

# New York State Department of Agriculture and Markets

## **IFB#0154: Electric Scooter, Wheelchair, Stroller, and Wagon Rental Services, New York State Fairgrounds**

### SUBMISSION DOCUMENTS

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New York State Department of Agriculture and Markets  
**IFB#0154: Electric Scooter, Wheelchair, Stroller, and Wagon Rental Services,**  
**New York State Fairgrounds**

**SUBMISSION DOCUMENTS CHECKLIST**

To be completed by Bidder	BID RESPONSE ITEM	FOR AGR USE ONLY
	<b>The following forms and documentation must be submitted at the time of bid submission. The Department reserves the right to request any missing information from the items marked with an asterisk (*) below. Bidder will have three (3) business days to provide any missing information requested by the Department for those items marked with an asterisk (*).</b>	
<input type="checkbox"/>	Attachment 1 – Bid Form and Subcontracting Form	<input type="checkbox"/>
<input type="checkbox"/>	*Attachment 2 – Mandatory Requirements Certification Form	<input type="checkbox"/>
<input type="checkbox"/>	*Attachment 3 – Non-Collusive Bidding Certification	<input type="checkbox"/>
<input type="checkbox"/>	*Attachment 4 – MacBride Nondiscrimination Certification	<input type="checkbox"/>
<input type="checkbox"/>	*Attachment 5 – Procurement Lobby Law Forms	<input type="checkbox"/>
<input type="checkbox"/>	*Attachment 6 – Vendor Responsibility	<input type="checkbox"/>
<input type="checkbox"/>	*Attachment 7 – Vendor Assurance No Conflict of Interest	<input type="checkbox"/>
<input type="checkbox"/> <i>RETURN IF SFS VENDOR ID IS REQUESTED</i>	*Attachment 8 – Substitute W-9 Form to obtain SFS ID	<i>Not a requirement</i>
<input type="checkbox"/>	*Proof of Current Filing Status with New York State Department of State (DOS) (IFB Section 3.3, Min. Qualification 1)	<input type="checkbox"/>
<input type="checkbox"/>	*Certify that the bidder owns or has access to the quantity of electric scooters, wheelchairs, strollers and wagons that meet the requirements in Section 2.2 of this IFB. Bidder shall provide representative photos and specifications/descriptions of the electric scooters, wheelchairs, strollers and wagons to be provided with its bid. (IFB Section 3.3, Min. Qualification 2)	<input type="checkbox"/>
<input type="checkbox"/>	*Attachment 9 – References (IFB Section 3.3, Min. Qualification 3)	<input type="checkbox"/>
	<b>The following forms are not required until notification of selection is made, however bidders are strongly encouraged to submit the following forms with the bid response.</b>	
Website:	<i>Sales and Compensating Use Tax Documentation ST-220 CA:</i> <a href="http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf">http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf</a> <i>ST-220 TD:</i> <a href="http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf">http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf</a>	
<input type="checkbox"/>	ST-220 CA, Sales and Compensating Use Tax Certification	<input type="checkbox"/>
Website:	<i>Worker's Compensation Documentation</i> <a href="http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp">http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp</a>	
<input type="checkbox"/>	<b>Form C-105.2</b> – Certificate of Workers' Compensation Insurance issued by private insurance carriers, or <b>Form U-26.3</b> issued by the State Insurance Fund; OR	<input type="checkbox"/>

<input type="checkbox"/>	<b>Form SI-12</b> – Certificate of Workers’ Compensation Self-Insurance; or <b>Form GSI-105.2</b> Certificate of Participation in Workers’ Compensation Group Self-Insurance; OR	<input type="checkbox"/>
<input type="checkbox"/>	<b>CE-200</b> Certificate of Attestation for New York Entities with No Employees and certain out of State Entities, that New York State Worker’s compensation and/or Disability Benefits Insurance is not required OR	<input type="checkbox"/>
Website:	<i>Disability Benefits Coverage</i> <a href="http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp">http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp</a>	
<input type="checkbox"/>	<b>Form DB-120.1</b> - Certificate of Disability Benefits Insurance; OR	<input type="checkbox"/>
<input type="checkbox"/>	<b>Form DB-155</b> - Certificate of Disability Benefits Self-Insurance; OR	<input type="checkbox"/>
<input type="checkbox"/>	<b>CE-200</b> – Certificate of Attestation of Exemption from New York State Workers’ Compensation and/or Disability Benefits Coverage.	<input type="checkbox"/>

