

# **REQUEST FOR QUALIFICATIONS TO PROVIDE AGENCY COUNSEL SERVICES FOR TOWN OF HEMPSTEAD INDUSTRIAL DEVELOPMENT AGENCY**

Issued by the Town of Hempstead Industrial Development Agency

Frederick E. Parola, CEO  
350 Front Street  
Hempstead, New York 11550  
516-489-5000 extension 4200

Contact: Edie M. Longo, Contracting Officer: 516-489-5000 extension 4200

The Town of Hempstead Industrial Development Agency (“Agency”), a public benefit corporation established pursuant to the Title 1 of Article 18-A of the New York General Municipal Law and Section 905 of the New York General Municipal Law (the “act”) for the purpose of assisting businesses expanding in, or relocating to the Town of Hempstead to create jobs and retain employment, repurpose vacant buildings and parcels, construct new improvements as well as stabilizing the tax base in the Town of Hempstead. The Agency, as a non-profit, quasi-governmental authority, functions in the public interest.

Deadline for Receipt of Proposal: Date: April 19<sup>th</sup>, 2019 4:30 p.m. EST

The Chief Financial Officer of the Agency is the Agency’s Contracting Officer. Respondents shall not contact any Agency members, officers or employees in connection with this RFQ other than the Contracting Officer or Chief Executive Officer.

In order to be considered, please include a Statement of Qualifications (a “Statement”), The Statement must meet the requirements of the Statement Procedures and the required information in all sections of this RFQ.

The Agency reserves the right to deny any and all exceptions taken to the RFQ requirements and to amend, supplement, modify or withdraw this RFQ at any time prior to making a decision.

Neither the Agency nor any of its members, officers or employees shall be liable for any claims or damages resulting from the issuance of or any decision made pursuant to this RFQ.

The Agency is committed to a policy of equal opportunity and does not discriminate against respondents on the basis of race, color, religion, creed, ethnicity, age, gender, pregnancy, sex, sexual orientation, gender identity, national origin, citizenship, marital status, domestic violence victim status, military status, veteran status, disability, familial status, genetic information, genetic predisposition or carrier status, or other characteristic of criteria protected by applicable law.

The Town of Hempstead Industrial Development Agency ("the Agency") seeks a qualified Attorney to serve as IDA counsel to the Agency. Only attorneys, who are currently licensed to practice law in the State of New York and maintain an office within Nassau County, NY may respond to this RFQ.

**Scope of Service/Work:**

The successful respondent ("Counsel") shall be required to serve as Agency Counsel to the Town of Hempstead IDA in connection with the Agency's day to day business. The Counsel will perform the following services (collectively the "services") as requested by the Agency.

**Criteria #1:** Review proposed Projects to ensure that the Agency has legal authority to enter into such transaction under applicable federal, state, and local, statutory and regulatory requirements. The review will include, but not be limited to, review of Applications for Financial Assistance, exhibits, attachments, contracts, leases and other materials submitted to the Agency.

**Criteria #2:** Provide support to the Agency personnel as needed when they meet or consult with prospective applicants, including discussion of project eligibility, available financial assistance and transaction structuring.

**Criteria #3:** Attend all Board of Directors and Committee meetings to provide required legal advice and answer inquiries from Board members and staff of the Agency.

**Criteria #4:** Prepare and deliver legal opinions in connection with Project transactions and opinions on such other issues as the Agency may direct.

**Criteria #5:** Provide analysis and otherwise advise the Agency in connection with the Redemption/Termination of bond financings and termination of straight-lease transactions.

**Criteria #6:** All other legal services as required, including but not limited to monitoring all mechanic's liens related to projects, corresponding with company attorney and obtaining lien satisfactions.

**Criteria #7:** Represent the Agency in all lawsuits related to Agency business, and/or coordinate representation with project Counsel.

**Criteria #8:** Attend meetings with staff as needed or requested, inclusive but not limited to, conference calls, Staff Meetings, and Committee Meetings.

**Criteria #9:** Review all, but not limited to, meeting minutes, transcripts, meeting resolutions, Requests for Proposals, Requests for Qualifications, transaction documents, closing documents, policies and procedures.

The IDA shall provide Agency Counsel with basic information required to perform the Services. Agency Counsel shall advise the Agency and its personnel about the applicable legal standards.

