



## EXECUTIVE COMMITTEE

August 17, 2017 at 11:30AM

- I. HUMAN RIGHTS MONTHLY REPORT
- II. COUNTY MANAGER'S MONTHLY REPORT
- III. PRESENTATIONS: None
- IV. DISCUSSION
  1. Staggered Terms of County Legislators
  2. Amendments to the Code
  3. Gary Maas, Town of Cochection Supervisor
- V. RESOLUTIONS:
  1. Appoint Aricelli Mir-Pontier to the position of Executive Director of Human Rights
  2. Appoint members to the Healthy Families of Sullivan Community Advisory Board
  3. Appoint Karen Russell to the Community Services Board
  4. Reappoint Bassett to the Office for the Aging Advisory Committee
  5. Authorize modification agreement with Teamsters Local 445 to amend the salary schedule for Licensed Practical Nurses
  6. Authorize modification agreement to the salary schedule effecting RN's working for Sullivan County
  7. Set the salary of the Administrator of the Adult Care Center
  8. Pursue the possible long term rental or sale of a portion of the D&H Canal property to the Town of Mamakating
  9. Continue the sale of real property from the 2017 Auction of certain properties owned by the Village of Monticello in full satisfaction of all outstanding Town and County Tax Liens
  10. Amend Resolution No. 216-15 to correct the parcel identification number
  11. Convey BE 49.-9-1 to the Town of Bethel

12. Accept funding from the Governor's Traffic Safety Committee for Child Passenger Safety Program
13. Accept funding from HRI for Emergency Preparedness Grant
14. Authorize contract with the Sullivan County Visitors Association
15. Expedite DPW Purchases not exceeding \$250.00 effective immediately
16. Authorize IMA with the Village of Monticello and the County of Sullivan for costs related to offsite utilities and agreed upon upgrades
17. Apportion cost of the County Self-Insurance Plan and Levying Taxes Therefore
18. Authorize the County Manager to extend the retainer agreement with Roemer Wallens Gold and Mineaux LLP
19. Support the Sullivan County Shared Services Draft Plan
20. Adopt the revision of Sullivan County's Federal Aviation Administration Disadvantaged Business Enterprise (DBE) Program
21. Authorize agreement with General Code, CMS, LLC for the Laserfiche Rio

## VI. PUBLIC COMMENT

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# County Manager's Monthly Report 8-17-17

## County Manager's Activities

- Met with commissioners and department heads to discuss current issues, initiatives and concerns
- Monitored and discussed ongoing construction of County Jail
- Continuing to explore bids for fixed-route transportation
- Discussed various initiatives and issues with Deputy County Manager
- Spoke at Climate Smart/Clean Energy certification press conference
- Spoke at Battle of Minisink Commemoration, which included unveiling of new memorial
- Completed and delivered Shared Services Draft Plan by state-mandated date
- Met with arts council overseeing return of public art to Government Center hallways
- Examining several buildings which could address space issues
- Interviewed and selected new administrator of the Adult Care Center
- Continuing to work with Public Health Services on speech pathologist concerns
- With County Treasurer, participated in webinar regarding host compliance with room tax remittance (including but beyond Airbnb hosts)
- Attended Division of Health & Family Services Staff Appreciation Picnic
- Attended Sullivan Renaissance Awards Reception
- Began meeting with commissioners and department heads about 2018 budget requests
- Toured SUNY Sullivan's sustainable energy and environmental facilities and farm with an eye toward collaboration
- Working with Sullivan County Visitors Association, Division of Public Works and Legislature on siting a new visitors' center
- Reviewing applicants for Public Safety Commissioner vacancy
- Held meetings with committee chairs and department heads to discuss monthly agendas
- Attended monthly Legislative Committee and Full Board meetings

## Deputy County Manager's Activities

- Toured Alan Sorensen's legislative district (Town of Thompson, Village of Monticello)
- Reviewing answers to employee survey about health insurance buyouts to save money
- Assisting Public Health Services with logos for Tobacco 21 law and other needs
- Working with the New York State Nurses Association to increase RN compensation in order to reduce funded vacancies
- Also working with Teamsters to increase LPN salary schedule
- Developed job qualifications for Public Safety Commissioner position
- Led tour of land around Liberty facilities for cell tower RFP
- Made presentation on leadership skills to Monticello High School students

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- Assembled and wrote Shared Services Draft Plan
- Oversaw and finalized redesign of Government Center logo and color scheme
- Moving forward with acquisition of easement for new jail's water infrastructure
- Participated in employee introductions at all orientations
- Worked with Risk Management and County Treasurer's offices to develop workers compensation/IBNR funding policy
- Met with deputy fire coordinators to address concerns and develop policies
- Met with coroners to open up lines of communication
- Planned and oversaw successful Government Center fire drill
- Finalizing leadership management training program for all supervisors of staff
- Attended Division of Health & Family Services Staff Appreciation Picnic

Director of Communications' Activities

- Continuing to coordinate communication efforts across County departments, with County earning positive press in most every local media outlet
- Substantially increased Facebook activity, posting press releases, alerts, photos and videos on average once a day:
  - Main SC Gov't. Facebook page now past 1,130 fans, while reaching nearly 8,000 users (fans or otherwise) on any given day
  - Public Health Services page up to nearly 200 fans, while reaching well over 300 users (fans or otherwise) on any given day
- Posted Facebook album of Division of Health and Family Services Staff Appreciation Picnic
- Photographed and shot video at Battle of Minisink Commemoration, then used that imagery for "Park of the Month" promotion on social media
- Assisted in siting and coordinating Climate Smart/Clean Energy certification press conference
- Continued posting job listings on both County Facebook page and independent Sullivan County NY Help Wanted page
- Began populating Instagram page for County
- Increased Twitter tweets
- Wrote and edited letters and other documents for various County officials
- Continuing to develop updated social media policy in concert with County Attorney's Office, with particular attention on FOIL requirements and other legal considerations
- Designed, wrote, photographed and published County Manager's Newsletter
- Worked with County Manager and Deputy County Manager on Adult Care Center renaming effort
- Edited Shared Services Draft Plan for professional presentation

CM2

- Successfully executed first “Citizen of the Month” presentation at full Legislature meeting, including recognition, certificate printing, interviewing, scripting, writing/distributing press release, and requisite photography

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**RESOLUTION NO. INTRODUCED BY EXECUTIVE COMMITTEE TO APPOINT  
ARICELLI MIR-PONTIER TO THE POSITION OF EXECUTIVE DIRECTOR HUMAN  
RIGHTS COMMISSION**

**WHEREAS**, the position of Executive Director of the Human Rights Commission for the County of Sullivan will be vacant September 1, 2017 due to the resignation of Lorraine Lopez and

**WHEREAS**, this position is a part-time position, and

**WHEREAS**, after conducting a search and interviews for such candidate it is the recommendation of the Executive Committee of the Human Rights Commission that Aricelli Mir-Pontier be appointed to the position effective September 11, 2017 and

**WHEREAS**, there is a need for the salary for said part-time position to be established.

**NOW, THEREFORE, BE IT RESOLVED**, that Aricelli Mir-Pontier be appointed to the position of Executive Director of the Human Rights Commission for the County of Sullivan at the salary of \$23,100 per year.

**RESOLUTION NO.                    INTRODUCED BY EXECUTIVE COMMITTEE TO  
APPOINT MEMBERS TO THE HEALTHY FAMILIES OF SULLIVAN COMMUNITY  
ADVISORY BOARD**

**WHEREAS**, pursuant to the Healthy Families New York Program Guidelines, Sullivan County Public Health Services' Healthy Families Program has an established a Community Advisory Board, which reviews the outcomes of the Healthy Families Program goals and advises for continuous quality improvement, and

**WHEREAS**, there are three vacant seats on the Sullivan County Healthy Families Advisory Board,

**WHEREAS**, pursuant to Healthy Families New York Program Guidelines, Sullivan County Public Health Services' Healthy Families Community Advisory Board members are not appointed to specific term lengths, but are based on interest and needs of the program, professional expertise in the health and humans services fields, and community involvement.

**NOW, THEREFORE, BE IT RESOLVED**, that the individuals listed below be *appointed* to the Healthy Families Community Advisory Board:

Melissa Stickle, LCSW-R, CASAC  
PO Box 306  
Mongaup Valley New York 12762

Delia W. Goldberg  
7 Robins Way  
Woodridge, NY 12789

Lynn Guiser, MS, RDN  
107 Stone Arch Road  
Damascus, PA 18415

**Moved by  
Seconded by  
and declared duly adopted on motion**

COMBINED: LEGISLATIVE MEMORANDUM,  
CERTIFICATE OF AVAILABILITY OF FUNDS  
AND RESOLUTION COVER MEMO

To: Sullivan County Legislature

Fr: Nancy McGraw, Public Health Director

Re: Request for Consideration of a Resolution: To appoint three members to the Healthy Families  
Community Advisory Board

Date: July 27, 2017

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

To authorize the appointment of the following individuals to the Healthy Families  
Community Advisory Board: Melissa Stickle, Delia W. Goldberg and Lynn Guiser.

Is subject of Resolution mandated? Explain:

Healthy Families is required by Healthy Families Program New York Guidelines to establish a community advisory board

Does Resolution require expenditure of funds? Yes \_\_\_ No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ \_\_\_\_\_

Are funds already budgeted? Yes \_\_\_ No

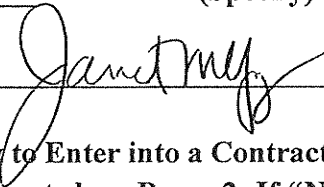
If "Yes" specify appropriation code(s): \_\_\_\_\_

If "No", specify proposed source of funds: \_\_\_\_\_

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

Verified by Budget Office: \_\_\_\_\_



Does Resolution request Authority to Enter into a Contract? Yes \_\_\_ No

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.



Request for Authority to Enter into Contract with \_\_\_\_\_ of \_\_\_\_\_

Nature of Other Party to Contract: .

Other:

Duration of Contract: From \_\_\_\_\_ To \_\_\_\_\_

Is this a renewal of a prior Contract? Yes \_\_\_ No \_\_\_

If "Yes" provide the following information:

Dates of prior contract(s): From \_\_\_\_\_ To \_\_\_\_\_

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes \_\_\_ No \_\_\_

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

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

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

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

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \_\_\_\_\_

Efforts made to find Less Costly alternative:

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

Efforts made to share costs with another agency or governmental entity:

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

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

\_\_\_\_\_

Person(s) responsible for monitoring contract (Title): Nancy McGraw, Public Health Director

Pre-Legislative Approvals:

- A. Director of Purchasing: Amyson Lewis Date 8/3/17
- B. Management and Budget: Janetmy Date 8/3/17
- C. Law Department: [Signature] Date 8/3/17
- D. County Manager: [Signature] Date 8/9/17
- E. Other as Required: [Signature] Date 7/27/17

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

Resolution No. \_\_\_\_\_

**RESOLUTION INTRODUCED BY HEALTH & FAMILY SERVICES COMMITTEE.**

**RESOLUTION TO APPOINT ONE (1) MEMBER TO THE COMMUNITY SERVICES BOARD**

WHEREAS, there are several vacancies on the Community Services Board, and

WHEREAS, there is a need to appoint one (1) member to fill a vacancy on the Community Services Board.

NOW, THEREFORE, BE IT RESOLVED, the following individual to be appointed to fill a vacancy on the Sullivan County Community Services Board to reflect the date set opposite his/her name:

<b>APPOINTMENT TO THE CSB</b>	<b>TERM</b>
Karen Russell (to fill vacancy left by Matthew Migliaccio)	09/01/2017 to 12/31/2020

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2017.

COMBINED: LEGISLATIVE MEMORANDUM,  
CERTIFICATE OF AVAILABILITY OF FUNDS  
AND RESOLUTION COVER MEMO

To: Sullivan County Legislature

Fr: Joseph A. Todora; Commissioner/Director

Re: Request for Consideration of a Resolution: To appoint one (1) person to the CSB.

Date: August 21, 2017

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

To fill a vacant term on the Community Services Board (CSB) by appointing one (1) person, Karen Russell to this board.

Is subject of Resolution mandated? Explain:

Yes, planning, maintaining and overseeing of the Local Government Unit is done through the CSB, as well as advising the Director of DCS of changes in the behavioral health field.

Does Resolution require expenditure of funds? Yes \_\_\_ No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ \_\_\_\_\_

Are funds already budgeted? Yes \_\_\_ No \_\_\_

If "Yes" specify appropriation code(s): \_\_\_\_\_

If "No", specify proposed source of funds: No funds required

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

Verified by Budget Office: \_\_\_\_\_

Does Resolution request Authority to Enter into a Contract? Yes \_\_\_ No

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

Request for Authority to Enter into Contract with [ \_\_\_\_\_ ] of  
[ \_\_\_\_\_ ]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From \_\_\_\_\_ To \_\_\_\_\_

Is this a renewal of a prior Contract? Yes \_\_\_ No \_\_\_

If "Yes" provide the following information:

Dates of prior contract(s): From \_\_\_\_\_ To \_\_\_\_\_

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes \_\_\_ No \_\_\_

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

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

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

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

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \_\_\_\_\_

Efforts made to find Less Costly alternative:

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

Efforts made to share costs with another agency or governmental entity:

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

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

\_\_\_\_\_

Person(s) responsible for monitoring contract (Title): Joseph A. Todora, Commissioner/Director

Pre-Legislative Approvals:

- A. Director of Purchasing: Alyson Lewis Date 8/7/17
  - B. Management and Budget: [Signature] Date 8/14/17
  - C. Law Department: [Signature] Date 8/2/17
  - D. County Manager: [Signature] Date 8/15/17
  - E. Other as Required: [Signature] Date 7/20/17
- Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

**Resolution No.**

**RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE**

**RESOLUTION TO REAPPOINT ONE MEMBER TO THE OFFICE FOR THE AGING ADVISORY COMMITTEE**

**WHEREAS**, it is the desire to reappoint Priscilla T. Bassett to the Office for the Aging Advisory Committee, and

**WHEREAS**, the above reappointment is to commence on the date this resolution is adopted.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby reappoint the following member to the Office for the Aging Advisory Committee, for the term to expire on the date opposite of name.

**OFA APPOINTMENT:**

**TERM:**

Priscilla T. Bassett  
292 Glade Hill Road  
Grahamsville NY 12740

5/31/2020

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2017.

\_\_\_\_\_

**RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE AUTHORIZING THE COUNTY MANAGER TO ENTER INTO A MODIFICATION AGREEMENT WITH TEAMSTERS LOCAL 445 TO AMEND THE SALARY SCHEDULE FOR LICENSED PRACTICAL NURSES**

**WHEREAS**, the Sullivan County Adult Care Center is set aside as a unique County facility in that it operates 24 hours a day, 7 days a week, year-round with the primary objective being to care for elderly patients and residents whom in many cases represent some of Sullivan County's most vulnerable; and

**WHEREAS**, it has been difficult to maintain staffing levels to meet the operational needs of the facility during certain shifts throughout the schedule without the use of overtime; and

**WHEREAS**, the Acting Director of the Adult Care Center and the Commissioner of Health and Family Services recommend that the attraction and retention of Licensed Practical Nurses (LPN's), would be improved by increasing their base salary; and

**WHEREAS**, the County has determined that in order to increase the base salary for LPN's the County must amend the contract currently in effect with Teamsters Local 445 and as part of that amendment create a salary schedule specific to LPN's; and

**WHEREAS**, the County has recognized that due to attraction and retention issues with LPN's the County's current budget and past budgets in previous operating years resulted in several funded vacancies in which those funded positions could be used to fund the increased base salary for LPN's without affecting currently filled staffing levels in any adverse way.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby authorizes the County Manger to enter into an modification agreement with Teamsters Local 445 to create a new salary schedule with three tiers specific to LPN's and that the new salary schedule will increase the starting pay of LPN's from \$32,349 to \$35,943 to be referenced as grade 6a, and the LPN's currently set at a salary rate of \$35,943 be increased to \$37,813 to be referenced as grade 6b and that, LPN's who have worked for the County for more than 19 years be increased to a salary of \$39,683 and referenced as grade 6c; and .

**BE IT FURTHER RESOLVED**, that in an effort to work within the confines of the 2017 Adopted Budget and future budgets, and in an effort to create the funds available for the above mentioned grade creation and associated costs, the County will reduce its current funded vacancies in the position on LPN's by one position.

Moved by \_\_\_\_\_ ,  
Seconded by \_\_\_\_\_ ,  
and adopted on motion \_\_\_\_\_ , 2017.

5



COMBINED: LEGISLATIVE MEMORANDUM,  
CERTIFICATE OF AVAILABILITY OF FUNDS  
AND RESOLUTION COVER MEMO

To: Sullivan County Legislature

Fr: Joshua Potossek, County Manager

Re: Request for Consideration of a Resolution: To enter into a modification agreement w/  
Teamsters Local 445

Date: 08/14/2017

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

TO ENTER INTO A MODIFICATION AGREEMENT WITH TEAMSTERS LOCAL 445  
TO AMEND THE SALARY SCHEDULE FOR LICENSED PRACTICAL NURSES

Is subject of Resolution mandated? Explain:

No

Does Resolution require expenditure of funds? Yes \_\_\_ No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ \_\_\_\_\_

Are funds already budgeted? Yes \_\_\_ No \_\_\_

If "Yes" specify appropriation code(s): \_\_\_\_\_

If "No", specify proposed source of funds: \_\_\_\_\_

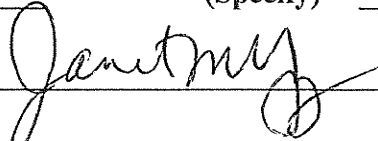
Estimated Cost Breakdown by Source:

County \$ \_\_\_\_\_ Grant(s) \$ \_\_\_\_\_

State \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Federal Government \$ \_\_\_\_\_ (Specify) \_\_\_\_\_

Verified by Budget Office: \_\_\_\_\_



Does Resolution request Authority to Enter into a Contract? Yes \_\_\_ No \_\_\_

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

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Request for Authority to Enter into Contract with [ \_\_\_\_\_ ] of  
[ \_\_\_\_\_ ]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From \_\_\_\_\_ To \_\_\_\_\_

Is this a renewal of a prior Contract? Yes \_\_\_ No \_\_\_

If "Yes" provide the following information:

Dates of prior contract(s): From \_\_\_\_\_ To \_\_\_\_\_

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes \_\_\_ No \_\_\_

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

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

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

P  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \_\_\_\_\_

Efforts made to find Less Costly alternative:

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

Efforts made to share costs with another agency or governmental entity:

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

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

\_\_\_\_\_

Person(s) responsible for monitoring contract (Title): \_\_\_\_\_

Pre-Legislative Approvals:

- A. Director of Purchasing: Amyson Lewis Date 8/15/17
- B. Management and Budget: [Signature] Date 8/15/17
- C. Law Department: [Signature] Date 8/17/17
- D. County Manager: [Signature] Date 8/15/17
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in Executive Committee on 08/17/2017

\_\_\_\_\_

**RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE AUTHORIZING THE COUNTY MANAGER TO MAKE A MODIFICATION TO THE SALARY SCHEDULE EFFECTING RN's WORKING FOR SULLIVAN COUNTY.**

**WHEREAS**, Sullivan County has many departments which rely heavily on the use of Registered Nurses ("RN's") to fulfill their mission; and

**WHEREAS**, there have been difficulties in both maintaining staffing levels to meet the County's operational staffing goals in some departments who utilize RN's; and

**WHEREAS**, the Commissioner of Health and Family Services recommends that the attraction and retention of RN's, would be improved by increasing the base salary and the salaries of RN's in various grades; and

**WHEREAS**, the County has recognized that due to the attraction and retention issues with RN's the County's current budget and past budgets in previous operating years resulted in several funded vacancies in which those funded positions could be used to fund the increased base salary for RN's without affecting currently filled staffing levels in any adverse way.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby authorizes the County Manger to create a modification to the existing salary schedule by replacing it with a new salary schedule for existing grades and that the new salary schedule will increase the starting pay of RN's from \$54,181 to \$56,182 to be referred to as Grade 2, and that RN's currently set at a salary rate of \$57,894, be increased to \$59,394 to be referenced as Grade 4 and that, RN's currently set at a salary rate of \$59,745, be increased to \$61,245 to be referenced as Grade 5, that RN's currently at a salary of \$62,533, be increased to \$64,033, to be referenced as Grade 6 and that RN's currently set at a salary rate of \$70,136, be increased to \$71,636 to be referenced as Grade 8; and

**BE IT FURTHER RESOLVED**, that in an effort to work within the confines of the 2017 Adopted Budget and future budgets, and in an effort to create the funds available for the above mentioned grade creation and associated costs, the County will reduce its current funded vacancies in the position on RN's by one position which will not include the positions currently budgeted for within the ACC.

Moved by \_\_\_\_\_ ,  
Seconded by \_\_\_\_\_ ,  
and adopted on motion \_\_\_\_\_ , 2017.

COMBINED: LEGISLATIVE MEMORANDUM,  
CERTIFICATE OF AVAILABILITY OF FUNDS  
AND RESOLUTION COVER MEMO

To: Sullivan County Legislature

Fr: Joshua Potosek, County Manager

Re: Request for Consideration of a Resolution: To enter into a modification agreement w/ NYSNA

Date: 08/14/2017

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

TO ENTER INTO A MODIFICATION AGREEMENT WITH THE NEW YORK STATE NURSES ASSOCIATION TO AMEND THE SALARY SCHEDULE FOR REGISTERED NURSES

Is subject of Resolution mandated? Explain:

No

Does Resolution require expenditure of funds? Yes \_\_\_ No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ \_\_\_\_\_

Are funds already budgeted? Yes \_\_\_ No \_\_\_

If "Yes" specify appropriation code(s): \_\_\_\_\_

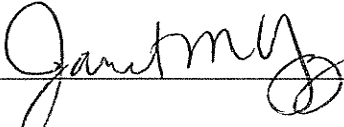
If "No", specify proposed source of funds: \_\_\_\_\_

Estimated Cost Breakdown by Source:

County \$ \_\_\_\_\_ Grant(s) \$ \_\_\_\_\_

State \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Federal Government \$ \_\_\_\_\_ (Specify) \_\_\_\_\_

Verified by Budget Office: 

Does Resolution request Authority to Enter into a Contract? Yes \_\_\_ No \_\_\_

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

Request for Authority to Enter into Contract with \_\_\_\_\_ of \_\_\_\_\_

Nature of Other Party to Contract: .

Other:

Duration of Contract: From \_\_\_\_\_ To \_\_\_\_\_

Is this a renewal of a prior Contract? Yes \_\_\_ No \_\_\_

If "Yes" provide the following information:

Dates of prior contract(s): From \_\_\_\_\_ To \_\_\_\_\_

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes \_\_\_ No \_\_\_

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

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

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

P  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \_\_\_\_\_

Efforts made to find Less Costly alternative:

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

Efforts made to share costs with another agency or governmental entity:

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

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

\_\_\_\_\_

Person(s) responsible for monitoring contract (Title): \_\_\_\_\_

**Pre-Legislative Approvals:**

A. Director of Purchasing: Aunson Lewis Date 8/15/17

B. Management and Budget: [Signature] Date 8/15/17

C. Law Department: [Signature] Date 8/15/17

D. County Manager: [Signature] Date 8/15/17

E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in Executive Committee on 08/17/2017

bc

**RESOLUTION NO. INTRODUCED BY THE EXECUTIVE COMMITTEE TO SET  
THE SALARY OF THE ADMINISTRATOR OF THE ADULT CARE CENTER**

**WHEREAS**, the Commissioner of Health & Family Services has recommended that the salary of the Administrator of the Adult Care Center position be set at \$100,000; and

**WHEREAS**, the proposed salary will assist with recruitment of experienced candidates and allow for the efficient functionality of the Adult Care Center.

