

REQUEST FOR PROPOSAL

WORKERS' COMPENSATION NURSE CASE MANAGEMENT

for

Broome County

Office of Risk & Insurance

RFP-2015-097

DATED: September 2, 2015

INSTRUCTIONS TO BIDDERS

IMPORTANT NOTICE – BID/RFP DISTRIBUTION

The County of Broome officially distributes bidding documents through the Empire State Purchasing Group (www.empirestatebidsystem.com). Copies from any other source are not considered official copies. Only those proposers who obtain bidding documents from the Empire State Purchasing Group are guaranteed to receive addendum information, if such information is issued.

If you have obtained this document from a source other than the Empire State Purchasing Group, it is recommended that you obtain an official copy by registering with this service.

1. **Invitation** - Broome County, New York is inviting sealed proposals from qualified individuals for WORKERS' COMPENSATION NURSE CASE MANAGEMENT detailed in the accompanying Request for Proposal. Proposals will be *received* until **2:00 p.m.** local time on **WEDNESDAY SEPTEMBER 23, 2015**. Any proposal received after the time and date specified will not be considered.
2. **Submittal of Proposals – ONE (1) ORIGINAL, ONE (1) COPY, AND A PDF VERSION ON ONE (1) CD** of the proposals shall be delivered or mailed, with any required data, in a **SEALED ENVELOPE**, which shall be properly identified with the following required information:
 1. **BIDDER'S FULL NAME & ADDRESS**
 2. **THE BID TITLE (SEE ABOVE)**
 3. **BID NUMBER (COVER SHEET)**

Submit proposals to:

**BROOME COUNTY DIVISION OF PURCHASING
60 HAWLEY STREET, 4TH FLOOR
EDWIN L. CRAWFORD COUNTY OFFICE BUILDING
BINGHAMTON, NEW YORK 13901**

3. **Inquiries** – Any inquiries or requests for explanation regarding this Request for Proposal must be **received by 12:00 p.m. local time TUESDAY SEPTEMBER 8, 2015**. **No oral interpretation or clarifications will be given. Prospective proposers desiring further information or interpretations must make requests in writing by e-mail.** All inquiries together with Broome County's response will be issued to all prospective proposers well in advance of the date for proposal submission. Requests for information should be addressed to:

Thomas Dellapenna, Jr.
Risk Manager
Broome County
Office of Risk & Insurance
E-mail: tdellapenna@co.broome.ny.us

4. **Form of Proposals** - Proposals should be prepared in the format set forth in the accompanying documents, including a full description of the proposer's plan of work, qualifications and resumes of key personnel. A non-responsive or incomplete proposal will be removed from consideration.

5. **COUNTY'S PREROGATIVES** - The county reserves the right to negotiate with any or all proposers; to reject any or all proposals, in whole or any part thereof; to re-solicit for proposals; and to waive any minor non-conformities in accordance with the county's determination of its own best interests.
6. **Fees** - The proposer's response must clearly present the basis for the proposer's compensation or fee structure for all services described in the proposal. If a particular service is "value added" the proposal shall so state. The fees shall include all ordinary operating expenses incurred by the firm. Extraordinary expenses incurred at the request of and with the consent of the county will be reimbursed.
7. **Tax Exempt Entity** - The County of Broome is a tax-exempt municipality; taxes are not to be included in any fee calculations.
8. **Proposal Longevity** - A proposal may be withdrawn at any time prior to the date specified as the closing date for acceptance; however, no proposer may withdraw or cancel a proposal for a period of ninety (90) days following the closing date for acceptance, nor shall the successful proposer withdraw, cancel or modify the proposal, after having been notified that the proposal has been accepted by the County, except at the request of the County or with the County's written consent.
9. **Evaluation of Proposals** - Proposals will be judged upon the proposer's ability to provide services, which meet the requirements set forth in the accompanying documents. The County reserves the right to make such investigations as it deems necessary to determine the ability of the proposer to provide services meeting a satisfactory level of performance in accordance with the County's requirements.
10. **Interviews** - Interviews or presentations by one, several or all of the proposers may be requested by evaluators if deemed necessary to fully understand and compare the proposers' capabilities. Site visits by the evaluators may be conducted if deemed necessary by the County. Under Broome County rules and regulations, the County Board of Acquisition and Contract or the County Legislature may be the awarding authority for this type of service, depending on the amount of the accepted proposal:

BOARD OF ACQUISITION & CONTRACT - UP TO \$14,999
COUNTY LEGISLATURE - \$15,000 AND OVER

However, the Legislature may be utilized for consideration of an award under \$15,000 if it is deemed in the best interests of the County

A presentation by the proposer to committees of the Legislature and/or selected County Officials may be required prior to the recommendation and consideration of an award.

