

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES PURCHASING DIVISION
112 STATE STREET, ROOM 820, ALBANY, NY 12207
TELEPHONE: 518-447-7140/ FAX: 518-447-5588
Pamela.Oneill@albanycountyny.gov

TITLE: NURSING CONSULTANT SERVICES RFP NUMBER: 2026-013

Receipt Confirmation Form

Please complete and return this confirmation form as soon as possible:

Pamela O Neill
Purchasing Agent
County of Albany
112 State Street, Room 820
Albany, NY 12207

IF YOU PLAN TO SUBMIT A PROPOSAL, YOU MUST RETURN THIS FORM TO ENSURE THAT YOU WILL RECEIVE ALL FURTHER COMMUNICATION REGARDING THIS RFP.

Company Name: Coretactics, Inc.

Address: 1585 Route 146

City: Rexford State: NY Zip Code: 12148

Contact Person: Amy Lee

Title: President/CEO

Phone Number: 518-361-0233 Fax Number: _____ E-Mail: amy.lee@core-tactics.com

If a Bidders/Proposers meeting has been arranged for this Bid/RFP, please indicate if you plan to attend:

Yes / No

I authorize the County of Albany to send further correspondence that the County deems to be of an urgent nature by the following method (check):

Fax Number: _____ E-Mail amy.lee@core-tactics.com



SECTION I

County of Albany

Request for Proposals
Albany County Nursing Home

RFP #2026-013
Nurse Consulting Services

Submitted by:

Coretactics, Inc.
1585 Route 146
Rexford, NY 12148
Phone: 518-280-1343

Contact:

Amy Lee, RN, BSN, MSN, CRRN, QCP
President/CEO

Date Submitted: January 26, 2026



SECTION I: TABLE OF CONTENTS

SECTION I
 TITLE PAGE.....1
 TABLE OF CONTENTS.....2
 PROPOSAL FORM, COUNTY OF ALBANY.....3
 COST PROPOSAL FORM.....5

SECTION II
 AUTHORIZED PROPOSER / FIRMS EXPERIENCE.....6
 RESUME.....8

SECTION III
 REFERENCES..... 11

SECTION IV
 PLAN IMPLEMENTATION..... 15

SECTION V
 COST PROPOSAL..... 18

SECTION IV
 MANDATORY DOCUMENTATION..... 19
 ATTACHMENT "A".....20
 ATTACHMENT "B".....21
 ATTACHMENT "C".....22
 ATTACHMENT "D".....26
 ATTACHMENT "E"(CERTIFICATE OF INSURANCE).....27



COUNTY OF ALBANY

PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Nursing Consultant Services

RFP Number: 2026-013

THIS PROPOSAL IS SUBMITTED TO:

Pamela O Neill, Purchasing Agent
Albany County Department of General Services
Purchasing Division
112 State Street, Room 820
Albany, NY 12207

1. The undersigned Proposer proposes and agrees, if this Proposal is accepted, to enter into a Contract with the owner in the form included in the Contract Documents to complete all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Proposal and in accordance with the Contract Documents.
2. Proposer accepts all of the terms and conditions of the Instructions to Proposers, including without limitation those dealing with the Disposition of Proposal Security. This Proposal may remain open for ninety (90) days after the day of Proposal opening. Proposer will sign the Contract and submit the Contract Security and other documents required by the Contract Documents within fifteen days after the date of County's Notice of Award.
3. In submitting this Proposal, Proposer represents, as more fully set forth in this Contract, that:

(a) Proposer has examined copies of all the Contract Documents and of the following addenda: (If none, so state)

Date	Number
------	--------

(receipt of all of which is hereby acknowledges) and also copies of the Notice to Proposers and the Instructions to Proposers;

(b) Proposer has examined the site and locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as Proposer deems necessary;



(c) This Proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham Proposal; PROPOSER has not solicited or induced any person, firm or a corporation to refrain from Proposing; and Proposer has not sought by collusion to obtain for himself any advantage over any other Proposer or over the owner.

4. Proposer will complete the Work for the following prices(s): (Attach Proposal)

5. Proposer agrees to commence the Work within the number of calendar days or by the specific date indicated in the Contract. Proposer agrees that the Work will be completed within the number of Calendar days or by the specific date indicated in the contract.

