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**ANDREW M. CUOMO**  
Governor

**TARA SULLIVAN**  
Acting Executive Director

**RICHARD A. GERENTINE**  
Chairman

## **REQUEST FOR QUALIFICATIONS**

### **TOLL SYSTEMS PROVIDER ALL ELECTRONIC TOLLING SYSTEM CONTRACT: BA-2019-RO-006-IT DECEMBER 16, 2019**

**PURPOSE:** The New York State Bridge Authority (the “Authority” or “NYSBA”) is seeking Statements of Qualifications (SOQs) from firms (“Proposers”) capable of providing the design, development, installation, testing, commissioning, operation, warranty, and maintenance of All Electronic Tolling (“AET”) systems.

The Authority seeks to convert its existing gated toll lanes to a total of 10 AET lanes at its five vehicular crossings. Toll payments will be accepted via E-ZPass or Tolls by Mail. The Authority plans to use the existing Tolls by Mail system as a participant in the NY E-ZPass Customer Service Center (“NYCSC”) in conjunction with MTA Bridges and Tunnels, the NYS Thruway Authority (“NYSTA”), and the Port Authority of NY & NJ (“PANY&NJ”). (Note: NYSBA currently sends its toll transactions to NYSTA for transmission to the NYCSC. Under this proposed project, NYSBA will interface directly with the NYCSC.)

Statements of Qualifications must be received by The New York State Bridge Authority no later than the close of business (4:00 PM) on the date specified in Article IV, at its Headquarters Office: Mid-Hudson Bridge Toll Plaza, 2 Toll Road, Highland, New York, 12528 (mailing address: PO Box 1010, Highland, NY 12528). Please address all SOQs to Brian Bushek, Treasurer.

NYSBA anticipates that this RFQ will serve as the first step of a two-step procurement. After evaluation of the SOQ’s, NYSBA will determine which Proposers are sufficiently qualified. This group of Proposers will receive a Request for Proposal (“RFP”) and be invited to submit a full technical proposal (“Technical Proposal”) in pursuit of award of the resulting contract.

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## ARTICLE I. BACKGROUND AND ADMINISTRATIVE MATTERS

### 1.1 Authority Background

The Authority is a body corporate and politic and public benefit corporation created in 1932 and existing pursuant to the New York State Bridge Authority Act, Title 2 of Article 3 of the New York Public Authorities Law, Chapter 43-A of the Consolidated Laws of the State, as amended (the “Act”). The Authority currently operates and maintains five vehicular toll bridges: the Rip Van Winkle Bridge near Catskill, the Kingston-Rhinecliff Bridge near Kingston, the Mid-Hudson Bridge at Poughkeepsie, the Newburgh-Beacon Bridge linking the cities of Newburgh and Beacon, and the Bear Mountain Bridge at the Bear Mountain section of Palisades Interstate Park, approximately five miles north of Peekskill, together with the toll-free Walkway Over the Hudson Bridge.

For information regarding the Authority and its finances, please refer to the Authority’s website at [www.nysba.ny.gov](http://www.nysba.ny.gov).

Current traffic volumes are approximately 32 million crossings per year over the five crossings. More detailed crossing data and other information about the Authority can be found on the Authority’s website [www.nysba.ny.gov](http://www.nysba.ny.gov).

Copies of the proposed gantry locations at each facility are available upon request from the Office of the Treasurer.

### 1.2 Authority Contact:

Brian Bushek, Treasurer  
New York State Bridge Authority  
Mid-Hudson Bridge Plaza  
Highland, New York 12528

Email: [bbushek@nysba.state.ny.us](mailto:bbushek@nysba.state.ny.us)  
Phone: 845-691-7245

**No contact with any Authority personnel other than the authorized contact person is allowed until such time as an award has been made.** Violation of this provision may be grounds for immediate disqualification. See Article V for additional information and forms.

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## ARTICLE II. SCOPE OF SERVICES

This Article, and Appendix A (Draft Scope of Work), are provided to give Proposers a general idea of the work that will be required. These requirements may be updated in the final RFP which will be issued to the Proposers invited to submit Technical Proposals.

### 2.1 SYSTEM

The Authority is procuring the services of a qualified contractor (“Contractor”) to include the design, development, calibration, testing, installation, and maintenance of a new, efficient, cost effective, and secure All Electronic Tolling (AET) system (“SYSTEM”) at the Authority’s 5 vehicular crossings included in its bridge system:

- Bear Mountain Bridge: 2 Lanes
- Newburgh-Beacon Bridge: 4 Lanes
- Mid-Hudson Bridge: 2 lanes
- Kingston-Rhinecliff Bridge: 1 Lane
- Rip Van Winkle Bridge: 1 Lane

NYSBA’s desire is to procure an essentially “off-the-shelf” AET system that has been proven in toll environments similar to those at NYSBA’s facilities. NYSBA understands that no two systems are identical, but the Authority will work with the successful Contractor to keep customization to an absolute minimum. NYSBA does not have extensive unique business rules or technical requirements so it is anticipated that qualified Proposers will have systems that can be implemented with minimal change. The paragraphs that follow, and Appendix A (Draft Statement of Work), describe NYSBA’s anticipated concept and high level architecture of the SYSTEM. This is included in order to give Proposers an idea of NYSBA’s initial plans. However, Proposers with existing systems that vary from this concept/architecture are encouraged to submit a SOQ. The overall goal of the project is to implement a SYSTEM that will perform the required functions to the required performance levels. Conformance to any one concept/architecture is not essential. The basic elements of the SYSTEM consist of a roadside data acquisition element at each bridge, both hardware and software, and a separate central system.

The roadside element of the SYSTEM shall perform, at a minimum, the following functions:

- Receive Transponder status files from the NYCSC
- Detecting and framing all passing vehicles;
- Classifying all passing vehicles;
- Reading E-ZPass transponders;
- Capturing images suitable for Tolls by Mail processing;
- Creating toll transactions;
- Capture of video and event data as part of an audit function;
- Transmission of all relevant data to the central element; and
- Self diagnostics and reporting/alarming of failures

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The central element of the SYSTEM shall perform, at a minimum, the following functions:

- Receipt and distribution of tag status files to the roadside element;
- Consolidation of the data from the roadside element at each bridge;
- Communicating the acquired data to the NYCSC;
- Exception handling;
- Receipt of data and reports from NYCSC required to monitor transaction processing, billing, transaction level reconciliation, and payment receipts; and
- Coordination and management of maintenance activities

The SYSTEM does NOT need to perform the following functions:

- Establish or maintain E-ZPass customer accounts
- Inventory or distribute E-ZPass transponders

## 2.2 Services

The Services include, but may not be limited to:

- Design, Development, Testing, Installation, and Commissioning of:
  - All roadside equipment, components, and systems
  - All Central equipment, components, and systems
- Support Services
  - Warranting of the SYSTEM for a 12 month period starting with SYSTEM acceptance at each facility (staggered periods)
  - Level 2 and 3 maintenance for the remainder of contract term commencing with the end of the warranty period at each facility
  - Offsite or Cloud-based hosting and operation of the central components of the SYSTEM
  - Annual SSAE 18 Audit Report as a service provider

The Services do NOT include:

- Modifications and upgrades at the New York E-ZPass Customer Service Center (NYCSC) to implement NYSBA AET. This work is being provided under a separate contract; however, the Contractor is expected to provide the necessary coordination with the NYCSC contractor sufficient to properly integrate, test, and operate the SYSTEM with the existing the NYCSC E-ZPass and Tolls by Mail programs.
- Overhead structure, shelters, generators and pavement at the AET Plazas, which will be provided by others.
- Communications from the router (provided by the Contractor and installed in conjunction with the Authority) at the roadside to NYSBA Headquarters, which will be provided by NYSBA. A dedicated fiber backbone and Ethernet for the entire NYSBA wide area network (WAN) is existing and provided

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by NYSBA. The Contractor shall be required to purchase and locate at the roadside the required network interface equipment to connect the roadside components of the SYSTEM

- Migration of any existing data to the SYSTEM
- Demolition and removal of existing toll Plazas to be replaced with AET, which will be provided by others.
- Level 1 Maintenance, which will be provided by NYSBA.

### 2.3 Schedule

The project will be phased beginning with the first facility going into revenue service during First Quarter 2021 at Newburgh Beacon in coordination with a major redecking project, followed by revenue service at the remaining bridges over the following months. All phases (facilities) will be completed by January 1, 2022.

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## ARTICLE III. CONTRACT TERMS AND CONDITIONS

### 3.1 Terms and conditions

The RFP, if and when issued, will include the terms and conditions for the contract to be entered into between the Authority and the successful proposer. NYSBA anticipates a four (4) year base contract with two, 2-year optional extensions.

### 3.2. Fee Proposals

The RFP, if and when issued, will provide forms for submission of fee proposals. The Authority expects to request proposals for a fixed price for the completion of the design and implementation phase and a fixed periodic payment for the provision of services following initial implementation. The Authority expects to request hourly and/or task-based pricing for additional services when requested.

### 3.3. Equal Employment Opportunity Requirements

In accordance with Title VI of the Civil Rights Act of 1964, 78 Stat. 252, U.S.C. 200d to 2000d-4 and Title 49, Code of Federal Regulations, U.S. Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in federally-assisted programs of the U.S. Department of Transportation and Title 23 Code of Federal Regulations, Part 200, Title VI Program and Related Statutes, as amended, issued pursuant to such Act, The New York State Bridge Authority, hereby notifies all who respond to this solicitation, invitation, request for qualifications or proposal that it will affirmatively ensure that in any contract entered into pursuant to this advertisement, disadvantaged business owners will be afforded full opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, national origin, sex, age, disability/handicap and income status in consideration for an award.

The successful Proposer must be in compliance with the provisions of Section 312 of the New York Executive Law which requires New York State Contractors to ensure equal employment opportunity to all persons without regard to race, color, religion, sex, national origin, age disability or marital status, and to promote full realization of equal opportunity through a positive and continuing program.

Information concerning the availability of New York State subcontractors and suppliers is available from the New York State Department of Economic Development, which includes the directory of certified minority and women owned businesses. **It is the policy of the New York State Bridge Authority to encourage the use of New York State subcontractors and suppliers, and to promote the participation of minority and women owned businesses where possible, in the procurement of goods and services.**

Contractors who join with minority or women owned businesses or who realistically propose to involve such enterprises in the delivery of the services required by the Authority will be deemed to have an advantage. To be considered realistic, details of such involvement must be presented in the Technical Proposal and bid and shall, if instrumental in the selection process, be considered a condition of the agreement.

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Goals for the participation of women owned and minority owned business enterprises under the New York State Bridge Authority WBE/MBE Goal Implementation Plan are 18 percent for women owned businesses, 12 percent for minority owned businesses, and 6% for Service Disabled Veteran Owned Businesses. Commitment to meet those goals will be a requirement of the project agreement and Technical Proposals that fail to address a specific plan to do so may be considered non responsive. Sample forms I and I-A are included for reference.

### 3.4. Insurance Requirements

The terms and conditions of the contract will provide that the successful proposer will indemnify and hold the Authority, its Board members, officers and employees harmless against all loss, cost or damage on account of any injury to person or property as a result of the performance of this contract and against all fines, penalties and other losses which the Authority shall be obliged to pay or incur in connection with the performance of the work under the contract.

Protective Liability Insurance must also be issued to and covering the liability for damages imposed by law upon The People of the State of New York and the Commissioner of Transportation and all employees of the Commissioner of Transportation both officially and personally, with respect to all operations under the agreement by the Contractor or his subcontractors, including omissions and supervisory acts of the State.

