereunder with knowledge of a breach of any term or condition hereof, shall not be deemed a waiver of any such breach and no waiver by the County of any provision hereof shall be implied.
- 34) **Participation By Political Subdivisions, “PIGGY BACKING” (IF APPLICABLE):** The successful vendor agrees that all political subdivisions of Nassau County and/or New York State and all other entities authorized by law to make such purchases may participate in any award under this bid. These Entities shall accept full responsibility for any payments due the successful bidder for their purchases thereunder.

New York State Law allows cooperative purchasing between public agencies. General Municipal Law 103, subdivision (16) allow political agencies “to make purchases of apparatus, materials, equipment or supplies, or to contract for services related to the installation, maintenance or repair of apparatus, materials, equipment, and supplies, ... as may be required by such county, political subdivision or district therein through the use of a contract let by the United States of America or any agency thereof, any state or any other county or political subdivision or district therein....” Such agencies that meet requirements of NYS GMU 103 may purchase from contracts established by the COUNTY. Unless Vendor declines on the offer submitted by the seller to the County, Vendor agrees to sell services defined in this agreement to other eligible government agencies. The COUNTY accepts no responsibility for the payment of the service price by other governmental agencies.

IN WITNESS WHEREOF, the Contractor and the County have executed this Agreement as of the date first above written.

3 D'S AFTERCARE INC

By: 
Name: Dr. Zodelia Williams
Title: Executive Director
Date: 6/24/26

NASSAU COUNTY

By: _____
Name: _____
Title: _____, County Executive
(or) _____, Chief Deputy County Executive
(or) _____, Deputy County Executive
Date: _____

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU)

On the 24 day of June in the year 2020 before me personally came Dr. Zedekiah Williams to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is the Executive Director of 3D's Aftercare Inc, the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.


NOTARY PUBLIC

KARLENE A MCGIVAN
Notary Public - State of New York
No. 01MC6425645
Qualified in Nassau County
My Commission Expires Nov. 22, 2029

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU)

On the _____ day of _____ in the year _____ before me personally came _____ to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of _____; that he or she is the _____ of _____, the 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

EXHIBIT A
ENGAGEMENT DELIVERABLES, ASSUMPTIONS, SCOPE OF WORK

CONTRACTING AGENCY:: 3 D's Aftercare Inc

AUTHORIZED AGENCY PERSON: Zodelia Willaims

ADDRESS: 2375 Harrison Avenue, Baldwin, NY 11510

TERM: 01/01/26-12/31/26

CONTRACT AMOUNT: \$75,000.00

Objective 1:

- Increase Parent Engagement and Participation
- Improve Student Academic Outcomes through Family Support
- Increase Parent Knowledge of Social-Emotional Learning (SEL)
- Strengthening Parent Confidence and Self-Efficacy
- Strengthening School-Family-Community Collaboration
- Ensure Program Accountability and Continuous Quality Improvement

Activities 1:

- Conduct monthly Parental Skills and Social-Emotional Learning (SEL) workshops designed to increase parent involvement in school and program activities.

- Provide participation support (childcare, meals, transportation assistance, and hybrid access) to remove barriers and sustain consistent attendance.
- Deliver family-centered academic support sessions that train parents in effective homework routines, literacy strategies, and study skills.
- Coordinate ongoing communication with schools and families to share student progress and align academic support.
- Facilitate CASEL-aligned SEL training sessions focused on the five core competencies using interactive, practical instruction.
- Provide guided parent coaching and small-group discussions focused on behavior management, communication, and emotional regulation.
- Offer individualized support and referrals to address family-identified academic, behavioral, or emotional concerns.
- Maintain a structured communication loop among DARIA staff, educators, and families to support early identification of student needs.
- Coordinate collaborative school–family–community engagement events that promote shared responsibility for student success.

Performance Standards/Measures Instruction 1:

Program data shall be collected on an ongoing basis using standardized documentation tools, including attendance records, participation logs, sign-in sheets, pre- and post-assessments, surveys, facilitator observations, and records of school and community collaboration.

Performance data shall be reviewed quarterly by program leadership to assess progress, identify service gaps, and ensure compliance with contract benchmarks. When performance standards are not met, corrective actions shall be implemented and documented in accordance with DHS policies.

Performance measures shall include, but are not limited to:

- Participant enrollment, attendance, and retention

- Service delivery consistency and fidelity to the approved scope of work
- Parent engagement and participation levels
- Student academic engagement and social-emotional learning indicators
- Effectiveness of family, school, and community collaboration
- Timeliness and accuracy of required reporting

Objective 1a:

- Support youth in developing practical, age-appropriate life skills
- Strengthen students' emotional awareness, coping strategies, and peer relationships
- Improve reading comprehension and academic confidence through STREAM integration.
- Increase consistent attendance and student participation.
- Strengthen family engagement and shared accountability.
- Expose youth to career pathways and community partnerships

Activities 1a:

- Facilitate hands-on workshops focused on cooking, sewing, laundry, gardening, budgeting, and basic car maintenance.
- Conduct bi-weekly group SEL sessions using CASEL-aligned curriculum.
- Provide STREAM-focused tutoring
- Implement culturally responsive, youth-led activities
- Offer incentives that encourage attendance and leadership
- Host quarterly family engagement events
- Provide parent workshops focused on youth development and support strategies
- Coordinate volunteer days
- Facilitate partner-led workshops
- Arrange job shadowing opportunities

Performance Standards/Measures Instruction 1a

3 D's Aftercare Inc. will implement a structured performance measurement system to ensure accountability, effectiveness, and alignment with funder expectations. Performance standards are

directly tied to program goals, approved activities, and anticipated outcomes for the Middle School Mingle & The Teen Café program during the September–June program cycle.

Program performance will be evaluated using both quantitative and qualitative indicators that are clearly defined, measurable, and time-bound. Data collection methods will include attendance records, participant enrollment logs, pre- and post-assessments, surveys, facilitator observation tools, progress documentation, and participant artifacts. All data will be collected in accordance with ethical standards and confidentiality requirements.

Program staff will document participant participation and progress on an ongoing basis.

Performance data will be reviewed monthly by program leadership to monitor compliance with funded objectives, identify trends, and implement corrective actions when performance benchmarks are not being met. Findings will be used to support continuous quality improvement and ensure program fidelity.

Outcome measures will assess:

- Participant skill development and social-emotional growth
- Program attendance, retention, and engagement
- Academic and literacy-related progress
- Family participation and community engagement
- Exposure to career pathways and workforce readiness activities

Performance results will be summarized in periodic internal reports and incorporated into required funder reporting, including mid-year and final reports, as applicable. Data will be used to demonstrate program impact, justify continued investment, and support sustainability planning.

3 D's Aftercare Inc. is committed to maintaining accurate, verifiable records and will make documentation available upon request to support monitoring visits, audits, and compliance reviews. Performance measurement activities will ensure transparency, fiscal responsibility, and alignment with the funder's mission to support youth development, education, and community well-being.

Evaluation Plan

The evaluation shall include process monitoring and outcome measurement. Process monitoring shall assess service delivery, participant enrollment, attendance, retention, and adherence to program requirements. Outcome measurement shall assess changes in parent engagement,

student participation, social-emotional learning indicators, and family–school–community coordination.

Program data shall be collected using standardized and verifiable tools, including attendance records, participation logs, surveys, assessments, facilitator observations, and documentation of coordination activities. Data shall be collected on an ongoing basis and reviewed quarterly by program leadership.

Technical and Capacity Building Instruction:

Use of contract funds:

The Contractor of funds exceeding \$50,000 shall utilize a percentage of the contract amount to comply with the technical and capacity building requirement. Contractor shall utilize funds of not less than \$1,000 and not greater than \$2,000 of the total amount of the Contract.

Contractor of funds totaling less than \$50,000 shall receive an additional \$1,000 for the strict purpose of complying with the Technical and Capacity Building Requirement.

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.

Definitions:

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.

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

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

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

As used in this Appendix EE “**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, blueprints 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.

Rule:

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

- A. The Contractor shall not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status in recruitment, employment, job assignments, promotions, upgradings, demotions, transfers, layoffs, terminations, and rates of pay or other forms of compensation. The Contractor will undertake or continue existing programs related to recruitment, employment, job assignments, promotions, upgradings, transfers, and rates of pay or other forms of compensation to ensure that minority group members and women are afforded equal employment opportunities without discrimination.
- B. At the request of the County contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, union, or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability, or marital status and that such employment agency, labor union, or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
- C. The Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the County Contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.
- D. The Contractor shall make best efforts to solicit active participation by certified minority or women-owned business enterprises ("Certified M/WBEs") as defined in Section 101 of Local Law No. 14-2002, for the purpose of granting of Subcontracts.
- E. The Contractor shall, in its advertisements and solicitations for Subcontractors, indicate its interest in receiving bids from Certified M/WBEs and the requirement that Subcontractors must be equal opportunity employers.
- F. Contractors must notify and receive approval from the respective Department Head prior to issuing any Subcontracts and, at the time of requesting such authorization, must submit a signed Best-Efforts Checklist.
- G. Contractors for projects under the supervision of the County's Department of Public Works shall also submit a utilization plan listing all proposed Subcontractors so that, to the greatest extent feasible, all Subcontractors will be approved prior to commencement of work. Any additions or changes to the list of subcontractors under the utilization plan shall be approved by the Commissioner of the Department of Public Works when made. A copy of the utilization plan any additions or changes thereto shall be submitted by the Contractor to the Office of Minority Affairs simultaneously with the submission to the

Department of Public Works.

- H. At any time after Subcontractor approval has been requested and prior to being granted, the contracting agency may require the Contractor to submit Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises. In addition, the contracting agency may require the Contractor to submit such documentation at any time after Subcontractor approval when the contracting agency has reasonable cause to believe that the existing Best-Efforts Checklist may be inaccurate. Within ten working days (10) of any such request by the contracting agency, the Contractor must submit Documentation.
- I. In the case where a request is made by the contracting agency or a Deputy County Executive acting on behalf of the contracting agency, the Contractor must, within two (2) working days of such request, submit evidence to demonstrate that it employed Best Efforts to obtain Certified M/WBE participation through proper documentation.
- J. Award of a County Contract alone shall not be deemed or interpreted as approval of all Contractor's Subcontracts and Contractor's fulfillment of Best Efforts to obtain participation by Certified M/WBEs.
- K. A Contractor shall maintain Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises for a period of six (6) years. Failure to maintain such records shall be deemed failure to make Best Efforts to comply with this Appendix EE, evidence of false certification as M/WBE compliant or considered breach of the County Contract.
- L. The Contractor shall be bound by the provisions of Section 109 of Local Law No. 14-2002 providing for enforcement of violations as follows:
 - i) 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.
 - ii) 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.
 - iii) 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 arbitrator's 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.