6. The following documents are attached to and made a condition of this Proposal:

- (a) Non-Collusive Bidding Certificate (Attachment "A")
- (b) Acknowledgment by Bidder (Attachment "B")
- (c) Vendor Responsibility Questionnaire (Attachment "C")
- (d) Iranian Energy Divestment Certification (Attachment "D")

7. Communication concerning this Proposal shall be addressed to:

Amy Lee, President/CEO

1585 Route 146, Rexford, NY 12148

Phone: 518-280-1343

8. Terms used in this Proposal have the meanings assigned to them in the Contract and General Provisions.



COUNTY OF ALBANY

COST PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Nursing Consulting Services
RFP Number: 2026-013

COMPANY: Coretactics, Inc.

ADDRESS: 1585 Route 146

CITY, STATE, ZIP: Rexford, NY 12148

TEL. NO.: 518-280-1343

FAX NO.: N/A

FEDERAL TAX ID NO.: 47-2835705

REPRESENTATIVE: Amy Lee, President/CEO

E-MAIL: amy.lee@core-tactics.com

SIGNATURE AND TITLE *Amy Lee*

DATE 1/26/2026

SECTION II: QUALIFICATION/EXPERIENCE

3.1 Provide the name, a brief history and description of your firm.

Headquartered in Rexford, New York, Coretactics™, Inc. is a privately owned consulting company established in 2014. With an overall goal of improving quality outcomes and regulatory compliance, our consulting services focus on developing effective management teams, policy & procedures, quality improvement processes and staff training/clinical competency programs.

In addition, we offer a number of focused services and training programs allowing skilled nursing and assisted living facilities to achieve internal strategic goals and reach their desired level of quality excellence:

Process Analysis & Systems Development

- Policy & Procedure
- Quality Assurance Performance Improvement (QAPI)
- Continuous Survey Readiness Systems
- Risk Management
- Survey Plans of Correction
- CMS Quality Measures / CMS Five Star Rating
- Survey Readiness Audits
- MDS 3.0 & Quality Measure
- AHCA National Quality Award (For details, visit www.ahcancal.org.)

Training

- Reducing Re-hospitalizations
- Antipsychotic Medication Reduction
- MDS 3.0/CAAs/Care Planning
- Root Cause Analysis (RCA)
- Dementia Care & Management
- Falls Prevention
- Incidents & Accidents
- Wound Care – Pressure Ulcer Management
- Restraint Reduction / Alarm Reduction
- End-of-Life Care and Advanced Care Planning
- Leadership/Management Skills

Please visit www.core-tactics for more detail on service offerings.

3.2 Identify your firm’s professional staff members who will be involved in the County engagement and the experience each possess and the location of the office from which each work.

Professional staff member who will be involved in engagement:	Amy E. Lee, RN, BSN MSN, CRRN, QCP President/CEO Coretactics, Inc.
Primary office location:	1585 Route 146 Rexford, NY 12148
Main office telephone number:	Office: 518-280-1343 Cell: 518-361-0233

Experience

Amy Lee is an experienced Registered Nurse with a Master’s in Nursing and a Certification in Nursing Rehabilitation. She brings her decades of experience in acute and long-term care together in a holistic approach to health care management. Her clinical experience includes an extensive acute and long-term care background with a specialty in orthopedics, clinically complex geriatrics, long-term & sub-acute care, traumatic brain injury and rehabilitative services.

She is the founder and President/CEO of Coretactics Healthcare Consulting providing leadership and vision for clinical development, building effective management teams, policy and process development, regulatory compliance and quality improvement. She has established a best practice approach utilizing up-to-date clinical practice, complex continuous quality improvement tracking systems and is a Senior Examiner Team Leader for the National AHCA Quality Award Program.

She promotes the development of innovative practices in falls management, wound care, antipsychotic medication reduction and reduction of re-hospitalizations just to name a few. Her experience with MDS utilization as it relates to coding accuracy, Quality Measures and PPS & Case Mix reimbursement allows her to provide guidance in individualized care planning, regulatory compliance and RUG utilization.

Amy’s expertise has made her a sought-after national speaker and trainer by a number of well-respected local and national associations including AHCA, NYSHFA, RIHCA, VTHCA, NHHCA, MHCA, VTHCA and many other state and local professional associations and ownership groups. Her topics range from reducing re-hospitalizations, QAPI, VBP, QRP, CMS Five Star, medication reconciliation, nursing leadership, approaches to quality improvement, infection control program development and innovative approaches to person-centered care and dementia care.



