



UNIVERSITY-WIDE SDVOB PROGRAM UTILIZATION PLAN

Requested information must be completed and submitted within seven (7) days after the bid opening.

Subcontractor Name & Address

Name & Address of each SDVOB subcontractor or supplier.

SDVOB

Service-Disabled Veteran-Owned Designation.

Federal ID

Provide accurate Federal ID number of each SDVOB subcontractor or supplier.

Dollar Value of Subcontract or Purchase Order

This is the total value of the signed subcontract. If this value is different from the amount in the approved SDVOB Utilization Plan, an explanation should be provided.

Description of Work or Supplies

Brief description of work performed or supplies provided by the SDVOB subcontractor or supplier.

Schedule

This is the anticipated start and completion dates for each SDVOB subcontractor or supplier. Do not include the construction schedule for the life of the entire project.

Signature

To be signed by an Officer of the Company.

- The information included on the form is subject to verification by the University-wide MWBE Program Office.
- The University-wide MWBE Program Office must be notified prior to changes made to the approved SDVOB Utilization Plan.

Questions regarding this form should be directed to the University-wide MWBE Program Office at (518) 320- 1452 or via e-mail: mwbeprogram@suny.edu.

Submit To:

State University of New York
Office of Diversity, Equity and Inclusion University-wide MWBE Program
353 Broadway
Albany, NY 12246
or MWBEPprogram@suny.edu





FORM A
Summary: Policy and Procedure of the State University of New York
Relating to State Finance Law §§139-j and 139-k

State Finance Law §§139-j and 139-k, enacted by Ch. 1 L. 2005, as amended by Ch. 596 L. 2005, effective January 1, 2006, regulate lobbying on government procurement, including procurements by State University to obtain commodities and services and to undertake real estate transactions.

Generally, the law restricts communications between a potential vendor or a person acting on behalf of the vendor, including its lobbyist, to communications with the officers and employees of the procuring agency designated in each solicitation to receive such communications. Further, the law prohibits a communication (a "Contact") which a reasonable person would infer as an attempt to unduly influence the award, denial or amendment of a contract. These restrictions apply to each contract in excess of \$15,000 during the "restricted period" (the time commencing with the earliest written notice of the proposed procurement and ending with the later of approval of the final contract by the agency, or, if applicable, the State Comptroller). The agency must record all Contacts, and, generally, must deny an award of contract to a vendor involved in a knowing and willful Contact. Each agency must develop guidelines and procedures regarding Contacts and procedures for the reporting and investigation of Contacts. The agency's procurement record must demonstrate compliance with these new requirements.

Accordingly, neither a potential vendor nor a person acting on behalf of the vendor should contact any individual at State University other than the person designated in this solicitation as State University's Designated Contact, nor attempt to unduly influence award of the contract. State University will make a record of all Contacts, and such records of Contact will become part of the procurement record for this solicitation. A determination that a vendor or a person acting on behalf of the vendor has made intentionally a Contact or provided inaccurate or incomplete information as to its past compliance with State Finance Law §§139-j and 139-k is likely to result in denial of the award of contract under this solicitation. Additional sanctions may apply.

A complete copy of the State University of New York Procurement Lobbying Policy and Procedure is available for review at www.suny.edu/sunypp/.



FORM B
Affirmation with respect to State Finance Law §§139-j and 139-k

A complete copy of the State University of New York Procurement Lobbying Policy and Procedure is available for review at www.suny.edu/sunypp/.

Procurement Description/ID No.

Offerer **AFFIRMS** that it has reviewed and understands the Policy and Procedure of the State University of New York, relating to State Finance Law §§139-j and 139-k, and agrees to comply with State University's procedure relating to Contacts with respect to this procurement.

Name of Offerer:

Address:

Person Submitting Form:

Name:

Title:

**FORM C****Disclosure and Certification with respect to State Finance Law §§139-j and 139-k**

Procurement Description/ID No. _____

1. Has a Governmental Entity, as defined in State Finance Law §139-j(1)(a), made a determination of non-responsibility with respect to the Offerer within the previous four years where such finding was due to a violation of State Finance Law §139-j or the intentional provision of false or incomplete information with respect to previous determinations of non-responsibility?

No ____

Yes ____

If yes, provide the following details:

Governmental Entity which made the finding:

Date of finding:

Basis of finding:

2. Has a Governmental Entity terminated or withheld a procurement contract with the Offer because of violations of State Finance Law §139-j or the intentional provision of false or incomplete information with respect to previous determinations of non-responsibility?

No ____

Yes ____

If yes, identify the following:

Governmental Entity which terminated the contract:

Date of contract termination or withholding:

Identify the related procurement contract:

Offerer **CERTIFIES** that all information provided by Offerer with respect to its compliance with State Finance Law §§139-j and 139-k is complete, true and accurate.

Name of Offerer:

Address:

Signature of Person Submitting Form: _____

Name:

Title:

Date:

New York State Executive Order No. 177 Certification

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status or predisposing genetic characteristics.

The Human Rights Law may also require reasonable accommodation for persons with disabilities and pregnancy-related conditions. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner. The Human Rights Law may also require reasonable accommodation in employment on the basis of Sabbath observance or religious practices.

Generally, the Human Rights Law applies to:

- all employers of four or more people, employment agencies, labor organizations and apprenticeship training programs in all instances of discrimination or harassment;
- employers with fewer than four employees in all cases involving sexual harassment; and,
- any employer of domestic workers in cases involving sexual harassment or harassment based on gender, race, religion or national origin.

In accordance with Executive Order No. 177, the Bidder hereby certifies that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.

Executive Order No. 177 and this certification do not affect institutional policies or practices that are protected by existing law, including but not limited to the First Amendment of the United States Constitution, Article 1, Section 3 of the New York State Constitution, and Section 296(11) of the New York State Human Rights Law.

Contractor:

By:

Name:

Title:

Date:

State Finance Law §139-f Certification

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of section two hundred one-g of the labor law.

If the bidder cannot make the foregoing certification, such bidder shall so state and shall furnish with the bid a signed statement that sets forth in detail the reasons that the bidder cannot make the certification.

