



**Request for Proposals (RFP)**  
**For Marketing Services**

RFP Release Date: May 13, 2026

Pre-Bid RFI's: May 26, 2026

RFP Submissions Due: June 16, 2026

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**Section 1. Albany Convention Center Authority background**

The Albany Convention Center Authority, (ACCA), a public benefit corporation created by Chapter 468 of the Laws of New York of 2004, Title 28-BB of the Public Authorities Law of the State of New York, an equal opportunity affirmative action New York State employer is seeking proposals from qualified **Strategic Marketing and Communications Advisor** firms to assist the ACCA in developing and implementing a complete strategic communications and marketing plan in support of a positive image for the Authority and the Albany Capital Center to fulfill its vision locally, regionally, and nationally.

The ACCA was established in 2004 by the NYS Legislature, which recognized the economic and social benefits of a convention center and related facilities in downtown Albany. Along with our community partners, we promote Albany’s rich historical significance, its stature as the seat of state government and strong hospitality offerings. Our efforts attract business and leisure travelers, which provides significant fiscal and community gains to the entire Capital Region.

Since its inception, the ACCA has overseen and enabled the original construction and operation of the \$78 million Albany Capital Center and is now embarking on a \$55 million expansion to State Street. The Albany Capital Center has been responsible for bringing in hundreds of thousands of new visitors to downtown Albany and the greater Capital Region as well as generating hundreds of millions in economic impact. Please see the following website link for details of the Albany Capital Center’s economic impact to date: [2025 Economic Impact](#)

**Section 2. Overview**

ACCA invites proposals for comprehensive Marketing Services. This RFP is issued by the ACCA and targets qualified marketing firms or agencies with expertise in marketing, digital media, public relations, and advertising.

The selected contractor will work closely with the ACCA and the operator of the Albany Capital Center, functioning as an extension of its team. Their responsibilities will include marketing, advertising, and public relations related to the work of the authority and the Albany Capital Center to fulfill its mission and purpose. The contractor must be capable of delivering high-quality work within tight deadlines and work both on local and national scales. The selected contractor will also have experience working within the economic development and/or tourism sectors. While the Albany Capital Center is consistently performing at or above projections and is regularly attracting new business to Albany and the Capital Region, in addition to maintaining our local messaging and reputation, the ACCA is also seeking to develop broader strategies to capture business of a regional and national type that has typically by-passed this area.

The terms of the agreement will be mutually determined and finalized before the contract is signed.

The scope of work also encompasses a thorough evaluation of ACCA's current marketing processes. This includes analyzing the performance of digital media campaigns, assessing analytic software processes, and setting ongoing goals. The ACCA expects the agency to proficiently handle large-scale digital media campaigns, including analytics and creative asset management, to enhance overall marketing effectiveness.

### **Section 3. Offeror Information**

Please be advised, all Offerors MUST address the complete scope of the work. Partial responses cannot be accepted or evaluated. Each response must be prepared and submitted in accordance with the instructions.

1. **Intent to Bid:** All Offerors must notify Monica Kurzejeski at: [mkurzejeski@accany.com](mailto:mkurzejeski@accany.com) of their intent to bid and provide their contact information to receive Request for Information ("RFI") responses and any updates.
2. **Pre-Bid RFI's:** To allow the ACCA the opportunity to respond to Pre-response RFI's, the deadline for Pre-Bid RFI's of **May 26, 2026, by 1:00 pm EST** must be strictly adhered to.
  - a. All questions related to this RFP must be presented in writing as RFI's and submitted via email to Monica Kurzejeski at: [mkurzejeski@accany.com](mailto:mkurzejeski@accany.com) RFI's will be logged and both the RFI's and answers will be distributed to all identified potential Offerors.
  - b. No interpretations will be made verbally.

**All RFP responses are due: Tuesday June 16, at 4:00 pm** Responses to this RFP for Marketing Services may be submitted electronically via email to Monica Kurzejeski at: [mkurzejeski@accany.com](mailto:mkurzejeski@accany.com) -or- hand delivered to the ACCA Offices, C/O the Albany Capital Center, 55 Eagle St. Albany NY

**NOTE: All responses are due: Tuesday June 16, at 4:00 pm**

The ACCA is an equal opportunity employer and welcomes proposals from NYS certified Minority and Women Owned businesses. The information provided in this RFP is intended to assist interested parties in the preparation of their responses. This information is not intended to limit the content of or exclude any relevant or essential data from any response. The Offeror agrees that it shall treat as confidential and not disclose to any third party the financial terms of its proposal or any information whether, or not, it is awarded the Contract.