RESUME

Amy E. Lee, RN, BSN, MSN, CRRN
50 Northern Turnpike
Johnsonville, New York 12094
(518) 753-0341

Work Experience:

2014-Present Coretactics Healthcare Consulting, Inc., Johnsonville, NY

CEO, President

Healthcare consulting services for Skilled Nursing and Assisted Living Facilities with a primary focus on improving quality and reimbursement outcomes.

2003-2014 Capital Living & Rehabilitation Centres, Schenectady, NY

Director of Quality Initiatives and Clinical Development

Member of the Senior Management team providing clinical and operational oversight to eight LTC/sub-acute facilities. Responsible for continued growth of clinical & rehabilitation services, compliance, performance improvement and policy/program development.

2000–2003 McClellan Health System, Cambridge, NY

Executive Director of Patient Care Services/CNO, 2001-2003

Senior Manager for Emergency Room, Acute Care, Skilled Nursing Facility, Infection Control, Quality Management, Cardiopulmonary, Physical/Speech/Occupational Therapy, Pharmacy, Cardiac Rehabilitation, Dietary, Nutritional Services, Case Management and Nursing services.

Director of Nursing, 2000-2001

Management of nursing and interdisciplinary communication for 40 bed SNF/Sub-acute Unit; development and implementation of policy and procedures; development of nursing career ladder and continuing education program. Successfully decreased NYS DOH survey deficiencies from thirteen to two.

1993–2000 Highgate Manor, Troy, New York

Program Director, 1998-2000

Management of interdisciplinary team; budgetary and staffing responsibilities for all departments supervised; program development; policies and procedures; quality improvement; regulatory compliance for NYS/JCAHO; development and execution of marketing plan.

Clinical Evaluator, 1996-1998

On-site clinical evaluations; hospital and physician marketing for a 40 bed subacute unit, 30 bed pediatric subacute/TBI unit, 20 bed young adult TBI unit and 80 bed long term care unit.

Staff Nurse, Nursing Supervisor, Nurse Manager, 1993-1996

Per diem Staff Nurse/Nurse Manager and full-time weekend Nursing Supervisor of a 40 bed subacute/80 bed skilled nursing facility.

1993-1996 St. Mary's Hospital, Troy, New York

Staff Nurse –Oncology, Pediatric, Diabetic, and Progressive Care Units.

Charge Nurse – Acute care orthopedic/medical surgical unit.

1992-1993 Albany Medical Center Hospital/Albany Family Practice Group, Albany, New York

Assistant Head Nurse – Management of resident medical physicians, Nurse Practitioners, Certified Nursing Assistants, and clerical staff. Assist 15+ physicians for outpatient procedures and routine office visits/procedures.

1991-1992 Samaritan Hospital, Troy, New York

Staff Nurse – 40 bed Orthopedic/Medical Surgical Unit

Education:

Samaritan Hospital School of Nursing
2215 Burdett Avenue
Troy, New York 12180

1991- Associates Degree in Nursing



Saint Joseph's College of Maine
278 Whites Bridge Road
Standish, ME 04084-5263

2009 - Bachelor of Science in Nursing
2012 - Master of Science in Nursing
(specialization in Nursing
Administration)

Organizations and Certifications:

- American Health Care Association (AHCA) Senior Examiner, Team Leader – National Quality Award Program (2010 – ongoing)
- Certified Rehabilitation Registered Nurse (CRRN).
- A member of the Association of Rehabilitation Nurses (ARN).
- NYS PRI Certification.
- MDS 3.0 Certified.
- Oasis Program – Master Trainer (Person centered approach to dementia care)
- QAPI Certified Professional (QCP)
- A member of the American Assoc. of Post-Acute Care Nursing (AAPACN)
- Assoc. Member of: New York State Health Facilities Assoc. (NYSHFA); Maine Healthcare Assoc (MHCA); Massachusetts Senior Care Assoc; New Hampshire Healthcare Assoc (NHHCA); Health Care Assoc. of New Jersey (HCANJ)
- Assoc. Member of American College of Health Care Administrators (ACHCA)
- Board of Directors, Albany Med Health System

SECTION III: REFERENCES

3.3 Name and title of person(s) authorized to bind the Proposer, together with the main office address, and telephone number.