New York State Department of Agriculture and Markets  
**IFB#0154: Electric Scooter, Wheelchair, Stroller, and Wagon Rental Services,  
 New York State Fairgrounds**

**ATTACHMENT 1 - BID FORM**

Per Section 3.5 of the IFB, a five-year contract will be awarded. A fully completed and properly executed Bid Form must be submitted for this IFB. The Bid Form must not be altered in any way. All blanks must be filled in.

**ITEM 1 BID – CONCESSION AND EXHIBIT LICENSE FEE:**

Based upon the New York State Fair’s 2017 published concession and exhibit license rates, the license value for the three (3) concession and exhibit locations set forth in Section 2.2 B. of this IFB is \$2,855.77 per day (total of \$37,125 for 13 days). **To be considered, the bidder must offer a minimum bid of \$2,855.77 per day for use of the concession and exhibit space set forth in Section 2.2 B of this IFB for each of the five years listed on the Bid Form.** Payment shall be made by the selected Contractor to the AGM on or before June 1<sup>st</sup> each year during the Term of the Agreement.

	<b>License Fee Per Day</b>  (Note: To be considered, the bidder must offer a minimum bid of \$2,855.77 per day)	<b>Times 13 days of the Fair For Rating Purposes Only</b>  (Note: The number of days of the Fair may vary from year to year. Bidder shall pay the daily rate bid times the <u>actual</u> number of days of each Fair held during the Term of this Agreement)	<b>Total License Fees for 13 days of the Fair</b>
2017 Fair:		x 13 days	
2018 Fair:		x 13 days	
2019 Fair:		x 13 days	
2020 Fair:		x 13 days	
2021 Fair:		x 13 days	
<b>Grand Total License Fees Years 2017 through 2021:</b>			

COMPLETE AND RETURN WITH BID RESPONSE

ATTACHMENT 1 – BID FORM

**ITEM 2 BID – RENTAL PRICES CHARGED TO NYS FAIR PATRONS:**

Bidder shall provide per unit rental prices to be charged to Fair Patrons for the rental of electric scooters, wheelchairs, strollers and wagons. Full day and half day rentals shall be available for rental of electric scooters. The hours for half day rentals are 7:00 a.m. to 3:00 p.m. or 3:00 p.m. to 11:00 p.m. Note: The per item rental prices below shall remain firm for the Term of the Agreement subject to any price adjustment pursuant to Section 5.3 of the IFB.

<b>Description</b>	<b>Rental Price Per Item</b>	<b>x 2016 Quantities</b>	<b>Total</b>
Electric Scooters - Full Day		985	
Electric Scooters - Half Day		689	
Wheelchairs		516	
Strollers		752	
Wagons		427	
<b>Grand Total:</b>			

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

**ATTACHMENT 1 – SUBCONTRACTING FORM**  
**SUBCONTRACTING FORM (YEAR ONE ONLY)**  
**(WHOLE DOLLAR FIGURES ONLY)**

Subcontracting is defined as non-employee direct personal services and related incidental expenses, including travel. For vendors using subcontractors, a Vendor Responsibility Questionnaire and a Department vendor responsibility review are required for a subcontractor where: 1) the subcontractor is known at the time of the contract award; 2) the subcontractor is not an entity that is exempt from reporting by OSC; and 3) the subcontract will equal or exceed \$100,000 over the life of the contract.

