



COUNTY OF ERIE  
VALLIE M. FERRARACCIO  
DIRECTOR  
DIVISION OF PURCHASE

TO: ALL BIDDERS

FROM: Erie County Depart of Homeland Security

DATE: February 11, 2026

SUBJECT:   ADDENDUM NO. 1                   RFP 2026-020VF

The attention of all bidders is directed to the following changes in the above RFP's:

\*\*\*\*\*

Attached pages are being added to the above RFP



**ERIE COUNTY  
REQUEST FOR PROPOSAL (RFP)  
ADDENDUM 1: APPENDICES C-F**

**RFP#s: 2026-018VF, 2026-019VF, 2026-020VF**

**February 10, 2026**

**DEPARTMENT OF HOMELAND SECURITY & EMERGENCY SERVICES  
ERIE COUNTY PUBLIC SAFETY CAMPUS  
45 ELM STREET  
BUFFALO, NEW YORK 14203**

**COUNTY OF ERIE  
REQUEST FOR PROPOSALS**

**Schedule A**  
**PROPOSER CERTIFICATION**

The undersigned agrees and understands that this proposal and all attachments, additional information, etc. submitted herewith constitute merely an offer to negotiate with the County of Erie (the "County") and is NOT A BID. Submission of this proposal, attachments, and additional information shall not obligate or entitle the proposing entity to enter into a service agreement with the County for the required services. The undersigned agrees and understands that the County is not obligated to respond to this proposal nor is it legally bound in any manner whatsoever by the submission of same. Further, the undersigned agrees and understands that any and all proposals and negotiations shall not be binding or valid against the County, its directors, officers, employees or agents unless an agreement is signed by a duly authorized County officer and, if necessary, approved by the Erie County Legislature, the Office of the County Attorney and/or the Erie County Fiscal Stability Authority.

It is understood and agreed that the County reserves the right to reject consideration of any and all proposals including, but not limited to, proposals which are conditional or incomplete. It is further understood and agreed that the County reserves all rights specified in the Request for Proposals (RFP).

It is understood and agreed that the undersigned, prior to entering into an agreement with Erie County, will properly execute the County of Erie Standard Insurance Certificate (example on pp. [ ] of this RFP), and that it will be complete and acceptable to Erie County.

It is represented and warranted by those submitting this proposal that except as disclosed in the proposal, no officer or employee of the County is directly or indirectly a party to or in any other manner interested in this proposal or any subsequent service agreement that may be entered into.

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*Proposer Agency Name*

By:

---

*Name and Title*



## County of Erie Standard Insurance Certificate

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 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).

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |        |                     |            |               |  |                        |  |            |  |            |  |            |  |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|---------------------|------------|---------------|--|------------------------|--|------------|--|------------|--|------------|--|
| <b>PRODUCER</b><br><br><br><br><br> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME</td> </tr> <tr> <td>PHONE (A/C No, Ext)</td> <td>FAX A/C No</td> </tr> <tr> <td colspan="2">EMAIL ADDRESS</td> </tr> <tr> <td colspan="2">PRODUCER CUSTOMER ID #</td> </tr> </table>                                                                                                                                                                   | CONTACT NAME                  |        | PHONE (A/C No, Ext) | FAX A/C No | EMAIL ADDRESS |  | PRODUCER CUSTOMER ID # |  |            |  |            |  |            |  |
| CONTACT NAME                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |        |                     |            |               |  |                        |  |            |  |            |  |            |  |
| PHONE (A/C No, Ext)                 | FAX A/C No                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |        |                     |            |               |  |                        |  |            |  |            |  |            |  |
| EMAIL ADDRESS                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |        |                     |            |               |  |                        |  |            |  |            |  |            |  |
| PRODUCER CUSTOMER ID #              |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |        |                     |            |               |  |                        |  |            |  |            |  |            |  |
| <b>INSURED</b><br><br><br><br><br>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A:          |            | INSURER B:    |  | INSURER C:             |  | INSURER D: |  | INSURER E: |  | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE       | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |        |                     |            |               |  |                        |  |            |  |            |  |            |  |
| INSURER A:                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |        |                     |            |               |  |                        |  |            |  |            |  |            |  |
| INSURER B:                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |        |                     |            |               |  |                        |  |            |  |            |  |            |  |
| 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                           |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |           |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS COMPIOP AGG \$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                                        |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$<br>\$                      |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DEDUCTIBLE<br>RETENTION \$                                                                                                                    |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$                                                                                                                                   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes describe under DESCRIPTION OF OPERATIONS below                                                                                                         | Y/N       | N/A      |               |                         |                         | WC STATU TORY LIMITS: <input type="checkbox"/> OTH ER- \$<br>E L EACH ACCIDENT \$<br>E L DISEASE - EA EMPLOYEE \$<br>E L DISEASE - POLICY LIMIT \$                               |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORO 101, Additional Remarks Schedule, if more space is required)

