

**SOUTH NASSAU COMMUNITIES HOSPITAL
REQUEST FOR PROPOSALS (#4276 SNCH2017-PEMS)**

FOR

**PROFESSIONAL ENGINEERING AND PROJECT MANAGERIAL CONSULTATIVE SERVICES TO
SUPPORT SNCH IN OUR PROJECT AND PROGRAM MANAGEMENT NEEDS**

I. INTRODUCTION

A. Invitation and Introduction

South Nassau Communities Hospital, One Healthy Way, Oceanside NY ("SNCH"), is broadcasting a Request for Proposals ("RFP") from qualified professional engineering and project management consulting firms.

Following the devastating effects of Super Storm Sandy (FEMA-DR-4085-NY) to the City of New York and the Long Island community to include Nassau County, SNCH became the recipient of a capped grant administered by the Federal Emergency Management Agency ("FEMA") through the Public Assistance ("PA") Program.

SNCH is seeking to retain the engineering and project management services from qualified consulting firms ("The Consultant") for the purpose of assisting in effectively and efficiently managing the scope of work/services as highlighted in the approved FEMA Project worksheet and the Alternative Use Plan.

B. General Information

The following provisions are applicable to this RFP:

- SNCH is by no means obligated to reimburse any of the responding firms for any expenses incurred in the preparation of proposals in response to this RFP.
- All inquiries pertaining to this RFP must be in writing or by email and addressed to SNCH's Assistant Vice President of Design Development and Construction, Andrew Triolo- Andrew.Triolo@snch.org or 609 Merrick Road, Rockville Center, NY 11570.
- To be considered a participating firm- copies of your proposal must be received by **SNCH's Design Development and Construction Department at 609 Merrick Road, Rockville Center, New York 11570** on or before Thursday March 23rd, 2017 by 2:00 p.m. EST. SNCH reserves the right to reject any or all of the proposals submitted.
- At SNCH's discretion, consulting firms submitting proposals may be requested to make oral presentations as part of the evaluation process; oral presentations will be scheduled with each proposer being considered.
- In the course of the evaluation process, SNCH reserves the right, where it may serve the hospital's best interest, to request additional information or clarification from a proposer, or to allow corrections on non-material errors or omissions or waive non-material requirements.

- SNCH reserves the right to retain all submitted proposals and use any ideas in a proposal regardless of whether that proposal is selected.
- Submissions of a proposal indicates acceptance by the firm of the conditions contained in this RFP, unless clearly and specifically noted in the proposal submitted and confirmed in the contract between SNCH and the selected consulting firm.
- It is anticipated that the selection of the consulting firm be completed by Friday April 21st, 2017. Upon the selection and notification to the selected consulting firm, a retainer agreement between SNCH and the awarded consulting firm will be executed.
- SNCH reserves the right, as best serves its interest, to change any of the projected dates set forth in this RFP, including but not limited to the due date for receipt of the proposals.
- SNCH reserves the right to reject all proposals as it deems fit in the best interest of the hospital.

C. Subcontracting

Proposed consulting firms are allowed to sub-contract accordingly, as SNCH seeks to meet the policies, rules, guidelines and requirements set forth by CDBG HUD / CDBG DR Grant Funding sources.

II. DESCRIPTION OF SERVICES REQUIRED

A. Program Management Services

Program Specific Services

- Consultant shall have demonstrated Integrated Project Delivery (IPD) experience.
- Consultant will act as the lead in Core Team setup and alignment specific to the Southwest (SW) Addition, Emergency Department expansion and renovation projects development and construction. State Environmental Quality Reassurance Act (SEQRA) strategy and respective team leadership is inclusive. The Consultant will lead regular SEQRA team meetings as needed.
- Consultant will act as the lead on all procurement activities associated with selection and development of project delivery teams for all Master Facility Plan (MFP) projects.
- Consultant will act as the lead in Core Team meetings with members of the Project Delivery Team for the purpose of continually assessing the MFP status and to ensure conformity with project costs, schedule, and performance goals. Consultant will prepare, maintain and distribute Core Team Meeting Agendas and Last Planner System (LPS) action lists for all projects.
- Consultant will develop and update additional project milestone schedules for SEQRA and NY State Department of Health Certificate of Need (CON) submission(s) specific to Master Plan Projects at both campuses.
- Consultant will aid in the compilation and submission of CON data.
- Consultant will maintain a master program budget summary developed in the project launch phase that captures all projects identified as part of the MFP.
- Consultant will maintain and regularly update the previously developed Project Launch Strategy documents and CON Strategy documents to include preferred project delivery method for multiple projects, sequencing schedule updates, and project cash flow projections throughout the project.