Contractor:

By:

Name:

Title:

Date:

Bidder's Certifications

NON-COLLUSIVE BIDDING CERTIFICATION

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

1. The prices of this bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such prices with any other Bidder or with any competitor;
2. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly, to any other Bidder or to any competitor; and
3. No attempt has been made or will be made by the Bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A bid shall not be considered for award nor shall any award be made where [1], [2], [3] above have not been complied with; provided however, that if in any case the Bidder(s) cannot make the foregoing certification, the Bidder shall so state and shall furnish below a signed statement which sets forth in detail the reasons therefor:

Subscribed to under penalty of perjury under the laws of the State of New York, this _____ day of _____, 20____ as the act and deed of said corporation or partnership.

IF BIDDER IS A SOLE PROPRIETER OR PARTNERSHIP, COMPLETE THE FOLLOWING:

NAMES OF PARTNERS OR PRINCIPALS

LEGAL RESIDENCE

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

IF BIDDER IS A CORPORATION, COMPLETE THE FOLLOWING:

NAME

LEGAL RESIDENCE

President: _____

Secretary: _____

Treasurer: _____

Joint or combined bids by companies or firms must be certified separately on behalf of each participant.

Bidder's Certifications

Identifying Data:

| | |
|----------------------------------------|--|
| Bidder | |
| Address | |
| Telephone | |
| Name of Responsible Corporate Officer | |
| Title of Responsible Corporate Officer | |

Joint or combined bids by companies or firms must be certified separately on behalf of each participant.

Legal name of person, firm or corporation

By (signature): _____

Name: _____

Title: _____

Address: _____



Form I

**State University of New York
Checklist to Determine Contractor's Compliance with Omnibus Procurement Act
For Contracts of \$1 Million or More**

1. Contractor has copy of the NYS Directory of Certified Minority-and-Women-Owned Business Enterprises:

Yes____ No____

2. Contractor has solicited quotes from firms listed in the Directory?

Yes____ No____

3. Contractor has contacted the NYS Department of Economic Development to obtain listings of NYS subcontractors and suppliers for products and services currently purchased from out-of-state/foreign firms?

Yes____ No____

4. Contractor has utilized other sources to identify NYS subcontractors and suppliers (such as Thomas Register, inhouse vendor list)?

Yes____
No____

If yes, please identify source.

5. Contractor has placed advertisement in NYS newspaper(s)?

Yes____ No____

6. Contractor has participated in vendor outreach conferences?

Yes____ No____

7. Contractor has provided New York State residents notice of new employment opportunities resulting from this contract through listing any such positions with the Community Services Division of the NYS Department of Labor, or providing such notification by another method?

Yes____ No____

8. Contractor attests to compliance with the Federal Equal Employment Opportunity Act of 1972 (P.L. 92-261), as amended?

Yes____ No____

Note: If contractor has determined that New York State business enterprises are not available to participate in such contract, the contractor shall provide a statement indicating the method by which such determination was made. If contractor does not intend to use subcontractors, the contractor shall provide a statement verifying such intent.



Form II

**State University of New York
Omnibus Procurement Act****Standard 15 Day Notification Form
For Contracts for Goods and Services of \$1 Million or More
To Out-of-State/Foreign Firms**

In compliance with Section 2879 subdivision 5 of the Public Authorities Law and Section 139-i of the State Finance Law, the Commissioner of Economic Development is hereby notified that:

CONTRACTING AGENCY: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

CONTACT PERSON AT AGENCY: _____

is preparing to enter into a contract, on or about _____ with the following out-of-state/foreign
firm: (date)

FIRM NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

BRIEF DESCRIPTION OF GOODS OR SERVICES: _____

AMOUNT OF PROPOSED CONTRACT: _____

TERM OF PROPOSED CONTRACT: _____

CONTACT PERSON AT FIRM: _____

DATE OF NOTICE TO DED: _____

For immediate notice to DED, please fax form to:
Department of Economic Development
Division for Small Business
Procurement Unit
30 South Pearl Street
Albany, New York 12245
Telephone (518) 292-5220 FAX (518) 292-5884

**State University of New York
Public Officers Law
Form XIII**

Contract no _____

Date _____

**Purchasing and Contracting Procedures
(Procurement)**

**Inquiry to determine compliance with the provisions of Public Officers Law
§ 73 (4)**

Please indicate if you or any officer of your organization, or any party owning or controlling more than 10 percent of your stock if you are a corporation, or any member if you are a firm or association, is an officer or employee of the State of New York or of a public benefit corporation of the State of New York.

_____ Yes

_____ No

Contractor: _____

_____ **Authorized Signature**

_____ **Printed Name**

_____ **Title**

LABOR AND MATERIAL BOND

KNOW ALL PERSONS BY THESE PRESENTS, that _____

(hereinafter called the "Principal") and _____

(hereinafter called the "Surety") are held and firmly bound to the State University of New York (hereinafter called the University) in the full and just sum of:

_____ dollars (\$ _____)
(in words) (in figures)

good and lawful money of the United States of America, for the payment of which sum of money, well and truly to be made and done, the Principal binds itself, its heirs, executors, administrators, successors and assigns and the Surety binds itself, its successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has entered into a certain written Contract bearing date on the _____ day of _____, 20____, with the University for the work contained in Project No. _____, a copy of which Contract is annexed to and hereby made a part of this Bond as though herein set forth in full; and

WHEREAS, the University has required this Bond guaranteeing prompt payment of monies due to all persons furnishing the Principal or any subcontractor of the Principal with labor or materials in the prosecution of the work provided in such Contract;

NOW, THEREFORE, the conditions of this obligation are such that if the Principal shall promptly pay all monies due to all persons furnishing the Principal or any subcontractor of the Principal with labor or materials in the prosecution of the Contract, then this obligation shall be null and void, otherwise to remain in full force and effect.

PROVIDED, HOWEVER, the said Surety, for value received, hereby stipulates and agrees that no change, extension, alteration or addition to the terms of the said Contract or Specifications accompanying the same, shall in any way affect its obligations under this Bond, and it does hereby waive notice of any such change, extension, alteration or addition; and further.

PROVIDED, HOWEVER, the place of trial of any action on this Bond shall be in the county in which the said Contract was to be performed, or if said Contract was to be performed in more than one county, then in any such county, and not elsewhere; and further

PROVIDED, HOWEVER, this Bond shall be enforceable in accordance with the terms and provisions of Section 137 of the State Finance Law.