Respondents submitting Statements do so entirely at their own expense. The Agency shall not be responsible for any costs or expenses incurred by a respondent in preparing or submitting a Statement or otherwise in connection with responding to this RFQ.

Respondents are advised that the Agency is subject to the New York State Freedom of Information Law, which governs the process for the public disclosure of certain records maintained by the Agency (New York Public Officers Law, § 87 and 89). Respondents may request that the Agency except portions of their response from public disclosure in accordance with an exemption from disclosure set forth in the Freedom of Information Law. Respondents should be aware that any claimed exemptions may be subject to review by a court of law under applicable provisions of the Freedom of Information Law.

**Qualifications:**

To be considered, a proposal must be submitted in writing and respond to all the items outlined in this RFQ. The Agency reserves the right to reject any non-conforming Statement/Proposal. Each Statement/Proposal must be submitted with 2 copies, certified and executed with original signatures in a sealed envelope conspicuously labeled Town of Hempstead IDA RFQ Services for Agency Counsel Services. The envelope should also contain the name, address, email address, telephone number and fax number of the contact person for the respondent to be contacted.

Any Statement submitted shall be received at the following address no later than 4:30 p.m. Eastern Standard Time/ on April 19<sup>th</sup>, 2019:

Town of Hempstead IDA  
350 Front Street, Room 234A  
Hempstead, New York 11550

**Note: The Agency will not accept electronic submissions.**

Any changes, amendments or modifications to a Statement/Proposal or submission must be made in writing, submitted in the same manner as the original response and conspicuously labeled as a change, amendment or modification to a previously submitted

Statement/Proposal. Changes, amendments or modifications to Statements/Proposals shall not be accepted or considered after the hour and date specified above.

In accordance with the Procurement Lobbying Law (New York State Finance Law, § 139-j and 139-k), the Agency hereby designates the Contracting Officer and the CEO as the people who may be contacted by respondents during the procurement process. Respondents shall not contact any other officer, employee or member of the Agency with respect to this RFQ. By submitting a Statement/Proposal, respondents are affirming that they understand and agree to comply with this requirement. Respondents must disclose to the Agency in their Statements any findings of non-responsibility by any governmental entity due to violations of permissible contacts provisions or the intentional provision of false, inaccurate or incomplete information to a governmental entity within the prior four (4) years in accordance with the Procurement Lobbying Law.

By its response to this RFQ, each respondent will acknowledge that it is aware of and agrees to comply with the Agency's procedures relating to permissible contacts and will represent that it has not violated such procedures in connection with submitting its statement. In addition, each respondent is required to represent to the Agency that all information provided by such respondent to the Agency in connection with this RFQ is true, accurate and complete in all respects.

Any contract awarded pursuant to this RFQ shall include a provision authorizing the Agency to terminate the contract in the event that a respondent's representation with respect to the foregoing is found to be intentionally false or intentionally incomplete.

**Required Information:**

The following information shall be provided in each proposal in the order listed. Failure to respond to any request for information may result in rejection of the proposal in the sole discretion of the Agency:

- 1) Identify the full legal name, address and, type of legal entity (e.g., partnership, limited liability partnership, professional limited liability company, sole proprietorship) with whom the contract would be entered into and all trade names/assumed names, which are used by that person/entity.
- 2) Federal Employer Identification Number.
- 3) Proof of State of New York business license or proof of initiating the process of application before work commences, if required, for the type of services contemplated by this RFQ.

- 4) Name, telephone number and email address of the representative of the respondent who is authorized to discuss the proposal.
- 5) Identify the full name of (a) the billing attorney, (b) each attorney that is expected to devote substantial attention to Agency Matters, and (c) each principal owner of the respondent (i.e., a person or entity that owns 10% or more of equity/voting right in the entity, firm or business in question)
- 6) State whether the respondent is a women-owned or minority-owned business enterprise (“WMOB’s are encouraged to respond to this RFQ.”)

