



COUNTY OF ERIE

**MARK C. POLONCARZ
COUNTY EXECUTIVE**

DIVISION OF PURCHASE

To: All Using Departments

From: Jamie Kucewicz, Buyer

Date: July 16, 2020

Subject: JANITORIAL SERVICES AT ERIE COUNTY HEALTH MALL

Effective Dates: July 1, 2020 through June 30, 2021

Vendor Information: NEW YORK STATE INDUSTRIES FOR THE DISABLED, INC.
11 Columbia Circle Drive
Albany, NY 12203

Contact: Kat Vanfonda (518) 463-9706

Pricing: per attached document



Office of General Services

ANDREW M. CUOMO
Governor

ROANN M. DESTITO
Commissioner

Delivered via e-mail

July 9, 2020

Ms. Meredith Hartman
Vice President, Contract Administration
New York State Industries for the Disabled
11 Columbia Circle Drive
Albany, New York 12203

Re: Application #2605: Erie County – Janitorial, Floor Maintenance, Carpet Cleaning and Grounds Keeping and Lawn Maintenance Services, Erie County Health Mall
Member Agency: The ARC Erie County New York or Heritage Centers/Allentown Industries

Dear Ms. Hartman:

In response to your application received on June 15, 2020 and revised on July 7, 2020 we are approving the pricing proposed by The ARC Erie County New York or Heritage Centers/Allentown Industries, 30 Wilson Road, Williamsville, NY 14221 through the New York State Industries for the Disabled. This Contract is let by Erie County, Rath Building 95 Franklin Street, Buffalo, NY 14202. The pricing is reasonable and approval is made in accordance with Section 162 of the New York State Finance Law.

NYSID and Erie County are advised that this office has not reviewed the Contract terms and conditions of the existing agreement between the parties and has made no determination with regard to the necessity and appropriateness of the provisions of this Contract.

Approval Terms:

1. Janitorial, Floor Maintenance, Carpet Cleaning and Grounds Keeping and Lawn Maintenance Services to be performed at Erie County Health Mall as specified.
2. Proposed Price: Total Estimated Annual Contract Price is \$88,310.49
Total Estimated Annual Direct Labor Hours – $2,645.38/1,950 = 1.3566$ FTEs
Total Estimated Annual Direct Disabled Labor Hours – $1,441.46/1,950 = 0.7392$ FTEs
The Estimated Annual Direct Disabled Labor Ratio is 54.48%
3. New Term: 7/1/20-6/30/21 with 4, one-year options to renew

Future increases to Prevailing Wages and Benefits will be determined and become effective as published by the NYS Department of Labor.

This letter serves notice to Erie County that the New York State Office of General Services approves the pricing for this Contract.

Sincerely,

Sean Hume

Sean Hume, Assistant Director
NYS OGS Preferred Source Team

Cc: S. Carroll OGS
S. Filburn OGS
C. Miner OGS



OVERVIEW

Application Submission Process Summary:

1. The Purchasing Agency fills out Form 1 and sends it to the Preferred Source Facilitating Entity (NYSPSP/NYSID) with supporting documents (i.e. scope of work).
2. The Preferred Source Facilitating Entity (NYSPSP/NYSID) fills out Forms 2 and 3, and submits them to the Purchasing Agency with attachments as applicable. Form 3 must be submitted in Excel format in addition to the application PDF.
3. The Purchasing Agency will review all forms and attachments included in the Preferred Source Facilitating Entity's Service Application. If the Purchasing Agency has questions or concerns regarding Forms 2 and 3, they must be addressed with the Preferred Source Facilitating Entity (NYSPSP/NYSID) before signing Form 4.
4. The Purchasing Agency completes Form 4 and submits all forms and attachments back to the Preferred Source Facilitating Entity.
5. The Preferred Source Facilitating Entity will submit all required Service Application documents (listed below) to OGS at OGS.sm.PS_CM_PREFERREDSource@ogs.ny.gov for review.