- Consultant will update and maintain a complete Project Listing, assisting with the assessment of current and upcoming project needs as it relates to scope, schedule, budget and manpower.
- Consultant will assist in preparation and participate in Board and/or Committee presentations as necessary.
- Consultant will provide a monthly Project Status Report (PSR) outlining schedule and financial progress of active projects identified as part of the MFP.
- Consultant will support South Nassau Communities Hospital (SNCH) Department of Design, Development and Construction (DD&C) in the evaluation of departmental organizational structure as it relates to execution of the MFP projects, and continue to provide PM staff support and training as determined by Consultant and DD&C AVP.
- Consultant will work with DD&C and their FEMA consultants to assess, develop, and monitor FEMA and HUD delivery and procurement strategies.
- Consultant will work with DD&C consultants to develop feasibility studies for the Long Beach Medical Arts Pavilion (MAP). Consultant will manage the development of the MAP project.
- Consultant will continue to assist with the development and maintenance of annual *CIP (Capital Improvement Plan)* Budgets.
- Consultant must comply with all applicable Federal laws, regulations, executive orders, and FEMA requirements.

Project Controls Services

Consultant will provide project controls duties as specifically described below in support of South Nassau Communities Hospital DD&C Office Manager and future Project Controls Manager. Consultant shall have a high level of demonstrated experience in the e-Builder project/program management electronic platform.

- Budget Control duties include the development of initial project budgets with respective Project Managers and assistance with project scope development. Subcontractor and vendor proposals will be reviewed as needed in support of overall project budget controls and accurate reporting.
- Budget Control focus will be thorough document storage and organization while adhering to departmental standards within e-Builder. All relevant project data (drawings, contracts, purchase orders, etc.) will be saved digitally – each project having a standard folder structure.
- Consultant will assist SNCH e-Builder administrators with training and other established standard project management processes and procedures within the department for existing personnel and any new DD&C hires.
- Consultant will assist the Project Controls Coordinator and the department with the monitoring of all project cost summaries within e-Builder on a regular basis for confirmation of status and accuracy in relation to the current level of project completion.
- Consultant will develop documents and systems through e-Builder Enterprise to provide an annual all projects cost summary document for reporting to Administration, and re-establish regular monthly reconciliations of all projects between SNCH Finance Department and e-Builder.

- Consultant will prepare bi-weekly dashboard reports of the most pertinent projects which include summaries of approved and current budgets, current commitments, projected over / under and target completion dates.

III. PROJECT DESCRIPTION

SNCH became the recipient of a capped grant administered by FEMA as a result of Super Storm Sandy following the purchase of assets from the Long Beach Medical Center in Long Beach, NY. As a result of this unique opportunity, SNCH is seeking a highly qualified consulting firm to assist in effectively and efficiently administering the complexities of the project and program management procedures, based on the project and the scope of work approved by FEMA. These projects include:

- The Southwest Addition to include Electrical Infrastructure Upgrades and expansion to a Central Utility Plant. The four-story, 58,000-square-foot Southwest Addition is part of a multi-phased expansion and renovation project that will double the size of the Emergency Department, update and add operating rooms and critical care beds.



Rendering of the Southwest Addition

Cost Estimate

Scope	Cost Estimate
Construction, Building and Site	\$86,000,000
Infrastructure	\$30,000,000
Central Utility Plant	\$14,000,000
Total Conceptual Cost Estimate	\$130,000,000

- The Long Beach Medical Arts Pavilion. The 56,000-square-foot Long Beach Medical Arts Pavilion will feature an expanded free-standing Emergency Department designed to accommodate 12,000 to 18,000 patient visits per year. The Pavilion is to be housed in remaining portions of the former Long Beach Medical Center, known as the Main Building and West Building. The structures will undergo a complete renovation and be transformed into a technologically advanced medical facility designed to serve the medical needs of Long Beach residents for years to come.