YEAR ONE (5/1/17 – 4/30/18)

**Bidder Name:** \_\_\_\_\_

**Name of Subcontractor and**

Contact Information	Work Description	Estimated Hours/Days	Cost

Please add additional pages, if required.  
 Any change in subcontractors during the term of the contract is subject to the prior written approval of AGM. AGM reserves the right to accept or reject any replacement subcontractors proposed by the vendor. This Form must be updated annually and submitted to AGM.

**ATTACHMENT 2 – MANDATORY REQUIREMENTS CERTIFICATION**

***Mandatory Contract Requirements:***

By signing this form, the undersigned bidder certifies that, if selected, the bidder meets or will comply with the following requirements:

- 1) No other obligation or engagement, contractual or otherwise, will impact the selected Contractor’s ability to provide the rental of electric scooters, wheelchairs, strollers and wagons to NYS Fair patrons during the Term of the Agreement.
- 2) The selected Contractor will have full control of all equipment and rental services provided pursuant to this engagement and assumes total responsibility for financial loss, accident, injury, or death that may occur as a result of the equipment and services provided. The selected Contractor will indemnify and hold harmless the State of New York, the Department, its officers and employees, from all claims, demands, damages, expenses, liability or obligation for damages, loss or injury to, or of, any person or property arising out of the acts of the selected Contractor, its agents, servants, employees, and those acting for or on its behalf. Such indemnity shall not be limited by reasons of any insurance coverage provided.
- 3) The selected Contractor will obtain and maintain the following policies from an insurance company authorized to do business in the State of New York:
  - Commercial General Liability Insurance with a limit of not less than \$2,000,000 each occurrence. Such insurance shall be written on the ISO occurrence form CG 00 01, or a substitute form providing equivalent coverages, with no modification to the contractual liability coverage provided therein. Coverages shall include liability arising from premises operations, independent contractors, products-completed operations, broad form property damage, personal & advertising injury, cross liability coverage, liability assumed in a contract (including the tort liability of another assumed in a contract). If such insurance contains an aggregate limit, it shall apply separately to each location.
  - Comprehensive Business Automobile Liability Insurance with a limit of not less than \$1,000,000 each accident. Such insurance shall cover liability arising out of any automobile, including owned, leased, hired and non-owned automobiles.
  - The above policies shall be accompanied by additional insured endorsement (Acord 101) naming the New York State Department of Agriculture and Markets as an additional insured.
  - Worker’s Compensation and Disability Insurance – Statutory limits.
- 4) The selected Contractor agrees to comply with “Appendix A, Standard Clauses for New York State Contracts,” a copy of which is included in the NYS Fair Concessions and Exhibits Agreement attached to this IFB as Exhibit 2.

**Bid Responses that do not include the signed Mandatory Requirements Certification Form or fail to comply with all of the Mandatory Contract Requirements will be disqualified and removed from further consideration.**

**Bidder Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Company Address** \_\_\_\_\_

State of New York  
Department of Agriculture and  
Markets  
10B Airline Drive  
Albany, NY 12235

**Non-Collusive Bidding Certification Required by  
State Finance Law §139-D**

**ATTACHMENT 3**

**NON-COLLUSIVE BIDDING CERTIFICATION REQUIRED BY  
SECTION 139-D OF THE STATE FINANCE LAW**

**BY SUBMISSION OF THIS BID, ANY 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 HIS/HER KNOWLEDGE AND BELIEF:**

[1] The prices in this bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes 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.