Instructions for Submission of a Complete Application:

1. All required documents found in the list below must be completed prior to submission to OGS.
2. All required documents found in the list below must be included in the initial submission to OGS.
3. Authorized signatures from a Preferred Source Facilitating Entity, Preferred Member, Corporate Partner (if applicable), and Purchasing Agency must be included where indicated.
4. Page numbers are required on all documents in the application.
5. Form 3 must be submitted in Excel format.
6. All cost backup information must be attached to Form 3.
7. The Market Comparison must be based on the OGS Guide to Prevailing Markets. Please click the following link to access the document: <https://ogs.ny.gov/procurement/preferred-sources-resources#forms>
8. All forms and documents must be scanned into a single PDF formatted file.
9. The PDF must be legible, correctly oriented and submitted with the Excel file via e-mail to OGS.sm.PS_CM_PREFERREDSource@ogs.ny.gov
10. This Overview document will serve as the cover to your application packet. You must click on the hashtag symbols (#) below and enter the appropriate page numbers to complete this form prior to submission.

Note: Failure to provide a complete application may result in the return of the application to the Preferred Source Facilitating Entity (NYSPSP/NYSID) for resolution.

INDEX OF DOCUMENTS REQUIRED FOR SUBMISSION OF A COMPLETE APPLICATION

The Documents for THIS APPLICATION are presented in the order listed below:

PREFERRED SOURCE SERVICE APPLICATION OVERVIEW	1
PREFERRED SOURCE FACILITATING ENTITY APPLICATION LETTER TO OGS	2
FORM 1- PURCHASING AGENCY STATEMENT OF WORK	# 3
FORM 2- PREFERRED SOURCE FACILITATING ENTITY SERVICE APPLICATION	# 11
FORM 3- PREFERRED SOURCE COST SUMMARY	# 26
FORM 4- PURCHASING AGENCY APPROVAL	# 37
ATTACHMENT 1- MARKET COMPARISON	# 38
<u>IF APPLICABLE:</u>	
ATTACHMENT 2- DESIGNATING AGENCY CORPORATE PARTNER APPROVAL	# N/A
ATTACHMENT 3- PREVAILING WAGE SCHEDULE	# 67
ATTACHMENT 4- PRIOR CONTRACT APPROVAL LETTER	# 73

**CORPORATE OFFICES**

11 Columbia Circle Drive, Albany NY 12203
Phone (518) 463-9706 Fax: (518) 463-9708

NEW YORK CITY SALES OFFICE

352 Seventh Avenue, Suite 201, New York, NY 10001
Phone (212) 889-6618 Fax (212) 545-1316

May 19, 2020

Mr. Sean Hume
Assistant Director- Intergovernmental Relations
New York State Office of General Services
Procurement Services
38th Floor - Corning Tower
Empire State Plaza
Albany, NY 12242

Dear Mr. Hume:

New York State Industries for the Disabled, Inc. (NYSID) is applying for price approval pursuant to Section 162 (6) of the New York State Finance Law for the proposed services listed below.

The NYSID member agency on whose behalf this application is being submitted is duly authorized by the New York State Education Department- Adult Career & Continuing Education Services- Vocational Rehabilitation (SED ACCES-VR) to perform as a preferred source. All of the forms stipulated on the Preferred Source Service Application Overview Form are enclosed.

NYSID hereby certifies compliance with all relevant provisions of the New York State Labor Law. NYSID further certifies that the actual composition of the work force meets the standard utilized in verifying the percentage of individuals comprising this project.

Member Agency Erie County Chapter NYSARC, Inc. d/b/a The ARC Erie County New York or
Heritage Centers/Allentown Industries

Address: 30 Wilson Road
Williamsville, NY 14221

Procuring Agency: Erie County

Address: Rath Building 95 Franklin Street
Buffalo, NY 14202

Contact Person: James Kucewicz Title: Buyer

Phone #: 716-585-6336 Email: James.Kucewicz@erie.gov

Service Performed: Janitorial, Floor Maintenance & Carpet Cleaning

Location: Erie County Health Mall

Term: 7/1/2020-6/30/2021 with 4, 1-year options to renew

Proposed Price: \$88,310.49/year, \$7,359.21/month with Annual Prevailing Wage Adjustments

OGS Notes:

Sincerely,


Meredith Harman
Vice President, Contract Administration

Purchasing Agency
Statement of Work
For Preferred Source Services

Each of the sections below must be completed.
Additional documents may be attached.

