

# COUNTY OF ALBANY

## PROPOSAL FORM

### PROPOSAL IDENTIFICATION:

Title: **MINI-GRANTS FOR ALBANY COUNTY SUBSTANCE USE PREVENTION,  
TREATMENT AND RECOVERY SUPPORT PROVIDERS**

RFP Number: 2026-068

### 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) **\$18,304.47**

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:

YOUNG DO, Executive Director  
271 Central Ave.  
Albany, NY 12206  
Phone: 518-434-6468 Ext. 106

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

## **SECTION I**

### **Hospitality House Outdoor Recreation Program Proposal**

Proposer: Hospitality House TC, Inc.  
271 Central Ave.  
Albany, NY 12206

Agency Contact: Young Do, Executive Director  
(518) 434-6468 Ext. 106  
[young@hospitalityhouse.info](mailto:young@hospitalityhouse.info)

#### **Table of Contents**

Proposal Form	Pg. 1-2
Title Page, Agency Contact	Pg. 3
Agency Proposal Narrative	Pg. 4-7
Cost Proposal Form, Cost Breakdown	Pg. 8-9
Mandatory Attachments A-D	Pg. 10-16
Certificate of Liability Insurance	Pg. 17
Staff Resumes	Pg. 18-21

## SECTION II

Hospitality House TC, Inc. is a residential addiction treatment program licensed by the Office of Addiction Services and Supports (OASAS) to provide Stabilization and Rehabilitation services. Hospitality House is an agency in good standing with OASAS, and is a certified Medicaid Managed Care provider for New York State. Hospitality House was first incorporated in 1973 as a halfway house, but had been in continuous operation since the mid-60s, providing shelter and counseling to homeless and runaway youth. Through the years, Hospitality House has expanded its services to provide integrated treatment to adult men aged 18+. Our clients receive specialized substance use disorder, mental health, and primary medical care in a new 48-bed facility with 24 more beds set to open in the fall of 2026. We were founded in Albany County, and we've remained in the county since our inception.

Our philosophical approach emphasizes holistic treatment, healing, and recovery that is comprehensive and addresses the spectrum of life issues with which clients may present, while being flexible to take into account the individual needs and strengths of the client. Our clinical approach is eclectic yet evidence-based. Because we treat cases that are complex due to the interaction of addiction, mental illness, and chronic health issues, we do not subscribe to a single theoretical approach and rely on empirical and measurement-based information to plan treatment and evaluate its effectiveness.

Hospitality House has been on the front lines through each major wave of the opioid crisis: From the beginning when we saw a shift from mostly older, alcohol-use clients to younger clients addicted to Opana, Oxycontin, and Hydrocodone, to the surge in heroin-addicted individuals in search of cheaper alternatives to pain medications, and now a population addicted to fentanyl and other opioid analogues, we have evolved at every step to provide the best care for

these individuals. We believe this experience positions us as an important tool in the continuum of care along with other providers fighting the opioid crisis in Albany County.

**Resumes – Please see attached addendums**

### **SECTION III**

The current proposal seeks funds in the amount of \$18,304.47 to purchase camping and other outdoor recreational equipment to enhance our clients' engagement in physical, recovery-oriented activities. Hospitality House attests that there is no other funding available for such types of purchases. Hospitality House has a robust record of successfully executing on similar activities at scale. For example, Hospitality House has an annual Grafton Lakes Park trip where all residents take a day trip to Grafton Park to spend time swimming, hiking, and playing sports, while relaxing with peers and staff. Clients also engage in two BBQ's in the summer at Six-Mile Waterworks Park playing games, hiking, and fishing. Logistically, these are carefully planned and executed, as outings require operational staff to prepare everything from food to medications.