**A BID SHALL NOT BE CONSIDERED FOR AWARD NOR SHALL ANY AWARD BE MADE WHERE [1], [2], AND [3] ABOVE HAVE NOT BEEN COMPLIED WITH; PROVIDED HOWEVER, THAT IF IN ANY CASE THE BIDDER(S) CANNOT MAKE THE FOREGOING CERTIFICATION, THE BIDDER(S) 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]



State of New York  
Department of Agriculture and  
Markets  
10B Airline Drive  
Albany, NY 12235

**Non-Collusive Bidding Certification Required by  
State Finance Law §139-D**

Signature \_\_\_\_\_

Name (Typed) \_\_\_\_\_

Company Position \_\_\_\_\_

Company Name \_\_\_\_\_

Date Signed \_\_\_\_\_

**Sworn to before me this**

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

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

Signature \_\_\_\_\_

Name (Typed) \_\_\_\_\_

Company Position \_\_\_\_\_

Company Name \_\_\_\_\_

Date Signed \_\_\_\_\_

**Sworn to before me this**

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

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

State of New York  
Department of Agriculture and  
Markets  
10B Airline Drive  
Albany, NY 12235

**MacBride Nondiscrimination Certification**

**ATTACHMENT 4**  
**COMPLETE AND RETURN WITH BID RESPONSE**

**"NONDISCRIMINATION IN EMPLOYMENT IN NORTHERN IRELAND:  
MACBRIDE FAIR EMPLOYMENT PRINCIPLES"**

In accordance with Chapter 807 of the laws of 1992 the bidder, by submission of this bid, certifies that it or any individual or legal entity in which the bidder holds a 10% or greater ownership, or any individual or legal entity that holds a 10% or greater ownership in the bidder, either:

(Answer Yes or No to one or both of the following, as applicable)

1. Has business operations in Northern Ireland:

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes:

2. Shall take lawful steps in good faith to conduct any business operations they have in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of compliance with such principles.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Company Name:
Printed Name and Title of Authorized Representative:
Signature:
Date:
Proposal:
Commodity:

**Summary of Department and Authority Policy regarding State Finance Law Sections §139-j and §139-k.**

Pursuant to State Finance Law Sections §139-j and §139-k, this solicitation includes and imposes certain restrictions on communications between the Department of Agriculture and Markets, ("Department") and a vendor/contractor during the procurement process. A vendor/contractor is restricted from making contacts from the earliest notice of intent to solicit bids/proposals through final award and approval of the contract by the Department, and, if applicable, Office of the State Comptroller ("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 Section §139-j(3)(a). Designated staff is identified in this solicitation. Department employees are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the vendor/contractor pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two such findings within a four year period, the vendor/contractor is debarred from obtaining governmental procurement contracts. Further information about these requirements can be found on the Office of General Services Website at: <http://www.ogs.state.ny.us/aboutOgs/regulations/defaultAdvisoryCouncil.html>

**The Department reserves the right to terminate** a contract in the event it is found that the certification filed by the Offerer in accordance with New York State Finance Law §139-k was intentionally false or intentionally incomplete. Upon such finding, the Department may exercise its termination right by providing written notification to the Offerer in accordance with the written notification terms of the contract.

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

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 questions 1a-1c:

**1a.** Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please circle): No Yes

**1b.** 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

**1c.** 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:

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(Add additional pages as necessary)

2. 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

If yes, please provide details below.

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

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

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

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(Add additional pages as necessary)

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

**Offerer affirms** that it understands and agrees to comply with the following policy & procedures of the Department relative to permissible Contacts as required by State Finance Law §139-j and §139-k.

By: \_\_\_\_\_  
Signature

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

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

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

# IFB#0154: Electric Scooter, Wheelchair, Stroller, and Wagon Rental Services, New York State Fairgrounds

## Attachment 6

### VENDOR RESPONSIBILITY

<b>Vendor Name:</b>	
<b>Vendor SFS ID#</b>	(Note: If you do not have an SFS # complete and submit the Substitute W-9 Form)