IN WITNESS WHEREOF, the Principal has hereunto set its hand and seal and the Surety has caused this instrument to be signed by its attorney in-fact on this _____ day of _____, 20____.

Principal_____
By_____
Surety_____
By

PERFORMANCE BOND

KNOW ALL PERSONS BY THESE PRESENTS, that _____

(hereinafter called the "Principal") and _____

(hereinafter called the "Surety") are held and firmly bound to the State University of New York (hereinafter called the University) in the full and just sum of:

_____ dollars (\$ _____)
(in words) (in figures)

good and lawful money of the United States of America, for the payment of which sum of money, well and truly to be made and done, the Principal binds itself, its heirs, executors, administrators, successors and assigns and the Surety binds itself, its successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has entered into a certain written Contract bearing date on the _____ day of _____, 20_____, with the University for the work contained in Project No. _____, a copy of which Contract is annexed to and hereby made a part of this Bond as though herein set forth in full; and

NOW, THEREFORE, the conditions of this obligation are such that if the Principal, its representatives or assigns, shall well and faithfully comply with and perform all the terms, covenants and conditions of said Contract on its part to be kept and performed and all modifications, amendments, additions and alterations thereto that may hereafter be made, according to the true intent and meaning of said Contract, including repair and/or replacement of defective work and guarantees of maintenance for the periods stated in the Contract, and shall fully indemnify and save harmless the University from all cost and damage which it may suffer by reason of failure to do so, and shall fully reimburse and repay the University for all outlay and expense which the University may incur in making good any such default, and shall protect the said University against, and pay any and all amounts, damages, costs and judgments which may or shall be recovered against said University or its trustees, officers, agents or employees or which the said University may be called upon to pay to any person or corporation by reason of any damages arising or growing out of the doing of said work, or the repair of maintenance thereof, or the manner of doing the same, or the neglect of the said Principal, or its agents, or the improper performance of the said work by the said Principal, or its agents, or the infringement of any patent or patent rights by reason of the use of any materials furnished or work done as aforesaid or otherwise, then this obligation shall be null and void, otherwise to remain in full force and effect;

PROVIDED, HOWEVER, the said Surety, for value received, hereby stipulates and agrees, if requested to do so by the University, to fully perform and complete the work mentioned and described in said Contract, pursuant to the terms, conditions, and covenants thereof, if for any cause the Principal fails or neglects to so fully perform and complete such work and the Surety hereby further agrees to commence such work of completion within ten (10) calendar days after written notice thereof from the University and to complete such work within ten (10) calendar days from the expiration of the time allowed the Principal in the Contract for the completion thereof. The surety shall fully perform and complete said work on its own, or through a contractor approved by the University, according to the terms, conditions and covenants of said Contract and specifications.

PROVIDED, HOWEVER, the Surety, for value received, for itself and its successors and assigns, hereby stipulates and agrees that the obligation of said Surety and its Bond shall be in no way impaired or affected by an extension of time, modification, omission, addition, or change in or to the said Contract or the work to be performed thereunder, or by any payment thereunder before the time required therein, or by any waiver of any provisions thereof, or by any assignment, subletting or other transfer of any work to be performed or any monies due or to become due thereunder or by the University's takeover, use,

PERFORMANCE BOND (Page 2)

occupancy or operation of any part or all of the work covered by the Contract; and said Surety does hereby waive notice of any and all of such extensions, modifications, omissions, additions, changes, payments, waivers, assignments, subcontracts, transfers, takeovers, uses, occupancies or operations, and hereby expressly stipulates and agrees that any and all things done and omitted to be done by and in relation to assignees, subcontractors, and other transferees shall have the same effect as to said Surety as though done or omitted to be done by or in relation to said Principal.

IN WITNESS WHEREOF, the Principal has hereunto set its hand and seal and the Surety has caused this instrument to be signed by its attorney-in-fact on this _____ day _____ of, 20__.

Principal

By

Surety

By

ACKNOWLEDGMENTS FOR LABOR AND MATERIAL BOND AND PERFORMANCE BOND

(Acknowledgment by Principal, unless it is a Corporation)

STATE OF NEW YORK)
) ss.:
COUNTY OF)

On this _____ day of _____, 20_____, before me personally came _____
_____, to me known and known to me to be the person(s) described in and who
executed the foregoing instruments and acknowledged that he / she executed the same.

Notary Public

(Acknowledgment by Principal, if a Corporation)

STATE OF NEW YORK)
) ss.:
COUNTY OF)

On this _____ day of _____, 20_____, before me personally came _____
_____, to me known, who, being duly sworn, did depose and say
that he / she resides in _____

;
that he / she is the _____
of the _____
the corporation described in and which executed the foregoing instruments; that he / she knows the seal of said corporation; that the seal
affixed to said instruments is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he / she
signed their name thereto by like order.

Notary Public

(Acknowledgment by Surety Company)

STATE OF NEW YORK)
) ss.:
COUNTY OF)

On this _____ day of _____, 20_____, before me personally came _____
_____, to me known, who, being by me duly sworn, did depose and say
that he / she resides in _____

that he / she is the _____
of the _____
the corporation described in and which executed the foregoing instruments; that he / she knows the seal of said corporation; that the
seal affixed to said instruments is such corporate seal; that it was so affixed by the order of the Board of Directors of said corporation, and that
he / she signed their name thereto by like order; and that the liabilities of said company do not exceed its assets as ascertained in the manner
provided by the laws of the State of New York.