### CERTIFICATE HOLDER

### CANCELLATION

County of Erie  
95 Franklin St  
Buffalo NY, 14202

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

X. FOR COUNTY USE ONLY:

Name of County Dept. Requesting Certificate

Purchase Order or Contact Number

Vendor Insurance Classification

**INSTRUCTIONS FOR COUNTY OF ERIE STANDARD INSURANCE CERTIFICATE**

- I. Insurance shall be procured and certificates delivered before commencement of work or delivery of merchandise or equipment.
- II. CERTIFICATES OF INSURANCE
- A. Shall be made to the "County of Erie, 95 Franklin St, Buffalo NY, 14202"
  - B. Coverage must comply with all specifications of the contract.
  - C. Must be executed by an insurance company, agency or broker, which is licensed by the Insurance Department of the State of New York. If executed by a broker, notarized copy of authorization to bind or certify coverage must be attached.
- III. Forward the completed certificate to: County of Erie, (Department or Division) responsible for entering into the agreement for construction, purchase, lease or service.
- IV. Minimum coverage with limits are as follows:

| Vendor Classification                        | A<br>Construction and Maintenance | B<br>Purchase or Lease of Merchandise or Equipment | C<br>Professional Services       | D<br>Property Leased To Others Or Use Of Facilities Or Grounds | E<br>Concessionaires Services    | F<br>Livery Services             | G<br>All Purposes Public Entity Contracts |
|----------------------------------------------|-----------------------------------|----------------------------------------------------|----------------------------------|----------------------------------------------------------------|----------------------------------|----------------------------------|-------------------------------------------|
| Commercial Gen. Liab.                        | \$1,000,000 per occ.              | \$1,000,000 CSL                                    | \$1,000,000 CSL                  | \$1,000,000                                                    | \$1,000,000 CSL                  | \$1,000,000                      | \$1,000,000 CSL                           |
| General Aggregate                            | \$2,000,000                       | \$2,000,000                                        | \$2,000,000                      | \$2,000,000                                                    | \$2,000,000                      | \$2,000,000                      | \$2,000,000                               |
| Products Completed Operations Liability      | \$2,000,000                       | \$2,000,000                                        | \$2,000,000                      | \$2,000,000                                                    | \$2,000,000                      | \$2,000,000                      | \$2,000,000                               |
| Blanket Broad Form Contractual Liability     | INCLUDE                           |                                                    |                                  |                                                                |                                  |                                  |                                           |
| Contractual Liability                        |                                   | INCLUDE                                            | INCLUDE                          | INCLUDE                                                        | INCLUDE                          | INCLUDE                          | INCLUDE                                   |
| Broad Form P.D.                              | INCLUDE                           |                                                    |                                  |                                                                |                                  |                                  |                                           |
| X.C.U. (explosion, collapse, Underground)    | INCLUDE                           |                                                    |                                  |                                                                |                                  |                                  |                                           |
| Liquor Law                                   |                                   |                                                    |                                  | INCLUDE                                                        | INCLUDE                          |                                  |                                           |
| Auto Liab.                                   | \$1,000,000 CSL                   |                                                    | \$1,000,000 CSL                  | \$1,000,000 CSL                                                | \$1,000,000 CSL                  | \$1,000,000 CSL                  | \$1,000,000 CSL                           |
| Owned                                        | INCLUDE                           |                                                    | INCLUDE                          | INCLUDE                                                        | INCLUDE                          | INCLUDE                          | INCLUDE                                   |
| Hired                                        | INCLUDE                           |                                                    | INCLUDE                          | INCLUDE                                                        | INCLUDE                          | INCLUDE                          | INCLUDE                                   |
| Non-Owned                                    | INCLUDE                           |                                                    | INCLUDE                          | INCLUDE                                                        | INCLUDE                          | INCLUDE                          | INCLUDE                                   |
| Excess/Umbrella Liab.                        | \$5,000,000                       | \$1,000,000                                        | \$1,000,000                      | \$1,000,000                                                    | \$1,000,000                      | \$5,000,000                      | \$1,000,000                               |
| Worker's Compensation & Employer's Liability | STATUTORY                         | STATUTORY                                          | STATUTORY                        | STATUTORY                                                      | STATUTORY                        | STATUTORY                        | STATUTORY                                 |
| Disability Benefits                          | STATUTORY                         | STATUTORY                                          | STATUTORY                        | STATUTORY                                                      | STATUTORY                        | STATUTORY                        | STATUTORY                                 |
| Professional Liability                       |                                   |                                                    | \$5,000,000                      |                                                                |                                  |                                  |                                           |
| Erie County, To Be Named Add'l Insd.         | Gen. Liab., Auto Liab., & Excess  | Broad Form Vendors May Be Required                 | Gen. Liab., Auto Liab., & Excess | Gen. Liab., Auto Liab., & Excess                               | Gen. Liab., Auto Liab., & Excess | Gen. Liab., Auto Liab., & Excess | Gen. Liab., Auto Liab., & Excess          |