**Experience and Capabilities:**

- 1) Explain respondent’s capabilities in meeting the requirements of this RFQ and identify team members who will be responsible for providing the services and their qualifications, which shall include a summary of such team member’s educational background, their legal experience and their primary office location. Each attorney shall be admitted to practice in the State of New York. The Agency reserves the right to reject any team members that the Agency believes lack the appropriate qualifications and/or experience to provide these services.
- 2) Describe respondent’s experience in providing the types of services described in this RFQ to municipalities and governmental and quasi-governmental agencies to authorities, including without limitation, New York State Industrial Development Agencies (“IDA’s”)
- 3) Describe respondent’s familiarity with the laws, rules and regulations governing IDA’s, including a description of any services provided by the respondent to the Agency or other IDA’s.
- 4) Provide at least two (2) relevant client references (governmental public authority, public agency, IDA and/or other quasi-governmental entities in New York), with whom the respondent now works or has worked within the past three (3) years. Provide contact information for each of the references.
- 5) Provide evidence of professional liability insurance.
- 6) Provide the cost schedule for the “Services”, including all fees and expenses.
- 7) Describe the basis for the cost proposal
- 8) Describe the proposed billing and payment structure.
- 9) Described any existing conflicts of interest or any conflicts which might arise and provide assurance that there are no unresolved conflicts of interest between Agency Counsel and the IDA.
- 10) All respondents must execute and submit with their statements a Non-Collusion Certification. (See attachment)
- 11) All respondents must execute and submit with their statements a Respondent Disclosure questionnaire. (See attachment)

- 12) All respondents must cause the Attorneys to submit with their Statements an executed Principal Disclosure Questionnaire. (See attachment)
- 13) Provide any other information that might be helpful to the Agency in making a decision.
- 14) The proposal must be signed by a person authorized to bind the respondent.

**Evaluation Process:**

All Statements submitted in response to this RFQ shall be reviewed by the Agency's Chief Executive Officer, Chief Financial Officer, Contracting Officer, Chairman, and 2 Board Members. (The "Committee")

The Committee shall determine the respondents that meet the minimum requirements pursuant to the selection criteria of this RFQ. The information required to be submitted in response to this RFQ has been determined by the Agency to be essential for use by the Committee in the evaluation process. Therefore, all instructions contained in this RFQ shall be met in order to qualify as a responsive and responsible respondent and participate in the Agency's consideration. Statements which do not meet or comply with instructions of this RFQ may be considered non-conforming and deemed non-responsive and subject to disqualification at the sole discretion of the Committee.

The Agency may negotiate with one or more respondents during the same period and may, at its discretion, terminate negotiations with any or all respondents. The Agency may invite one or more respondents to an interview with the Committee, Staff or members of the Agency Board. The Committee shall make a recommendation regarding the decision to the members of the Agency, Board: who shall have final authority, subject to the provisions of this RFQ, to award a contract(s) to the respondent(s) whose proposal represents the best overall value to the Agency, taking into account the evaluation criteria set forth below.

**Criteria:**

All Statements shall be evaluated using the same criteria and process. The criteria that will be used in the evaluation by the Agency in making a decision are the following:

- I: the respondent's cost of services (expressed in terms of billing rates of attorneys who will devote substantial attention to Agency matters),
- II: demonstrated prior experience with similar clients and transactions,
- III: technical approach including knowledge of laws, rules and regulations governing IDA's,
- IV: team member qualifications,
- V: client references.

The Agency reserves the right to:

- Select for contract or negotiations a proposal other than what was the lowest cost.
- Reject any or all statements received in response to this RFQ or to make no decision or issue a new RFQ
- Reject team members that the Agency believes lack appropriate qualifications to perform the services set forth in this RFQ
- Waive or modify any information, irregularity, or inconsistency in statements received.
- Request modifications to statements from any or all respondents during the review and negotiation period.
- Negotiate any aspect of the statements/Proposal with any respondent and negotiate with more than one respondent at the same time.
- Conduct investigations of any or all respondents and to verify information submitted by any or all respondents.
- Decide to rely upon multiple vendors as warranted and as it deems appropriate.

### **Contract Conditions:**

Agency Counsel, if any, under this RFQ shall enter into an agreement (the “agreement”) with the IDA covering the Services and containing, the following contractual provisions:

#### **Term**

The Agreement may be amended or canceled at any time by the Agency upon written 30 day notice to Agency Counsel.