In addition the successful Contractor shall procure and maintain at their own expense and without expense to the Authority, insurance for liability for damages imposed by law, of the kinds and amounts identified below, in insurance companies authorized to do business in the State of New York, covering all operations under the contract, whether performed by the successful proposer or his subcontractors. Before the inception of this contract the successful proposer shall furnish to the Authority a Bridge Authority Certificate of Insurance form satisfactory to the Authority exhibiting compliance with this paragraph and providing that the policies shall not be changed or canceled until thirty (30) days written notice has been given to the Authority.

The types and limits of insurance will be specified in the RFP, and are presently expected to include the insurance provisions described at Appendix B.

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**ARTICLE IV. PROCEDURE FOR SUBMISSION OF STATEMENTS OF QUALIFICATIONS**

**4.1 Schedule of Events and Deadlines**

**Questions** regarding this RFQ must be in writing and must be received by the Treasurer at the address set forth above no later than **January 3, 2020 by 4:00 p.m Eastern Time.** Questions sent via e-mail are acceptable if received no later than the deadline. Responses to questions will be provided in writing via email. Any Authority changes to this RFQ will be made by written addendum provided via email. No oral modification will be binding.

**Deadline:** SOQ’s are due in hard copy form to the Authority **by 4:00 p.m. Eastern Time on January 14, 2020.**

The following is a tentative schedule for the milestones in this process. The Authority reserves the right to change any or all of these dates as it deems necessary or convenient in its discretion.

RFQ Release:	December 16, 2019
RFQ Questions Due:	January 3, 2020
RFQ Responses Due:	January 14, 2020

**4.2 [Intentionally Omitted.]**

**4.3 Written Questions & Responses**

The Authority will provide official written responses to all written questions that are submitted to the Authority contact person identified in Section 1.2 of this RFQ on or before the date set forth in Section 4.1 of this RFQ. These responses will be distributed to all parties that have been furnished with this RFQ. Prospective Proposers should rely only on these official written responses. Questions submitted after the due date set forth in Section 4.1 of this RFQ may not receive a response.

**4.4 SOQ Format**

Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective SOQ are not desired and may be construed as an indication of the proposer’s lack of cost consciousness. Elaborate art work, expensive bindings and expensive visual or other preparation aids are neither necessary nor desired. Conciseness is desirable. Responses should be limited to not more than 50 pages excluding forms.

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### 4.5 SOQ Content

The following shall be included in the SOQ. The SOQ should be organized in the order the items are listed below:

- a. Cover Letter. Cover letter identifying the Proposer, and the name, title, telephone, fax and email address of the contact person for the SOQ and, if different, the contact information for the person authorized to bind the Proposer. Include acknowledgement of receipt of RFQ addenda, if any.
- b. Organization and Financial Strength. A description of the state and form of organization of the Proposer and financial information regarding the Proposer including a current financial statement, annual report, and third-party credit rating.
- c. Qualifications. Provide a brief description of the proposer’s qualifications and evidence of its capability to provide the services required by the Authority. Provide a discussion on your familiarity with regional tolling solutions and reciprocity. Identify the personnel that would be made available to work on the project and describe the anticipated areas of contribution for each. Include detailed resumes as Attachment 1 to the SOQ.
- d. References. At least three references from public sector clients, preferably from entities of similar size and character to the Authority and for which the Proposer provided similar services to those described in this RFQ. Provide the name, title, and telephone number of the client official responsible for the matters.
- e. Relevant Project Experience. A brief list and description of recently completed and current projects for entities similar to the Authority in the last 5 years that are relevant to the requested services. The Authority is especially interested in experience attributable to the Key Team to be assigned to the Authority’s project. Include a client reference for each project. Include a description of any experience with the Authority, MTA Bridges and Tunnels, NY/NJ Port Authority and/or NYSTA projects, the NY E-ZPass Customer Service Center, IAG members with reciprocity, and AET System design projects.
- f. Reference and description of specific off-the-shelf product solutions for the system and/or components provided on other projects of similar scope and scale. Also reference how these solutions have been implemented at other entities.
- g. Resumes of Key Team personnel to be assigned to this project. Proposer’s similar projects and references listed above should include those relevant to Key team personnel.
- h. A commitment by the Proposer to use good faith efforts to meet or exceed the Authority goals for WBE, MBE, and SDVOB contracts.
- i. Subcontractors and Suppliers. If the Proposer intends to use any subcontractors and suppliers for the performance of services under this agreement, identify the subcontractor or supplier, provide resumes for their personnel, and the scope of their engagement. All information regarding qualifications and forms required of the Proposer must be provided for any subcontractor.
- j. Include a specific commitment to make a good faith effort to meet the Equal Employment Opportunity Requirements
- k. FOIL Form E. All SOQs submitted to the Authority in response to this RFQ may be disclosed in accordance with the standards specified in the Freedom of Information Law, Article 6 of the Public Officers Law of the State of New York (“FOIL”). A Proposer may provide in writing, at the time of its submission, a detailed description of the specific information contained in its

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submission, which it has determined is a trade secret and which, if disclosed, would cause substantial injury to such organization's competitive position, using **Form E**. This characterization shall not be determinative, and the Authority assumes no responsibility for any disclosure or use of data submitted.

- l. Forms. All responses shall include the attached **Forms**, along with all supporting items. All blank spaces in the Forms must be filled in. Any items which are not applicable to the Proposer's situation should be marked N/A (not applicable). Please note that VR forms may be completed online at <https://www.osc.state.ny.us/vendrep/index.htm>.
- m. Disclosure of Investigations. Disclosure of any pending investigation of the Proposer or enforcement or disciplinary actions taken within the past three years by the NYS Department of Labor, NYS Department of Taxation and Finance, Internal Revenue Service, or other regulatory bodies.
- n. Other. A brief statement of any other special qualifications the Proposer may have or additional information relevant to the performance of the services for the Authority.
- o. Signature. The SOQ shall be signed by an official authorized to bind the proposer. The SOQ shall also provide the following information: name, title, address and the telephone number of individual(s) with the authority to negotiate, and contractually bind the company and also who may be contacted during a period of SOQ evaluation.

## 4.6 Submission of SOQ's

The Proposer must submit one (1) original of the SOQ signed by an authorized officer of the Proposer together with three (3) copies, and a copy of the SOQ on thumb drive or CD in pdf form.

SOQs must be received by Brian Bushek, Treasurer of the New York State Bridge Authority at the Authority's Headquarters office, no later than the submission deadline specified above, addressed as follows:

*Via Overnight Delivery:*  
 New York State Bridge Authority  
 Mid-Hudson Bridge Plaza,  
 Route 44/55, Highland, New York 12528  
 Attention Brian Bushek, Treasurer

OR

*Via Mail:*  
 New York State Bridge Authority  
 P.O. Box 1010  
 Highland NY 12528  
 Attention Brian Bushek, Treasurer.

The Authority will not accept SOQ's by telegraph, fax or electronic means.

The Authority is not obligated to accept any SOQ received after the due date/time.

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#### 4.7 Disclaimers; Materials Submitted.

The Authority shall not, in any event, be liable for any pre-contractual expenses incurred by the Proposers in the preparation of their SOQ's or in attending the Pre-SOQ Conference or any interviews.

The Authority and its respective officials, agents, representatives and employees make no representation or warranty and assume no responsibility for the accuracy of the information set forth in this RFQ. Further, the Authority does not warrant nor make any representations as to the quality, content, accuracy or completeness of the information, text, graphics, links or other facet of this RFQ once it has been downloaded or printed from this or any server, and hereby disclaims any liability for technical errors or difficulties of any nature that may arise in connection with a website on which this RFQ is posted, or in connection with any other electronic medium utilized by respondents or potential respondents in connection with or otherwise related to the RFQ.

By submitting an SOQ, a Proposer accepts that it will not make any claims for or have any right to damages because of any misinterpretation or misunderstanding of the Services requested or because of any lack of information.

Proposers should mark those sections of its SOQ that it believes contain proprietary information. The Authority reserves the right to make its own, independent determination as to whether material so marked is proprietary; the Authority will give proprietary treatment only to that material which it has determined to be proprietary. Further, the Authority's response to third party requests for information contained in a SOQ shall be governed by New York State Public Officers Law Articles 6 and 6-A, as applicable.

All materials submitted in response to this RFP will become the property of the Authority. The return of materials not selected for award shall be in the sole discretion of the Authority.

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## ARTICLE V. COMPLIANCE WITH NEW YORK STATE FINANCE LAW

### 5.1 SECTIONS 139-j and 139-k NEW YORK STATE FINANCE LAW SECTION 139-j – RESTRICTIONS ON CONTACTS DURING THE PROCUREMENT PROCESS

Pursuant to New York State Finance Law §139-j and §139-k, this RFP includes and imposes certain restrictions on communications between the Authority and a Proposer during the procurement process. Effective January 1, 2006, all procurements by the Authority in excess of \$15,000 annually, are subject to the requirements of Sections 139-j and 139-k of the New York State Finance Law.

Section 139-j of the State Finance Law restricts the extent and nature of contacts that bidders/proposers (a/k/a “offerers”) may make or initiate with the Authority concerning a procurement while that procurement is pending. Section 139-j, subdivision 3 of the State Finance Law requires that offerers shall make only permissible contacts (defined as oral, written or electronic communications with the Authority intended to influence an procurement) with the Authority concerning a procurement, by contacting the designated point of contact only, except in certain designated cases including the submission of written proposals in response to a solicitation, submission of written questions to the designated contact person when all such written questions and responses thereto are to disseminated to all other offerers who have expressed interest in the procurement, or communications related to contract negotiations after being notified of the tentative award of a procurement. Section 139-j, subdivision 6 of the State Finance Law requires that the Authority incorporate a summary of the policy concerning permissible contacts during procurements into all solicitations of proposals or bid documents or specifications for procurement contracts subject to the requirements of Sections 139-j and 139-k of the State Finance Law. Further, the Authority is required to obtain written affirmations from all offerers that they understand and agree to comply with the policy relative to permissible contacts during a governmental procurement. Section 139-j, subdivision 8 of the State Finance Law requires that members, officers and employees of the Authority report violations of the policy regarding permissible contacts by offerers to the appropriate official responsible for reviewing or investigating such matters. A finding that an offerer knowingly and willingly violated the requirements of Section 139-j may result in a determination of nonresponsibility, thereby making the offerer and its subsidiaries, affiliates and related entities ineligible for award of the contract. Subsequent determinations of nonresponsibility based upon a violation of Section 139-j of the State Finance Law will result in the offerer being ineligible to submit a bid or proposal on any future procurement contract for a period of four (4) years. Finally, the Authority is required to notify the New York State Office of General Services (“OGS”) of any determinations of non-responsibility or debarments due to violations of Section 139-j of the State Finance Law which, in turn, will be listed by OGS.

A Proposer is restricted from making contacts from the earliest date of notice of intent to solicit a “request for proposal” through final award and approval of the Contract by the Authority (“restricted period”) to other than designated staff unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law §139-j(3)(a). Designated staff, as of the date hereof, is identified in Section 1.1 of this solicitation. Authority employees and Board Members are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the Proposer pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two findings within a 4-year period, the Proposer is debarred from obtaining governmental Procurement Contracts

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as defined in State Finance Law Section §139-j. Further information about these requirements can be found on the NYS Office of General Services website at [www.ogs.state.ny.us](http://www.ogs.state.ny.us). The Proposer is required to include Forms A-1, A-2 and A-3 with its proposal.