11. **Contract Terms** - At the time of the award by the County, the apparent successful proposer(s) must agree to a contract memorializing the terms and conditions which will govern the relationship and establish the obligations of each party. All proposers shall be aware that the contents of a successful proposal will be construed in favor of Broome County and that the final contract between the successful proposer and Broome County may incorporate by reference the County's Request for Proposal documents and the successful proposals and supporting submittals.
12. **Proposer's Conditions** - Any conditions or expectations on the part of the proposer for performance by the County must be set forth in the proposal. The County is not obliged to consider the proposer's post-submittal terms and conditions. *** If any service is not included, or is available for an additional cost, the submittal shall clearly so state. ***

13. **Choice of Law & Venue** - The resulting agreement will contain language stating that the contract is performable in Broome County, New York, and shall be construed in accordance with the laws of the State of New York. If any legal action is brought in connection with the enforcement of the contract, exclusive venue shall lie in County of Broome, New York.
14. **Proposer's Preparation Costs** - Any costs incurred by the proposer in responding to the Request for Proposal is at the proposer's own risk and expense as a cost of doing business. All materials submitted with a proposal shall become property of Broome County and will not be returned to the proposer. **The proposer is hereby notified that all submitted materials are subject to disclosure pursuant to the New York State Freedom of Information Law (New York Public Officer's Law section 86 *et seq.*).**
15. **Deliverables** – Although the specific deliverables are subject to negotiation the successful proposer will be expected to provide the required services as outlined in this proposal.
16. ***Ex parte* contact** – Proposer shall not contact any other county officials other than those referenced in this RFP or in accordance with the procedure outlined herein. **Any proposer that violates the foregoing provision may be disqualified from consideration.** Proposals shall be based solely on information provided in the RFP and any addenda thereto.
17. **Minimum Qualifications** - The County will not consider any proposals that do not meet the minimum qualifications defined in the specifications.
18. **Standard Assurances** - By submitting this proposal, the proposer agrees to comply with all of the Standard Assurances that may be attached.
19. **CONTRIBUTION STATEMENT & GIFT STATEMENT**
 - A. Election law signed statements. The county shall require a signed statement for any contract or agreement that requires formal bidding under the New York State General Municipal Law, the Broome County Charter or Local Law of Broome County that the professional business entity has not made a contribution within one calendar year immediately preceding the date of the contract or agreement which exceeded the permitted thresholds set forth in article 14 of the Election Law of the State of New York.
 - B. Gifts signed statement. The county shall require a signed statement for any contract or agreement that requires formal bidding under the New York State General Municipal Law, the Broome County Charter or Local Law of Broome County that discloses all gifts given, if any, by the bidding professional business entity to any officer or employee of the County of Broome.
20. **Term of Contract** – The term of contract shall commence upon approval by the Broome County Legislature, notification of award, mutual execution of an agreement, and receipt of a satisfactory certificate of insurance.
21. **Legal Compliance** – Each proposer is responsible for full and complete compliance with all applicable laws, rules, regulations and licensing requirements imposed by any public authority having jurisdiction.
22. **Proposer's Insurance** – The contractor must provide and maintain in force at all times during the term of the services contemplated herein insurance as described in the attached contract insurance specifications.

Appropriate evidence of such coverage, other than any required endorsements, is to be submitted as part of the proposal and included in the Appendix. The successful proposer will have twenty (20) days from the date of the notice of award to supply proof of application for any necessary policy endorsements.