#### **Compensation**

Services of Agency Counsel shall be paid exclusively by Project Applicants and not by the Agency unless otherwise deemed to not be related to a specific project. There will be no retainer collected from the project applicant, and all fees will be paid directly to respondent at closing.

#### **Formal contract and purchase order**

Shall promptly execute the Agreement incorporating the terms of this RFQ and Agency Counsel’s response, as well as other terms, within twenty (20) days after the decision on the contract. Agency Counsel shall not begin any Service prior to decision.

#### **Compliance With Laws**

In performance of the Agreement, Agency Counsel is required to comply with all applicable federal, state and local laws, ordinances, codes and regulations. All relevant costs required in the performance of the contract shall be borne by Agency Counsel. Agency Counsel shall be properly licensed and authorized to transact business in the State of New York.

**Insurance**

Agency Counsel shall maintain professional liability insurance.

**Non-discrimination**

In performing the services subject to this RFQ, Agency Counsel agrees that it will not discriminate against any employee or applicant for employment because of race, color, religion, creed, ethnicity, age, gender, pregnancy, sex, sexual orientation, gender identity, national origin, citizenship, marital status, domestic violence victim status, military status, veteran status, disability, familial status, genetic information, genetic predisposition or carrier status, or other characteristic or criteria protected by applicable law.

**Covenant Against Contingent Fees**

Agency Counsel warrants that no person has been employed or retained to solicit or secure a contract under this RFQ upon an agreement of understanding for a commission or percentage, brokerage or contingent fee excepting bona fide employees or bona fide established commercial selling agencies maintained by Agency Counsel for the purpose of securing business. For breach or violation of this warranty the Agency shall have the right to annul the Agreement without liability or at its discretion to deduct from the contract price or otherwise recover the full amount of such commission, percentages, brokerage or contingent fee.

**Conflict of Interest**

Agency Counsel represents and warrants that no principal owner, owner, officer or employee of Agency Counsel nor any member of the immediate family of any principal owner, owner, officer or employee of Agency Counsel is a member, officer, agent or employee of the Agency. Agency Counsel is not aware of any other direct or indirect conflict with the Agency, except as disclosed in its proposal.

While acting as counsel to the Agency, Agency Counsel agrees that it will not represent any other person involved in the Project, or act in any other capacity in connection with a project, unless disclosed to and approved by the members of the Agency. Agency Counsel represents and warrants that Agency Counsel does not employ any spouse, child, or parent of a members, officer or employee of the Agency.

**Gift Prohibition**

Agency Counsel shall not offer, give or agree to give anything of value to any Agency member, officer, employee, agent, consultant or other person or firm representing the Agency (each, an "Agency Representative"), including members of an Agency

Representative's immediate family, in connection with the performance by such Agency Representative of duties involving transactions with Agency Counsel on behalf of the Town, whether such duties are related to the Agreement or any other Agency contract or matter, including, without limitation, any application for financial assistance. Anything of value shall include, but not be limited to, meals, holiday gifts, holiday baskets, gift cards, tickets to golf outing, tickets to sporting events, currency of any kind, or any other gifts, gratuities, favorable opportunities or preferences. As used herein, "immediate family" shall include a spouse, child, parent or sibling.

## CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE RESPONDENT NOT RESPONSIBLE WITH RESPECT TO THE PRESENT PROPOSAL OR FUTURE PROPOSALS, THE TERMINATION FOR ANY AWARD MADE, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, \_\_\_\_\_, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this RFQ and that I have supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the Agency in writing of any change in circumstances occurring after the submission and before the execution of a contract and/or agreement; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the Agency will rely on the information supplied to enter into an Agreement/Contract with the respondent.

\_\_\_\_\_  
Name of Respondent

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**TOWN OF HEMPSTEAD IDA  
REQUEST FOR QUALIFICATIONS  
FOR RETENTION OF AGENCY COUNSEL SERVICES  
NON-COLLUSION CERTIFICATION**

By submission of this Statement, the Respondent certifies under penalty of perjury, that to the best of his or her knowledge and belief:

The prices, cost estimates and all other elements of this Statement have been arrived at independently without collusion, consultation, communication, or agreement for the purpose of restricting competition, as to any matter relating to the same with any other respondent or with any competitor; and

Unless otherwise required by law, the prices, cost estimates and other elements of this Statement have not been knowingly disclosed by the Respondent and will not knowingly be disclosed by the Respondent prior to award, directly or indirectly, to any other respondent or to any competitor; and

No attempt has been made or will be made by or on behalf of the Respondent or any of its partner or subcontractor firms to induce any other person, partnership or corporation to submit or not to submit a Statement for the purpose of restricting competition.