Rendering of the Long Beach Medical Art Pavilion

Cost Estimate

Scope	Cost Estimate
Construction, Building and Site	\$30,900,000
Design and Administrative Fees	\$3,900,000
Furniture, Fixtures, Equipment and Technology	\$5,200,000
Total Conceptual Cost Estimate	\$40,000,000

IV. COST ESTIMATE

The overall costs an estimated budget for the project at both locations, equates to roughly \$170,000,000. This amount also includes \$4,000,000 in CBDG-HUD funding allocated on towards the Long Beach Medical Arts Pavilion project.

Project Management Generic Services

Phase I: Project Launch Phase Services

- Consultant will serve as Client Advisor in the areas of project planning, execution, and monitoring.
- In conjunction with Client leadership, Consultant will conduct a Project Delivery – Strategic Readiness Assessment session to establish overall Project goals, objectives and expectations which typically include Project budget, schedule, guiding design principles, Project Delivery Team member selection parameters and process, reporting and communication expectations, responsibility and approval levels of authority and the completion of a Project gap analysis.
- Consultant will facilitate the organization of a Facilities Planning Committee (FPC) and conduct and coordinate meetings of the FPC. Consultant will develop the agenda, maintain critical issue logs and prepare the minutes for the FPC meetings.
- Consultant will work with Client's A/E Design Team and support their efforts in the development of the Operational and Functional Space programs for the Project. Consultant will provide a review of programs to ensure that programs are consistent with the scope of the Project as stated in the completed master facility master plans, the projected volume and capacity assumptions are contained therein, and are consistent with prudent planning standards.
- Consultant will develop and maintain a preliminary Master Program Schedule to include organization, design, preconstruction, construction, and occupancy and close-out activities. Schedule will also incorporate proposed phasing plan for the Project, once those details are better defined.
- Consultant will develop and maintain a preliminary Master Program Budget for the Project. The Master Program Budget is intended to capture costs of the Project, serve as a reporting tool and enable control of Project costs. This Master Program Budget will become the initial Project cost model.
- Consultant will participate in Board or Committee presentations as necessary to provide updates as to the Project status.
- Consultant will prepare and submit to Client a Monthly Project Status Summary report that provides an executive overview of the status of the Project with a focus on the schedule, budget, and key issues requiring action to keep the Project moving forward.
- Consultant will assist Client as required in the development of a strategy, coordination and schedule for the submission of the Certificate of Need (CON) application, if any.
- Consultant will assist Client in matters pertaining to regulatory approval of the Project.
- Consultant will assist Client with the development of the most appropriate method of construction delivery including evaluation of options and associated potential impact on Client's objectives.
- Consultant will assist Client in its selection of the Project Delivery Team members to include, A/E Design Team (architect, MEP engineers, structural engineer, civil engineer, interior designer), construction manager, medical equipment planner, technology planner, food services consultant, commissioning agent, special inspectors, and any other consultants necessary, including development of RFQ, RFP, analysis of proposals, managing the interview process and development of recommendations for selections.

- In conjunction with Client's legal counsel, the Consultant will assist in the development of proposed agreements with the members of the Project Delivery Team. Consultant will assist Client in the negotiation of final agreements.
- Consultant will review applications for payment by Client submitted by the architect, engineers, consultants, contractors, vendors, etc., and provide recommendations for revisions of payment. Consultant will track commitments and expenditures related to the Project.
- In conjunction with Client, Consultant will develop a Project staffing plan for subsequent phases of the Project.
- Consultant will assist Client in the development of Project Implementation Plan if required for submission to the Hospital Board. This package will include: proposed phasing for the Project, master program budget, master program schedule and next steps necessary to implement the delivery of the Project.