FORM 1

To be completed by the Purchasing Agency.

Date: 2/19/2020

Project Information

Purchasing Agency Name	Erie County
Contact Name	James Kucewicz
Contact Email	James.Kucewicz@erie.gov
Contact Phone Number	716-585-6336
Contact Street Address	Rath Building 95 Franklin Street
City, State Zip	Buffalo, NY 14202
Project Name	Janitorial
Proposed Start Date	7/1/2020
Preferred Source Facilitating Entity	NYSID

Approved Preferred Source Service(s): Click here for a link to the detailed list of Preferred Source offerings. Please be sure to review the definitions of the service(s) you are selecting to ensure that the correct one(s) are chosen. Select appropriate service(s) from the drop down list of approved services. Form fields will expand as text is entered.

Only approved services are listed. If the service you are looking for is not listed, follow the purchasing order of precedence established under NYS Finance Law § 163 (3)(a)(i), <http://codes.findlaw.com/ny/state-finance-law/stf-sect-163.html>.

NYSPSP APPROVED SERVICES

• Choose an item	• Choose an item
• Choose an item	• Choose an item
• Choose an item	• Choose an item
• Choose an item	• Choose an item
• Choose an item	• Choose an item

NYSID APPROVED SERVICES

• Janitorial	• Choose an item
• Floor Maintenance	• Choose an item
• Carpet Cleaning	• Choose an item
• Choose an item	• Choose an item
• Choose an item	• Choose an item

Form 1
Purchasing Agency
Statement of Work for Preferred Source Offerings

Has your Purchasing Agency held a competitively awarded contract for this service within the last five years?

No

If yes, please attach a copy of the contract scope and pricing to Form 1.

Proposed Contract Term

7/1/2020-6/30/2021 with 4, 1-year options to renew

Scope of Work

Describe the actual tasks that the Preferred Source will be expected to perform. As with all other portions of Form 1, every effort should be made to include as much detail as possible.

Dust office surfaces and furniture; sweep and mop floors; vacuum carpets and runners; empty waste containers; clean and sanitize drinking fountains, telephones, sinks, counters and knobs; wash glass doors; wash mats; polish stainless steel surfaces and sink fixtures; clean and replenish all dispensers; strip, seal and wax floors; Please see attached

Work Location(s)

Erie County Health Mall, 1500 Broadway Street, Buffalo, NY 14212

If the service is subject to Article 9 Prevailing Wage requirements, click on the link below to request the appropriate PRC number and enter it in the box below.

<https://labor.ny.gov/workerprotection/publicwork/PWReqforOWS.shtm>

PRC NUMBER 2020900344

Special Requirements

Describe any special requirements, (i.e. certifications, industry standards, mandatory staffing levels, emergency requests, security, uniform, or background checks) for the service(s) being performed.

none

Form 1
Purchasing Agency
Statement of Work for Preferred Source Offerings

By signing Form 1, I do so attest that:

- I have completed all required B-1184 documentation for this procurement, or, if a B-1184 is not required, I certify that my organization will have access to sufficient funds to meet this obligation.
- I have the authority to sign on behalf of the Purchasing Agency.
- I am responsible for reviewing the Preferred Source Facilitating Entity's complete Service Application and signing Form 4.

Purchasing Agency Authorized Signature

Print Name

James Kucewicz

Title

Buyer

Date

2/5/20

1. Upon completion of Form 1, the Purchasing Agency must forward to the Preferred Source Facilitating Entity(ies) and retain a copy for the Agency's procurement record.
2. Upon acceptance of a complete Service Application from the Preferred Source Facilitating Entity, the Purchasing Agency must review and sign Form 4.

NOTE: The Purchasing Agency must give the Preferred Source Facilitating Entity(ies) ten days to respond. It is the responsibility of the Purchasing Agency to follow all applicable finance laws and keep copies of these documents for their procurement record.