**NOW, THEREFORE BE IT RESOLVED** that the Sullivan County Legislature hereby sets the salary of the Administrator of the Adult Care Center at \$100,000.

**Moved by,  
Seconded by  
Declared duly adopted on motion**



COMBINED: LEGISLATIVE MEMORANDUM,  
CERTIFICATE OF AVAILABILITY OF FUNDS  
AND RESOLUTION COVER MEMO

To: Sullivan County Legislature

Fr: Joeseeph A. Todora, Commissioner DHFS

Re: Request for Consideration of a Resolution: To set the salary for the Adminstrator of the ACC

Date:

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

Set the salary for the Administrator of the ACC.

Is subject of Resolution mandated? Explain:

No

Does Resolution require expenditure of funds? Yes  No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 152,626.00

Are funds already budgeted? Yes  No

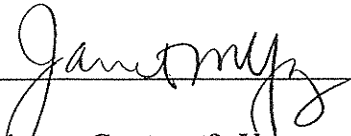
If "Yes" specify appropriation code(s): E6020-81-10-1011/8201-200

If "No", specify proposed source of funds:

Estimated Cost Breakdown by Source:

County	\$		Grant(s)	\$	
State	\$	152,626.00	Other	\$	
Federal Government	\$		(Specify)		

Verified by Budget Office:



Does Resolution request Authority to Enter into a Contract? Yes  No

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

Request for Authority to Enter into Contract with [ \_\_\_\_\_ ] of  
[ \_\_\_\_\_ ]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From \_\_\_\_\_ To \_\_\_\_\_

Is this a renewal of a prior Contract? Yes \_\_\_ No \_\_\_

If "Yes" provide the following information:

Dates of prior contract(s): From \_\_\_\_\_ To \_\_\_\_\_

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

\_\_\_\_\_

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes \_\_\_ No \_\_\_

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

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

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

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

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \_\_\_\_\_

Efforts made to find Less Costly alternative:

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

Efforts made to share costs with another agency or governmental entity:

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

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

\_\_\_\_\_

Person(s) responsible for monitoring contract (Title): \_\_\_\_\_

Pre-Legislative Approvals:

- A. Director of Purchasing: Amyson Lewis Date 8/14/17  
B. Management and Budget: [Signature] Date 8/14/17  
C. Law Department: [Signature] Date 8/14/17  
D. County Manager: [Signature] Date \_\_\_\_\_  
E. Commissioner: [Signature] Date 8/7/17

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

**RESOLUTION NO. \_\_\_\_ INTRODUCED BY THE EXECUTIVE COMMITTEE TO PURSUE THE POSSIBLE LONG TERM RENTAL OR SALE OF A PORTION OF THE D & H CANAL PROPERTY TO THE TOWN OF MAMAKATING**

**WHEREAS**, the Town of Mamakating (the “Town”) has presented to the Sullivan County Legislature a written proposal for the ownership, use, maintenance and operation of a portion of the D & H Canal property owned by the County of Sullivan, more specifically, the improvement and renovation of the Interpretative Center located on Bova Road between the Hamlets of Summitville and Phillipsport, the renovation of the D & H Canal Dock #50, a dry dock, and the construction of a canal boat to historical specifications (the “Property”), and

**WHEREAS**, the Town believes it is best suited to undertake these actions to preserve the history of the D & H Canal and to increase tourism, and

**WHEREAS**, the Town will need to address various regulatory requirements prior to pursuing either Property ownership or a long term lease agreement with the County of Sullivan and wishes to have a clear indication of the support of the County Legislature prior to expending significant time, resources and funds on its due diligence.

**NOW THEREFORE BE IT RESOLVED**, the Sullivan County Legislature supports the efforts on the part of the Town to explore improvements and renovations to the Property and to further explore the possibility of ownership or a long term lease with the County; and

**BE IT FURTHER RESOLVED**, upon completion of the Town’s due diligence efforts and confirmation that the above proposal is viable and meets County standards for stewardship of the Property, and upon the recommendation of the County Manager, the County Legislature authorizes a lease of up to five years with the Town, with specific milestones set forth in the lease document, to enable the Town of Mamakating to undertake efforts to determine whether a long term lease with the County or ownership of the Property outright is warranted.

Moved \_\_\_\_\_

**RESOLUTION NO. \_\_\_\_\_**

**INTRODUCED BY EXECUTIVE COMMITTEE TO CONTINUE THE SALE OF REAL PROPERTY FROM THE 2017 AUCTION OF CERTAIN PROPERTIES OWNED BY THE VILLAGE OF MONTICELLO IN FULL SATISFACTION OF ALL OUTSTANDING TOWN & COUNTY TAX LIENS, THROUGH & INCLUDING LIENS LEVIED JANUARY 1<sup>st</sup>, 2017**

**WHEREAS**, the Village of Monticello has taken title to premises located at Hillside Avenue designated as TH110.-1-1, TH110.-1-2, TH110.-1-3, and 45 Clinton Avenue designated as TH120.-3-7 for the non-payment of 2009 and 2010 tax liens; and

**WHEREAS**, at the June 2017 County Auction, the combined Hillside Avenue premises was sold for \$32,500.00 and the 45 Clinton Avenue premises was sold for \$32,500.00; and

**WHEREAS**, pursuant to paragraph 7(b)(ii) of the Inter-Municipal Agreement between the Village of Monticello and the County of Sullivan, the Village and the County equally share the net proceeds of the sales referred to above after both the Village and County's tax liens are satisfied; and

**WHEREAS**, there are insufficient proceeds to satisfy the County's tax liens in full; and

**WHEREAS**, the Real Property Advisory Board has discussed and reviewed the sales noted above and believes that accepting one-half of the net proceeds of said sales is in the best interests of the County and recommends that said action be approved by the Sullivan County Legislature;

**NOW, THEREFORE, BE IT RESOLVED**, that pursuant to said Inter-Municipal Agreement, the County Treasurer is hereby authorized to journal the respective tax records for said parcels to extinguish and discharge all delinquent tax liens accordingly.

**Moved by \_\_\_\_\_,**

**Seconded by \_\_\_\_\_,**

**And adopted on motion \_\_\_\_\_, 2017.**

**RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE**

**RESOLUTION TO AMEND RESOLUTION NUMBER 216-15 TO CORRECT THE PARCEL IDENTIFICATION NUMBER**

**WHEREAS**, on May 21, 2015 the Sullivan County Legislature adopted Resolution No. 216-15 authorizing the Sullivan County Treasurer to cancel all outstanding taxes and remove all liens pertaining to CA106.-1-34.2 and also authorizing the Sullivan County Treasurer to remove parcel CA106.-1-34.2 from the pending 2013 lien foreclosure proceeding, and

**WHEREAS**, the resolution should have authorized the Sullivan County Treasurer to cancel all outstanding taxes and remove all liens pertaining to CA106.-1-34.1 and also authorized the Sullivan County Treasurer to remove parcel CA106.-1-34.1 from the pending 2013 lien foreclosure proceeding and should be amended to correct the parcel identification number, and

**NOW, THEREFORE, BE IT RESOLVED**, Resolution No. 216-15 is hereby amended to correct the parcel identification number on resolution number 216-15.

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
And adopted on motion \_\_\_\_\_, 2017.

**COMBINED: LEGISLATIVE MEMORANDUM,  
CERTIFICATE OF AVAILABILITY OF FUNDS  
AND RESOLUTION COVER MEMO**

**To:** Sullivan County Legislature

**Fr:** Executive Committee

**Re:** Request for Consideration of a Resolution:

**Date:**

**Purpose of Resolution:** [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

To amend resolution no. 216-15 to correct the parcel identification number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is subject of Resolution mandated? Explain:**

\_\_\_\_\_

\_\_\_\_\_

**Does Resolution require expenditure of funds? Yes \_\_\_ No**

**If "Yes, provide the following information:**

Amount to be authorized by Resolution: \$ \_\_\_\_\_

Are funds already budgeted? Yes \_\_\_ No \_\_\_

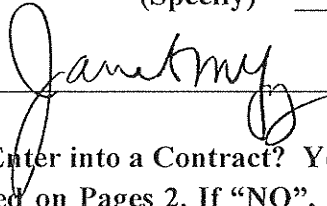
If "Yes" specify appropriation code(s): \_\_\_\_\_

If "No", specify proposed source of funds: \_\_\_\_\_

**Estimated Cost Breakdown by Source:**

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

**Verified by Budget Office:** \_\_\_\_\_



**Does Resolution request Authority to Enter into a Contract? Yes \_\_\_ No \_\_\_**

**If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.**

Request for Authority to Enter into Contract with [ \_\_\_\_\_ ] of  
[ \_\_\_\_\_ ]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From \_\_\_\_\_ To \_\_\_\_\_

Is this a renewal of a prior Contract? Yes \_\_\_ No \_\_\_

If "Yes" provide the following information:

Dates of prior contract(s): From \_\_\_\_\_ To \_\_\_\_\_

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes \_\_\_ No \_\_\_

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

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

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

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

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \_\_\_\_\_

Efforts made to find Less Costly alternative:

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

Efforts made to share costs with another agency or governmental entity:

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

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

\_\_\_\_\_

Person(s) responsible for monitoring contract (Title): \_\_\_\_\_



Pre-Legislative Approvals:

- A. Director of Purchasing: Amson Seuss Date 8/7/17  
B. Management and Budget: Jantmy Date 8/14/17  
C. Law Department: [Signature] Date 8/7/15  
D. County Manager: [Signature] Date 8/15/17  
E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

**RESOLUTION INTRODUCED BY EXECUTIVE COMMITTEE TO CONVEY  
PROPERTY ACQUIRED BY THE COUNTY OF SULLIVAN BY VIRTUE OF  
THE IN REM TAX FORECLOSURE PROCEEDING FOR THE 2015 LIEN  
YEAR IN THE TOWN OF BETHEL KNOWN AS BE49.-9-1**

**WHEREAS**, property located in the Town of Bethel designated on the Sullivan County Real Property Tax Map as Bethel 49.-9-1, being 100.00 x 125.00 +/- feet, located on Mohican Tr. is owned by the County of Sullivan by virtue of an Article 11 foreclosure for 2015 taxes; and

**WHEREAS**, The Town of Bethel has offered to purchase said property for the amount of delinquent taxes owed to the county and

**WHEREAS**, it is in the best interest of the County of Sullivan to sell this parcel to Town of Bethel for the amount of delinquent taxes owed to the county this piece of property will be beneficial to the community and the town and

**WHEREAS**, the purchaser will also be responsible for the recording fees, and any other applicable charges, including but not limited to, omitted & pro rata taxes, water and sewer charges, if any, and

**NOW, THEREFORE, BE IT RESOLVED**, the Chairman of the Sullivan County Legislature is hereby authorized to execute the necessary documents in order to convey the aforesaid premises to Town of Bethel upon payment of amount of delinquent taxes owed to the County, plus fees for the County Clerk, and any other applicable charges, including but not limited to, omitted & pro rata taxes, water and sewer charges, if any.

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2017.

**RESOLUTION NO.                    INTRODUCED BY EXECUTIVE COMMITTEE  
TO ACCEPT FUNDING FROM THE GOVERNOR'S TRAFFIC SAFETY  
COMMITTEE FOR CHILD PASSENGER SAFETY PROGRAM**

**WHEREAS**, hospitalizations in Sullivan County children due to injuries sustained in motor vehicle accidents are among the highest in the state, and

**WHEREAS**, Sullivan County Public Health Services has been awarded \$14,500 by the Governor's Traffic Safety Committee to participate in the statewide "Child Passenger Safety" Program, and

**WHEREAS**, the goal of this program is to increase the proper use and installation of child safety seats by parents and caregivers in Sullivan County and the grant provides for car seats for families whose income is at or below 200% of the federal poverty level.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager be and is authorized to accept funding, in the amount of \$14,500, from the Governor's Traffic Safety Committee for the period of October 1, 2017 through September 30, 2018, and

**BE IT FURTHER RESOLVED**, that said grant will continue to have funding accepted on an on-going basis dependent upon continued funding from the Governor's Traffic Safety Committee, and

**BE IT FURTHER RESOLVED**, that said grant be approved as to form by the Sullivan County Department of Law.

**Moved by  
Seconded by  
and declared duly adopted on motion**

COMBINED: LEGISLATIVE MEMORANDUM,  
CERTIFICATE OF AVAILABILITY OF FUNDS  
AND RESOLUTION COVER MEMO

To: Sullivan County Legislature

Fr: Nancy McGraw, LCSW, MBA, Public Health Director

Re: Request for Consideration of a Resolution: To apply for and accept funding from the Governor's Traffic Safety Committee

Date: August 4, 2017

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

To apply for and accept grant funding from the Governor's Traffic Safety Committee in the amount of \$14,500 for the Child Passenger Safety Program to promote proper use and installation of car seats by parents and caregivers and to provide car seats for eligible families for the period 10/1/17 to 9/30/18. (Note: this is a federal pass-through grant and not a grant from an independent agency; it's included on the federal aid account below.

Is subject of Resolution mandated? Explain:

No, but as noted above, this program provide child car seats for eligible families and promotes the proper installation and use of child car seats by parents and caregivers.

Does Resolution require expenditure of funds? Yes  No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 14,500.00

Are funds already budgeted? Yes  No  See "" below

If "Yes" specify appropriation code(s): various exp. & fed aid A/C #A-4010-35-R4401-R167

If "No", specify proposed source of funds: \_\_\_\_\_

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ <u>14,500.00</u>	(Specify)	_____

Verified by Budget Office: Janet My

\*\* The 2017 budget includes the lower amount awarded for the previous grant year. A budget mod. will be needed to increase budget for the prorated award for 2017.

Does Resolution request Authority to Enter into a Contract? Yes  No

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

Request for Authority to Enter into Contract with [ Commission ] of [ New York State ]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From 10/01/2017 To 09/30/2018

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 10/01/2016 To 09/30/2017

Amount authorized by prior contract(s): 4,500.00

Resolutions authorizing prior contracts (Resolution #s): 232-14

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes  No

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

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

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

As noted above, this program provide child car seats for eligible families and promotes the proper installation and use of child car seats by parents and caregivers. This is an injury prevention program.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$14,500.00

Efforts made to find Less Costly alternative:

N/A

Efforts made to share costs with another agency or governmental entity:

N/A

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

N/A

Person(s) responsible for monitoring contract (Title): Public Health Director

Pre-Legislative Approvals:

A. Director of Purchasing: Amyson Lewis Date 8/14/17  
B. Management and Budget: Janet My Date 8/14/17  
C. Law Department: [Signature] Date 8/14/17  
D. County Manager: [Signature] Date 8/15/17  
E. Commissioner: [Signature] Date 8/9/17

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

**RESOLUTION NO.                    INTRODUCED BY EXECUTIVE COMMITTEE  
TO ACCEPT FUNDING FROM HRI FOR EMERGENCY PREPAREDNESS  
GRANT**

**WHEREAS**, Sullivan County Public Health Services has the responsibility for planning a county-wide response to a bioterrorist attack or other health related emergency, and as a result of the Federal Homeland Security Act, the NYS Department of Health is providing funding to counties to assist in this effort

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager be authorized to enter into a contract with the NYS Department of Health for the period of July1, 2017 to June 30, 2018 with a funding amount of \$79,026, and

**BE IT FURTHER RESOLVED**, that said contract be authorized to continue on an ongoing basis dependent upon continued funding from the NYS Department of Health, and

**BE IT FURTHER RESOLVED**, that the form of said contract be approved by the Sullivan County Department of Law.

**Moved by  
Seconded by  
and declared duly adopted on motion**

COMBINED: LEGISLATIVE MEMORANDUM,  
CERTIFICATE OF AVAILABILITY OF FUNDS  
AND RESOLUTION COVER MEMO

To: Sullivan County Legislature

Fr: Nancy McGraw, Public Health Director

Re: Request for Consideration of a Resolution: To accept a grant from Health Research, Inc. for  
Public Health Emergency Preparedness

Date: August 4, 2017

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

We request that the County Manager be authorized to sign a contract with Health Research Inc. (AKA: HRI) for the period July 1, 2017 to June 30, 2018 for a total contract amount of \$79,026 for Public Health Emergency Preparedness and response activities. (Note: this grant is managed by NYS DOH for HRI; the source of this funding is the CDC.)

Is subject of Resolution mandated? Explain:

Yes, we are required by the state & federal government to establish and maintain a Public Health Emergency Preparedness Program for our community regardless of funding options.

Does Resolution require expenditure of funds? Yes  No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 79,026.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): Various exp. accounts & A/C #A4050-R4401-R167 \*

If "No", specify proposed source of funds: \_\_\_\_\_

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ <u>79,026.00</u>	(Specify)	_____

Verified by Budget Office: Janet My

\* Federal aid account

Does Resolution request Authority to Enter into a Contract? Yes  No

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.



Request for Authority to Enter into Contract with [ Health Research, Inc. ] of  
[ 1150 Broadway, Suite 560, Menands, NY 12204 ]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From 07/01/2017 To 06/30/2018

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 07/01/2016 To 06/30/2017

Amount authorized by prior contract(s): 79,026.00

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

Unknown at this time.

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes  No

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

Please see page 1 of this resolution cover sheet.

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

N/A

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$79,026.00

Efforts made to find Less Costly alternative:

N/A

Efforts made to share costs with another agency or governmental entity:

N/A

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

N/A

Person(s) responsible for monitoring contract (Title): Public Health Director

**Pre-Legislative Approvals:**

A. Director of Purchasing: Amson Lewis Date 8/14/17  
B. Management and Budget: [Signature] Date 8/14/17  
C. Law Department: [Signature] Date 8/14/17  
D. County Manager: [Signature] Date 8/15/17  
E. Commissioner: [Signature] Date 8/17/17

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

**RESOLUTION NO. \_\_\_\_\_ INTRODUCED BY THE EXECUTIVE COMMITTEE TO  
AUTHORIZE THE COUNTY MANAGER TO ENTER INTO AN AGREEMENT WITH  
THE SULLIVAN COUNTY VISITORS ASSOCIATION**

**WHEREAS**, the Sullivan County Visitors Association (“Visitors Association”) has promoted and supported the County of Sullivan (“County”) in its efforts to optimize tourism, and

**WHEREAS**, the Sullivan County Legislature wishes to enter into a long term agreement with the Visitors Association to enable them to undertake the efforts necessary to accommodate the tourism-related growth anticipated with regard to the casino project and ancillary growth throughout the County, including one or more County Visitors Centers, and

**WHEREAS**, pursuant to Resolution No. 260-17 the County Attorney and the County Manager have negotiated an agreement with the Visitors Association that addresses the current economic realities of tourism and related business in the County, as well as the anticipated growth over the next five years.

**NOW THEREFORE BE IT RESOLVED**, that the Sullivan County Manager is authorized to enter into an agreement with the Visitors Association for the term of January 1, 2018 through December 31, 2022, subject to approval by the County Attorney.

Moved \_\_\_\_\_

**RESOLUTION NO.           INTRODUCED BY THE EXECUTIVE  
COMMITTEE TO EXPEDITE DPW PURCHASES NOT EXCEEDING  
\$250.00, EFFECTIVE IMMEDIATELY**

**WHEREAS**, the County of Sullivan (“County”) adopted a revised Procurement Policy pursuant to Resolution No. 333-09 adopted by the Sullivan County Legislature on August 20, 2009, and

**WHEREAS**, the Division of Public Works (“DPW”) has historically been permitted to purchase items in an amount not exceeding \$50.00 without the requirement of completing a purchase order, and

**WHEREAS**, discussions between the Office of Management and Budget (OMB) and DPW indicate that the \$50 limit is no longer adequate, and

**WHEREAS**, DPW and OMB have determined that a \$250 limit would be more appropriate, and

**WHEREAS**, if purchase orders are required for all purchases by DPW not exceeding \$250.00 there would be a substantial increase in paperwork and the associated work hours for the staff of DPW and Purchasing Department.

**NOW THEREFORE, BE IT RESOLVED**, that the Procurement Policy shall be amended to reflect that DPW will be permitted to purchase items in an amount not exceeding \$250.00 without the requirement of completing a purchase order, and

**BE IT FURTHER RESOLVED**, that DPW shall acquire and process invoices/receipts for all purchases not exceeding \$250.00, shall forward the invoices/receipts accompanied with the standard County voucher to the Audit Department and the Audit Department shall be authorized to approve payment based upon the invoices/receipts accompanied with the standard County voucher.

**COMBINED: LEGISLATIVE MEMORANDUM,  
CERTIFICATE OF AVAILABILITY OF FUNDS  
AND RESOLUTION COVER MEMO**

**To:** Sullivan County Legislature

**Fr:** Janet Young, Commissioner of Mngt. & Budget & Ed McAndrew, Commissioner of DPW

**Re:** Request for Consideration of a Resolution: To expedite DPW Purchases

**Date:** 08/14/2017

**Purpose of Resolution:** [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

To expedite DPW Purchases not exceeding \$250, effective immediately

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is subject of Resolution mandated? Explain:**

No

\_\_\_\_\_

\_\_\_\_\_

**Does Resolution require expenditure of funds? Yes \_\_\_ No**

**If "Yes", provide the following information:**

**Amount to be authorized by Resolution: \$** \_\_\_\_\_

**Are funds already budgeted? Yes \_\_\_ No \_\_\_**

**If "Yes" specify appropriation code(s):** \_\_\_\_\_

**If "No", specify proposed source of funds:** \_\_\_\_\_

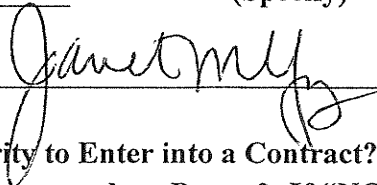
**Estimated Cost Breakdown by Source:**

**County**                    \$ \_\_\_\_\_                    **Grant(s)**                    \$ \_\_\_\_\_

**State**                     \$ \_\_\_\_\_                    **Other**                     \$ \_\_\_\_\_

**Federal Government** \$ \_\_\_\_\_                    **(Specify)** \_\_\_\_\_

**Verified by Budget Office:** \_\_\_\_\_



**Does Resolution request Authority to Enter into a Contract? Yes \_\_\_ No \_\_\_**

**If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.**

15A

Request for Authority to Enter into Contract with [ \_\_\_\_\_ ] of [ \_\_\_\_\_ ]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From \_\_\_\_\_ To \_\_\_\_\_

Is this a renewal of a prior Contract? Yes \_\_\_ No \_\_\_

If "Yes" provide the following information:

Dates of prior contract(s): From \_\_\_\_\_ To \_\_\_\_\_

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes \_\_\_ No \_\_\_

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

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

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

P  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \_\_\_\_\_

Efforts made to find Less Costly alternative:

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

Efforts made to share costs with another agency or governmental entity:

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

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

\_\_\_\_\_

Person(s) responsible for monitoring contract (Title): \_\_\_\_\_

Pre-Legislative Approvals:

- A. Director of Purchasing: Amyson Lewis Date 8/15/17
- B. Management and Budget: [Signature] Date 8/15/17
- C. Law Department: [Signature] Date 8/17/17
- D. County Manager: [Signature] Date 8/15/17
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in Executive Committee on 08/17/2017

15C

**RESOLUTION NO. \_\_\_\_\_ INTRODUCED BY THE EXECUTIVE COMMITTEE TO AUTHORIZE THE COUNTY MANAGER TO EXECUTE AN INTER-MUNICIPAL AGREEMENT WITH THE VILLAGE OF MONTICELLO AND THE COUNTY OF SULLIVAN FOR COSTS RELATED TO OFFSITE UTILITIES AND AGREED UPON UPGRADES WITH RESPECT TO THE SULLIVAN COUNTY JAIL**

**WHEREAS**, the County of Sullivan (“County”) is the owner of approximately 40 acres in size which consists of vacant land intended for the siting of the new County Jail and related facilities (the “Jail Property”), and

**WHEREAS**, the Jail Property is located in the Town of Thompson, New York, with a portion thereof located within the Village of Monticello, New York, (“Village”) and

**WHEREAS**, the Jail Property has been annexed into the Village and the County and Village now wish to enter into an agreement outlining the specific work and responsibilities to connect to Village water and sewer services, and

**WHEREAS**, the County has drafted an Inter-Municipal Agreement with the Village to offset expenses related to the offsite utility services at the Jail Property and upgrades to the Village systems.