Offeror may submit with their proposal detailed specifications, circulars, brochures, marketing materials and other materials on the product and/or service to be furnished. Any terms that

conflict with the provisions of this RFP will not be considered. The ACCA reserves the right to request any additional information deemed necessary for the proper evaluation of proposals.

The following is a list of required information that must be provided in the submission.

1. Include a **cover letter** with the following information:
  - a. The legal name of the offeror along with the full contact information of the individual within the organization that will be the primary contact concerning the RFP.
  - b. An overview of the team proposed to provide the services outlined in the proposal and the requirements of this RFP.
  - c. Whether the offeror holds any certifications at the state or federal level (e.g. MWBE, SDVOB, 8(a), etc.)
  - d. Cover letter should be signed by an authorized representative.
2. Full **description of the organization** and the resumes of its directors, team members, and any sub-contractors that will be providing services to the ACCA. If sub-contractors are intended to be used, whether such sub-contractors are organizations that hold any certifications at the state or federal level as per 1(c) above.
3. Submit **two examples of similar work** in which the organization has previously been executed either in house or through a sub-contractor.
4. Provide a **description of the organization’s approach to the Scope of Services** including specific deliverables and anticipated timelines.
5. Demonstrate **understanding of the market** by including a detailed explanation of your knowledge of the Albany/Capital Region market area and your knowledge and expertise in hospitality and/or related industries and any experience working with governmental or quasi-governmental entities.
6. Outline the **project management approach** that will be designed for this work.
7. Provide a **list of all billable rates, fees, or charges** associated with this scope of work or organization.
8. Provide **at least three (3) references** from clients that have been provided with similar services through the organization.
9. Documents provided in **Attachment A** must be completed and submitted.

Award shall be made by highest scored proposal on the basis of “best value”, as the term is defined in New York State Finance Law 163, to the responsible and responsive offeror that meets all specifications. Responsive applies to the extent to which the offeror has complied with the specifications of this RFP. Responsibility determinations may include, but not limited to, the offeror’s qualifications, financial stability, and integrity. The Contractor shall submit the vendor responsibility questionnaire attached hereto, with its bid.

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The ACCA reserves the right to not make an award under this RFP and/or to reject all proposals and re-bid the same or modified scope of services. The ACCA is not responsible for the costs and expenses incurred in connection with responding to this RFP and will not provide reimbursement of any such costs or expenses.

Proposal price shall include all costs required to provide the services specified herein, including travel, licenses, insurance, administrative and ancillary costs.

Term:

1. Initial term of this agreement shall commence on the date of issuance by the ACCA and unless terminated earlier in accordance with the provisions in the agreement, shall continue in full force and effect for a period of three (3) years.
2. The agreement shall be eligible for renewal at the option of both contractor and ACCA following the conclusion of the initial three-year term. The agreement may be renewed for up to three (3) additional consecutive one-year terms.

The information provided in this RFP is intended to assist interested parties in the preparation of their proposals. This information is not intended to limit a proposal's content or exclude any relevant or essential data.

### **Section 4. Scope of Services**

The successful Bidder will be required to fully develop and implement an agreed-upon strategic communications plan. It is expected that implementing this will require the successful Offeror to provide all standard communication services normally associated with promoting an economic development entity in the hospitality industry. The successful Offeror will work directly with the Executive Director of the ACCA, members of the ACCA Board as appropriate, and coordinate with ACC team as relevant. Services may include, but may not be limited to, the following:

#### **A. Public Relations Services:**

1. The successful Offeror will develop and execute comprehensive public relations strategies to enhance visibility, manage media relations, support communications efforts, and promote ACCA initiatives through strategic messaging, outreach, and event development.
  - i. Develop strategic communications campaigns and implement.
  - ii. Provide public relations assistance, planning and participation in regular in-person meetings and telephone conferences (timing to be determined).

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- iii. Work with ACCA to develop press releases.
- iv. Pitching and distribution to key reporters and outlets regionally as well as nationally.
- v. Helping to respond to media inquiries and interview set-up/preparation.
- vi. Social media consultation and content development and delivery; (this could be advisory only if ACCA brings on additional team members.)
- vii. Development and execution of newsworthy special events.