Neither the Respondent nor any person affiliated with the Respondent has employed or retained any appointed or elected governmental official to solicit or secure the Agency's award of a contract to the Respondent upon an agreement or understanding for a commission or percentage, brokerage or contingent fee.

The undersigned hereby certifies his or her compliance and/or agreement with the above statements.

NAME OF [RESPONDENT]: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
SUBMITTED BY (signature): \_\_\_\_\_  
NAME: \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_

Date:

**TOWN OF HEMPSTEAD IDA  
REQUEST FOR QUALIFICATIONS  
FOR RETENTION OF AGENCY COUNSEL SERVICES  
PRINCIPAL DISCLOSURE QUESTIONNAIRE**

Instructions: Each Respondent shall complete and submit this Questionnaire as an attachment. This Questionnaire shall be filled out by the owner of a sole proprietorship or by an authorized representative of the firm submitting the Proposal Statement. Do not leave any blank spaces. If a question does not pertain to you or your firm, write "not applicable" in the space. All signatures must be original.

The information will be used in determining the reliability, responsibility and capacity of the Respondent to perform the work required in the Proposal/Statement. If the information is not complete, the Proposal/Statement will not be considered. The information will be maintained in the files of the Agency. This information may be disclosed pursuant to the provisions of the Freedom of Information Law.

(PROVIDE A DETAILED RESPONSE TO ALL QUESTIONS CHECKED "YES". USE ADDITIONAL SHEETS IF NECESSARY IN ORDER TO FULLY ANSWER EACH QUESTION.)

1) Legal Name:

2) Respondent is a (check one):

- Sole Proprietorship
- Partnership
- Limited Liability Partnership
- Professional Limited Liability Company
- Other (Describe)

State/Date of Formation/Organization: \_\_\_\_\_ (if applicable)

3) Federal EIN

4) Other names under which the Respondent has done business in the past 5 years:

5) Address of Place of Business:

List all other business addresses used within last five years:

Mailing Address (if different than above):

6) Telephone No:

Fax No:

7) E-mail address:

8) The following information with respect to the billing attorney, attorneys who are expected to devote substantial attention to Agency matters, and the principal owners of the Respondent (i.e., a person or equity that owns 10% or more of equity/voting rights in the entity, firm or business in question):

Name

Date of Birth

Address

9) Does the Respondent share office space, staff, or equipment expenses with any other business?

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

If Yes, please provide details:

10) Does the Respondent control one or more other businesses?

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

If Yes, please provide details (including name, address, contact information, EIN and the names, addresses, contact information, EIN of principals and officers).

11) Does the Respondent have one or more affiliates, and/or is it a subsidiary of, or controlled by, any other business?

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

If Yes, provide details (including name, address, contact information, EIN and the names, addresses, contact information, EIN of principals and officers).

12) Has the Respondent ever had a bond or surety cancelled or forfeited, or a contract or license with The Town of Hempstead, the Agency or any other government entity terminated?

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

If yes, state the name of bonding agency, (if a bond), date, amount of bond and reason for such cancellation or forfeiture: or details regarding the termination (if a contract or license).

13) Has the Respondent filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is the Respondent now the subject of any pending bankruptcy proceedings, whenever initiated?

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

If Yes, state date, court jurisdiction, amount of liabilities and amount of assets.

14) Is the Respondent and/or any of the Agency Attorneys and/or any affiliated business, the subject of a pending criminal investigation or proceeding and/or a civil anti-trust investigation or proceeding by any federal, state or local prosecuting or investigative agency?

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

If Yes, provide details.

- 15) Is any owner and/or officer of any affiliated business the subject of a pending criminal investigation or proceeding and/or a civil anti-trust investigation proceeding by any federal, state or local prosecuting or investigative agency, where such investigation or proceeding is related to activities performed at, for, or on behalf of an affiliated business?