**NOW, THEREFORE, BE IT RESOLVED THAT**, the County Manager is hereby authorized to execute the Inter-Municipal Agreement with the Village, subject to approval by the County Attorney.

Moved by: \_\_\_\_\_  
Seconded by: \_\_\_\_\_  
and adopted on Motion: \_\_\_\_\_, 2017.



**RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE  
TO APPORTION COST OF THE COUNTY SELF-INSURANCE PLAN AND LEVYING TAXES  
THEREFORE**

**WHEREAS**, the County Legislature adopted Resolution No. 323-17 on July 20, 2017 which apportioned the costs for the 2018 Workers' Compensation Self-Insurance Plan; and

**WHEREAS**, additional information was provided to the Director of Risk Management and it is in the best interest of the Plan and the Plan Participants to rescind Resolution No 323-17 and adopt a new Resolution, and

**WHEREAS**, the Risk Management & Insurance Department ("Risk Management") hereby files a revised report by which it has estimated that the sum of \$3,945,076 00 will be necessary for the calendar year 2018 to meet the payments and expenses of the Workers' Compensation Self - Insurance Plan; and

**WHEREAS**, Risk Management has determined the share of such estimated amount chargeable to each participant of the County Workers' Compensation Self Insurance Plan as provided by Local Law No. 5-1979, as well as provisions of the Workers' Compensation Law; and

**WHEREAS**, the amount chargeable to each participant of the County Workers' Compensation Self-Insurance Plan is detailed on the Self Insurance Fund Charges, attached hereto as Appendix I and by this reference made a part hereof; and

**WHEREAS**, the total amount of \$3,945,076.00 to be raised for the 2018 calendar year was calculated as detailed in the Estimate of Expenses to run the Self-Funded Workers' Compensation Plan for Sullivan County, attached hereto as Appendix II and by this reference made a part hereof; and

**WHEREAS**, Appendix I and Appendix II shall collectively be considered Risk Management's 2018 calendar year's report for the funding estimate and participant apportionment costs for the County's Workers' Compensation Self-Insurance Plan, ("Risk Management's 2018 Plan")

**NOW, THEREFORE, BE IT RESOLVED**, the Sullivan County Legislature hereby adopts Risk Management's 2018 Plan and directs that the amount set opposite the name of each participant on Appendix I of the County Workers' Compensation Self - Insurance Plan be apportioned and charged to each respectively; with such amount so apportioned to the County and the Towns be levied and raised by tax in the next annual tax levy against the taxable property of the County and the Towns and such amount apportioned to the Villages to be directly billed to the Villages by Risk Management; and

**BE IT FURTHER RESOLVED**, that the amount apportioned to the County and the Towns shall be collected by inclusion in the next succeeding tax levy of each Town, and that when collected such amount shall be paid by the respective tax collectors to the County Treasurer, said amounts to be credited to the County Workers' Compensation Self - Insurance Fund and the amount billed to the Villages shall be paid directly to the Sullivan County Treasurer.

Moved by \_\_\_\_\_,

Seconded by \_\_\_\_\_,

and adopted on motion \_\_\_\_\_, 2017

2018 SELF-INSURANCE PLAN  
FUND CHARGES

PARTICIPANTS		SHARE
County	of Sullivan	\$2,101,689.00
	<b>TOWNS</b>	
Town of	Bethel	\$94,277.00
Town of	Callicoon	\$70,329.00
Town of	Cochecton	\$35,565.00
Town of	Delaware	\$56,990.00
Town of	Fallsburg	\$292,470.00
Town of	Forestburgh	\$56,751.00
Town of	Fremont	\$40,647.00
Town of	Highland	\$52,195.00
Town of	Liberty	\$105,959.00
Town of	Lumberland	\$44,396.00
Town of	Mamakating	\$218,271.00
Town of	Neversink	\$97,613.00
Town of	Rockland	\$52,892.00
Town of	Thompson	\$216,595.00
Town of	Tusten	\$36,901.00
	<b>VILLAGES</b>	
Village of	Jeffersonville	\$4,123.00
Village of	Liberty	\$67,956.00
Village of	Monticello	\$224,563.00
Village of	Woodridge	\$64,961.00
Village of	Wurtsboro	\$9,933.00
<b>TOTAL</b>		<b>\$3,945,076.00</b>

**APPENDIX I**

17A

<b>2018 ESTIMATE OF EXPENSES          TO RUN THE SELF FUNDED WORKERS' COMPENSATION PLAN FOR SULLIVAN COUNTY</b>
---------------------------------------------------------------------------------------------------------------------

Claim Expenses	\$3,441,570.00
----------------	----------------

Total	\$3,441,570.00
-------	----------------

Less Recoveries	\$150,000.00
-----------------	--------------

Total Net Claim Cost Estimate	\$3,291,570.00
-------------------------------	----------------

M1710 Administrative Costs	\$653,506.00
----------------------------	--------------

Estimate for Expenses of the Plan including; Indemnity; Medical Expense; Medicare Reimbursement Expense; Recoveries; Assessments; Administrative Costs; and/or any other expenses of the Plan

Total	\$3,945,076.00
-------	----------------

Amount to Request for Plan Year 2018	\$3,945,076.00
--------------------------------------	----------------

Amount Requested for Plan Year 2017	\$4,823,783.00
-------------------------------------	----------------

Dollar Amount over Last Year	(\$878,707.00)
------------------------------	----------------

% Increase/Decrease Over Last Year	-18.22%
------------------------------------	---------

<b>APPENDIX II</b>
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COMBINED: LEGISLATIVE MEMORANDUM,  
CERTIFICATE OF AVAILABILITY OF FUNDS  
AND RESOLUTION COVER MEMO

To: Sullivan County Legislature

Fr: Monica Farquhar Brennan

Re: Request for Consideration of a Resolution: Annual Apportionment of Costs for County's Self  
Funded WC Program for 2018

Date: REVISION submitted 8/17/2017 for Executive Committee August 17 2017

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

Apportion the costs of County and Participants of the Sullivan County Self Funded Insurance Program for the Plan year beginning January 1, 2018.

Is subject of Resolution mandated? Explain:

Yes, we are required by law to provide Workers Compensation coverage

Does Resolution require expenditure of funds? Yes  No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 3,945,076.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): \_\_\_\_\_

If "No", specify proposed source of funds: Funding for M1710

Estimated Cost Breakdown by Source:

County	\$ <u>2,101,689.00</u>	Grant(s)	\$ _____
State	\$ _____	Other	\$ <u>1,843,387.00</u>
Federal Government	\$ _____	(Specify)	<u>Other Plan Participants</u>

Verified by Budget Office: 

Does Resolution request Authority to Enter into a Contract? Yes  No

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

Request for Authority to Enter into Contract with [ \_\_\_\_\_ ] of  
[ \_\_\_\_\_ ]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From \_\_\_\_\_ To \_\_\_\_\_

Is this a renewal of a prior Contract? Yes \_\_\_ No \_\_\_

If "Yes" provide the following information:

Dates of prior contract(s): From \_\_\_\_\_ To \_\_\_\_\_

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes \_\_\_ No \_\_\_

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

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

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

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

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \_\_\_\_\_

Efforts made to find Less Costly alternative:

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

Efforts made to share costs with another agency or governmental entity:

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

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

\_\_\_\_\_

Person(s) responsible for monitoring contract (Title): \_\_\_\_\_

Pre-Legislative Approvals:

- A. Director of Purchasing: Anderson Lewis Date 8/14/17
- B. Management and Budget: Jeremy Date 8/11/2017
- C. Law Department: [Signature] Date 8/11/17
- D. County Manager: [Signature] Date 8/11/17
- E. Other as Required: Monica Fugate Brown Date 8/11/2017

Vetted in Executive Committee Committee on 08/17/2017

17e

**RESOLUTION NO. \_\_\_\_\_ INTRODUCED BY THE EXECUTIVE COMMITTEE TO  
AUTHORIZE THE COUNTY MANAGER TO EXTEND THE RETAINER  
AGREEMENT WITH ROEMER WALLENS GOLD & MINEAUX LLP**

**WHEREAS**, Roemer Wallens Gold & Mineaux LLP (“RWGM”) provide services to the County of Sullivan (“County”) as labor relations attorney/consultants, and

**WHEREAS**, the original Agreement with RWGM commenced April 1, 2015 and expired June 30, 2016, and

**WHEREAS**, the original Agreement with RWGM provided for an extension term through March 31, 2018, and

**WHEREAS**, the County has begun negotiations with the various unions in an effort to agree upon terms of new Collective Bargaining Agreements and it is best to have legal counsel in place throughout negotiations, and

**WHEREAS**, RWGM has agreed to continue to represent the County at the same fixed monthly sum and hourly rates as currently charged.

**NOW THEREFORE BE IT RESOLVED**, the County Manager is hereby authorized and directed to execute the attached Retainer Agreement with RWGM for a term through March 31, 2020, and

**BE IT FURTHER RESOLVED**, the Retainer Agreement shall be in a form approved by the County Attorney.

Moved by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

And adopted on Motion: \_\_\_\_\_, 2017.

COMBINED: LEGISLATIVE MEMORANDUM,  
CERTIFICATE OF AVAILABILITY OF FUNDS  
AND RESOLUTION COVER MEMO

To: Sullivan County Legislature

Fr: County Attorney

Re: Request for Consideration of a Resolution: Extend the Retainer Agreement with Roemer Wallends Gold & Mineaux LLP

Date: August 1, 2017

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

Authorize the County Manager to extend the Retainer Agreement with Roemer Wallens Gold & Mineaux LLP.

Is subject of Resolution mandated? Explain:

No

Does Resolution require expenditure of funds? Yes  No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 5,100 / monthly

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A-1420-40-4007

If "No", specify proposed source of funds: \_\_\_\_\_

Estimated Cost Breakdown by Source:

County \$ \_\_\_\_\_

Grant(s) \$ \_\_\_\_\_

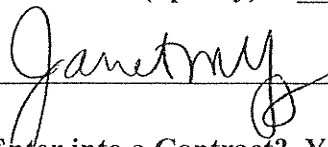
State \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Federal Government \$ \_\_\_\_\_

(Specify) \_\_\_\_\_

Verified by Budget Office: \_\_\_\_\_



Does Resolution request Authority to Enter into a Contract? Yes  No

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

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Request for Authority to Enter into Contract with [ \_\_\_\_\_ ] of  
[Roemer Wallens Gold & Mineaux LLP \_\_\_\_\_]

Nature of Other Party to Contract: Professional \_\_\_\_\_ Other: \_\_\_\_\_

Duration of Contract: From 04/01/2015 To 03/31/2018

Is this a renewal of a prior Contract? Yes  No \_\_\_\_\_

If "Yes" provide the following information:

Dates of prior contract(s): From 04/01/2015 To 06/30/2016

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): 188-16, 228-15

Future Renewal Options if any:

\_\_\_\_\_

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes \_\_\_ No \_\_\_

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

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

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

Roemer Wallens Gold & Mineaux LLP provide services to the County as labor relations attorneys / consultants. The County has begun negotiations with the various Unions and is best to have knowledgeable legal counsel.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \_\_\_\_\_

Efforts made to find Less Costly alternative:

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

Efforts made to share costs with another agency or governmental entity:

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

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

\_\_\_\_\_

Person(s) responsible for monitoring contract (Title): \_\_\_\_\_

Pre-Legislative Approvals:

- A. Director of Purchasing: Anderson Lewis Date 8/14/17
- B. Management and Budget: [Signature] Date 8/14/17
- C. Law Department: [Signature] Date 8/2/17
- D. County Manager: [Signature] Date 8/15/17
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

**RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE SUPPORTING  
THE SULLIVAN COUNTY SHARED SERVICES DRAFT PLAN**

**WHEREAS**, the New York State 2017-2018 budget established a County-Wide Shared Services Initiative with the intent of generating property tax savings by facilitating operational collaboration between local governments; and

**WHEREAS**, municipalities throughout Sullivan County have, for many years, been vigilant in the search for and implementation of increased operational efficiencies, including collaborations to reduce and/or stabilize costs and tax rates; and

**WHEREAS**, the Sullivan County Shared Services Panel devoted considerable time and effort to find additional efficiencies amongst willing local governments, in order to comply with the County-Wide Shared Services Initiative; and

**WHEREAS**, members of the Panel regularly consulted with each other and representatives of the collective bargaining units of the County, Towns, and Villages; and

**WHEREAS**, the draft Plan identified nine proposals with potential annual savings of \$1,190,130; and

**WHEREAS**, the Sullivan County Legislature was provided with the draft Plan by the state-mandated deadline of August 1, 2017;

**NOW, THEREFORE, BE IT RESOLVED**, the Sullivan County Legislature, having reviewed the draft Sullivan County Shared Services Plan, fully supports the proposals contained within the Plan and recommends that the Sullivan County Shared Services Panel approve the Plan; and

**BE IT FURTHER RESOLVED**, the Sullivan County Legislature thanks the members of the Panel for their time, effort, and collaboration in drafting a Plan potentially saving \$1,190,130 for the taxpayers of Sullivan County.

**COMBINED: LEGISLATIVE MEMORANDUM,  
CERTIFICATE OF AVAILABILITY OF FUNDS  
AND RESOLUTION COVER MEMO**

**To:** Sullivan County Legislature

**Fr:** Joshua Potossek, County Manager

**Re:** Request for Consideration of a Resolution: Supporting the Sullivan County Shared Services Draft Plan

**Date:** 08/14/2017

**Purpose of Resolution:** [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

Supporting the Sullivan County Shared Services Draft Plan.

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**Is subject of Resolution mandated? Explain:**

No

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**Does Resolution require expenditure of funds? Yes \_\_\_ No**

**If "Yes", provide the following information:**

Amount to be authorized by Resolution: \$ \_\_\_\_\_

Are funds already budgeted? Yes \_\_\_ No \_\_\_

If "Yes" specify appropriation code(s): \_\_\_\_\_

If "No", specify proposed source of funds: \_\_\_\_\_

**Estimated Cost Breakdown by Source:**

County \$ \_\_\_\_\_ Grant(s) \$ \_\_\_\_\_

State \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Federal Government \$ \_\_\_\_\_ (Specify) \_\_\_\_\_

**Verified by Budget Office:** Janet My

**Does Resolution request Authority to Enter into a Contract? Yes \_\_\_ No \_\_\_**

**If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.**

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Request for Authority to Enter into Contract with [ \_\_\_\_\_ ] of  
[ \_\_\_\_\_ ]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From \_\_\_\_\_ To \_\_\_\_\_

Is this a renewal of a prior Contract? Yes \_\_\_ No \_\_\_

If "Yes" provide the following information:

Dates of prior contract(s): From \_\_\_\_\_ To \_\_\_\_\_

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes \_\_\_ No \_\_\_

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

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

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

P  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \_\_\_\_\_

Efforts made to find Less Costly alternative:

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

Efforts made to share costs with another agency or governmental entity:

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

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

\_\_\_\_\_

Person(s) responsible for monitoring contract (Title): \_\_\_\_\_

Pre-Legislative Approvals:

- A. Director of Purchasing: Amyson Lewis Date 8/14/17
- B. Management and Budget: [Signature] Date 8/14/17
- C. Law Department: [Signature] Date 8/14/17
- D. County Manager: [Signature] Date 8/15/17
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in Executive Committee on 08/14/2017

**RESOLUTION NO.: \_\_\_\_ INTRODUCED BY THE EXECUTIVE COMMITTEE TO ADOPT THE REVISION OF SULLIVAN COUNTY'S FEDERAL AVIATION ADMINISTRATION DISADVANTAGED BUSINESS ENTERPRISE (DBE) PROGRAM**

**WHEREAS**, pursuant to Resolution No.: 598-00, introduced by the Public Works Committee, the Sullivan County Legislature adopted a policy encouraging the participation of disadvantaged business enterprises ("DBE") with respect to transportation-related projects funded with Federal dollars;

**WHEREAS**, the Division of Public Works of Sullivan County developed a DBE Program with the assistance of Passero Associates ("Passero") with respect to any projects involving the Federal Aviation Administration (FAA);

**WHEREAS**, the most recent version of the DBE Program is dated from 2012 and the DBE Program needs to be updated to reflect changes in the law and in the Sullivan County personnel responsible for implementing the DBE Program; and

**WHEREAS**, a draft of the DBE Program, dated August 2017, has been prepared with the assistance of Passero and the Office of the County Attorney.

**NOW, THEREFORE, BE IT RESOLVED**, that the DBE Program attached hereto as Exhibit A be and hereby is approved, with such changes and completions as the County Manager, with the advice of the Office of the County Attorney, deems necessary;

**BE IT FURTHER RESOLVED**, that any and all acts by the County Manager or his designee with respect to the DBE Program or the attachment hereto, be, and each of them hereby is, ratified and approved; and

**BE IT FURTHER RESOLVED**, that the County Manager is hereby authorized and directed to do such further things or perform such acts as may be necessary or convenient to implement the provisions of the Program.

Moved by: \_\_\_\_\_,  
Seconded by: \_\_\_\_\_,  
and adopted on motion dated: \_\_\_\_\_, 2017



SULLIVAN COUNTY  
DIVISION OF PUBLIC WORKS

FEDERAL AVIATION ADMINISTRATION  
DISADVANTAGED BUSINESS ENTERPRISE  
PROGRAM

PURSUANT TO 49 CFR PART 26 – UNITED STATES DEPARTMENT  
OF TRANSPORTATION

REVISED AUGUST 2017

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Sullivan County Disadvantaged Business Enterprise (DBE) Program

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**Sullivan County Disadvantaged Business Enterprise (DBE) Program**

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## Sullivan County Disadvantaged Business Enterprise (DBE) Program

### POLICY STATEMENT

#### Objectives/Policy Statement – Section 26.1, 26.23 of 49 CFR Part 26

Sullivan County, owner of Sullivan County International Airport, has established a Disadvantaged Business Enterprise (“DBE”) Program (the “DBE Program” or, simply, the “Program”) in accordance with regulations of the U.S. Department of Transportation (DOT), 49 CFR Part 26 (the “Code”). Sullivan County has received Federal financial assistance from the Department of Transportation, and as a condition of receiving this assistance, Sullivan County has signed an assurance that it will comply with the Code.

It is the policy of Sullivan County to ensure that DBEs (as defined in the Code) have an equal opportunity to receive and participate in DOT-assisted contracts. It is also the County’s policy to:

1. Ensure nondiscrimination in the award and administration of DOT– assisted contracts;
2. Create a level playing field on which DBEs can compete fairly for DOT–assisted contracts;
3. Ensure that the DBE Program is narrowly tailored in accordance with applicable law;
4. Ensure that only firms that fully meet eligibility standards of the Code are permitted to participate as DBEs;
5. Help remove barriers to the participation of DBEs in DOT assisted contracts;
6. Promote the use of DBEs in all types of federally–assisted contracts and procurement activities;
7. Assist the development of firms that can compete successfully in the market place outside the DBE Program; and
8. Provide appropriate flexibility to recipients of Federal financial assistance in establishing and providing opportunities for DBEs.

The Commissioner Division of Public Works, of Sullivan County is the DBE Liaison Officer. In that capacity, the Commissioner Division of Public Works, of Sullivan County is responsible for implementing all aspects of the DBE Program. Implementation of the DBE Program is accorded the same priority as compliance with all other legal obligations incurred by Sullivan County in its financial assistance agreements with the U.S. Department of Transportation.

This Policy Statement and the Program has been approved by the Sullivan County Legislature. Sullivan County will distribute this statement to DBE and non-DBE business communities that perform work for Sullivan County on DOT-assisted contracts. The Distribution will be accomplished on DOT–assisted contracts through contract documents.

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

\_\_\_\_\_  
Date

## Sullivan County Disadvantaged Business Enterprise (DBE) Program

### I. SUBPART A – GENERAL REQUIREMENTS

#### A. Objectives – Section 26.1<sup>1</sup>

The objectives are found in the Policy Statement on the first page of this Program.

#### B. Applicability – Section 26.3

Sullivan County is the recipient of Federal airport funds authorized by 49 U.S.C. 47101, *et seq.* through the FAA.

#### C. Definitions – Section 26.5

Certain terms which are not otherwise defined in this Program that have the respective meanings given them in Section 26.5 of the Code.

#### D. Non-discrimination Requirements – Section 26.7

Sullivan County will never exclude any person from participation in, deny any person the benefits of, or otherwise discriminate against anyone in connection with the award and performance of any contract covered by the Code on the basis of race, color, sex, or national origin.

In administering its DBE Program, Sullivan County will not, directly or through contractual or other arrangements, use criteria or methods of administration that have the effect of defeating or substantially impairing accomplishment of the objectives of the DBE Program with respect to individuals of a particular race, color, sex, or national origin.

#### E. Record Keeping Requirements – Section 26.11

##### 1. Reporting to DOT – 26.11 (a)

Sullivan County Division of Public Works (“SCDPW”) will transmit to the Federal Aviation Administration (“FAA”) annually on December 1, the “Uniform Report of DBE Awards or Commitments and Payments” form, found in Appendix B to the Code, attached hereto as Appendix B. The County also will report the DBE contractor firm information either on the FAA DBE Contractor’s Form or other similar format. SCDPW will begin using the revised Uniform Report of DBE Awards or Commitments and Payments for reporting FY 2017 reports due December 1, 2017.

##### 2. Bidders List – 26.11(c)

Sullivan County will create and maintain a bidders list. The purpose of the list is to provide as accurate data as possible about the universe of DBE and non-DBE contractors and subcontractors who seek to work on our DOT-assisted contracts for use in helping to

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<sup>1</sup> Section references in headings refer to sections of 49 CFR Part 26 (hereinafter, the “Code”).

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## Sullivan County Disadvantaged Business Enterprise (DBE) Program

set our overall goals. The bidders list will include the name, address, DBE and non-DBE status, age of firm, and annual gross receipts of firms.

Sullivan County will collect this information through contract documents and record at bid. Sample forms are found in Attachment 1 to this Program.