<b>Bidder Information—Please Complete This Section</b>		
Please complete the following. Responses must be legible. By signing, you indicate your express authority to sign on behalf of yourself, or your company or other entity and full knowledge and acceptance of the terms and conditions of the bid. You also affirm that you understand and agree to comply with the procedures of the <b>Department</b> relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b).		
<b><u>Legal Name of Company Bidding</u></b>	<b><u>Address:</u></b>	
<b><u>Employer's Federal Tax ID Number</u></b>		
<b>Check <u>one</u> of the following:</b>		
<input type="checkbox"/> I certify that my organization has filed its Vendor Responsibility Questionnaire online via the New York State VendRep System and that the current questionnaire was certified within the past six months.		
<input type="checkbox"/> I am including a completed paper copy of the Vendor Responsibility Questionnaire with the bid proposal.		
<input type="checkbox"/> My entity is exempt based on the OSC listing.		
<input type="checkbox"/> My proposal is less than \$100,000, therefore I am attaching a completed Contractor Information Checklist.		
<input type="checkbox"/> Other, explanation:		
<b>Bidder's Signature</b>	<i>Date</i>	<i>E-mail</i>
	<i>Phone</i>	<i>Fax</i>
<b>Print Name as Signed and Title</b>		

The Department reserves the right to request any additional information deemed necessary to properly review bids.

**New York State  
Department of Agriculture & Markets  
Division of Fiscal Management  
10B Airline Drive  
Albany, NY 12235**

**CONTRACTOR INFORMATION CHECKLIST**

**CONTRACT NO.** \_\_\_\_\_

Organization's Official Name			
d/b/a			
Address		City	
Contact Person	Title	State	Zip Code
Contact Person's Telephone	Contact Person's EMail Address	NYS Vendor ID Number	
Contact Person's Fax	Organization's Federal ID, Individual's Social Security Number or Municipal Code (1)(2)*		

**SELECT ONLY ONE OF THE FOLLOWING**

- |  |  |
|--|--|
| <input type="checkbox"/> Governmental or Quasi-governmental Agency | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> New York Business Corporation             | <input type="checkbox"/> Partnership               |
| <input type="checkbox"/> Out of State Business Corporation         | <input type="checkbox"/> Individual                |
| <input type="checkbox"/> Not-for-profit Organization (4)*          |  |

**COMPLETE ONLY THOSE BLOCKS BELOW WHICH ARE APPLICABLE**

1. Date of Incorporation	2. County	3. State of Incorporation
4. Authorized to do business in New York State <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Charities Bureau Registration or Identification Number (3)*	
6. If a not-for-profit organization, are you registered and up to date in filing annual reports with the Charities Bureau pursuant to NYEPTL §8-1.4 and New York Executive Law Article 7-A? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, answer number 7.		7. Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer number 8.
8. Reason for Exemption (from exemption determination letter)		
9. <b>FOR GRANTS ONLY</b> - Are you registered in the NYS Grants Gateway? <input type="checkbox"/> Yes <input type="checkbox"/> No (All vendors must register) If a not-for-profit organization, are you prequalified in the NYS Grants Gateway? <input type="checkbox"/> Yes <input type="checkbox"/> No (All not for profits must pre-qualify). For further information on registration and pre-qualification, go to: <a href="http://www.grantsreform.ny.gov">www.grantsreform.ny.gov</a>		
10. Please give Organization M/WBE percentage goal _____% See MWBE website: <a href="http://www.esd.ny.gov/MWBE.html">http://www.esd.ny.gov/MWBE.html</a> for further information		

\_\_\_\_\_  
Name of Contractor

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**\*SEE Attached for Explanation of Footnotes**

IF BID IS LESS THAN \$100,000, COMPLETE AND RETURN WITH BID RESPONSE

1. Disclosure of your federal social security or federal identification number by you is mandatory pursuant to New York State Tax Law Section 5(2). The principal purpose for which this information is collected is to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance for administering the Tax Law and for any other purpose authorized by the Tax Law.
2. If you are a county, city, town or village government, or a school district, community college, BOCES or VEEB, you must provide your 12-digit municipality code in the space provided.
3. Not-for-profit organizations must either:
  - a) insert their Charities Bureau Registration Number in Section 5 of the Contractor Information Checklist,
  - or
  - b) insert their Charities Bureau Identification Number in Section 5 of the Contractor Information Checklist and the category of exemption in Section 8 of the Contractor Information Checklist. The Charities Bureau Identification Number and category of exemption is listed on the exemption determination letter provided by the Charities Bureau to organizations that qualify for an exemption.