Notary Public



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|------------|-------------------------------|----------------|
| PRODUCER | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| INSURED | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | |
| | NAIC # | |
| | INSURER A: | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| INSURER F: | | |

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|------------------------------------------------------------------------------------------------|------------------------------------------|----------|---------------|-------------------------|-------------------------|----------------------------------------------|
| | GENERAL LIABILITY | | | | | | |
| | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
| | | | | | | | MED EXP (Any one person) \$ |
| | | | | | | | PERSONAL & ADV INJURY \$ |
| | | | | | | | GENERAL AGGREGATE \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG \$ |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | |
| | <input type="checkbox"/> ANY AUTO | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> HIRED AUTOS | <input type="checkbox"/> NON-OWNED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| | UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | | AGGREGATE \$ |
| | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) | <input type="checkbox"/> Y/N | N/A | | | | WC STATUTORY LIMITS OTH-ER |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. EACH ACCIDENT \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



NEW YORK CONSTRUCTION CERTIFICATE OF LIABILITY INSURANCE ADDENDUM

DATE (MM/DD/YYYY)

THIS ADDENDUM SUMMARIZES SOME OF THE POLICY PROVISIONS IN THE REFERENCED INSURANCE POLICIES AND IS ISSUED AS A MATTER OF INFORMATION ONLY; IT CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. ALL TERMS, EXCLUSIONS AND CONDITIONS IN THE ACTUAL POLICY SHOULD BE CONSULTED FOR A MORE DETAILED ANALYSIS OF COVERAGE, AS THIS ADDENDUM DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES.

| | | | |
|---------------|----------------|------------------|-----------|
| AGENCY | | NAMED INSURED(S) | |
| POLICY NUMBER | EFFECTIVE DATE | CARRIER | NAIC CODE |

ADDENDUM INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

A. Insurer

- ☐ Admitted / authorized
- ☐ Excess line or free trade zone

B. General Liability (GL) policy form

- ☐ ISO / ISO modified
- ☐ Other

C. Specific operations excluded or restricted (GL policy)

- ☐ Location: _____
- ☐ Type of construction: _____
- ☐ Building height: _____
- ☐ Classifications [see attached declarations / endorsement]
- ☐ Designated work [see attached endorsement]

D. Additional insured endorsement (GL policy)

- ☐ CG 20 10 ☐ CG 20 26 ☐ CG 20 32 ☐ CG 20 33 ☐ CG 20 37 ☐ CG 20 38
- ☐ Other: # _____ Title: _____

E. According to the terms of this GL policy, the additional insured has primary and noncontributory coverage

- ☐ Yes ☐ No and ☐ no other option is available with this insurer

F. Additional insured will receive advance notice if insurer cancels (GL policy)

- ☐ Yes ☐ No and ☐ no other option is available with this insurer

G. Blanket contractual liability located in the "insured contract" definition (Section V, Number 9, Item f. in the ISO CGL policy) is removed or restricted

- ☐ Yes and ☐ no other option is available with this insurer ☐ No changes made

H. "Insured contract" exception to the employers liability exclusion is removed or modified (GL policy)

- ☐ Yes and ☐ no other option is available with this insurer ☐ No changes made

I. GL policy (including endorsements) does not cover the additional insured for claims involving injury to employees of the named insured or subcontractors (not workers' compensation)

- ☐ Yes and ☐ no other option is available with this insurer ☐ No changes made

J. Earth movement, excavation or explosion / collapse / underground property damage is excluded or restricted (GL policy)

☐ Yes and ☐ no other option is available with this insurer ☐ No changes made

K. Insured vs. insured suits (cross liability in the ISO CGL policy) are excluded or restricted (other than named insured vs. named insured)

☐ Yes and ☐ no other option is available with this insurer ☐ No changes made

L. Property damage to work performed by subcontractors (exception to the "damage to your work" exclusion in the ISO CGL policy) is excluded or restricted

☐ Yes and ☐ no other option is available with this insurer ☐ No changes made

M. Excess / umbrella policy is primary and non-contributory for additional insureds

☐ Yes, by specific policy provision ☐ Yes, by endorsement ☐ No and ☐ no other option is available with this insurer

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE (MM/DD/YYYY)



**Workers'
Compensation
Board**

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1a. Legal Name & Address of Insured (use street address only)</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p> | <p>1b. Business Telephone Number of Insured</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p> |
| <p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> | <p>3a. Name of Insurance Carrier</p> <p>3b. Policy Number of Entity Listed in Box "1a"</p> <p>3c. Policy effective period</p> <p>_____ to _____</p> <p>3d. The Proprietor, Partners or Executive Officers are</p> <p><input type="checkbox"/> included. (Only check box if all partners/officers included)</p> <p><input type="checkbox"/> all excluded or certain partners/officers excluded.</p> |

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) **Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: _____
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: _____
(Signature) (Date)

Title: _____

Telephone Number of authorized representative or licensed agent of insurance carrier: _____

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

CERTIFICATE OF INSURANCE COVERAGE

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1a. Legal Name & Address of Insured (use street address only)</p> <p>Work Location of Insured <i>(Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i></p> | <p>1b. Business Telephone Number of Insured</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number</p> |
| <p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> | <p>3a. Name of Insurance Carrier</p> <p>3b. Policy Number of Entity Listed in Box "1a"</p> <p>3c. Policy effective period</p> <p>_____ to _____</p> |

4. Policy provides the following benefits:

☐ A. Both disability and paid family leave benefits.

☐ B. Disability benefits only.

☐ C. Paid family leave benefits only.

5. Policy covers:

☐ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.

☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed _____ By _____
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

| Telephone Number | Name and Title |
|------------------|----------------|
|------------------|----------------|

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is **COMPLETE**. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

**State of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

| Telephone Number | Name and Title |
|------------------|----------------|
|------------------|----------------|

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. **Insurance brokers are NOT authorized to issue this form.**



Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

Office of the State Comptroller
DIVISION OF PRE-AUDIT AND ACCOUNTING RECORDS
BUREAU OF STATE EXPENDITURES

New York State Labor Law, Section 220-a

Prime Contractor's Certification (AC 2947)

1. That I am an officer of _____
and am duly authorized to make this affidavit on behalf of the prime contractor on public contract
No. _____.
2. That I fully comprehend the terms and provisions of Section 220-a of the Labor Law.
3. That, except as herein stated, there are no amounts due and owing to or on behalf of laborers
employed on the project by the contractor. (Set forth any unpaid wages and supplements, if none,
so state).

Name

Amount

| | |
|--|--|
| | |
| | |
| | |

4. That the contractor hereby files every verified statement(s) required to be obtained by the
contractor from the subcontractor(s).
5. That, upon information and belief, except as stated herein, all laborers (exclusive of executive
or supervisory employees) employed on the project have been paid the prevailing wages and
supplements for their services through _____, (if more than one subcontractor
list name and date separately) the last day worked on the project by their subcontractor(s), (Set
forth any unpaid wages and supplements, if none, so state and utilize clause 5 (A)).