Phase II: Design and Preconstruction Phase

- Consultant will continue to serve as Client Advisor in the areas of Project planning, execution, and monitoring.
- Consultant will provide Project Management personnel as required to meet the demands of the Project and assist in the coordination of the activities of the Project Delivery Team.
- Consultant will continue to maintain the Master Program Schedule and Master Program Budget developed in the Project Launch Phase.
- Consultant will monitor Project cost and schedule issues related to Project financing and cash flow requirements.
- Consultant will coordinate interaction and decision-making among Client and the Project Delivery Team.
- Consultant will participate in Board or Committee presentations as necessary to provide updates as to the Project status.
- Consultant will prepare and submit to Client a monthly Project Status Summary providing an executive overview of the schedule and financial posture of the Project. The Project Status Summary will address key issues requiring action, description of the design status as well as schedule and budget updates.
- Consultant will facilitate a design and preconstruction kick-off meeting with Client, the architect, the construction manager, and any other key members of the Project Delivery Team to establish lines of communication, document distribution requirements, composition and meeting schedules for User Groups and review any other administrative processes necessary to complete this phase of the Project.
- Consultant will lead regularly scheduled Project meetings with members of the Project Delivery Team for the purpose of continually assessing the Project status and to ensure conformity with Project costs, schedule, and performance goals. Consultant will prepare, maintain and distribute an updated Project Major Decision/ Issues/Action Log.

- Consultant will review the applications for payment submitted by the architect, engineers, consultants, contractors, vendors, etc., and provide recommendations for revisions and/or payment.
- Consultant will assist Client in matters pertaining to regulatory acceptance, zoning issues, and occupancy.
- Consultant will assist in an analysis of contractor and subcontractor bid proposals and assist the Project Delivery Team in the development of final construction pricing and a final contract sum.
- Consultant will work with Client's legal counsel in the development of the appropriate form of Owner-Construction Manager Agreement.

Phase III: Construction & Occupancy Phase Services

- Consultant will provide Project Management personnel as required to meet the demands of the Project. Consultant will serve as Client's advisor in coordinating the activities of the Project Delivery Team providing overall team leadership. In addition, Client will provide an on-site administrative secretary to handle the Project-related correspondence and associated paperwork.
- Consultant will lead regularly scheduled Project meetings with members of the Project Delivery Team for the purpose of continually assessing the Project status and to ensure conformity with Project costs, schedule, and performance goals. Consultant will prepare, maintain and distribute an updated Project Major Decision/ Issues/Action Log.
- Consultant will monitor the ongoing construction effort, focusing on conformity with Project costs and scheduled goals.
- Consultant will review applications for payment submitted by the architect, consultants, contractor, vendor, etc., and make recommendations for revisions and/or payment.
- Consultant will prepare and submit to Client a Monthly Project Status Summary providing an executive overview of the schedule and financial position of the Project.
- Consultant will review change proposal requests submitted by the contractor and make recommendations for revision or approval.
- Consultant will assist in Client's interaction with the appropriate governing authorities relative to construction issues, inspections, etc.
- Consultant will assist with move and occupancy activities. This includes the facilitation of the creation of a Move Transition Team and the development of a Move/Occupancy Checklist to serve as a coordinating document establishing responsibilities and timelines for the parties associated with move and occupancy.

Phase IV: Post Occupancy and Close-Out Phase

- Consultant will monitor the completion of Project closeout activities including submittal of operations manuals, warranties, as-built drawings, and final lien releases.
- Consultant will assist Client with coordination with appropriate governing authorities relative to closing out construction issues, final inspections and the other matters related to the final closeout of the Project.

- Consultant will assist Client in ensuring punch list items are completed in an acceptable manner.
- Consultant will coordinate the proper completion and execution of certificates of substantial and final completion.
- Consultant will assist Client in closing out Project related contracts including final payments and release of any retainage being held.
- Consultant will assist Client with the completion of final Project cost reconciliation.

