

ESSEX COUNTY OFFICE OF THE MANAGER

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Daniel L. Palmer

County Manager

Linda M. Wolf

Purchasing Agent

TO: All Bidders

FROM: Linda Wolf, CPA, Purchasing Agent

DATE: February 22, 2017

SUBJECT: Addendum #1 DSS Boiler Replacement

This Addendum, issued to bid document holders of record, indicates changes to the bid documents for the DSS Boiler Replacement opening February 24, 2017.

Please add the attached Vendor Responsibility Questionnaire. This form was erroneously omitted in the original document:

END OF ADDENDUM #1

ESSEX COUNTY VENDOR RESPONSIBILITY QUESTIONNAIRE

| 1. VENDOR IS: | | | | |
|--|---|---|------------------------------------|--|
| PRIME CONTRACTOR | | | | |
| 2. VENDOR'S LEGAL BUSINESS NAME | | 3. IDENTIFICA | 3. IDENTIFICATION NUMBERS | |
| | | A) FEIN# | ! | |
| | | B) DUNS | # | |
| 4. D/B/A – Doing Business As (if a | applicable) & COUNTY FIELD | 5. WEBSITE A | 5. WEBSITE ADDRESS (if applicable) | |
| | | | | |
| 6. ADDRESS OF PRIMARY PLAC | CE OF BUSINESS/EXECUTIVE OF | | E 8. FAX NUMBER | |
| | | NUMBER | | |
| | | | | |
| 9. ADDRESS OF PRIMARY PLAC IN NEW YORK STATE, if differ | CE OF BUSINESS/EXECUTIVE OF | FICE 10. TELEPHO | NE 11. FAX NUMBER | |
| IN NEW TORK STATE, II diller | ені поні ароче | NOWBER | | |
| | | | | |
| 12. AUTHORIZED CONTACT FO | R THIS QUESTIONNAIRE | | | |
| Name | | | | |
| Title | | | | |
| Telephone Number | | | | |
| Fax Number | | | | |
| Email | | | | |
| 13. LIST ALL OF THE VENDOR'S | S PRINCIPAL OWNERS | | | |
| A) NAME | TITLE | B) NAME | TITLE | |
| C) NAME | TITLE | D) NAME | TITLE | |
| | <u>l</u> REQUIRED FOR EACH QUESTION | | | |
| | ETED QUESTIONNAIRE. YOU MU IATION OF VENDOR RESPONSIB | | | |
| QUESTION NUMBER. | | | | |
| | OR HAS IT USED IN THE PAST FIV HAN THOSE LISTED IN ITEMS 2-4 | | | |
| Federal Employer Identification N | umber(s) or any D/B/A names and t | | | |
| were/are in use. Explain the relat | • | TRUM OR COMOUNTING CARACIT | V TO THE | |
| | ALS NOW SERVING IN A MANAGE AL OWNERS AND OFFICERS, WH | | | |
| a) An elected or appointed public official or officer? | | | | |
| List each individual's na appointed to, and dates | me, business title, the name of the of service | organization and position elected of | YESNO | |
| b) An officer of any political party organization in Essex County, whether paid or unpaid? List each individuals name, business title or consulting capacity and the official political position held withYESNO | | | | |
| List each individuals na applicable service dates | | acııy and the official political positiol | n held withYESNO | |

| CONSUI OF THE | HIN THE PAST (5) YEARS, HAS THE VENDOR, ANY INDIVIDUALS SERVING IN MANAGERIAL OR LTING CAPACITY, PRINCIPAL, OWNERS, OFFICERS, MAJOR STOCKHOLDER(S) (10% OR MORE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL COMPANIES), AFFILIATE OR ANY PERSON INVOLVED IN THE BIDDING OR CONTRACTING SS: | | |
|---|---|-----|------|
| a) | 1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process; | YES | _ NO |
| | 2. been disqualified for cause as a bidder on any permit, license, concession, franchise or lease; | | |
| | 3. entered into an agreement to a voluntary exclusion from bidding/contracting; | | |
| | had a bid rejected on an Essex County contract for failure to comply with the MacBride Fair Employment Principles; | | |
| | 5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract; | | |
| | 6. had a status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited; | | |
| | 7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract; | | |
| | 8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or | | |
| | 9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract. | | |
| b) | been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud, extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct? | YES | _ NO |
| c) | been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of: | YES | _ NO |
| | federal, state or local health laws, rules or regulations | | |
| JUDGMI Indicate judgmen amount | HE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES¹ HAD ANY CLAIMS, ENTS, INJUNCTIONS, LIENS, FINES OR PENALTIES SECURED BY ANY GOVERNMENTAL AGENCY? if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, it, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the each items as "open" or "unsatisfied". | YES | _ NO |
| 18. DUR | ING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO: | | |
| a) | file returns or pay any applicable federal, state or city taxes? Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability. | YES | _ NO |
| b) | file returns or pay New York State unemployment insurance? Indicate the years the vendor failed to file/pay the insurance and the current status of the liability. | YES | _ NO |
| c) | Property Tax Indicate the years the vendor failed to file. | YES | _ NO |
| AFFILIA PROCEI OF FILIN | | YES | _NO |
| FEIN. P | if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and rovide the court name, address and docket number. Indicate if the proceedings have been initiated, pending or have been closed. If closed, provide the date closed. | | |

| 20. IS THE VENDOR CURRENTLY INSOLVENT, OR DOES VENDOR CURRENTLY HAVE REASON TO BELIEVE THAT AN INVOLUNTARY BANKRUPTCY PROCEEDING MAY BE BROUGHT AGAINST IT? Provide financial information to support the vendor's current position, for example, Current Ration, Debt Ration, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation. | YESNO he |
|--|-------------|
| 21. IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES: a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded; | YESNO |
| Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency. | |

¹ "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

ESSEX COUNTY VENDOR RESPONSIBILITY QUESTIONNAIRE

| State of: | | |
|------------|-------|--|
| |) ss: | |
| County of: | | |

FFIN #

CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the County of Essex in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the County may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The undersigned certifies that he/she:

- Has not altered the content of the questions in the questionnaire in any manner;
- Has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- Has supplied full and complete responses to each item therein to the best of his/her knowledge, information and belief;
- Is knowledgeable about the submitting vendor's business and operations;
- Understands that Essex County will rely on the information supplied in the questionnaire when entering into a contract with the vendor;
- Is under duty to notify the Essex County Purchasing Officer of any changes to the vendor's responses.

| Name of Business: | |
|---------------------------------|--|
| Signature of Owner: | |
| Printed Name of Signatory: | |
| Title: | |
| Address: | |
| Date: | |
| Sworn before me this day of, 20 | |
| Notary Public | |