

ANDREW M. CUOMO Governor ANTHONY J. ANNUCCI
Acting Commissioner

### Addendum #1 September 18, 2020 IFB 2020-21 – Aubagio (Central Pharmacy)

The following are official modifications which are hereby incorporated into IFB 2020-21 – Aubagio (Central Pharmacy). The information contained in this addendum prevails over the original IFB language for all amendments below, deleted language appears in strikethrough ("xxx") and added language appears in bold underline ("xxx").

- Cover Page, "E-mail or Facsimile Bid Submissions are NOT Acceptable" Due to COVID 19, DOCCS will accept either an electronic or hard copy bid submission for this IFB/Solicitation.
- 2. Page 3 Individual, Corporation, Partnership or LLC Acknowledgement, Notary Public Registration No. The notary requirement for this bid is removed.
- 3. Page 4, Section 1 Completed Bid Signature Page (Pages 2-3), box 4. Individual, Corporation, Partnership, or LLC Acknowledgement (must be notarized) The notary requirement for this bid is removed.
- 4. Page 4, Section 3, One electronic copy of all documents in PDF format on an electronic medium (i.e. USB flash drive, CD, etc. (Page 5) Any bidder choosing to submit a hard copy bid response can elect NOT to include an electronic submission as well.
- 6. Page 5, Section 2 Bid Submission

When submitting your bid, please submit complete original bid package, including all bidder questions and required certifications. You are not required to return Appendix A and Appendix B to this office. You may keep all those pages for your own reference. In addition to the original hard copy bid submission, please include one electronic copy of all documents in PDF format on an electronic medium (i.e. USB Flash drive, CD, etc.) - Due to COVID 19, DOCCS will accept either an electronic or hard copy bid submission for this IFB/Solicitation. The electronic bid submission must be signed (via a wet signature and not via e-signature), scanned and sent to: Shannon.houst@doccs.ny.gov and DOCCSContracts@doccs.ny.gov.

Hard copy bid submission: Any bidder choosing to submit a hard copy bid response may still do so and can elect NOT to include an electronic submission as well.

Note: In the event that a Vendor submits both a hard copy and an electronic copy with a wet signature, the original hardcopy will prevail.

### 7. Page 5, Section 3 – Bid Delivery

Bidders assume all risk for timely, properly submitted deliveries. Bids are due Wednesday, October 14, 2020 at 3:00 p.m EST. Bidders are strongly encouraged to arrange for delivery of bids to Support Operations prior to the date of the bid opening. LATE BIDS may be rejected. E-mail bid submissions are not acceptable and will not be considered.

Electronic bid submissions must be signed (via a wet signature and not via esignature), scanned and sent to: Shannon.houst@Doccs.ny.gov and DOCCSContracts@doccs.ny.gov.

A confirmation of receipt will be sent. If not received, contact: (518) 436-7886 Ext. 3135.

### **DOCCS** does not accept any responsibility for:

- 1. incomplete bid submissions;
- 2. technical issues;
- 3. lost or undeliverable electronic submissions;
- 4. or undeliverable confirmation of receipt.

It is recommended that in order to meet the bid submission deadline and receive confirmation of bid receipt that electronic bid submissions be submitted no later than 1:00 PM on October 14, 2020.

Bid Envelopes (applies to hardcopy submission only).

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- 8. Appendix B clause 8. BID SUBMISSION "All Hardcopy Bids are to be packaged,..."
- 9. Inclusion of Appendix C.