### F. Federal Financial Assistance Agreement – Section 26.13

Sullivan County has signed the following assurances, applicable to all DOT-assisted contracts and their administration:

#### 1. Assurance – 26.13(a)

Each financial assistance agreement Sullivan County signs with a DOT operating administration (or a primary recipient) will include the following assurance:

*“Sullivan County shall not discriminate on the basis of race, color, national origin, or sex in the award and performance of any DOT-assisted contract or in the administration of its DBE Program or the requirements of 49 CFR Part 26. Sullivan County shall take all necessary and reasonable steps under 49 CFR Part 26 to ensure nondiscrimination in the award and administration of DOT-assisted contracts. Sullivan County DBE Program, as required by 49 CFR Part 26 and as approved by DOT, is incorporated by reference in this agreement. Implementation of this Program is a legal obligation and failure to carry out its terms shall be treated as a violation of this agreement. Upon notification to Sullivan County of its failure to carry out its approved Program, the Department may impose sanctions as provided for under 49 CFR Part 26 and may, in appropriate cases, refer the matter for enforcement under 18 U.S.C. 1001 and/or the Program Fraud Civil Remedies Act of 1986 (31 U.S.C. 3801 et seq. ).”*

#### 2. Contract Assurance – 26.13(b)

Sullivan County will ensure that the following clause is included in each contract it signs with a contractor and each subcontract the prime contractor signs with a subcontractor:

*“The contractor, sub recipient or subcontractor shall not discriminate on the basis of race, color, national origin, or sex in the performance of this contract. The contractor shall carry out applicable requirements of 49 CFR Part 26 in the award and administration of DOT-assisted contracts. Failure by the contractor to carry out these requirements is a material breach of this contract, which may result in the termination of this contract or such other remedy as Sullivan County deems appropriate, which may include, but is not limited to: (1) Withholding monthly progress payments; (2) Assessing sanctions; (3) Liquidated damages; and/or (4) Disqualifying the contractor from future bidding as non-responsible.”*

## Sullivan County Disadvantaged Business Enterprise (DBE) Program

### II. SUBPART B – ADMINISTRATIVE REQUIREMENTS

#### A. DBE Program Updates – Section 26.21:

Sullivan County is required to have a DBE Program meeting the requirements of the Code because it anticipates receiving grants for airport planning or development and awarding prime contracts, cumulative total value of which exceeds \$250,000 in FAA funds in a federal fiscal year. The County is not eligible to receive FAA financial assistance unless the FAA has approved our DBE Program and it is in compliance with it and the Code. SCDPW will continue to carry out this Program until all funds from DOT financial assistance have been expended. The County does not have to submit regular updates of our Program, as long as it remains in compliance. However, the County will submit significant changes in the Program for approval.

#### B. Policy Statement – Section 26.23

The Policy Statement is elaborated on the first page of this DBE Program.

#### C. DBE Liaison Officer (DBELO) – Section 26.25

Sullivan County has designated the following individual as our DBE Liaison Officer:

Edward P. McAndrew, Commissioner  
Sullivan County Division of Public Works  
100 North Street, P.O. Box 5012  
Monticello, NY 12701  
Tele: 845-794-3000 x3055  
Fax: 845-791-8462  
[edward.mcandrew@co.sullivan.ny.us](mailto:edward.mcandrew@co.sullivan.ny.us)

In that capacity, the DBELO is responsible for implementing all aspects of the DBE Program and ensuring that the County complies with all provision of the Code. The DBELO has direct, independent access to the County Manager concerning DBE Program matters. An organization chart displaying the DBELO's position in the County is found in Attachment 2.

The DBELO is responsible for developing, implementing and monitoring the DBE Program, in coordination with other appropriate officials. The DBELO has two (2) staff members, as well as a consulting engineering firm to assist in the administration of the Program. The duties and responsibilities include the following:

1. Gathers and reports statistical data and other information as required by DOT.
2. Reviews third party contracts and purchase requisitions for compliance with this Program.
3. Works with all departments to set overall annual goals.
4. Ensures that bid notices and requests for proposals are available to DBEs in a timely manner.
5. Identifies contracts and procurements so that DBE goals are included in solicitations (both race-neutral methods and contract specific goals) and monitors results.
6. Analyzes progress toward attainment and identifies ways to improve progress.

## Sullivan County Disadvantaged Business Enterprise (DBE) Program

7. Participates in pre-bid meetings.
8. Advises the governing body on DBE matters and achievement.
9. Determine contractor compliance with good faith efforts.
10. Provides DBEs with information and assistance in preparing bids, obtaining bonding and insurance.

### D. DBE Financial Institutions – Section 26.27

It is the policy of Sullivan County to investigate the full extent of services offered by financial institutions owned and controlled by socially and economically disadvantaged individuals in the community, to make reasonable efforts to use these institutions, and to encourage prime contractors on DOT-assisted contracts to make use of these institutions. To identify such institutions, the County consults with the State of New York Unified Certification Program Business Directory, Minority Business Development Council, Small Business Association, Federal Reserve Minority-Owned Depository Institutions List and any other sources available.

### E. Prompt Payment Mechanisms – Section 26.29

Sullivan County has established, as part of its DBE Program, a contract clause to require prime contractors to pay subcontractors for satisfactory performance of their contracts no later than 30 days from receipt of each payment Sullivan County makes to the prime contractor.

Sullivan County will ensure prompt and full payment of retainage from the prime contractor to the subcontractor within 30 days after the subcontractor's work is satisfactorily completed. The County will hold retainage from prime contractors and provide for prompt and regular incremental acceptances of portions of the prime contract, pay retainage to prime contractors based on these acceptances, and require a contract clause obligating the prime contractor to pay all retainage owed to the subcontractor for satisfactory completion of the accepted work within 30 days after your payment to the prime contractor.

Sullivan County will consider a subcontractor's work is satisfactorily completed when all the tasks called for in the subcontract have been accomplished and documented as required by Sullivan County. When Sullivan County has made an incremental acceptance of a portion of a prime contract, the work of a subcontractor covered by that acceptance is deemed to be satisfactorily completed.

Sullivan County will include the following clause in each DOT-assisted prime contract:

*The prime contractor agrees to pay each subcontractor under this prime contract for satisfactory performance of its contract no later than 30 days from the receipt of each payment the prime contractor receives from Sullivan County. The prime contractor agrees further to return retainage payments to each subcontractor within 30 days after the subcontractors work is satisfactorily completed. Any delay or postponement of payment from the above referenced timeframe may occur only for good cause following written approval of Sullivan County. This clause applies to both DBE and non-DBE subcontractors.*



## Sullivan County Disadvantaged Business Enterprise (DBE) Program

Sullivan County will require prime contractors to maintain records and documents of payments to DBEs for three years following the performance of the contract. These records will be made available for inspection upon request by any authorized representative of Sullivan County or DOT. This reporting requirement also extends to any certified DBE subcontractor.

Sullivan County will provide appropriate means to enforce the requirements of this section. When the prime contractor submits their invoicing, and prior to processing the prime contractor pay requests, the prime contractor shall provide acceptable proof for all payments made to subcontractors (DBEs and Non DBEs) on outstanding invoices post 30 days old. Sullivan County will adhere to state prompt payment laws and address appropriate penalties for failure to comply.

### **F. Directory – Section 26.31**

Sullivan County uses the State of New York Unified Certification Program Business Directory, which is maintained by the State.

The directory lists the firm's name, address, phone number, and the type of work the firm has been certified to perform as a DBE. In addition, the directory lists each type of work for which a firm is eligible to be certified by using the most specific NAICS code available to describe each type of work.

The directory may be found at the website: <https://nysucp.newnycontracts.com>

### **G. Over-concentration – Section 26.33**

Sullivan County has not identified that over-concentration exists in the types of work that DBEs perform.

### **H. Business Development Programs – Section 26.35**

Sullivan County has not established a DBE business development program.

### **I. Monitoring and Enforcement Mechanisms – Section 26.37**

Sullivan County will take the following monitoring and enforcement mechanisms to ensure compliance with the Code:

1. The County will bring to the attention of the Department of Transportation any false, fraudulent, or dishonest conduct in connection with the Program, so that DOT can take the steps (e.g., referral to the Department of Justice for criminal prosecution, referral to the DOT Inspector General, action under suspension and debarment or Program Fraud and Civil Penalties rules) provided in Section 26.107 of the Code.
2. The County will implement similar action under our own legal authorities, including responsibility determinations in future contracts. Attachment 3 lists the regulation, provisions, and contract remedies available to the County in the events of non-compliance with the DBE regulation by a participant in our DBE Program.

## Sullivan County Disadvantaged Business Enterprise (DBE) Program

3. The County will implement a monitoring and enforcement mechanism to ensure that work committed to DBEs at contract award or subsequently (*i.e.*, as the result of modification to the contract) is actually performed by the DBEs to which the work was committed.
4. The County will implement a monitoring and enforcement mechanism that will include written certification that the County has reviewed contracting records and monitored work sites for this purpose. This will be accomplished by onsite inspection and reporting by the resident project representative and review of contractor submitted documentation of payments made to DBE subcontractors.
5. The County will implement a mechanism that will provide for a running tally of actual DBE attainments (*e.g.*, payment actually made to DBE firms), including a means of comparing these attainments to commitments. In our reports of DBE participation to DOT, the County will show both commitments and attainments, as required by the DOT uniform reporting form.

### **J. Fostering Small Business Participation – Section 26.39**

Sullivan County has created a small business element to this Program to structure contracting requirements to facilitate competition by small business concerns, taking all reasonable steps to eliminate obstacles to their participation, including unnecessary and unjustified bundling of contract requirements that may preclude small business participation in procurements as prime contractors or subcontractors.

Sullivan County's small business element is incorporated as Attachment 4 to this DBE Program. The County will actively implement the Program elements to foster small business participation; doing so is a requirement of good faith implementation of our DBE Program.

## Sullivan County Disadvantaged Business Enterprise (DBE) Program

### III. SUBPART C – GOALS, GOOD FAITH EFFORTS, AND COUNTING

#### A. Set-asides or Quotas – Section 26.43

Sullivan County does not use quotas in any way in the administration of this DBE Program.

#### B. Overall Goals – Section 26.45

Sullivan County will establish an overall DBE goal covering a three-year federal fiscal year period if it anticipates awarding DOT/FAA funded prime contracts the cumulative total value of which exceeds \$250,000 during any one or more of the reporting fiscal years within the three-year goal period. In accordance with Section 26.45(f), the County will submit its Overall Three-year DBE Goal to FAA by August 1<sup>st</sup>, at three year intervals. The current three year period will begin with FAA's fiscal year 2018. It is currently anticipated that the next three-year DBE Goal will need to be submitted by August 1, 2020.

The DBE goals will be established in accordance with the 2-step process as specified in Section 26.45 of the Code. If Sullivan County does not anticipate awarding DOT/FAA funded prime contracts the cumulative total value of which exceeds \$250,000 during any of the years within the three-year reporting period, it will not develop an overall goal; however, this DBE Program will remain in effect, and the County will seek to fulfill the objectives outlined in Section 26.1 of the Code.

A description of the methodology used in calculating the overall goal and the goal calculations can be found in Attachment 5 to this Program.

If Sullivan County uses a bidders list, it will do the following:

- Determine the number of DBEs that have bid or quoted (successful and unsuccessful) on its DOT-assisted prime contracts or subcontracts in the past three years.
- Determine the number of all businesses that have bid or quoted (successful and unsuccessful) on prime or subcontracts in the same time period.
- Divide the number of DBE bidders and quoters by the number of all businesses to derive a base figure for the relative availability of DBEs in its market.

When using this approach, the County will establish a mechanism (documented in its goal submission) to directly capture data on DBE and non-DBE prime and subcontractors that submitted bids or quotes on our DOT-assisted contracts.

Any methodology that Sullivan County chooses will be based on demonstrable evidence of local market conditions and be designed to ultimately attain a goal that is rationally related to the relative availability of DBEs in our market. The County understand that the exclusive use of a list of prequalified contractors or plan holders, or a bidders list that does not comply with the

## Sullivan County Disadvantaged Business Enterprise (DBE) Program

requirements of Section 26.45 (c)(2) of this section (above), is not an acceptable alternative means of determining the availability of DBEs.

In accordance with Section 26.45(g)(1), when establishing the overall goal, Sullivan County will provide for consultation and publication. This includes consultation with minority, women's and general contractor groups, community organizations, and other officials or organizations which could be expected to have information concerning the availability of disadvantaged and non-disadvantaged businesses, the effects of discrimination on opportunities for DBEs, and the County efforts to establish a level playing field for the participation of DBEs. The consultation will include a scheduled, direct, interactive exchange (e.g., a face-to-face meeting, video conference, teleconference) with as many interested stakeholders as possible focused on obtaining information relevant to the County's goal setting process, and it will occur before the County is required to submit our goal methodology to the operating administration for review pursuant to paragraph (f) of this section. The County will document in our goal submission the consultation process in which it engages. Notwithstanding paragraph (f)(4) of this section, the County will not implement its proposed goal until it has complied with this requirement.

In addition, Sullivan County will publish a notice announcing our proposed overall goal before submission to the operating administration on August 1st. The notice will be posted on our official internet web site and may be posted in any other sources (e.g., minority-focused media, trade association publications). If the proposed goal changes following review by the operating administration, the revised goal will be posted on our official internet web site. The County will inform the public that the proposed overall goal and its rationale are available for inspection during normal business hours at Sullivan County Division of Public Works, 100 North Street, Monticello, NY 12701, and that Sullivan County and DOT/FAA will accept comments on the goals for 30 days from the date of the notice. Notice of the comment period will include the addresses to which comments may be sent (including offices and websites) where the proposal may be reviewed.

Our Overall Three-Year DBE Goal submission to the FAA will include a summary of information and comments received, if any, during this public participation process and our responses.

The County will begin using our overall goal on October 1 of the reporting period, unless it has received other instructions from DOT.

### C. Project Goals – Section 26.45 (e)

If permitted or required by the FAA Administrator, Sullivan County will express its overall goals as a percentage of funds for a particular grant or project or group of grants and/or projects, including entire projects. Like other overall goals, a project goal may be adjusted to reflect changed circumstances, with the concurrence of the FAA. A project goal is an overall goal, and must meet all the substantive and procedural requirements of this section pertaining to overall goals. A project goal covers the entire length of the project to which it applies. The project goal should include a projection of the DBE participation anticipated to be obtained during each fiscal year covered by the project goal. The funds for the project to which the

## Sullivan County Disadvantaged Business Enterprise (DBE) Program

project goal pertains are separated from the base from which your regular overall goal, applicable to contracts not part of the project covered by a project goal, is calculated.

If Sullivan County establishes a goal on a project basis, the County will begin using its goal by the time of the first solicitation for a DOT-assisted contract for the project.

### **D. Prior Operating Administration Concurrent – Section 26.45(f)**

Sullivan County understands that it is not required to obtain prior FAA concurrence with our overall goal. However, if the FAA's review suggests that the County's overall goal has not been correctly calculated or that the County's method for calculating goals is inadequate, the operating administration may, after consulting with the County, adjust the County's overall goal or require that the County do so. The adjusted overall goal is binding. In evaluating the adequacy or soundness of the methodology used to derive the overall goal, the U.S. DOT operating administration will be guided by the goal setting principles and best practices identified by the Department in guidance issued pursuant to Section 26.9.

### **E. Failure to meet overall goals – Section 26.47**

Sullivan County will maintain an approved DBE Program and overall DBE goal, if applicable as well as administer our DBE Program in good faith to be considered to be in compliance with this part.

If Sullivan County awards and commitments shown on its Uniform Report of Awards or Commitments and Payments at the end of any fiscal year are less than the overall goal applicable to that fiscal year, the County will do the following in order to be regarded by the Department as implementing the DBE Program in good faith:

1. Analyze in detail the reasons for the difference between the overall goal and our awards and commitments in that fiscal year;
2. Establish specific steps and milestones to (a) correct the problems which the County has identified in its analysis and (b) enable it to meet fully its goal for the new fiscal year;
3. Sullivan County will prepare, within 90 days of the end of the fiscal year, the analysis and corrective actions developed under paragraph (c)(1) and (2) of this section. The County will retain copy of the analysis and corrective actions in records for a minimum of three years, and will make it available to FAA upon request.

### **F. Breakout of Estimated Race-Neutral & Race-Conscious Participation – Section 26.51(a-c)**

The breakout of estimated race-neutral and race-conscious participation can be found in Attachment 5 to this Program.

### **G. Contract Goals – Section 26.51(d-g)**

Sullivan County will arrange solicitations, times for the presentation of bids, quantities, specifications, and delivery schedules in ways that facilitate participation by DBEs and other

## Sullivan County Disadvantaged Business Enterprise (DBE) Program

small businesses and by making contracts more accessible to small businesses, by means such as those provided under § 26.39 of the Code.

If Sullivan County's approved projection under paragraph (c) of this section estimates that it can meet our entire overall goal for a given year through race-neutral means, the County will implement our Program without setting contract goals during that year, unless it becomes necessary in order meet our overall goal.

Sullivan County will establish contract goals only on those DOT-assisted contracts that have subcontracting possibilities. The County need not establish a contract goal on every such contract, and the size of contract goals will be adapted to the circumstances of each such contract (e.g., type and location of work, availability of DBEs to perform the particular type of work).

Sullivan County will express its contract goals as a percentage of the total amount of a DOT-assisted contract.

### H. Good Faith Efforts Procedures – Section 26.53

#### 1. Demonstration of good faith efforts – 26.53(a) & (c)

The obligation of the bidder/offeror is to make good faith efforts. The bidder/offeror can demonstrate that it has done so either by meeting the contract goal or documenting good faith efforts. Examples of good faith efforts are found in Appendix A to the Code, attached hereto as Appendix A.

DBELO is responsible for determining whether a bidder/offeror who has not met the contract goal has documented sufficient good faith efforts to be regarded as responsible.

The County will ensure that all information is complete and accurate and adequately documents the bidder/offeror's good faith efforts before it commits to the performance of the contract by the bidder/offeror.

#### 2. Information to be submitted – 26.53(b)

In its solicitations for DOT/FAA-assisted contracts for which a contract goal has been established, the County will require the following:

- a. Award of the contract will be conditioned on meeting the requirements of this section;
- b. All bidders or offerors will be required to submit the following information to Sullivan County, at the time provided in paragraph (b)(3) of this section:

## Sullivan County Disadvantaged Business Enterprise (DBE) Program

- i. The names and addresses of DBE firms that will participate in the contract.
  - ii. A description of the work that each DBE will perform. (To count toward meeting a goal, each DBE firm must be certified in a NAICS code applicable to the kind of work the firm would perform on the contract.)
  - iii. The dollar amount of the participation of each DBE firm participating;
  - iv. Written documentation of the bidder/offeror's commitment to use a DBE subcontractor whose participation it submits to meet a contract goal.
  - v. Written confirmation from each listed DBE firm that it is participating in the contract in the kind and amount of work provided in the prime contractor's commitment.
  - vi. If the contract goal is not met, evidence of good faith efforts (see Appendix A). The documentation of good faith efforts must include copies of each DBE and non-DBE subcontractor quote submitted to the bidder when a non-DBE subcontractor was selected over a DBE for work on the contract.
- c. The County will require that the bidder/offeror present the information required by paragraph (b)(2) of this section:

No later than 5 days after bid opening as a matter of responsibility.

Provided that, in a negotiated procurement, including a design-build procurement, the bidder/offeror may make a contractually binding commitment to meet the goal at the time of bid submission or the presentation of initial proposals but provide the information required by paragraph (b)(2) of this section before the final selection for the contract is made by Sullivan County.

### 3. Administrative reconsideration – 26.53(d)

Within 5 business days of a bidder/offeror being informed by Sullivan County that it is not responsible because it has not documented sufficient good faith efforts, the bidder/offeror may request administrative reconsideration. The bidder/offerors should make this request in writing to the following reconsideration official:

Commissioner  
Management and Budget, Sullivan County  
100 North Street  
P.O. Box 5012, Monticello, NY 12701  
(845) 807-0110  
[janet.young@co.sullivan.ny.us](mailto:janet.young@co.sullivan.ny.us)

The reconsideration official will not have played any role in the original determination that the bidder/offeror did not document sufficient good faith efforts.

As part of this reconsideration, the bidder/offeror will have the opportunity to provide written documentation or argument concerning the issue of whether it met the goal or made adequate good faith efforts to do so. The bidder/offeror will have the opportunity to meet in person with the County's reconsideration official to discuss the issue of whether it met the goal or made adequate good faith efforts to do. The County will send

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the bidder/offeror a written decision on reconsideration, explaining the basis for finding that the bidder did or did not meet the goal or make adequate good faith efforts to do so. The result of the reconsideration process is not administratively appealable to the Department of Transportation.

### 4. Good Faith Efforts procedures in situations when there are contract goals – 26.53(f)(g)

Sullivan County will include in each prime contract a provision stating words to the effect of:

*“The contractor shall utilize the specific DBEs listed to perform the work and supply the materials for which each is listed unless the contractor obtains your written consent”;*

and

*“That, unless the County’s written consent is provided, the contractor shall not be entitled to any payment for work or material unless it is performed or supplied by the listed DBE.”*

Sullivan County will require the contractor that is awarded the contract to make available upon request a copy of all DBE subcontracts. The subcontractor shall ensure that all subcontracts or an agreement with DBEs to supply labor or materials require that the subcontract and all lower tier subcontractors be performed in accordance with this part’s provisions.

In this situation, Sullivan County will require the prime contractor to obtain its prior approval of the substitute DBE and to provide copies of new or amended subcontracts, or documentation of good faith efforts.

Sullivan County will require that a prime contractor shall not terminate a DBE subcontractor listed in response to paragraph (b)(2) of Section 26.53 of the Code (or an approved substitute DBE firm) without our prior written consent. This includes, but not limited to, instances in which a prime contractor seeks to perform work originally designated for a DBE subcontractor with its own forces or those of an affiliate, a non-DBE firm, or with another DBE firm.

Sullivan County will provide such written consent only if it agrees, for reasons stated in its concurrence document, that the prime contractor has good cause to terminate the DBE firm. For purposes of this paragraph, “good cause” includes the following circumstances:

1. The listed DBE subcontractor fails or refuses to execute a written contract;
2. The listed DBE subcontractor fails or refuses to perform the work of its subcontract in a way consistent with normal industry standards. Provided however, that good cause does not exist if the failure or refusal of the DBE subcontractor to perform its work on the subcontract results from the bad faith or discriminatory action of the prime contractor;



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3. The listed DBE subcontractor fails or refuses to meet the prime contractor's reasonable, non-discriminatory bond requirements.
4. The listed DBE subcontractor becomes bankrupt, insolvent, or exhibits credit unworthiness;
5. The listed DBE subcontractor is ineligible to work on public works projects because of suspension and debarment proceedings pursuant to 2 CFR Parts 180, 215 and 1,200 or applicable state law;
6. The County has determined that the listed DBE subcontractor is not a responsible contractor;
7. The listed DBE subcontractor voluntarily withdraws from the project and provides to the County written notice of its withdrawal;
8. The listed DBE is ineligible to receive DBE credit for the type of work required;
9. A DBE owner dies or becomes disabled with the result that the listed DBE contractor is unable to complete its work on the contract;
10. Other documented good cause that the County has determined compels the termination of the DBE subcontractor. Provided, that good cause does not exist if the prime contractor seeks to terminate a DBE it relied upon to obtain the contract so that the prime contractor can self-perform the work for which the DBE contractor was engaged or so that the prime contractor can substitute another DBE or non-DBE contractor after contract award.