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## ARTICLE VI. AUTHORITY RESERVATION OF RIGHTS

By submission of a SOQ, the Proposer acknowledges and agrees that the Authority reserves the right, for any or no reason and in its sole and absolute discretion,

- a. to amend, in whole or part, withdraw or cancel this RFQ;
- b. to issue addenda including changes to conform the RFQ to applicable legal requirements and address any changes in the scope of the Project;
- c. to seek the assistance of outside technical experts and consultants or obtain data from any source that has the potential to improve the understanding and evaluation of the SOQs.
- d. To approve or disapprove the use of particular Subcontractors and/or substitutions and/or changes in a Proposer's organization;
- e. To modify, at any time before the SOQ Due Date, the factors it will consider in evaluating SOQs and to otherwise revise or expand its evaluation methodology;
- f. to correct any arithmetic errors in the SOQs;
- g. to waive informalities and excuse minor irregularities contained in SOQ submissions. Such waiver shall in no way modify the RFQ or excuse a Proposer that enters into a contract with the Authority from full compliance with the RFQ;
- h. to reject any SOQ where the Authority finds that the Proposer is non-responsible under State Finance Law §§ 139-j or 139-k or another State agency or authority has found the Proposer nonresponsible under State Finance Law §§ 139-j or 139-k within the prior four (4) years;
- i. to request that Proposers clarify elements in their SOQs and submit revised SOQs that incorporate such clarifications;
- j. to contact any clients on the Proposer's client list and/or references furnished as part of the SOQ;
- k. to meet with selected Proposers prior to the designation of qualified Proposers, to accept or reject any SOQs and any proposed exceptions;
- l. to enter into negotiations contemporaneously and/or subsequently with any number of respondents as the Authority deems to be in its best interest in order to determine satisfactory terms and conditions of a final contract;
- m. accept or reject any or all SOQs prior to execution of the services contract for any or no reason and with no penalty to the Authority.

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## ARTICLE VII. EVALUATION AND SELECTION OF PRE-QUALIFIED PROPOSERS

### 7.1 Review and Evaluation of SOQ's.

The Authority reserves the right to request presentations, interviews or additional submissions by some or all proposers after review of the written SOQs. When, in its discretion, the Authority feels that adequate information has been received, it will review the SOQs for competence, experience, understanding of the Authority's needs and responsiveness to the RFQ. The Authority expects to evaluate SOQ's based on relevant experience with projects with similar scope/scale and experience.

### 7.2 Evaluation Criteria

The evaluation of SOQs will consider satisfactory experience in connection with similar services rendered on behalf of public entities of similar size and character to the New York State Bridge Authority. The Authority will also consider, but not limit its evaluation to, qualifications and a description of how the Proposer will meet the Authority's needs.

The Evaluation Committee will evaluate each SOQ using the criteria for selection set forth below, not necessarily in priority order:

- A. Proposer Qualifications
- B. Key Team Personnel Qualifications
- C. Relevant Experience
- D. Financial Capability

By submission of its SOQ, the Proposer authorizes the Authority to investigate the qualifications of the Proposer under consideration, including contacting any or all references, require confirmation of information furnished by a Proposer, and require additional evidence of qualifications to perform the work described in this RFQ or information clarifying their submissions.

### 7.3 Selection of Pre-Qualified Proposer(s)

The Authority, as best suits its interests, may at any time request Technical Proposals and/or enter into Contract negotiations with one or more Proposers. Discretion to award a contract remains solely with the Authority Board.

The Authority shall not be bound in any way to a Proposer until a formal written Contract has been duly executed by the Authority and approved by the New York State Office of the State Comptroller, if applicable. Upon execution of the Contract, public announcements or news releases pertaining to the Contract shall not be made without the Authority's prior written consent. Proposers are hereby on notice that generally the Authority will not grant permission for public announcements or news releases and will limit the use of the Authority's name by a Contractor to references only.

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RIP VAN WINKLE BRIDGE  
P.O. Box 286  
Catskill, NY 12414  
(518) 943-2360

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BRIDGE  
P. O. Box 2992  
Kingston, NY 12402  
(845) 336-8181

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P. O. Box 1010  
Highland, NY 12528  
(845) 691-7221

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Beacon, NY 12508  
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P. O. Box 323  
Ft. Montgomery, NY 10922  
(845) 446-4721

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## LIST OF APPENDICES TO REQUEST FOR QUALIFICATIONS

**APPENDIX A Draft Summary of Scope of Services to be Provided**

**APPENDIX B Insurance Requirements**

## LIST OF FORMS TO BE SUBMITTED WITH REQUEST FOR QUALIFICATIONS:

<b>FORM A-1</b>	<b>State Finance Law Section 139 Certification</b>
<b>FORM A-2</b>	<b>Offeror Certification of Compliance with State Finance Law §139-k(5)</b>
<b>FORM A-3</b>	<b>Offeror Disclosure of Prior Non-Responsibility Determinations New York State Finance Law §§ 139-j and 139-k Disclosure of Prior Non- Responsibility Determinations</b>
<b>FORM B</b>	<b>Conflict of Interest Affidavit</b>
<b>FORM C</b>	<b>Certificate of Non-Collusion</b>
<b>FORM D</b>	<b>Vendor Responsibility Questionnaire</b>
<b>FORM E</b>	<b>FOIL Confidentiality Notice</b>
<b>FORM F</b>	<b>ST-220-CA New York State Department of Taxation and Finance Contractor Certification</b>
<b>FORM G</b>	<b>Proposer Reference Form</b>
<b>FORM H</b>	<b>Key Team Member Reference Form</b>
<b>FORM I</b>	<b>SAMPLE MWBE/EEO/SDVOB FORMS</b>
<b>FORM I-A</b>	<b>SAMPLE NYSBA EEO FORM 100 Staffing Plan</b>
<b>FORM J</b>	<b>[INTENTIONALLY OMITTED]</b>

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## APPENDIX A - DRAFT SUMMARY OF SCOPE OF SERVICES TO BE PROVIDED

### I. Scope Overview

This draft summary is intended to give Proposers information necessary to understand the general requirements of the project and prepare their SOQ. The final Scope of Services in the RFP may differ from this draft.

Description of Work to be Performed – The Contractor shall be responsible for the services described below, including applicable deliverables.

#### Task 1: Toll System Design

The SYSTEM shall be designed to adequately address all of the RFP requirements. Design must include, but will not be limited to, the following:

- A. Consultation with Authority staff confirm operational requirements of the SYSTEM, and throughout the design and implementation phases to ensure Authority requirements are met;
- B. Compliance with IAG approved E-ZPass equipment;
- C. Development of design documents with provision for the Authority to review and approve the design prior to implementation;
- D. Coordination with Authority staff and its contractors and suppliers supporting physical construction activities;
- E. Development of a transition plan for Authority approval.

#### Task 2: SYSTEM Implementation

The SYSTEM shall be implemented by the Contractor, which includes, but is not limited to, the following:

- A. Supply and installation/configuration of any required hardware/equipment as per design. The SYSTEM will consist of:
  - a. Roadside Toll Collection System which includes:
    - i. Automatic Vehicle Identification System (AVI)
    - ii. Automatic Vehicle Detection and Classification System (AVDC) consistent with the Authority's planned height and axle based toll structure
    - iii. Image capture and processing system, including Object Character Recognition (OCR) and Automatic License Plate Readers (ALPR)
    - iv. Zone controllers
    - v. Interface to AET Central System for the transmission of transactions, images, and the receipt of transponder status list
    - vi. A dashboard for monitoring transactions, alarms, and AET system operational status

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P.O. Box 286  
Catskill, NY 12414  
(518) 943-2360

KINGSTON-RHINECLIFF  
BRIDGE  
P. O. Box 2992  
Kingston, NY 12402  
(845) 336-8181

MID-HUDSON BRIDGE  
P. O. Box 1010  
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P. O. Box 28  
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- b. AET Central System
  - i. Interface to the Roadside Toll Collection System
  - ii. Reporting
  - iii. A dashboard for monitoring the Roadside Toll Collection System, alarms, and AET overall system operational status
  - iv. Reconciliation of tolls due
  - v. Interface to the NYCSC including, but not limited to:
    - 1. Transactions
    - 2. Images
    - 3. Tag Status
    - 4. Transaction Status
- B. Supply, configuration, and burn in of all necessary servers and computer equipment;
- C. Installation/configuration of appropriate software on Authority PCs and terminals as applicable.
- D. Installation and termination of all necessary cabling to support the SYSTEM design;
- E. Start-up testing and commissioning, to include a systems acceptance test for performance accuracy;
- F. Training of Authority staff based on user roles on the operation and maintenance of all aspects of the system. Note that training shall include the option of a fully functional test environment for simulation training purposes.

Maintaining the operation of the existing toll system during implementation is an essential element of the scope of work. Toll lane closures and traffic interruption must be minimized to the extent feasible and must be agreed to in advance by the Authority.

### **TASK 3: Data Processing**

- A. Secure cloud based data processing, reporting & consolidation,
- B. Tolls By Mail management reporting,
- C. E-ZPass reciprocity with local and away agencies.
- D. End to end (lanes to NYCSC and back to the Central Host) reconciliation of all transactions, including tracking/recording of intermediate and terminal statuses for the complete life cycle of each transaction. All reporting in the Central System.

### **TASK 4: Warranty, Maintenance and On-Going Support**

The Contractor shall provide the following warranty, maintenance and ongoing support services related to the SYSTEM:

- A. Twelve month warranty on all SYSTEM hardware and software. Each facility will have its own warranty period which will begin at system acceptance at that facility.
- B. Maintenance Services (Maintenance Agreement) with 24/7 available support. Maintenance shall be billed monthly and the maintenance period will end for all facilities at the end of the

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P.O. Box 286  
Catskill, NY 12414  
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KINGSTON-RHINECLIFF  
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contract term. Two hour remote response time and 24 – hour onsite response when applicable.

C. Maintenance will include:

- a. Remote Software Support
- b. Hardware Diagnostic Support (Including a dashboard tool available to the Authority for first level support.)
  - i. Hardware replacement to be performed by Authority staff
  - ii. Hardware replacement to be performed by Contractor for components Authority staff not responsible to maintain.

D. Contractor shall guarantee parts and availability for period of 10 years

E. Provision of warranties on all hardware (where manufacturer warrants past the SYSTEM warranty.

F. Five year warranty on server hardware

G. Contractor shall deliver to the Authority upon completion of implementation a price list of all spare parts available to be used for maintenance by the Authority or its other contractors under this agreement.

H. Labor rates or flat fee rates for further customization and development of the System at a future date.

**II. Toll SYSTEM General Features**

A. Toll Rates – Toll rates are defined by vehicle classification. Vehicles are classified based on the number of axles and the height. See Exhibit A for vehicle class structure to be used upon implementation.

B. The SYSTEM provided by the Contractor shall include, but not be limited to the following general capabilities:

- a. Support tolling according to the toll structure provided in Exhibit A in an AET format utilizing “Tolls by Mail” and E-ZPass for all 10 lanes at five facilities currently projected.
- b. Provide for automatic vehicle classification by the roadside toll collection system;
- c. Support audit functions such as detailed transaction, audit, reconciliation and reporting, financial (revenue) reporting (TRF Files), E-ZPass reconciliation to other participating agencies (ICTX and ICRX files status);
- d. Support receipt of tag status files by the Roadside Toll Collection System for differentiating between Tolls by Mail and E-ZPass.