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

Appendix L

Certificate of Compliance

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

1. The chief executive officer of the Contractor is:

Dr. Zodeha Williams (Name)
2375 Harrison Avenue, Bayside, NY 11510 (Address)
347-631-7494 (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 body-initiated 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.

6/24/26
Dated

[Signature]
Signature of Chief Executive Officer

Dr. Zodeha Williams
Name of Chief Executive Officer

Sworn to before me this
24 day of June, 2026

[Signature]
Notary Public

KARLENE A MCGIVAN
Notary Public - State of New York
No. 01MC6425645
Qualified in Nassau County
My Commission Expires Nov. 22, 2029



Nassau County Interim Finance Authority

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

1. Vendor: 3Ds Aftercare Inc

2. Amount requiring NIFA approval: \$225,000.00

Amount to be encumbered: \$75,000.00

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: 01/01/2026 to 12/31/2028

Has work or services on this contract commenced? Yes

If yes, please explain: CONTINUATION OF SERVICES

4. Funding Source:

General Fund (GEN)	X	Grant Fund (GRT)
Capital Improvement Fund (CAP)		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 borrowing? N/A

Has NIFA approved the borrowing for this contract? N/A

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

- Increase Parent Engagement and Participation
- Improve Student Academic Outcomes through Family Support
- Increase Parent Knowledge of Social-Emotional Learning (SEL)
- Strengthening Parent Confidence and Self-Efficacy
- Strengthening School-Family-Community Collaboration
- Ensure Program Accountability and Continuous Quality Improvement

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

Nassau County Attorney as to form Yes

Nassau County Committee and/or Legislature

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

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

Contract ID	Posting Date	Amount 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

07/16/2026

Authenticated User

Date

COMPTROLLER'S OFFICE

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

Regarding funding, please check the correct response:

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

If this is a capital project:

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

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

Authenticated User

Date

NIFA

Amount being approved by NIFA:

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

Authenticated User

Date

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

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

NIFA reserves the right to request additional information as needed.



COUNTY OF NASSAU

POLITICAL CAMPAIGN CONTRIBUTION DISCLOSURE FORM

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

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

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

Dr. Zodelia Williams [DRZODELIA@3DSAFTERCAREINC.ORG]

Dated: 06/26/2026 10:47:24 am

Vendor: 3 D's Aftercare Inc

Title: Executive Director

Business History Form

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

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

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

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

Date: 04/11/2026

1) Proposer's Legal Name: 3 D's Aftercare Inc

2) Address of Place of Business: 2375 Harrison Avenue

City: Baldwin State/Province/
Territory: NY Zip/Postal
Code: 11520

Country: US

Address: 881 Merrick Road

City: Baldwin State/Province/
Territory: NY Zip/Postal
Code: 11510

Country: US

Start Date: 12/15/2020 End Date: 12/15/2025

3) Mailing Address (if different): _____

City: _____ State/Province/
Territory: _____ Zip/Postal
Code: _____

Country: _____

Phone: _____

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

--

4) Dun and Bradstreet number: 037263651

5) Federal I.D. Number: 261344106

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

- 7) Does this business share office space, staff, or equipment expenses with any other business?
YES ☐ NO ☒ If yes, please provide details:
- 8) Does this business control one or more other businesses?
YES ☐ NO ☒ If yes, please provide details:
- 9) Does this business have one or more affiliates, and/or is it a subsidiary of, or controlled by, any other business?
YES ☐ NO ☒ If yes, please provide details:
- 10) Has the proposer ever had a bond or surety cancelled or forfeited, or a contract with Nassau County or any other government entity terminated?
YES ☐ NO ☒ If yes, state the name of bonding agency, (if a bond), date, amount of bond and reason for such cancellation or forfeiture: or details regarding the termination (if a contract).
- 11) Has the proposer, during the past seven years, been declared bankrupt?
YES ☐ NO ☒ If yes, state date, court jurisdiction, amount of liabilities and amount of assets
- 12) In the past five years, has this business and/or any of its owners and/or officers and/or any affiliated business, been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency? And/or, in the past 5 years, have any owner and/or officer of any affiliated business been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency, where such investigation was related to activities performed at, for, or on behalf of an affiliated business.
YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.
- 13) In the past 5 years, has this business and/or any of its owners and/or officers and/or any affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies? And/or, in the past 5 years, has any owner and/or officer of an affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies, for matters pertaining to that individual's position at or relationship to an affiliated business.
YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.
- 14) Has any current or former director, owner or officer or managerial employee of this business had, either before or during such person's employment, or since such employment if the charges pertained to events that allegedly occurred during the time of employment by the submitting business, and allegedly related to the conduct of that business:
a) Any felony charge pending?
YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

b) Any misdemeanor charge pending?

YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

c) In the past 10 years, you been convicted, after trial or by plea, of any felony and/or any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?

YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

d) In the past 5 years, been convicted, after trial or by plea, of a misdemeanor?

YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

e) In the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions?

YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

- 15) In the past (5) years, has this business or any of its owners or officers, or any other affiliated business had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?

YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

- 16) For the past (5) tax years, has this business failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?

YES ☐ NO ☒ If yes, provide details for each such year. Provide a detailed response to all questions checked 'YES'. If you need more space, photocopy the appropriate page and attach it to the questionnaire.

- 17) Conflict of Interest:

- a) Please disclose any conflicts of interest as outlined below. NOTE: If no conflicts exist, please expressly state "No conflict exists."

(i) Any material financial relationships that your firm or any firm employee has that may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.

No conflict exists

1 File(s) uploaded: Conflict of Interest policy.pdf

(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.

None

(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

- 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.

There is conflict of interest policy in place that must be signed

1 File(s) uploaded: Conflict of Interest policy.pdf

- A. Include a resume or detailed description of the Proposer's professional qualifications, demonstrating extensive experience in your profession. Any prior similar experiences, and the results of these experiences, must be identified.

Have you previously uploaded the below information under in the Document Vault?

YES ☒ NO ☐

Is the proposer an individual?

YES ☐ NO ☒ Should the proposer be other than an individual, the Proposal MUST include:

- i) Date of formation;

02/08/2008

- 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.

Non Profit

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

1 File(s) uploaded: 3 Ds Board members.pdf

- iv) State of incorporation (if applicable);

NY

- v) The number of employees in the firm;

15

- vi) Annual revenue of firm;

761000

- vii) Summary of relevant accomplishments

As per student report cards and parent surveys, 95% of our students have moved up at least one grade level

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

1 File(s) uploaded: License for Harrison.pdf

- B. Indicate number of years in business.

14

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

reliability to perform these services.

N/A

- 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	Choice For All		
Contact Person	Jacob Dixon		
Address	55 Mansfield Avenue		
City	Roosevelt	State/Province/Territory	NY
Country	US		
Telephone	(516) 992-5052		
Fax #			
E-Mail Address	jdixon@choiceforall.org		

Company	Molloy University		
Contact Person	Dr. Lisa Zakiyah Newland		
Address	1000 Hempstead Avenue		
City	Rockville Center	State/Province/Territory	NY
Country	US		
Telephone	(516) 323-3887		
Fax #			
E-Mail Address	lnewland@molloy.edu		

Company	Zeta Phi Beta Sorority Inc		
Contact Person	Denise Leary		
Address	PO Box 220325		
City	Great Neck	State/Province/Territory	NY
Country	US		
Telephone	(631) 806-8125		
Fax #			
E-Mail Address	rhoomegazetapresident@gmail.com		

I, Dr Zodelia Williams , 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, Dr Zodelia Williams , 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: 3 D's Aftercare Inc

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

Dr. Zodelia Williams DRZODELIA@3DSAFTERCAREINC.ORG

Executive Director

Title

04/11/2026

Date



881 Merrick Road, Baldwin, NY 11510

www.3dsaftercareinc.org

www.info@3dsaftercareinc.org

716-404-3366/347-631-7494

EIN: 26-1344106

3 D's Aftercare Inc. Conflict of Interest Policy

Purpose:

This policy aims to prevent and manage situations where personal interests of employees, volunteers, board members, or other organizational stakeholders might conflict with the best interests of 3 D's Aftercare Inc. (3 D's). It seeks to maintain public trust, ensure ethical conduct, and protect the organization's resources and reputation.

Scope:

This policy applies to all employees, volunteers, board members, consultants, and contractors of 3 D's. It covers potential conflicts arising from a variety of situations, including but not limited to:

- Financial relationships: Having personal or business dealings with vendors, grantors, or other individuals or organizations with financial ties to 3 D's.
- Family and personal relationships: Hiring, supervising, or working with close family members or personal friends within the organization.
- Outside activities: Engaging in activities that compete with 3 D's mission or use organizational resources for personal gain.
- Gifts and gratuities: Accepting or offering gifts or gratuities that could influence decision-making.
- Self-dealing: Using inside information to benefit oneself or others financially.

Identifying and Disclosing Conflicts:

Individuals covered by this policy are obligated to disclose any potential conflicts of interest to the Executive Director or Board of Directors promptly. This includes situations they are aware of or have reason to believe could arise.

November 26, 2025

Zodelia Williams
3 D's Aftercare Inc.
2375 Harrison Avenue
Baldwin, NY 11510

RE:945169-SACC

Facility Name: 3 D's Aftercare Inc.
2375 Harrison Avenue
Baldwin, NY 11510
County: Nassau

Dear Zodelia Williams:

Enclosed is your school-age child care registration authorizing you to provide child care for children at the address printed on this registration. The number and age range of children specified on this registration are the maximum number and age range of children who may be in the care of the school-age child care program at any one time. As a registered school-age child care program, you must openly display such registration, along with any restrictions, limitations and waivers to the registration, in the program for which it was issued.

This registration is only valid at the address specified on it. If you plan to move and provide care at a new facility, this registration will not be valid at that address. It is important that you contact our office before you move so that we can review required documentation about your new location and issue a new registration for your new address.

You must receive approval from this office before making certain changes to your program beyond what was approved in your application. This office must be notified immediately or no later than the next day of business if there is a resignation or termination of the approved director of the school-age child care program.

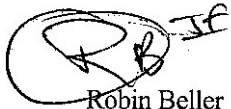
A renewal application will be mailed to you approximately four months prior to the expiration date on your registration. OCFS regulations establish the minimum requirement for training. Failure to comply with any regulatory requirements, including training requirements, may result in enforcement action.