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

If Yes, provide details.

- 16) In the past 5 years, has the Respondent and/or any of the Attorneys and/or any affiliated business been the subject of a non-criminal investigation or proceeding by any government agency, including but not limited to federal, state and local regulatory agencies?

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

If Yes, provide details.

- 17) In the past 5 years, has any owner and/or officer of an affiliated business been the subject of a non-criminal investigation or proceeding by any government agency, including but not limited to federal, state and local regulatory agencies, for matters pertaining to that individual's position at or relationship to an affiliated business.

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

If Yes, provide details.

- 18) Has any Attorney had, either before or during such person's employment, or since such employment if the charges pertained to events that allegedly occurred during the time of employment by the submitting business, and allegedly related to the conduct of that business:

a) Any felony charge pending? Yes \_\_\_ No \_\_\_

If Yes, provide details for each such charge.

b) Any misdemeanor charge pending? Yes \_ No \_

If Yes, provide details for each such charge.

c) In the past 10 years, been convicted, after trial or by plea, of (i) any felony, and/or (ii) any other crime an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?

Yes \_ No \_

If Yes, provide details for each such conviction.

d) In the past 5 years, been convicted, after trial or by plea, of a misdemeanor?

Yes \_\_\_No \_\_\_

If Yes, provide details for each such conviction.

e) In the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions (including, without limitation, equal employment opportunity or pay equity laws, rules or regulations)?

Yes \_\_\_No \_\_\_

If Yes, provide details for each such occurrence.

19) In the past (5) years, has the Respondent, or any other affiliated business had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?

Yes \_\_\_No \_\_\_

If Yes, provide details for each such instance.

20) For the past (5) tax years, has the Respondent failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?

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

If Yes, provide details for each such year.

21) Is the Respondent or any of its property subject to any lien or warrant for unpaid federal, state or local taxes or assessed charges?

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

If Yes, provide details.

22) Is the Respondent or any of its property subject to any judgment, injunction, order or decree that would have a material adverse effect on its financial condition or that would impair the its ability to perform under an Agreement?

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

If Yes, provide details.

23) Conflicts of Interest:

a) Please disclose:

(i) Any material financial relationships that the Respondent or any employee of the Respondent has that may create a conflict of interest or the appearance of a conflict of interest in acting as a contractor of the Agency.

(ii) Any family relationship that any principal owner, owner, officer or employee of the Respondent has with any Agency member, officer or employee that may create a conflict of interest or the appearance of a conflict of interest in acting as a contractor of Agency.

(iii) Any other matter that the Respondent believes may create a conflict of interest or the appearance of a conflict of interest in acting as a contractor of the Agency.

b) Please describe any procedures the Respondent has, or would adopt, to assure the Agency that a conflict of interest would not exist for the Respondent in the future.

24) Prior Findings of Non-Responsibility:

(For purposes of this question, capitalized terms used but not otherwise defined in this Questionnaire shall have the meanings ascribed thereto in Section 139-k of the New York State Finance Law.)

a) Has the Respondent or any principal owner, owner, officer, employee, agent, consultant or person acting on behalf of the Respondent or any affiliate been the subject of a finding of "non-responsibility" (as such term is used in Section 139-k of the New York State Finance Law) made by a Governmental Entity within the past four (4) years?

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

b) If the Respondent answered yes to Question a), was the finding of "non-responsibility" due to a violation of Section 139-j of the New York State Finance Law?

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

If Yes, provide details.

c) If the Respondent answered yes to Question a), was the finding of "non-responsibility" due to the intentional provision of false, inaccurate or incomplete information to a Governmental Entity?

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

If Yes, provide details.

d) Has any Governmental Entity terminated or withheld a contract or license from the Respondent due to the intentional provision of false, inaccurate or incomplete information to a Governmental Entity? Yes \_\_\_ No \_\_\_

If Yes, provide details.

25) In the past (5) years, has the Respondent or any affiliate:

- a. Been debarred by any government agency from entering into contracts or licenses with that agency?

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

If Yes, provide details for each such instance.

- b. Been declared in default, suspended and/or terminated for cause on any contract or license, and/or had any contract or license cancelled for cause?

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

If Yes, provide details for each such instance.