- V. Construction contracts require excess Umbrella Liability limits of \$5,000,000.
- VI. Coverage must be provided on a primary-noncontributory bases.
- VII. Designated Construction Project General Aggregate Limit Per Project Endorsement CG 25 03 is required.
- VIII. If the concessionaire is required to have a N.Y.S. license to dispense alcoholic beverages an endorsement for liquor liability is required.
- IX. Waiver of Subrogation: Required on all lines unless noted.
- X. Transportation of people in buses, vans or station wagons requires \$5,000,000 excess liability.
- XI. Workers Compensation: State Workers' Compensation / Disability Benefits Law --- Use Applicable Certificates Below:

| Workers Compensation Forms |                               |
|----------------------------|-------------------------------|
| CE-200                     | Exemption                     |
| C105.2                     | Commercial Insurer            |
| SI-12                      | Self Insurer                  |
| GSI-105.2                  | Group Self Insured            |
| U-26.3                     | New York State Insurance Fund |

| DBL (Disability Benefits Law) Forms |              |
|-------------------------------------|--------------|
| CE-200                              | Exemption    |
| DB-120.1                            | Insurers     |
| DB-155                              | Self Insured |
|                                     |              |
|                                     |              |

- XII. The "ACORD" form certificate may be used in place of the County of Erie Standard Insurance Certificate, provided that all of the above referenced requirements are incorporated into the "ACORD" form certificate.

### Erie County Equal Pay Certification

In order to comply with Executive Order 13 dated November 6, 2014, we hereby certify that we are in compliance with federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law"). We understand that this certification is a material component of this contract. Violation of the provisions of Executive Order 13, which is attached hereto and made a part hereof, can constitute grounds for the immediate termination of this contract and may constitute grounds for determining that a bidder is not qualified to participate in future county contracts.

We have evaluated wages and benefits to ensure compliance with the Equal Pay Law. We certify that we have not been the subject of an adverse finding under the Equal Pay Law within the previous five years and, in the alternative, if we were the subject of an adverse finding under the Equal Pay Law within the previous five years, we have annexed a detailed description of the finding(s). In addition, we have annexed a detailed description of any currently pending claims under the Equal Pay Law in which we are involved.