Print Name and Title

Date

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ORTANT NOTE: This addendum	n <i>must</i> be signed and returned with your bid.
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Applicants should monitor the following Web sites for posted updates or information:

NYS Contract Reporter: <a href="http://www.nyscr.ny.gov">http://www.nyscr.ny.gov</a> and NYS DOCCS' Web site: <a href="https://doccs.ny.gov/procurement-opportunities">https://doccs.ny.gov/procurement-opportunities</a>

### <u>PARTICIPATION BY MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES:</u> REQUIREMENTS AND PROCEDURES

### I. General Provisions

- A. The Department of Corrections and Community Supervision (hereinafter referred to as "DOCCS") is required to implement the provisions of New York State Executive Law Article 15-A and Parts 140-145 of Title 5 of the New York Codes, Rules and Regulations ("NYCRR") for all State contracts, as defined therein, with a value (1) in excess of \$25,000 for labor, services, equipment, materials, or any combination of the foregoing or (2) in excess of \$100,000 for real property renovations and construction.
- B. The contractor to the subject contract (the "Contractor" and the "Contract," respectively) agrees, in addition to any other nondiscrimination provision of the Contract and at no additional cost to "DOCCS, to fully comply and cooperate with DOCCS in the implementation of New York State Executive Law Article 15-A and the regulations promulgated thereunder. These requirements include equal employment opportunities for minority group members and women ("EEO") and contracting opportunities for New York State-certified minority and women-owned business enterprises ("MWBEs"). The Contractor's demonstration of "good faith efforts" pursuant to 5 NYCRR § 142.8 shall be a part of these requirements. These provisions shall be deemed supplementary to, and not in lieu of, the nondiscrimination provisions required by New York State Executive Law Article 15 (the "Human Rights Law") and other applicable federal, state, and local laws.
- C. Failure to comply with all of the requirements herein may result in a finding of non-responsiveness, non-responsibility and/or a breach of contract, leading to the assessment of liquidated damages pursuant to Section VII of this Appendix and such other remedies are available to DOCCS pursuant to the Contract and applicable law.

### **II. Contract Goals**

- A. For purposes of this Contract, DOCCS hereby establishes an overall goal of zero <u>0</u> percent for New York State-certified Minority Owned Business Enterprise ("MBE") participation and zero <u>0</u> percent for New York State-certified Women-Owned Business Enterprise ("WBE") participation (based on the current availability of MBEs and WBEs).
- B. For purposes of providing meaningful participation by MWBEs on the Contract and achieving the MWBE Contract Goals established in Section II-A hereof, the Contractor should reference the directory of MWBEs at the following internet address: <a href="https://ny.newnycontracts.com">https://ny.newnycontracts.com</a>.

Additionally, the Contractor is encouraged to contact the Division of Minority and Women's Business Development at (212) 803-2414 to discuss additional methods of maximizing participation by MWBEs on the Contract.

- C. The Contractor understands that only sums paid to MWBEs for the performance of a commercially useful function, as that term is defined in 5 NYCRR § 140.1, may be applied towards the achievement of the applicable MWBE participation goal.
  - The portion of a contract with an MWBE serving as a broker that shall be deemed to represent the commercially useful function performed by the MWBE shall be 25 percent of the total value of the contract.
- D. The Contractor must document "good faith efforts," pursuant to 5 NYCRR § 142.8, to provide meaningful participation by MWBEs as subcontractors and suppliers in the performance of the Contract. Such documentation shall include, but not necessarily be limited to:
  - 1. Evidence of outreach to MWBEs;
  - 2. Any responses by MWBEs to the Contractor's outreach;
  - 3. Copies of advertisements for participation by MWBEs in appropriate general circulation, trade, and minority or women-oriented publications;
  - 4. The dates of attendance at any pre-bid, pre-award, or other meetings, if any, scheduled by DOCCS with MWBEs; and,
  - 5. Information describing specific steps undertaken by the Contractor to reasonably structure the Contract scope of work to maximize opportunities for MWBE participation.