23. **Auditable Records** – The successful contractor shall maintain such accounts and records in connection with its performance of services for the County as may reasonably be required by the County. The contractor shall, at any reasonable time during the term and for a period of one year following the completion of work under the contract, afford the County’s agents and auditors reasonable facilities and access for the examination and audit of its records pertaining to its performance and shall, upon request by the County, produce and exhibit all such records.
24. **Non-Discrimination** – The contractor shall not discriminate or permit discrimination in its operations or employment practices against any person or group on the grounds of race, color, creed, national origin, gender or handicaps and shall furnish evidence of compliance with provision when so requested by the County.

25. **IRANIAN ENERGY SECTOR DIVESTMENT**

1. Contractor/Proposer hereby represents that said Contractor/Proposer is in compliance with New York State General Municipal Law Section 103-g entitled “Iranian Energy Sector Divestment”, in that said Contractor/Proposer has not:

- a. Provided goods or services of \$20 Million or more in the energy sector of Iran including but not limited to the provision of oil or liquefied natural gas tankers or products used to construct or maintain pipelines used to transport oil or liquefied natural gas for the energy sector of Iran; or
- b. Acted as a financial institution and extended \$20 Million or more in credit to another person for forty-five days or more, if that person’s intent was to use the credit to provide goods or services in the energy sector in Iran.

2. Any Contractor/Proposer who has undertaken any of the above and is identified on a list created pursuant to Section 165-a (3)(b) of the New York State Finance Law as a person engaging in investment activities in Iran, shall not be deemed a responsible bidder pursuant to Section 103 of the New York State General Municipal Law.

3. Except as otherwise specifically provided herein, every Contractor/Proposer submitting a bid/proposal in response to this Request for Bids/Request for Proposals must certify and affirm the following under penalties of perjury:

- a. “By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief, that each bidder is not on the list created pursuant to NYS Finance Law Section 165-a (3)(b).”
Broome County will accept this statement electronically in accordance with the provisions of Section 103 of the General Municipal Law.

4. Except as otherwise specifically provided herein, any Bid/Proposal that is submitted without having complied with subdivision (a) above, shall not be considered for award. In any case where the Bidder/Proposer cannot make the certification as set forth in subdivision (a) above, the Bidder/Proposer shall so state and shall furnish with the bid a signed statement setting forth in detail the reasons therefore. The County reserves its rights, in accordance with General Municipal Law Section 103-g to award the Bid/Proposal to any Bidder/Proposer who cannot make the certification, on a case-by-case basis under the following circumstances:

- a. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has

- adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
- b. The County of Broome has made a determination that the goods or services are necessary for the County to perform its functions and that, absent such an exemption, the County of Broome would be unable to obtain the goods or services for which the Bid/Proposal is offered. Such determination shall be made by the County in writing and shall be a public document.

ATTACHMENTS:

Specific Requirements
Proposal Sheet
Non-Collusion Binding Certificate
Election Law Statement
Insurance Requirements
Gifts Statement
Iranian Energy Divestment Certification
W-9
Bidders Check List
Non-Bidders Feedback Form

REQUEST FOR PROPOSAL (RFP-2015-097)

Broome County is located in New York's Southern Tier region and has a population of approximately 200,000 people. The County Workers' Compensation pool is self-insured and administered by POMCO, Inc., its third party administrator.

Broome County, New York, hereinafter referred to as "the County", seeks proposals in response to the Request for Proposal from experienced and qualified firms to provide exclusive nurse case management services for worker's compensation covered employees in the Broome County Self-Insured Workers' Compensation pool.