- c. Been denied the award of a contract or license and/or the opportunity to bid on a contract or license, including, but not limited to, failure to meet pre-qualification standards?

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

If Yes, provide details for each such instances.

- d. Been suspended by any government agency from entering into or determined to be ineligible to enter into any contract or license with tt; and/or is any actton pending that could formally debar or otherwise affect such business's ability to bid or propose on contracts or licenses?

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

If Yes, provide details for each such instance.

- e. Been adjudicated liable on a claim of professional malpractice?

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

If Yes, provide details for each such instance.

26) Is any owner, director, officer or employee of the Respondent, or of any of its affiliates or subsidiaries, a public officer or public official?

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

If Yes, provide details.

27) Is the Respondent or any of its affiliates or subsidiaries involved in any litigation or aware of any threatened litigation that, if adversely determined, would have a material adverse effect on such party's financial condition or would impair the Respondent's ability to perform under an Agreement?

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

If Yes, provide details.

28) Name and address of any person or entity that the Respondent or any affiliate has retained or employed to cause the Agency to award a contract or to influence the Agency to award a contract to the Respondent or any affiliate.

Name \_\_\_\_\_ Address \_\_\_\_\_

29) Does the Respondent employ any spouse, child, or parent of a member, officer or employee of the Agency?

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

If Yes, provide details.

Provide a detailed response to all questions checked 'YES'. If you need more space, photocopy the appropriate page and attach it to the questionnaire.

Please provide any other information which would be appropriate and helpful in determining the Respondent's capacity and reliability to perform these services.

**TOWN OF HEMPSTEAD IDA  
REQUEST FOR QUALIFICATIONS FOR RETENTION OF  
AGENCY COUNSEL SERVICES  
NON-COLLUSION CERTIFICATION**

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE RESPONDENT NOT RESPONSIBLE WITH RESPECT TO THE PROPOSAL/STATEMENT, THE TERMINATION OF ANY AWARD, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, \_\_\_\_\_, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this Questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the Agency in writing of any change in circumstances occurring after the submission of this Questionnaire and before the execution of an Agreement; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the Agency will rely on the information supplied in this Questionnaire as additional inducement to enter into an Agreement with the Respondent.

Dated: \_\_\_\_\_

For: (Name of Respondent) \_\_\_\_\_

By: (Signature of Authorized Person) \_\_\_\_\_

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

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

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

**TOWN OF HEMPSTEAD IDA  
REQUEST FOR QUALIFICATIONS FOR RETENTION OF  
AGENCY COUNSEL SERVICES**

Instructions: The billing attorney, each attorney that is expected to devote substantial attention to Agency matters, and each principal owner of the respondent (i.e., a person or entity that owns 100% or more of equity/voting rights in the entity, firm or business in question), shall complete and submit this Questionnaire and the respondent shall cause the principal(s) owners of partner or subcontractor firm to complete and submit this Questionnaire.

In the case of principal owners of partner and subcontractor firms, the term "Respondent" shall mean and refer to such partner or subcontractor firm. If a question does not pertain to a principal owner, write "not applicable" in the space. All signatures must be original.

For purposes of this Questionnaire, the term "principal owner" means a person of entity that owns 10% or more of equity/voting rights in the entity, firm or business in question.

The information will be used in determining the reliability and capacity of the Respondent (and any partner or subcontractor firms) to perform the work required in the Proposal/Statement. If the information is not complete, the Proposal/Statement will not be considered. The information will be maintained in the files of the Agency. This information may be disclosed pursuant to the provisions of the Freedom of Information Law.

PROVIDE A DETAILED RESPONSE TO ALL QUESTIONS CHECKED "YES". USE ADDITIONAL SHEETS IF NECESSARY IN ORDER TO FULLY ANSWER EACH QUESTION.)

1. Principal Name:

Date of birth:

Home address:

Telephone:

Business address:

Email address:

Telephone:

Other present address (es):

Telephone:

2. Positions held by Respondent and starting date of each:

3. Do you have an equity interest in Respondent?

Yes\_\_ No \_\_

If Yes, provide details.

4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?

Yes\_\_ No \_\_

If Yes, provide details

5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the Respondent?

Yes\_\_ No \_\_

If Yes, provide details

6. Has any governmental entity awarded any contracts or licenses to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer?