### B. Public Affairs Services - Assistance and Support in the following:

- 1. The successful Offeror will provide public affairs planning and support to strengthen community engagement, identify strategic opportunities for representation and partnerships, and assist with communications that advance ACCA's public presence and relationships.
  - i. Public affairs planning and participation in required meetings.
  - ii. Community affairs and community relations.
  - iii. Identify public speaking opportunities for Exec Director and/or the ACCA Board to promote the ACCA.
  - iv. Writing or public affairs-related correspondence writing as needed.
  - v. Identify partnership and sponsorship opportunities

### C. Marketing Services:

- 1. It is the intention of the ACCA to begin a national business event marketing campaign centered around meetings, conventions, exhibitions, sports, and public shows specific to the city of Albany that should be active prior to expansion opening in early 2027. Responses to the below should reflect that goal along with any local and multi-regional efforts.
  - i. Marketing research on industry trends, client behaviors, and competitive landscape to inform strategic marketing decisions.
  - ii. Develop a tailored marketing strategy aligned with the business goals and target audience. Strategy to include a multi-channel platform approach

as well as recommendations for brand differentiation and market penetration.

- iii. Establish KPI's that align with objectives, provide tools and resources to track and measure success, and provide regular comprehensive reports with insights and recommendations.
- iv. Develop a comprehensive media plan considering target markets, demographics, and client behaviors.
- v. Execute media buying activities, negotiating competitive rates and securing any placements.
- vi. Monitor media campaigns in real-time adjusting strategies as needed for maximum impact.

D. Budget Development and Management:

1. The successful Offeror will develop and manage annual marketing budgets aligned with strategic objectives, ensure transparent tracking and reporting of expenditures and ROI, and recommend cost-effective strategies to optimize resource allocation.
  - i. Develop detailed annual marketing budgets aligned with strategic goals;
  - ii. track expenditures;
  - iii. provide transparent reporting on budget utilization, costs, and return on investment (ROI);
  - iv. and recommend cost-saving opportunities and strategies for optimizing budget allocations.

E. Reporting and Collaboration:

1. The successful Offeror will provide regular performance reporting and maintain close collaboration with ACCA and key stakeholders to ensure alignment, transparency, and effective execution of marketing strategies.
  - i. Provide regular updates and performance reports to stakeholders.
  - ii. Collaborate with the ACCA, Albany Capital Center team, and other stakeholders to align strategies and ensure seamless execution.

- F. Other Services: Other communication services as requested from time to time as the successful Offeror may be asked to provide additional communications-related services on an as-needed basis to support evolving ACCA priorities and initiatives.

### **Section 5. Evaluation of Proposals**

Upon a reasonable review period by the ACCA of the information received, those firms responding completely to this RFP will be requested to attend an interview, after which a final decision will be announced. Candidates selected for interviews must be prepared to discuss in detail:

- A. Proposed strategic communications plan customized to the ACCA/ACC.
- B. Philosophy related to this type of representation.
- C. Methodology for developing a complete strategic plan.
- D. Specific examples of successfully applied strategies and related outcomes.
- E. Implementation; means & methods.
- F. Application of social media platforms.
- G. Schedule for the implementation of the strategic plan.

Proposals, inclusive of the interview, will be evaluated by the ACCA and will be based on best value and scored on a 100-point scale on the following criteria:

- A. Proposed timeline for deliverables and plan to communicate with the ACCA. –20 points.
- B. Proposal scope of services – 40 points
  - a. Proposal meets or exceeds scope of services included in RFP.
  - b. Evaluation of previous work and overall approach. Included in that evaluation is uniqueness and organization of thought.
  - c. Demonstrated understanding of ACCA needs and goals.
  - d. Ability to effectively co-create and collaborate with ACCA and its partners.
- C. References and Experience – 20 points
  - a. Economic development entity in the hospitality/tourism industry experience, preference given to convention center or business event tourism history.
- D. Proposal Price – 20 points
  - a. Lowest proposal price based on scope of services and meeting qualifications receives higher score.

### **Section 6. Required Documentation**

Attachments are a part of this solicitation and will be part of the subsequent contract. The proposer is responsible for adhering to all requirements of all attachments and regulations. See Attachment A.

## **ATTACHMENT A**

### Procurement Requirements and Certifications

- Affidavit of Non-Collusion
- Affirmation of understanding of Permissible Contact policy, and agreement pursuant to, State Finance Law §139-j(3) and §139-j(6)(b).
- Offeror Disclosure of Prior Non-Responsibility Determinations
- Economic Inclusion Certification
- Vendor Responsibility Questionnaire

AFFIDAVIT OF NON-COLLUSION

I hereby attest that I am the person responsible within my firm for the final decision as to the price(s) and amount of this bid or proposal (“bid”) or, if not, that I have written authorization, enclosed herewith, from that person to make the statements set out below on his or her behalf and on behalf of my firm.