1. **Term of Contract** – The term of the contract shall be for one (1) year with four (4) one year renewal options. At any time after the commencement of the first year's contract the County and the Contractor will each have the right to cancel the contract without cause upon ninety days notice to the other party.
2. **Fees** – All fees shall include all ordinary operating expenses incurred by the firm. Extraordinary expenses incurred at the request or with the consent of the County will be reimbursed. All fees shall be quoted in the following format:
 - a. A guaranteed minimum annual fee for five hundred hours of service per year and
 - b. A per hour fee for all service hours above five hundred hours.
3. **Scope of Work** – While the exact range and extent of services is subject to negotiation, it is anticipated that the selected firm shall provide, at a minimum, professional services and dedicated personnel necessary to perform the following services when specifically assigned by the County or the County's TPA:
 - a. Review all "lost time" injuries / illnesses.
 - b. Micro case management of lost time cases with a specific goal of returning claimants to modified or full duty as quickly as may be medically appropriate.
 - c. When requested, attend all physician, occupational therapy and physical therapy appointments with the injured worker.
 - d. Maintenance of a data base of all assigned cases that details all professional services rendered and details all claimant and physician contacts/encounters by the nurse case manager.
 - e. Provide reports with content and on a timetable requested by the County or the TPA and a report showing monthly case management hours by case.
 - f. Provide other such services consistent with the firm's ordinary deliverables.
 - g. Provide, as required assistance with forecasting and budgeting for annual insurance/Risk Management related expenditures related to Workers' Compensation.
4. **Deliverables** – Although the specific deliverables are subject to negotiation the successful proposer will, at a minimum, be expected to do the following:
 - Assign a nurse case manager to all Workers' Compensation lost time cases assigned to the firm by the County.

- When necessary, specifically assigned by the county or the TPA and authorized by the claimant attend claimant physical appointments.
 - Do all appropriate follow up to physician appointments as directed by the county.
 - Provide reports as requested by the county.
 - Such other work as requested by the County or the TPA and consistent with the firm's ordinary deliverables.
5. **Minimum Qualifications** - The County will not consider any proposals that do not meet the following minimum qualifications that:
- a. Warrant it will only assign case managers with qualifications agreed to in advance by the County.
 - b. Authorized to provide all deliverables in New York State; and
 - c. Ten (10) years' experience as a business.
6. **Legal Compliance** – Each proposer is responsible for full and complete compliance with all applicable laws, rules, regulations and licensing requirements imposed by any public authority having jurisdiction.
7. **Proposer's Insurance** – The contractor must provide and maintain in force at all times during the term of the services contemplated herein insurance as described in the attached contract insurance specifications. Appropriate evidence of such coverage, other than any required endorsements, is to be submitted as part of the proposal and included in the Appendix. The successful proposer will have twenty (20) days from the date of the notice of award to supply proof of application for any necessary policy endorsements.
8. **Approval of Nurse Case Manager(s)** – The County reserves the right to require the successful firm to replace one or more members of the client services team, if, in the opinion of the sole opinion of the County Staff, the member(s) is/is not rendering or is/are incapable of rendering the quality of service and cooperation required.
9. **Auditable Records** – The successful contractor shall maintain such accounts and records in connection with its performance of services for the County as may reasonably be required by the County. The contractor shall, at any reasonable time during the term and for a period of one year following the completion of work under the contract, afford the County's agents and auditors reasonable facilities and access for the examination and audit of its records pertaining to its performance and shall, upon request by the County, produce and exhibit all such records.
10. **Non-Discrimination** – The contractor shall not discriminate or permit discrimination in its operations or employment practices against any person or group on the grounds of race, color, creed, national origin, gender or handicaps and shall furnish evidence of compliance with provision when so requested by the County.

PROPOSAL FORMAT

Executive Summary – Prefacing the proposal shall be a brief Executive Summary (no greater than 2 pages), providing in concise terms a summation of the proposal and bearing the signature of an individual authorized to bind the firm.

Structure of Proposal -The main body of the proposal shall NOT be greater than 10 pages in length not including the information included in the Executive Summary or appendix. Proposals that exceed the 10 pages may be excluded from review. The proposal itself shall be organized in the following format and informational sequence:

Part I – Business Organization – The proposal shall include relevant historical data and identification of the branch office or subordinate element, which will perform the work contemplated herein. The owners and principal management personnel by the firm shall be identified fully. Educational degrees, professional designations and licenses for each member of the account service team shall be enumerated, followed by a brief explanation of the degree / designation / license and how it is significant to the servicing the Broome County account.

Part II – Provision of Deliverables: – The proposer’s understanding of the tasks presented in shall be defined in detail and corresponding services shall be identified by name and function.