Before a prime contractor transmits to the County a request to terminate and/or substitute a DBE subcontractor, the prime contractor must give notice in writing to the DBE subcontractor, with a copy to us, of its intent to request to terminate and/or substitute, and the reason for the request.

The prime contractor must give the DBE five days to respond to the prime contractor's notice and advise the County and the contractor of the reasons, if any, why it objects to the proposed termination of its subcontract and why the County should not approve the prime contractor's action. If required in a particular case as a matter of public necessity (*e.g.*, safety), the County may provide a response period shorter than five (5) days.

In addition to post-award terminations, the provisions of this section apply to pre-award deletions of or substitutions for DBE firms put forward by offerors in negotiated procurements.

Sullivan County will require a contractor to make good faith efforts to replace a DBE that is terminated or has otherwise failed to complete its work on a contract with another certified DBE. These good faith efforts shall be directed at finding another DBE to perform at least the same amount of work under the contract as the DBE that was terminated, to the extent needed to meet the contract goal that the County established for the procurement. The good faith efforts shall be documented by the contractor. If the County requests documentation from the contractor under this provision, the contractor shall submit the documentation to the County within seven (7) days, which may be extended for an additional seven (7) days if necessary at the request of the contractor, and the recipient shall provide a written determination to the contractor stating whether or not good faith efforts have been demonstrated.

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Sullivan County will include in each prime contract the contract clause required by Section 26.13(b) of the Code stating that failure by the contractor to carry out the requirements of the Code is a material breach of the contract and may result in the termination of the contract or such other remedies set forth in that section that the County deems appropriate if the prime contractor fails to comply with the requirements of this section.

If the contractor fails or refuses to comply in the time specified, the SCDPW contracting office will issue an order stopping all or part of payment/work until satisfactory action has been taken. If the contractor still fails to comply, the contracting officer may issue a termination for default proceeding.

### 5. Sample Bid Specification:

*"The requirements of 49 CFR Part 26, Regulations of the U.S. Department of Transportation, apply to this contract. It is the policy of Sullivan County to practice nondiscrimination based on race, color, sex, or national origin in the award or performance of this contract. All firms qualifying under this solicitation are encouraged to submit bids/proposals. Award of this contract will be conditioned upon satisfying the requirements of this bid specification. These requirements apply to all bidders/offerors, including those who qualify as a DBE. A DBE contract goal of 1.1% as determined in the goal calculation has been established for this contract. The bidder/offeror shall make good faith efforts, as defined in Appendix A, 49 CFR Part 26, to meet the contract goal for DBE participation in the performance of this contract."*

*"The bidder/offeror will be required to submit the following information: (1) the names and addresses of DBE firms that will participate in the contract; (2) a description of the work that each DBE firm will perform. To count toward meeting a goal, each DBE firm must be certified in a NAICS code applicable to the kind of work the firm would perform on the contract; (3) the dollar amount of the participation of each DBE firm participating; (4) Written documentation of the bidder/offeror's commitment to use a DBE subcontractor whose participation it submits to meet the contract goal; and (5) Written confirmation from each listed DBE firm that it is participating in the contract in the kind and amount of work provided in the prime contractor's commitment made under (4); and (6) if the contract goal is not met, evidence of good faith efforts."*

### I. Counting DBE Participation – Section 26.55

Sullivan County will count DBE participation toward overall and contract goals as provided in Section 26.55 of the Code. The County will not count the participation of a DBE subcontract toward a contractor's final compliance with its DBE obligations on a contract until the amount being counted has actually been paid to the DBE.

If the firm is not currently certified as a DBE in accordance with the standards of subpart D of the Code at the time of the execution of the contract, the County will not count the firm's participation toward any DBE goals, except as provided for in Section 26.87(j) of the Code.

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### IV. SUBPART D – CERTIFICATION STANDARDS – Section 26.61 – 26.73

Sullivan County will use the certification standards of Subpart D of the Code to determine the eligibility of firms to participate as DBEs in DOT–assisted contracts. To be certified as a DBE, a firm must meet all certification eligibility standards. The County will make its certification decisions based on the facts as a whole.

For information about the certification process or to apply for certification, firms should contact either of the four agencies list below:

Metropolitan Transportation Authority  
Department of Diversity and Civil Rights  
2 Broadway, 16<sup>th</sup> Floor  
New York, NY 10004  
Telephone: (646) 252–1378  
Fax: (646) 252–1350  
E–mail: [rmccune@mtahq.org](mailto:rmccune@mtahq.org)  
<http://www.mta.info/>

Port Authority of New York and New Jersey  
Office of Business Diversity and Civil Rights  
2 Montgomery Street, 2<sup>nd</sup> Floor  
Jersey City, NJ 07302  
Telephone: (212) 435–7817 or (201) 395–3944  
Fax: (212) 435–7828  
E–mail: [gsimpkin@panynj.gov](mailto:gsimpkin@panynj.gov)  
<http://www.panynj.gov/business-opportunities/sd-become-certified.html>

Niagara Frontier Transportation Authority  
Equal Employment Opportunity/Diversity  
Development Department  
181 Ellicott Street  
Buffalo, NY 14203  
Telephone: (716) 855–7489  
Fax: (716) 855–7657  
E–mail: [linda\\_seay@nfta.com](mailto:linda_seay@nfta.com)  
<http://www.nfta.com/Default.aspx>

NYS Department of Transportation  
DBE Certification Unit  
50 Wolf Road, 6<sup>th</sup> Floor  
Albany, NY 12232  
Telephone: (518) 417–6631  
Fax: (518) 457–1675  
E–mail: [johnny.cisneros@dot.ny.gov](mailto:johnny.cisneros@dot.ny.gov)  
<https://www.dot.ny.gov/main/business-center/audit/dbe-certification>

## Sullivan County Disadvantaged Business Enterprise (DBE) Program

The certification application forms and documentation requirements are found in Attachment 6 to this Program and are available electronically at <https://www.transportation.gov/civil-rights/disadvantaged-business-enterprise/new-dbe-uniform-certification-application>

### V. SUBPART E – CERTIFICATION PROCEDURES – SECTION 26.81

Sullivan County is a non-certifying member of the New York State Unified Certification Program (NYSUCP). The NYSUCP will meet all of the requirements of this section.

### VI. SUBPART F – CONFIDENTIALITY, COOPERATION AND INTIMIDATION OR RETALIATION – SECTION 26.109

Sullivan County will safeguard from disclosure to third parties information that may reasonably be regarded as confidential business information, consistent with Federal, state, and local law. Sullivan County will comply with the provisions of the Federal Freedom of Information (5 U.S.C. 552), Privacy Acts (5 U.S.C. 552a) and the New York State Freedom of Information Law (Public Officers Law, Article 6 § 84-90).

Notwithstanding any provision of Federal or state law, the County will not release any information that may reasonably be construed as confidential business information to any third party without the written consent of the firm that submitted the information. This includes applications for DBE certification and supporting information. However, the County will transmit this information to DOT in any certification appeal proceeding under Section 26.89 of the Code or to any other state to which the individual's firm has applied for certification under Section 26.85 of this part.

All participants in the Department's DBE Program (including, but not limited to, recipients, DBE firms and applicants for DBE certification, complainants and appellants, and contractors using DBE firms to meet contract goals) are required to cooperate fully and promptly with DOT and recipient compliance reviews, certification reviews, investigations, and other requests for information. Failure to do so shall be a ground for appropriate action against the party involved (*e.g.*, with respect to recipients, a finding of noncompliance; with respect to DBE firms, denial of certification or removal of eligibility and/or suspension and debarment; with respect to a complainant or appellant, dismissal of the complaint or appeal; with respect to a contractor which uses DBE firms to meet goals, findings of non-responsibility for future contracts and/or suspension and debarment).

Sullivan County, contractor, or any other participant in the Program will not intimidate, threaten, coerce, or discriminate against any individual or firm for the purpose of interfering with any right or privilege secured by the Code or because the individual or firm has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under this part. If the County violates this prohibition, it is not in compliance with this part.

## Sullivan County Disadvantaged Business Enterprise (DBE) Program

### VII. ATTACHMENTS AND APPENDIXES

ATTACHMENT 1	BIDDER'S LIST COLLECTION FORM/GOOD FAITH EFFORTS FORMS
ATTACHMENT 2	ORGANIZATIONAL CHART
ATTACHMENT 3	DBE MONITORING AND ENFORCEMENT MECHANISMS
ATTACHMENT 4	SMALL BUSINESS ELEMENT PROGRAM
ATTACHMENT 5	OVERALL GOAL CALCULATIONS
ATTACHMENT 6	DBE CERTIFICATION APPLICATION FORM <sup>2</sup>
APPENDIX A	GUIDANCE CONCERNING GOOD FAITH EFFORTS
APPENDIX B	UNIFORM REPORT OF DBE AWARDS OR COMMITMENTS AND PAYMENTS FORM

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<sup>2</sup> Also available electronically at: <https://www.transportation.gov/civil-rights/disadvantaged-business-enterprise/new-dbe-uniform-certification-application>.

**Sullivan County Disadvantaged Business Enterprise (DBE) Program**

**ATTACHMENT 1**

**BIDDER'S LIST COLLECTION FORM/GOOD FAITH EFFORTS FORMS**

**Attachment 1**

**Bidder's List Collection Form**

Firm Name, Address and Phone #	DBE or Non-DBE Status (Verify via State's UCP Directory)	Age of Firm	Annual Gross Receipts
Name: Address 1: Address 2: City, State: Zip Code: Area Code & Phone Number:	<input type="checkbox"/> DBE <input type="checkbox"/> Non-DBE  <input type="checkbox"/> Verified	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 - 3 years <input type="checkbox"/> 4 - 7 years <input type="checkbox"/> 8 - 10 years <input type="checkbox"/> More than 10 years	<input type="checkbox"/> Less than \$500K <input type="checkbox"/> \$500K - \$1 Million <input type="checkbox"/> \$1 - \$2 Million <input type="checkbox"/> \$2 - \$5 Million <input type="checkbox"/> Greater than \$5 Million
Name: Address 1: Address 2: City, State: Zip Code: Area Code & Phone Number:	<input type="checkbox"/> DBE <input type="checkbox"/> Non-DBE  <input type="checkbox"/> Verified	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 - 3 years <input type="checkbox"/> 4 - 7 years <input type="checkbox"/> 8 - 10 years <input type="checkbox"/> More than 10 years	<input type="checkbox"/> Less than \$500K <input type="checkbox"/> \$500K - \$1 Million <input type="checkbox"/> \$1 - \$2 Million <input type="checkbox"/> \$2 - \$5 Million <input type="checkbox"/> Greater than \$5 Million
Name: Address 1: Address 2: City, State: Zip Code: Area Code & Phone Number:	<input type="checkbox"/> DBE <input type="checkbox"/> Non-DBE  <input type="checkbox"/> Verified	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 - 3 years <input type="checkbox"/> 4 - 7 years <input type="checkbox"/> 8 - 10 years <input type="checkbox"/> More than 10 years	<input type="checkbox"/> Less than \$500K <input type="checkbox"/> \$500K - \$1 Million <input type="checkbox"/> \$1 - \$2 Million <input type="checkbox"/> \$2 - \$5 Million <input type="checkbox"/> Greater than \$5 Million
Name: Address 1: Address 2: City, State: Zip Code: Area Code & Phone Number:	<input type="checkbox"/> DBE <input type="checkbox"/> Non-DBE  <input type="checkbox"/> Verified	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 - 3 years <input type="checkbox"/> 4 - 7 years <input type="checkbox"/> 8 - 10 years <input type="checkbox"/> More than 10 years	<input type="checkbox"/> Less than \$500K <input type="checkbox"/> \$500K - \$1 Million <input type="checkbox"/> \$1 - \$2 Million <input type="checkbox"/> \$2 - \$5 Million <input type="checkbox"/> Greater than \$5 Million
Name: Address 1: Address 2: City, State: Zip Code: Area Code & Phone Number:	<input type="checkbox"/> DBE <input type="checkbox"/> Non-DBE  <input type="checkbox"/> Verified	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 - 3 years <input type="checkbox"/> 4 - 7 years <input type="checkbox"/> 8 - 10 years <input type="checkbox"/> More than 10 years	<input type="checkbox"/> Less than \$500K <input type="checkbox"/> \$500K - \$1 Million <input type="checkbox"/> \$1 - \$2 Million <input type="checkbox"/> \$2 - \$5 Million <input type="checkbox"/> Greater than \$5 Million
Name: Address 1: Address 2: City, State: Zip Code: Area Code & Phone Number:	<input type="checkbox"/> DBE <input type="checkbox"/> Non-DBE  <input type="checkbox"/> Verified	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 - 3 years <input type="checkbox"/> 4 - 7 years <input type="checkbox"/> 8 - 10 years <input type="checkbox"/> More than 10 years	<input type="checkbox"/> Less than \$500K <input type="checkbox"/> \$500K - \$1 Million <input type="checkbox"/> \$1 - \$2 Million <input type="checkbox"/> \$2 - \$5 Million <input type="checkbox"/> Greater than \$5 Million
Name: Address 1: Address 2: City, State: Zip Code: Area Code & Phone Number:	<input type="checkbox"/> DBE <input type="checkbox"/> Non-DBE  <input type="checkbox"/> Verified	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 - 3 years <input type="checkbox"/> 4 - 7 years <input type="checkbox"/> 8 - 10 years <input type="checkbox"/> More than 10 years	<input type="checkbox"/> Less than \$500K <input type="checkbox"/> \$500K - \$1 Million <input type="checkbox"/> \$1 - \$2 Million <input type="checkbox"/> \$2 - \$5 Million <input type="checkbox"/> Greater than \$5 Million

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**DISADVANTAGED BUSINESS ENTERPRISE REQUIREMENTS**

The requirements of 49 CFR Part 26, Regulations of the U.S. Department of Transportation, apply to this contract. A Disadvantaged Business Enterprise (DBE) contract goal of \_\_\_\_ percent has been established for this contract.

All bidders must submit an assurance stating the percentage of Disadvantaged Business Enterprises they intend to employ on this project.

All bidders must submit the following information no later than 5 days after bid opening:

1. The names and addresses of DBE AND non-DBE firms that will participate in the contract, including:
  - Firm's status as a DBE or non-DBE
  - Age of the firm
  - Annual gross receipts of the firm (use categories below)  
[ ] < \$500,000 [ ] \$500,000-\$1 million [ ] \$1-2 million [ ] \$2-5 million [ ] > 5 million
  - Description of the work the firm will perform
  - Dollar amount of the work the firm will perform
2. Written documentation of the commitment to use a DBE firm whose participation is submitted to meet the contract goal
3. Written confirmation from the DBE firm that it is participating in the contract
4. If the contract goal is not met, evidence of good faith efforts as defined in 49 CFR Part 26

**CERTIFICATION:**

This firm assures that it will utilize not less than \_\_\_\_% of DBE participation.

Bidder's Name: \_\_\_\_\_

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

Bidder's Status: \_\_\_\_\_ DBE \_\_\_\_\_ Non-DBE

Age of Firm: \_\_\_\_\_

Annual gross receipts of the firm (check category):

[ ] < \$500,000 [ ] \$500,000-\$1 million [ ] \$1-2 million [ ] \$2-5 million [ ] > 5 million

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

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**DISADVANTAGED BUSINESS ENTERPRISE REQUIREMENTS**

All bidders must submit the following information for **each subcontractor/supplier** they intend to employ on this project no later than 5 days after bid opening.

Prime Contractor's Name: \_\_\_\_\_

Subcontractor/Supplier's Name, Address and Phone Number:

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

Subcontractor/Supplier's Status: \_\_\_ DBE \_\_\_ non-DBE Age of the Company: \_\_\_\_\_

Annual Gross Receipts of the Subcontractor/Supplier (use categories below):

< \$500,000  \$500,000-\$1 million  \$1-2 million  \$2-5 million  > 5 million

Description and estimated dollar amount of the work to be performed by subcontractor/supplier:

Work Item	Estimated \$ Amount
Total:	

**DBE AFFIRMATION BELOW**

**DBE Affirmation**

The above-named DBE affirms that it will perform the work for the estimated dollar value described above.

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

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

**Prime Contractor Affirmation**

We are committed to utilizing the above-named DBE for the work and estimated dollar value described above.

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

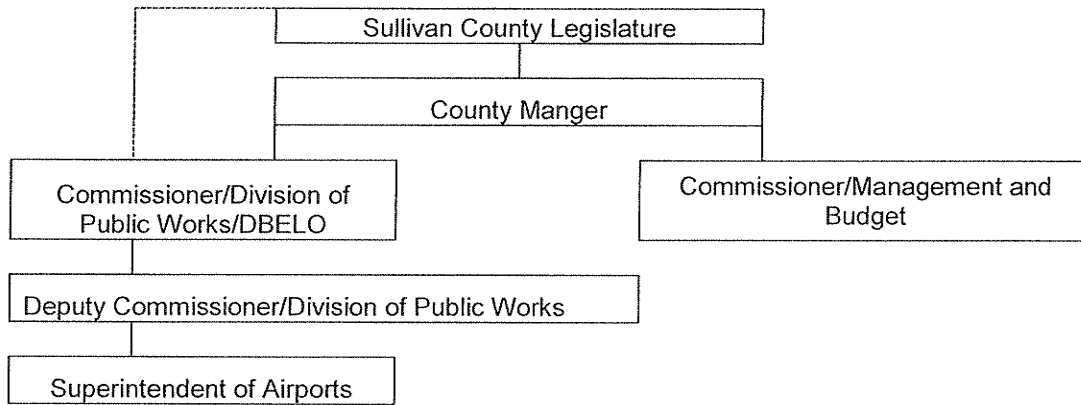
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Sullivan County Disadvantaged Business Enterprise (DBE) Program

ATTACHMENT 2

SULLIVAN COUNTY  
ORGANIZATIONAL CHART FOR DBELO



## Sullivan County Disadvantaged Business Enterprise (DBE) Program

### ATTACHMENT 3

#### MONITORING AND ENFORCEMENT MECHANISMS

Sullivan County has available several remedies to enforce the DBE requirements contained in its contracts. Sullivan County will exercise, when appropriate, its right to terminate agreements when contractors violate contractual provisions relating to insurance, statutory compliance and non-discrimination. Further, Sullivan County will employ its statutory remedies when appropriate to ensure DBE compliance including but not limited to the rights afforded under the NYS Constitution, NYS General Municipal Law, NYS Labor Law, NYS Finance Law, NYS Transportation Law, NYS Executive Law, and the NYS Civil Practice Law and Rules, including injunctions and restraining orders.

In addition, the federal government has available several enforcement mechanisms that it may apply to firms participating in the DBE program, including, but not limited to, the following:

1. Suspension or debarment proceedings pursuant to 49 CFR Part 26
2. Enforcement action pursuant to 49 CFR Part 31
3. Prosecution pursuant to 18 USC 1001.

# Sullivan County Disadvantaged Business Enterprise (DBE) Program

## ATTACHMENT 4

### FOSTERING SMALL BUSINESS PARTICIPATION

#### A. Objective

Recognizing that the DBE program goals should be met through a mixture of race conscious and race neutral methods and, that by definition, DBE firms are small businesses; Sullivan County seeks to implement a small business element into its current DBE policy in accordance with applicable law. Sullivan County is including this element to facilitate competition by and expand opportunities for small businesses. Sullivan County is committed to taking all reasonable steps to eliminate obstacles to small businesses that may preclude their participation in procurements as prime contractors or subcontractors. Sullivan County will meet its objectives using a combination of the following methods and strategies:

1. Sullivan County, where feasible, may "unbundle" projects or separate large contracts into smaller contracts which may be more suitable for small business participation. Sullivan County will conduct contract reviews on each FAA-assisted contract to determine whether portions of the project could be "unbundled" or bid separately. This determination will be made based on the estimated availability of small businesses able to provide specific scopes of work and will consider any economic or administrative burdens which may be associated with unbundling. Similarly, Sullivan County will encourage its prime contractors or prime consultants to unbundle contracts to facilitate participation by small businesses. Sullivan County will assist prime contractors or prime consultants in identifying portions of work which may be unbundled and performed by small businesses. Sullivan County will document the factors used to determine whether or not an FAA-assisted contract will be unbundled or bid separately.
2. FAA recipients who reasonably anticipate awarding \$250,000 or less in FAA funds in prime contracts in a federal fiscal year are not required to develop an overall DBE goal for that fiscal year. Sullivan County, where feasible, on prime contracts not having a DBE contract goal, will request the prime contractor to provide subcontracting opportunities of a size that small businesses, including DBEs, can reasonably perform, rather than self-performing all the work involved. Sullivan County will conduct contract reviews on each FAA-assisted contract that does not have a DBE contract goal to determine whether portions of the project could be performed by small businesses, including DBEs. This determination will be made based on the estimated availability of small businesses able to provide specific scopes of work and will consider any economic or administrative burdens which may be associated with subcontracting. Sullivan County will assist prime contractors or prime consultants in identifying portions of work which may be performed by small businesses.
3. Sullivan County will advertise contracting opportunities to the small business community through various outlets, including local newspapers, chambers of commerce and county administration offices, where feasible.

## Sullivan County Disadvantaged Business Enterprise (DBE) Program

As described above, Sullivan County will utilize a variety of methods to facilitate small business participation. In each FAA-assisted contract, the DBELO will document the method in which the small business element was implemented and the process by which those methods were considered.

### B. Definitions

#### 1. Small Business:

Small businesses must meet the definitions specified in Section 3 of the Small Business Act and the Small Business Administration regulations implementing it (13 CFR Part 121). A small business is a business that is independently owned and operated, is organized for profit, and is not dominant in its field. Depending on the industry, size standard eligibility is based on the average number of employees for the preceding twelve months or on sales volume averaged over a three-year period.

#### 2. Disadvantaged Business Enterprise:

A for-profit small business (as defined by the Small Business Administration) —

- That is at least 51 percent owned by one or more individuals who are both socially and economically disadvantaged or, in the case of a corporation, in which 51 percent of the stock is owned by one or more such individuals.
- Whose socially and economically disadvantaged owners do not exceed the personal net worth (PNW) described in 49 CFR Part 26. The current PNW cap is \$1.32 million.
- Whose average annual gross receipts, as defined by SBA regulations over the firm's previous three fiscal years is less than \$23.98 million.
- Whose management and daily business operations are controlled by one or more of the socially and economically disadvantaged individuals who own it.
- Has been certified as a DBE in accordance with 49 CFR 26.

For the purposes of the small business element of Sullivan County's DBE program, small businesses which are also owned and controlled by socially disadvantaged individuals will be encouraged to seek DBE certification. Only DBE certified firms will be counted towards DBE race-neutral participation on FAA-assisted contracts.

### C. Certification And Verification Procedures

Sullivan County will accept the following certification and/or verification documents for participation in the small business element of Sullivan County's DBE program:

- Three years of business tax returns and Section 1 and Parts A and B of Section 2 of the federal DBE Uniform Certification Application.

## Sullivan County Disadvantaged Business Enterprise (DBE) Program

- DBE certification which stipulates that a firm has been determined to meet all the requirements in accordance with 49 CFR Part 26. All certification determinations are evidenced by a letter of DBE certification issued by a state through its Unified Certification Program.

### D. Implementation Schedule

Sullivan County will implement the small business element of its DBE program beginning federal fiscal year 2013.