### **III.** Equal Employment Opportunity ("EEO")

- A. The provisions of Article 15-A of the Executive Law and the rules and regulations promulgated thereunder pertaining to equal employment opportunities for minority group members and women shall apply to the Contract.
- B. In performing the Contract, the Contractor shall:
  - 1. Ensure that each contractor and subcontractor performing work on the Contract shall undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, EEO shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation.
  - 2. The Contractor shall submit an EEO policy statement to DOCCS within seventy-two (72) hours after the date of the notice by DOCCS to award the Contract to the Contractor.
  - 3. If the Contractor, or any of its subcontractors, does not have an existing EEO policy statement, DOCCS may require the Contractor or subcontractor to adopt a model statement (see Form Equal Employment Opportunity Policy Statement).
  - 4. The Contractor's EEO policy statement shall include the following language:

- a. The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability, or marital status, will undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force.
- b. The Contractor shall state in all solicitations or advertisements for employees that, in the performance of the contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.
- c. The Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union, or representative will not discriminate on the basis of race, creed, color, national origin, sex age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
- d. The Contractor will include the provisions of Subdivisions (a) through (c) of this Subsection 4 and Paragraph "E" of this Section III, which provides for relevant provisions of the Human Rights Law, in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the Contract.

### C. Form EEO 100 - Staffing Plan

To ensure compliance with this Section, the Contractor shall submit a staffing plan to document the composition of the proposed workforce to be utilized in the performance of the Contract by the specified categories listed, including ethnic background, gender, and Federal occupational categories. The Contractor shall complete the staffing plan form and submit it as part of their bid or proposal or within a reasonable time, as directed by DOCCS.

### D. Form EEO-1 - Workforce Utilization Report

- 1. The Contractor shall submit a Workforce Utilization Report, and shall require each of its subcontractors to submit a Workforce Utilization Report, in such form as shall be required by DOCCS on a QUARTERLY (non-construction) or MONTHLY (construction) basis during the term of the Contract.
- 2. Separate forms shall be completed by the Contractor and any subcontractors.
- 3. Pursuant to Executive Order #162, contractors and subcontractors are also required to report the gross wages paid to each of their employees for the work performed by such employees on the contract on a quarterly basis.
- E. The Contractor shall comply with the provisions of the Human Rights Law, and all other State and Federal statutory and constitutional non-discrimination provisions. The Contractor and its subcontractors shall not discriminate against any employee or applicant

for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

### IV. MWBE Utilization Plan

- A. The Contractor represents and warrants that the Contractor has submitted an MWBE Utilization Plan, or shall submit an MWBE Utilization Plan at such time as shall be required by DOCCS, through the New York State Contract System ("NYSCS"), which can be viewed at https://ny.newnycontracts.com, provided, however, that the Contractor may arrange to provide such evidence via a non-electronic method to DOCCS, either prior to, or at the time of, the execution of the contract.
- B. The Contractor agrees to adhere to such MWBE Utilization Plan in the performance of the Contract.
- C. The Contractor further agrees that failure to submit and/or adhere to such MWBE Utilization Plan shall constitute a material breach of the terms of the Contract. Upon the occurrence of such a material breach, DOCCS shall be entitled to any remedy provided herein, including but not limited to, a finding that the Contractor is non-responsive.

### V. Waivers

- A. If the Contractor, after making good faith efforts, is unable to achieve the MWBE Contract Goals stated herein, the Contractor may submit a request for a waiver through the NYSCS, or a non-electronic method provided by DOCCS. Such waiver request must be supported by evidence of the Contractor's good faith efforts to achieve the maximum feasible MWBE participation towards the applicable MWBE Contract Goals. If the documentation included with the waiver request is complete, DOCCS shall evaluate the request and issue a written notice of approval or denial within twenty (20) business days of receipt.
- B. If DOCCS, upon review of the MWBE Utilization Plan, quarterly or monthly MWBE Contractor Compliance Reports described in Section VI, or any other relevant information, determines that the Contractor is failing or refusing to comply with the MWBE Contract Goals, and no waiver has been issued in regards to such non-compliance, DOCCS may issue a notice of deficiency to the Contractor. The Contractor must respond to the notice of deficiency within seven (7) business days of receipt. Such response may include a request for partial or total waiver of MWBE Contract Goals.