Part III – Account Team Personnel: – The names and titles of the account services team proposed for assignment to the County’s account shall be identified in full, with a description of team leadership, interface and support functions and reporting relationships. The primary work assigned to each person and the corresponding amount of time that your firm is willing to commit each person for must be clearly identified. Each account service team member’s résumé shall be placed in the appendix.

Part IV – Ongoing Value Added Services: – A description of other services to be provided without additional compensation earned (Value Added) shall be clearly identified. A description of any fee schedule for services to be provided at additional cost and not considered a part of routine nurse case management services shall be attached.

Part V – Reporting: – Report package shall be identified and explained. Any and all on-line support functions should be identified here. Sample reports shall be included in the appendix and are not part of the page limitations herein delineated.

Part VI – Qualification: – An explanation of what distinguishes the services of your firm from those of other nurse case management firms.

PROPOSAL EVALUATION FACTORS

The following is a non-exhaustive list of evaluation criteria. The factors are **not** listed in order of importance.

- Proven capability to reduce employee lost time
- Demonstration of successful prior performance of comparable services in the public sector
- Prior experience and expertise of the personnel to be assigned to the account
- Depth and breadth of services available
- References (include three (3) references with contact information)
- Past record of performance with clients on such factors as cost control, timeliness, ability to maintain schedules, quality of work, responsiveness and cooperation with client personnel
- Adequacy, technical capability and depth of personnel assigned to the account

- Maximum total compensation level for contract period
- Evidence of sound organization and management practices
- Extent to which your firm will place its fees / compensation at risk in a pay for performance based contract
- Demonstrated understanding of Broome County and New York State laws and policies regarding competitive bidding / proposals

BROOME COUNTY
DIVISION OF PURCHASING
PROPOSAL SHEET

FOR
WORKERS' COMPENSATION NURSE CASE MANAGEMENT



The undersigned proposes and offers **WORKERS' COMPENSATION NURSE CASE MANAGEMENT** services, the specifications for which are attached. This proposal and offer is guaranteed to fulfill, in all respects, the minimum specifications as prepared by Broome County.

This submission constitutes a certification that no Broome County officer or employee has any interest herein. In the event that any Broome County Officer or employee has any such interest, the full nature thereof shall be disclosed.

NAME OF COMPANY: _____

ADDRESS OF COMPANY: _____

NAME & TITLE OF
OFFICER OR PERSON
SIGNING THIS BID: _____

SIGNATURE:  _____ 

DATE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

800 NUMBER: _____

FEDERAL I.D. NO.: _____

E-MAIL ADDRESS: _____

NOTE: By signing and submitting this bid for consideration by Broome County, the proposer acknowledges that they have read, understand and agree to all aspects of the specifications as presented without reservation or alteration. The signer acknowledges that he/she is authorized to submit this bid.

BIDDERS MUST SUBMIT THIS ORIGINAL SHEET AND AN EXACT, CLEAR DUPLICATE

NON-COLLUSION BIDDING CERTIFICATE

WORKERS' COMPENSATION NURSE CASE MANAGEMENT

NON-COLLUSIVE BIDDING CERTIFICATION:

"(a) By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid 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 bidder or with any competitor;

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

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

NAME OF COMPANY



SIGNATURE & TITLE OF SIGNER

NOTE:

A bid shall not be considered for award nor shall any award be made where (a) (1), (2) and (3) above have not been complied with; provided, however, that if in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reason therefore. Where (a) (1), (2) and (3) above have not been complied with, the bid shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates or tariffs covering items being procured, (b) has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of subparagraph one (a).

BIDDERS MUST SUBMIT THIS ORIGINAL SHEET AND AN EXACT, CLEAR DUPLICATE

ELECTION LAW STATEMENT:

I, _____ state that I am the _____ of
(Type or print name of individual) (Position)
_____. In the calendar year immediately preceding the date of this
(Vendor)

Statement, _____ has not made a contribution which exceeded
(Vendor)

the permitted thresholds (thresholds limits are available at the Broome County Board of
Elections) set forth in Article 14 of the Election Law of the State of New York.