### E. Assurances

Sullivan County makes the following assurances:

1. The DBE program, including its small business element is not prohibited by state law;
2. Certified DBEs that meet the size criteria established under the DBE program are presumptively eligible to participate in the small business element of the DBE program;
3. There are no geographic or local preferences or limitations imposed on FAA-assisted contracts and the DBE program is open to small businesses regardless of their location;
4. There are no limits on the number of contracts awarded to firms participating in the DBE program;
5. Reasonable effort will be made to avoid creating barriers to the use of new, emerging, or untried businesses; and
6. Aggressive steps will be taken to encourage those minority and women owned firms participating in the small business element of the DBE program that are eligible for DBE certification to become certified.

Sullivan County Disadvantaged Business Enterprise (DBE) Program

ATTACHMENT 5

OVERALL GOAL CALCULATION

Revised August 2017

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Attachment 5

**Sponsor/Recipient:** County of Sullivan  
Edward P. McAndrew, PE, DBELO  
Commissioner, Sullivan County D.P.W.  
100 North Street, P.O. Box 5012  
Monticello, NY 12701

**Airport:** Sullivan County International Airport

**DBE Program Update:** 2017-2019

**Overall Goal**

Anticipated DOT-assisted contracts:

FY-2017	Replace Guidance Signs/MITL (Design and Construction)
FY-2017	Construct Transient Aircraft Apron (Design)
FY-2018	Construct Transient Aircraft Apron (Construction)
FY-2018	Airfield Pavement Crack Repair (Design)
FY-2019	Airfield Pavement Crack Repair (Construction)

Amount of Goal

Sullivan County's overall goal for fiscal years 2017, 2018 and 2019 is 1.1% of the federal financial assistance we will expend in DOT-assisted contracts.

Method

*Market Area* – Counties of Ulster, Dutchess, Broome and Sullivan

This market area is based upon the fact that the substantial majority of bidders come from this area (77%) and the substantial majority of contracting dollars (67%) have been expended with firms from this area.

*Step 1 – Establish Base Figure*

- The total number of DBE firms and total number of firms were determined for nine separate trades within the market area. The NAICS codes and respective firm totals for each trade are shown in Table 1. The total available number of DBE firms was determined using the New York State Unified Certification Program (NYSUCP) Disadvantaged Business Enterprise (DBE) Directory. The NAICS codes, trade breakdown, and total number of firms were established from available U.S. Census Bureau Data.



- Based on the anticipated DOT-assisted grants, the dollar breakdown for each trade was estimated (See Table 2). Based on this projection, the estimated proportion of the total grant expenditures was calculated for each trade as shown below.

$$\text{Estimated \% of business for each trade} = \frac{(\text{total \$ per each trade})}{(\text{total \$ for all grants})}$$

This calculation is shown in Table 2, and the estimated percent of business for each trade is referenced in Table 1.

- The estimated percent of business for each trade was determined to more accurately correlate the projected grant expenditures within the identified trades versus the available DBE and total firms within each trade. For each trade, the weighted portion of the overall base DBE goal was calculated as follows:

$$\text{Weighted DBE goal} = (\text{estimated \% of business}) * \frac{(\text{total \# of DBE firms})}{(\text{total \# of firms})}$$

The weighted portion of the overall goal was calculated for each trade, and then totaled to establish the base DBE goal. The base figure DBE goal is 1.1%. This calculation is summarized in Table 1.

#### *Step 2 – Adjustments to Base Figure*

Using the same methodology from Step 1, the DBE percentage for each anticipated DOT-assisted grant was calculated (See the bottom of Table 2). The DBE percentage for each grant was then compared to previously reported DBE goal accomplishments for grants awarded.

We are making no adjustment to the base figure based on past participation for the following reasons:

- Replace Guidance Signs/MITL (Design and Construction) – We awarded a contract of a similar nature in fiscal year 2016; however, it is not complete.
- Construct Transient Aircraft Apron (Design) – A contract of a similar nature was funded in recent years; however, a DBE goal was not required.
- Construct Transient Aircraft Apron (Construction) – We only have past participation data from one contract of a similar nature in recent years.
- Airfield Pavement Crack Repair (Design) - A contract of a similar nature was funded in recent years; however, a DBE goal was not required.
- Airfield Pavement Crack Repair (Construction) - We only have past participation data from one contract of a similar nature in recent years.

We consulted with the following groups/organizations to obtain information concerning the availability of disadvantaged and non-disadvantaged businesses and the effects of discrimination on opportunities for DBEs:

1. NYSUCP DBE Directory
2. U.S. Census Bureau
3. NYSDOT, Office of Civil Rights, DBE Supportive Services
4. Small Business Administration, New York District Office
5. Ulster County Chamber of Commerce
6. Greater Binghamton Chamber of Commerce
7. Sullivan County Chamber of Commerce
8. Empire State Association of Minority Contractors
9. NYS Small Business Development Center
10. NAACP New York State Conference
11. National Council of La Raza
12. NOW – New York State

The consultation process was executed by teleconference on February 01, 2017 at 10:00AM. The stakeholders were informed by an Outlook email invitation and a Star Leaf Breeze teleconference invitation on January 20, 2017. We asked the stakeholders to further distribute both teleconference notifications to any other potentially interested parties.

We did not receive any responses that affect the calculation of our overall goal.

We are not aware of any evidence of barriers in fields related to contracting which have affected opportunities for DBEs to form, grow or compete.

No other Step 2 factors were found to be applicable or relevant.

Accordingly, based on the above analysis, we are making no adjustment to the base figure of 1.1% which we are adopting as our overall goal for fiscal years 2017, 2018 and 2019.

**DISADVANTAGED BUSINESS ENTERPRISE PROGRAM**

**AIRPORT:** Sullivan County International Airport

**FEDERAL FISCAL YEAR:** FY2017 through FY2019

**TABLE 1**

2002 NAICS Code	Trade	Estimated % of Business	Airport Market Area										Total No. of DBE Firms	Total No. of Firms	Weighted DBE Goal (see Note 1)
			Ulster County		Dutchess County		Broome County		Sullivan County		Total No. of DBE Firms	Total No. of Firms			
			No. of DBE Firms	Total No. of Firms	No. of DBE Firms	Total No. of Firms	No. of DBE Firms	Total No. of Firms	No. of DBE Firms	Total No. of Firms					
236	Construction of Buildings	0.0%	0	196	2	312	0	139	0	103	0	750	2	750	0.0%
237	Heavy and Civil Engineering Const.	35.6%	0	20	0	30	1	24	0	15	0	89	1	89	0.4%
238	Specialty Trade Contractors (Others)	16.6%	2	211	3	442	1	192	1	80	1	925	7	925	0.1%
23811	Concrete Contractors	0.0%	0	12	2	8	1	10	0	23	0	53	3	53	0.0%
23821	Electrical Contractors	33.2%	1	74	0	111	0	37	0	32	0	174	1	174	0.1%
23891	Site Preparation Contractors	0.0%	0	41	0	79	0	25	0	29	0	302	1	302	0.0%
441	Motor Vehicle and Parts Dealers	0.0%	0	72	0	102	0	93	1	35	1	204	0	204	0.0%
484	Truck Transportation	1.2%	0	52	0	63	0	54	0	35	0	245	0	245	0.4%
5413	Arch., Eng., and Related Services	13.4%	3	50	3	127	1	39	1	29	1	2,996	8	2,996	1.1%
<b>Total =</b>			<b>100%</b>										<b>Total Goal (Base Figure) =</b>		<b>1.1%</b>

Note 1: Weighted DBE Goal = (Estimated % of Business) \* (Total No. of DBE Firms in Market Area) / (Total No. of Firms in Market Area)

**TABLE 2**

Trade	Assumed FY2017 to FY2019 AIP Grants (with estimated dollar breakdown by trade)						Estimated % of Business
	Guidance Signs/MITL (Design/Construct)	Apron Extension (Design)	Apron Extension (Construct)	Pavement Rehab. (Design)	Pavement Rehab. (Construct)	Total	
Construction of Buildings						\$0	0.0%
Heavy and Civil Engineering Const.			\$600,000			\$600,000	35.6%
Specialty Trade Contractors (Others)			\$30,000		\$250,000	\$280,000	16.6%
Concrete Contractors						\$0	0.0%
Electrical Contractors	\$560,000					\$560,000	33.2%
Site Preparation Contractors						\$0	0.0%
Motor Vehicle and Parts Dealers						\$0	0.0%
Truck Transportation			\$20,000			\$20,000	1.2%
Arch., Eng., and Related Services	\$70,000	\$75,000	\$5,000	\$50,000	\$25,000	\$225,000	13.4%
<b>Total =</b>	<b>\$630,000</b>	<b>\$75,000</b>	<b>\$655,000</b>	<b>\$60,000</b>	<b>\$275,000</b>	<b>\$1,685,000</b>	<b>100.0%</b>
DBE % by AIP Grant	0.7%	3.3%	1.1%	3.3%	1.0%	1.1% (Base Figure)	
Adjusted DBE % Based on Past Work (See Note 2)	0.7%	3.3%	1.1%	3.3%	1.0%	1.1% (Adjusted Base Figure)	

Note 2: There is no relevant data available to warrant an adjustment to the DBE % for the anticipated grants.

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## Breakout of Estimated Race-Neutral and Race-Conscious Participation

Sullivan County will meet the maximum feasible portion of its overall goal by using race-neutral means of facilitating DBE participation. We may use the following race-neutral means to increase DBE participation:

1. Arranging solicitations, times for the presentation of bids, quantities, specifications, and delivery schedules in ways that facilitate DBE, and other small businesses, participation (e.g., unbundling large contracts to make them more accessible to small businesses, requiring or encouraging prime contractors to subcontract portions of work that they might otherwise perform with their own forces);
2. Providing assistance in overcoming limitations such as inability to obtain bonding or financing (e.g. by such means as simplifying the bonding process, reducing bonding requirements, eliminating the impact of surety costs from bids, and providing services to help DBEs, and other small businesses, obtain bonding and financing);
3. Providing technical assistance and other services;
4. Carrying out information and communications programs on contracting procedures and specific contract opportunities (e.g. ensuring the inclusion of DBEs, and other small businesses, on recipient mailing lists for bidders; ensuring the dissemination to bidders on prime contracts of lists of potential subcontractors; provision of information in languages other than English, where appropriate);
5. Implementing a supportive services program to develop and improve immediate and long-term business management, record keeping, and financial and accounting capability for DBEs and other small businesses;
6. Providing services to help DBEs, and other small businesses, improve long-term development, increase opportunities to participate in a variety of kinds of work, handle increasingly significant projects, and achieve eventual self-sufficiency;
7. Establishing a program to assist new, start-up firms, particularly in fields in which DBE participation has historically been low;
8. Ensuring distribution of our DBE directory, through print and electronic means, to the widest feasible universe of potential prime contractors; and
9. Assisting DBE's and other small businesses, to develop their capability to utilize emerging technology and conduct business through electronic media.

We estimate that, in meeting our overall goal of 1.1%, we will obtain 0% from race-neutral participation and 1.1% through race-conscious measures.

The following is a summary of the basis of our estimated breakout of race-neutral and race-conscious DBE participation:

We have not exceeded our overall goals or awarded prime contracts to DBEs in recent years. We have no past participation by DBE subcontractors on contracts without goals. In addition, the airport does not administer a local (non-federal) DBE program.

Accordingly, we are estimating that, in meeting our overall goal of 1.1%, we will obtain 0% from race-neutral participation and 1.1% through race-conscious measures.

We will adjust the estimated breakout of race-neutral and race-conscious participation as needed to reflect actual DBE participation and we will track and report race-neutral and race-conscious participation separately. For reporting purposes, race-neutral DBE participation includes, but is not necessarily limited to, the following: DBE participation through a prime contract a DBE obtains through customary competitive procurement procedures; DBE participation through a subcontract on a prime contract that does not carry a DBE goal; DBE participation on a prime contract exceeding a contract goal; and DBE participation through a subcontract from a prime contractor that did not consider a firm's DBE status in making the award.

**Sullivan County Disadvantaged Business Enterprise (DBE) Program**

**ATTACHMENT 6**

**UNIFORM CERTIFICATION APPLICATION**

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## Attachment 6

Appendix F

**UNIFORM CERTIFICATION APPLICATION**  
**DISADVANTAGED BUSINESS ENTERPRISE (DBE) /**  
**AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE (ACDBE)**  
**49 C.F.R. Parts 23 and 26**

### *Roadmap for Applicants*

#### 1. Should I apply?

You may be eligible to participate in the DBE/ACDBE program if:

- The firm is a for-profit business that performs or seeks to perform transportation related work (or a concession activity) for a recipient of Federal Transit Administration, Federal Highway Administration, or Federal Aviation Administration funds.
- The firm is at least 51% owned by a socially and economically disadvantaged individual(s) who also controls it.
- The firm's disadvantaged owners are U.S. citizens or lawfully admitted permanent residents of the U.S.
- The firm meets the Small Business Administration's size standard and does not exceed \$23.98 million in gross annual receipts for DBE (\$56.42 million for ACDBEs). (Other size standards apply for ACDBE that are banks/financial institutions, car rental companies, pay telephone firms, and automobile dealers.)

#### 2. How do I apply?

First time applicants for DBE certification must complete and submit this certification application and related material to the certifying agency in your home state and participate in an on-site interview conducted by that agency. The attached document checklist can help you locate the items you need to submit to the agency with your completed application. If you fail to submit the required documents, your application may be delayed and/or denied. Firms already certified as a DBE do not have to complete this form, but may be asked by certifying agencies outside of your home state to provide a copy of your initial application form, supporting documents, and any other information you submitted to your home state to obtain certification or to any other state related to your certification.

#### 3. Where can I send my application? [INSERT UCP PARTICIPATING MEMBER CONTACT INFORMATION]

#### 4. Who will contact me about my application and what are the eligibility standards?

The DBE and ACDBE Programs require that all U.S. Department of Transportation (DOT) recipients of federal assistance participate in a statewide Unified Certification Program (UCP). The UCP is a one-stop certification program that eliminates the need for your firm to obtain certification from multiple certifying agencies within your state. The UCP is responsible for certifying firms and maintaining a database of certified DBEs and ACDBEs for DOT grantees, pursuant to the eligibility standards found in 49 C.F.R. Parts 23 and 26.

#### 5. Where can I find more information?

U.S. DOT—<https://www.civilrights.dot.gov/> (This site provides useful links to the rules and regulations governing the DBE/ACDBE program, questions and answers, and other pertinent information)

SBA—Small Business Size Standards matched to the North American Industry Classification System (NAICS):  
<http://www.census.gov/eos/www/naics/> and <http://www.sba.gov/content/table-small-business-size-standards>.

In collecting the information requested by this form, the Department of Transportation (Department) complies with the provisions of the Federal Freedom of Information and Privacy Acts (5 U.S.C. 552 and 552a). The Privacy Act provides comprehensive protections for your personal information. This includes how information is collected, used, disclosed, stored, and discarded. Your information will not be disclosed to third parties without your consent. The information collected will be used solely to determine your firm's eligibility to participate in the Department's Disadvantaged Business Enterprise Program as defined in 49 CFR §26.5 and the Airport Concession Disadvantaged Business Enterprise Program as defined in 49 CFR §23.3. You may review DOT's complete Privacy Act Statement in the Federal Register published on April 11, 2000 (65 FR 19477).

Under 49 C.F.R. §26.107, dated February 2, 1999 and January 28, 2011, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 2 CFR Parts 180 and 1200, Nonprocurement Suspension and Department, take enforcement action under 49 C.F.R. Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

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**INSTRUCTIONS FOR COMPLETING THE  
DISADVANTAGED BUSINESS ENTERPRISE (DBE)  
AIRPORT CONCESSIONS DISADVANTAGED BUSINESS ENTERPRISE (ACDBE)  
UNIFORM CERTIFICATION APPLICATION**

**NOTE:** All participating firms must be for-profit enterprises. If your firm is not for profit, then you do NOT qualify for the DBE/ACDBE program and should not complete this application. If you require additional space for any question in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section and number of this application to which it refers.

**Section 1: CERTIFICATION INFORMATION**

**A. Basic Contact Information**

- (1) Enter the contact name and title of the person completing this application and the person who will serve as your firm's contact for this application.
- (2) Enter the legal name of your firm, as indicated in your firm's Articles of Incorporation or charter.
- (3) Enter the primary phone number of your firm.
- (4) Enter a secondary phone number, if any.
- (5) Enter your firm's fax number, if any.
- (6) Enter the contact person's email address.
- (7) Enter your firm's website addresses, if any.
- (8) Enter the street address of the firm where its offices are physically located (not a P.O. Box).
- (9) Enter the mailing address of your firm, if it is different from your firm's street address.

**B. Prior/Other Certifications and Applications**

- (10) Check the appropriate box indicating whether your firm is currently certified in the DBE/ACDBE programs, and provide the name of the certifying agency that certified your firm. List the dates of any site visits conducted by your home state and any other states or UCP members. Also provide the names of state/UCP members that conducted the review.
- (11) Indicate whether your firm or any of the persons listed has ever been denied certification as a DBE, 8(a), or Small Disadvantaged Business (SDB) firm, or state and local MBE/WBE firm. Indicate if the firm has ever been decertified from one of these programs. Indicate if the application was withdrawn or whether the firm was debarred, suspended, or otherwise had its bidding privileges denied or restricted by any state or local agency, or Federal entity. If your answer is yes, identify the name of the agency, and explain fully the nature of the action in the space provided. Indicate if you have ever appealed this decision to the Department and if so, attach a copy of USDOT's final agency decision(s).

**Section 2: GENERAL INFORMATION**

**A. Business profile:**

- (1) Give a concise description of the firm's primary activities, the product(s) or services the company provides, or type of construction. If your company offers more than one product/service, list primary product or service first (attach additional sheets if necessary). This description may be used in our UCP online directory if you are certified as a DBE.

- (2) If you know the appropriate NAICS Code for the line(s) of work you identified in your business profile, enter the codes in the space provided.
- (3) State the date on which your firm was established as stated in your firm's Articles of Incorporation or charter.
- (4) State the date each person became a firm owner.
- (5) Check the appropriate box describing the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided.
- (6) Check the appropriate box that indicates whether your firm is "for profit." If you checked "No," then you do NOT qualify for the DBE/ACDBE program and should not complete this application. All participating firms must be for-profit enterprises. If the firm is a for profit enterprise, provide the Federal Tax ID number as stated on your firm's Federal tax return.
- (7) Check the appropriate box that describes the type of legal business structure of your firm, as indicated in your firm's Articles of Incorporation or similar document. Identify all joint venture partners if applicable. If you checked "Other," briefly explain in the space provided.
- (8) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time, part-time, and seasonal basis. Attach a list of employees, their job titles, and dates of employment, to your application.
- (9) Specify the firm's gross receipts for each of the past three years, as stated in your firm's filed Federal tax returns. You must submit complete copies of the firm's Federal tax returns for each year. If there are any affiliates or subsidiaries of the applicant firm or owners, you must provide these firms' gross receipts and submit complete copies of these firm(s) Federal tax returns. Affiliation is defined in 49 C.F.R. §26.5 and 13 C.F.R. Part 121.

**B. Relationships and Dealings with Other Businesses**

- (1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, financing, or any office staff and/or employees with any other business, organization or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and fully explain the nature of your relationship with these other businesses by identifying the business or person with whom you have any formal, informal, written, or

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oral agreement. Provide an explanation of any items shared with other firms in the space provided.

- (2) Check the appropriate box indicating whether any other firm currently has or had an ownership interest in your firm at present or at any time in the past. If you checked yes, please explain.
- (3) Check the appropriate box that indicates whether at present or at any time in the past your firm:
  - (a) ever existed under different ownership, a different type of ownership, or a different name;
  - (b) existed as a subsidiary of any other firm;
  - (c) existed as a partnership in which one or more of the partners are/were other firms;
  - (d) owned any percentage of any other firm; and
  - (e) had any subsidiaries of its own.
- (f) served as a subcontractor with another firm constituting more than 25% of your firm's receipts.

If you answered "Yes" to any of the questions in (3)(a-f), you may be asked to explain the arrangement in detail.

### Section 3: MAJORITY OWNER INFORMATION

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner, provide completed copies of this section for each owner):

#### A. Identify the majority owner of the firm holding 51% or more ownership interest

- (1) Enter the full name of the owner.
- (2) Enter his/her title or position within your firm.
- (3) Give his/her home phone number.
- (4) Enter his/her home (street) address.
- (5) Indicate this owner's gender.
- (6) Identify the owner's ethnic group membership. If you checked "Other," specify this owner's ethnic group/identity not otherwise listed.
- (7) Check the appropriate box to indicate whether this owner is a U.S. citizen or a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as a DBE owner.
- (8) Enter the number of years during which this owner has been an owner of your firm.
- (9) Indicate the percentage of the total ownership this person holds and the date acquired, including (if appropriate), the class of stock owned.
- (10) Indicate the dollar value of this owner's initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment. Describe how you acquired your business and attach documentation substantiating this investment.

#### B. Additional Owner Information

- (1) Describe the familial relationship of this owner to each other owner of your firm and employees.
- (2) Indicate whether this owner performs a management or supervisory function for any other business. If you

checked "Yes," state the name of the other business and this owner's function/title held in that business.

- (3) (a) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with your firm. If you checked "Yes," identify the name of the other business, the nature of the business relationship, and the owner's function at the firm.
  - (b) If the owner works for any other firm, non-profit organization, or is engaged in any other activity more than 10 hours per week, please identify this activity.
- (4) (a) Provide the personal net worth of the owner applying for certification in the space provided. Complete and attach the accompanying "Personal Net Worth Statement for DBE/ACDBE Program Eligibility" with your application. Note, complete this section and accompanying statement only for each owner applying for DBE qualification (i.e., for each owner claiming to be socially and economically disadvantaged).
  - (b) Check the appropriate box that indicates whether any trust has been created for the benefit of the disadvantaged owner(s). If you answered "Yes," you may be asked to provide a copy of the trust instrument.
- (5) Check the appropriate to indicate whether any of your immediate family members, managers, or employees, own, manage, or are associated with another company. Immediate family member is defined in 49 C.F.R. §26.5. If you answered "Yes," provide the name of each person, your relationship to them, the name of the company, the type of business, and whether they own or manage the company.

### Section 4: CONTROL

#### A. Identify the firm's Officers and Board of Directors

- (1) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each officer.
- (2) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each individual serving on your firm's Board of Directors.
- (3) Check the appropriate box to indicate whether any of your firm's officers and/or directors listed above performs a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (4) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. (e.g., ownership interest, shared office space, financial investments, equipment leases, personnel sharing, etc.) If you answered "Yes," identify the name of the firm, the individual's name, and the nature of his/her business relationship with that other firm.

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**B. Duties of Owners, Officers, Directors, Managers and Key Personnel**

(1), (2) Specify the roles of the majority and minority owners, directors, officers, and managers, and key personnel who control the functions listed for the business. Submit résumés for each owner and non-owner identified below. State the name of the individual, title, race and gender and percentage ownership if any. Circle the frequency of each person's involvement as follows: "always, frequently, seldom, or never" in each area.

Indicate whether any of the persons listed in this section perform a management or supervisory function for any other business. Identify the person, business, and their title/function. Identify if any of the persons listed above own or work for any other firm(s) that has a relationship with this firm (e.g. ownership interest, shared office space, financial investment, equipment, leases, personnel sharing, etc.) If you answered "Yes," describe the nature of his/her business relationship with that other firm.