PART V: ERIE COUNTY HEALTH MALL

TOTAL AREA TO BE SERVICED IS APPROXIMATELY 18,779 SQUARE FEET (per the following breakdown)

CATHOLIC HEALTH BLOOD DRAW - 1ST FLOOR		
AREA	SQUARE FEET	
3 BLOOD DRAW ROOMS	219	
1 PROCESSING ROOM	121	
1 LAB WAITING ROOM	231	
1 PASSAGE	155	
1 SPECIMEN TOILET	45	
1 BIOHAZARD ROOM	8	
	SUBTOTAL	779

UB SCHOOL DENTISTRY - 1ST FLOOR		
1 WAITING ROOM	337	
1 RECEPTION	106	
1 PANORAMIC X-RAY	83	
6 DENTAL OPERATORY ROOMS	672	
1 DOCUMENTATION	181	
1 IT CLOSET	55	
1 DENTAL SUPPLY	48	
1 DENTAL LAB	76	
1 PATIENT TOILET	61	
1 STERILIZATION - SOILED PROCESS	57	
1 PASSAGE	466	
	SUBTOTAL	2,142

LAKE SHORE BEHAVIORAL - 1ST FLOOR		
1 GROUP ROOM	257	
1 WAITING ROOM	140	
4 OFFICES	420	
1 RECEPTION/SECRETARIAL	211	
1 PASSAGE	131	
	SUBTOTAL	1,159

MID-ERIE - 1ST FLOOR		
9 OFFICES	1,029	
1 WAITING	177	
1 RECEPTION	142	
1 GROUP ROOM	230	
1 CLOSET	21	
3 PASSAGES	466	
1 SUPPLY	64	
	SUBTOTAL	2,129

COMMON SPACE - 1ST FLOOR

1 LOBBY AND 2 VESTIBULES	313
6 CORRIDORS AND PASSAGES	1,542
4 TOILET VESTIBULE	116
7 TOILET ROOMS	594
1 RECEPTION	98
2 ENVIRONMENTAL SERVICES	93
1 RECYCLING ROOM	20
1 STAFF LOUNGE	498
2 LOCKER ROOMS (ONE MEN'S, ONE WOMEN'S)	204
1 ELECTRICAL ROOM	129
1 VESTIBULE	47
SUBTOTAL	3,654

CATHOLIC HEALTH - 2ND FLOOR

AREA	SQUARE FEET
20 EXAM ROOMS	1,848
9 OFFICES	1,010
3 WAITING ROOMS	649
2 RECEPTIONS	428
1 MED. PREP.	129
2 SOILED WORKROOMS	122
3 CLEAN HOLDINGS AND SOILED HOLDINGS	218
4 TOILET ROOMS	247
6 PASSAGES/CORRIDOR	1,572
3 NURSE STATIONS & TRIAGE NURSES	558
1 IT CLOSET	100
1 MOP CLOSET	10
1 WEIGH ALCOVE	36
SUBTOTAL	6,927

COMMON SPACE - 2ND FLOOR

4 TOILET ROOMS AND TOILET VESTIBULES	502
5 CORRIDORS AND PASSAGES	1,450
1 ENVIRONMENTAL SERVICES	37
SUBTOTAL	1,989

NOTE: All materials (toilet paper, towels, soap, etc.), cleaning supplies (bleach, glass cleaner, polish, etc.), and equipment (brooms, mops, mop heads, vacuum cleaner, etc.) are to be provided by vendor.

WORK PERFORMED FIVE DAYS PER WEEK UNLESS OTHERWISE INDICATED – BETWEEN THE HOURS OF 7PM–7AM UNLESS OTHERWISE ARRANGED BETWEEN CONTRACTOR AND FACILITY SUPERVISOR. **SINGLE CLEANING PERSON MUST "WORK" 4 HOURS PER DAY. MULTIPLE CLEANING PERSONS MUST "WORK" A MINIMUM OF 2 HOURS PER DAY. THIS DOES NOT INCLUDE TIME TAKEN FOR LUNCH OR BREAKS.**

**Vendor is responsible for removing existing dispensers (soap, towel, etc.) and providing appropriate dispensers if alternate products are to be provided. Removal/installation of alternate dispensers must not cosmetically or structurally damage mounting surfaces. Vendor is responsible for all cosmetic/structural repairs, including, but not limited to: resurfacing, drywall, painting.*

WORK TO BE PERFORMED:

ALL OFFICE AREAS, CONFERENCE ROOMS, COUNSELING ROOMS, COUNSELING SUITES, ADMINISTRATIVE OFFICES AND FRONT DESK AREA

(THREE DAYS A WEEK)

- Dust all office furniture, sill and ledges, especially in Front Office space.
- Clean and sanitize all telephones.
- Sweep and mop all floors.
- Vacuum all carpets and runners.
- Empty waste containers and remove waste to designated areas.