Name

Amount

| | |
|--|--|
| | |
| | |
| | |

- (5A) That the contractor has no knowledge of amounts owing to or on behalf of any laborers of its
subcontractor(s).

New York State Labor Law, Section 220-a

Prime Contractor's Certification (AC 2947) – page 2

6. In the event it is determined by the Commissioner of Labor that the wages or supplements or both of any such subcontractor(s) have not been paid or provided pursuant to the appropriate schedule of wages and supplements, then the contractor shall be responsible for payment of such wages and supplements pursuant to the provision of Section 223 of the Labor Law.

Signature

Print Name

Title

ACKNOWLEDGEMENT:

STATE OF NEW YORK
COUNTY OF _____: SS.:

On this _____ day of _____ 20_____

Before me personally came _____ to me
known and known to me to be the person described in and who executed for foregoing instrument
and acknowledged that she/he executed the same

Notary Public

County

If this affidavit is verified by an oath administered by a notary public in a foreign country other than Canada, it must be accompanied by a certificate authenticating the authority of the notary who administers the oath. (See CPLR 2309(c); Real Property Law, 311, 312).

Office of the State Comptroller
DIVISION OF PRE-AUDIT AND ACCOUNTING RECORDS
BUREAU OF STATE EXPENDITURES

New York State Labor Law, Section 220-a

Subcontractor's Certification (AC 2948)

1. That I am an officer of _____
a subcontractor on public contract No. _____ and I am
duly authorized to make this affidavit on behalf of the firm.
2. That I make this affidavit in order to comply with the provisions of Section 220-a of the Labor Law.
3. That on _____ we received from _____
the prime contractor a copy of the initial/revised schedule of wages and supplements
Prevailing Wage Schedule Case Number _____ (PRC) specified in the public
improvement contract.
4. That I have reviewed such schedule(s), and agree to pay the applicable prevailing wages and
to pay or provide the supplements specified therein.

Signature

Print Name

Title

ACKNOWLEDGEMENT:

STATE OF NEW YORK
COUNTY OF _____: SS.:

On this _____ day of _____, 20____
before me personally came _____ to me
known and known to me to be the person described in and who executed for foregoing instrument and
acknowledged that she/he executed the same.

Notary Public

County

If this affidavit is verified by an oath administered by a notary public in a foreign country other
than Canada, it must be accompanied by a certificate authenticating the authority of the notary who
administers the oath. (See CPLR 2309(c); Real Property Law, 311, 312).

Office of the State Comptroller
DIVISION OF PRE-AUDIT AND ACCOUNTING RECORDSD
BUREAU OF STATE EXPENDITURES

New York State Labor Law, Section 220-a

Sub-subcontractor's Certification (AC 2958)

1. That I am an officer of _____
a subcontractor to _____ a subcontractor
of _____, the prime contractor on public improvement
contract No. _____ and I am duly authorized to make this affidavit on behalf of the
firm.
2. That I make this affidavit in order to comply with the provisions of Section 220-a of the Labor Law.
3. That on _____ we received from _____
the (subcontractor of the) (contractor) a copy of the (initial) (revised) schedule of wages and
supplements Prevailing Rate Schedule Case Number _____ (PRC) specified in the public
improvement contract.
4. That I have reviewed such schedule(s), and agree to pay the applicable prevailing wages and
to pay or provide the supplements specified therein.

Signature

Print Name

Title

ACKNOWLEDGEMENT:

STATE OF NEW YORK
COUNTY OF _____ :SS.:

On this _____ day of _____ 20 _____ before me personally came
_____ to me
known and known to me to be the person described in and who executed for foregoing instrument
acknowledged that she/he executed the same.

Notary Public

County

If this affidavit is verified by an oath administered by a notary public in a foreign country other
than Canada, it must be accompanied by a certificate authenticating the authority of the notary who
administers the oath. (See CPLR 2309(c); Real Property Law, 311, 312).

Substitute W-9 and Vendor Information Form

We require completion of both the upper & lower portion of this document in its entirety.

Return to the requester indicated in the W-9 portion below.

| | | | |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|
| Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service | Request for Taxpayer Identification Number and Certification | | Give Form to the requester. Do not send to the IRS. |
| | ▶ Go to www.irs.gov/FormW9 for instructions and the latest information. | | |
| | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | | |
| | 2 Business name/disregarded entity name, if different from above | | |
| | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ | | |
| Print or type. See specific instructions on page 3. | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.) | | |
| | 5 Address (number, street, and apt. or suite no.) See instructions. | | |
| | 6 City, state, and ZIP code | | |
| | 7 List account number(s) here (optional) | | |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter. | Social security number [][]-[][]-[][][][][][] OR Employer identification number [][]-[][][][][][][][] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later. | Sign Here Signature of U.S. person ▶ Date ▶ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

| | | | |
|---------------------------------------------------|---------------------|---------|---------------------|
| VENDOR INFORMATION: Complete all fields | Phone # | Fax # | NY State Vendor ID# |
| | DUNS # | Website | |
| | Order Address | | |
| | Order Email address | | |
| | Remittance Address | | |

| | | | |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| CONTACT INFORMATION: Complete all fields | Name | Email | Phone |
| | (Individual authorized to represent the vendor and to maintain data housed in the NYS vendor database if edits to information are necessary i.e. change of address, etc.) | | |

| | | | | |
|-------------------------------------|--------------------------------------------------|---------------------------------------------------|--------------------------------------|---------------------------------------------|
| BUSINESS TYPE: Choose one | <input type="radio"/> Large (over 500 employees) | <input type="radio"/> Small (under 500 employees) | <input type="radio"/> Not-for-Profit | <input checked="" type="radio"/> Individual |
|-------------------------------------|--------------------------------------------------|---------------------------------------------------|--------------------------------------|---------------------------------------------|

| | | | |
|------------------------------------------------|------------------------------|---------------------------------------------------------------|------------------------|
| CLASSIFICATION: Check all that apply | Woman-owned | Veteran-owned | State Preferred Source |
| | NYS Certified Woman-owned | Service Disabled Veteran-owned | Disadvantaged |
| | Minority-owned | NYS Certified Service Disabled Veteran-owned | HUB Zone |
| | NYS Certified Minority-owned | Historically Black College/University or Minority Institution | |

Procurement Department

Instructions for Contractor's Payment Application

Please submit this completed checklist with your payment application.