Please note that we will conduct announced and unannounced monitoring inspections. As a registered school-age child care program, you are required to admit inspectors and other representatives of the Office into your school-age program during your hours of operation. You must give these individuals free access to the premises, the staff and volunteers, the children and all program records.

We are also enclosing a short questionnaire relating to your experiences throughout the registration process you have recently completed. We are interested in your feedback and request that you take a few minutes to complete and return the questionnaire. We are using the information as part of our ongoing efforts to improve our procedures.

Part of our job is to provide technical assistance to providers. If you have questions, please contact us at (631) 240-2560.

Sincerely,

A handwritten signature in black ink, appearing to read "RB" with a stylized flourish.

Robin Beller
Division of Child Care Services

Enclosures

New York State
Office of Children and Family Services
Registration Addendum
(This document must be openly displayed in the program for which it was issued)

Restriction(s)		
Person	Description	Effective Date of Restriction
No Restrictions		

Waiver(s)		
Regulation	Description	Effective Dates of Waiver

COMPLIANCE HISTORY

As of November 26, 2025

THIS DOCUMENT MUST BE POSTED

The New York State Office of Children and Family Services (OCFS) requires that providers post a copy of their most recent compliance history in a conspicuous location. Complete inspection results are also posted on the OCFS website: <http://ocfs.ny.gov/childcare>.

Program Information:

Program Name: **3 D's Aftercare Inc.**

License/Registration ID: 945169-School-Age Child Care

Program Status: Open

Site Address: 2375 Harrison Avenue

Baldwin, NY 11510

Director: Zodelia Williams

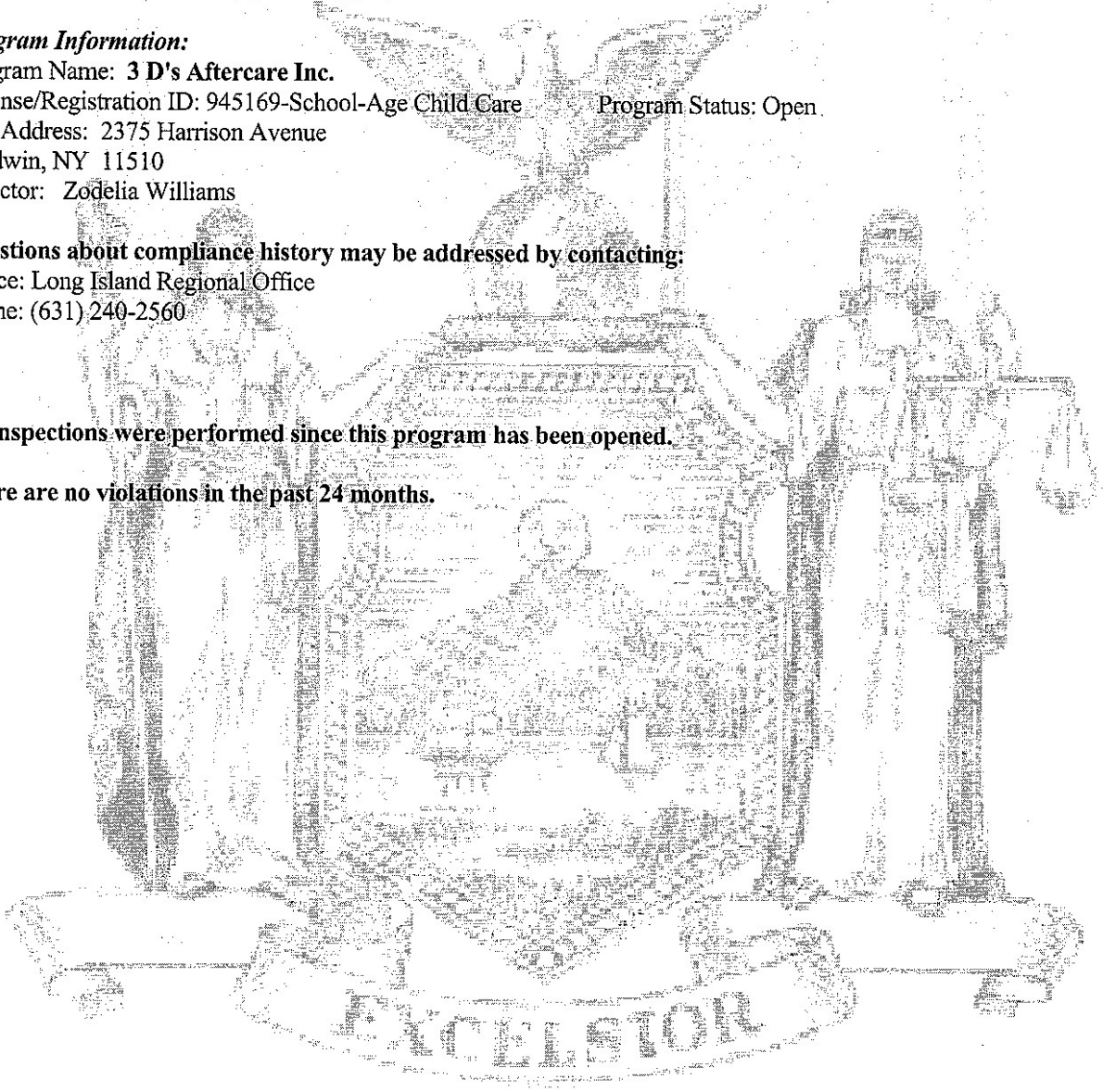
Questions about compliance history may be addressed by contacting:

Office: Long Island Regional Office

Phone: (631) 240-2560

No inspections were performed since this program has been opened.

There are no violations in the past 24 months.



**New York State Office of Children and Family Services
School-Age Child Care Registration**

This registration certifies that

3 D's Aftercare Inc.

may provide child care located at

2375 Harrison Avenue -- Baldwin, NY 11510 -- (516) 223-3731

**Site Supervisor: Daria D. Hamilton
Program Director: Zodelia Williams**

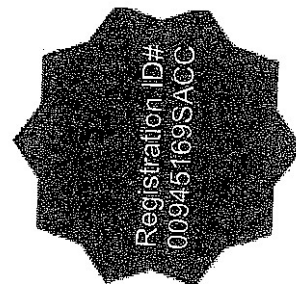
in the following capacity (effective 11/25/2025)

87 School-Aged Children

This program must be in compliance with the regulations of this Office and all other applicable laws and regulations.
Registration Effective 11/26/2025 -- Registration Expires 11/25/2029

This registration must be openly displayed in the program for which it was issued. It is the property of the New York State Office of Children and Family Services and must be returned when the registration expires or is revoked.

of the New York State Office of Children



Registration ID#
00945169SACC

Robin Beller

Authorized Signature:

Robin Beller

Parents/guardians are welcome to contact the New York State Office of Children and Family Services, Division of Child Care Services, at (631) 240-2560 or (800) 732-5207 with any concerns or questions about child day care.

**New York State Office of Children and Family Services
School-Age Child Care Registration**

This registration certifies that

3 D's Aftercare Inc.

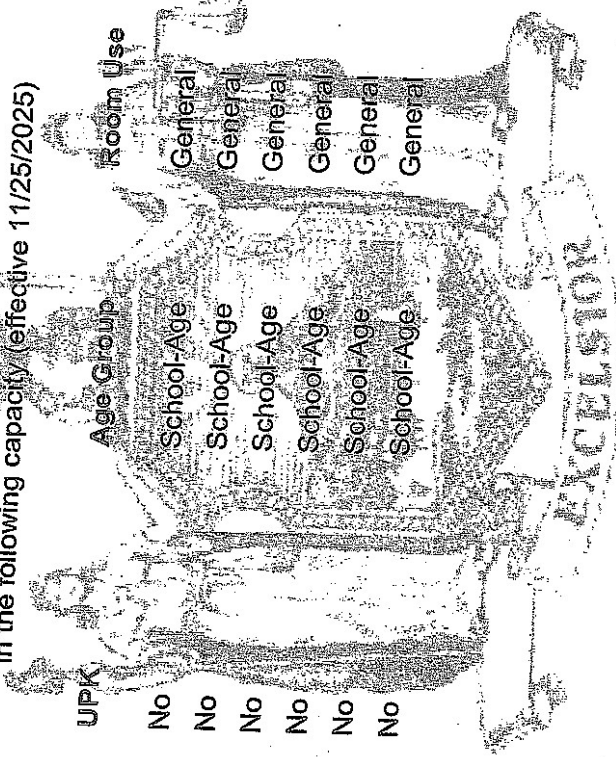
may provide child care located at

**2375 Harrison Avenue -- Baldwin, NY 11510 -- (516) 223-3731
Site Supervisor - Daria D. Hamilton
Program Director - Zodelia Williams
in the following capacity (effective 11/25/2025)**

**Single-Age Rooms
Room No/Name**

- Room 1
- Room 2
- Room 3
- Room 4
- Room 5
- Room 6

UPK	Age Group	Room Use	Usable Space	Max Room Capacity
No	School-Age	General	300	9
No	School-Age	General	410	12
No	School-Age	General	410	12
No	School-Age	General	410	12
No	School-Age	General	410	12
No	School-Age	General	1096	30



Managing Conflicts:

- Disclosure: The Board of Directors or Executive Director, in consultation with the individual involved, will review the disclosed conflict and assess its potential impact on 3 D's.
- Recusal: The individual may be required to recuse themselves from decision-making or involvement in matters where a conflict exists.
- Mitigation: Measures may be taken to mitigate the conflict, such as establishing clear guidelines or implementing oversight procedures.
- Termination: In severe cases, termination of employment or engagement may be necessary to protect the organization's interests.

Training and Education:

3 D's will provide regular training and education to all covered individuals on this policy and their responsibilities for identifying and managing conflicts of interest.

Compliance and Enforcement:

Violations of this policy may result in disciplinary action, up to and including termination of employment or engagement.

Commitment to Ethical Conduct:

3 D's is committed to maintaining the highest ethical standards in all its operations. This policy reflects our commitment to transparency, accountability, and responsible stewardship of our resources.

Confidentiality:

Information regarding potential conflicts of interest will be treated confidentially to the extent possible, while ensuring necessary disclosures and actions are taken to protect the organization's interests.

Regular Review and Updates:

This policy will be reviewed and updated periodically to reflect changes in laws, regulations, or organizational needs.