ALL CORRIDORS AND PASSAGEWAYS

(THREE DAYS A WEEK)

- Clean and sanitize drinking fountains.
- Sweep and mop all floors.
- Vacuum all carpets and runners.
- Empty waste containers and remove waste to designated areas.

LOBBY ENTRANCES

(THREE DAYS A WEEK)

- Sweep and mop all floors
- Wash glass doors and vestibules

EXAM ROOMS, LABORATORY, BLOOD DRAW AND DENTAL OPERATORIES

(DAILY)

- Clean and sanitize sinks and counters with disinfectants
- Pull up all mats and wash with disinfectant (not bleach)
- Wet mop floors with 1:10 bleach solution
- Clean and replenish all dispensers with antibacterial soap or towels as indicated.
- Wipe all knobs with disinfectant
- Empty Biohazard waste containers and remove waste to designated areas.
- Empty dirty water from mop buckets and refill with clean bleach solution (1:10) at the end of each cleaning day.

(WEEKLY)

- Polish all stainless steel surfaces (counters, sinks, exam tables, exam chairs, dental equipment) ONCE A WEEK

RESTROOMS:

(DAILY)

- Empty waste containers; and remove waste to designated areas
- Clean and sanitize sinks, urinals, and commodes
- Polish sink fixtures
- Wet mop floors
- Clean and replenish all dispensers with antibacterial soap, towels, toilet tissues etc. All materials will be provided by the vendor.

(QUARTERLY)

- Machine clean all floors.

BREAKROOM, KITCHEN, LOCKER ROOMS:

(DAILY)

- Sweep and wet mop floors
- Clean and sanitize tables, counter, microwaves and other surfaces
- Empty waste containers

ALL OFFICE AREAS, CONFERENCE ROOMS, HALLS AND LOUNGES:

(QUARTERLY)

- Vacuum and wash all vents.

(TWICE A YEAR)

- Recondition all resilient floors, STRIPPING, sealant application and waxing all floors
- Outside windows will be washed twice a year
- Shampoo office carpeting

BUILDING EXTERIOR:

(DAILY)

- Inspect parking lot and other adjacent areas and pick up any trash (papers, cans, etc.) if needed.

***Contractor to provide regular, on-site supervision of janitorial staff.*

****Erie County provides a room to store equipment and supplies. This room must be kept in an orderly condition. No garbage or water pails or mildewed mops are to be left in this room at any time. This room should be kept in an orderly condition. The Erie County Health Mall deals with biological fluids which may come in contact with the mop used to clean the floor. Vendor must have an OSHA-compliant method of mopping floors, e.g. disposable mop heads or use of disinfecting cleaning solution.*



University at Buffalo

School of Dental Medicine

THE FOLLOWING ARE INSTRUCTIONS FOR CLEANING EACH LOCATION OF THE DENTAL CLINIC:

FRONT OFFICE: (ROOM 171--Not labeled, next to lockers) Swept and mopped weekly. The door will be left open on FRIDAYS for this to be completed.

-If the room needs sweeping/mopping on an additional day, the door will be left open to indicate this is needed.

-If the door is closed, nothing is needed (typical Monday-Thursdays).

BACK CONFERENCE ROOM: (ROOM 184) Wipe down tables, mop floor when door is left open.

-If the door is closed, nothing is needed that day.

OPERATORIES+STERILIZATION: (ROOMS 173-182) Sweep and mop floors daily.

-Per verbal agreement, countertops do NOT need to be done unless requested.

-Try not to move any items or fixtures. If it's necessary to move for cleaning, please return it to the state it was in when found.

UTILITY CLOSET: (ROOM 186) Sweep and mop floor when requested (we will put a "CLEAN PLEASE" sign on the door). Security will unlock the door, please ask them to do this when ready to clean.

-If the door is closed, nothing is needed that day.

BACK LAB: (ROOM 188) Sweep and mop floor when requested (we will put a "CLEAN PLEASE" sign on the door). Security will need to unlock the door, please ask them to do this when ready to clean.