Yes\_\_ No \_\_

If Yes, provide details

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years have you and/or any affiliated businesses or not-for profit organizations listed in Section 5 in which you have been a principal owner or officer:

- a. Been debarred by any government agency from entering into contracts or licenses with that agency?

Yes \_\_\_No\_\_\_

If Yes, provide details for each such instance.

- b. Been declared in default, suspended and/or terminated for cause on any contract or License, and or had any contract or license cancelled for cause?

Yes \_\_\_No\_\_\_

If Yes, provide details for each such instance.

- c. Been denied the award of a contract or license and/or the opportunity to bid on a contract or license, including, but not limited to, failure to meet pre-qualification standards?

Yes \_\_\_No\_\_\_

If Yes, provide details for each such instance.

- d. Been suspended by any government agency from entering into any contract or license with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contracts or licenses?

Yes \_\_\_No\_\_\_

If Yes, provide details for each such instance.

- e. Been adjudicated liable on a claim of professional malpractice?

Yes \_\_\_No\_\_\_

If Yes, provide details for each such instance.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 1 year ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?

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

If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)

9. Are any of the following statements true with respect to you?

a) Is there any felony charge pending against you? Yes \_\_\_ No \_\_\_  
If Yes, provide details for each such charge.

b) Is there any misdemeanor charge pending against you? Yes \_\_\_ No \_\_\_  
If Yes, provide details for each such charge.

c) In the past 10 years, have you been convicted, after trial or by plea, of (i) any felony, or (ii) any other crime an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?

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

If Yes, provide details for each such conviction.

d) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?

Yes \_\_\_No\_\_\_

If Yes, provide details for each such conviction.

- e) In the past 5 years, have you been found in violation of any administrative or statutory charges?

Yes \_\_\_No\_\_\_

If Yes, provide details for each such occurrence.

10. In addition to the information provided in response to the previous questions, are you the subject of a pending criminal investigation or proceeding and/or a civil antitrust investigation or proceeding by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation or proceeding where such investigation or proceeding is related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?

Yes \_\_\_No\_\_\_

If Yes, provide details for each such investigation or proceeding.

11. In addition to the information provided, is any business or organization listed in response to Question 5, the subject of a pending criminal investigation or proceeding and/or a civil anti-trust investigation proceeding and/or any other type of investigation or proceeding by any government agency, including but not limited to federal, state, and local regulatory agencies?

Yes \_\_\_No\_\_\_

If Yes, provide details for each such investigation or proceeding.

12. In the past 5 years, have you, or any affiliated business listed in response to Question 5, had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?

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

If Yes, provide details for each such instance.

13. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?

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

If Yes, provide details for each such year.

14. Are you or is any of your property subject to any lien or warrant for unpaid federal, state or local taxes or assessed charges?

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

If Yes, provide details

15. Are you or is any of your property subject to any judgment, injunction, order or decree that would have a material adverse effect on your financial condition or that would impair the Respondent's ability to perform under an Agreement?

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

If Yes, provide details

16. Are you involved in any litigation or aware of any threatened litigation that, if adversely determined, would have a material adverse effect on your financial condition or would impair the Respondent's ability to perform under an Agreement?

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

If Yes, provide details

17. Are you a "Prohibited Person"?

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

If Yes, provide details

"Prohibited Person" means (i) any person or entity (A) that is in default or in breach, beyond any applicable grace or cure period, of its obligations under any written agreement with the Agency or the Town of Hempstead, or (B) that directly or indirectly controls, is controlled by or is under common control with a person or entity that is in default or in breach, beyond any applicable grace or cure period, of its obligations under any written agreement with the Agency or the County of Nassau, unless such default or breach has been waived in writing by the Agency or the Town of Hempstead, as the case may be, and (ii) any person or entity (A) that has been convicted in a criminal proceeding for a felony or any crime involving moral turpitude or that is an organized crime figure or is reputed to have substantial business or other affiliations with an organized crime figure, or (B) that directly or indirectly controls, is controlled by or is under common control with a person or entity that has been convicted in a criminal proceeding for a felony or any crime involving moral turpitude or that is an organized crime figure or is reputed to have substantial business or other affiliations with an organized crime figure.