I further attest that:

1. The price(s) and amount of this bid have been arrived at independently, without consultation, communication or agreement for the purpose of restricting competition with any other contractor, bidder, proposer or potential bidder (“bidder”).

2. Neither the price(s) nor the amount of this bid have been disclosed to any other firm or person who is a bidder or potential bidder on this project and will not be so disclosed prior to bid opening.

3. No attempt has been made or will be made to solicit, cause or induce any firm or person to refrain from bidding on this project, or to submit a bid higher than the bid of this firm, or an intentionally high or non-competitive bid or other form of complementary bid.

4. The bid of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary bid.

5. My firm has not offered or entered into a subcontract or agreement regarding the purchase of materials or services from any firm or person, or offered, promised or paid cash or anything of value to any firm or person, whether in connection with this or any other project, in consideration for an agreement or promise by any firm or person to refrain from bidding or to submit a complementary bid on this project.

6. My firm has not accepted or been promised any subcontract or agreement regarding the sale of materials or services to any firm or person, and has not been promised or paid cash or anything of value by any firm or person, whether in connection with this or any other project, in consideration for my firm's submitting a complementary bid, or agreeing to do so, on this project.

7. I have made a diligent inquiry of all members, officers, employees, and agents of my firm with responsibilities relating to the preparation, approval or submission of my firm's bid on this project and have been advised by each of them that he or she has not participated in any communication, consultation, discussion, agreement, collusion, act or other conduct inconsistent with any of the statements and representations made in this affidavit.

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The person signing this bid, under the penalties of perjury, affirms the truth thereof.

\_\_\_\_\_

Signature & Company Position

\_\_\_\_\_

Type/Print Name & Company Position

\_\_\_\_\_

Company Name

\_\_\_\_\_

Date Signed

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

\_\_\_\_\_

NOTARY PUBLIC

PERMISSIBLE CONTACTS POLICY

Pursuant to State Finance Law §§139-j and 139-k, this solicitation includes and imposes certain restrictions on communications between the Albany Convention Center Authority (“Authority”) and an Offeror/bidder during the procurement process.

An Offeror/bidder is restricted from making contacts during the Restrictive Period that are reasonably interpreted as an attempt to influence the procurement to any person at the Authority or another Governmental Entity other than the Designated Contact Person of the Authority, unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law §139-j (3)(a).

The Restrictive Period commences with the earliest written notice of an intent to solicit offers, such as this “Request for Proposal”, and terminates with the final award and approval of the procurement contract by the Authority. The Designated Staff Person of the Authority, as of the date hereof, has been identified in this solicitation. In addition, Authority employees are required to obtain certain information when contacted during the Restricted Period where such contact is reasonably interpreted as an attempt to influence the procurement. Such information will be made part of the procurement record and used to make a determination of the responsibility of the Offeror/bidder. If the Authority determines that the Offeror knowingly and willfully made contact during the Restrictive Period to any person other than the Designated Staff Person of the Authority and such contact was reasonably interpreted as an attempt to influence the procurement, the Authority is required to make a finding of non-responsibility. In addition, the failure to timely disclose accurate or complete information or otherwise cooperate with the Authority shall be considered in the determination of responsibility of the Offeror.

A finding of non-responsibility may result in rejection for contract award and in the event of two findings within a 4-year period, the Offeror/bidder may be rendered ineligible to submit a proposal on or be awarded any procurement contract by a Governmental Entity for a 4-year period from the date of the second final determination.

Further information about these requirements can be found in Sections 139-j and 139-k of the State Finance Law. **It is the Offeror’s responsibility to adhere to the provisions therein.**

**Affirmation of understanding and compliance with the Authority’s permissible contacts provisions:**

Offeror affirms to the Albany Convention Center Authority that it understands and agrees to comply with the procedures of the Authority relative to permissible Contacts as required by State Finance Law §139-j (3) and §139-j (6) (b).

By: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Contractor Name: \_\_\_\_\_

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

**OFFEROR DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS**

Name of Individual or Entity Seeking to Enter into the Procurement Contract

Address:

Name and Title of Person Submitting this Form: \_\_\_\_\_

Name of Procurement: \_\_\_\_\_

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

1. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years? (Please circle)
  - a. NO
  - b. YES

If yes, please answer the next questions:

2. Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j? (Please circle)
  - a. NO
  - b. YES
3. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? (Please circle)
  - a. NO
  - b. YES
4. If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below. Please attach additional pages as necessary.