\_\_\_\_\_  
Signature

#### Verification

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS:  
A)

\_\_\_\_\_, being duly sworn, states he or she is the owner of (or a partner in) \_\_\_\_\_, and is making the foregoing Certification and that the statements and representations made in the Certification are true to his or her own knowledge.

B)

\_\_\_\_\_, being duly sworn, states that he or she is the Name of Corporate Officer \_\_\_\_\_, of \_\_\_\_\_, Title of Corporate Officer Name of Corporation the enterprise making the foregoing Certification, that he or she has read the Certification and knows its contents, that the statements and representations made in the Certification are true to his or her own knowledge, and that the Certification is made at the direction of the Board of Directors of the Corporation.

Sworn to before me this \_\_\_\_\_  
Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_



# County of Erie

## **MBE/WBE COMMITMENT**

The Erie County Legislature enacted Local Law No. 5 requiring a minority and women-owned business utilization commitment by persons or firms contracting with the County of Erie for supplies, materials, equipment, and insurance.

### SECTION 1.

A. The supplier of all purchase contracts involving an expenditure of more than \$15,000.00 shall take affirmative action to utilize bona fide minority business enterprises (MBE) and women business enterprises (WBE) on all contracts with the County. Affirmative action shall include, but not limited to:

1. Utilizing a source list of MBEs and WBEs; and
2. Solicitation of bids from MBEs and WBEs; and
3. Providing MBEs and WBEs sufficient time to submit proposals in response to solicitations; and
4. Maintaining records showing utilization of MBEs and/or WBEs specific efforts to identify and utilize these companies; and
5. A goal of awarding at least ten percent (10%) of the total dollar value of the contract to MBEs and at least two percent (2%) of the total dollar value of the contract to WBEs or, for those contracts governed by federal or state regulations with respect to MBE and/or WBE hiring the prevailing percentage set forth therein, whichever is higher, subject to waiver as provided below.

B. All bidders must submit, with a bid, a list of all MBEs and WBEs from whom the supplier has solicited bids, or with whom the supplier has signed a binding contractual agreement, or with whom the contractor is presently negotiating an agreement, for the purpose of meeting the MBE and WBE utilization goals provided in subdivision (A) (5) above. A supplier's bid shall not be considered where the supplier fails to submit a list as provided for herein. A supplier's bid shall not be considered where examination of said list of MBEs and WBEs evidences failure by the supplier to comply with the affirmative action requirements provided herein, except that the County may, upon written request by the supplier, grant a complete or partial waiver of the provisions of subdivision (A) (5) where the availability of MBEs and/or WBEs in the market area of the contract is less than the ten percent (10%) MBE goal and two percent (2%) WBE goal.

C. As evidence of compliance with the goals set forth in subdivision (A) (5) above, the supplier shall submit to the Director or Purchasing, at the bid opening, a schedule for MBE and WBE participation listing the MBEs and WBEs with whom the supplier intends to utilize; specifying the agreed upon price to be paid for such goods and identifying in detail the contract item or items to be supplied by each MBE and WBE. A copy of the participating schedule will be forwarded to the Division of E.E.O. from the Division of Purchasing. Contingent upon a contract award, a letter of intent to enter into a purchase agreement, signed by both the supplier and the MBE and WBE (unless a waiver is requested in one of those categories), indicating the agreed upon price and scope of work, shall be provided.

D. As evidence of compliance with the goals set forth in subdivision (A) (5) above, the supplier shall provide to the County Division of E.E.O., copies of all the subcontracts and/or purchase agreements with the MBEs and WBEs within fifteen (15) days of contract award.

E. For the purpose of this section, the term "minority business enterprise" shall mean a business which performs a commercially useful function, at least fifty-one percent (51%) of which is owned by minority group members or, in the case of a publicly-owned business, at least fifty-one percent (51%) of all stock is owned by minority group members. Such ownership shall be certified by the County Division of E.E.O.