### VI. Quarterly/Monthly MWBE Contractor Compliance Report

The Contractor is required to submit a quarterly (non-construction) or monthly (construction) MWBE Contractor Compliance Report through the NYSCS, provided, however, that the Contractor may arrange to provide such report via a non-electronic method to DOCCS by the 10<sup>th</sup> day following the end of each quarter or month as applicable during the term of the Contract.

### **VII. Liquidated Damages - MWBE Participation**

- A. Where DOCCS determines that the Contractor is not in compliance with the requirements of this Appendix and the Contractor refuses to comply with such requirements, or if the Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals, the Contractor shall be obligated to pay to DOCCS liquidated damages.
- B. Such liquidated damages shall be calculated as an amount equaling the difference between:
  - 1. All sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and
  - 2. All sums actually paid to MWBEs for work performed or materials supplied under the Contract.
- C. In the event a determination has been made which requires the payment of liquidated damages and such identified sums have not been withheld by DOCCS, the Contractor shall pay such liquidated damages to DOCCS within sixty (60) days after they are assessed. Provided, however, that if the Contractor has filed a complaint with the Director of the Division of Minority and Women's Business Development pursuant to 5 NYCRR § 142.12, liquidated damages shall be payable only in the event of a determination adverse to the Contractor following the complaint process.

## MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

### M/WBE AND EEO POLICY STATEMENT

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is designated as the Minority Business En	nterprise Liaison
(Name of Designated Liaison)	neiprise Braison
responsible for administering the Minority and Women-Owned Business Enterpris Opportunity (M/WBE-EEO) program.	es- Equal Employment
M/WBE Contract Goals	
percent Minority and Women's Business Enterprise Participation	
percent Minority Business Enterprise Participation	
percent Women's Business Enterprise Participation	
(Authorized Representative)	
Title:	
Date:	

### NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

# EEO STAFFING PLAN

			(1	EQUAL EMPLO	YMENT OPPO	ORTUNITY)					
SUBMIT WITH BID OR	PROPOS	SAL									
Solicitation No.:		Contractors Subcontractors	or		Contractor's	s workforce to be s total workforce ctor's workforce to	utilized on this contract				
Contractor/Subcontractor	actor's N	ame:				Submit complete		ce Community Supervisi	on		
Contractor/Subcontractor	actor's A	ddress:			-	The Harriman S	State Campus	rocurement Unit			
FEIN:				hone NO.:		1220 Washington Ave Albany, NY 12226					
Enter the total number of	of employe	es for eac	h classifica	ition.	1						
EEO Job -Category	Total		orce by nder			Workforce b Race/Ethnic Identi					
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EEO Job -Category	Total	orce by nder		Workforce by Race/Ethnic Identification												
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			(M)	(F)									(M)	(F)	(M)	(F)
Executive/Senior Level Officials & Managers																
First/Mid Level Officials & Managers																
Professionals																
Technicians																
Sales Workers																
Administrative Support Workers																
Craft Workers																
Operatives																

									REV	IEWED BY	<b>'</b> :				DATE:		
NAME AND TITLE OF PRE	EPARER	(Print or Ty	pe):						FOR AGENCY USE ONLY								
							E-MA	IL ADDR	DRESS:								
PREPARED BY (Signature): TELEPHONE N								NO.: DATE:						•			
Totals																	
Service Workers																	
Laborers and Helpers																	

General instructions: All Offerors must complete an EEO Staffing Plan (EEO 100) and submit it as part of the bid or proposal package to the address provided. Where the workforce to be utilized in the performance of the State contract can be separated out from the Contractor's total workforce, the Offeror shall complete this form only for the anticipated workforce to be utilized on the State contract. Where the workforce to be utilized in the performance of the State contract cannot be separated out from the Contractor's total workforce, the Offeror shall complete this form for the Contractor's current total workforce. Subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "work") except where the "work" is for the beneficial use of the Contractor must complete this form upon request of DOCCS.