C. Operational Requirements - The SYSTEM provided by the Contractor shall satisfy the Authority’s operational needs, which includes but is not limited to, the following requirements:

- a. Roadside Toll Collection System that includes all equipment racks, hardware and software (both inside the environmentally controlled shelter and the physical components installed on the gantries).

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- b. E-ZPass hardware and software requirements (must be Interagency Group (IAG) Compliant):
  - i. Multi-protocol E-ZPass reader, and antenna equipment to provide E-ZPASS capabilities for all 10 projected toll lanes and integration into the back office system;
  - ii. E-ZPass Integration with NY customer service center manager as part of the IAG.
  - iii. Log, track, and report Automatic Vehicle Identification (AVI) reads by IAG members to determine reconciliation with IAG Members).
- c. Cameras
  - i. License plate reader cameras at each lane to capture both front and rear images.
  - ii. Camera images shall be integrated into the SYSTEM and shall be linked and searchable with each transaction.
- d. Ability to confirm file exchange with NY E-ZPass Customer Service Center
- e. Provide a solution for multiple E-ZPass tags read in one vehicle.
- f. Ability to automatically classify or override E-ZPass AVI, based on number of axles and vehicle height. This includes the ability to count motorcycle axles.
- g. Ability to schedule and change Tolls by Mail and E-ZPass toll rates when required. Table based, directly editable by staff.
- h. Sufficient redundancies to ensure minimal loss of revenue in the event of foreseeable incidents.
- i. Data Backup:
  - i. Allow data retention of all financial transactions for three (3) years;
  - ii. On-site digital backups of all system servers on a nightly basis including database access and or changes, with copies to the cloud;
  - iii. Automatic archiving of data older than three (3) years and less than ten years
  - iv. Emailed backup status reporting
  - v. All backup and storage of data is ISO 27000 compliant.
- j. Reporting:
  - i. Logins/logouts of the SYSTEM
  - ii. Report filtering by transaction type and/or vehicle classification by location for each hour/day/month/year
  - iii. Ability to export reports to Excel and or PDF
  - iv. Ability to schedule automatic report generation, delivery by email, and ability to change configuration of connection to email server.
  - v. Facilitate check and balance of actual cash received from the Customer Service Center and other IAG members vs. the toll SYSTEM.
  - vi. Acceptable reporting necessary to allow the Authority to maintain control of both the SYSTEM and the operations at the Customer Service Center.
  - vii. Data Extract to update the Authority's financial system
  - viii. Ability for NYSBA staff users to design, build, and modify reports independently from vendor.
  - ix. All user activity in system must be fully logged and auditable. This includes developers and external support activity
- k. SYSTEM health alerts for all equipment/hardware

- 1. Surge protection considerations to isolate exterior equipment from inside equipment.
- D. Performance – The Contractor and the SYSTEM shall meet or exceed a series of Key Performance Indicators for metrics including:
- a. Availability
  - b. Accuracy
  - c. Timeliness
  - d. Maintenance Response

**EXHIBIT A TO APPENDIX A- VEHICLE CLASSIFICATIONS**

<i>Vehicle class</i>	<i>Vehicle description</i>	<i>Axles</i>
1L.	All vehicles with two or fewer axles, nothing in tow, and a height of less than 7' 6" (non-commercial class)	2
2H.	Vehicles with two or fewer axles, nothing in tow, and a height of 7' 6" or more	2
3H.	Vehicles or vehicle combinations with three axles and a height 7' 6" or more	3
4H.	Vehicles or vehicle combinations with Four or more axles and a height 7'6" or more	4
5H.	Vehicles or Vehicle combinations with 5 axles and a height of 7'6" or more	5
6H.	Vehicles or vehicle combinations with 6 axles and a height of 7'6" or more	6
7L.	Each additional axle attached to vehicles in class <u>1L</u> (e.g. attached trailers; non-commercial class)	1
8H.	Each additional axle on or attached to vehicles in classes 2H, 3H, 4H, 5H, or 6H	1
9.	Commuter discount (election available to vehicles in class 1L)	2

10.	Reserved	
11.	Vehicles owned and operated by the authority, by authority employees or contractors, and emergency service vehicles or other vehicles which by law or authority resolution are treated as class 11 vehicles	
12.	Each additional axle on or attached to vehicles in class 11	1

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**APPENDIX B - AUTHORITY INSURANCE REQUIREMENTS**

a. Without expense to the Authority, the Contractor shall at all times maintain in force during the term of the Agreement, and shall cause its subcontractors and agents to maintain, and shall provide evidence satisfactory to Authority, of the following policies of insurance:

i. Professional errors and omissions insurance with a U.S. domiciled company providing limits of not less than \$1,000,000 per claim, \$2,000,000 aggregate, with extended reporting period or automatic coverage of not less than two years. If provided as an option, the Contractor shall agree to purchase an extended reporting period on cancellation or termination unless a new policy is effected with a retroactive date, including at least the last policy year.

ii. Workers’ compensation and other statutory coverage required by New York Law without regard to jurisdiction.

iii. Commercial general liability to cover liabilities of the Contractor and any subcontractor, agent or employee hired by Contractor in connection with the work under the Agreement, for all damages arising out of the performance of the Agreement with limits of not less than the following:

- Bodily Injury Liability
  - Each Person--\$1,000,000
  - Aggregate--\$2,000,000
- Property Damage Liability
  - Each Occurrence--\$1,000,000
  - Aggregate--\$1,000,000

iv. Automobile Liability policies with limits of not less than \$1,000,000 for each person, or \$1,000,000 for each accident, because of bodily injury, sickness or disease, including death at any time resulting therefrom, sustained by any person, caused by accident or arising out of the ownership, maintenance or use of owned, non-owned, or hired automobiles.

v. Umbrella Coverage: With a limit of not less than \$5,000,000.

vi. Owner’s Protective: Contractor shall purchase a separate liability insurance policy issued to and covering the liability for damages imposed by law upon the People of the State of New York, the Commissioner of Transportation, and all employees of the Commissioner of Transportation both officially and personally, and the Authority, its Board Members, Officers and Employees, both officially and personally, with respect to all operations under the Agreement by the Contractor or by its subcontractors, including omissions and supervisory acts of the Authority and its Contractor. This owner’s protective policy shall be delivered to the Authority.

vii. As to all portions of the work involving public works,

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- A. Contractor's Protective Liability Insurance issued to and covering the liability for damages imposed by law upon the Contractor with respect to all work under the agreement performed for the Contractor by subcontractors, and
- B. Subcontractor's Liability Insurance issued to and covering the liability for damages imposed by law upon each subcontractor with respect to all work performed by said subcontractor or others under its control pursuant to their agreement.
- C. Completed Operations Liability Insurance issued to and covering the liability for damages imposed by law upon the Contractor and each subcontractor arising, between the date of final cessation of the work and the date of final acceptance thereof, out of that part of the work performed by each.

b. The Authority shall be listed as additional insured on all liability policies required by these provisions. Any policy required to be maintained under this section shall be from a company rated at least A/X by Best's and properly licensed in the State of New York and shall provide that the policy shall not be canceled, materially changed, or not renewed without thirty (30) days' prior notice thereof to the Authority. A waiver of subrogation clause shall be added to all such policies in favor of the Contractor and Authority. No required policy shall be cancelled or materially changed without thirty (30) days' prior written notice to the Authority.

c. Prior to the effective date of this contract, and as a condition precedent to the Agreement and before commencing any work, the Contractor shall furnish to the Authority, and shall cause its subcontractors and agents to furnish to the Authority, certificates of insurance demonstrating compliance with these requirements, and upon demand shall provide such policies to the Authority. At least 30 days prior to the expiration of any policy required herein, the Contractor shall furnish to the Authority evidence satisfactory to the Authority of the continuation of such coverage in accordance with these requirements.

# FORMS

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P.O. Box 286  
Catskill, NY 12414  
(518) 943-2360

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**New York State Bridge Authority  
Toll Systems Provider  
Contract: BA-2019-RO-006-IT  
Offerer's Affirmation of Understanding of and Agreement  
pursuant to State Finance Law §139-j (3) and §139-j (6) (b)**

**Background:**

State Finance Law §139-j(6)(b) provides that:

Every Governmental Entity shall seek written affirmations from all Offerers as to the Offerer's understanding of and agreement to comply with the Governmental Entity's procedures relating to permissible contacts during a Governmental Procurement pursuant to subdivision three of this section.

**Instructions:**

A NYS Bridge Authority must obtain the required affirmation of understanding and agreement to comply with procedures on procurement lobbying restrictions regarding permissible Contacts in the restricted period for a procurement contract in accordance with State Finance Law §§139-j and 139-k. It is recommended that this affirmation be obtained as early as possible in the procurement process, such as when the Contractor submits its proposal or bid.

Offerer affirms that it understands and agrees to comply with the procedures of the NYS Bridge Authority relative to permissible Contacts as required by State Finance Law §139-j (3) and §139-j (6) (b).

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

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

Title: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Offerer's Certification of Compliance  
with State Finance Law §139-k(5)**

**Background:**

New York State Finance Law §139-k(5) requires that every Procurement Contract award subject to the provisions of State Finance Law §§139-k or 139-j shall contain a certification by the Offerer that all information provided to the procuring Governmental Entity with respect to State Finance Law §139-k is complete, true and accurate.

**Instructions:**

The New York State Bridge Authority must obtain the required certification that the information is complete, true and accurate regarding any prior findings of non-responsibility, such as non-responsibility pursuant to State Finance Law §139-j. The Offerer must agree to the certification and provide it to the procuring Governmental Entity.

**New York State Bridge Authority  
Contract: BA-2019-RO-006-IT  
Toll Systems Provider**

**Offerer's Certification of Compliance with State Finance Law §139-k(5)**

Offerer Certification:

*I certify that all information provided to the New York State Bridge Authority with respect to State Finance Law §139-k is complete, true and accurate.*

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

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

Title: \_\_\_\_\_

Contractor Name:

\_\_\_\_\_

Contractor Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Offerer Disclosure of Prior  
Non-Responsibility Determinations**

**Background:**

New York State Finance Law §139-k(2) obligates a Governmental Entity to obtain specific information regarding prior non-responsibility determinations with respect to State Finance Law §139-j. This information must be collected in addition to the information that is separately obtained pursuant to State Finance Law §163(9). In accordance with State Finance Law §139-k, an Offerer must be asked to disclose whether there has been a finding of non-responsibility made within the previous four (4) years by any Governmental Entity due to: (a) a violation of State Finance Law §139-j or (b) the intentional provision of false or incomplete information to a Governmental Entity. The terms “Offerer” and “Governmental Entity” are defined in State Finance Law § 139-k(1). State Finance Law §139-j sets forth detailed requirements about the restrictions on Contacts during the procurement process. A violation of State Finance Law §139-j includes, but is not limited to, an impermissible Contact during the restricted period (for example, contacting a person or entity other than the designated contact person, when such Contact does not fall within one of the exemptions).

As part of its responsibility determination, State Finance Law §139-k(3) mandates consideration of whether an Offerer fails to timely disclose accurate or complete information regarding the above non-responsibility determination. In accordance with law, no Procurement Contract shall be awarded to any Offerer that fails to timely disclose accurate or complete information under this section, unless a finding is made that the award of the Procurement Contract to the Offerer is necessary to protect public property or public health safety, and that the Offerer is the only source capable of supplying the required Article of Procurement within the necessary timeframe. See State Finance Law §§139-j (10)(b) and 139-k(3).