Professional staff member who will be involved in engagement:	Amy E. Lee, RN, BSN MSN, CRRN President/CEO Coretactics, Inc.
Primary office location:	1585 Route 146 Rexford, NY 12148
Main office telephone number:	Office: 518-280-1343 Cell: 518-361-0233

3.4 Detail your firm's experience with projects that involved the quality improvement in the overall organization and management of a nursing department.

Coretactics provides healthcare consulting services built upon their mission statement:

“Coretactics™ is a quality-driven consulting service that implements proven systems and processes into daily operations to achieve positive outcomes in resident care, regulatory compliance, and the financial well-being of health care organizations. Through the proper integration of evidence-based tools, education, and side-by-side training into existing client approaches, it is our mission to bring organizations to a new level of excellence.”

Involvement with local NYS and National organizations such as NYSHFA, RIHCA, VTHCA, AHCA, HCANJ, MHCA, NHHCA, Mass. Sr. Care Assoc, AAPACN and ARN, in addition to participating in the AHCA National Quality Award program over the past eleven years, is an attestation to our commitment and high level of expertise in quality improvement.

Our client approach has proven effective in stand-alone and multi-facility organizations. Using a tiered approach, beginning with an initial analysis of an organization's leadership team abilities, their understanding of quality improvement/performance improvement (QAPI) and their current systems/processes, our firm creates a gap analysis and structured work plans for improvement in targeted areas. Project outcomes are duly driven to not only improve quality outcomes and processes but to also create a structure that sustains these improvements. We work side-by-side with our clients in a train-the-trainer approach throughout and have proven positive results in client's CMS Five Star Rating, CMS Annual Surveys, CASPER Quality Measures, NYS Nursing Home Quality Initiative and National Quality Award recognition just to mention a few.

Testimonial...

"I have had the pleasure of knowing Amy Lee for over 12 years and she is an outstanding person to work with. Her intelligence, solid clinical skills and "can do" upbeat personality inspires staff to perform at levels they never envisioned.

Amy is a person who has the ability to turn any difficult challenge, in a short period of time, into a positive outcome. Her approach is a strong emphasis on quality, how to achieve it and most importantly maintain it with sound systems of monitoring. She is respected by everyone and has the ability to teach at any level. She would be a great asset to engage in any organization with her problem solving abilities and quality programs."

Multi-facility Owner and CEO, NY



3.5 Provide at least two (2) references from similar projects including name, addresses and telephone numbers.

Stephen Hanse, Esq.
President & CEO
New York State Health Facilities Association
333 Elk Street, Suite 300
Albany, NY 12207
518-462-4800 x11
shanse@nyshfa-nyscal.org

Lisa Volk, RN, MS
Executive Director, Foundation for Quality Care
New York State Health Facilities Association
333 Elk Street, Suite 300
Albany, NY 12207
518-462-4800 x20
lvolk@nyshfa-nyscal.org



3.6 Provide any additional information that would distinguish your firm in its service to Albany County.

Amy Lee, President/CEO of Coretactics, is an active participant on the Board of Directors for the Albany Med Health System.

3.7 Proposer shall include a completed “Vendor Responsibility Questionnaire” (Attachment “C”) with the Proposal.

See page 19

SECTION IV: PLAN IMPLEMENTATION

Scope of Services:

Albany County Nursing Home's objectives are:

1. Focus on continuous quality improvement and enhancement of publicly reported outcomes, both Federal and NYS.
2. Develop processes and programs to ensure ongoing regulatory compliance with CMS Requirements of Participation.
3. Continue the quality improvement journey through the AHCA/NCAL Quality Award Program.
4. Continue to strengthen workforce development initiatives with a focus on nursing leadership skills, clinical competency and workforce retention.
5. Continued process improvement through evidence-based practices.

**CORETACTICS, INC.
CONSULTING RECOMMENDATIONS**

Recommendation:

4.1 Scope of Services - General

Coretactics will assess and identify opportunities to enhance publicly reported quality outcomes, work collaboratively with leadership and staff development to address workforce development and retention efforts, develop processes to ensure compliance with Federal and NYS regulatory changes.

4.2 Scope of regulatory compliance

- Design a facility specific Continuous Survey Readiness system utilizing the Critical Element Pathways developed by Center for Medicare and Medicaid Services (CMS) and utilized by the NYS Survey Team, historical survey deficiencies and current high-risk/common deficiency areas in NYS.
- Work collaboratively with the DON/designee to implement this survey readiness process and integrate it into the facilities current Quality Assurance process.
- Work collaboratively with facility leadership to develop and implement processes to ensure regulatory compliance.