### Instructions for completing:

- 1. Enter the Solicitation Number that this report applies to along with the name and address of the Offeror.
- 2. Check off the appropriate box to indicate if the Offeror completing the report is the Contractor or a Subcontractor.
- 3. Check off the appropriate box to indicate type of workforce being reported.
- 4. Enter the total workforce by EEO job category.
- 5. Break down the total workforce by gender and enter under the heading "Workforce by Gender."
- 6. Break down the total workforce by race/ethnic background and enter under the heading "Workforce by Race/Ethnic Identification."
- 7. Enter the name, title, phone number, and E-mail address for the person completing the form. Sign and date the form in the designated boxes.

### **RACE/ETHNIC IDENTIFICATION**

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

WHITE - (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**BLACK** – (Not of Hispanic origin) A person who has origins in any of the black racial groups of Africa.

HISPANIC or LATINO - All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race ASIAN & PACIFIC ISLANDER - All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.

**AMERICAN INDIAN or ALASKAN NATIVE -** A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community recognition.

#### **OTHER CATEGORIES**

- DISABLED INDIVIDUAL Any person who:
  - Has a physical or mental impairment that substantially limits one or more major life activity (ies)
  - Has a record of such an impairment; or
  - Is regarded as having such impairment.
- **VETERAN** An individual who served in the military during time of war.

## **CONTRACTOR CERTIFICATION FORMS**

(Pursuant to Section 5-A of the Tax Law)

### Form ST-220-TD (4 pages)

If filing with the Department of Taxation& Finance for the first time, or previously submitted information needs to be updated, this form must be completed, signed and submitted directly to the Department of Taxation and Finance.

### Form available at:

http://www.tax.ny.gov/pdf/current\_forms/st/st220td\_fill\_in.pdf

### Form ST-220-CA (2 pages)

Regardless of whether ST-220-TD is being filed/updated for this bid or not, this form must be completed, signed and returned to DOCCS.

### Form available at:

http://www.tax.ny.gov/pdf/current\_forms/st/st220ca\_fill\_in.pdf



New York State Department of Taxation and Finance

## Contractor Certification to Covered Agency

ST-220-

(Pursuant to Section 5-a of the Tax Law, as amended, effective April 26, 2006)

For information, consult Publication 223, Questions and Answers Concerning Tax Law Section 5-a (see Need Help? on back).

Contractor name					For covered agency use only Contract number or description
Contractor's principal place of business		City	State	ZIP code	Contract number of description
Contractor's mailing address (if different that	an above)				Estimated contract value over the full term of contract (but not
Contractor's federal employer identification	rom contractor's EIN)	including renewals)			
Contractor's telephone number	Covered agenc	cy name			Ψ
Covered agency address					Covered agency telephone number
, (name) of the above-named contractor, the hat: (Mark an <b>X</b> in only one box)		-	der penalty of perjury,		(title)
The contractor has filed Form ST contractor's knowledge, the information of the contractor of the cont		•			th this contract and, to the best c
The contractor has previously file	ed Form ST-220	-TD with the Tax	Department in connecti		ert contract number or description)
and, to the best of the contractor as of the current date, and thus t	•	•	-	ly filed Form ST	• ,
Sworn to this day of	, 20				
(sign before a not	ary public)			(tit	le)

### Instructions

### General information

Tax Law section 5-a was amended, effective April 26, 2006. On or after that date, in all cases where a contract is subject to Tax Law section 5-a, a contractor must file (1) Form ST-220-CA, Contractor Certification to Covered Agency, with a covered agency, and (2) Form ST-220-TD with the Tax Department before a contract may take effect. The circumstances when a contract is subject to section 5-a are listed in Publication 223, Q&A 3. See Need help? for more information on how to obtain this publication. In addition, a contractor must file a new Form ST-220-CA with a covered agency before an existing contract with such agency may be renewed.