**Instructions:**

The New York State Bridge Authority must include a disclosure request regarding prior non-responsibility determinations in accordance with State Finance Law §139-k in its solicitation of proposals or bid documents or specifications or contract documents, as applicable, for procurement contracts. The attached form is to be completed and submitted by the individual or entity seeking to enter into a Procurement Contract.

**New York State Bridge Authority  
Toll Systems Provider  
Contract: BA-2019-RO-006-IT  
Offerer Disclosure of Prior Non-Responsibility Determinations**

Name of Individual or Entity Seeking to Enter into the Procurement Contract:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name and Title of Person Submitting this Form: \_\_\_\_\_

\_\_\_\_\_

Contract Procurement Number: \_\_\_\_\_

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

1. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years? (Please circle):

No Yes

If yes, please answer the next questions:

2. Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please circle):

No Yes

3. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? (Please circle):

No Yes

4. If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

Governmental Entity: \_\_\_\_\_

Date of Finding of Non-responsibility: \_\_\_\_\_

Basis of Finding of Non-Responsibility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Add additional pages as necessary)

NYS Finance Law §139-k(2)

5. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please circle):

No Yes

6. If yes, please provide details below.

Governmental Entity: \_\_\_\_\_

Date of Termination or Withholding of Contract: \_\_\_\_\_

Basis of Termination or Withholding: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Add additional pages as necessary)

Offerer certifies that all information provided to the Governmental Entity with respect to State Finance Law §139-k is complete, true and accurate.

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

Signature

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

Title: \_\_\_\_\_

**FORM B  
CONFLICT OF INTEREST AFFIDAVIT**

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ ) SS.:

\_\_\_\_\_, being duly sworn, deposes and says: He is an officer of \_\_\_\_\_, which is about to render services to the Authority as a contractor/consultant or in any other professional capacity (the "Firm") and agrees that the Firm has no interest and will not acquire any interest, direct or indirect, that would conflict in any manner or degree with the performance of its services to be rendered to the Authority.

That it is further agreed in the rendering of services to the Authority, no person having any such interest shall knowingly be employed by the undersigned or the Firm.

Respondent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
Authorized Official

Typed or Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_,

\_\_\_\_\_  
NOTARY PUBLIC

**FORM C**  
**Non-Collusive Proposer Certification**

**BY SUBMISSION OF THIS RFP, PROPOSER AND EACH PERSON SIGNING ON BEHALF OF PROPOSER CERTIFIES, AND IN THE CASE OF JOINT RFP, EACH PARTY THERETO CERTIFIES AS TO ITS OWN ORGANIZATION, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:**

(1) The prices in this RFP have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other proposer or with any competitor;

(2) Unless otherwise required by law, the prices which have been quoted in this RFP have not been knowingly disclosed by the proposer and will not knowingly be disclosed by the proposer prior to opening, directly or indirectly, to any other proposer or to any competitor; and

(3) No attempt has been made or will be made by the proposer to induce any other person, partnership or corporation to submit or not to submit a RFP for the purpose of restricting competition.

**A RFP SHALL NOT BE CONSIDERED FOR AWARD NOR SHALL ANY AWARD BE MADE WHERE [1], [2], [3] ABOVE HAVE NOT BEEN COMPLIED WITH; PROVIDED HOWEVER, THAT IF IN ANY CASE THE PROPOSER(S) CANNOT MAKE THE FOREGOING CERTIFICATION, THE PROPOSER SHALL SO STATE AND SHALL FURNISH BELOW A SIGNED STATEMENT WHICH SETS FORTH IN DETAIL THE REASONS THEREFORE:**

[AFFIX ADDENDUM TO THIS PAGE IF SPACE IS REQUIRED FOR STATEMENT.]

Subscribed to under penalty of perjury under the laws of the State of New York, this \_\_\_\_ day of \_\_\_\_\_ as the act and deed of said corporation of partnership.

**IF PROPOSER(S) (ARE) A PARTNERSHIP, COMPLETE THE FOLLOWING:  
NAMES OF PARTNERS OR PRINCIPALS/ LEGAL RESIDENCE**

_____	_____
Name	Legal Residence
_____	_____
Name	Legal Residence
_____	_____
Name	Legal Residence
_____	_____
Name	Legal Residence

**IF PROPOSER(S) (ARE) A CORPORATION, COMPLETE THE FOLLOWING:  
NAMES/ LEGAL RESIDENCE**

_____ President	_____ Legal Residence
_____ Secretary	_____ Legal Residence
_____ Treasurer	_____ Legal Residence

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

Chief Executive Officer:

Name of Proposer: \_\_\_\_\_

[Signature] \_\_\_\_\_

[Typed or Printed Name] \_\_\_\_\_

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

Chief Financial Officer:

Name of Proposer: \_\_\_\_\_

[Signature] \_\_\_\_\_

[Typed or Printed Name] \_\_\_\_\_

Sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
NOTARY PUBLIC

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

You have selected the For-Profit Non-Construction questionnaire which may be printed and completed in this format or, for your convenience, may be completed online using the New York State VendRep System.

**COMPLETION & CERTIFICATION**

The person(s) completing the questionnaire must be knowledgeable about the vendor's business and operations. An owner or officer must certify the questionnaire and the signature must be notarized.

**NEW YORK STATE VENDOR IDENTIFICATION NUMBER (VENDOR ID)**

The Vendor ID is a ten-digit identifier issued by New York State when the vendor is registered on the Statewide Vendor File. This number must now be included on the questionnaire. If the business entity has not obtained a Vendor ID, contact the IT Service Desk at [ITServiceDesk@osc.state.ny.us](mailto:ITServiceDesk@osc.state.ny.us) or call 866-370-4672.

**DEFINITIONS**

All underlined terms are defined in the "New York State Vendor Responsibility Definitions List," found at [www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf](http://www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf). These terms may not have their ordinary, common or traditional meanings. Each vendor is strongly encouraged to read the respective definitions for any and all underlined terms. By submitting this questionnaire, the vendor agrees to be bound by the terms as defined in the "New York State Vendor Responsibility Definitions List" existing at the time of certification.

**RESPONSES**

Every question must be answered. Each response must provide all relevant information which can be obtained within the limits of the law. However, information regarding a determination or finding made in error which was subsequently corrected is not required. Individuals and Sole Proprietors may use a Social Security Number but are encouraged to obtain and use a federal Employer Identification Number (EIN).

**REPORTING ENTITY**

Each vendor must indicate if the questionnaire is filed on behalf of the entire Legal Business Entity or an Organizational Unit within or operating under the authority of the Legal Business Entity and having the same EIN. Generally, the Organizational Unit option may be appropriate for a vendor that meets the definition of "Reporting Entity" but due to the size and complexity of the Legal Business Entity, is best able to provide the required information for the Organizational Unit, while providing more limited information for other parts of the Legal Business Entity and Associated Entities.

**ASSOCIATED ENTITY**

An Associated Entity is one that owns or controls the Reporting Entity or any entity owned or controlled by the Reporting Entity. However, the term Associated Entity does **not** include "sibling organizations" (i.e., entities owned or controlled by a parent company that owns or controls the Reporting Entity), unless such sibling entity has a direct relationship with or impact on the Reporting Entity.

**STRUCTURE OF THE QUESTIONNAIRE**

The questionnaire is organized into eleven sections. Section I is to be completed for the Legal Business Entity. Section II requires the vendor to specify the Reporting Entity for the questionnaire. Section III refers to the individuals of the Reporting Entity, while Sections IV-VIII require information about the Reporting Entity. Section IX pertains to any Associated Entities, with one question about their Officials/Owners. Section X relates to disclosure under the Freedom of Information Law (FOIL). Section XI requires an authorized contact for the questionnaire information.

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

<b>I. LEGAL BUSINESS ENTITY INFORMATION</b>			
<u>Legal Business Entity Name</u> *		<u>EIN</u>	
Address of the <u>Principal Place of Business</u> (street, city, state, zip code)		<u>New York State Vendor Identification Number</u>	
		Telephone ext.	Fax
Email		Website	
Additional <u>Legal Business Entity</u> Identities: If applicable, list any other <u>DBA</u> , <u>Trade Name</u> , <u>Former Name</u> , Other Identity, or <u>EIN</u> used in the last five (5) years and the status (active or inactive).			
Type	Name	EIN	Status
1.0 <u>Legal Business Entity</u> Type – Check appropriate box and provide additional information:			
<input type="checkbox"/> <u>Corporation</u> (including <u>PC</u> )		Date of Incorporation	
<input type="checkbox"/> <u>Limited Liability Company (LLC or PLLC)</u>		Date of Organization	
<input type="checkbox"/> <u>Partnership</u> (including <u>LLP</u> , <u>LP</u> or <u>General</u> )		Date of Registration or Establishment	
<input type="checkbox"/> <u>Sole Proprietor</u>		How many years in business?	
<input type="checkbox"/> Other		Date Established	
If Other, explain:			
1.1 Was the <u>Legal Business Entity</u> formed or incorporated in New York State?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If ‘No,’ indicate jurisdiction where <u>Legal Business Entity</u> was formed or incorporated and attach a <u>Certificate of Good Standing</u> from the applicable jurisdiction or provide an explanation if a <u>Certificate of Good Standing</u> is not available.			
<input type="checkbox"/> United States    State    _____			
<input type="checkbox"/> Other            Country    _____			
Explain, if not available:			
1.2 Is the <u>Legal Business Entity</u> publicly traded?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes,” provide <u>CIK Code</u> or Ticker Symbol			
1.3 Does the <u>Legal Business Entity</u> have a <u>DUNS</u> Number?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes,” Enter <u>DUNS</u> Number			

\*All underlined terms are defined in the “New York State Vendor Responsibility Definitions List,” which can be found at [www.osc.state.ny.us/vendors/documents/questionnaire/definitions.pdf](http://www.osc.state.ny.us/vendors/documents/questionnaire/definitions.pdf).

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

**I. LEGAL BUSINESS ENTITY INFORMATION**

1.4 If the <u>Legal Business Entity</u> 's <u>Principal Place of Business</u> is not in New York State, does the <u>Legal Business Entity</u> maintain an office in New York State? (Select "N/A," if <u>Principal Place of Business</u> is in New York State.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
--	--

If "Yes," provide the address and telephone number for one office located in New York State.

1.5 Is the <u>Legal Business Entity</u> a New York State certified <u>Minority-Owned Business Enterprise</u> (MBE), <u>Women-Owned Business Enterprise</u> (WBE), <u>New York State Small Business</u> (SB) or a federally certified <u>Disadvantaged Business Enterprise</u> (DBE)? If "Yes," check all that apply: <input type="checkbox"/> New York State certified <u>Minority-Owned Business Enterprise</u> (MBE) <input type="checkbox"/> New York State certified <u>Women-Owned Business Enterprise</u> (WBE) <input type="checkbox"/> <u>New York State Small Business</u> (SB) <input type="checkbox"/> Federally certified <u>Disadvantaged Business Enterprise</u> (DBE)	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

1.6 Identify Officials and Principal Owners, if applicable. For each person, include name, title and percentage of ownership. Attach additional pages if necessary. If applicable, reference to relevant SEC filing(s) containing the required information is optional.

Name	Title	Percentage Ownership <i>(Enter 0% if not applicable)</i>

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

**II. REPORTING ENTITY INFORMATION**

2.0 The Reporting Entity for this questionnaire is:

Note: Select only one.