Government Entity: \_\_\_\_\_

Date of Finding of Non-responsibility: \_\_\_\_\_

Basis of Finding of Non-Responsibility: \_\_\_\_\_

5. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision or false or incomplete information? (Please circle)

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- a. NO
- b. YES

6. If yes, Please provide details below.

Governmental Entity: \_\_\_\_\_

Date of Termination or Withholding of Contract: \_\_\_\_\_

Basis of Termination or Withholding: \_\_\_\_\_

Offeror certifies that all information provided to the Authority is complete, true, and accurate.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

ECONOMIC INCLUSION AND NON-DISCRIMINATION

The Authority has adopted an economic inclusion resolution and supports a fair and equitable process for soliciting, reviewing, and selecting proposals. We encourage firms and individuals of all social and economic disadvantage, race, color, sex gender, disability, and national origin to apply. The selection of the successful Offeror will be made without regard to race, color, sex age, religion, national origin, or political affiliation.

Pursuant to Executive Law Article 15-A and 5 NYCRR Part 142:

Each proposing Offeror must represent and warrant that, if successful in obtaining a Contract, it shall: not unlawfully discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, sexual orientation, age, disability or marital status; undertake or continue existing programs of affirmative action to ensure that Minority Group Members and women are afforded equal employment opportunities; make and document its conscientious and active efforts to employ and utilize M/WBE's, Minority Group Members and women in its workforce relative to contracts executed by the Authority or to projects or initiatives utilizing Authority funds. Such action shall be taken with reference to, but not limited to, solicitations or advertisements for employment, recruitment, job assignment, promotion, upgrading, demotion, transfer, layoff or termination, rates of pay or other forms of compensation, and selection for training or retraining, including apprenticeship and on-the-job training.

I have read and agree to comply with the economic inclusion and non-discrimination clauses. I further acknowledge that failure to comply shall justify contract termination by the ACCA and may result in the rejection of bids or proposals for future work with the ACCA.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

**ALBANY CONVENTION CENTER AUTHORITY**  
**VENDOR RESPONSIBILITY QUESTIONNAIRE**

**COMPLETION & CERTIFICATION**

The person(s) completing the questionnaire must be knowledgeable about the vendor’s business and operations. An owner or owner’s official representative authorized to legally bind the Reporting Entity must certify the truth of the questionnaire answers.

**DEFINITIONS**

All underlined terms are defined in the “New York State Vendor Responsibility Definitions List,” found at <https://www.osc.state.ny.us/files/vendors/2017-11/vendor-questionnaire-definitions.pdf>. These terms may not have their ordinary, common or traditional meanings. Each vendor must read the respective definitions for any and all underlined terms. By submitting this questionnaire, the vendor agrees to be bound by the terms as defined in the "New York State Vendor Responsibility Definitions List" existing at the time of certification.

**RESPONSES**

Every question must be answered fully. Each response must provide **all** relevant information to appropriately explain the answer. If you have concerns as to the legal requirements behind your answers, please seek clarification from your counsel. However, information regarding a determination or finding made in error which was subsequently corrected or overturned, and/or was withdrawn by the issuing government entity is not required to be identified. Individuals and Sole Proprietors may use a Social Security Number but are encouraged to obtain and use a federal Employer Identification Number (EIN).

**REPORTING ENTITY**

Each vendor must indicate if the questionnaire is filed on behalf of the entire Legal Business Entity or an Organizational Unit within or operating under the authority of the Legal Business Entity and having the same EIN. Generally, the Organizational Unit option may be appropriate for a vendor that meets the definition of “Reporting Entity” but due to the size and complexity of the Legal Business Entity, is best able to provide the required information for the Organizational Unit, while providing more limited information for other parts of the Legal Business Entity and Associated Entities.

**ASSOCIATED ENTITY**

An Associated Entity is one that owns or controls the Reporting Entity, or any entity owned or controlled by the Reporting Entity. However, the term Associated Entity does **not** include “sibling organizations” (i.e., entities owned or controlled by a parent company that owns or controls the Reporting Entity), unless such sibling entity has a direct relationship with or impact on the Reporting Entity. Please refer to the Definitions List for the complete definition.