### **SECTION IV**

#### **The problem:**

We have long known the effects of long-term opioid use on behaviors, including the impact on users' ability to engage in healthy, pleasurable, non-drug activities. The clinical term, *anhedonia* describes the inability to feel pleasure from engaging in previously enjoyed activities due to chronic substance use that has altered the brain's reward system. This condition is so pervasive and universal in its presentation, especially in opioid use disorder (OUD), that it is a clinical marker for diagnosis. Beyond its influence on relapse potential and quality of life, anhedonia also disrupts a person's return to regular life interests, and often presents as a barrier

to engaging in treatment and other recovery-oriented activities. However, research has shown that OUD patients can overcome this barrier through treatment and intervention.<sup>1</sup>

**Our approach:**

Hospitality House proposes to use the funding to purchase camping, fishing, and other outdoor recreational equipment to allow us to fully implement our activities program with our clients. We expect to take small groups of clients on two or three-day camping trips at state parks and lakes, for hiking, playing sports, fishing, and other activities led by Hospitality House’s milieu staff, counselors, and activities coordinators. Clients will help with setting up camp, cooking and cleaning, as well as engaging in client-led activities such as AA/NA meetings, and campfire stories. We would also use the funding to engage clients in larger gatherings at parks to play intramural-style sports.

We believe that recreational activities as a treatment modality goes beyond teaching clients how to have “sober fun.” Recreation is important not just in long-term recovery, but also as a tool for engaging clients in treatment, relieving the rigors of daily therapeutic regimens, and helping to rewire brains to be more fully present throughout the treatment episode. We believe this relates to the NYS Opioid Settlement Task Force’s priority of focusing on treatment and recovery, as well as Albany County’s priority of developing, implementing, and expanding innovative treatment services.

There is an abundance of empirical evidence pointing to physical activity being correlated with positive outcomes in addictions treatment, especially when paired with a comprehensive approach to clinical intervention.<sup>2</sup> There is also ample evidence that supports spending time outdoors in nature as part of a regimen for treatment of substance use disorder.<sup>3</sup> The mechanisms that are thought to play a part in the success of addicted individuals are fairly

clear according to research: physical activity and being in nature helps reduce stress (cortisol), they prime dopamine sensitivity after repeated exposure, helping to return body and brain function to normal internal regulation. We believe these processes are helpful for individuals navigating through the daily demands of intensive treatment such as that of residential programs.

### **Staffing and other in-kind resources:**

Activities will be staffed by Hospitality House's employees. Managers will coordinate activities, obtain appropriate licenses (e.g. fishing) and reservations for venues, and schedule necessary support staff, including drivers. While there are staff members who are mandated to attend (e.g. nursing and kitchen staff when there is a majority of the clients in the facility participating), there are also counselors, milieu staff, CRPAs, and others who may attend. Hospitality House will also provide in-kind resources such as food, medical supplies, and transportation for the activity. We possess a large Fort Transit van that seats up to 14 not including the driver, as well as two minivans that can seat six passengers each.

### **Performance Measures:**

We expect to use our existing data-collection methods to measure results; our main source of data is our client satisfaction surveys that include questions about the quality of clinical care. We aim to add questions to the bi-annual survey that focus on the outdoor activities. For example, using Likert-response questions like, "Based on my participation in outdoor activities, I feel like my mental health symptoms have improved."

1. Stull, S. W., Bertz, J. W., Panlilo, L. V., Kowalczyk, W. J., & Phillips, K. A., et. al. (2021). *I feel good?* Anhedonia might not mean "without pleasure" for people treated for opioid use disorder. *Journal of Abnormal Psychology, 130*(5), 537-549.

2. Theodorakis, Y., Hassandra, M., & Panagiotounis, F. (2024). Enhancing substance use disorder recovery through integrated physical activity and behavioral interventions: A comprehensive approach to treatment and prevention. *Brain Sciences, 14*(6), 534.

Heinrich, K. M., Patterson, M. S., Collinson, B., Streetman, A. E. (2025). Exercise as medicine for addiction recovery. *Current Sports Medicine Reports, 24*(8), 235-239.

3. Diaz-Martinez, F., Sanchez-Sauco, M. F., Cabrera-Rivera, L. T., Ortin-Fernandez, C. A., Orenes-Pinero, E., & Ortega-Garcia, J. A. (2024). Harnessing the power of nature: A review of natural interventions in substance abuse treatment and prevention. *Environmental Health and Preventative Medicine, 29*(64), 1-12.