Legal Business Entity

*Note: If selecting this option, “Reporting Entity” refers to the entire Legal Business Entity for the remainder of the questionnaire. (SKIP THE REMAINDER OF SECTION II AND PROCEED WITH SECTION III.)*

Organizational Unit within and operating under the authority of the Legal Business Entity

SEE DEFINITIONS OF “REPORTING ENTITY” AND “ORGANIZATIONAL UNIT” FOR ADDITIONAL INFORMATION ON CRITERIA TO QUALIFY FOR THIS SELECTION.

*Note: If selecting this option, “Reporting Entity” refers to the Organizational Unit within the Legal Business Entity for the remainder of the questionnaire. (COMPLETE THE REMAINDER OF SECTION II AND ALL REMAINING SECTIONS OF THIS QUESTIONNAIRE.)*

**IDENTIFYING INFORMATION**

a) Reporting Entity Name

Address of the Primary Place of Business (street, city, state, zip code)

Telephone

ext.

b) Describe the relationship of the Reporting Entity to the Legal Business Entity

c) Attach an organizational chart

d) Does the Reporting Entity have a DUNS Number?

Yes  No

If “Yes,” enter DUNS Number

e) Identify the designated manager(s) responsible for the business of the Reporting Entity.  
*For each person, include name and title. Attach additional pages if necessary.*

Name

Title

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

**INSTRUCTIONS FOR SECTIONS III THROUGH VII**

For each “Yes,” provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). For each “Other,” provide an explanation which provides the basis for not definitively responding “Yes” or “No.” Provide the explanation at the end of the section or attach additional sheets with numbered responses, including the Reporting Entity name at the top of any attached pages.

**III. LEADERSHIP INTEGRITY**

*Within the past five (5) years, has any current or former reporting entity official or any individual currently or formerly having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of the reporting entity with any government entity been:*

3.0 <u>Sanctioned</u> relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.1 <u>Suspended, debarred, or disqualified</u> from any <u>government contracting process</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.2 The subject of an <u>investigation</u> , whether open or closed, by any <u>government entity</u> for a civil or criminal violation for any business-related conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.3 Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a <u>judgment</u> for: a) Any business-related activity; or b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other

For each “Yes” or “Other” explain:

**IV. INTEGRITY – CONTRACT BIDDING**

*Within the past five (5) years, has the reporting entity:*

4.0 Been <u>suspended or debarred</u> from any <u>government contracting process</u> or been <u>disqualified</u> on any government procurement, permit, license, concession, franchise or lease, including, but not limited to, <u>debarment</u> for a violation of New York State Workers’ Compensation or Prevailing Wage laws or New York State Procurement Lobbying Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1 Been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Been denied a contract award or had a bid rejected based upon a <u>non-responsibility finding</u> by a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 Had a low bid rejected on a <u>government contract</u> for failure to <u>make good faith efforts</u> on any <u>Minority-Owned Business Enterprise, Women-Owned Business Enterprise or Disadvantaged Business Enterprise</u> goal or <u>statutory affirmative action requirements</u> on a previously held contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4 Agreed to a voluntary exclusion from bidding/contracting with a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5 Initiated a request to withdraw a bid submitted to a <u>government entity</u> in lieu of responding to an information request or subsequent to a formal request to appear before the <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each “Yes,” explain:

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

**V. INTEGRITY – CONTRACT AWARD**

*Within the past five (5) years, has the reporting entity:*

- |   |  |
|---|--|
| 5.0 Been <u>suspended</u> , cancelled or <u>terminated for cause</u> on any <u>government contract</u> including, but not limited to, a <u>non-responsibility finding</u> ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.1 Been subject to an <u>administrative proceeding</u> or civil action seeking specific performance or restitution in connection with any <u>government contract</u> ?     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.2 Entered into a formal monitoring agreement as a condition of a contract award from a <u>government entity</u> ?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For each “Yes,” explain:

**VI. CERTIFICATIONS/LICENSES**

*Within the past five (5) years, has the reporting entity:*

- |   |  |
|---|--|
| 6.0 Had a revocation, <u>suspension</u> or <u>disbarment</u> of any business or professional permit and/or license?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6.1 Had a denial, decertification, revocation or forfeiture of New York State certification of <u>Minority-Owned Business Enterprise</u> , <u>Women-Owned Business Enterprise</u> or federal certification of <u>Disadvantaged Business Enterprise</u> status for other than a change of ownership? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For each “Yes,” explain:

**VII. LEGAL PROCEEDINGS**

*Within the past five (5) years, has the reporting entity:*

- |  |  |
|--|--|
| 7.0 Been the subject of an <u>investigation</u> , whether open or closed, by any <u>government entity</u> for a civil or criminal violation?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.1 Been the subject of an indictment, grant of immunity, <u>judgment</u> or conviction (including entering into a plea bargain) for conduct constituting a crime?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.2 Received any OSHA citation and Notification of Penalty containing a violation classified as <u>serious or willful</u> ?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.3 Had a <u>government entity</u> find a willful prevailing wage or supplemental payment violation or any other willful violation of New York State Labor Law?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or received an enforcement determination by any <u>government entity</u> involving a violation of federal, state or local environmental laws?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.5 Other than previously disclosed:<br>a) Been subject to fines or penalties imposed by <u>government entities</u> which in the aggregate total \$25,000 or more; or<br>b) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any <u>government entity</u> ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For each “Yes,” explain:

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

<b>VIII. FINANCIAL AND ORGANIZATIONAL CAPACITY</b>	
8.0 Within the past five (5) years, has the <u>Reporting Entity</u> received any <u>formal unsatisfactory performance assessment(s)</u> from any <u>government entity</u> on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.1 Within the past five (5) years, has the <u>Reporting Entity</u> had any <u>liquidated damages</u> assessed over \$25,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.2 Within the past five (5) years, have any <u>liens</u> or <u>judgments</u> (not including UCC filings) over \$25,000 been filed against the <u>Reporting Entity</u> which remain undischarged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, the Lien holder or Claimant's name(s), the amount of the <u>lien(s)</u> and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.3 In the last seven (7) years, has the <u>Reporting Entity</u> initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the bankruptcy chapter number, the court name and the docket number. Indicate the current status of the proceedings as "Initiated," "Pending" or "Closed." Provide answer below or attach additional sheets with numbered responses.	
8.4 During the past three (3) years, has the <u>Reporting Entity</u> failed to file or pay any tax returns required by <u>federal, state or local tax laws</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the taxing jurisdiction, the type of tax, the liability year(s), the tax liability amount the <u>Reporting Entity</u> failed to file/pay and the current status of the tax liability. Provide answer below or attach additional sheets with numbered responses.	
8.5 During the past three (3) years, has the <u>Reporting Entity</u> failed to file or pay any New York State unemployment insurance returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the years the <u>Reporting Entity</u> failed to file/pay the insurance, explain the situation and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.6 During the past three (3) years, has the <u>Reporting Entity</u> had any <u>government audit(s)</u> completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) If "Yes," did any audit of the <u>Reporting Entity</u> identify any reported significant deficiencies in internal control, fraud, illegal acts, significant violations of provisions of contract or grant agreements, significant abuse or any <u>material disallowance</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to 8.6 a), provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

**IX. ASSOCIATED ENTITIES**

*This section pertains to any entity(ies) that either controls or is controlled by the reporting entity. (See definition of “associated entity” for additional information to complete this section.)*

<p>9.0 Does the <u>Reporting Entity</u> have any <u>Associated Entities</u>?</p> <p>Note: All questions in this section must be answered if the <u>Reporting Entity</u> is either:</p> <ul style="list-style-type: none"> <li>- An <u>Organizational Unit</u>; or</li> <li>- The entire <u>Legal Business Entity</u> which controls, or is controlled by, any other entity(ies).</li> </ul> <p>If “No,” SKIP THE REMAINDER OF SECTION IX AND PROCEED WITH SECTION X.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>9.1 Within the past five (5) years, has any <u>Associated Entity Official</u> or <u>Principal Owner</u> been charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a <u>judgment</u> for:</p> <ul style="list-style-type: none"> <li>a) Any business-related activity; or</li> <li>b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If “Yes,” provide an explanation of the issue(s), the individual involved, his/her title and role in the Associated Entity, his/her relationship to the Reporting Entity, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s).

<p>9.2 Does any <u>Associated Entity</u> have any currently undischarged <u>federal</u>, New York State, New York City or New York local government <u>liens</u> or <u>judgments</u> (not including UCC filings) over \$50,000?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If “Yes,” provide an explanation of the issue(s), identify the Associated Entity’s name(s), EIN(s), primary business activity, relationship to the Reporting Entity, relevant dates, the Lien holder or Claimant’s name(s), the amount of the lien(s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

<p>9.3 Within the past five (5) years, has any <u>Associated Entity</u>:</p>	
<p>a) Been <u>disqualified</u>, <u>suspended</u> or <u>debarred</u> from any <u>federal</u>, New York State, New York City or other New York local <u>government contracting process</u>?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b) Been denied a contract award or had a bid rejected based upon a <u>non-responsibility finding</u> by any <u>federal</u>, New York State, New York City, or New York local <u>government entity</u>?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c) Been <u>suspended</u>, <u>cancelled</u> or <u>terminated for cause</u> (including for <u>non-responsibility</u>) on any <u>federal</u>, New York State, New York City or New York local <u>government contract</u>?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d) Been the subject of an <u>investigation</u>, whether open or closed, by any <u>federal</u>, New York State, New York City, or New York local <u>government entity</u> for a civil or criminal violation with a penalty in excess of \$500,000?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>e) Been the subject of an indictment, grant of immunity, <u>judgment</u>, or conviction (including entering into a plea bargain) for conduct constituting a crime?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>f) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any <u>federal</u>, New York State, New York City, or New York local <u>government entity</u>?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>g) Initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each “Yes,” provide an explanation of the issue(s), identify the Associated Entity’s name(s), EIN(s), primary business activity, relationship to the Reporting Entity, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

**X. FREEDOM OF INFORMATION LAW (FOIL)**

10. Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL). Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "Yes," indicate the question number(s) and explain the basis for the claim.

**XI. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE**

Name	Telephone	Fax
	ext.	
Title	Email	

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

**Certification**

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding award or approval of a contract or subcontract and that such government entities will rely on information disclosed in the questionnaire in making responsibility determinations; (2) acknowledges that the New York State government entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or Federal Law, as well as a finding of non-responsibility, contract suspension or contract termination.

**The undersigned certifies that he/she:**

- is knowledgeable about the submitting Business Entity’s business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity’s responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State government entities will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under an obligation to update the information provided herein to include any material changes to the Business Entity’s responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State government entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature of Owner/Official \_\_\_\_\_

Printed Name of Signatory \_\_\_\_\_

Title \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_;

\_\_\_\_\_ Notary Public

**FORM E**  
**CONFIDENTIALITY NOTICE**

The data on page(s)

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of this proposal, identified by an asterisk (\*) or marked along the margin with a vertical line, contain technical or financial information which are considered to be proprietary information or trade secrets, the disclosure of which would cause substantial injury to the Proposer's competitive positions. The Proposer requests that such data be used only for the evaluation of the proposal, but understands that such data may otherwise be disclosed to the extent that the Authority determines is necessary or proper for compliance with any law, order or decree of any court or agency of competent jurisdiction, or necessary or proper in the Authority's view to show compliance with any law, order or decree of any court or agency of competent jurisdiction.

*Note:*

Proposer is urged to only designate as confidential those materials which, in its opinion, clearly represent proprietary information or trade secrets. Cost proposal information and all proposed forms shall not be considered confidential.