For the purposes of this paragraph, "minority group members" are citizens of the United States who are African-American, Hispanic, Asian-American and American-Indian.

F. For the purposes of this section, the term "women-owned business enterprise" shall mean a business which performs a commercially useful function, at least fifty-one percent (51%) of which is owned by a woman or women or, in the case of publicly-owned business, at least fifty-one percent (51%) of all stock is owned by a woman or women. Such ownership shall be certified by the County Division of E.E.O.

NOTE:

It is the prime vendor's responsibility to obtain MBE/WBE vendors and NOT the County of Erie. However, some vendors may be obtained from:

Director  
Erie County Division of E.E.O.  
95 Franklin Street  
6<sup>th</sup> Floor  
Buffalo, NY 14202  
(716) 858-7542

BID WILL NOT BE CONSIDERED IF THIS FORM IS NOT SUBMITTED WITH BID AS REQUIRED, REGARDLESS OF THE BID AMOUNT.

BID NO.: \_\_\_\_\_  
BID DATE: \_\_\_\_\_

## ERIE COUNTY MINORITY/ WOMEN BUSINESS ENTERPRISE UTILIZATION REPORT - PART A

COMPANY: \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_  
BID NAME: \_\_\_\_\_

I. List actions taken to identify, solicit, and contact Minority Business Enterprises (MBE)/Women Business Enterprises (WBE) to bid on subcontracts for this project.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

II. List all bona fide Minority/Women Business Enterprise subcontractors and suppliers solicited, contracted, or presently negotiating a contract in accordance with the minority business utilization goal set forth by the County of Erie. (Attach additional sheets if necessary.)

| MBE/WBE OWNED FIRMS | SUPPLY/SERVICE | AMOUNT OF<br>PROPOSAL | PRIOR<br>CERTIFICATION | CONTRACT<br>EXECUTED | REASON IF<br>CONTRACT<br>NOT<br>AWARDED |
|---------------------|----------------|-----------------------|------------------------|----------------------|-----------------------------------------|
|---------------------|----------------|-----------------------|------------------------|----------------------|-----------------------------------------|

|                |           |
|----------------|-----------|
| Name: _____    | YES _____ |
| Address: _____ | NO _____  |

\_\_\_\_\_  
Telephone No. \_\_\_\_\_  
IRS # \_\_\_\_\_

|                |           |
|----------------|-----------|
| Name: _____    | YES _____ |
| Address: _____ | NO _____  |

\_\_\_\_\_  
Telephone No. \_\_\_\_\_  
IRS # \_\_\_\_\_

| MBE/WBE OWNED FIRMS | SUPPLY/SERVICE | AMOUNT OF | PRIOR         | CONTRACT | REASON IF            |
|---------------------|----------------|-----------|---------------|----------|----------------------|
|                     |                | PROPOSAL  | CERTIFICATION | EXECUTED | CONTRACT NOT AWARDED |

Name: \_\_\_\_\_ YES \_\_\_\_\_

Address: \_\_\_\_\_ NO \_\_\_\_\_

Telephone No. \_\_\_\_\_

IRS # \_\_\_\_\_

Name: \_\_\_\_\_ YES \_\_\_\_\_

Address: \_\_\_\_\_ NO \_\_\_\_\_

Telephone No. \_\_\_\_\_

IRS # \_\_\_\_\_

Name: \_\_\_\_\_ YES \_\_\_\_\_

Address: \_\_\_\_\_ NO \_\_\_\_\_

Telephone No. \_\_\_\_\_

IRS # \_\_\_\_\_

- III. Total Dollar Amount to be subcontracted to  
 Minority Business Enterprise(s). \$  
 Women Business Enterprise(s). \$
- IV. Total Amount of Bid \$
- V. MBE Percent (%) of project bid %  
 WBE Percent (%) of project bid %
- VI. YOU MUST ATTACH COPIES OF RELEVANT CORRESPONDENCE  
 AND DOCUMENTS, INCLUDING RETURN RECEIPTS.