V. PROPOSAL PROCESS AND EVALUATION

A. Evaluation and Selection Process

SNCH will review proposals and select the proposal that offers the best value and reserves the right to award the contract to other than the lowest priced offeror. Should SNCH decide that oral presentations of qualified proposals would assist the selection process, SNCH will notify all proposers invited to make these presentations. All proposers will be notified of SNCH's selection as soon as is practicable. Upon the selection of the successful proposing firm, a contract for consulting services will be executed. All contents of the selected proposal, in conjunction with this RFP, and any formal questions and answers provided during the proposal process, may be incorporated into the final contract at the discretion of SNCH.

B. Selection Criteria

The evaluation of proposals will be conducted in conformance with pre-established criteria. The evaluation criteria are listed in order of importance as follows:

- 1.0 Current and past experience and performance in providing the required scope of services highlighted in the Program and Project Management Services section above.
- 2.0 Probable responsiveness of the project team to South Nassau Communities Hospital, including capabilities and availability of financial and technical resources as submitted in the response.
- 3.0 Proposed ramp-up schedule to get acclimated with current SNCH needs based on the project timeline along with the mandatory needs of FEMA, GOSR and HUD.
- 4.0 Contractor integrity, history of past performance, and evaluation of personnel to be assigned to this project, based in part on references from similar clients with completed project containing the same scope of services.
- 5.0 Proposed fee and rate structure for requested services with a 'not-to-exceed amount'. The fee must consist of expected billable hourly labor rates for each person assigned to the project.
- 6.0 FEMA related experience.
- 7.0 Completeness of proposals in responding to the information requested in the format outlined.
- 8.0 MWBE Status.

VI. PROPOSAL REQUIREMENTS

Each responding firm to this RFP shall submit no later than the submission deadline date and time in a sealed package containing the following items:

1. A complete proposal package to include (50 page count limit):
 - a) Cover Letter / title page
 - b) Firm's summary
 - c) Statement of qualifications
 - d) Similar project experiences
 - e) Client references
 - f) Proposed scope of services
 - g) Key Personnel (with resume's) and complete staffing plan
 - h) Proof of not belonging to any Federal or State debarment lists
 - i) Fee proposal
 - j) Appendices (as needed)
 - k) One (1) flash drive containing the complete proposal
2. Inquiries – Any additional explanation required by responding firms to this RFP, must be requested in writing and received by SNCH on or before Wednesday March 1st, 2017. SNCH's team will evaluate the need to respond to inquiries and no oral responses will be provided; in addition any responses given to a prospective proposer, will be furnished to all prospective proposers as an addendum to the RFP. All inquiries must be directed ONLY to:

Andy Triolo
AVP Design, Development and Construction
South Nassau Communities Hospital
609 Merrick Road
Rockville Center, NY 11570

E-mail: Andrew.Triolo@snch.org

Important Dates / Schedule of Events

RFP Advertising Release -	02/13/2017
Questions / Additional Inquiries Due -	03/01/2017
Response to Questions -	03/08/2017
Proposals Due -	03/23/2017
Potential Interviews / Oral Presentations -	04/10/2017 thru 04/14/2017
Award Notification -	04/21/2017

*** All responses to Questions / Additional Inquiries will be posted on www.southnassau.org/fema/ ***

ATTACHMENT A

PRICE PROPOSAL

Provide a description of the costs and fees that will be charged to the Hospital by you for the proposed services, this price proposal must include a 'not-to-exceed' amount for proposed services:

The undersigned further stipulates that the information in this attachment is, to the best of its knowledge, true and accurate.

Signature

Sworn to and subscribed on

Name of Proposer

This _____ day of _____, 20____

Title of Person Signing

(Notary Public)

ATTACHMENT B

BIDDER'S QUALIFICATION STATEMENT

INSTRUCTIONS:

The Bidder's Qualifications Statement consists of the following documents:

1. Statement of Understanding;
2. Disclosure Form;
3. Non-collusive Bidding Certification;
4. Certification of Insurance (*to be completed by an authorized insurance agent*); and
5. Acknowledgement of Receipt of Addenda Form.

Please complete **ALL** forms and submit with the Bid/Proposal.