Proposer

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Signature of Authorized Official

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Date

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# Contractor Certification to Covered Agency

(Pursuant to Section 5-a of the Tax Law, as amended, effective April 26, 2006)

# ST-220-CA

(12/11)

For information, consult Publication 223, *Questions and Answers Concerning Tax Law Section 5-a* (see *Need Help?* on back).

Contractor name		For covered agency use only Contract number or description	
Contractor's principal place of business	City	State	ZIP code
Contractor's mailing address (if different than above)		Estimated contract value over the full term of contract (but not including renewals)	
Contractor's federal employer identification number (EIN)	Contractor's sales tax ID number (if different from contractor's EIN)		\$
Contractor's telephone number	Covered agency name		
Covered agency address		Covered agency telephone number	

I, \_\_\_\_\_, hereby affirm, under penalty of perjury, that I am \_\_\_\_\_

(name)

(title)

of the above-named contractor, that I am authorized to make this certification on behalf of such contractor, and I further certify that:

(Mark an X in only one box)

The contractor has filed Form ST-220-TD with the Department of Taxation and Finance in connection with this contract and, to the best of contractor's knowledge, the information provided on the Form ST-220-TD, is correct and complete.

The contractor has previously filed Form ST-220-TD with the Tax Department in connection with \_\_\_\_\_  
(insert contract number or description)

and, to the best of the contractor's knowledge, the information provided on that previously filed Form ST-220-TD, is correct and complete as of the current date, and thus the contractor is not required to file a new Form ST-220-TD at this time.

Sworn to this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
(sign before a notary public)

\_\_\_\_\_  
(title)

## Instructions

### General information

Tax Law section 5-a was amended, effective April 26, 2006. On or after that date, in all cases where a contract is subject to Tax Law section 5-a, a contractor must file (1) Form ST-220-CA, *Contractor Certification to Covered Agency*, with a covered agency, and (2) Form ST-220-TD with the Tax Department before a contract may take effect. The circumstances when a contract is subject to section 5-a are listed in Publication 223, Q&A 3. See *Need help?* for more information on how to obtain this publication. In addition, a contractor must file a new Form ST-220-CA with a covered agency before an existing contract with such agency may be renewed.

**Note:** Form ST-220-CA must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 2 of this form must be completed before a notary public.

### When to complete this form

As set forth in Publication 223, a contract is subject to section 5-a, and you must make the required certification(s), if:

- i. The procuring entity is a *covered agency* within the meaning of the statute (see Publication 223, Q&A 5);
- ii. The contractor is a *contractor* within the meaning of the statute (see Publication 223, Q&A 6); and
- iii. The contract is a *contract* within the meaning of the statute. This is the case when it (a) has a value in excess of \$100,000 and (b) is a contract for *commodities* or *services*, as such terms are defined for purposes of the statute (see Publication 223, Q&A 8 and 9).

Furthermore, the procuring entity must have begun the solicitation to purchase on or after January 1, 2005, and the resulting contract must have been awarded, amended, extended, renewed, or assigned *on or after April 26, 2006* (the effective date of the section 5-a amendments).

Individual, Corporation, Partnership, or LLC Acknowledgment

STATE OF }
: SS.:
COUNTY OF }

On the \_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_, before me personally appeared \_\_\_\_\_,
known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that
\_he resides at \_\_\_\_\_,
Town of \_\_\_\_\_,
County of \_\_\_\_\_,
State of \_\_\_\_\_; and further that:

[Mark an X in the appropriate box and complete the accompanying statement.]

- (If an individual): \_he executed the foregoing instrument in his/her name and on his/her own behalf.
(If a corporation): \_he is the \_\_\_\_\_ of \_\_\_\_\_, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, \_he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.
(If a partnership): \_he is a \_\_\_\_\_ of \_\_\_\_\_, the partnership described in said instrument; that, by the terms of said partnership, \_he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.
(If a limited liability company): \_he is a duly authorized member of \_\_\_\_\_, LLC, the limited liability company described in said instrument; that \_he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

Notary Public

Registration No.

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

Need help?

Visit our Web site at www.tax.ny.gov
• get information and manage your taxes online
• check for new online services and features

Telephone assistance

Sales Tax Information Center: (518) 485-2889
To order forms and publications: (518) 457-5431

Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): (518) 485-5082

Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.

FORM G

**Company References / Experience**

Proposer shall use this attachment (or a facsimile) to clearly show how Proposer meets the requirements set forth in the Proposal Requirements for company experience. Each reference provided may be contacted to determine the Proposer's ability to meet the Proposal requirements. Please copy this form as needed to comply with the requirements outlined in the RFP.

Proposer's  
Name: \_\_\_\_\_

Reference Company/Agency Name:	
Address:	
City:	State:                      Zip Code:
Phone Number:	Fax Number:
Project Manager:	
E-mail:	
Proposer's role on project and years of participation (mm/dd/yy to mm/dd/yy):	
Project location, scope, cost, start / end dates:	
Operational functionality, number of lanes / plazas, revenue collected, etc.:	
Relevant equipment and systems used (such as Host, AET, and OCR etc.):	
Comparison to                      requirements:	
Installed system performance:	
Key Personnel involved and role who are also proposed on                      project:	

FORM H

**Key Staff References**

Proposer shall use this form to clearly show how Proposer meets the requirements set forth in the RFP for each key project team member. Each reference provided may be contacted to determine the respondent's ability to meet the Proposal requirements. Copy this form as needed to comply with the requirements of the RFP and the number of references cited.

Key Project Team Member \_\_\_\_\_

Proposed Position \_\_\_\_\_

Reference Company Name:	
Address:	
City:	State:                      Zip Code:
Phone Number:	Fax Number:
Project Manager:	
E-mail:	
Number of total years' experience of Key Team Member in similar role to one proposed for NYSTA Project:	
Reference Project:	
Key Staff Team Member Role on Project, including dates of participation and job description:	
Project location, scope, cost, start / end dates, etc.:	
Operational functionality, number of lanes, plazas, revenue collected, etc.:	
Relevant systems used (Host, AET, and OCR etc.)::	

FORM I

**PARTICIPATION BY MINORITY GROUP MEMBERS AND WOMEN WITH  
RESPECT TO NEW YORK STATE BRIDGE AUTHORITY CONTRACTS:  
REQUIREMENTS AND PROCEDURES**

**I. General Provisions**

- A. The New York State Bridge Authority (the “NYSBA”) is required to implement the provisions of New York State Executive Law Article 15-A and 5 NYCRR Parts 140-145 (“MWBE Regulations”) for all NYS Bridge Authority contracts as defined therein, with a value (1) in excess of \$25,000 for labor, services, including legal, financial and other professional services, supplies, equipment, materials, or any combination of the foregoing, or (2) in excess of \$100,000 for the acquisition, construction, demolition, replacement, major repair, or renovation of real property and improvements thereon. Where the NYSBA enters into a contract with a total expenditure in excess of two hundred and fifty thousand dollars (\$250,000) contractors shall submit company workforce diversity data to the NYSBA prior to execution of the subject contract.
- B. The Contractor to the subject contract (the “Contractor” and the “Contract,” respectively) agrees, in addition to any other nondiscrimination provision of the Contract and at no additional cost to the NYSBA, to fully comply and cooperate with the NYSBA in the implementation of New York State Executive Law Article 15-A. These requirements include equal employment opportunities for minority group members and women (“EEO”) and contracting opportunities for certified minority and women-owned business enterprises (“MWBEs”). Contractor’s demonstration of “good faith efforts” pursuant to 5 NYCRR §142.8 and Executive Law § 313(7) shall be a part of these requirements. These provisions shall be deemed supplementary to, and not in lieu of, the nondiscrimination provisions required by New York State Executive Law Article 15 (the “Human Rights Law”) or other applicable federal, state or local laws.
- C. Failure to comply with all of the requirements herein may result in a finding of non-responsiveness, non-responsibility and/or a breach of contract, leading to the withholding of funds or such other actions, liquidated damages pursuant to Section VII of this Appendix or enforcement proceedings as allowed by the Contract.

**II. Contract Goals**

- A. The NYSBA has established an overall goal of 30% for MWBE participation, 12% for Minority-Owned Business Enterprises (“MBE”) participation and 18% for Women- Owned Business Enterprises (“WBE”) participation collectively, “MWBE Contract Goals,” based on the current availability of MBEs and WBEs. Pursuant to Executive Law § 313(4) the NYSBA may, however, evaluate each contract to determine the appropriateness of the overall goal, which may be reduced if it is determined to be unattainable due to the lack of certified MWBEs available in the major bridge repair and maintenance business (based on the current availability of qualified MBEs and WBEs). Unless otherwise noted in the Contract, for purposes of this Contract, the goals for MWBE participation on the Contract shall remain as stated above in this Section II-A.

- B. For purposes of providing meaningful participation by MWBEs on the Contract and achieving the MWBE Contract Participation Goals established in Section II-A hereof, Contractor should reference the directory of New York State Certified MWBEs found at the following internet address: <http://ny.newnycontracts.com>.

Additionally, Contractor is encouraged to contact the Division of Minority and Women's Business Development (212) 803-2414 to discuss additional methods of maximizing participation by MWBEs on the Contract.

- C. The Contractor understands that only sums paid to MWBEs for the performance of a commercially useful function, as that term is defined in 5 NYCRR § 140.1, may be applied towards the achievement of the applicable MWBE participation goal. For construction contracts, the portion of a contract with an MWBE serving as a supplier that shall be deemed to represent the commercially useful function performed by the MWBE shall be 60 percent of the total value of the contract. The portion of a contract with an MWBE serving as a broker that shall be deemed to represent the commercially useful function performed by the MWBE shall be the monetary value for fees, or the markup percentage, charged by the MWBE. For all other contracts, the portion of a contract with an MWBE serving as a broker that shall be deemed to represent the commercially useful function performed by the MWBE shall be 25 percent of the total value of the contract.

- D. Where MWBE Contract Participation Goals have been established herein, pursuant to 5 NYCRR § 142.8, the Contractor must document "good faith efforts" to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract. Such documentation of "good faith efforts" shall include, but not necessarily be limited to:

1. Evidence of outreach to MWBEs;
2. Any responses by MWBEs to the Contractor's outreach;
3. Copies of advertisements for participation by MWBEs in appropriate general circulation, trade, and minority or women-oriented publications;
4. The dates of attendance at any pre-bid, pre-award, or other meetings, if any, scheduled by the NYSBA with MWBEs; and
5. Information describing specific steps undertaken by the Contractor to reasonably structure the Contract scope of work to maximize opportunities for MWBE participation.

In accordance with Section 316-a of Article 15-A and 5 NYCRR § 142.13, the Contractor acknowledges that if the Contractor is found to have willfully and intentionally failed to comply with the MWBE Contract Participation Goals set forth in the Contract, such a finding constitutes a breach of contract and the Contractor shall be liable to the NYSBA for liquidated or other appropriate damages, as set forth in the Contract.

### **III. Equal Employment Opportunity (EEO)**

- A. Contractor agrees to be bound by the provisions of Article 15-A and the MWBE Regulations promulgated by the Division of Minority and Women's Business Development of the Department of Economic Development (the "Division"). If any of these terms or provisions conflict with applicable law or regulations, the contracting agency shall waive the applicability of these requirements to the extent of such conflict.
- B. The Contractor shall comply with the following provisions of Article 15-A:
1. The Contractor and subcontractors shall undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, EEO shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation.
  2. The Contractor shall submit an EEO policy statement to the NYSBA within seventy two (72) hours after the date of the notice by the NYSBA to award the Contract to the Contractor.
  3. If the Contractor, or any of its subcontractors, does not have an existing EEO policy statement, the NYSBA may require the Contractor or subcontractor to adopt a model statement (See Form- Equal Employment Opportunity Policy Statement).
  4. The Contractor's EEO policy statement shall include the following language:
    - (a) The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, and will undertake or continue existing EEO programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its workforce.
    - (b) The Contractor shall state in all solicitations or advertisements for employees that, in the performance of the 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.
    - (c) 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, labor union, or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.