All forms require original signatures, scanned copy to University is acceptable, DIGITAL signatures are not acceptable.

Monthly Payment:

- ☐ Contractor's Application and Certification for Payment **NOTARIZED** (7554-15.docx)
Labeled Project Number, Contract Number and Monthly Payment Number
- ☐ Certified Payrolls
- ☐ Proof of Completion of OSHA 10 Hour Safety Course for all workers not included in first payment application submittal, if applicable.
- ☐ Certification of OSHA 10 Hour Safety Course Training Statement of Compliance for all workers not included in first payment application submittal, if applicable.
- ☐ Monthly MWBE Compliance Report (7557-111.pdf), if applicable
- ☐ Monthly SDVOB Compliance Report (7564-111.pdf), if applicable
- ☐ Monthly EEO Workforce Utilization Report (7557-110.xlsx), if applicable

**Quarterly reports Due: June 30 (4/1-6/30), September 30 (7/1-9/30), December 31 (10/1-12/31),
March 31 (1/1-3/31)**

- ☐ Quarterly MWBE Compliance Report (7557-113.pdf), if applicable
- ☐ Quarterly SDVOB Compliance Report (7564-113.pdf), if applicable
- ☐ Quarterly EEO Workforce Utilization Report (7557-110.xlsx), if applicable

**FAILURE TO SUBMIT MWBE/EEO/SDVOB REPORTS WILL DELAY PROCESSING OF
PAYMENT APPLICATION**

Final Payment:

- ☐ All documents listed above plus the below items:
- ☐ Contractor's Application and Certification for Payment **NOTARIZED** (7554-15.docx)
Labeled Project Number, Contract Number and Final Number
- ☐ Prime Contractor's & Subcontractor's Certification Form (7554-13.docx) which includes AC2947, AC2948 & AC2958
AC2948 shall be given to all subcontractors and AC2958 to all sub-subcontractors prior to the start of the project. Completed forms including Contractor's AC2947 shall be submitted to the University with final payment application.
- ☐ Contractors Release **NOTARIZED** (7554-18.docx), from the prime contractor.

Send forms directly to: Project Manager and Contract Administrator at bid-contractspec@buffalo.edu

OR Mail to: University at Buffalo
Contract Administrator
224 Crofts Hall
Buffalo, New York 14260

**STATE UNIVERSITY OF NEW YORK
CONTRACTOR'S APPLICATION AND CERTIFICATION FOR PAYMENT**

Contractor/Payee Name and Address:

Application Date: ____/____/____

Project No.: _____

Contract No.: _____

Payment No.: _____

Period Ending: ____/____/____

Payment Type: ☐ monthly ☐ final

a. Original Contract Amount: \$ _____

b. Net Change by C.O. (+ / -)
(from Summary): \$ _____

c. Revised Contract Amount
(a +/- b): \$ _____

d. Total Earned to Date
(page 2, column 2 total): \$ _____

e. Minus Retainage @ 5%: \$ _____

f. Total Earned Minus
Retainage: \$ _____

g. Minus Total of Previous
Payments: \$ _____

h. Current Net Payment Due: \$ _____

Change Order Summary

| C.O. # | Date Apprv'd | Amount (+/-) |
|--------|----------------|--------------|
| _____ | ____/____/____ | \$ _____ |
| _____ | ____/____/____ | \$ _____ |
| _____ | ____/____/____ | \$ _____ |
| _____ | ____/____/____ | \$ _____ |
| _____ | ____/____/____ | \$ _____ |
| _____ | ____/____/____ | \$ _____ |

CONTRACTOR'S CERTIFICATION

I, _____ certify that I am the _____
(name) (title)

of the entity contracting to do the work bearing the above contract number and that I am authorized by that entity to render this application for payment against said contract. I further certify that this payment application is correct and just; that payment for the work of this application has not been received; that the contractor has complied with the applicable provisions of the Tax Law of the State of New York; and that all financial obligations covered by previous payments for materials and labor associated with this contract work have been paid.

_____/____/____ Sworn to before me this ____ day of _____, 19____
(Signature) (Date)

(Notary Public)

CONSULTANT CERTIFICATION

I, _____ certify that I am the _____
(name) (title)

furnishing general administration of the work described in this Contractor's Application for Payment and, that to the best of my knowledge and belief the material and labor stated herein have been furnished and the work properly performed in accordance with the contract documents, and that payment of this application can be made without detriment to the interest of the University.

_____/____/____
(Signature) (Date)

CAMPUS CERTIFICATION

The contents of this Application for Payment have
been reviewed and found to be correct.

_____/____/____
(Signature) (Date)

STATE UNIVERSITY OF NEW YORK

CONTRACTOR'S APPLICATION AND CERTIFICATION FOR PAYMENT

Contract No. _____ Payment No. _____

| Work Item | | 1 | 2 | 3 | 4 | 5 | 6 |
|-----------|-------------|--------------------|----------------------------------------|---------------------------------------|-----------------------------------|---------------------------------|------------------------------|
| No. | Description | Scheduled Value | Completed Work Previous Payments | Completed Work This Application | Materials Stored (not in 3) | Total To Date (2 + 3 + 4) | Balance To Finish (1 - |
| 5) | | | | | | | |

Statement of Compliance

Certification of OSHA 10-Hour Safety Course Training

I _____ do hereby state that all persons employed by _____ on this project, _____, have completed and are current on OSHA 10-Hour Safety Course Training. I certify that proof of completion documentation for all employees that have worked on the project is either attached to and included with the current Certified Payroll or was submitted with the Certified Payrolls for previous applications for payment. I understand that proof of completion consists of either a bona fide copy of the course completion card or documentation from the Certified Trainer pending the issuance of the course completion card.

Name: _____

Title: _____

Signature: _____

Date: _____

Is this a final Report? Check one.