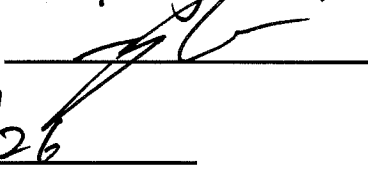
**COUNTY OF ALBANY**

**COST PROPOSAL FORM**

**PROPOSAL IDENTIFICATION:**

**Title: MINI-GRANTS FOR ALBANY COUNTY SUBSTANCE USE PREVENTION,  
TREATMENT AND RECOVERY SUPPORT PROVIDERS**

**RFP Number: 2026-068**

**COMPANY:** Hospitality House TC, Inc.  
**ADDRESS:** 271 Central Ave.  
**CITY, STATE, ZIP:** Albany, NY 12206  
**TEL. NO.:** 518-434-6468  
**FAX NO.:** 518-434-1566  
**FEDERAL TAX ID NO.:** 14-1540533  
**REPRESENTATIVE:** Young Do  
**E-MAIL:** young@hospitalityhouse.info  
**SIGNATURE AND TITLE**  , Executive Director  
**DATE** 4/23/26

Hospitality House Grant Cost Proposal  
Recreation Program Supply List

Item	Description	Store	Quantity	Total price
Tent	Coleman 8 person skydome tent	Walmart	7	219.00
Tent	Coleman 2 person skydome tent	Walmart	25	109.99
Gas Grill	Coleman RoadTrip Sportster Propane Gas Grill	Walmart	4	168.00
Gas Stove	Single burner camping stove	Walmart	6	25.99
Lawn Chairs	Quad Folding Camp Chair with Cup Holder	Walmart	25	8.97
Sleeping Bag	10 Pack of Bulk Wholesale Cold Weather Hooded Sleeping Bag	Walmart	3	129.80
Sleeping Pad	BNISE Camping Sleeping Pad, 6.3" Inflatable Sleeping Mat	Walmart	25	37.99
Portable Charger	46800mAh Solar Charger Power Bank 20W	Walmart	10	36.49
First Aid	Comprehensive First Aid Kit	Walmart	4	34.39
Lockbox	Portable Medication Lockbox	Ray Allen	4	59.99
Coffee maker	12-Cup Stainless Steel Camping Percolator	Walmart	4	29.58
Dish sink	Collapsible Dish Basin with Drain Plug	Walmart	6	14.49
Tackle box	Outdoor Large Tacklebox	Walmart	4	19.97
Cooler	62qt Camping Cooler	Walmart	8	129.00
Tarp	12x12 Heavy Duty Waterproof Tarp	Walmart	6	44.95
Canopy	12x12 Popup Shade Canopy	Walmart	6	179.99
Storage box	Remington 60 Qt Heavy Duty Trail Box, Stackable Storage Bin with Latching Lids, Black, 2Pk	Walmart	3	79.99
Fishing rod	Daiwa D-Shock 6ft 6in Spinning Rod & Reel Combo with 10lb Line and Bonus Tackle Pack	Walmart	25	39.97
Camping table	Folding Camping Table with Storage,	Walmart	6	69.99
lantern	Ozark Trail LED Rechargeable Lantern, 3000 Lumen, IPX4 Water Resistant,	Walmart	8	43.64
Tent lantern	Lepru 2-Pack Rechargeable Camping Lanterns	Walmart	10	19.99
Bait Kit	Fishing Lures Tackle Box Bass Fishing Baits	Walmart	4	24.99
Bait Kit	Blusea 343pcs Compact Fishing Tackle Kit	Walmart	4	34.99
Cookware	2-Person Portable Cookware and Utensil Set	Walmart	13	38.99
Backpacks	50L Waterproof Camping Hiking Backpack	Walmart	25	39.99
Kitchen Utensils	Camp Cooking Kitchen Set	Walmart	2	26.99
Bug Repellent	Permethrin Fabric Treatment (Clothing, gear, tents)	Dick's Sporting	3	21.99
Cookware	20qt Stock Pot Stainless Steel	Amazon	3	47.95
Cookware	12inch Stainless Steel Skillet	Amazon	4	29.99
Cookware	12inch Gridle Pan	Amazon	4	39.99
Volleyball Net	DSG Volleyball Net	Dick's Sporting	4	99.99
Volleyballs	Wilson Pro Volleyball	Dick's Sporting	6	21.99
Badminton	ReLeague Racquets (4 pack)	Dick's Sporting	4	29.99
Shuttlecocks	ReLeague Shuttlecocks (6 pack)	Dick's Sporting	4	4.99
Frisbee	ReLeague Ultimate Disc	Dick's Sporting	2	9.99
Bocce Ball Set	GoSports Soft Bocce Set	Dick's Sporting	4	39.96
Croquet Set	Baden Champions Series Croquet Set	Dick's Sporting	2	44.99
Cornhole Set	ReLeague Cornhole Board (x2) w/Bags	Dick's Sporting	2	119.99
Ladderball Set	GoSports Ladder Toss Game	Dick's Sporting	4	139.99
Basketballs	Wilson Outdoor Basketball	Walmart	2	44.99
KanJam Set	KanJam Disc Game	Dick's Sporting	4	10.00
Soccer balls	Athletic Words Soccer Ball	Dick's Sporting	4	39.99
Softball Bases	DSG Softball/Baseball Base Set	Walmart	2	9.98
Catchers Mask	Force3 Catcher's Pads and Mask	Dick's Sporting	1	29.99
Softballs	11" Practice Balls 6-pack	Dick's Sporting	1	429.99
Softball Gloves	Rawlings 12.5" Sure Catch Softball Gloves	Dick's Sporting	2	32.99
Softball Bats	Miken Slowpitch Alloy Bat	Directsports	16	45.95
	Insert lines here	Dick's Sporting	4	139.99
	Total			18,304.47