4.3 Scope of quality improvement

- Assess and conduct a gap analysis of current data collection methods in an effort to assist the leadership team to have efficient ongoing monitoring systems for key outcomes.
- Assess and identify opportunities for improvement in all Federal and State quality outcomes including: VBP, QRP, NYS NHQI, CMS 5 Star and CASPER Reports.
- Provide staff education to improve Federal and State quality outcomes and work collaboratively with leadership staff to implement processes to sustain improvements.

4.4 Scope of workforce development

- Initial and ongoing meetings throughout project with the Director of Nursing & key nursing/medical leadership (Assistant Director of Nursing, RN Supervisors, RN Managers, In-service Educator, Infection Control Nurse, Medical Director & QAPI Coordinator) to identify opportunities for workforce development.
- Work collaboratively with the DNS, ADON, QAPI Coordinator to provide ongoing education and guidance to ensure all internal investigations are investigated

thoroughly, root cause analysis is conducted, corrective actions are identified & implemented to rule out abuse, neglect, mistreatment and exploitation.

- Conduct an ongoing review of organizational policies to identify areas for enhancement based on evidence based clinical processes & regulatory requirements
- Work with the Staff Development Coordinator to identify priority staff training topics and competency needs that will enhance to overall quality of resident care
- Assess current knowledge base and develop a workplan for the Infection Preventionist that will ensure regulatory compliance with recent regulatory updates for infection prevention /control and antibiotic stewardship
- Work collaboratively with the Executive Director and Director of Nursing to provide routine education to the ADON an RN Supervisors in an effort to enhance management skills and improve quality of care.

Subsequently, Coretactics will provide GAP analysis and feedback to the Administrator and Nursing Administrative staff that includes:

- Propose recommendations for policy revision/removal, based on GAP analysis
- Develop competencies based on facility policy that correlate with identified opportunities
- Provide education and a proposed process based on QAPI Process assessment
- Propose tools for QAPI data collection and educate staff on proper utilization to enhance performance in key clinical areas
- Develop clinical competencies based on current/revised policies and procedures
- Propose process for Continuous Survey Readiness to promote regulatory compliance



SECTION V: COST PROPOSAL

PROJECT INVESTMENT

Plan completion over 3 year term -- \$150,000/annually**

**Project investment includes travel and all out-of-pocket expenses.

**Monthly payments of \$12,500.00 will be billed at the beginning of each month.



SECTION VI: MANDATORY DOCUMENTATION

Attachment A.....Non-Collusive Bidding Certificate

Attachment B.....Acknowledgment by Proposer

Attachment C.....Vendor Responsibility Questionnaire

Attachment D.....Iranian Energy Divestment Certification

Attachment E.....Certificate of Insurance

**ATTACHMENT "A"
NON-COLLUSIVE BIDDING CERTIFICATE PURSUANT TO
SECTION 103-D OF THE NEW YORK STATE GENERAL MUNICIPAL LAW**

A. 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 organizations, 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 knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A bid shall not be considered for award nor shall any award be made where (1), (2), and (3) above have not been complied with; provided, however, that in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons thereof. Where (1), (2), and (3) above have not been complied with, the bid shall not be considered for any award nor shall any award be made unless the head of the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customer of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of paragraph "A" above.

B. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, local law, and where such bid contains the certification referred to in paragraph "A" of this section, shall be deemed to have been authorized by the Board of Directors of the bidder, and such authorization shall be deemed to include the submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation

Amy Lee
Signature

President / CEO
Title

Coretactics, Inc.
Company Name

1/26/2026
Date



ATTACHMENT "B"
ACKNOWLEDGMENT BY PROPOSER

If Individual or Individuals:

STATE OF _____)
COUNTY OF _____) SS.:

On this _____ day of _____, 20____, before me personally appeared _____ to me known and known to me to be the same person(s) described in and who executed the within instrument, and he (or they severally) acknowledged to me that he (or they) executed the same.