By adopting and adhering to this Conflict of Interest Policy, 3 D's demonstrates its commitment to operating with integrity and safeguarding the public trust.

Employee Signature:_____ Date:_____

You have within you the strength, the patience, and the passion to reach for the stars to change the world. ~ Harriet Tubman



881 Merrick Road, Baldwin, NY 11510

www.3dsaftercareinc.org

www.info@3dsaftercareinc.org

716-404-3366

EIN: 26-1344106

3 D's Board Members 2025

Clarence Cunny, **President (6 year on the board)**

Charles Rutenberg Realty

Board Secretary, Re-entry Kingmaker LLC, Brooklyn, NY. August 2023 - Present

Member of the Board of Directors, Greater Augusta Black Chamber of Commerce Inc., Augusta, Georgia, July 2023 - Present

Member of the Board of Directors, P.E.A.R.L., Providing Education and Advocacy to Rebuild Lives, Augusta, Georgia January 2022 - Present

Vice President at Large, Greater Augusta Black Chamber of Commerce Inc. (Foundation), Augusta, Georgia, March 2021 - Present

Rahsmia Zatar, **Treasurer (2 years on the board)**

Executive Director STRONG Youth

Darcel Jones, **Member (1 year on the board)**

Roslyn Savings Bank/Division of Flagstar Bank, N.A.

Second Vice President

Branch Manager

Iris Mack, **Member (5 years on the board)**

Citigroup

Terence McLaughlin, **Member (12 years on the board)**

Treasurer, Phi Beta Sigma Fraternity Inc, Mu Delta Sigma Chapter

Executive Board NPHC of Nassau /Suffolk Counties - Immediate Past President

You have within you the strength, the patience, and the passion to reach for the stars to change the world. ~ Harriet Tubman

PRINCIPAL QUESTIONNAIRE FORM

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

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

1. Principal Name: Rahsmia Zatar
Date of birth: 12/26/1977
Home address: 12427 Sabine Point Dr

City: Humble State/Province/Territory: TX Zip/Postal Code: 77346
Country: US

Business Address: 12427 Sabine Point Dr

City: Humble State/Province/Territory: TX Zip/Postal Code: 77346
Country: US
Telephone: 5164760168

Other present address(es): 12427 Sabine Point Dr.

City: Humble State/Province/Territory: TX Zip/Postal Code: 77346
Country: US
Telephone: 5164760168

List of other addresses and telephone numbers attached

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

President	Treasurer	01/10/2023
Chairman of Board	Shareholder	
Chief Exec. Officer	Secretary	
Chief Financial Officer	Partner	
Vice President		
(Other)		

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

YES [] NO [X] If Yes, provide details.

4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?

YES [] NO [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 ☐ If Yes, provide details.

I am the former Executive Director of STRONG Youth, Inc. in Uniondale, NY.

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

STRONG Youth, Inc. is contracted by the Nassau County Youth Board as well as has contracts with Suffolk County Dept of Probation and NYS DCJS.

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

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
- Been debarred by any government agency from entering into contracts with that agency?
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.
 - Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.
 - Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.
 - Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?
YES ☐ NO ☒ If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)
- 9.
- Is there any felony charge pending against you?
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

10 In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

11 In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

12 In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

13 For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

I, Rahsmia Zatar , 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, Rahsmia Zatar , 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.

Rahsmia Zatar

Name of submitting business

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

Rahsmia Zatar BALANCELIFE77@GMAIL.COM

Treasurer

Title

07/22/2026 10:52:56 am

Date

PRINCIPAL QUESTIONNAIRE FORM

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

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

1. Principal Name: Clarence Tarell Cunny
Date of birth: 11/14/1974
Home address: 4300 Lynchester Drive

City:	<u>North Chesterfield</u>	State/Province/ Territory:	<u>VA</u>	Zip/Postal Code:	<u>23236</u>
Country:	<u>US</u>				

Business Address: 881 Merrick Road

City:	<u>Baldwin</u>	State/Province/ Territory:	<u>NY</u>	Zip/Postal Code:	<u>11510</u>
Country:	<u>US</u>				
Telephone:	<u>3476317194</u>				

Other present address(es): None

City:		State/Province/ Territory:		Zip/Postal Code:	
Country:					
Telephone:					

List of other addresses and telephone numbers attached

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

President	<u>01/01/2021</u>	Treasurer	
Chairman of Board		Shareholder	
Chief Exec. Officer		Secretary	
Chief Financial Officer		Partner	
Vice President			
(Other)			

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

YES ☐ NO ☒ If Yes, provide details.

4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?

YES ☐ NO ☒ If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?
YES ☐ NO ☒ If Yes, provide details.

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

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

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:

- a. Been debarred by any government agency from entering into contracts with that agency?
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?
YES ☐ NO ☒ If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

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

b. Is there any misdemeanor charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

10 In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

11 In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

12 In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

13 For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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

CERTIFICATION

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3Ds Aftercare Inc

Name of submitting business

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

Clarence Cunny CLARENCEMOVES@GMAIL.COM

President of the Board of Directors

Title

04/11/2026 07:32:02 pm

Date

PRINCIPAL QUESTIONNAIRE FORM

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1. Principal Name: Dr Zodelia Williams
Date of birth: 04/23/1971
Home address: 68 Norton Street

City:	<u>Freeport</u>	State/Province/ Territory:	<u>NY</u>	Zip/Postal Code:	<u>11520</u>
Country:	<u>US</u>				

Business Address: 3 D's Aftercare Inc

City:	<u>Baldwin</u>	State/Province/ Territory:	<u>NY</u>	Zip/Postal Code:	<u>11510</u>
Country:	<u>US</u>				
Telephone:	<u>3476317494</u>				

Other present address(es): 2375 Harrison Avenue

City:	<u>Baldwin</u>	State/Province/ Territory:	<u>NY</u>	Zip/Postal Code:	<u>11510</u>
Country:	<u>US</u>				
Telephone:	<u></u>				

List of other addresses and telephone numbers attached

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

President	<u></u>	Treasurer	<u></u>
Chairman of Board	<u></u>	Shareholder	<u></u>
Chief Exec. Officer	<u>02/12/2012</u>	Secretary	<u></u>
Chief Financial Officer	<u></u>	Partner	<u></u>
Vice President	<u></u>		
(Other)	<u></u>		

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

YES ☐ NO ☒ If Yes, provide details.

4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?

YES ☐ NO ☒ If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?
YES ☐ NO ☒ If Yes, provide details.

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

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

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:

- a. Been debarred by any government agency from entering into contracts with that agency?
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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

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

b. Is there any misdemeanor charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

10 In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

11 In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

12 In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

13 For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

I, Dr. Zodelia Williams , 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, Dr. Zodelia Williams , 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.

3 D's Aftercare Inc

Name of submitting business

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

Dr. Zodelia Williams DRZODELIA@3DSAFTERCAREINC.ORG

Executive Director

Title

07/22/2026 11:45:30 am

Date

COUNTY OF NASSAU

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

1. Name of the Entity: 3 D's Aftercare Inc

Address: 2375 Harrison Avenue

City: Baldwin State/Province/Territory: NY Zip/Postal Code: 11510

Country: US

2. Entity's Vendor Identification Number: 261344106

3. Type of Business: Public Corp (specify) _____

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

1 File(s) uploaded: SFS Board Members.pdf

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.

None: We are a nonprofit 501 C 3

6. List all affiliated and related companies and their relationship to the firm entered on line 1. above (if none, enter "None"). Attach a separate disclosure form for each affiliated or subsidiary company that may take part in the performance of this contract. Such disclosure shall be updated to include affiliated or subsidiary companies not previously disclosed that participate in the performance of the contract.

None

7. List all lobbyists whose services were utilized at any stage in this matter (i.e., pre-bid, bid, post-bid, etc.). If none, enter "None." The term "lobbyist" means any and every person or organization retained, employed or designated by any client to influence - or promote a matter before - Nassau County, its agencies, boards, commissions, department heads, legislators or committees, including but not limited to the Open Space and Parks Advisory Committee and Planning Commission. Such matters include, but are not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements. The term "lobbyist" does not include any officer, director, trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties.

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

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

None

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

None

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

None

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

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

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

Dr Zodelia Williams [DRZODELIA@3DSAFTERCAREINC.ORG]

Dated: 06/30/2026 08:33:13 am

Title: Executive Director

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



881 Merrick Road, Baldwin, NY 11510

www.3dsaftercareinc.org

www.info@3dsaftercareinc.org

347-631-7494

Board of Directors

Dr. Zodelia Williams, Founder, Executive Director, Ex. Oficio

- | | |
|-----------------------------|------------------|
| 1. Clarence Cunny
(6yrs) | President |
| 2. Rashmia Zatar | Treasurer (2yrs) |
| 3. Iris Mack | Member (5yrs) |
| 4. Darcel Jones. | Member (1yr) |
| 5. Terence McLaughlin | Member (12yrs) |

You have within you the strength, the patience, and the passion
to reach for the stars
to change the world. ~ Harriet Tubman

Dr. Zodelia Williams

68 Norton Street, NY 11520 | 347-631-7494 |
Drzodelia@3dsaftercareinc.org

Education

DSW | AUGUST, 2018 | CAPELLA UNIVERSITY
Social Work

Experience

EXECUTIVE DIRECTOR | 3 D'S AFTERCARE INC
PRESENT

FEB, 2008-

Responsibilities include: Managing program operations, planning, equipment, supplies, and safety; Intentionally collaborating with colleagues, district leadership and other stakeholders to improve program quality; Build and implement systems necessary to hire, motivate, develop, position and retain the best people to meet organization and program goals; Management and direction of child care program; Develop and implement a system for promoting continuous quality improvement, Promote students' creative, social and academic development by making provision for adequate homework time, physical activity and creative outlets; Promotes and ensures parental compliance

SCHOOL SOCIAL WORKER | NYC DEPT OF EDUCATION
PRESENT

SEP, 2001-

Responsibilities Included: Working with parents to facilitate their support in their children's school adjustment; Alleviating family stress to enable the child to function more effectively in school & community; Assisting parents to access programs available to students with special needs; Assisting parents in accessing and utilizing school and community resources; Providing crisis intervention; Developing intervention strategies to increase academic success; Assisting with conflict resolution and anger management; Helping the child develop appropriate social interaction skills; Assisting the child in understanding and accepting self and others; Participating in special education assessment meetings as well as individual Educational Planning Meetings; Preparing a social or developmental history on a child with a disability; Counseling (group, individual and/or family); Mobilizing family, school, and community resources to enable the child to learn as effectively as possible in his or her educational program and; Providing consultation regarding school law and school policy including IDEA and Section 504

ABA SPECIALIST | MKSA, LLC
PRESENT

MAY, 2011-

Responsibilities include: Discrete trial instruction, verbal behavior strategies, natural environment teaching, incidental teaching, direct instruction, social skills development, behavior reduction strategies, and more. Using these methods, treatment can improve communication, social, intellectual, and play skills. Services can also help with daily living skills, such as sleeping through the night and potty training.