Note: Form ST-220-CA must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 2 of this form must be completed before a notary public.

### When to complete this form

As set forth in Publication 223, a contract is subject to section 5-a, and you must make the required certification(s), if:

- i. The procuring entity is a covered agency within the meaning of the statute (see Publication 223, Q&A 5);
- ii. The contractor is a contractor within the meaning of the statute (see Publication 223, Q&A 6); and
- iii. The contract is a contract within the meaning of the statute. This is the case when it (a) has a value in excess of \$100,000 and (b) is a contract for commodities or services, as such terms are defined for purposes of the statute (see Publication 223, Q&A 8 and 9).

Furthermore, the procuring entity must have begun the solicitation to purchase on or after January 1, 2005, and the resulting contract must have been awarded, amended, extended, renewed, or assigned on or after April 26, 2006 (the effective date of the section 5-a amendments).

	SS::  OF }  Index of in the year 20, before me personally appeared, note to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that as at, and further that:  In the appropriate box and complete the accompanying statement.]  Individual): _he executed the foregoing instrument in his/her name and on his/her own behalf.  In the appropriation is the, the corporation described in said instrument; that, by authority of the Board corporation; _he is authorized to execute the foregoing instrument on behalf of the corporation for eas set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on of said corporation as the act and deed of said corporation.  In the partnership described in said instrument; that, by the terms of said iship, _he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said.
On	the day of in the year 20, before me personally appeared,
kno _h	own to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that ne resides at,
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	ate of; and further that:
[Ma	ark an $m{X}$ in the appropriate box and complete the accompanying statement.]
	(If an individual): _he executed the foregoing instrument in his/her name and on his/her own behalf.
	(If a corporation): _he is the
	of
	(If a partnership): _he is a
	of, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.
	(If a limited liability company): _he is a duly authorized member of, LLC, the limited liability company described in said instrument; that _he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited

### **Privacy notification**

Notary Public

Registration No.

liability company.

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

### Need help?



Visit our Web site at www.tax.ny.gov

- get information and manage your taxes online
- · check for new online services and features

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### Telephone assistance

Sales Tax Information Center: (518) 485-2889

To order forms and publications: (518) 457-5431

**Text Telephone (TTY) Hotline** (for persons with hearing and speech disabilities using a TTY): (518) 485-5082

Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.



Department of Taxation and Finance

### **Contractor Certification**

(Pursuant to Tax Law Section 5-a, as amended, effective April 26, 2006)

ST-220-TD

For information, consult Publication 223, Questions and Answers Concerning Tax Law Section 5-a (see Need help? below).

Contractor name			
Contractor's principal place of business	City	State	ZIP code
Contractor's mailing address (if different than above)	City	State	ZIP code
Contractor's federal employer identification number (EIN)	Contractor's sales tax ID number (i	f different from contractor's EIN)	Contractor's telephone number ( )
Covered agency or state agency	Contract number or description		Covered agency telephone number ( )
Covered agency address	City	State	ZIP code
Is the estimated contract value over the full term of the con Yes Unknown at this time	tract (but not including renewals) mo	re than \$100,000?	

#### General information

Tax Law section 5-a, as amended, effective April 26, 2006, requires certain contractors awarded certain state contracts valued at more than \$100,000 to certify to the Tax Department that they are registered to collect New York State and local sales and compensating use taxes, if they made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000, measured over a specified period. In addition, contractors must certify to the Tax Department that each affiliate and subcontractor exceeding such sales threshold during a specified period is registered to collect New York State and local sales and compensating use taxes. Contractors must also file Form ST-220-CA, Contractor Certification to Covered Agency, certifying to the procuring state entity that they filed Form ST-220-TD with the Tax Department and that the information contained on Form ST-220-TD is correct and complete as of the date they file Form ST-220-CA.