Yes ☐

No ☐

MONTHLY MWBE COMPLIANCE REPORT

Contract No. _____

Campus Funded ☐

Campus Let ☐

The following information indicates the payment amounts made to the contractor by the State University of New York (SUNY) at _____ and payments made to the NYS certified MWBEs by the contractor on this project. The payments shown are in compliance with the documents for the above referenced contract.

Start Date _____

Contractor _____

Contract _____

Amount: _____

MBE Goal/Amount _____ % = _____

WBE Goal/Amount _____ % = _____

Projected Completion Date _____

Contract #/Description _____

Paid to Contractor this Quarter _____

Total Paid to Contractor to Date _____

Actual Completion Date _____

Month being Reported (enter below)

| M/WBE Subcontractor/Vendor | Product Code* | Work Status This Report | Total Subcontractor Contract Amount | | Payments This Month | | Previous Payments | | Total Payments Made to Date | |
|---------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------|-----|---------------------|-----|-------------------|-----|-----------------------------|-----|
| | | | MBE | WBE | MBE | WBE | MBE | WBE | MBE | WBE |
| Name: FED ID #: Invoice #: Invoice Date: | | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | | | | | |
| Name: FED ID #: Invoice #: Invoice Date: | | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | | | | | |
| Name: FED ID #: Invoice #: Invoice Date: | | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | | | | | |
| Name: FED ID #: Invoice #: Invoice Date: | | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | | | | | |
| Name: FED ID #: Invoice #: Invoice Date: | | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | | | | | |

Documentation of previous Quarter's payments to M/WBE Subcontractors/Vendors has been received by SUNY: YES ☐ NO ☐

* See Reserve Side for Product Codes.

MWBE Form 111

Name & Title

Signature

Date

PRODUCT KEY CODE

| | | |
|-----|---|------------------------------------------------------------------------------------------------------------------------------------------------|
| A | = | Agriculture/Landscaping (e.g., all forms of landscaping services) |
| B | = | Mining (e.g., geological investigation) |
| C | = | Construction |
| C15 | = | Building Construction - General Contractors |
| C16 | = | Heavy Construction (e.g., highway, pipe laying) |
| C17 | = | Special Trade Contractors (e.g., plumbing, heating, electrical, carpentry) |
| D | = | Manufacturing |
| E | = | Transportation, Communication and Sanitary Services (e.g., delivery services, warehousing, broadcasting and cable systems) |
| F/G | = | Wholesale/Retail Goods (e.g., gavel, hospital supplies and equipment, food stores, computer stores, office supplies) |
| G52 | = | Construction Materials (e.g., lumber, paint, law supplies) |
| | = | Financial, Insurance and Real Estate Services |
| | = | Services |
| I73 | = | Business Services (e.g., copying, advertising, secretarial, janitorial, rental services of equipment, computer programming, security services) |
| I80 | = | Health Services |
| I81 | | Legal Services |
| I82 | | Educations Services (e.g., AIDS education, automobile safety, tutoring, public speaking). |
| I83 | | Social Services (Counselors, vocational training, child care). |
| I87 | | Engineering, architectural, accounting, research, management and related services. |

Is this a final Report? Check one.

Yes ☐

No ☐

QUARTERLY MWBE COMPLIANCE REPORT

Contract No. _____

Campus Funded ☐

Campus Let ☐

The following information indicates the payment amounts made to the contractor by the State University of New York (SUNY) at _____ and payments made to the NYS certified MWBEs by the contractor on this project. The payments shown are in compliance with the documents for the above referenced contract.

Start Date _____

Contractor _____

Contract _____

Amount: _____

MBE Goal/Amount _____ % = _____

WBE Goal/Amount _____ % = _____

Projected Completion Date _____

Contract #/Description _____

Paid to Contractor this Quarter _____

Total Paid to Contractor to Date _____

Actual Completion Date _____

Quarter being Reported (check one)

☐ 1st Quarter (April 1 – June 30)

☐ 2nd Quarter (July 1 – September 30)

☐ 3rd Quarter (October 1 – December 31)

☐ 4th Quarter (January 1 – March 31)

| M/WBE Subcontractor/Vendor | Product Code* | Work Status This Report | Total Subcontractor Contract Amount | | Payments This Quarter | | Previous Payments | | Total Payments Made to Date | |
|---------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------|-----|-----------------------|-----|-------------------|-----|-----------------------------|-----|
| | | | MBE | WBE | MBE | WBE | MBE | WBE | MBE | WBE |
| Name: FED ID #: Invoice #: Invoice Date: | | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | | | | | |
| Name: FED ID #: Invoice #: Invoice Date: | | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | | | | | |
| Name: FED ID #: Invoice #: Invoice Date: | | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | | | | | |
| Name: FED ID #: Invoice #: Invoice Date: | | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | | | | | |
| Name: FED ID #: Invoice #: Invoice Date: | | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | | | | | |

Documentation of previous Quarter's payments to M/WBE Subcontractors/Vendors has been received by SUNY: YES ☐ NO ☐

* See Reserve Side for Product Codes.

MWBE Form 113

Name & Title

Signature

Date

PRODUCT KEY CODE

| | | |
|-----|---|------------------------------------------------------------------------------------------------------------------------------------------------|
| A | = | Agriculture/Landscaping (e.g., all forms of landscaping services) |
| B | = | Mining (e.g., geological investigation) |
| C | = | Construction |
| C15 | = | Building Construction - General Contractors |
| C16 | = | Heavy Construction (e.g., highway, pipe laying) |
| C17 | = | Special Trade Contractors (e.g., plumbing, heating, electrical, carpentry) |
| D | = | Manufacturing |
| E | = | Transportation, Communication and Sanitary Services (e.g., delivery services, warehousing, broadcasting and cable systems) |
| F/G | = | Wholesale/Retail Goods (e.g., gavel, hospital supplies and equipment, food stores, computer stores, office supplies) |
| G52 | = | Construction Materials (e.g., lumber, paint, law supplies) |
| | = | Financial, Insurance and Real Estate Services |
| | = | Services |
| I73 | = | Business Services (e.g., copying, advertising, secretarial, janitorial, rental services of equipment, computer programming, security services) |
| I80 | = | Health Services |
| I81 | | Legal Services |
| I82 | | Educations Services (e.g., AIDS education, automobile safety, tutoring, public speaking). |
| I83 | | Social Services (Counselors, vocational training, child care). |
| I87 | | Engineering, architectural, accounting, research, management and related services. |

Is this a final Report? Check one.