License | LMSW

Languages | Spanish Proficient

Certification | ABA Certified | Nurturing Parent Program Facilitator

Clarence Cunny

 North Chesterfield, VA 23236
 clarence.cunny@gmail.com
 516-806-0044

Licensed NY Real Estate Agent | Cultural Anthropologist
(M.A. Candidate) | Minister | Educator

Professional Summary

Compassionate and academically rigorous minister with an M.Div. from the Samuel DeWitt Proctor School of Theology and active enrollment in Harvard University's Master of Liberal Arts in Cultural Anthropology. Experienced Clinical Pastoral Education (CPE) trainee with a strong foundation in trauma-informed care, interdisciplinary collaboration, and ethical consultation. Fifteen-time teaching assistant in theology and history of Christianity; committed to spiritual care that integrates cultural sensitivity, theological depth, and academic inquiry. Seeking to contribute to VCU Health's chaplaincy program through holistic support, research-informed ministry, and equitable care across diverse settings.

Education

Harvard University Extension School — Master of Liberal Arts, Cultural Anthropology (In Progress)
Cambridge, MA | Expected Completion: 2026

Samuel DeWitt Proctor School of Theology, Virginia Union University — Master of Divinity
Richmond, VA | December 2023

- Teaching Assistant, 15 semesters across Church History, Theology, and Biblical Studies
- Specialized in prophetic ministry, African American religious thought, and pastoral theology

State of New York — Licensed Real Estate Agent
New York, NY | License #: 10401299794

Clinical & Ministerial Experience

McGuire Veterans Administration Hospital — CPE Intern, Chaplaincy Intern
Richmond, VA | Completed May 2025

- Completed Unit 1A of ACPE-accredited Clinical Pastoral Education
- Provided direct spiritual care to veterans, families, and staff in an urban Level One trauma center
- Facilitated weekly substance abuse recovery groups serving a diverse veteran population
- Employed the Interpersonal Relations (IPR) model to support group dynamics and clinical reflection
- Documented pastoral interventions in EHR and contributed to interdisciplinary care planning

Local Church Ministry — Prophetic Minister, Guest Preacher, Spiritual Care Leader

North Chesterfield, VA & New York, NY | Ongoing

- Deliver sermons and prophetic teachings grounded in Black Liberation Theology and cultural anthropology
- Offer end-of-life support, bereavement counseling, and hospital visitations
- Mentor emerging ministers, conduct interfaith dialogues, and facilitate community empowerment sessions

History of Christianity – Graduate Course — Adjunct Instructor (Substitute for Dr. Bob Stamps)

Richmond, VA | 2024-2025

- Designed and taught graduate-level theological lectures
- Guided students through patristic, medieval, and Reformation-era texts with critical engagement

Christian Ethics – Graduate Course — Adjunct Instructor (Substitute for Dr. Sylvester Smith)

Richmond, VA | 2025

- Conducted the class in the absence of Dr Smith
- Evaluated the presentations of the class members on a variety of ethical matters

Selected Academic Interests & Competencies

- Clinical Ethics: Background in moral theology, liberation ethics, and dilemmas in palliative care
- Research Literacy: Familiar with qualitative methods, ethnographic research, and theological reflection
- Spiritual Care Leadership: Experience organizing seminars, small groups, and chapel services
- Bereavement and End-of-Life Care: Provide pastoral support rooted in cultural and scriptural narratives
- Substance Abuse and Spiritual Integration: Skilled in

providing compassionate, trauma-informed spiritual care to individuals struggling with substance use disorders.

- Corrections & Trauma Ministry: Familiarity with prison reentry programs and trauma-informed care frameworks
- Documentation & Reporting: Trained in patient charting and reflective verbatims through CPE standards

Selected Conferences, Teaching & Leadership

- Prophecology Conference 2025: Presenter, "Prophets in Position: Finding Your Voice and Vocation in a Shifting World"
- DARE 2025 Presenter: "The Enduring Voice of the Black Preacher: Liberation, Resistance, and Contemporary Engagement"

Technical & Language Skills

- EHR Documentation | Microsoft Suite | Canvas LMS | Google Workspace

Certifications & Affiliations

- Ordained Elder, Community Christian Worship Center
- Member, Zoe Ministries
- Completed Unit 1A of Clinical Pastoral Education (CPE), ACPE-accredited
- Member, American Academy of Religion (AAR)
- Continuing Candidate, Association for Clinical Pastoral Education (ACPE)

Rahsmia N. Zatar

1288 Menard St.
Uniondale, NY 11553

(516) 476-0168
RZatar26@gmail.com

Education:

State University of New York at Stony Brook – Stony Brook, NY
L.M.S.W., Masters in Social Work – June 2006 (Licensed in August 2012 – License #087430-1)

John Jay College of Criminal Justice – New York, NY
M.A., Forensic Psychology – December 2002

Hofstra University – Hempstead, NY
B.A., Psychology – December 1999

Skills:

- 15 years of experience at the Management level.
 - 12 years of experience as an Executive Director.
 - Quick but firm decision-maker; accepts accountability for decisions made.
 - Excellent people skills; encourages feedback mechanism.
 - Excellent communication skills; clearly articulates and communicates ideas.
 - Values leadership; seeks to inspire and motivate people to perform to the best of their abilities by setting an example.
-

Post-Masters Training:

Professional Community Intervention Training – June 2019

- Holistic centered gang intervention/violence prevention curriculum guided by professional, proactive, culturally-sensitive engagement of individuals, the community, municipalities, and other stakeholders in creating and sustaining non-violent communities.

La Cultura Cura - Circle Keeper, Xinachtli, Joven Noble, Cara Y Corazon – March thru June 2019

- La Cultura Cura is a transformative health and healing philosophy that recognizes that within an individual's, families and community's authentic cultural values, traditions and indigenous practices exist the pathway to healthy development, restoration and lifelong wellbeing.

Strengthening Families Program – September 2009

- Family skills training program, utilizing behavioral and cognitive skills, designed to increase resiliency and reduce risk factors for substance abuse, depression, violence/aggression, delinquency and school failure.

Moral Recognition Therapy – April 2009

- Treatment aimed at developing a person's positive self-identity, improve self-image and teach clients to use value-oriented behavior. This therapy has been used specifically with adults and teenagers involved in the criminal justice system.

Skills:

- Knowledgeable in intake assessment, referrals, case management, counseling, behavior modification and conflict resolution.
- Detail and efficiency oriented; highly organized.
- Strong writing, interpersonal communication and interaction skills.

Languages: Fluent and literate in Spanish; bilingual English/Spanish.

Work Experience:

06/11 – Present **S.T.R.O.N.G. Youth, Inc.** – Uniondale, NY
Executive Director (06/11-present)

- Develop organizational goals and objectives consistent with mission and vision and administer operational policies.
- Oversee all programs, services and activities to ensure that program objectives are met.
- Ensure compliance with funding sources and regulatory requirements.
- Provide information for evaluation of the organization's activities.
- Develop, recommend, and monitor annual and other budgets and provide for proper fiscal record keeping & reporting.
- Administer board-approved personnel policies.
- Provide for adequate supervision and evaluation of all staff and volunteers.
- Initiate and assist in developing policy recommendations and in setting priorities.
- Serve as chief liaison with specific community groups including coordination of representation to legislative bodies and other groups.
- Use external presence and relationships to garner new opportunities
- Oversee fundraising planning and implementation of all programs
- Identify funding needs and research funding sources

Major achievements as Executive Director

- Increased the organization's annual budget by 500%
- Facilitated the purchase of the organization's 5000 square feet headquarters
- Opened a secondary location in a different County
- Developed and implemented new human resources and fiscal policies and procedures
- Member of a national network of experts in the area of criminal and juvenile justice and restorative practices

02/11- 06/11 **S.T.R.O.N.G. Youth, Inc.** – Hempstead, NY

Program Coordinator – Hempstead High School Chapter

- Responsible for all aspects of direct supervision of four counselors including scheduling, personnel issues, workshop development and training and collection of required paperwork.
- Designed workshops and activities that emphasized good decision-making skills, leadership & strength development through community work, anger management, and empathy and career exploration.
- Addressed and resolved problems program youth were encountering through one-on-one sessions, parental outreach and advocating for students in the school setting.
- Coordinated with the school's Interdisciplinary Committee to provide the school, students and parents with social work and mental health services and resources.

01/10 – 08/10 **Uniondale Community Council, Inc. (Uniondale Complete Count Committee)** – Uniondale, NY

Project Coordinator:

- Community outreach & education, including marketing/publicity and coordination of events.
- Facilitated public forums and events.
- Built collaborations to achieve future community goals.
- Engaged youth in achieving the project's goals of increasing community's knowledge & participation in civic matters.
- Chairperson of committee meetings.
- Brought to fruition an initiative UCC's Board of Directors and the community wanted to see accomplished.

10/09 – 01/10 **Freeport Pride, Inc.** – Freeport, NY

Consultant:

- Developed a non-violence curriculum for the organization to use with youth ages 5-18 in school and organization based programs.
- Consulted with Freeport School district administrators to initiate implementation of non-violence curriculum and yearlong campaign.

09/05 – 11/09 **S.T.R.O.N.G. Youth, Inc.** – Hempstead, NY

Program Director/ Social Worker:

- Conducted biopsychosocial intake assessments on referred youths to determine appropriateness for organization's gang violence intervention program & additional services needed by youths to assist in making positive life changes.
- Provided individual counseling, group life skills & violence prevention workshops, case management services and linkages to public service activities/events to ex-gang involved youth, ages 16-21.
- Empowered program youth by helping them recognize the strengths they possess and exist in their lives and communities; assisted youth in utilizing these strengths to develop short and long-term goals to change their lives and the communities they live in.
- Strengthened support systems involved in youth's lives, including families, through outreach & education and providing necessary referrals.
- Presented at conferences, political functions, advocacy events, executive meetings & demonstrations to advocate for additional programs & services and increase awareness of issues affecting youth & our communities concerning youth violence in Nassau and Suffolk counties.
- Assisted executive director and other program staff in developing anti-gang violence curriculum for organization's prevention & intervention programs.