**C. Inventory:** Indicate firm inventory in these categories:

**(1) Equipment and Vehicles**

State the make and model, and current dollar value of each piece of equipment and motor vehicle held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm or owner, whether it is used as collateral, and where this item is stored.

**(2) Office Space**

State the street address of each office space held and/or used by your firm. Indicate whether your firm or owner owns or leases the office space and the current dollar value of that property or its lease.

**(3) Storage Space**

State the street address of each storage space held and/or used by your firm. Indicate whether your firm or owner owns or leases the storage space and the current dollar value of that property or its lease. Provide a signed lease agreement for each property.

**D. Does your firm rely on any other firm for management functions or employee payroll?**

Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered "Yes," you may be asked to explain the nature of that reliance and the extent to which the other firm carries out such functions.

**E. Financial / Banking Information**

**Banking Information.** State the name, City and State of your firm's bank. In the space provided, identify the persons able to sign checks on this account. Provide bank authorization and signature cards

**Bonding Information.** State your firm's bonding limits (in dollars), specifying both the aggregate and project limits.

**F. Sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms guarantecing the loan.**

State the name and address of each source, the name of person securing the loan, original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm. Provide copies of signed loan agreements and security agreements

**G. Contributions or transfers of assets to/from your firm and to/from any of its owners or another individual over the past two years:**

Indicate in the spaces provided, the type of contribution or asset that was transferred, its current dollar value, the person or firm from whom it was transferred, the person or firm to whom it was transferred, the relationship between the two persons and/or firms, and the date of the transfer.

**H. Current licenses/permits held by any owner or employee of your firm.**

List the name of each person in your firm who holds a professional license or permit, the type of permit or license, the expiration date of the permit or license, and issuing State of the license or permit. Attach copies of licenses, license renewal forms, permits, and haul authority forms.

**I. Largest contracts completed by your firm in the past three years, if any.**

List the name of each owner or contractor for each contract, the name and location of the projects under each contract, the type of work performed on each contract, and the dollar value of each contract.

**J. Largest active jobs on which your firm is currently working.**

For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.

**AIRPORT CONCESSION (ACDBE) APPLICANTS**

Identify the concession space, address and location at the airport, the value of the property or lease, and fees/lease payments paid to the airport. Provide information concerning any other airport concession businesses the applicant firm or any affiliate owns and/or operates, including name, location, type of concession, and start date of the concession enterprise.

**AFFIDAVIT & SIGNATURE**

The Affidavit of Certification must accompany your application for certification. Carefully read the attached affidavit in its entirety. Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.

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Section 1: CERTIFICATION INFORMATION



A. Basic Contact Information

(1) Contact person and Title: \_\_\_\_\_ (2) Legal name of firm: \_\_\_\_\_

(3) Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ (4) Other Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ (5) Fax #: ( ) \_\_\_\_\_ - \_\_\_\_\_

(6) E-mail: \_\_\_\_\_ (7) Firm Websites: \_\_\_\_\_

(8) Street address of firm (No P.O. Box): \_\_\_\_\_ City: \_\_\_\_\_ County/Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(9) Mailing address of firm (if different): \_\_\_\_\_ City: \_\_\_\_\_ County/Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

B. Prior/Other Certifications and Applications

(10) Is your firm currently certified for any of the following U.S. DOT programs?

DBE  ACDBE Names of certifying agencies: \_\_\_\_\_

⊗ If you are certified in your home state as a DBE/ACDBE, you do not have to complete this application for other states. Ask your state UCP about the interstate certification process.

List the dates of any site visits conducted by your home state and any other states or UCP members:

Date \_\_\_/\_\_\_/\_\_\_ State/UCP Member: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ State/UCP Member: \_\_\_\_\_

(11) Indicate whether the firm or any persons listed in this application have ever been:

- (a) Denied certification or decertified as a DBE, ACDBE, 8(a), SDB, MBE/WBE firm?  Yes  No
- (b) Withdrawn an application for these programs, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity?  Yes  No

If yes, explain the nature of the action. (If you appealed the decision to DOT or another agency, attach a copy of the decision, \_\_\_\_\_)

Section 2: GENERAL INFORMATION

A. Business Profile: (1) Give a concise description of the firm's primary activities and the product(s) or service(s) it provides. If your company offers more than one product/service, list the primary product or service first. Please use additional paper if necessary. This description may be used in our database and the UCP online directory if you are certified as a DBE or ACDBE.

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

(2) Applicable NAICS Codes for this line of work include: \_\_\_\_\_

(3) This firm was established on \_\_\_/\_\_\_/\_\_\_ (4) I/We have owned this firm since: \_\_\_/\_\_\_/\_\_\_

(5) Method of acquisition (Check all that apply):

- Started new business  Bought existing business  Inherited business  Secured concession
- Merger or consolidation  Other (explain) \_\_\_\_\_

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(6) Is your firm "for profit"?  Yes  No → **STOP!** If your firm is NOT for-profit, then you do NOT qualify for this program and should not fill out this application.  
 Federal Tax ID# \_\_\_\_\_

(7) Type of Legal Business Structure: (check all that apply):

- Sole Proprietorship
- Partnership
- Limited Liability Company
- Applying as an ACDBE
- Limited Liability Partnership
- Corporation
- Joint Venture (Identify all JV partners \_\_\_\_\_)
- Other, Describe \_\_\_\_\_

(8) Number of employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_ Total \_\_\_\_\_  
 (Provide a list of employees, their job titles, and dates of employment, to your application).

(9) Specify the firm's gross receipts for the last 3 years. (Submit complete copies of the firm's Federal tax returns for each year. If there are affiliates or subsidiaries of the applicant firm or owners, you must submit complete copies of these firms' Federal tax returns).

Year _____	Gross Receipts of Applicant Firm \$ _____	Gross Receipts of Affiliate Firms \$ _____
Year _____	Gross Receipts of Applicant Firm \$ _____	Gross Receipts of Affiliate Firms \$ _____
Year _____	Gross Receipts of Applicant Firm \$ _____	Gross Receipts of Affiliate Firms \$ _____

**B. Relationships and Dealings with Other Businesses**

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office or storage space, yard, warehouse, facilities, equipment, inventory, financing, office staff, and/or employees with any other business, organization, or entity?  Yes  No  
 If Yes, explain the nature of your relationship with these other businesses by identifying the business or person with whom you have any formal, informal, written, or oral agreement. Also detail the items shared.

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(2) Has any other firm had an ownership interest in your firm at present or at any time in the past?  
 Yes  No If Yes, explain \_\_\_\_\_

- (3) At present, or at any time in the past, has your firm:
- (a) Ever existed under different ownership, a different type of ownership, or a different name?  Yes  No
  - (b) Existed as a subsidiary of any other firm?  Yes  No
  - (c) Existed as a partnership in which one or more of the partners are/were other firms?  Yes  No
  - (d) Owned any percentage of any other firm?  Yes  No
  - (e) Had any subsidiaries?  Yes  No
  - (f) Served as a subcontractor with another firm constituting more than 25% of your firm's receipts?  Yes  No

(If you answered "Yes" to any of the questions in (2) and/or (3)(a)-(f), you may be asked to provide further details and explain whether the arrangement continues).

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Section 3: MAJORITY OWNER INFORMATION

A. Identify the majority owner of the firm holding 51% or more ownership interest.

(1) Full Name: \_\_\_\_\_ (2) Title: \_\_\_\_\_ (3) Home Phone #: \_\_\_\_\_  
 ( ) \_\_\_\_\_ - \_\_\_\_\_

(4) Home Address (Street and Number): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(5) Gender:  Male  Female

(6) Ethnic group membership (Check all that apply):

Black  Hispanic  
 Asian Pacific  Native American  
 Subcontinent Asian  
 Other (specify) \_\_\_\_\_

(7) U.S. Citizenship:

U.S. Citizen  
 Lawfully Admitted Permanent Resident

(8) Number of years as owner: \_\_\_\_\_

(9) Percentage owned: \_\_\_\_\_ %  
 Class of stock owned: \_\_\_\_\_  
 Date acquired \_\_\_\_\_

(10) Initial investment to acquire ownership interest in firm:	Type	Dollar Value
	Cash	\$ _____
	Real Estate	\$ _____
	Equipment	\$ _____
	Other	\$ _____

Describe how you acquired your business:

Started business myself  
 It was a gift from: \_\_\_\_\_  
 I bought it from: \_\_\_\_\_  
 I inherited it from: \_\_\_\_\_  
 Other \_\_\_\_\_

(Attach documentation substantiating your investment)

B. Additional Owner Information

(1) Describe familial relationship to other owners and employees:

\_\_\_\_\_

\_\_\_\_\_

(2) Does this owner perform a management or supervisory function for any other business?  Yes  No  
 If Yes, identify: Name of Business: \_\_\_\_\_ Function/Title: \_\_\_\_\_

(3)(a) Does this owner own or work for any other firm(s) that has a relationship with this firm? (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)  Yes  No  
 Identify the name of the business, and the nature of the relationship, and the owner's function at the firm:

\_\_\_\_\_

(b) Does this owner work for any other firm, non-profit organization, or is engaged in any other activity more than 10 hours per week? If yes, identify this activity: \_\_\_\_\_

(4)(a) What is the personal net worth of this disadvantaged owner applying for certification ? \$ \_\_\_\_\_

(b) Has any trust been created for the benefit of this disadvantaged owner(s)?  Yes  No  
 (If Yes, you may be asked to provide a copy of the trust instrument).

(5) Do any of your immediate family members, managers, or employees own, manage, or are associated with another company?  Yes  No If Yes, provide their name, relationship, company, type of business, and indicate whether they own or manage the company: (Please attach extra sheets, if needed): \_\_\_\_\_

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Section 3: OWNER INFORMATION, Cont'd.

A. Identify all individuals, firms, or holding companies that hold LESS THAN 51% ownership interest in the firm (Attach separate sheets for each additional owner)

(1) Full Name: \_\_\_\_\_ (2) Title: \_\_\_\_\_ (3) Home Phone #: \_\_\_\_\_  
(4) Home Address (Street and Number): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(5) Gender:  Male  Female  
(6) Ethnic group membership (Check all that apply)  
 Black  Hispanic  
 Asian Pacific  Native American  
 Subcontinent Asian  
 Other (specify) \_\_\_\_\_

(7) U.S. Citizenship:  
 U.S. Citizen  
 Lawfully Admitted Permanent Resident

(8) Number of years as owner: \_\_\_\_\_  
(9) Percentage owned: \_\_\_\_\_ %  
Class of stock owned: \_\_\_\_\_  
Date acquired \_\_\_\_\_  
(10) Initial investment to acquire ownership interest in firm:

Type	Dollar Value
Cash	\$
Real Estate	\$
Equipment	\$
Other	\$

Describe how you acquired your business:  
 Started business myself  
 It was a gift from: \_\_\_\_\_  
 I bought it from: \_\_\_\_\_  
 I inherited it from: \_\_\_\_\_  
 Other \_\_\_\_\_  
(Attach documentation substantiating your investment)

B. Additional Owner Information

(1) Describe familial relationship to other owners and employees:

(2) Does this owner perform a management or supervisory function for any other business?  Yes  No  
If Yes, identify: Name of Business: \_\_\_\_\_ Function/Title: \_\_\_\_\_

(3)(a) Does this owner own or work for any other firm(s) that has a relationship with this firm? (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)  Yes  No

Identify the name of the business, and the nature of the relationship, and the owner's function at the firm:

(b) Does this owner work for any other firm, non-profit organization, or is engaged in any other activity more than 10 hours per week? If yes, identify this activity: \_\_\_\_\_

(4)(a) What is the personal net worth of this disadvantaged owner applying for certification? \$ \_\_\_\_\_

(b) Has any trust been created for the benefit of this disadvantaged owner(s)?  Yes  No  
(If Yes, you may be asked to provide a copy of the trust instrument).

(5) Do any of your immediate family members, managers, or employees own, manage, or are associated with another company?  Yes  No If Yes, provide their name, relationship, company, type of business, and indicate whether they own or manage: (Please attach extra sheets, if needed): \_\_\_\_\_

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**Section 4: CONTROL**

**A. Identify your firm's Officers and Board of Directors** (If additional space is required, attach a separate sheet):

	Name	Title	Date Appointed	Ethnicity	Gender
(1) Officers of the Company	(a)				
	(b)				
	(c)				
	(d)				
(2) Board of Directors	(a)				
	(b)				
	(c)				
	(d)				

**(3) Do any of the persons listed above perform a management or supervisory function for any other business?**  
 Yes  No If Yes, identify for each:

Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business: \_\_\_\_\_ Function: \_\_\_\_\_

Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business: \_\_\_\_\_ Function: \_\_\_\_\_

**(4) Do any of the persons listed in section A above own or work for any other firm(s) that has a relationship with this firm?** (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)  
 Yes  No If Yes, identify for each:

Firm Name: \_\_\_\_\_ Person: \_\_\_\_\_  
 Nature of Business Relationship: \_\_\_\_\_

**B. Duties of Owners, Officers, Directors, Managers, and Key Personnel**

1. (Identify your firm's management personnel who control your firm in the following areas (Attach separate sheets as needed).)

A = Always F = Frequently	S = Seldom N = Never	Majority Owner (51% or more)				Minority Owner (49% or less)			
		Name: _____	Title: _____	Percent Owned: _____		Name: _____	Title: _____	Percent Owned: _____	
Sets policy for company direction/scope of operations		A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Bidding and estimating		A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Major purchasing decisions		A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Marketing and sales		A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Supervises field operations		A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Attend bid opening and lettings		A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Perform office management (billing, accounts receivable/payable, etc.)		A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Hires and fires management staff		A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Hire and fire field staff or crew		A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Designates profits spending or investment		A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Obligates business by contract/credit		A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Purchase equipment		A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Signs business checks		A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>

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2. Complete for all Officers, Directors, Managers, and Key Personnel who control the following functions for the firm. (Attach separate sheets as needed).

<b>A= Always</b> <b>S = Seldom</b> <b>F = Frequently</b> <b>N = Never</b>	Officer/Director/Manager/Key Personnel				Officer/Director/Manager/Key Personnel			
	Name: _____ Title: _____ Race and Gender: _____ Percent Owned: _____				Name: _____ Title: _____ Race and Gender: _____ Percent Owned: _____			
Sets policy for company direction/scope of operations	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Bidding and estimating	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Major purchasing decisions	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Marketing and sales	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Supervises field operations	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Attend bid opening and lettings	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Perform office management (billing, accounts receivable/payable, etc.)	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Hires and fires management staff	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Hire and fire field staff or crew	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Designates profits spending or investment	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Obligates business by contract/credit	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Purchase equipment	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Signs business checks	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>

Do any of the persons listed in B1 or B2 perform a management or supervisory function for any other business? If Yes, identify the person, the business, and their title/function: \_\_\_\_\_

Do any of the persons listed above own or work for any other firm(s) that has a relationship with this firm? (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.) If Yes, describe the nature of the business relationship: \_\_\_\_\_

C. Inventory: Indicate your firm's inventory in the following categories (Please attach additional sheets if needed):

1. Equipment and Vehicles

Make and Model	Current Value	Owned or Leased by Firm or Owner?	Used as collateral?	Where is item stored?
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				

2. Office Space

Street Address	Owned or Leased by Firm or Owner?	Current Value of Property or Lease
_____		
_____		
_____		

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3. Storage Space (Provide signed lease agreements for the properties listed)

Street Address	Owned or Leased by Firm or Owner?	Current Value of Property or Lease
_____	_____	_____
_____	_____	_____

D. Does your firm rely on any other firm for management functions or employee payroll?  Yes  No

E. Financial/Banking Information (Provide bank authorization and signature cards)

Name of bank: \_\_\_\_\_ City and State: \_\_\_\_\_  
The following individuals are able to sign checks on this account: \_\_\_\_\_

Name of bank: \_\_\_\_\_ City and State: \_\_\_\_\_  
The following individuals are able to sign checks on this account: \_\_\_\_\_

Bonding Information: If you have bonding capacity, identify the firm's bonding aggregate and project limits:  
Aggregate limit \$ \_\_\_\_\_ Project limit \$ \_\_\_\_\_

F. Identify all sources, amounts, and purposes of money loaned to your firm including from financial institutions. Identify whether you the owner and any other person or firm loaned money to the applicant DBE/ACDBE. Include the names of any persons or firms guaranteeing the loan, if other than the listed owner. (Provide copies of signed loan agreements and security agreements).

Name of Source	Address of Source	Name of Person Guaranteeing the Loan	Original Amount	Current Balance	Purpose of Loan
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners or another individual over the past two years (Attach additional sheets if needed):

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

H. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.) (Attach additional sheets if needed):

Name of License/Permit Holder	Type of License/Permit	Expiration Date	State
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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I. List the three largest contracts completed by your firm in the past three years, if any:

Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

J. List the three largest active jobs on which your firm is currently working:

Name of Prime Contractor and Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

**AIRPORT CONCESSION (ACDBE) APPLICANTS ONLY MUST COMPLETE THIS SECTION**

**Identify the following information concerning the ACDBE applicant firm:**

<u>Concession Space</u>	<u>Address / Location at Airport</u>	<u>Value of Property or Lease</u>	<u>Fees/Lease Payments Paid to the Airport</u>

Provide information concerning any other airport concession businesses the applicant firm or any affiliate owns and/or operates, including name, location, type of concession, and start date of concession

<u>Name of Concession</u>	<u>Location</u>	<u>Type of Concession</u>	<u>Start Date of Concession</u>

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### AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

**A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.**

I \_\_\_\_\_ (full name printed),  
swear or affirm under penalty of law that I am  
\_\_\_\_\_ (title) of the applicant firm

\_\_\_\_\_ and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract, subcontract, concession lease or sublease, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership changes, address/telephone number, personal net worth exceeding \$1.32 million, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise or Airport Concession Disadvantaged Business Enterprise. In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s): (Check all that apply):

- Female     Black American     Hispanic American
- Native American     Asian-Pacific American
- Subcontinent Asian American     Other (specify)

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed \$1.32 million, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Signature \_\_\_\_\_ (DBE/ACDBE Applicant)      \_\_\_\_\_ (Date)

#### NOTARY CERTIFICATE

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## UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST

In order to complete your application for DBE or ACDBE certification, you must attach copies of all of the following REQUIRED documents. A failure to supply any information requested by the UCP may result in your firm denied DBE/ACDBE certification.

### Required Documents for All Applicants

- Résumés (that include places of employment with corresponding dates), for all owners, officers, and key personnel of the applicant firm
- Personal Net Worth Statement for each socially and economically disadvantaged owners comprising 51% or more of the ownership percentage of the applicant firm.
- Personal Federal tax returns for the past 3 years, if applicable, for each disadvantaged owner
- Federal tax returns (and requests for extensions) filed by the firm and its affiliates with related schedules, for the past 3 years.
- Documented proof of contributions used to acquire ownership for each owner (e.g., both sides of cancelled checks)
- Signed loan and security agreements, and bonding forms
- List of equipment and/or vehicles owned and leased including VIN numbers, copy of titles, proof of ownership, insurance cards for each vehicle.
- Title(s), registration certificate(s), and U.S. DOT numbers for each truck owned or operated by your firm
- Licenses, license renewal forms, permits, and haul authority forms
- Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past 2 years
- DBE/ACDBE and SBA 8(a), SDB, MBE/WBE certifications, denials, and/or decertifications, if applicable; and any U.S. DOT appeal decisions on these actions.
- Bank authorization and signatory cards
- Schedule of salaries (or other remuneration) paid to all officers, managers, owners, and/or directors of the firm
- List of all employees, job titles, and dates of employment.
- Proof of warehouse/storage facility ownership or lease arrangements

### Partnership or Joint Venture

- Original and any amended Partnership or Joint Venture Agreements

### Corporation or LLC

- Official Articles of Incorporation (signed by the state official)
- Both sides of all corporate stock certificates and your firm's stock transfer ledger
- Shareholders' Agreement(s)
- Minutes of all stockholders and board of directors meetings

- Corporate by-laws and any amendments
- Corporate bank resolution and bank signature cards
- Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)

### Optional Documents to Be Provided on Request

The UCP to which you are applying may require the submission of the following documents. If requested to provide these document, you must supply them with your application or at the on-site visit.

- Proof of citizenship
- Insurance agreements for each truck owned or operated by your firm
- Audited financial statements (if available)
- Personal Federal Tax returns for the past 3 years, if applicable, for other disadvantaged owners of the firm.
- Trust agreements held by any owner claiming disadvantaged status
- Year-end balance sheets and income statements for the past 3 years (or life of firm, if less than three years)

### Suppliers

- List of product lines carried and list of distribution equipment owned and/or leased

## Sullivan County Disadvantaged Business Enterprise (DBE) Program

### APPENDIX A TO PART 26

#### GUIDANCE CONCERNING GOOD FAITH EFFORTS

I. When, as a recipient, you establish a contract goal on a DOT-assisted contract for procuring construction, equipment, services, or any other purpose, a bidder must, in order to be responsible and/or responsive, make sufficient good faith efforts to meet the goal. The bidder can meet this requirement in either of two ways. First, the bidder can meet the goal, documenting commitments for participation by DBE firms sufficient for this purpose. Second, even if it doesn't meet the goal, the bidder can document adequate good faith efforts. This means that the bidder must show that it took all necessary and reasonable steps to achieve a DBE goal or other requirement of this part which, by their scope, intensity, and appropriateness to the objective, could reasonably be expected to obtain sufficient DBE participation, even if they were not fully successful.

II. In any situation in which you have established a contract goal, Part 26 requires you to use the good faith efforts mechanism of this part. As a recipient, you have the responsibility to make a fair and reasonable judgment whether a bidder that did not meet the goal made adequate good faith efforts. It is important for you to consider the quality, quantity, and intensity of the different kinds of efforts that the bidder has made, based on the regulations and the guidance in this Appendix.

The efforts employed by the bidder should be those that one could reasonably expect a bidder to take if the bidder were actively and aggressively trying to obtain DBE participation sufficient to meet the DBE contract goal. Mere pro forma efforts are not good faith efforts to meet the DBE contract requirements. We emphasize, however, that your determination concerning the sufficiency of the firm's good faith efforts is a judgment call. Determinations should not be made using quantitative formulas.

III. The Department also strongly cautions you against requiring that a bidder meet a contract goal (*i.e.*, obtain a specified amount of DBE participation) in order to be awarded a contract, even though the bidder makes an adequate good faith efforts showing. This rule specifically prohibits you from ignoring bona fide good faith efforts.

IV. The following is a list of types of actions which you should consider as part of the bidder's good faith efforts to obtain DBE participation. It is not intended to be a mandatory checklist, nor is it intended to be exclusive or exhaustive. Other factors or types of efforts may be relevant in appropriate cases.

A. (1) Conducting market research to identify small business contractors and suppliers and soliciting through all reasonable and available means the interest of all certified DBEs that have the capability to perform the work of the contract. This may include attendance at pre-bid and business matchmaking meetings and events, advertising and/or written notices, posting of Notices of Sources Sought and/or Requests for Proposals, written notices or emails to all DBEs listed in the State's directory of transportation firms that specialize in the areas of work desired (as noted in

## Sullivan County Disadvantaged Business Enterprise (DBE) Program

the DBE directory) and which are located in the area or surrounding areas of the project.

(2) The bidder should solicit this interest as early in the acquisition process as practicable to allow the DBEs to respond to the solicitation and submit a timely offer for the subcontract. The bidder should determine with certainty if the DBEs are interested by taking appropriate steps to follow up initial solicitations.