All sections must be completed including all fields on the top of this page, all sections on page 2, Schedule A on page 3, if applicable, and *Individual, Corporation, Partnership, or LLC Acknowledgement* on page 4. If you do not complete these areas, the form will be returned to you for completion.

For more detailed information regarding this form and Tax Law section 5-a, see Publication 223, Questions and Answers Concerning Tax Law Section 5-a, (as amended, effective April 26, 2006). See Need help? for more information on how to obtain this publication.

**Note:** Form ST-220-TD must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 4 of this form must be completed before a notary public.

Mail completed form to:

NYS TAX DEPARTMENT DATA ENTRY SECTION W A HARRIMAN CAMPUS ALBANY NY 12227-0826

#### **Privacy notification**

New York State Law requires all government agencies that maintain a system of records to provide notification of the legal authority for any request, the principal purpose(s) for which the information is to be collected, and where it will be maintained. To view this information, visit our Web site, or, if you do not have Internet access, call and request Publication 54, *Privacy Notification*. See *Need help?* for the Web address and telephone number.

### Need help?



Visit our Web site at www.tax.ny.gov

- get information and manage your taxes online
- · check for new online services and features

**T** 

#### Telephone assistance

Sales Tax Information Center: (518) 485-2889

To order forms and publications: (518) 457-5431

**Text Telephone (TTY) Hotline** (for persons with hearing and speech disabilities using a TTY): (518) 485-5082

Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.

Sworn to this\_\_\_\_day of \_\_\_\_\_\_ , 20 \_\_\_\_

•
To the best of the contractor's knowledge, the contractor has one or more subcontractors having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to Tax Law sections 1134 and 1253. The contractor has listed each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.

☐ To the best of the contractor's knowledge, the contractor has one or more subcontractors, and each subcontractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

(sign before a notary public)	

## Schedule A – Listing of each entity (contractor, affiliate, or subcontractor) exceeding \$300,000 cumulative sales threshold

List the contractor, or affiliate, or subcontractor in Schedule A only if such entity exceeded the \$300,000 cumulative sales threshold during the specified sales tax guarters. See directions below. For more information, see Publication 223.

A Relationship to contractor	B Name	C Address	D Federal ID number	E Sales tax ID number	F Registration in progress
Contractor					

- Column A Enter **C** in column A if the contractor; **A** if an affiliate of the contractor; or **S** if a subcontractor.
- Column B Name If the entity is a corporation or limited liability company, enter the exact legal name as registered with the NY Department of State, if applicable. If the entity is a partnership or sole proprietor, enter the name of the partnership and each partner's given name, or the given name(s) of the owner(s), as applicable. If the entity has a different DBA (doing business as) name, enter that name as well.
- Column C Address Enter the street address of the entity's principal place of business. Do not enter a PO box.
- Column D ID number Enter the federal employer identification number (EIN) assigned to the entity. If the entity is an individual, enter the social security number of that person.
- Column E Sales tax ID number Enter only if different from federal EIN in column D.
- Column F If applicable, enter an X if the entity has submitted Form DTF-17 to the Tax Department but has not received its certificate of authority as of the date of this certification.

Registration No. \_\_\_\_\_

### Individual, Corporation, Partnership, or LLC Acknowledgment

individual, Corporation, Farthersing, of EEG Acknowledgment
STATE OF } : SS.:
COUNTY OF }
On the day of in the year 20 , before me personally appeared ,
known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that
_ he resides at ,  Town of ,
County of
State of; and further that:
(Mark an <b>X</b> in the appropriate box and complete the accompanying statement.)
☐ (If an individual): _he executed the foregoing instrument in his/her name and on his/her own behalf.
☐ (If a corporation): _he is the
of, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.
☐ (If a partnership): _he is a
of, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.
☐ (If a limited liability company): _he is a duly authorized member of
LLC, the limited liability company described in said instrument; that _he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.
Notary Public