Committees:

- Long Island United for Policing and Community Safety – Steering committee member
 - Long Island Advocates for Police Accountability – Steering committee member
 - Nassau County Coalition of Youth Service Agencies – Executive committee member
 - National Healing Generations Institute – Organizational/Regional lead
 - Uniondale Violence Intervention Partnership – Chairperson
-

References: Furnished upon request.

Darcel Jones

Branch Manager

CONTACT

Valley
Stream, NY 11580

(347) 437-1695

darceljones88@gmail.com

KEY SKILLS

Business Development

Sales and Service Management

Customer Relationship
Management

Banking Operation

Clear Communication

Judgement and Decision Making

Problem Solving

Time Management

Excellent Interpersonal Skills

Team Management and Leadership

Microsoft Office Proficiency

AWARDS & RECOGNITION

Flagstar Bank

- **Top Performing Manager – Q2, Q3, Q4 – 2024, 2023**
- **Outstanding Branch Audit – 2021**
- **Top Performing Assistant Branch Manager – 2016**
- **Top Performing Branch Operations Coordinator – 2015**

Capital One Bank

- **Top Performing Sales RM – 2013**
- **Top Performing Sales Teller – 2011**

Experienced and high-performing Branch Manager with considerable experience that spans Business Development, Service Management, Service Excellence, and Customer Relationship Management. I am an excellent team player with proven leadership skills, having grown through the ranks and led and participated in various teams with various objectives, all towards optimal performance and quality service delivery, while consistently exceeding highly set expectations.

PERSONAL ATTRIBUTES

- Highly motivated and able to work well with others
- Committed to the delivery of excellent customer experience
- Proficiency in sales, and general business development
- Excellent in Banking operations and service delivery
- Possession of a very solid work ethic
- Excellent interpersonal skills and demonstrable integrity
- Ability to manage time and prioritize competing responsibilities
- Ability to handle tasks with efficiency and highest level of precision
- Computer usage proficiency

WORK EXPERIENCE

Branch Manager

Flagstar Bank - Freeport, NY | Sept. 2014 till date

- **Responsible for the entire branch operations**, service, sales, and profitability
- **Management of day-to-day operations, sales**, and other activities to ensure operational integrity and compliance with all the Bank's policies and procedures
- **Design the Branch business plan and sales objectives**, sets individual sales and referral goals, and coordinates and directs Branch sales initiatives for all products and services including the sale of alternative investment products.
- **Implements sales and service initiatives** designed to generate new relationships, deepen existing customer relationships, and achieve assigned growth targets.
- **Enforce adherence to all security policies** and procedures in line with Bank policy, and Federal regulations.
- **Provision of timely and accurate institutional and regulatory reports**
- **Ensuring budget discipline** and enforcing cost control measures
- **Provision of personnel management**, coaching and supervision of team members for the purpose of achieving group and individual objectives and satisfying customers and bank needs
- **Manage and performs self-branch audits** and reporting
- **Represents the Bank in the community** through various civic, charitable and CRA activities.

Relationship Banker Branch Designee

Capital One Bank - Cedarhurst, NY | Mar. 2011 – Sept. 2014

- **Assisted customers with their banking needs** by answering or referring their questions and concerns to the correct department.
- **Ensures all security policies and procedures are followed** in line with the Bank's policy and Federal regulations.
- **Performed service duties such as researching customer inquiries, fulfilling customer requests**, and greeting customers in branch and on the phone.
- **Deepened and retain customer relationships**, developed new and profitable ones, and minimize customer attrition.
- **Trained and coached the team** to meet customer service expectations and sales goals.
- **Supervises and performs self-branch audits** and reporting
- **Established new accounts; interviewed loan applicants** and assisted in the application process.
- **Performs supervisor overrides**, approvals and authorizations as needed
- **Responsible for full control of the entire branch operations** in the absence of Management
- **Consistently exceed customer service standards** and sale goals in a fast-paced environment.

MBA degree - Dowling College, Long Island, NY
BA degree - SUNY Stony Brook, Long Island, NY

CERTIFICATIONS

Certified Paralegal (CP) – Adelphi University

Certified Associate in Management (AIM)

TECHNICAL SKILLS

Windows, Excel/Word/PowerPoint

IRIS MACK

REGISTERED NURSE

Phone: (917) 923-5562
Email: Iris.Mack1@gmail.com
Address: 292 Maryland Ave
Freeport, NY 11520

PROFILE

Compassionate and dedicated Registered Nurse with clinical experience at Bellevue Hospital, Elmhurst Hospital, Henry J. Carter Nursing facility and South Brooklyn Health Hospital. Skilled in delivering exceptional patient care, multitasking in high-pressure environments, and collaborating with multidisciplinary teams. Eager to contribute to a dynamic healthcare team.

CLINICAL ROTATIONS

Henry J. Carter Nursing Facility 2023	Feb.-May
Bellevue Hospital 2023	Feb-May 2023, Aug.-Oct.
2024	Jan-Mar. 2024, Aug.-Dec.
Elmhurst Hospital 2024	Mar.-May
South Brooklyn Health 2023	Oct.-Dec.

- Conducted patient assessments, recorded medical histories such as vital signs and inform primary nurse and clinical preceptor of changes in status.
- Assisted with medication administration, and wound care.
- Assisted RNs to provide quality care, including NG/PEG tube care, trach care
- Assisted patients with activities of daily living, feeding, grooming, dressing, and toileting
- Collaborated with healthcare professionals to deliver comprehensive care.
- Assist with the insertion of Male Catheter
- Assist with 3 vaginal labors
- Help with care of patient who was hemorrhaging after labor
- Assist in care of a child with Kawasaki disease
- Assisted as translator for several families

EDUCATION

Borough of Manhattan Community College (BMCC) Dec. 2024
Associate Degree in Nursing

SUNY Old Westbury May 1994
Bachelor's in science of finance

KEY SKILLS

- PROBLEM SOLVING
- CRITICAL THINKING
- ABILITY TO WORK UNDER PRESSURE
- TEAM COLLABORATION
- ABILITY TO MULTITASK
- EPIC EHR

CERTIFICATION

- BASIC LIFESAVING (BLS)
APR. 2025
- IV THERAPY INFUSION
FEB. 2025
- CHILD ABUSE NYS
DEC 2024
- NCLEX-RN- JUNE 2025

LANGUAGE

- ENGLISH (FLUENT)
- SPANISH (FLUENT)

PREVIOUS EXPERIENCE

CITIGROUP, Citi Private Bank (NY)
Senior Operation Support Analyst
Jan 2006- April 2008

**Foreign Exchange Middle Office
Sales Assistant (AVP)**
Apr.2008- Apr.2012
**Foreign Exchange Back Office
processing team**
Nov.1997- Jan. 2006

EXPERIENCE

Citigroup Global Markets inc., New York, NY April 2008-Present
Securities & derivatives senior analyst, MO fixed income syndicate operations

- SUPPORT THE ICG BOND ORIGINATION SYNDICATE BUSINESS, INCLUDING ABS, RMBS, HIGH YIELD, INVESTMENT GRADE, EMERGING MARKET, AND MEDIUM-TERM NOTES (MTN'S) BY COORDINATING WITH SYNDICATE GROUP AND CITI SALES TO REFLECT CORRECT ORDERS AND CAPTURE REVENUE IN ONEBOOK AND SYNDICATE CENTRAL (PREVIOUSLY IPREO) BY LIAISING WITH GROUPS VIA BLOOMBERG.
- RESPONSIBLE FOR THE DAILY WORKFLOW OF NEW DEAL

SETUP, BOOK PERMISSIONING, NEW ISSUE INFORMATION, DEAL AND ALLOCATION TIE OUT, NEW ISSUE REGULATORY REPORTING AND EV PROCESSING.

- LIAISE WITH SALES, TRADING, OTHER SYNDICATE BROKER DEALERS, MIDDLE OFFICE, SETTLEMENTS AND REGULATORY TO COMMUNICATE NEW ISSUE INFORMATION AND ENSURE THE COMPLETION AND PROPER AUDITING OF THE NEW ISSUE TRANSACTION FROM START TO FINISH.
- INTERACT WITH JOINT-BOOK MANAGERS CONFIRMING EXCEPTION TRADES.
- ENSURE ALL NEW ISSUES HAVE SETTLED WITH PRIMARY INVESTORS BY WORKING WITH DTC OPERATIONS, INTERNATIONAL SETTLEMENTS, AND SALES TEAM.
- FILE NEW ISSUES TO TRACE (FINRA) REPORTING PLATFORM.
- SEND SPLITS TO SYNDICATE OPERATIONS, CAPITAL MARKETS AND TRUSTEE FOR ALL NEW 144A/ REG S DEALS.
- MANUALLY ENTER ALL PRIVATE PLACEMENT INFORMATION (ALLOCATIONS, SALES NAMES, INTERNAL CUSIPS, PAY EV AND PRICING INFORMATION).
- INTERACT WITH RETAIL SALES/SYNDICATE OPERATIONS IN OPENING/CLOSING THE BOOKS OF NEW ISSUES ON MTN'S.
- BACKUP ASSISTANT TO OVERSEE BOOKING, TRANSFER AND SETTLEMENT OF NON-ECONOMIC RESIDUAL PRODUCTS TRADED BY TAP DESK.
- REQUEST FI CUSIP NUMBERS VIA CUSIP BUREAU WEBSITE.
- ANSWERING ONGOING QUESTIONS AND RESOLVING ISSUES WITH OPERATIONS AND ACCOUNTING GROUP.
- WEEKLY MEETINGS WITH ONEBOOK/SYNDICATE CENTRAL TECH SUPPORT TO MONITOR PROGRESS OF CHANGES TO THE SYSTEM ON WHAT NEEDS FIXING OR IMPROVEMENTS AND FUTURE ENHANCEMENTS COMING SOON.
- MANAGE AND SUPPORT CORPORATE TREASURY FUNCTIONS, INCLUDING MONITORING AND REPORTING OF CASH FLOWS AND RECONCILIATION OF ACCOUNTS.

TERENCE MCLAUGHLIN, MBA, AIM

Freeport, NY 11520 | (917) 940-2210 | Ter.mclaughlin11@gmail.com

SUMMARY

Claims Customer Service Professional with extensive experience in supporting internal/external clients within a fast-paced, ever changing environment; principally for top Fortune insurance industry leader. Broad-based background in customer relationships, administrative procedures, and staff and operations management. Proven track record in identifying individual needs, and presenting appropriate product and service offerings.