**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.

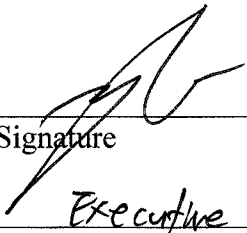
(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

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

5/1/26  
Date

  
\_\_\_\_\_  
Signature  
Executive Director  
\_\_\_\_\_  
Title  
Hospitality House TC, Inc.  
\_\_\_\_\_  
Company Name

**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.

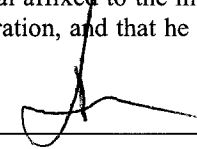
SHENECE TIANNA SMITH  
NOTARY PUBLIC, STATE OF NEW YORK  
REGISTRATION No. 01TE6433353  
QUALIFIED IN ALBANY COUNTY  
COMMISSION EXPIRES 5-16-2026

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
Qualified in \_\_\_\_\_  
Commission Expires \_\_\_\_\_

If Corporation:

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

On this 1<sup>st</sup> day of May, 2026, before me personally appeared Young DD to me known, who, being by me sworn, did say that he resides at (give address) 13 Gail Ave Albany NY 12205; that he is the (give title) EXECUTIVE DIRECTOR of the (name of corporation) Hospitality House TC, 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.

  
\_\_\_\_\_  
Notary Public, State of New York  
Qualified in Albany  
Commission Expires 5/16/2026

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 <i>Hospitality House TC, Inc.</i>		3. IDENTIFICATION NUMBERS a) FEIN # <i>14-1540533</i> b) DUNS # <i>136639168</i>
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD:		5. WEBSITE ADDRESS (if applicable) <i>www.hospitalityhousetc.org</i>
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>271 Central Ave. Albany, NY 12206</i>		7. TELEPHONE NUMBER <i>518-434-6468</i>
		8. FAX NUMBER <i>518-434-1566</i>
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i>		10. TELEPHONE NUMBER
		11. FAX NUMBER
12. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE Name <i>Young Do</i> Title <i>Executive Director</i> Telephone Number <i>518-434-6468 ext. 106</i> Fax Number <i>518-434-1566</i> e-mail <i>young@hospitalityhouse.in fo</i>		
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS. <i>N/A Nonprofit Corp.</i>		
a) NAME	TITLE	b) NAME
c) NAME	TITLE	d) NAME
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:		
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 individuals 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 (5) 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> <p>a) 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>b) 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>c) 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> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</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 Ration, Debt Ration, 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 <sup>1</sup> :	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.		