**STRUCTURE OF THE QUESTIONNAIRE**

The questionnaire is organized into eleven sections. Section I is to be completed for the Legal Business Entity. Section II requires the vendor to specify the Reporting Entity for the questionnaire. Section III refers to the individuals of the Reporting Entity, while Sections IV-VIII require information about the Reporting Entity. Section

IX pertains to any Associated Entities, with one question about their Officials/Owners. Section X relates to disclosure under the Freedom of Information Law (FOIL). Section XI requires an authorized contact for the questionnaire information.

<b>I. LEGAL BUSINESS ENTITY INFORMATION</b>			
Legal Business Entity Name*		<u>EIN</u>	
Address of the Principal Place of Business (street, city, state, zip code)		Reserved	
		Telephone Ext.	Fax
Email		Website	
Additional Legal Business Entity Identities: If applicable, list any other DBA, Trade Name, Former Name, Other used in the last five (5) years and the status (active or inactive).			
Type	Name	EIN	Status
<b>1.0 Legal Business Entity Type – Check appropriate box and provide additional information:</b>			
<input type="checkbox"/> Corporation (including PC)	Date of Incorporation		
<input type="checkbox"/> Limited Liability Company (LLC or PLLC)	Date of Organization		
<input type="checkbox"/> Partnership (including LLP, LP or General)	Date of Registration or Establishment		
<input type="checkbox"/> Sole Proprietor	How many years in business?		
<input type="checkbox"/> Other	Date Established		
If Other, explain:			
1.1 Was the Legal Business Entity formed or incorporated in New York State?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>If 'No,' indicate jurisdiction where Legal Business Entity was formed or incorporated and attach a Certificate of Good</p>			
<p><b>I. LEGAL BUSINESS ENTITY INFORMATION</b></p>			
<p>1.4 If the Legal Business Entity's Principal Place of Business is not in New York State, does the Legal Business Entity maintain an office in New York State? (select N/A if Principal Place of Business is in New York State)</p>			<p><input type="checkbox"/>Yes    <input type="checkbox"/>No <input type="checkbox"/>N/A</p>
<p>If "Yes," provide the address and telephone number for one office located in New York State.</p>			
<p>1.5 Is the Legal Business Entity a New York State certified Minority-Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), Service-Disabled Veteran-Owned</p>			<p><input type="checkbox"/>Yes    <input type="checkbox"/>No <input type="checkbox"/>N/A</p>
<p>If "Yes" check all that apply:</p> <p><input type="checkbox"/> New York State certified Minority-Owned Business Enterprise (MBE)</p> <p><input type="checkbox"/> New York State certified Women-Owned Business Enterprise (WBE)</p> <p><input type="checkbox"/> New York State certified Service-Disabled Veteran-Owned Business (SDVOB)</p>			
<p>1.6 Identify Officials and Principal Owners of the Reporting Entity, if applicable. For each person, include name, title, date of birth, include name, address, EIN, and percentage ownership. For each Business Entity that is a Principal Owner, include name, address, EIN, and percentage of ownership. Attach additional pages if necessary. If applicable, reference to relevant SEC filing(s) containing the required information is optional. Each Business Entity identified as a Principal Owner must also submit a vendor responsibility questionnaire.</p> <p>If there is no person or Business Entity that owns 25% or more of the Reporting Entity (or 10% of more if the Reporting Entity is publicly traded), check here <input type="checkbox"/></p>			
<p>Name of Officials and Principal Owners (for each person, please include a middle initial)</p>	<p>Title</p>	<p>Date of Birth</p>	<p>Percentage Ownership (enter 0% if not applicable)</p>

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Name of each Business Entity owning 25% or more of Reporting Entity	Address	EIN	Percentage Ownership
<p>Standing from the applicable jurisdiction or provide an explanation if a Certificate of Good Standing is not available.</p> <p><input type="checkbox"/> United States State _____</p> <p><input type="checkbox"/> Other County _____</p>			
<p>Explain, if not available:</p>			
<p>1.2 Is the Legal Business Entity publicly traded?</p>			<p><input type="checkbox"/>Yes      <input type="checkbox"/>No</p>
<p>If “Yes,” provide CIK Code or Ticker Symbol</p>			
<p>1.3 Does the Legal Business Entity have a DUNS Number?</p> <p><input type="checkbox"/>No</p>			<p><input type="checkbox"/> Yes</p>
<p>If “Yes,” Enter DUNS Number</p>			

**II. REPORTING ENTITY INFORMATION**

2.0 The Reporting Entity for this questionnaire is:

Note: Select only one.