Dated: _____



By: _____
(Signature of individual)

BIDDERS MUST SUBMIT THIS ORIGINAL SHEET AND AN EXACT, CLEAR DUPLICATE



INSURANCE REQUIREMENTS

THE FOLLOWING INSURANCE ACKNOWLEDGEMENT MUST BE COMPLETED AND SIGNED AND SUBMITTED WITH BID EVEN IF THE BIDDER IS UNABLE TO PROVIDE THEIR CERTIFICATE OF INSURANCE WITH THEIR BID.

The _____, if a successful bidder, agrees
(Company Name)

to provide an insurance certificate w/endorsement, in compliance with the insurance requirements set forth in this bid:

BID TITLE: WORKERS' COMPENSATION NURSE CASE MANAGEMENT

Authorized Signature  _____ 

Name & Title of
Authorized Signer _____

Dated: _____

Insurance Agency: _____

Address of Agency: _____

Contact Person
at Agency: _____

Phone Number
of Agency: _____

BIDDERS MUST SUBMIT THIS ORIGINAL SHEET AND AN EXACT, CLEAR DUPLICATE

GIFTS STATEMENT

Gifts signed statement: The County shall require a signed statement for any contract or agreement that requires formal bidding under the New York State General Municipal Law, the Broome County Charter or Local Law of Broome county that discloses all gifts given, if any, by the bidding professional business entity (the bidder) to any officer or employee of the County of Broome.

CERTIFICATION

I, _____ state that I am the _____ of
(Print or type name of individual) (Position)

_____. In the calendar year immediately preceding
(Vendor)

the date of this Statement, _____ has made the following gifts
(Vendor)

to Officers and / or Employees of the County of Broome:

Name of County Officer / Employee and item description	Value of Gift
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

(add additional sheets if necessary)

Dated: _____

By: _____
(Signature of individual)

BIDDERS MUST SUBMIT THIS ORIGINAL SHEET AND AN EXACT, CLEAR DUPLICATE

IRANIAN ENERGY DIVESTMENT CERTIFICATION

Pursuant to Section 103-g Of the New York State General Municipal Law

- A. By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the New York State Finance Law.
- B. A Bid/Proposal shall not be considered for award, nor shall any award be made where the condition set forth in Paragraph A above has not been complied with; provided, however, that in any case the bidder/proposer cannot make the foregoing certification set forth in Paragraph A above, the bidder/proposer shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefore. Where Paragraph A above cannot be complied with, the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, may award a bid/proposal, on a case by case basis under the following circumstances:
1. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
 2. The political subdivision makes a determination that the goods or services are necessary for the political subdivision to perform its functions and that, absent such an exemption, the political subdivision would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.



(Signature)

Title

BIDDERS MUST SUBMIT THIS ORIGINAL SHEET AND AN EXACT, CLEAR DUPLICATE

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

BROOME COUNTY
DIVISION OF PURCHASING
BIDDERS' CHECK LIST

	YES	NO
1. I have read ALL of the instructions and specifications.	_____	_____
2. I have filled in ALL of the blank spaces.	_____	_____
3. I have furnished, IN DUPLICATE , all required information, if applicable (e.g. descriptive literature, MSDS, specifications,)	_____	_____
4. I am an officer of the company.	_____	_____
5. I have the <u>authority</u> to obligate my company under the laws of the State of New York.	_____	_____
6. I am returning the signed ORIGINAL (Check " Original " on Front), and a duplicate (Check " Duplicate " on Front) of the following:		
a.) Proposal Sheet;	_____	_____
b.) Non-Collusion Bidding Certificate;	_____	_____
c.) Insurance Requirements;	_____	_____
d.) Bidders' Checklist;	_____	_____
e.) W-9;	_____	_____
f.) Election Law Statement;	_____	_____
g.) Gifts Statement;	_____	_____
f.) Iranian Energy Divestment Certification;	_____	_____
7. I have made copies for my records.	_____	_____
8. I have indicated the bid title and date on the sealed envelope.	_____	_____
9. If successful, the " insurance requirements certificate ", from an insurance company licensed to do business by New York State, will be <u>provided within ten working days after notification of the award</u> .	_____	_____
10. I have provided the necessary information for responsibility questions, if applicable (IN DUPLICATE)	_____	_____
11. Since I have refrained from bidding, I am returning the <u>Non-Bidders Feedback Form</u> in order to remain on the bidders list. I have indicated the title of the bid on the sealed envelope.	_____	_____