<sup>1</sup> "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 # 14-1540533

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

**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 Hospitality House TC, Inc. Signature of Owner [Signature]  
 Address 271 Central Ave. Printed Name of Signatory Young Do  
 City, State, Zip Albany, NY 12206 Title Executive Director

Sworn before me this 7<sup>th</sup> day of May, 2021;  
Notary Public

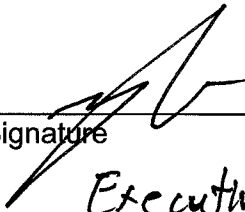
SHENECE TIANNA SMITH  
NOTARY PUBLIC, STATE OF NEW YORK  
REGISTRATION No. 01TE6433353  
QUALIFIED IN ALBANY COUNTY  
COMMISSION EXPIRES 5-16-2026

Young Do  
Printed Name  
[Signature]  
Signature  
5/1/26  
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.

4/23/26  
Date

  
\_\_\_\_\_  
Signature  
Executive Director  
\_\_\_\_\_  
Title  
Hospitality House T.C., Inc.  
\_\_\_\_\_  
Company Name



# SARAH LIPSCOMB

## CASAC - T

**P** (518) 903-3657

**E** slipscomb@hospitalityhouse.info

**A** 816 Myrtle Ave,  
Albany, NY, 12208

**W** <https://www.hospitalityhouse.org/>

### OBJECTIVE

When I was hired in this field I was readily available to learn new skills and learn a new environment of people. Since being employed at Hospitality House, I continue to grow my skill set and I continue to learn how to navigate the addictions services to ensure the best care for clients.

### EXPERIENCE

**Hospitality House T.C. Inc – June, 2018 to Present.**

- **Operations Manager: August, 2025 to present** – I am currently the program manager, where I ensure the program and operations are running on a continuous basis. I complete phone screenings and schedule admissions for the agency. I continue to handle all discharge referrals and ensure clients transition to their new facility. I continue to complete the utilization review, as well as complete the billing for the agency. I continued to fulfil the job functions as the Business Manager.
- **Business Manager: November, 2022 – August, 2025** - I fulfilled the role of continuing to be the administrative assistant, helping with admission referrals and completing phone screenings, also coordinate all admissions and discharges. I was tasked to handle all discharge referrals and coordinate their transition to the next program. I continued to complete the utilization review for clients insurances and I became the biller of the agency, where I submitted claims to the insurance companies in order for the insurance companies to remit the payments. I continued to fulfil the job functions as the Administrative Assistant.
- **Office Manager: May, 2021 – November, 2022** - I fulfilled the role of being the administrative assistant by handling referrals, scheduling phone screenings for the Director of Operations, handling all admissions by having client sign their initial releases, as well as continuing to be the utilization reviewer. I continued to fulfil the job functions as the Utilization Reviewer.

### EDUCATION

Guilderland High School – High School Graduate

Ulster County Community College – CASAC program – November, 2022.

### SKILLS:

- MICROSOFT OFFICE SUITE
- BILLING
- PHONE SCREENINGS
- ELECTRONIC HEALTH RECORD
- NAVIGATION

- 
- **Utilization Reviewer: November, 2020 – May, 2021** - I fulfilled the role of being the utilization reviewer which consisted of me completing insurance reviews with the insurance companies in order to obtain cover days for the insurance to remit payments. I continued to fulfil the job functions as the Medication Room Manager except handling medications.
  - **Medication Room Manager: November, 2018 – November, 2020** - I fulfilled the role of being the medication room manager which entailed making client's medications to them, re-ordering medications through the pharmacy website, overseeing other medication technicians to ensure clients are receiving the proper care, helping clients make certain doctor appointments and making sure the medication administration record is up to date. I also continued to complete the schedule for the entire agency to ensure there was coverage on each shift.
  - **Medication Room Technician: June, 2018 – November, 2018:** I fulfilled the role of being a medication technician which included making client's medications accessible for them and watching the take their medication properly as they are prescribed. I was also tasked in completing the agency schedule to ensure there was coverage in the medical room for each shift.