Legal Business Entity

*Note: If selecting this option, “Reporting Entity” refers to the entire Legal Business Entity for the remainder of the questionnaire. (SKIP THE REMAINDER OF SECTION II AND PROCEED WITH SECTION III.)*

Organizational Unit within and operating under the authority of the Legal Business Entity  
 SEE DEFINITIONS OF “REPORTING ENTITY” AND “ORGANIZATIONAL UNIT” FOR ADDITIONAL INFORMATION ON CRITERIA TO QUALIFY FOR THIS SECTION.

*Note: If selecting this option, “Reporting Entity” refers to the Organizational Unit within the remainder of the questionnaire. (COMPLETE THE REMAINDER OF SECTION II AND SECTIONS OF THIS QUESTIONNAIRE.)*

**IDENTIFYING INFORMATION**

a) Reporting Entity Name

Address of the Primary Place of Business	Telephone

b) Describe the relationship of the Reporting Entity to the Legal Business Entity

c) Attach an organizational chart

d) Does the Reporting Entity have a DUNS Number? <input type="checkbox"/> Yes <input type="checkbox"/> No	DUNS Number:
--------------------------------------------------------------------------------------------------------------	--------------

Identify the designated manager(s) responsible for the business of the Reporting Entity for each person, include name and title. Attach additional pages as necessary.

Name	Title

**INSTRUCTIONS FOR SECTIONS III THROUGH VII:** For each “Yes,” provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). For each “Other,” provide an explanation which provides the basis for not definitively responding “Yes” or “No.” Provide the explanation at the end of the section or attach additional sheets with numbered responses, including the Reporting Entity name at the top of any attached pages.

<b>III. LEADERSHIP INTEGRITY</b>  <b><i>Within the past five (5) years, has any current or former reporting entity official or any individual currently or formerly having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of the reporting entity with any government entity been:</i></b>	
3.0 Sanctioned relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.1 Suspended, debarred, or disqualified from any government contracting process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.2 The subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation for any business-related conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.3 Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for:  a) Any business-related activity; or b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
For each “Yes” or “Other” provide an explanation for the response and attach additional sheets with numbered responses if necessary:	

<b>IV. INTEGRITY – CONTRACT BIDDING</b>  <b><i>Within the past five (5) years, has the reporting entity:</i></b>	
4.0 Been suspended or debarred from any government contracting process or been disqualified on any government procurement, permit, license, concession, franchise or lease, including, but not limited to, debarment for a violation of New York State Workers’ Compensation or Prevailing Wage laws or New York State Procurement Lobbying Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1 Been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Been denied a contract award or had a bid rejected based upon a non-responsibility finding by a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>4.3 Had a bid rejected on a government contract for failure to make good faith efforts on any Minority-Owned Business Enterprise, Women-Owned Business Enterprise, Service-Disabled Veteran-Owned Business or Disadvantaged Business Enterprise goal or statutory affirmative action requirements on a previously held contract?</p>	<p><input type="checkbox"/>Yes      <input type="checkbox"/>No</p>
<p>4.4 Agreed to a voluntary exclusion from bidding/contracting with a government entity?</p>	<p><input type="checkbox"/>Yes      <input type="checkbox"/>No</p>
<p>4.5 Initiated a request to withdraw a bid submitted to a government entity in lieu of responding to an information request or subsequent to a formal request to appear before the <u>government entity</u>?</p>	<p><input type="checkbox"/>Yes      <input type="checkbox"/>No</p>
<p>For each “Yes,” provide an explanation for the response and attach additional sheets with numbered responses if necessary:</p>	

**V. INTEGRITY – CONTRACT AWARD**

***Within the past five (5) years, has the reporting entity:***

5.0 Been suspended, cancelled or terminated for cause on any government contract including, but not limited to, a non-responsibility finding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.1 Been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any government contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.2 Entered into a formal monitoring agreement as a condition of a contract award from a government entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For each “Yes,” provide an explanation for the response and attach additional sheets with numbered responses if necessary:		

**VI. CERTIFICATIONS/LICENSES**

***Within the past five (5) years, has the reporting entity:***

6.0 Had a revocation, suspension or disbarment of any business or professional permit and/or license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.1 Had a denial, decertification, revocation or forfeiture of New York State certification of Minority-Owned Business Enterprise, Women-Owned Business Enterprise, Service-Disabled Veteran-Owned Business or federal certification of Disadvantaged Business Enterprise status for other than a change of ownership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For each “Yes,” provide an explanation for the response and attach additional sheets with numbered responses if necessary:		