- (d) The Contractor will include the provisions of Subdivisions (a) through (c) of this Subsection 4 and Paragraph "E" of this Section III, which provides for relevant provisions of the Human Rights Law, in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the Contract.

**C. NYSBA EEO – Form 100 – Staffing Plan**

To ensure compliance with this Section, for contracts with a total expenditure in excess of \$250,000, the Contractor shall submit a staffing plan to document the composition of the proposed workforce to be utilized in the performance of the Contract by the specified categories listed, including ethnic background, gender, and Federal occupational categories. Contractors shall complete the Staffing Plan Form and submit it as part of their bid or proposal or within a reasonable time, as directed by the NYSBA.

**D. NYSBA EEO – Form 200 - Workforce Employment Monthly/Quarterly Utilization Report**

1. The Contractor shall submit and require each of its subcontractors to submit a NYSBA EEO Form 200- Workforce Employment Monthly/Quarterly Utilization Report on a monthly basis for construction contracts and on a quarterly basis for all other contracts. This information is to be submitted on a monthly/quarterly basis during the term of the contract to report the actual workforce utilized in the performance of the contract by the specified categories listed including ethnic background, gender, and Federal occupational categories. The Workforce Report must be submitted to report this information.
  2. Separate forms shall be completed by the Contractor and any subcontractor performing work on the Contract.
  3. Pursuant to Executive Order #162, the Contractor and subcontractors are also required to report the gross wages paid to each of their employees for the work performed by such employees on the Contract on a monthly/quarterly basis.
- E. The Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. The Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of an individual's age, race, creed (religion), color, sex, national origin, sexual orientation, military status, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

**IV. NYSBA MWBE – Form 100 - Utilization Plan**

- A. As required by Executive Law § 313(5), the Contractor represents and warrants that the Contractor has submitted an MWBE Utilization Plan prior to the execution of the contract. Additionally, prior to award, the Contractor must submit its MWBE Utilization Plan online through the Statewide Utilization Management Plan (SUMP) module of the New York State Contracting System (NYSCS) website at <https://ny.newnycontracts.com>, provided, however, that the Contractor may arrange to provide such evidence via a non-electronic method to the NYSBA, either prior to, or at the time of, the execution of the contract.
- B. The Contractor agrees to use such MWBE Utilization Plan for the performance of MWBEs on the Contract pursuant to the prescribed MWBE Contract Participation Goals set forth in Section II-A of this Appendix. The Contractor shall attempt, in good faith, to utilize the enterprises identified within the Utilization Plan at least to the extent indicated.
- C. The Contractor further agrees that a failure to submit and/or adhere to such MWBE Utilization Plan shall constitute a material breach of the terms of the Contract. Upon the occurrence of such a material breach, the NYSBA shall be entitled to any remedy provided in the Contract, including but not limited to, a finding of Contractor non-responsiveness.
- D. The NYSBA will review the MWBE Utilization Plan and issue to the Contractor a written notice of acceptance or deficiency within twenty (20) days of its receipt. A notice of deficiency shall include:
1. the name of any MWBE which is not acceptable for the purpose of complying with the MWBE Contract Participation Goals and the reasons why it is not acceptable;
  2. elements of the Contract scope of work which the NYSBA has determined can be reasonably structured by the Contractor to increase the likelihood of participation in the Contract by MWBEs; and
  3. other information which the NYSBA determines to be relevant to the MWBE Utilization Plan.

In the event a notice of deficiency is issued, the Contractor shall respond to the notice within seven (7) business days of receipt by submitting a written remedy in response to the notice of deficiency to the NYSBA. If the written remedy that is submitted is not timely or is found by the NYSBA to be inadequate, the NYSBA shall notify the Contractor and direct the Contractor to submit, within five (5) business days, a request for a partial or total waiver of MWBE Contract Participation Goals on MWBE Form 200. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

E. The NYSBA may disqualify a Contractor as being non-responsive under the following circumstances:

1. if a Contractor fails to submit an MWBE Utilization Plan;
2. if a Contractor fails to submit a written remedy to a notice of deficiency in an MWBE Utilization Plan;
3. if a Contractor fails to submit a request for waiver; or
4. if the NYSBA determines that a Contractor has failed to document good faith efforts.

F. The Contractor's good faith efforts shall be determined pursuant to Executive Law § 313(7).

#### **V. Waivers pursuant to Executive Law § 313(6) - Request for Waiver - MWBE Form 200**

A. For waiver requests, a Contractor should use MWBE Form 200.

B. If the Contractor, after making good faith efforts, is unable to achieve the MWBE Contract Participation Goals stated herein, the Contractor may submit a request for a waiver through the NYSCS, or through a Request for Waiver form to the NYSBA. Such waiver request must be supported by evidence of the Contractor's good faith efforts to achieve maximum feasible MWBE participation towards the applicable MWBE Contract Goals. If the documentation included with the waiver request is complete, the NYSBA shall evaluate the request and issue a written notice of acceptance or denial within twenty (20) days of receipt.

C. The NYSBA shall review the waiver application in accordance with the criteria set forth in Executive Law § 313(6) and (7).

D. If, upon review of the MWBE Utilization Plan and updated Quarterly MWBE Contractor Compliance Reports, the NYSBA determines that the Contractor is failing or refusing to comply with the MWBE Contract Participation Goals and no waiver has been issued in regards to such non-compliance, the NYSBA may issue a notice of deficiency to the Contractor. The Contractor must respond to the notice of deficiency within seven (7) business days of receipt. Such response may include a request for partial or total waiver of MWBE Contract Participation Goals.

#### **VI. Monthly MWBE Participation Performance Report, MWBE - Form 300**

Contractor is required to submit a Monthly MWBE Contractor Compliance Report through the NYSCS or Form MWBE-300 to the NYSBA by the 10th day following the end of each month during the term of the Contract documenting the progress made towards achievement of the MWBE Contract Participation Goals.

## **VII. Liquidated Damages - MWBE Participation**

- A. In accordance with Executive Law § 316-a and 5 NYCRR § 142.13, where the NYSBA determines that the Contractor is not in compliance with the requirements of the Contract and Contractor refuses to comply with such requirements, or if Contractor is found to have willfully and intentionally failed to comply with the MWBE Contract Participation Goals, the Contractor shall be obligated to pay to the NYSBA liquidated damages.
- B. Such liquidated damages shall be calculated as an amount equaling the difference between:
1. All sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and
  2. All sums actually paid to MWBEs for work performed or materials supplied under the Contract.
- C. In the event a determination has been made which requires the payment of liquidated damages and such identified sums have not been withheld by the NYSBA, Contractor shall pay such liquidated damages to the NYSBA within sixty (60) days after they are assessed. Provided, however, that if the Contractor has filed a complaint with the Director of the Division of Minority and Women's Business Development pursuant to 5 NYCRR § 142.12, liquidated damages shall be payable only in the event of a determination adverse to the Contractor following the complaint process.

**NEW YORK STATE BRIDGE AUTHORITY**

**MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL EMPLOYMENT  
OPPORTUNITY POLICY STATEMENT**

**MWBE AND EEO POLICY STATEMENT**

I, \_\_\_\_\_, the (awardee/contractor) \_\_\_\_\_  
agree to adopt the following policies with respect to the project being developed or services rendered at

<p><b><u>MWBE</u></b> This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the MWBE Contract Participations Goals set by the Authority for that area in which the Authority-funded project is located, by taking the following steps:</p> <ol style="list-style-type: none"><li>(1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to MWBE contractor associations.</li><li>(2) Request a list of State-certified MWBEs from AGENCY and solicit bids from them directly.</li><li>(3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective MWBEs.</li><li>(4) Where feasible, divide the work into smaller portions to enhance participation by MWBEs and encourage the formation of joint venture and other partnerships among MWBE contractors to enhance their participation.</li><li>(5) Document and maintain records of bid solicitation, including those to MWBEs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting MWBE Contract Participation Goals.</li><li>(6) Ensure that progress payments to MWBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage MWBE participation.</li></ol>	<p><b><u>EEO</u></b> (a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.</p> <p>(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State 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.</p> <p>(c) At the request of the contracting agency, this organization 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, labor union, or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.</p> <p>(d) Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of an individual's age, race, creed (religion), color, national origin, sexual orientation, military status, sex, disability,</p>
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**NEW YORK STATE BRIDGE AUTHORITY**

predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

(e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

By \_\_\_\_\_

Print: \_\_\_\_\_ Title: \_\_\_\_\_

**MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT, CONT.**

\_\_\_\_\_ is designated as the Minority Business Enterprise Liaison  
(Name of Designated Liaison)

responsible for administering the Minority and Women-Owned Business Enterprises - Equal Employment Opportunity (MWBE-EEO) program.

**MWBE Contract Goals**

Subject to Executive Law § 313(4), for purposes of this procurement, the NYSBA hereby establishes the following goals (“MWBE Contract Participation Goals”):

12 % Minority Business Enterprise Participation

18 % Women’s Business Enterprise Participation

**30 % Total Minority and Women’s Business Enterprise Participation**

\_\_\_\_\_  
(Authorized Representative)

Title: \_\_\_\_\_

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

**EQUAL EMPLOYMENT OPPORTUNITY  
STAFFING PLAN**  
Submit with Bid or Proposal – Instructions on page 2

FORM I-A

<b>Solicitation No.:</b>	<b>Report includes:</b> <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Contractor/Subcontractor's total work force
<b>Offeror's Name:</b>	<b>Reporting Entity:</b> <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor <b>Subcontractor's name</b> _____
<b>Offeror's Address:</b>	

Enter the total number of employees for each classification in each of the EEO-Job Categories identified

EEO-Job Category	Total Work force	Work force by Gender		Work force by Race/Ethnic Identification														
		Total Male (M)	Total Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		Native American (M) (F)		Disabled (M) (F)		Veteran (M) (F)		
Officials/Administrators																		
Professionals																		
Technicians																		
Sales Workers																		
Office/Clerical																		
Craft Workers																		
Laborers																		
Service Workers																		
Temporary /Apprentices																		
Totals																		

<b>PREPARED BY (Signature):</b>	<b>TELEPHONE NO.:</b>	<b>DATE:</b>
	<b>EMAIL ADDRESS:</b>	
<b>NAME AND TITLE OF PREPARER (Print or Type):</b>	<b>Submit completed with bid or proposal</b>	

**General instructions:** All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (EEO 100-G) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's or subcontractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's or subcontractor's total work force, the Offeror shall complete this form for the contractor's or subcontractor's total work force.

**Instructions for completing:**

1. Enter the Solicitation number that this report applies to along with the name and address of the Offeror.
2. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Offerors' total work force.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the total work force by race/ethnic background and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the Designated Contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the work force under the appropriate headings.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

**RACE/ETHNIC IDENTIFICATION**

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE INDIAN (NATIVE AMERICAN/ ALASKAN NATIVE)** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

**OTHER CATEGORIES**

- **DISABLED INDIVIDUAL** any person who:
  - has a physical or mental impairment that substantially limits one or more major life activity(ies)
  - has a record of such an impairment; or
  - is regarded as having such an impairment.
- **VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.
- **GENDER**