THE HOSPITAL RETAINS THE ABSOLUTE RIGHT TO REJECT ANY BID/PROPOSAL THAT FAILS TO INCLUDE COMPLETE AND ACCURATE ORIGINALS OF ALL FOUR FORMS INCLUDING ALL APPROPRIATE ACKNOWLEDGMENT(S) AND BEARING THE SIGNATURE OF A NOTARY PUBLIC.

STATEMENT OF UNDERSTANDING

By signing in the allotted spaces provided below, the undersigned certifies, under penalty of perjury as follows:

- a) That he/she has read and understands all terms and conditions pursuant to this proposal/bid including but not limited to the bid documents, bid specifications, general conditions and proposal/bid prices hereto.
- b) That he/she has the capacity to and will abide by all terms and conditions pursuant to this proposal/bid including but not limited to the bid documents, bid specifications, general conditions and proposal/bid prices hereto.
- c) The person submitting is duly authorized to submit this proposal/bid on behalf of the below listed company/partnership/corporation/sole proprietorship.
- d) That he/she certified that his/her company/partnership/corporation/sole proprietorship will carry all the necessary types of insurance specified in the contract.
- e) That he/she will furnish any and all items upon which prices are bid at the price set forth for each item bid with a CASH DISCOUNT OR _____% IF ANY.
- f) That he/she will, if his/her company/partnership/corporation/sole proprietorship is accepted, will enter into a contract with South Nassau Communities Hospital pursuant to the terms and conditions set forth in the proposal/bid documents, proposal/bid specifications, general conditions and the proposal/bid prices.
- g) Is the response provided, compliant with the instructions set forth in this solicitation for proposals/bids?

YES ☐

NO ☐

The undersigned further stipulates that the information in the Proposal is to the best of its knowledge, true and accurate.

Signature

Sworn to and subscribed on

this ____ day of _____, 20____

Name of Bidder

Title of Person Signing

(Notary Public)

DISCLOSURE FORM

The signatory of this questionnaire certifies under oath the truth and correctness of all statements and of all answers to interrogatories hereinafter made.

Provide answers and supporting documentation (where necessary) to each of the following:

1. **Adverse Equal Opportunity Determination:** Identify all adverse determinations against your company/partnership/corporation/sole proprietorship, or its employees or persons acting on its behalf, with respect to actions, proceedings, claims or complaints concerning violations of Federal, State or Municipal equal opportunity laws or regulations.
2. **Convictions and Unscrupulous Practice:** Has your company/partnership/corporation/sole proprietorship, or any of its employees present or past, or anyone acting on its behalf, ever been cited for unscrupulous practice, or been convicted of any crime or offense arising directly from conduct of your company/partnership/corporation/sole proprietorship's business, or has any of your company/partnership/corporation/sole proprietorship's officers, directors or persons exercising substantial policy discretion ever been convicted of an crime or offense involving business/financial misconduct or fraud? If so, describe the convictions and surrounding circumstances in detail. If your company/partnership/corporation/sole proprietorship on any State or Federal debarment list?
3. **Pending or Threatened Actions/Suits:** Describe any past or present action, suit, proceeding or investigation pending or threatened against your company/partnership/corporation/sole proprietorship including, without limitation, any proceeding known to be contemplated by government authorities, private parties or current or former clients.
4. **Criminal Misconduct:** Has your company/partnership/corporation/sole proprietorship or any of its employees , or anyone acting on its behalf, been indicted or otherwise charged in connection with any criminal matter arising directly or indirectly from the conduct of your company/partnership/corporation/sole proprietorship's business which is still pending, or has any of the company/partnership/corporation/sole proprietorship's officers, directors or persons exercising substantial policy discretion been indicted or otherwise charged in connection with any criminal matter involving business or financial misconduct or fraud which is still pending? If so, describe the indictments or charges and surrounding circumstances in detail.
5. **Survey Forgery (If Applicable):** Has your company/partnership/corporation/sole proprietorship or any of its employees present or past or anyone acting on its behalf, ever signed and sealed surveys for which your company/partnership/corporation/sole proprietorship has not actively participated in the production thereof: or been investigated by the New York Department of State for such activity? If so, describe the circumstances in detail.