-If the door is closed, nothing is needed that day.

TRASH: All trash cans should be emptied daily. If soiled, change liner.

-Larger garbage items (that don't fit in trash cans) will be tagged with a post-it labeled "TRASH" and will be located on the BACK WALL next to room ROOM 184.

-Boxes to be thrown away will be on the BACK WALL next to room ROOM 184.

RESTROOM: (ROOM 189) Clean per normal janitorial protocols.

N/A



**Preferred Source Facilitating Entity
Service Application**

FORM 2

*Each of the sections below must be completed.
Additional documents may be attached.*

To be completed by the Preferred Source Facilitating Entity: NYSID
Date: 5/13/2020

Member Agency Information

Member Agency:	The ARC Erie County New York
Contact Person:	Mark Hogg
E-Mail:	mhogg@arceriecounty.org
Phone #:	716-207-9283
Street Address:	30 Wilson Rd
City, State Zip:	Williamsville, NY 14221

Corporate Partner Information (If applicable)

Corporate Partner Name:	Click here to enter text.
Contact Person:	Click here to enter text.
E-Mail:	Click here to enter text.
Phone #:	Click here to enter text.
Street Address:	Click here to enter text.
City, State Zip:	Click here to enter text.

Purchasing Agency Information

Purchasing Agency:	Erie County
Contact Person:	James Kucewicz
E-Mail:	James.Kucewicz@erie.gov
Phone #:	(716) 585-6336
Street Address:	Rath Building: 95 Franklin
City, State Zip:	Buffalo, NY 14202

Form 2
Preferred Source Facilitating Entity Service Application

Prevailing Wage Information

Is this service subject to Article 9 of the NYS Labor Law?	Yes
If yes, please enter the PRC number from Form 1 in the box below and attach the correct Prevailing Wage Schedule to this form.	2020900344
Is this service subject to the <u>New York City</u> Prevailing Wage Schedule? please attach the correct Prevailing Wage Schedule to this form.	<input type="text" value="Choose an item"/> If Yes,

Each of the sections below must be filled out.
Additional documents may be attached if necessary.
Form fields will expand as text is entered.

Approved Preferred Source Service(s) Click here for a link to the detailed list and definitions of approved Preferred Source offerings. Please be sure to review the definitions of the service(s) you are selecting to ensure that the correct one(s) are chosen. Select appropriate service(s) from the drop down list of approved services. The service proposed must align with the customer scope of work.

NYSPSP APPROVED SERVICES

• <input type="text" value="Choose an item"/>	• <input type="text" value="Choose an item"/>
• <input type="text" value="Choose an item"/>	• <input type="text" value="Choose an item"/>
• <input type="text" value="Choose an item"/>	• <input type="text" value="Choose an item"/>
• <input type="text" value="Choose an item"/>	• <input type="text" value="Choose an item"/>
• <input type="text" value="Choose an item"/>	• <input type="text" value="Choose an item"/>

NYSID APPROVED SERVICES

• Janitorial	• <input type="text" value="Choose an item"/>
• Floor Maintenance	• <input type="text" value="Choose an item"/>
• Carpet Cleaning	• <input type="text" value="Choose an item"/>
• <input type="text" value="Choose an item"/>	• <input type="text" value="Choose an item"/>
• <input type="text" value="Choose an item"/>	• <input type="text" value="Choose an item"/>

Provide a detailed response to the Purchasing Agency Statement of Work (Form 1) in the fields below.

Please list the actual tasks to be performed and their frequency:

5x a week cleaning of the Erie County Health Mall: please see form 1 for SOW
--

Form 2
Preferred Source Facilitating Entity Service Application

Please list all applicable deliverables that the Preferred Member or Corporate Partner will provide (i.e. document images, reports, etc.):

N/A

Please list the job titles and their descriptions that the proposed project will require:

Please see attached job descriptions

Please provide an estimated timeline for completion, and a work schedule for the proposed contract:

7/1/2020 to 6/30/2021 with 4, 1-year options to renew

Work Location(s)

Erie County Health Mall, 1500 Broadway, Buffalo, NY 14212

Proposed Contract Term

7/1/2020 to 6/30/2021 with 4, 1-year options to renew with annual Prevailing Wage Adjustment as mandated by NYS DOL

Proposed Contract Price – Total value, annual value, unit price(s) as applicable

\$88,310.49/year, \$7,359.21/month

Special Requirements

Describe any special requirements, (i.e. certifications, industry standards, mandatory staffing levels, emergency requests, security, uniform, or background checks) for the service(s) being performed.