Notary Public, State of _____
Qualified in _____
Commission Expires _____

If Corporation:

STATE OF New York)
COUNTY OF Rensselaer) SS.:

On this 28th day of January, 2021, before me personally appeared Amy LEE to me known, who, being by me sworn, did say that he resides at (give address) 50 Northern Pike, Johnsonville, NY 12094 that he is the (give title) CEO of the (name of corporation) Contacis, Inc, the corporation described in and which executed the above instrument; that he knows the seal of the corporation, and that the seal affixed to the instrument is such corporate seal; that it was so affixed by order of the board of directors of the corporation, and that he signed his name thereto by like order.

John P. Little
Notary Public, State of New York
Qualified in Schenectady County
No. 0118368191
Commission Expires December 11, 2029

Notary Public, State of New York
Qualified in Schenectady County
Commission Expires 12/11/2029

If Partnership:

STATE OF _____)
COUNTY OF _____) SS.:

On the _____ day of _____, 20____, before me personally came _____ to me known to be the individual who executed the foregoing, and who, being duly sworn, did depose and say that he / she is a partner of the firm of _____ and that he / she has the authority to sign the same, and acknowledged that he / she executed the same as the act and deed of said partnership.

Notary Public, State of _____
Qualified in _____
Commission Expires _____

**ATTACHMENT "C"
ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE**

1. VENDOR IS: <input checked="" type="checkbox"/> PRIME CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME Coretactics, Inc.	3. IDENTIFICATION NUMBERS a) FEIN # 47-2835705 b) DUNS #		
4. D/B/A - Doing Business As (if applicable) & COUNTY FIELD: N/A	5. WEBSITE ADDRESS (if applicable) www.core-tactics.com		
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE 1585 Route 146, Rexford, NY 12148	7. TELEPHONE NUMBER 518-280-1343	8. FAX NUMBER N/A	
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i> N/A	10. TELEPHONE NUMBER N/A	11. FAX NUMBER N/A	
12. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE Name Amy Lee Title President/CEO Telephone Number 518-280-1343 Fax Number e-mail amy.lee@core-tactics.com			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.			
a) NAME Amy Lee	TITLE President/CEO	b) NAME	TITLE
c) NAME	TITLE	d) NAME	TITLE
A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A "YES," AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE COUNTY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.			
14. DOES THE VENDOR USE, OR HAS IT USED IN THE PAST FIVE (5) YEARS, ANY OTHER BUSINESS NAME, FEIN, or D/B/A OTHER THAN THOSE LISTED IN ITEMS 2-4 ABOVE? List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. ARE THERE ANY INDIVIDUALS NOW SERVING IN A MANAGERIAL OR CONSULTING CAPACITY TO THE VENDOR, INCLUDING PRINCIPAL OWNERS AND OFFICERS, WHO NOW SERVE OR IN THE PAST ONE (1) YEARS HAVE SERVED AS:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a) An elected or appointed public official or officer? <i>List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b) An officer of any political party organization in Albany County, whether paid or unpaid? <i>List each individual's name, business title or consulting capacity and the official political position held with applicable service dates.</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

16.	<p>WITHIN THE PAST (3) YEARS, HAS THE VENDOR, ANY INDIVIDUALS SERVING IN MANAGERIAL OR CONSULTING CAPACITY, PRINCIPAL OWNERS, OFFICERS, MAJOR STOCKHOLDER(S) (10% OR MORE OF THE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL OTHER COMPANIES), AFFILIATE OR ANY PERSON INVOLVED IN THE BIDDING OR CONTRACTING PROCESS:</p>	
a)	<p>1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process;</p> <p>2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease;</p> <p>3. entered into an agreement to a voluntary exclusion from bidding/contracting;</p> <p>4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles;</p> <p>5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract;</p> <p>6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited;</p> <p>7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract;</p> <p>8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or</p> <p>9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
b)	<p>been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud, extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
c)	<p>been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of:</p> <p>1. federal, state or local health laws, rules or regulations.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
17.	<p>IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES HAD ANY CLAIMS, JUDGMENTS, INJUNCTIONS, LIENS, FINES OR PENALTIES SECURED BY ANY GOVERNMENTAL AGENCY?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied"</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
18.	<p>DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO:</p> <p>a) file returns or pay any applicable federal, state or city taxes? <i>Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.</i></p> <p>b) file returns or pay New York State unemployment insurance? <i>Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</i></p> <p>c) Property Tax <i>Indicate the years the vendor failed to file.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
19.	<p>HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES WITHIN THE PAST SEVEN (7) YEARS (WHETHER OR NOT CLOSED) OR IS ANY BANKRUPTCY PROCEEDING PENDING BY OR AGAINST THE VENDOR OR ITS AFFILIATES REGARDLESS OF THE DATE OF FILING?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
20.	<p>IS THE VENDOR CURRENTLY INSOLVENT, OR DOES VENDOR CURRENTLY HAVE REASON TO BELIEVE THAT AN INVOLUNTARY BANKRUPTCY PROCEEDING MAY BE BROUGHT AGAINST IT? Provide financial information to support the vendor's current position, for example, Current Ratio, Debt Ratio, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

21. IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES: Yes No

a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded;

Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.