SIGNATURE



DATE

NAME (TYPED OR PRINTED)

TITLE

BIDDERS MUST SUBMIT THIS ORIGINAL SHEET AND AN EXACT, CLEAR DUPLICATE

Risk Management & Insurance Specifications

Project Description or Contract Number	Professional Nurse Case Management Services
Date Issued	August 21, 2015
Vendor name ("Contractor")	TBD
County Department	Risk and Insurance

Please read these specifications very carefully. These specifications are part of your contract with Broome County. It is advisable that you forward a copy of these specifications to your insurance agent. Broome County's waiver of any requirement(s) set forth herein shall not constitute a waiver of any other contract provision.

Part I. General Provisions

1. The Contractor shall procure and maintain during the term of this contract, at the Contractor's expense, the insurance policies listed in Part II with limits equal to or greater than the enumerated limits.
2. The contractor shall be solely responsible for any self-insured retention or deductible losses under each of the required policies.
3. Every required policy, including any required endorsements and any umbrella / excess policy, shall be primary insurance. Insurance carried by Broome County, its officers, or its employees, if any, shall be excess and not contributory insurance to that provided by the Contractor.
4. Every required coverage type shall be "occurrence basis".
5. The Contractor may utilize umbrella/excess liability coverage to achieve the limits required hereunder; such coverage must be at least as broad as the primary coverage (follow form).
6. All insurance certificates must be approved by the Office of Risk & Insurance Management. See section II for specific requirements regarding insurance proof.
7. The County reserves its right to request certified copies of any policy or endorsement thereto.
8. All insurance shall be provided by insurance carriers licensed & admitted to do business in the State of New York and must be rated "A-VII" or better by A.M. Best (Current Rate Guide).
9. If the Contractor fails to procure and maintain the required coverage(s) and minimum limits such failure shall constitute a material breach of contract, whereupon Broome County may exercise any rights it has in law or equity, including but not limited to the following:
 - (a) immediate termination of the contract;
 - (b) withholding any / all payment(s) due under this contract or any other contract it has with the vendor (common law set-off); OR
 - (c) procuring or renewing any required coverage(s) or any extended reporting period thereto and paying any premiums in connection therewith. All monies so paid by Broome County shall be repaid upon demand, or at the County's option, may be offset against any monies due to the Contractor.

Part II. Required Insurance – Minimum coverage types and amounts

1.

Coverage Type	Minimum Limits
<u>Commercial General Liability (CGL) including:</u> <ul style="list-style-type: none"> ➤ Products & completed operations shall not be excluded. ➤ Broome County shall be named additional insured. The additional insured endorsement for the insurance shall not contain any exclusion for bodily injury or property damage arising from completed operations. ➤ <u>Proof of additional insured coverage shall be evidenced through a carrier issued endorsement. (ISO CG 20 10 11 85 or equivalent)</u> 	1,000,000 / 2,000,000 Per occurrence / minimum annual aggregate limit
<u>Workers' Compensation and Employer's Liability</u> <input type="checkbox"/> If you have no employees (sole proprietor) you may provide an affidavit of exemption. (CE-200) if the box to the left is checked.	Statutory amount / 100,000
<u>Disability Insurance</u> <input type="checkbox"/> If you have no employees (sole proprietor) you may provide an affidavit of exemption. (CE-200) if the box to the left is checked.	Statutory limits
<u>Professional Liability</u> <ul style="list-style-type: none"> • "Claims made" coverage must be maintained continuously for a minimum of two (2) years after contract termination • Shall <u>not</u> contain restrictions for <ul style="list-style-type: none"> ✓ Contractual liability ✓ Express warranties or guarantees ✓ Personal injury 	1,000,000 / 3,000,000 Per occurrence / minimum annual aggregate limit