N/A

Form 2
Preferred Source Facilitating Entity Service Application

By signing below, the undersigned attests that they have completed the following:

1. Reviewed Form 1 from the Purchasing Agency and confirmed that the Preferred Source Facilitating Entity, Preferred Source Member and, if applicable Corporate Partner are able to satisfy the form, function, and utility of the service required;
2. Responded to any concerns, suggestions, or questions submitted in writing by the purchasing agency
3. Completed Forms 2 & 3.

The undersigned recognizes that this Service Application (Forms 1, 2, 3, and any additional attachments) is submitted for the express purpose of assisting the New York State Office of General Services ("OGS") in making a determination regarding approval of the Service Application and that OGS will rely on the information disclosed in this Service Application in making its determination. The undersigned acknowledges that OGS may, in its discretion, verify the truth and accuracy of all statements made and information provided herein. The undersigned agrees and acknowledges that this Service Application may become part of the final contract if a contract is executed. The undersigned acknowledges that the final fully executed contract may be posted or otherwise made publicly available. The undersigned attests that they are authorized to sign on behalf of the Preferred Source Facilitating Entity, Preferred Source Member and, if applicable, Corporate Partner. The undersigned further attests that they have read each page of the attached Service Application and are in agreement with the scope of the work described therein, the prices contained therein, and all other material terms.

Preferred Source Member Authorized Signature: _____

Printed Name: Douglas DiGesare
Date: 5/13/2020

Corporate Partner Authorized Signature (if applicable): _____

Printed Name: Click here to enter text.
Date: Click here to enter text.

Preferred Source Facilitating Entity Authorized Signature: Kat VanFonda _____

Printed Name: Kat VanFonda
Date: 5/14/2020

1. Upon completing and signing Forms 2 and 3, submit the completed application to the Purchasing Agency via mail or e-mail along with the Market Comparison, Designating Agency Corporate Partner Approval (if applicable), Prevailing Wage Schedule (if applicable), and a Prior Contract Approval Letter (if applicable).
2. Preferred Source Facilitating Entity must obtain Purchasing Agency signature of approval (Form 4) before submitting an application to NYS OGS.



**Purchasing Agency Acceptance of
Preferred Source Service Application**

FORM 4

By signing below the undersigned attests that appropriate purchasing agency personnel have

- 1 Read and reviewed the entire Preferred Source Facilitating Entity Service Application totaling 73 pages, including Forms 1-4, Appendices, Attachments, and other documents referenced in the Preferred Source Service Application Index.
- 2 Submitted concerns, suggestions, or questions concerning the Preferred Source Facilitating Entity's Service Application to the Preferred Source Facilitating Entity and that the Preferred Source Facilitating Entity has provided answers to the purchasing agency's satisfaction, and
- 3 Confirmed that to the undersigned's reasonable knowledge, all the job titles, hours, and equipment listed are necessary to perform the work described herein, basing such conclusion on discussion and agreement between the purchasing agency and Preferred Source Facilitating Entity's employees

The undersigned recognizes that this Service Application is submitted for the express purpose of assisting the New York State Office of General Services ("OGS") in making a determination regarding approval of the Service Application and that OGS will rely on the information disclosed in this Service Application in making its determination in accordance with State Finance Law § 162 and the New York State Procurement Council Preferred Source Guidelines. The undersigned acknowledges that OGS may, in its discretion, verify the truth and accuracy of all statements made and information provided herein. The undersigned attests that they are authorized to sign on behalf of the purchasing agency. The undersigned agrees and acknowledges that this Service Application will become part of the final contract if a contract is executed.


Purchasing Agency Authorized Signature

James D. Kucewicz

Print/Type Name

Buyer

Title

6/12/20

Date

(716) 858-6336

Phone Number

james.kucewicz@erie.gov

Email