To determine if your organization is subject to the registration and reporting requirements of the Estates, Powers and Trusts Law (EPTL) Section 8-1.4 and/or the New York Executive Law Article 7-A, or to obtain an exemption determination letter, please contact the Charities Bureau at:

NYS Attorney General  
Charities Bureau Registration Section  
120 Broadway  
New York, NY 10271  
email: [charities.bureau@oag.state.ny.us](mailto:charities.bureau@oag.state.ny.us)  
phone: (212) 416-8401

The statutes governing registration with the Attorney General's Charities Bureau, forms and instructions for registration and annual financial reporting, categories of exemptions and other information of interest to not-for-profit organizations may be found at: [www.oag.state.ny.us/charities/charities.html](http://www.oag.state.ny.us/charities/charities.html).

Your failure to provide any of the requested information may result in your contract not being processed.

4. **FOR GRANTS ONLY** - Please go to [www.grantsreform.gov](http://www.grantsreform.gov) for registration and pre-qualification into the NYS Grants Gateway.

## Attachment 7

### **Vendor Assurance of No Conflict of Interest or Detrimental Effect**

The Firm offering to provide services pursuant to this IFB, as a contractor, joint venture contractor, subcontractor, or consultant, attests that its performance of the services outlined in this IFB does not and will not create a conflict of interest with nor position the Firm to breach any other contract currently in force with the State of New York.

Furthermore, the Firm attests that it will not act in any manner that is detrimental to any State project on which the Firm is rendering services. Specifically, the Firm attests that:

1. The fulfillment of obligations by the Firm, as proposed in the response, does not violate any existing contracts or agreements between the Firm and the State;
2. The fulfillment of obligations by the Firm, as proposed in the response, does not and will not create any conflict of interest, or perception thereof, with any current role or responsibility that the Firm has with regard to any existing contracts or agreements between the Firm and the State;
3. The fulfillment of obligations by the Firm, as proposed in the response, does not and will not compromise the Firm's ability to carry out its obligations under any existing contracts between the Firm and the State;
4. The fulfillment of any other contractual obligations that the Firm has with the State will not affect or influence its ability to perform under any contract with the State resulting from this IFB;
5. During the negotiation and execution of any contract resulting from this IFB, the Firm will not knowingly take any action or make any decision which creates a potential for conflict of interest or might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;
6. In fulfilling obligations under each of its State contracts, including any contract which results from this IFB, the Firm will act in accordance with the terms of each of its State contracts and will not knowingly take any action or make any decision which might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;
7. No former officer or employee of the State who is now employed by the Firm, nor any former officer or employee of the Firm who is now employed by the State, has played a role with regard to the administration of this contract procurement in a manner that may violate section 73(8)(a) of the State Ethics Law; and
8. The Firm has not and shall not offer to any employee, member or director of the State any gift, whether in the form of money, service, loan, travel, entertainment,



hospitality, thing or promise, or in any other form, under circumstances in which it could reasonably be inferred that the gift was intended to influence said employee, member or director, or could reasonably be expected to influence said employee, member or director, in the performance of the official duty of said employee, member or director or was intended as a reward for any official action on the part of said employee, member or director.

Firms responding to this IFB should note that the State recognizes that conflicts may occur in the future because a Firm may have existing or new relationships. The State will review the nature of any such new relationship and reserves the right to terminate the contract for cause if, in its judgment, a real or potential conflict of interest cannot be cured.

Name, Title:

Signature:

Date:

This form must be signed by an authorized executive or legal representative.