**. LEGAL PROCEEDINGS**

***Within the past five (5) years, has the reporting entity:***

7.0 Been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.1 Been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.2 Received any OSHA citation and Notification of Penalty containing a violation classified as serious or <u>willful</u> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.3 Had a government entity find a willful prevailing wage or supplemental payment violation or any other willful violation of New York State Labor Law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or received an enforcement determination by any government entity involving a violation of federal, state or local environmental laws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>7.5 Other than previously disclosed:</p> <p>a) Been subject to fines or penalties imposed by government entities which in the aggregate total \$25,000 or more, or  b) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any government entity?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>For each "Yes," provide an explanation for the response and attach additional sheets with numbered response if necessary:</p>		
<p>8.5 During the past three (3) years, has the Reporting Entity failed to file or pay any New York State unemployment insurance returns?</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
<p>If "Yes," provide the years the Reporting Entity failed to file/pay the insurance, explain the situation and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets numbered responses.</p>		
<p>8.6 During the past three (3) years, has the Reporting Entity had any government audit(s) completed?</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
<p>a) If "Yes," did any audit of the Reporting Entity identify any reported significant deficiencies in internal control, fraud, illegal acts, significant violations of provisions of contract or grant agreements, significant abuse or any material disallowance?</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
<p>If "Yes" to 8.6 a), provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.</p>		

**IX. ASSOCIATED ENTITIES**

***This section pertains to any entity(ies) that either controls or is controlled by the reporting entity.***

***(See definition of "associated entity" for additional information)***

<p>9.0 Does the Reporting Entity have any Associated Entities?</p> <p>Note: All questions in this section must be answered if the Reporting Entity is either:</p> <ul style="list-style-type: none"> <li>- An Organizational Unit; or</li> <li>- The entire Legal Business Entity which controls, or is controlled by, any other entity(ies).</li> </ul> <p>If “No,” SKIP THE REMAINDER OF SECTION IX AND PROCEED WITH SECTION X.</p> <p>If “Yes,” provide the name, address and EIN of each Associated Entity and its relationship to the Reporting Entity.</p>	<p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p>
<p>9.1 Within the past five (5) years, has any Associated Entity Official or Principal Owner been charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for:</p> <ul style="list-style-type: none"> <li>a) Any business-related activity; or</li> <li>b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?</li> </ul>	<p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p>
<p>If “Yes,” provide an explanation of the issue(s), the individual involved, their title and role in the Associated Entity, identify the Associated Entity’s name(s), EIN(s), primary business activity, the individual’s relationship to the Reporting Entity, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s).</p>	
<p>9.2 Does any Associated Entity have any currently undischarged federal, New York State, New York City or New York local government liens or judgments (not including UCC filings) over \$50,000?</p>	<p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p>
<p>If “Yes,” provide an explanation of the issue(s), identify the Associated Entity’s name(s), EIN(s), primary business activity, lien(s) and the relationship to the Reporting Entity, relevant dates, the Lien holder or Claimant’s name(s), the amount of the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.</p>	
<p>9.3 Within the past five (5) years, has any Associated Entity:</p>	
<p>a) Been disqualified, suspended or debarred from any federal, New York State, New York City or other New York local government contracting process?</p>	<p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p>

b) Been denied a contract award or had a bid rejected based upon a non-responsibility finding by any federal, New York State, New York City, or New York local government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Been suspended, cancelled or terminated for cause (including for non-responsibility) on any federal, New York State, New York City or New York local government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Been the subject of an investigation, whether open or closed, by any federal, New York State, New York City, or New York local government entity for a civil or criminal violation with a penalty in excess of \$500,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Been the subject of an indictment, grant of immunity, judgment, or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any federal, New York State, New York City, or New York	<input type="checkbox"/> Yes
g) Initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**IX. ASSOCIATED ENTITIES**  
***This section pertains to any entity(ies) that either controls or is controlled by the reporting entity.***

For each “Yes,” provide an explanation of the issue(s), identify the Associated Entity’s name(s), EIN(s), primary business activity, relationship to the Reporting Entity, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

**VII. FREEDOM OF INFORMATION LAW (FOIL)**

<p>10. Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL).</p> <p>Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.</p>	<p><input type="checkbox"/>Yes    <input type="checkbox"/>No</p>
<p>If "Yes," indicate the question number(s) and explain the basis for the claim.</p>	

**X. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE**

Name	Telephone ext.	Fax
Title	Email	