B. Selecting portions of the work to be performed by DBEs in order to increase the likelihood that the DBE goals will be achieved. This includes, where appropriate, breaking out contract work items into economically feasible units (for example, smaller tasks or quantities) to facilitate DBE participation, even when the prime contractor might otherwise prefer to perform these work items with its own forces. This may include, where possible, establishing flexible timeframes for performance and delivery schedules in a manner that encourages and facilitates DBE participation.

C. Providing interested DBEs with adequate information about the plans, specifications, and requirements of the contract in a timely manner to assist them in responding to a solicitation with their offer for the subcontract.

D. (1) Negotiating in good faith with interested DBEs. It is the bidder's responsibility to make a portion of the work available to DBE subcontractors and suppliers and to select those portions of the work or material needs consistent with the available DBE subcontractors and suppliers, so as to facilitate DBE participation. Evidence of such negotiation includes the names, addresses, and telephone numbers of DBEs that were considered; a description of the information provided regarding the plans and specifications for the work selected for subcontracting; and evidence as to why additional Agreements could not be reached for DBEs to perform the work.

(2) A bidder using good business judgment would consider a number of factors in negotiating with subcontractors, including DBE subcontractors, and would take a firm's price and capabilities as well as contract goals into consideration. However, the fact that there may be some additional costs involved in finding and using DBEs is not in itself sufficient reason for a bidder's failure to meet the contract DBE goal, as long as such costs are reasonable. Also, the ability or desire of a prime contractor to perform the work of a contract with its own organization does not relieve the bidder of the responsibility to make good faith efforts. Prime contractors are not, however, required to accept higher quotes from DBEs if the price difference is excessive or unreasonable.

E. (1) Not rejecting DBEs as being unqualified without sound reasons based on a thorough investigation of their capabilities. The contractor's standing within its industry, membership in specific groups, organizations, or associations and political or social affiliations (for example union vs. non-union status) are not legitimate causes for the rejection or non-solicitation of bids in the contractor's efforts to meet the project goal. Another practice considered an insufficient good faith effort is the rejection of the DBE because its quotation for the work was not the lowest received. However, nothing in this paragraph shall be construed to require the bidder or prime contractor to accept unreasonable quotes in order to satisfy contract goals.

## Sullivan County Disadvantaged Business Enterprise (DBE) Program

(2) A prime contractor's inability to find a replacement DBE at the original price is not alone sufficient to support a finding that good faith efforts have been made to replace the original DBE. The fact that the contractor has the ability and/or desire to perform the contract work with its own forces does not relieve the contractor of the obligation to make good faith efforts to find a replacement DBE, and it is not a sound basis for rejecting a prospective replacement DBE's reasonable quote.

F. Making efforts to assist interested DBEs in obtaining bonding, lines of credit, or insurance as required by the recipient or contractor.

G. Making efforts to assist interested DBEs in obtaining necessary equipment, supplies, materials, or related assistance or services.

H. Effectively using the services of available minority/women community organizations; minority/women contractors' groups; local, State, and Federal minority/women business assistance offices; and other organizations as allowed on a case-by-case basis to provide assistance in the recruitment and placement of DBEs.

V. In determining whether a bidder has made good faith efforts, it is essential to scrutinize its documented efforts. At a minimum, you must review the performance of other bidders in meeting the contract goal. For example, when the apparent successful bidder fails to meet the contract goal, but others meet it, you may reasonably raise the question of whether, with additional efforts, the apparent successful bidder could have met the goal. If the apparent successful bidder fails to meet the goal, but meets or exceeds the average DBE participation obtained by other bidders, you may view this, in conjunction with other factors, as evidence of the apparent successful bidder having made good faith efforts. As provided in §26.53(b)(2)(vi), you must also require the contractor to submit copies of each DBE and non-DBE subcontractor quote submitted to the bidder when a non-DBE subcontractor was selected over a DBE for work on the contract to review whether DBE prices were substantially higher; and contact the DBEs listed on a contractor's solicitation to inquire as to whether they were contacted by the prime. Pro forma mailings to DBEs requesting bids are not alone sufficient to satisfy good faith efforts under the rule.

VI. A promise to use DBEs after contract award is not considered to be responsive to the contract solicitation or to constitute good faith efforts.

[79 FR 59600, Oct. 2, 2014]

**Sullivan County Disadvantaged Business Enterprise (DBE) Program**

**APPENDIX B TO PART 26—UNIFORM REPORT OF DBE AWARDS OR  
COMMITMENTS AND PAYMENTS FORM**

**INSTRUCTIONS FOR COMPLETING THE UNIFORM REPORT OF DBE  
AWARDS/COMMITMENTS AND PAYMENTS**

Recipients of Department of Transportation (DOT) funds are expected to keep accurate data regarding the contracting opportunities available to firms paid for with DOT dollars. Failure to submit contracting data relative to the DBE program will result in noncompliance with Part 26. All dollar values listed on this form should represent the DOT share attributable to the Operating Administration (OA): Federal Highway Administration (FHWA), Federal Aviation Administration (FAA) or Federal Transit Administration (FTA) to which this report will be submitted.

1. Indicate the DOT (OA) that provides your Federal financial assistance. If assistance comes from more than one OA, use separate reporting forms for each OA. If you are an FTA recipient, indicate your Vendor Number in the space provided.

2. If you are an FAA recipient, indicate the relevant AIP Numbers covered by this report. If you are an FTA recipient, indicate the Grant/Project numbers covered by this report. If more than ten attach a separate sheet.

3. Specify the Federal fiscal year (*i.e.*, October 1-September 30) in which the covered reporting period falls.

4. State the date of submission of this report.

5. Check the appropriate box that indicates the reporting period that the data provided in this report covers. For FHWA and FTA recipients, if this report is due June 1, data should cover October 1-March 31. If this report is due December 1, data should cover April 1-September 30. If the report is due to the FAA, data should cover the entire year.

6. Provide the name and address of the recipient.

7. State your overall DBE goal(s) established for the Federal fiscal year of the report being submitted to and approved by the relevant OA. Your overall goal is to be reported as well as the breakdown for specific Race Conscious and Race Neutral projections (both of which include gender-conscious/neutral projections). The Race Conscious projection should be based on measures that focus on and provide benefits only for DBEs. The use of contract goals is a primary example of a race conscious measure. The Race Neutral projection should include measures that, while benefiting DBEs, are not solely focused on DBE firms. For example, a small business outreach program, technical assistance, and prompt payment clauses can assist a wide variety of businesses in addition to helping DBE firms.

**Section A: Awards and Commitments Made During This Period**

The amounts in items 8(A)-10(I) should include all types of prime contracts awarded and all types of subcontracts awarded or committed, including: professional or consultant services, construction, purchase of materials or supplies, lease or purchase

20 ddd



## Sullivan County Disadvantaged Business Enterprise (DBE) Program

of equipment and any other types of services. All dollar amounts are to reflect only the Federal share of such contracts and should be rounded to the nearest dollar.

Line 8: Prime contracts awarded this period: The items on this line should correspond to the contracts directly between the recipient and a supply or service contractor, with no intermediaries between the two.

8(A). Provide the *total dollar amount* for all prime contracts assisted with DOT funds and awarded during this reporting period. This value should include the entire Federal share of the contracts without removing any amounts associated with resulting subcontracts.

8(B). Provide the *total number* of all prime contracts assisted with DOT funds and awarded during this reporting period.

8(C). From the total dollar amount awarded in item 8(A), provide the *dollar amount* awarded in prime contracts to certified DBE firms during this reporting period. This amount should not include the amounts sub contracted to other firms.

8(D). From the total number of prime contracts awarded in item 8(B), specify the *number* of prime contracts awarded to certified DBE firms during this reporting period.

8(E&F). This field is closed for data entry. Except for the very rare case of DBE-set asides permitted under 49 CFR part 26, all prime contracts awarded to DBES are regarded as race-neutral.

8(G). From the total dollar amount awarded in item 8(C), provide the *dollar amount* awarded to certified DBEs through the use of Race Neutral methods. See the definition of Race Neutral in item 7 and the explanation in item 8 of project types to include.

8(H). From the total number of prime contracts awarded in 8(D), specify the *number* awarded to DBEs through Race Neutral methods.

8(I). Of all prime contracts awarded this reporting period, calculate the *percentage* going to DBEs. Divide the dollar amount in item 8(C) by the dollar amount in item 8(A) to derive this percentage. Round percentage to the nearest tenth.

Line 9: Subcontracts awarded/committed this period: Items 9(A)-9(I) are derived in the same way as items 8(A)-8(I), except that these calculations should be based on subcontracts rather than prime contracts. Unlike prime contracts, which may only be awarded, subcontracts may be either awarded or committed.

9(A). If filling out the form for general reporting, provide the total dollar amount of subcontracts assisted with DOT funds awarded or committed during this period. This value should be a subset of the total dollars awarded in prime contracts in 8(A), and therefore should never be greater than the amount awarded in prime contracts. If filling out the form for project reporting, provide the total dollar amount of subcontracts assisted with DOT funds awarded or committed during this period. This value should be a subset of the total dollars awarded or previously in prime contracts in 8(A). The sum of all subcontract amounts in consecutive periods should never exceed the sum of all prime contract amounts awarded in those periods.

## Sullivan County Disadvantaged Business Enterprise (DBE) Program

9(B). Provide the total number of all sub contracts assisted with DOT funds that were awarded or committed during this reporting period.

9(C). From the total dollar amount of sub contracts awarded/committed this period in item 9(A), provide the total dollar amount awarded in sub contracts to DBEs.

9(D). From the total number of sub contracts awarded or committed in item 9(B), specify the number of sub contracts awarded or committed to DBEs.

9(E). From the total dollar amount of sub contracts awarded or committed to DBEs this period, provide the amount in dollars to DBEs using Race Conscious measures.

9(F). From the total number of sub contracts awarded or committed to DBEs this period, provide the number of sub contracts awarded or committed to DBEs using Race Conscious measures.

9(G). From the total dollar amount of sub contracts awarded/committed to DBEs this period, provide the amount in dollars to DBEs using Race Neutral measures.

9(H). From the total number of sub contracts awarded/committed to DBEs this period, provide the number of sub contracts awarded to DBEs using Race Neutral measures.

9(I). Of all subcontracts awarded this reporting period, calculate the *percentage* going to DBEs. Divide the dollar amount in item 9(C) by the dollar amount in item 9(A) to derive this percentage. Round percentage to the nearest tenth.

Line 10: Total contracts awarded or committed this period. These fields should be used to show the total dollar value and number of contracts awarded to DBEs and to calculate the overall percentage of dollars awarded to DBEs.

10(A)-10(B). These fields are unavailable for data entry.

10(C)-H). Combine the total values listed on the prime contracts line (Line 8) with the corresponding values on the subcontracts line (Line 9).

10(I). Of all contracts awarded this reporting period, calculate the *percentage* going to DBEs. Divide the total dollars awarded to DBEs in item 10(C) by the dollar amount in item 8(A) to derive this percentage. Round percentage to the nearest tenth.

### **Section B: Breakdown by Ethnicity & Gender of Contracts Awarded to DBEs This Period**

11-17. Further breakdown the contracting activity with DBE involvement. The Total Dollar Amount to DBEs in 17(C) should equal the Total Dollar Amount to DBEs in 10(C). Likewise the total number of contracts to DBEs in 17(F) should equal the Total Number of Contracts to DBEs in 10(D).

Line 16: The "Non-Minority" category is reserved for any firms whose owners are not members of the presumptively disadvantaged groups already listed, but who are either "women" OR eligible for the DBE program on an individual basis. All DBE firms must be certified by the Unified Certification Program to be counted in this report.

## Sullivan County Disadvantaged Business Enterprise (DBE) Program

### Section C: Payments on Ongoing Contracts

Line 18(A-E). Submit information on contracts that are currently in progress. All dollar amounts are to reflect only the Federal share of such contracts, and should be rounded to the nearest dollar.

18(A). Provide the total dollar amount paid to all firms performing work on contracts.

18(B). Provide the total number of contracts where work was performed during the reporting period.

18(C). From the total number of contracts provided in 18(A) provide the total number of contracts that are currently being performed by DBE firms for which payments have been made.

18(D). From the total dollar amount paid to all firms in 18(A), provide the total dollar value paid to DBE firms currently performing work during this period.

18(E). Provide the total number of DBE firms that received payment during this reporting period. For example, while 3 contracts may be active during this period, one DBE firm may be providing supplies or services on all three contracts. This field should only list the number of DBE firms performing work.

18(F). Of all payments made during this period, calculate the percentage going to DBEs. Divide the total dollar value to DBEs in item 18(D) by the total dollars of all payments in 18(B). Round percentage to the nearest tenth.

### Section D: Actual Payments on Contracts Completed This Reporting Period

This section should provide information only on contracts that are closed during this period. All dollar amounts are to reflect the entire Federal share of such contracts, and should be rounded to the nearest dollar.

19(A). Provide the total number of contracts completed during this reporting period that used Race Conscious measures. Race Conscious contracts are those with contract goals or another race conscious measure.

19(B). Provide the total dollar value of prime contracts completed this reporting period that had race conscious measures.

19(C). From the total dollar value of prime contracts completed this period in 19(B), provide the total dollar amount of dollars awarded or committed to DBE firms in order to meet the contract goals. This applies only to Race Conscious contracts.

19(D). Provide the actual total DBE participation in dollars on the race conscious contracts completed this reporting period.

19(E). Of all the contracts completed this reporting period using Race Conscious measures, calculate the percentage of DBE participation. Divide the total dollar amount to DBEs in item 19(D) by the total dollar value provided in 19(B) to derive this percentage. Round to the nearest tenth.

## Sullivan County Disadvantaged Business Enterprise (DBE) Program

20(A)-20(E). Items 21(A)-21(E) are derived in the same manner as items 19(A)-19(E), except these figures should be based on contracts completed using Race Neutral measures.

20(C). This field is closed.

21(A)-21(D). Calculate the totals for each column by adding the race conscious and neutral figures provided in each row above.

21(C). This field is closed.

21(E). Calculate the overall percentage of dollars to DBEs on completed contracts. Divide the Total DBE participation dollar value in 21(D) by the Total Dollar Value of Contracts Completed in 21(B) to derive this percentage. Round to the nearest tenth.

23. Name of the Authorized Representative preparing this form.

24. Signature of the Authorized Representative.

25. Phone number of the Authorized Representative.

\*\*Submit your completed report to your Regional or Division Office.

General Reporting

**UNIFORM REPORT OF DBE COMMITMENTS/AWARDS AND PAYMENTS**

\*\*Please refer to the instructions sheet for directions on filling out this form\*\*

1 Submitted to (check only one):  FHWA  FAA  FTA-Recipient ID Number

2 AIP Numbers (FAA Recipients): Grant

3 Number (FTA Recipients):

3 Federal fiscal year in which reporting period falls: [ ] Report due June 1 (for period Oct. 1-Mar. 31) [ ] Report due Dec. 1 (for period April 1-Sept. 30)

5 Reporting Period: [ ] Report due Dec. 1 (for period April 1-Sept. 30) [ ] FAA annual report due Dec. 1

6 Name and address of Recipient: OVERALL Goal

7 Annual DBE Goal(s): Race Conscious Projection Race Neutral Projection

**Awards/Commitments this Reporting Period**

	A	B	C	D	E	F	G	H	I
	Total Dollars	Total Number	Total to DBEs (dollars)	Total to DBEs (number)	Total to DBEs /Race Conscious (dollars)	Total to DBEs/Race Conscious (number)	Total to DBEs/Race Neutral (dollars)	Total to DBEs/Race Neutral (number)	Percentage of total dollars to DBEs
<b>A AWARDS/COMMITMENTS MADE DURING THIS REPORTING PERIOD</b> (total contracts and subcontracts committed during this reporting period)									
8 Prime contracts awarded this period									
9 Subcontracts awarded/committed this period									
10 TOTAL									

	Contracts Awarded to DBEs this Period		
	A	B	C
B BREAKDOWN BY ETHNICITY & GENDER	Total to DBE (dollar amount)		
	Women	Men	Total
11 Black American			
12 Hispanic American			
13 Native American			
14 Asian-Pacific American			
15 Subcontinent-Asian Americans			
16 Non-Minority			
17 TOTAL			

**Payments Made this Period**

	A	B	C	D	E	F
	Total Number of Contracts	Total Dollars Paid	Total Number of Contracts with DBEs	Total Payments to DBE firms	Total Number of DBE firms Paid	Percent to DBEs
<b>C PAYMENTS ON ONGOING CONTRACTS</b> (report activity of ongoing contracts)						
18 Prime and sub contracts currently in progress						

	A	B	C	D
	Number of Contracts Completed	Total Dollar Value of Contracts Completed	DBE Participation Needed to Meet Goal (Dollars)	Total DBE Participation (Dollars)
<b>D TOTAL PAYMENTS ON CONTRACTS COMPLETED THIS REPORTING PERIOD</b>				
19 Race Conscious				
20 Race Neutral				
21 Totals				
22 Submitted By:		24. Signature:		25. Phone Number:

20 iii

**COMBINED: LEGISLATIVE MEMORANDUM,  
CERTIFICATE OF AVAILABILITY OF FUNDS  
AND RESOLUTION COVER MEMO**

**To:** Sullivan County Legislature

**Fr:** Department of Public Works

**Re: Request for Consideration of a Resolution:** To Approve a revision of Sullivan County's Federal Aviation Administration Disadvantaged Business Enterprise (DBE) Program

**Date:** August 14, 2017

**Purpose of Resolution:** [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]  
To update Sullivan County's Disadvantaged Business Enterprise (DBE) Program with respect to funds received by the Federal Aviation Administration.

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**Is subject of Resolution mandated? Explain:**

A Disadvantage Business Enterprise Program is required if the County receives funds from the Federal Aviation Administration (FAA). U.S. Department of Transportation - 49 CFR P

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Does Resolution require expenditure of funds? Yes \_\_\_ No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ \_\_\_\_\_

Are funds already budgeted? Yes \_\_\_ No \_\_\_

If "Yes" specify appropriation code(s): \_\_\_\_\_

If "No", specify proposed source of funds: Not Applicable

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

Verified by Budget Office: Janet Myers

Does Resolution request Authority to Enter into a Contract? Yes \_\_\_ No

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

20 JTT

Request for Authority to Enter into Contract with [ \_\_\_\_\_ ] of [ \_\_\_\_\_ ]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From \_\_\_\_\_ To \_\_\_\_\_

Is this a renewal of a prior Contract? Yes \_\_\_ No

If "Yes" provide the following information:

Dates of prior contract(s): From \_\_\_\_\_ To \_\_\_\_\_

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes  No \_\_\_

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

U.S. Department of Transportation - 49 CFR Part 26

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \_\_\_\_\_

Efforts made to find Less Costly alternative:

Efforts made to share costs with another agency or governmental entity:

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

Person(s) responsible for monitoring contract (Title): \_\_\_\_\_

Pre-Legislative Approvals:

- A. Director of Purchasing: Amson Lewis Date 8/14/17  
B. Management and Budget: [Signature] Date 8/14/17  
C. Law Department: [Signature] Date 8/14/17  
D. County Manager: [Signature] Date 8/14/17  
E. Other as Required: Edel [Signature] Date 8/14/17

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_



**RESOLUTION INTRODUCED BY THE EXECUTIVE COMMITTEE TO AUTHORIZE AN AGREEMENT WITH GENERAL CODE, CMS, LLC FOR THE LASERFICHE RIO ELECTRONIC CONTENT MANAGEMENT SOLUTION**

**WHEREAS**, the Sullivan County Legislature, in consultation with the Sullivan County Clerk's Office and County Manager's Offices, wishes to develop and implement an electronic document imaging and content management repository in its continuing effort to produce less paper documentation, eliminate current paper storage with the added need to more securely store and retrieve the County's 9,500+ boxes of paper records; and

**WHEREAS**, Laserfiche RIO offers an enterprise approach to management of content in their Laserfiche document repository as well as offering extended access to web and mobile users along with integration to third party applications, built-in work flows for document management and tracking as well as built-in security, auditing, records management, and reporting capabilities; and

**WHEREAS**, the Department of Management Information Systems and the Department of Purchasing, prepared and released a Request for Quote #Q-17-20 (RFQ) under NYS Contract #PM67301, Group 73600 – Award 22802 for Laserfiche Rio; and

**WHEREAS**, the County received 4 proposals under said RFQ and after review, General Code, CMS, LLC responded with a complete and lowest cost proposal under the provisions of NYS contract #PM67301 and is qualified to perform the County's implementation and training on the Laserfiche Rio electronic content management solution.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager be authorized to enter into an agreement with General Code, CMS, LLC for Laserfiche Rio in an amount not to exceed \$41,567.00.

**BE IT FURTHER RESOLVED** that said agreement to be in such form as the County Attorney shall approve.

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2017.

COMBINED: LEGISLATIVE MEMORANDUM,  
CERTIFICATE OF AVAILABILITY OF FUNDS  
AND RESOLUTION COVER MEMO

To: Sullivan County Legislature

Fr: Lorne D. Green, Chief Information Officer

Re: Request for Consideration of a Resolution: Enter into an agreement with General Code, CMS  
LLC

Date: August 14, 2017

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

Implement an electronic document imaging and content management repository in the County's continuing effort to produce less paper documentation, eliminate current paper storage and more securely store and retrieve the County's archival paper records.

Is subject of Resolution mandated? Explain:

No

Does Resolution require expenditure of funds? Yes  No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$41,567.00

Are funds already budgeted? Yes  No

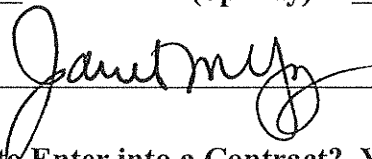
If "Yes" specify appropriation code(s): A1680-43-4304

If "No", specify proposed source of funds:

Estimated Cost Breakdown by Source:

County	\$41,567.00	Grant(s)	\$
State	\$	Other	\$
Federal Government	\$	(Specify)	

Verified by Budget Office:



Does Resolution request Authority to Enter into a Contract? Yes  No

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

Request for Authority to Enter into Contract with [ General Code, CMS, LLC ] of  
[ 781 Elmgrove Road ● Rochester, NY 14624 ]

Nature of Other Party to Contract: Out Of County Vendor      Other:

Duration of Contract: From \_\_\_\_\_ To \_\_\_\_\_

Is this a renewal of a prior Contract? Yes \_\_\_ No

If "Yes" provide the following information:

Dates of prior contract(s): From \_\_\_\_\_ To \_\_\_\_\_

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

Annual licensing renewal and software maintenance costs.

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes \_\_\_ No

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

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

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

Laserfiche Rio determined to be the best fit to the County's document repository needs.

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

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$41,567.00

Efforts made to find Less Costly alternative:

Q-17-20 RFQ per NYS Contract PM67301

Efforts made to share costs with another agency or governmental entity:

N/A

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

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

Q-17-20 RFQ per NYS Contract PM67301

Person(s) responsible for monitoring contract (Title): Lorne D. Green, CIO

**Pre-Legislative Approvals:**

- A. Director of Purchasing: Amyson Lewis Date 8/14/17
- B. Management and Budget: Jammy Date 8/14/17
- C. Law Department: [Signature] Date 8/14/17
- D. County Manager: [Signature] Date 8/14/17
- E. Other as Required: [Signature] Date 08/14/17

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_