Core competencies:

Staff and Customer Management | Goal Attainment | Quality Oversight/Compliance
Process and Time Management | Strategic and Organizational Planning | Training and
Development Workforce Development | Conflict Resolution and Customer Satisfaction /
Regulatory/Compliance Management | Team Leadership | Project Management

PROFESSIONAL EXPERIENCE

SHELTERPOINT LIFE INSURANCE, Garden City, NY

2021 - present

Claims Examiner

Review, investigate & process NYS STD; NJ TDI; & NYS PFL claims.

STATE FARM INSURANCE COMPANY, New York, NY

Team Manager - Auto Claims

2000-2018

Managed team of up to 8 professional-level claim representatives in multiple operation centers (NY and CA); investigating/evaluating/negotiating over 2K complex injury and litigation claim files/monthly, with settlement authority of up to \$100K/file.

Hired/coached/trained/evaluated team and drove performance. Developed best practice standards for improved productivity.

- Managed transition of claims specialists as part of enterprise-wide reorganizational initiative. Consolidated total of 5K files; and reassigned work functions.
- Directed team in successfully closing/settling and transferring over 500 pending claims in 8 months. Ensured compliance with all company guidelines and regulatory requirements.
- Delivered comprehensive claim file management to ensure continued operational workflow, with minimum disruption to customers; this included claim review, analysis, evaluation, denial, settlement and reporting. Resulted in improving quality compliance, maintaining approval ratio of 90-100%; and reducing complaint ratio to less than 2%.
Developed action plans to reduce pending inventories through settlement, arbitration and litigation strategies.
- Trained team in legal billing workflows/processes, and partnered with claim specialists to improve claim settlement process.
- Implemented comprehensive *Alternative Dispute Resolution options*; including summary jury and high/low trial agreements. Coordinated efforts with internal/outside defense counsel.

Team Manager/Claims Adjuster - Supplementary Uninsured/Underinsured Motorist (SUM)
Selected to lead specialty team of up to 6 professional-level claim representatives;
managing the investigation/evaluation/negotiation of over 1.5K complex 1st party SUM claim
files for NY state, with settlement authority of up to \$100K/file.

2004-2008

- Created and fostered departmental environment of "all for one;" serving as initiative to provide support across teams. Delivered increased workflow efficiencies; ensuring claim file reviewed within 5-day target. Initiative adopted by State Farm management.
- Established reserves and managed indemnity and adjustment expenses; meeting/exceeding company metrics, while complying with all company and state/federal guidelines and requirements.
- Designed/implemented departmental settlement process; decreasing claim settlement cycle time, while still ensuring compliance with required corporate procedural practices.
- Assigned arbitration and litigation filings to defense counsel, assisting with defense preparation.
- Served as a subject matter expert to other team managers and claims associates on SUM related issues.

Team Manager - Auto Theft Claims

1995-2000

Promoted to lead in-office team of 5 claim adjusters, with oversight of 500+ claim inventory. Partnered with Underwriting, State Farm/Agents, and outside regulatory entities in evaluating and settling policyholder claims.

- Served as Theft Supervisor for the State of NY and coordinated the investigation of claims from inception to resolution.
- Improved auto salvage process, improving company returns by 10% and improving regulatory compliance.
- Created and supported operational stability for customers and claim handlers providing inventory management solutions to proactively manage pending inventories.
- Cross-trained employees to become proficient in multiple areas.

Earlier experience as Auto Claims Representative (Personal Injury/Bodily Injury)

ADDITIONAL RELEVANT EXPERIENCE

NYU WINTHROP HOSPITAL, Mineola, NY

2017 - Present

Patient Access Representative, Part-time

Process inpatient admittance and consent forms; and register newborns within NY state database.

- Identified staff performance gaps and procedural shortfalls; assisting management with developing and implementing process improvements.
- Served instrumental in updating birth certificates within NY state database; resulting in improvement of hospital compliance ratio.

EDUCATION / CERTIFICATIONS / PROFESSIONAL AFFILIATIONS



Nassau County Human Services Universal Budget Form



Face Sheet

Please complete the following information about this contract:

To Be Completed By The Contract Vendor:

Contractor Name: 3 D's Aftercare Inc

Program Name: Middle School Mingle/Teen Cafe and DARIA

[To Start Working on Your Budget Click Here](#)

The Section Below Will Be Completed By the Human Service Department You Are Contracting With:

Contract # CQHS26000065

Contract Period Start: (MM/DD/YY) 01/01/26

End: (MM/DD/YY) 12/31/26

Enter Whole # Only

State Reimbursement %

Federal Reimbursement %

HS Only: [Click Here To See The Fiscal Summary](#)

[To Start Working on Your Budget Click Here](#)



Nassau County Human Services Universal Budget Form

Return to Face Sheet

Contract # CQHS26000065

Contract Name: 3 D's Aftercare Inc

Program Name: Middle School Mingle/Teen Cafe and DARIA

Select Line To Work On Here	Budget Summary		
	Line #	Expense type	Total \$
<u>Work on Salary and Fringe</u>	1a	Salary	\$58,500
	1b	Fringe	\$4,700
	1 Total	Personnel (Salary plus Fringe)	\$63,200
<u>Work on Line 2</u>	2	Consultant(s)	\$0
<u>Work on Line 3</u>	3	Travel / Per Diem / Transportation	\$0
<u>Work on Line 4</u>	4	Equipment	\$0
<u>Work on Line 5</u>	5	Supplies	\$11,800
<u>Work on Line 6</u>	6	Contractual Services	\$0
<u>Work on Line 7</u>	7a	Rent	\$0
	7b	Utilities	\$0
<u>Work on Line 8</u>	8	Department Specific Costs	\$0
<u>Work on Line 9</u>	9	Other Costs	\$0
<u>Work on Line 10</u>	10	Administrative Overhead	\$0
		Gross Expenditures (Lines 1 – 10)	\$75,000
<u>Work on Line 11</u>	11	Revenue, Income, Agency Contribution, Matches	\$0
		Net Budget Total (Lines 1 – 10 minus line 11)	\$75,000
<u>Agency Contribution</u>		Agency Contribution	\$0
		Net Contract Total (Net Budget Total minus Agency Contribution)	\$75,000

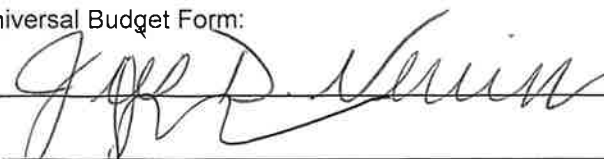
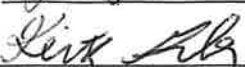
Return to Face Sheet

Administrative Approval of Universal Budget Form:

Department Head Approval

Fiscal Approval

Program Head Approval

Line 1 - Personnel[Return to Summary Page](#)

Cost of salaries and/or wages of personnel assigned to the project

----- Contract Amount Only -----

Staff Title/Name	# of Staff	Explanation/Description of Function/Expense	FTE	Salary \$	Fringe \$	Total \$
Zodelia Williams / Executive	1	oversees organization's strategic vision and leads business decisions	0.10	\$8,500	\$700	\$9,200
Counselors/ Yvelisse Baez	3	Deliver academic enrichment, SEL and conflict resolution skills	1.00	\$50,000	\$4,000	\$54,000
Manuel Campos, Suzanne Cooke		mentorship, and active supervision				\$0
						\$0
						\$0
						\$0
						\$0
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						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
Line 1 Total		n/a	n/a	\$58,500	\$4,700	\$63,200

Notes:

1. Personnel cost is salaries and/or wages (including base, OT, differentials, etc.) of personnel assigned to the project.
2. For each position, provide the: job title; name, if known; time commitment to the project as a full-time equivalent; annual salary; and/or hourly wage rate. If salary other than 100% of FTE note salary amount in description
3. All Direct Personnel Costs or Allocations are to be included in this section, not in Other.
 4. Hourly Workers: Note hourly wage and number of hours worked in comments. Salary = Wage x Hours.
5. Fringe may be allocated or reported as a lump sum. Check with the department.
6. For FTE: Enter in the whole number if FTE represents the number of people (e.g., 3.5 staff). Enter a decimal if FTE represents a percentage of a person's salary and fringe (e.g., .5 for 50% of salary and fringe).

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Line 2 - Consultants

[Return to Summary Page](#)

Costs of professional consultant services provided by persons who are members of a particular profession or possess a special skill, and who are not employees of the contractor. Excludes Line 2 Personnel Costs and Line 9 Other Costs

[illegible]

Note(s):

[Return to Summary Page](#)

1. For each position, provide the: job title; name, if known; time commitment to the project as a percentage of a full-time equivalent; annual salary; and/or hourly wage rate. For hourly wage rate position provide annual hours to
2. Consultants must either provide a direct client service (e.g., case manager) or support a direct client service (e.g., file clerk).
3. For FTE: Enter in the whole number if FTE represents the number of people (e.g., 3.5 staff). Enter a decimal if FTE represents a percentage of a person's salary and fringe (e.g., .5 for 50% of salary and fringe).

[Return to Summary Page](#)

[Return to Summary Page](#)

Line 3 - Travel / Per diem / Transportation

[illegible]

Note(s):

[Return to Summary Page](#)

1. Costs of transportation, mileage allowance, lodging, subsistence, and related items incurred by contractor staff on project-related travel, and client transportation. This expense type does not include consultant travel costs.
2. Aggregate separately for staff and client expenses.

[Return to Summary Page](#)

Line 4 - Equipment[Return to Summary Page](#)

Costs of all nonexpendable, tangible personal property.

Expense type: Equipment Rental	Explanation - Description of Expense	Total \$

Note(s):[Return to Summary Page](#)

1. Rental costs of all nonexpendable, tangible personal property. Includes rental costs of furniture and office equipment such as printers, copy machines, computers, etc. For each type of equipment / furniture requested provide: a description of the item, cost per unit, the number of units, and total rental cost.

Expense type: Equipment Purchase	Explanation - Description of Expense	Total \$

Note(s):[Return to Summary Page](#)

1. Purchase costs of all nonexpendable, tangible personal property. Includes purchase costs of furniture and office equipment such as printers, copy machines, desktop computers, etc. For each type of equipment / furniture requested provide: a description of the item, cost per unit, the number of units, and total purchase cost.
2. Some smaller equipment purchases may be recorded as supplies (e.g., fax machines, etc). Check with the Department.