**NEW YORK STATE OFFICE OF THE STATE COMPTROLLER  
SUBSTITUTE FORM W-9:  
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION**

**TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.**

**Part I: Vendor Information**

1. Legal Business Name:	2. Business name/disregarded entity name, if different from Legal Business Name:
3. Entity Type (Check one only):	
Individual Sole Proprietor	Partnership
Limited Liability Co.	Corporation
Not For Profit Trusts/Estates	Federal, State or Local Government
Public Authority	Disregarded Entity
Other _____	<b>Exempt Payee</b>

**Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type**

1. Enter your TIN here: *(DO NOT USE DASHES)*  
See instructions.

2. Taxpayer Identification Type (check appropriate box):

Employer ID No. (EIN)	Social Security No. (SSN)	Individual Taxpayer ID No. (ITIN)	N/A (Non-United States Business Entity)
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**Part III: Address**

1. Physical Address:	2. Remittance Address:
Number, Street, and Apartment or Suite Number	Number, Street, and Apartment or Suite Number
City, State, and Nine Digit Zip Code or Country	City, State, and Nine Digit Zip Code or Country

**Part IV: Certification and Exemption from Backup Withholding**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (TIN), and
- I am a U.S. citizen or other U.S. person, and
- (Check one only):
  - I am not subject to backup withholding.** I am (a) 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), or
  - I am subject to backup withholding.** I have been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, and I have not been notified by the IRS that I am no longer subject to backup withholding.

**Sign Here:**

Signature _____	Title _____	Date _____
Print Preparer's Name _____	Phone Number _____	Email Address _____

**Part V: Contact Information – Individual Authorized to Represent the Vendor**

Vendor Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact's Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**DO NOT SUBMIT FORM TO IRS — SUBMIT FORM TO NYS ONLY AS DIRECTED**

**NYS Office of the State Comptroller**  
**Instructions for Completing Substitute Form W-9**

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New York State (NYS) must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYS Office of the State Comptroller uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding.<sup>1</sup> We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

Any payee/vendor who wishes to do business with New York State must complete the Substitute Form W-9. Substitute Form W-9 is the only acceptable documentation. We will not accept IRS Form W-9.

***Part I: Vendor Information***

1. **Legal Business Name:** For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **Business name/disregarded entity name, if different from Legal Business Name:** Enter your DBA name or another name your entity is known by.
3. **Entity Type:** Check the Entity Type doing business with New York State.

***Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type***

The TIN provided must match the name in the "Legal Business Name" box to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, refers to IRS W-9 instructions for additional information. For other entities, it is your employer identification number (EIN). If you do not have a number or if the account is in more than one name, refer to IRS W-9 instructions for additional information.

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN).
2. **Taxpayer Identification Type:** Check the type of identification number provided.

***Part III: Address***

1. **Physical Address:** Enter the location of where your business is physically located.
2. **Remittance Address:** Enter the address where payments should be mailed.

***Part IV: Certification and Exemption from Backup Withholding***

Check the appropriate box indicating your exemption status from backup withholding. Individuals and sole proprietors are not exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments. Refer to IRS Form W-9 instructions for additional information.

The signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

***Part V: Contact Information***

Please provide the contact information for an executive at your organization. This individual should be the person who makes legal and financial decisions for your organization.

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<sup>1</sup> According to IRS Regulations, OSC must withhold 28% of all payments if a payee/vendor fails to provide OSC its certified TIN. The Substitute Form W-9 certifies a payee/vendor's TIN.

# IFB#0154: Electric Scooter, Wheelchair, Stroller, and Wagon Rental Services, New York State Fairgrounds

## Attachment 9

### REFERENCES

Per Section 3.3 of the IFB, Minimum Qualification 3, the Bidder must provide the name, title, contact person, address, and telephone number for three (3) verifiable references. References must be customers that the bidder has provided service for within the last three (3) calendar years similar in scope to the services sought by this invitation for bids for a festival or event that lasted a minimum of three (3) consecutive days. Bidder must provide a list of the type and quantity of electric scooters, wheelchairs, strollers and/or wagons provided to the customer, the location of the festival or event, and the number of days of the event. Note that the Department will contact the references provided and the Proposer is solely responsible for the availability of the submitted references.