6. **Conflicts of Interest:** Disclose any of the following, and describe any procedures your company/partnership/corporation/sole proprietorship or would adopt to ensure the Hospital a conflict of interest would not exist in the future:
- a. Any material financial relationships that your company/partnership/corporation/sole proprietorship or any company/partnership/corporation/sole proprietorship employee has that may create a conflict of interest or the appearance of a conflict of interest in contracting with or representing the Hospital.
 - b. Any family relationship that any employee of your company/partnership/corporation/sole proprietorship has with a member, employee, or official of the Hospital or that may create a conflict of interest or the appearance of a conflict of interest in contracting with the Hospital.
 - c. Any other matter that your company/partnership/corporation/sole proprietorship believes may create a conflict of interest in contracting with or representing the Hospital.
7. **Financial Disclosure:** Submit with this Disclosure Statement Form, any one of the following three items:
- a. A financial statement prepared on an accrual basis in a form which clearly indicates: Bidder's (I) assets, liabilities and net worth; (II) date of financial statement; and (III) name of firm preparing statement.
 - b. A letter of credit reference from a recognized bank or financial institution; or
 - c. A certified copy of a credit report from a recognized credit bureau such as Dun and Bradstreet or TRW.

THE HOSPITAL RETAINS THE ABSOLUTE RIGHT TO REJECT ANY BID/PROPOSAL THAT FAILS TO INCLUDE A COMPLETE DISCLOSURE STATEMENT FORM

Dated on _____, this _____ day of _____, 20_____.

(Signature, if individual)

By: _____

(Seal if corporation)

(Signature)

Print Name: _____

(Legal Business Name of company/partnership/corporation/sole proprietorship)

Print Title: _____

MANDATORY AFFIDAVIT(S) AND ACKNOWLEDGMENT

(Affidavit for Individual)

_____ being duly sworn, deposes and says, under penalty of perjury, that: a) he/she is an authorized representative of the Bidder/Proposer; b) he/she has read all statements and answers to this DISCLOSURE STATEMENT FORM, including the attached letter of credit/certified copy of credit report or financial statement submitted pursuant to interrogatory number 7 Financial Disclosure; c) the attached letter of credit/certified copy of credit report or financial statement, taken from his/her books, is a true and accurate statement of his/her financial condition as of the date thereof; and b) all of the foregoing qualification information is true, complete, and accurate.

(Affidavit for Partnership)

_____ being duly sworn, deposes and says, under penalty of perjury, that: a) he/she is a member of the partnership of _____, b) he/she has read all statements and answers this DISCLOSURE STATEMENT FORM, including the attached letter of credit/certified copy of credit report or financial statement submitted pursuant to interrogatory number 7 Financial Disclosure; c) he/she is familiar with the books of said partnership showing its financial condition; c) the attached letter of credit/certified copy of credit report or financial statement, taken from the books of said partnership, is a true and accurate statement of the financial condition of the partnership as of the date thereof; and d) all of the foregoing qualification information is true, complete and accurate.

(Affidavit for Corporation)

_____ being duly sworn, deposes and says, under penalty of perjury, that: a) he/she is _____ of _____ (Full Legal Name of Corporation); b) he/she has read all statements and answers this DISCLOSURE STATEMENT FORM, including the attached letter of credit/certified copy of credit report or financial statement submitted pursuant to interrogatory number 7 Financial Disclosure; c) he/she is familiar with the books of said corporation showing its financial condition; c) the attached letter of credit/certified copy of credit report or financial statement, taken from the books of said corporation, is a true and accurate statement of the financial condition of said corporation as of the date thereof; and d) that all of the foregoing qualification information is true, complete and accurate.

(Acknowledgement)

_____ being duly sworn, deposes and says, under penalty of perjury, that he/she is _____ of _____ (Name of Bidder) that he/she is duly authorized to make the foregoing affidavit and that he/she makes it on behalf of () himself/herself: () said partnership; () said corporation.

Sworn to before me this _____ day of _____, 20____, in the

County of _____, State of _____.