1 "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.



ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE

FEIN #

State of: New York)
) ss:
County of: Rensselaer)

CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the County of Albany in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the County may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The undersigned certifies that he/she:

- Has not altered the content of the questions in the questionnaire in any manner;
• Has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
• Has supplied full and complete responses to each item therein to the best of his/her knowledge, information ad belief;
• Is knowledgeable about the submitting vendor's business and operations;
• Understands that Albany County will rely on the information supplied in the questionnaire when entering into a contract with the vendor;
• Is under duty to notify the Albany County Purchasing Division of any material changes to the vendor's responses.

Name of Business Coretactics, Inc.
Address 1585 Route 146
City, State, Zip Rexford, NY 12148

Signature of Owner [Signature]
Printed Name of Signatory Amy Lee
Title President / CEO

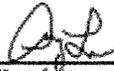
Sworn before me this 28 day of January, 2026
Notary Public

John P. Little
Notary Public, State of New York
Qualified in Schenectady County
No. 0116368191
Commission Expires December 11, 2029

John P. Little
Printed Name
[Signature]
Signature
01/28/2026
Date

**Attachment "D"
Certification Pursuant to Section 103-g
Of the New York State
General Municipal Law**

- A. By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer 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 its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the New York State Finance Law.
- B. A Bid/Proposal shall not be considered for award, nor shall any award be made where the condition set forth in Paragraph A above has not been complied with; provided, however, that in any case the bidder/proposer cannot make the foregoing certification set forth in Paragraph A above, the bidder/proposer shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where Paragraph A above cannot be complied with, the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, may award a bid/proposal, on a case by case business under the following circumstances:
1. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
 2. The political subdivision makes a determination that the goods or services are necessary for the political subdivision to perform its functions and that, absent such an exemption, the political subdivision would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.



Signature

President/CEO

Title

Coretactics, Inc.

Company Name

1/26/2026

Date

Attachment E

Client#: 1672252	CORETINC	12/19/22											
ACORD. CERTIFICATE OF LIABILITY INSURANCE													
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).</p>													
PRODUCER USI Insurance Services LLC 333 Glen Street, Suite 302 Glens Falls, NY 12801	CONTACT NAME: Peggy Foote PHONE (A/C, Ext): 845-285-3619 FAX (A/C, Ext): 610-537-2231 E-MAIL ADDRESS: peggy.foote@usi.com	INSURER(S) AFFORDING COVERAGE INSURER A: Selective Insurance Company of America NAIC #: 12572 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:											
INSURED Coretactics Inc 50 Northern Pike Johnsonville, NY 12094-3307													
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:											
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:5%;">TYPE</th> <th style="width:15%;">TYPE OF INSURANCE</th> <th style="width:10%;">INSURANCE</th> <th style="width:15%;">POLICY NUMBER</th> <th style="width:10%;">POLICY EFF. DATE (MM/DD/YYYY)</th> <th style="width:10%;">POLICY EXP. DATE (MM/DD/YYYY)</th> <th style="width:35%;">LIMITS</th> </tr> </table>	TYPE	TYPE OF INSURANCE	INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS						
TYPE	TYPE OF INSURANCE	INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS							
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	S2230801	06/06/2022	06/06/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$500,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/ OFFICER/MEMBER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A		PER RETALUTE <input type="checkbox"/> <input type="checkbox"/> WITH RET \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$								
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Proposal Number: <div style="text-align: center; font-size: 1.2em;">RFP 2026-013</div>													
CERTIFICATE HOLDER				CANCELLATION									
Albany County 112 State Street Albany, NY 12207				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 									
ACORD 25 (2016/01) 1 of 1 #S37832082/M37031986				© 1988-2015 ACORD CORPORATION. All rights reserved. HYZTS									