2. The certificate face shall:

- indicate coverage(s) (other than Workers' Compensation & Disability) & minimum amounts required in part II.1
- provide that the coverage(s) shall not be cancelled, terminated or materially changed (including an insurance limits reduction) unless **thirty (30) days** prior written notice has been given to the County Office of Risk & Insurance Management.
- Disclose all policy exclusions
- Disclose the amount of self-insured retention or deductibles.
- Show Products & completed operation

3. Proof of Workers' Compensation Coverage must be provided on WCB form C-105.2 or U-26.3

4. Proof of NYS Disability Coverage must be provided on WCB form DB-120.1 OR DB-820/829 OR DB-155

5. The Additional Insured & Certificate Holder should read:

County Of Broome

Attn: Office of Risk & Insurance Management

PO Box 1766 Binghamton, NY 13902-1766

Part III Defense and Indemnification

The following provisions concerning indemnification shall not be construed to indemnify the County for damages arising from bodily injury to persons or property contributed to, caused by or resulting from the sole negligence of the County or its employees.

The Contractor agrees to indemnify and hold the County of Broome and any officer, employee and/or agent thereof free and harmless from any and all losse(s), penalty(ies), damages, settlement(s), cost(s), charge(s), professional fee(s) or other expense(s) or liability(ies) of every kind arising from or relating to any and all claim(s), lien(s), demand(s), obligation(s), action(s), proceedings or causes of action of any kind in connection with, or arising directly or indirectly from the negligent error(s) and/or omission(s) and/or act(s) of the Contractor (including Contractor's employees, agents or and/or subcontractors) in the performance of this agreement.

Without limiting the generality of the preceding paragraphs, the following shall be included in the indemnity hereunder: any and all such claims, etc., relating to personal injury, death, damage to property, or any actual or alleged violation of any applicable statute (including specifically but not limited to New York State Labor Law §§ 200; 202; 240 & 241), ordinance, administrative order, executive order, rule or regulation, or decree of any court of competent jurisdiction in connection with, or arising directly or indirectly from, errors and/or negligent acts by the Contractor, as aforesaid,.

Part IV Safety

Broome County specifically reserves the right to suspend or terminate all work under this contract whenever Contractor and/or contractor's employees or subcontractors are proceeding in a manner that threatens the life, health or safety of any of contractor's employees, subcontractor's employees, county employees or member(s) of the general public on county property. This reservation of rights by Broome County in no way obligates Broome County to inspect the safety practices of the Contractor.

If Broome County exercises its rights pursuant to this part, the contractor shall be given three days to cure the defect, unless Broome County, in its sole and absolute discretion, determines that the service cannot be suspended for three days due to Broome County's legal obligation to continuously provide contractor's service to the public or Broome County's immediate need for completion of the Contractor's work. In such case, Contractor shall immediately cure the defect.

If the Contractor fails to cure the identified defect(s), Broome County shall have the right to immediately terminate this contract. In the event that Broome County terminates this contract, any payments for work completed by the Contractor shall be reduced by the costs incurred by Broome County in re-bidding the work and /or by the increase in cost that results from using a difference vendor.

NON-BIDDERS FEEDBACK FORM

RFP #: 2015-097

If you are not submitting a bid for this proposal, please indicate the reason(s) by checking off one or more items below and return this form to Broome County Division of Purchasing, 60 Hawley Street 4th Floor, Edwin L. Crawford County Office Building, Binghamton, NY 13901

- ☐ 1. Unable to bid at this time, but would like to receive future bid requests.
- ☐ 2. Item(s) or material(s) are **not**: ☐ manufactured ☐ distributed
☐ stocked ☐ furnished
- ☐ 3. Material(s) or item(s) we have to offer do not fully meet all the requirements or standards specified.
- ☐ 4. Specifications not clearly understood or applicable as follows: (Ex.: too vague, too rigid, etc.)

- ☐ 5. We cannot meet the time of delivery of item(s) or material(s) specified.
- ☐ 6. Insufficient time allowed for preparation and submission of bid.
- ☐ 7. Other: _____

You may remove our name from the bid list for: ☐ this commodity group
☐ these item(s) and/or material(s)
☐ all bids

Type or print name

Company Name

Title

Address

Authorized Signature

Address

Date

(_____) _____ - _____
Telephone Number