Yes ☐

No ☐

MONTHLY SDVOB COMPLIANCE REPORT

Contract No. _____

Campus Funded ☐

Campus Let ☐

The following information indicates the payment amounts made to the contractor by the State University of New York (SUNY) at _____ and payments made to the NYS certified SDVOB by the contractor on this project. The payments shown are in compliance with the documents for the above referenced contract.

Start Date _____

Projected Completion Date _____

Actual Completion Date _____

Contractor _____

Contract #/Description _____

Month being Reported (enter below)

Contract _____

Paid to Contractor this Quarter _____

Amount: _____

Total Paid to Contractor to Date _____

SDVOB Goal/Amount _____ % = _____

| SDVOB Subcontractor/Vendor | Product Code* | Work Status This Report | Total Subcontractor Contract Amount | Payments This Month | Previous Payments | Total Payments Made to Date |
|---------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------|-------------------|-----------------------------|
| Name: FED ID #: Invoice #: Invoice Date: | | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | |
| Name: FED ID #: Invoice #: Invoice Date: | | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | |
| Name: FED ID #: Invoice #: Invoice Date: | | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | |
| Name: FED ID #: Invoice #: Invoice Date: | | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | |
| Name: FED ID #: Invoice #: Invoice Date: | | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | |

Documentation of previous Quarter's payments to SDVOB Subcontractors/Vendors has been received by SUNY: YES ☐ NO ☐

* See Reserve Side for Product Codes.

Name & Title

Signature

Date

PRODUCT KEY CODE

| | | |
|-----|---|------------------------------------------------------------------------------------------------------------------------------------------------|
| A | = | Agriculture/Lanscaping (e.g., all forms of landscaping services) |
| B | = | Mining (e.g., geological investigation) |
| C | = | Construction |
| C15 | = | Building Construction - General Contractors |
| C16 | = | Heavy Construction (e.g., highway, pipe laying) |
| C17 | = | Special Trade Contractors (e.g., plumbing, heating, electrical, carpentry) |
| D | = | Manufacturing |
| E | = | Transportation, Communication and Sanitary Services (e.g., delivery services, warehousing, broadcasting and cable systems) |
| F/G | = | Wholesale/Retail Goods (e.g., gavel, hospital supplies and equipment, food stores, computer stores, office supplies) |
| G52 | = | Construction Materials (e.g., lumber, paint, law supplies) |
| | = | Financial, Insurance and Real Estate Services |
| | = | Services |
| I73 | = | Business Services (e.g., copying, advertising, secretarial, janitorial, rental services of equipment, computer programming, security services) |
| I80 | = | Health Services |
| I81 | | Legal Services |
| I82 | | Educations Services (e.g., AIDS education, automobile safety, tutoring, public speaking). |
| I83 | | Social Services (Counselors, vocational training, child care). |
| I87 | | Engineering, architectural, accounting, research, management and related services. |

Is this a final Report? Check one.

Yes ☐

No ☐

QUARTERLY SDVOB COMPLIANCE REPORT

Contract No. _____

Campus Funded ☐

Campus Let ☐

The following information indicates the payment amounts made to the contractor by the State University of New York (SUNY) at _____ and payments made to the NYS certified SDVOB by the contractor on this project. The payments shown are in compliance with the documents for the above referenced contract.

Start Date _____

Contractor _____

Contract _____

Amount: _____

SDVOB Goal/Amount _____ % = _____

Projected Completion Date _____

Contract #/Description _____

Paid to Contractor this Quarter _____

Total Paid to Contractor to Date _____

Actual Completion Date _____

Quarter being Reported (check one)

☐ 1st Quarter (April 1 – June 30)

☐ 2nd Quarter (July 1 – September 30)

☐ 3rd Quarter (October 1 – December 31)

☐ 4th Quarter (January 1 – March 31)

| SDVOB Subcontractor/Vendor | Product Code* | Work Status This Report | Total Subcontractor Contract Amount | Payments This Quarter | Previous Payments | Total Payments Made to Date |
|---------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------|-------------------|-----------------------------|
| | | | SDVOB | SDVOB | SDVOB | SDVOB |
| Name: FED ID #: Invoice #: Invoice Date: | | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | |
| Name: FED ID #: Invoice #: Invoice Date: | | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | |
| Name: FED ID #: Invoice #: Invoice Date: | | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | |
| Name: FED ID #: Invoice #: Invoice Date: | | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | |
| Name: FED ID #: Invoice #: Invoice Date: | | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | |

Documentation of previous Quarter's payments to SDVOB Subcontractors/Vendors has been received by SUNY: YES ☐ NO ☐

* See Reserve Side for Product Codes.

Name & Title

Signature

Date

PRODUCT KEY CODE

| | | |
|-----|---|------------------------------------------------------------------------------------------------------------------------------------------------|
| A | = | Agriculture/Landscaping (e.g., all forms of landscaping services) |
| B | = | Mining (e.g., geological investigation) |
| C | = | Construction |
| C15 | = | Building Construction - General Contractors |
| C16 | = | Heavy Construction (e.g., highway, pipe laying) |
| C17 | = | Special Trade Contractors (e.g., plumbing, heating, electrical, carpentry) |
| D | = | Manufacturing |
| E | = | Transportation, Communication and Sanitary Services (e.g., delivery services, warehousing, broadcasting and cable systems) |
| F/G | = | Wholesale/Retail Goods (e.g., gavel, hospital supplies and equipment, food stores, computer stores, office supplies) |
| G52 | = | Construction Materials (e.g., lumber, paint, law supplies) |
| | = | Financial, Insurance and Real Estate Services |
| | = | Services |
| I73 | = | Business Services (e.g., copying, advertising, secretarial, janitorial, rental services of equipment, computer programming, security services) |
| I80 | = | Health Services |
| I81 | | Legal Services |
| I82 | | Educations Services (e.g., AIDS education, automobile safety, tutoring, public speaking). |
| I83 | | Social Services (Counselors, vocational training, child care). |
| I87 | | Engineering, architectural, accounting, research, management and related services. |