**Provide references below. Please copy form as necessary to include additional references. Only three (3) references are required (cannot include the New York State Fair):**

Name of Reference (1):	
Title:	
Company:	
Address:	
Telephone Number:	
Email Address:	
Type and Quantity of Electric Scooters, Wheelchairs, Strollers and/or Wagons Provided:	
Location of the Festival or Event where rental services were provided:	
Number of Days the Festival or Event lasted (must be a minimum of three (3) consecutive days)	
Date Rental Services were provided (must be within the last three (3) calendar years):	

Name of Reference (2):	
Title:	
Company:	
Address:	
Telephone Number:	
Email Address:	
Type and Quantity of Electric Scooters, Wheelchairs, Strollers and/or Wagons Provided:	
Location of the Festival or Event where rental services were provided:	
Number of Days the Festival or Event lasted (must be a minimum of three (3) consecutive days)	
Date Rental Services were provided (must be within the last three (3) calendar years):	

Name of Reference (3):	
Title:	
Company:	
Address:	
Telephone Number:	
Email Address:	
Type and Quantity of Electric Scooters, Wheelchairs, Strollers and/or Wagons Provided:	
Location of the Festival or Event where rental services were provided:	
Number of Days the Festival or Event lasted (must be a minimum of three (3) consecutive days)	
Date Rental Services were provided (must be within the last three (3) calendar years):	

# ENVELOPE 1 CHECKLIST

## Minimum Qualifications and Forms and Assurances

**Did you remember to include (submit this checklist along with the contents below):**

Place an "X" to indicate Bidder has included the following:

- \_\_\_ Original plus four (4) paper copies of the Minimum Qualifications in a separate envelope labeled "IFB #0154 Minimum Qualifications and Forms and Assurances - Do Not Open" and must include all required documentation to demonstrate that the Proposer meets the Minimum Qualifications set forth in Section 3.3 of this IFB including:
  - \_\_\_ **Proof of Current Filing Status with New York State Department of State (DOS)**
  - \_\_\_ **Certify that the bidder owns or has access to the quantity of electric scooters, wheelchairs, strollers and wagons that meet the requirements in Section 2.2 of this IFB. Bidder shall provide representative photos and specifications/descriptions of the electric scooters, wheelchairs, strollers and wagons to be provided with its bid.**
  - \_\_\_ **Attachment 9 - References Form**
  
- \_\_\_ All Forms and Assurances located in the Submission Documents packet (which follows the Exhibits), original plus one (1) copy, including original signatures, where necessary.
  - \_\_\_ **Cover Sheet and Submission Documents Checklist**
  - \_\_\_ **Attachment 2 - Mandatory Contract Requirements Certification Form (Original Signatures)**
  - \_\_\_ **Attachment 3 - Non-Collusive Bidding Certification (Original Signatures and Notarized)**
  - \_\_\_ **Attachment 4 - MacBride Nondiscrimination Certification Form (Original Signatures)**
  - \_\_\_ **Attachment 5 - Procurement Lobbying Law Forms (Original Signatures)**
  - \_\_\_ **Attachment 6 - Vendor Responsibility Forms (Original Signatures)**
  - \_\_\_ **Attachment 7 - Vendor Assurance No Conflict of Interest Form (Original Signatures)**
  - \_\_\_ **Attachment 8 - Substitute Form W-9, if SFS Vendor ID needed (Original Signatures)**

# ENVELOPE 2 CHECKLIST Bid Form

**Did you remember to include (submit this checklist along with the contents below):**

Place an "X" to indicate Bidder has included the following:

\_\_\_ Original plus four (4) paper copies of the completed Bid Form should be mailed in a separate envelope labeled "IFB #0154 Bid Form - Do Not Open" and must include the following outlined below:

\_\_\_ **Attachment 1 - Bid Form and Subcontracting Form (Original Signatures)**