_____ My commissioner expires: _____
(Notary Public)

NONCOLLUSIVE BIDDING 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 to the best of knowledge and belief:

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

I, hereby certify under the penalties of perjury that the foregoing statement is true.

By:

Bidder's Signature

Date

Print Name

Title

Legal Name of Individual or Business Name of
Company/Partnership/Corporation

Bidder's Federal Tax Identification # (Do Not Use SS#)

Address

Email Address

(Acknowledgment for Individual)

STATE OF

ss.:

COUNTY OF

On _____, 20____ before me personally came _____ to me known, and known to me to be the individual(s) described in, and who executed the foregoing NONCOLLUSIVE BIDDING CERTIFICATION, and duly acknowledged to me that s/he executed the same.

My commission expires: _____

(Notary Public)

(Acknowledgment for Partnership)

STATE OF

ss.:

COUNTY OF

On _____, 20____ before me personally came _____ to me known, who, by me duly sworn, did depose and say that deponent resides at _____; that deponent is a member of the partnership described in and which executed the foregoing NONCOLLUSIVE BIDDING CERTIFICATION; deponent is authorized to sign the foregoing NONCOLLUSIVE BIDDING CERTIFICATION.

My commission expires: _____

(Notary Public)

(Acknowledgement for Corporation)

STATE OF

ss.:

COUNTY OF

On _____, 20____ before me personally came _____
to me known, who, by me duly sworn, did depose and say that deponent resides
at _____ that deponent is the _____ of the corporation
described in, and which executed the foregoing NONCOLLUSIVE BIDDING CERTIFICATION, that deponent
knows the seal of the corporation, that the seal affixed to the NONCOLLUSIVE BIDDING CERTIFICATION,
is the corporate seal, that it was affixed by order of the board of _____ the
corporation; and that deponent signed deponent's name by like order.

_____ My commission expires: _____

(Notary Public)

INSURANCE CERTIFICATION

TO BE COMPLETED BY AN AUTHORIZED INSURANCE AGENT

INSTRUCTIONS:

Please complete this Insurance Certification and attach copies of proof of insurance as follows:

- (a) Worker's Compensation:** Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 57 (2) evidencing proof of workers' compensation insurance *or* proof of Bidder not being required to secure same.
- (b) Disability Benefits Insurance:** Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 220 evidencing proof of disability benefits insurance *or* proof of Bidder not being required to secure same.

This form and all supporting documentation must be submitted with this Bid/Proposal even if said information is on-file with the Hospital in connection with another bid, project or contract.

(Name and Address of Bidder)

Name of Bid: _____ Bid Number: _____

(1) Worker's Compensation:

Insurance Carrier: _____ Policy Number(s): _____

(2) The above insurance is effective with New York State admitted insurance companies, and is 'A' rated or equivalent to A rated.

(3) Policy cancellation or non-renewal shall be effective only upon thirty (30) days prior notice by certified mail to:

***South Nassau Communities Hospital, Attn. Mark Bogen, Chief Financial Officer, One Healthy Way,
Oceanside, New York 11572***

Authorized Insurance Agent's Signature and Title:

Name, Insurance Affiliation and Address:

_____ Dated _____

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA FORM

The bidder hereby acknowledges that he/she has received and that he/she has considered in the preparation of his/her bids, all requirements in the following Addenda to this Bid/Proposal/Contract:

Note: This acknowledgement shall be signed by the person executing the Statement of Understanding. Insert additional pages, as necessary.

ADDENDUM NUMBER	DATE OF ADDENDUM	ACKNOWLEDGEMENT

☐ **NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS BID/PROPOSAL/CONTRACT.**

ACKNOWLEDGEMENT:

IMPORTANT NOTICE:

THIS FORM MUST BE COMPLETED AND SUBMITTED BY ALL BIDDERS. IF NO ADDENDA ARE RECEIVED, CHECK THE "NO ADDENDUM" BOX ABOVE AND SIGN THE ACKNOWLEDGMENT.

THE HOSPITAL RETAINS THE ABSOLUTE RIGHT TO REJECT ANY BID/PROPOSAL THAT FAILS TO INCLUDE THIS ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA FORM