Line 4 Total	n/a	\$0
--------------	-----	-----

Note(s):[Return to Summary Page](#)

1. Total the cost of equipment purchases and rentals.

[Return to Summary Page](#)

Line 5 - Supplies

[Return to Summary Page](#)

Cost of supplies

[illegible]

[Return to Summary Page](#)

Note(s):

1. Costs of all tangible personal property other than that included under the Equipment expense type. Includes supplies and materials used on a regular, daily basis to directly support the delivery of the project. Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.
2. Supplies can include some types of small equipment (e.g., fax machine). Please consult with the department regarding equipment that can be recorded as a supply.

[Return to Summary Page](#)

Line 6 - Contractual Services [Return to Summary Page](#)

Costs of indirect services acquired by the contractor under a separate contract or subcontract.

[illegible]

[Return to Summary Page](#)

Note(s):

1. Costs of indirect services acquired by the contractor under a separate contract or subcontract.
2. Costs of all contracts for indirect services and goods except for those that belong under other expense types such as equipment, supplies, etc. Provide computations, a narrative description and a justification for each contract under this expense.
3. Indirect services include contract consultants providing services such as computer support, payroll, accounts, legal, etc.

[Return to Summary Page](#)

Line 7 a - Rent

[Return to Summary Page](#)

Cost related to rent and utilities associated with provide direct client services.

[illegible]

[Return to Summary Page](#)

Note(s):

1. Costs of all rent and utility expenses used to directly support the delivery of the project. Specify physical address in the description.

[Return to Summary Page](#)

Line 7 b- Utilities

[Return to Summary Page](#)

Cost related to rent and utilities associated with provide direct client services.

[illegible]

[Return to Summary Page](#)

Note(s):

1. Costs of all rent and utility expenses used to directly support the delivery of the project. Specify physical address in the description.

[Return to Summary Page](#)

Line 8 - Department Specific Costs

Please itemize all expenses [Return to Summary Page](#)

[illegible]

[Return to Summary Page](#)

Note(s):

1. List any department specific cost or expense that cannot be listed on any other budget line. Provide computations (where appropriate), a narrative description and a justification for each cost under this expense type.

[Return to Summary Page](#)

Please itemize all expenses

[Return to Summary Page](#)

1. Such costs may include but are not limited to: printing and publication, training, conferences and other costs. Provide computations, a narrative description and a justification for each cost under this expense type.

Administrative Overhead costs

Contract Amount Only -----

[Return to Summary Page](#)

1. Includes total administrative and overhead costs indirectly associated with the project but attributable to the overall operation of the contractor such as: costs for the overall direction of the contractor's organization; central executive functions that do not directly support the specific project; costs for general record keeping, budgeting, fiscal management, accounting, personnel and procurement; etc. Provide total administrative / overhead costs as a percentage of total Personnel and Fringe costs.

7/1/2026

Line 11 - Revenue

Please itemize all revenue, income, agency contribution, and matches, if any, expected to be generated from this project.

[Return to Summary Page](#)

Revenue type: Income/Matches	Explanation - Description of Revenue	Total \$
Line 11 Total	n/a	\$0

[Return to Summary Page](#)

Note(s):

1. Describe the nature, source and anticipated use of project revenue, income, agency contribution, and matches, if any. Provide computations, a narrative description and a justification for each category.

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Agency Contribution

List any agency contributions that are not part of Revenue in Line 11.

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Agency Contribution	Total \$
Agency Contribution Total	n/a \$0

Note(s):

1. Describe any agency contributions not accounted for in line 11. This is a Department specific item and does not apply to all contracts. Check with your Department.

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Nassau County Human Services Universal Budget Form

Fiscal Summary

[Return to Face Sheet](#)

Contract # CQHS26000065

Contract Period Start: 01/01/26

End: 12/31/26

Contractor Name: 3 D's Aftercare Inc

Program Name: Middle School Mingle/Teen Cafe and DARIA

Expense type	Total \$
Personnel (Salary plus Fringe)	\$63,200
OTPS	\$11,800
Administrative Overhead	\$0
Gross Expenditures (Lines 1 – 10)	\$75,000
Revenue, Income, Agency Contribution, Matches	\$0
Net Budget Total (Lines 1 – 10 minus line 11)	\$75,000
Agency Contribution	\$0
Net Contract Total (Net Budget Total minus Agency Contribution)	\$75,000

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Source	Total \$	Percentage
State	\$-	0
Federal	\$-	0
Sub Total – State/Fed	\$0	0
Local	\$-	100
Total	\$0	100

[Return to Face Sheet](#)



**COUNTY OF NASSAU
DEPARTMENT OF HUMAN SERVICES**

60 Charles Lindbergh Boulevard Uniondale, New York 11553-3687
Phone: (516) 227-8930 Fax: (516) 227-8971

TO: Robert Cleary, Chief Procurement and Compliance Officer, Nassau County
FROM: Seema Zaki, Accounting System Specialist, Department of Human Services
DATE: July 1, 2026
SUBJECT: Delay Memo for 3 D's Aftercare -CQHS26000065

The 2026 Contract was sent to the Agency on 05/26/26 after approval of the RFP by the County.

Contract period is from 01/01/26-12/31/26.

Updated Consultant form and Worker's comp certificate was received on 07/01/26. The 2026 package was uploaded to ECRS when the required documents were compiled.

If you have any questions, please reach out to me at (516) 227- 7003.

Thank you,

A handwritten signature in black ink, appearing to be "Seema Zaki", written in a cursive style.

Seema Zaki



3DSAFTE-01

ABROOKINS

DATE (MM/DD/YYYY)

6/30/2026

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Acrisure East Insurance Services, LLC 3 Sylvan Way Suite 200 Parsippany, NJ 07054		CONTACT Alicia Brookins NAME: PHONE (A/C, No, Ext): (973) 227-0025 FAX (A/C, No): (973) 227-4026 E-MAIL ADDRESS:	
INSURED 3D's Aftercare Inc. 2375 Harrison Ave Baldwin, NY 11510		INSURER(S) AFFORDING COVERAGE INSURER A : Progressive Casualty Insurance Company 24260 INSURER B : State Insurance Fund Workers' Compensation Fund #90 36102 INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			02564239	9/29/2025	9/29/2026	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 50,000 \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N ☐ N/A If yes, describe under DESCRIPTION OF OPERATIONS below			H 2513 275-4	5/27/2026	5/27/2027	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

Nassau County Youth Services
60 Charles Lindbergh Blvd
Uniondale, NY 11553

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

AUTHORIZED REPRESENTATIVE



3DSAFTE-01

FMAURO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/15/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Acrisure East Insurance Services, LLC 3 Sylvan Way Suite 200 Parsippany, NJ 07054	CONTACT NAME:	
	PHONE (A/C, No, Ext): (973) 227-0025	FAX (A/C, No): (973) 227-4026
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED 3D's Aftercare Inc. 2375 Harrison Ave Baldwin, NY 11510	INSURER A : The Cincinnati Insurance Company	
	INSURER B : Progressive Casualty Insurance Company	
	INSURER C : State Insurance Fund Workers' Compensation Fund #90	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	X		EPP 0621581	7/1/2026	7/1/2027	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
B	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			02564239	9/29/2025	9/29/2026	COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$ 100,000
							BODILY INJURY (Per accident) \$ 300,000
							PROPERTY DAMAGE (Per accident) \$ 50,000
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		H 2513 275-4	5/27/2026	5/27/2027	☒ PER STATUTE ☐ OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

Nassau County Youth Services
60 Charles Lindbergh Blvd
Uniondale, NY 11553

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

AUTHORIZED REPRESENTATIVE





CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

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

1a. Legal Name & Address of Insured (use street address only)
3 D'S AFTERCARE INC
2375 HARRISON AVENUE
BALDWIN, NY 11510

1b. Business Telephone Number of Insured
(347) 631-7494

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

1c. Federal Employer Identification Number of Insured or Social Security Number
261344106

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

NASSAU COUNTY YOUTH SERVICES
60 CHARLES LINDBERGH BLVD
UNIONDALE, NY 11553

3a. Name of Insurance Carrier

New York State Insurance Fund (NYSIF)

3b. Policy Number of Entity Listed in Box "1a"
DBL 7395 22 - 2

3c. Policy effective period

07/28/2025 to 07/28/2027

4. Policy provides the following benefits:

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

5. Policy covers:

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

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

Date Signed 7/23/2026

By Kristin Markwica

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

Telephone Number (866) 697-4332

Name and Title **Kristin Markwica, Head of Disability Insurance Unit**

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

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

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

State of New York Workers' Compensation Board

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

Date Signed _____ By _____

(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

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

Additional Instructions for Form DB-120.1

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

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

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

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

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

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and 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 INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

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

1a. Legal Name & Address of Insured (use street address only) 3 D'S AFTERCARE INC 881 MERRICK ROAD BALDWIN, NY 11510	1b. Business Telephone Number of Insured (347) 631-7494
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number 261344106
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) NASSAU COUNTY YOUTH SERVICES 60 CHARLES LINDBERGH BLVD UNIONDALE, NY 11553	3a. Name of Insurance Carrier New York State Insurance Fund (NYSIF) 3b. Policy Number of Entity Listed in Box "1a" DBL 7395 22 - 2 3c. Policy effective period 07/28/2025 to 07/28/2026

4. Policy provides the following benefits:

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

5. Policy covers:

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

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

Date Signed 8/1/2025

By

Kristin Markwica

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

Telephone Number (866) 697-4332

Name and Title Kristin Markwica, Head of Disability Insurance Unit

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

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

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

State of New York Workers' Compensation Board

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

Date Signed _____

By

(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____

Name and Title _____

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

Additional Instructions for Form DB-120.1

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

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

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

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

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

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and 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.

NEW YORK STATE INSURANCE FUND

3 D'S AFTERCARE INC

STATE OF NEW YORK WORKERS' COMPENSATION BOARD NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)
You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website (www.wcb.ny.gov) or any office of the Board.
IMPORTANT: Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
 - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
 - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271S).
7. You may not take disability benefits at the same time as paid family leave benefits. The total amount of disability and paid family leave in a 52 week period cannot exceed 26 weeks.
8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

NYSIF
PO Box 66699
Albany, NY 12206

Policy #: **DBL 7395 22-2**

Effective From: **07/28/2025**

To: **07/28/2026**

☒ Statutory ☐ Under a Plan or Agreement

Class(es) of Employees Covered:

NYS Workers' Compensation Board
Customer Service: (877) 632-4996
www.wcb.ny.gov

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Employers must post DB-120 so that all classes of their employees know who will pay their benefits.

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION

DB-120 (11-17)