\_\_\_\_\_  
 SIGNATURE OF AUTHORIZED REPRESENTATIVE DATE

## MBE/WBE UTILIZATION REPORT - PART B

### FINAL CERTIFICATION OF EXPENDITURES TO MBEs/WBEs

(To be completed by the prime vendor and submitted to the  
Erie County Division of E.E.O. when contract is complete)

Erie County reserves the right to require documentation, including,  
but not limited to, cancelled checks to verify these amounts.

VENDOR: \_\_\_\_\_ BID NO. \_\_\_\_\_

| MBE | TOTAL AMOUNT EXPENDED |
|-----|-----------------------|
|-----|-----------------------|

|     |  |
|-----|--|
| WBE |  |
|-----|--|

|                               |          |
|-------------------------------|----------|
| TOTAL OF ALL MBE SUBCONTRACTS | \$ _____ |
|-------------------------------|----------|

|                                 |          |
|---------------------------------|----------|
| TOTAL OF ALL WOMEN SUBCONTRACTS | \$ _____ |
|---------------------------------|----------|

|                            |          |
|----------------------------|----------|
| AMOUNT OF CONTRACT (PRIME) | \$ _____ |
|----------------------------|----------|

|                      |          |
|----------------------|----------|
| FINAL MBE PERCENTAGE | \$ _____ |
|----------------------|----------|

|                      |          |
|----------------------|----------|
| FINAL WBE PERCENTAGE | \$ _____ |
|----------------------|----------|

I \_\_\_\_\_, as an official representative of \_\_\_\_\_, do hereby  
certify that the information listed above is correct and complete.

| SIGNATURE | TITLE | DATE |
|-----------|-------|------|
|-----------|-------|------|

MAIL TO: Erie County Division of E.E.O.  
95 Franklin Street  
6<sup>TH</sup> FL  
Buffalo, NY 14202

# WAIVER RECOMMENDATION

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ BID NO.: \_\_\_\_\_

1. Vendor has made a good faith effort to subcontract on this bid for which minority/women's business enterprises bids could be solicited; and
2. The total percentage of the bid which could be subcontracted for which minority business enterprises bids could be solicited is less than 10% for MBEs and/or 2% WBEs.

A waiver as provided for by Erie County Local Law, is hereby requested on the grounds that there are no/insufficient (circle the appropriate term) minority/women's business enterprises in the market area of this bid.

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

(Use additional sheets if necessary.)

If a partial waiver is granted, the Vendor will make a good faith effort to meet the reduced goal.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED  
COMPANY REPRESENTATIVE

Granted in Whole: \_\_\_\_\_

Granted in Part: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR OF E.E.O.

\_\_\_\_\_  
DATE

EXHIBIT "V"

**Certification Regarding Debarment And Suspension**

1) As required by Federal Executive Order 12549, and prescribed by federal regulations, including 48 C.F.R. Subpart 9.4, the Contractor certifies that it, and its principals:

(a) Are not presently disbarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded by any Federal department or agency;

(b) Have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction, including any violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a Government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (b) above; and

(d) Have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

2) Where the Contractor is unable to certify to any of the statements in this paragraph, the Contractor shall attach an explanation to this certification.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Business Name**

**Certification Regarding Drug-Free Workplace Requirements Grantees Other Than Individuals**

This certification is required by regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988, 41 U.S.C. § 701 et seq. See 48 C.F.R. Subpart 23.5.

The Contractor certifies that it will provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing a drug-free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and,

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and,

(2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

(e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;

(f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraph (a), (b), (c), (d), (e) and (f).

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Business Name**

**Certification Regarding Lobbying Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, A Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Business Name**

**NOTE:** If Disclosure Forms are required, please contact: Mr. Will Sexton, Deputy Director, Grants and Contracts Management Division, Room 341F, HHH Building, 200 Independence Avenue, SW, Washington, D.C. 20201-0001