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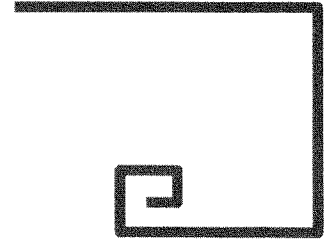
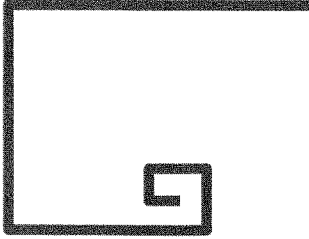
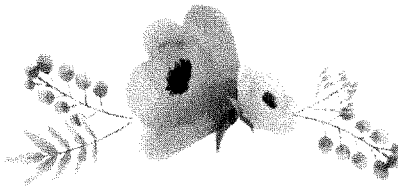
## **COMMUNICATION**

- Working with each department in the facility to ensure client's needs are met as well as staff.
- Ensure the safety of all client's in the facility.
- Work with other agencies to coordinate care for client's in the facility and potential admissions.

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## **LEADERSHIP**

- Managerial skills
- Presenting in large group settings including client's and staff.
- Organizational Management
- Crisis Management





# *Kadaysha Marriott*




**2019-Current**  
**Manger Of Client Services**  
**Hospitality House**  
**271 Central Ave Albany NY 12206**  
**518-434-6468**

**Task: Facilitate DSS/SNAP applications in timely matter. Complete 4527 Discharge Summaries. Assist with Transportation. Assist clients with obtaining their identification documents. Birth Certificate, social Security cards, New York State ID & health insurance identification cards.**

 45 Judson Street  
Albany NY 12206

 309-714-6544

 Kadaysha0817@icloud.com

**2015-2017**  
**Driver/ Dispatch**  
**A Plus Medical Transportation**  
**23 Railroad Ave Albany NY 12205**  
**518-433-7433**

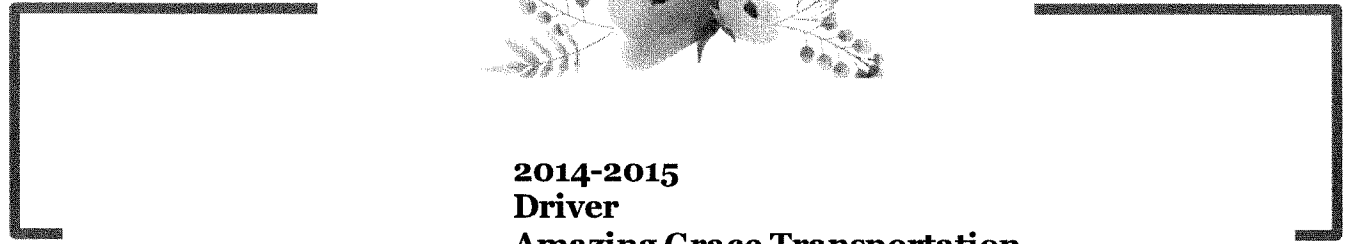
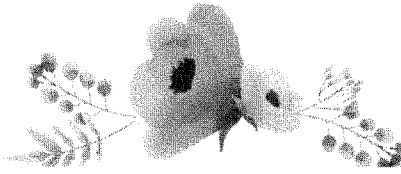
**Tasks: Dispatch Drivers to designated pick up and drop-offs locations. Ensure clients make it to medical appointments in a timely matter.**

**2016-2017**  
**Sales associate/ Cashier**  
**Charming Charlies**  
**131 Colonie Center Albany NY 12205**  
**518-482-2107**

**Task: Cashing customers out, maintain inventory list.**

**2014-2016**  
**HHA/ PCA**  
**Anytime Healthcare**  
**1217 Central Ave Albany NY 12205**  
**518-454-9433**

**Task: Assist with Bathing Meal Preparation, Medication remainders. Cleaning, Companion care, Hoyer Lift/ transfers**



**2014-2015**

**Driver**

**Amazing Grace Transportation**

**1575 State St. Schenectady NY 12304**

**518-250-4664**

**Ensure clients make it to medical  
appointments safe & in a timely matter.**

**Albany High Graduate 2012**

**Class C CDL License**

**PCA Certificate**

**CPR Certificate**

