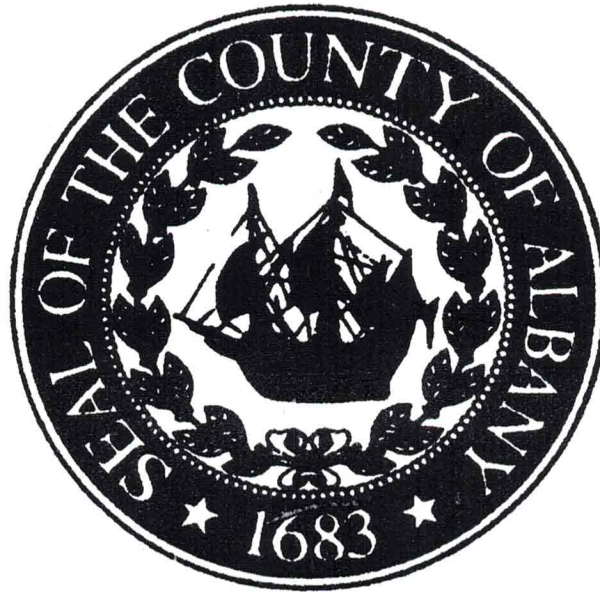


# **COUNTY OF ALBANY**

## **REQUEST FOR PROPOSALS**

### **SHAKER PLACE REHABILITATION AND NURSING CENTER**



**RFP #2022-136**

**CERTIFIED NURSING ASSISTANT (CNA) SERVICES**

**ALBANY COUNTY DEPARTMENT OF GENERAL SERVICES  
PURCHASING DIVISION**

**PAMELA O NEILL, PURCHASING AGENT  
112 STATE STREET, ROOM 1000  
ALBANY, NY 12207**

COUNTY OF ALBANY  
DEPARTMENT OF GENERAL SERVICES PURCHASING DIVISION  
112 STATE STREET, ROOM 1000, ALBANY, NY 12207  
TELEPHONE: 518-447-7140/ FAX: 518-447-5588

TITLE: Certified Nursing Assistant (CNA) Services RFP NUMBER: 2022-136

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 1000  
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: Clinical Staffing Resources, Corp.  
Address: 420 Broadway, 3rd floor  
City: Brooklyn State: Ny Zip Code: 11211  
Contact Person: Mindi M. Derry  
Title: VP  
Phone Number: 718-669-7373 Fax Number: 347-457-6261 E-Mail: Mindi@cse.ny.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: 347-457-6261 E-Mail Mindi@cse.ny.com

Request for Proposals

(RFP) #2022-136

**Nursing Services**  
**ALBANY COUNTY DEPARTMENT OF GENERAL SERVICES**  
**PURCHASING DIVISION**  
**Patricia O Neill, PURCHASING AGENT**  
**112 STATE STREET, ROOM 1000**  
**ALBANY, NY 12207**

*Presented by*

**Clinical Staffing Resources**

With Corporate Headquarters at

420 Broadway, 3<sup>rd</sup> Floor

Brooklyn, NY 11211

***Contact***

Mindi M Derry

[mindi@csrny.com](mailto:mindi@csrny.com)

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## Section II - Qualification / Experience

Clinical Staffing Resources (CSR) has been providing supplemental nursing services to schools, hospitals, clinics and long term care facilities since 2009 throughout the state of NY.

At this time, we are providing long and short term temporary healthcare and nursing professionals.

Our professional healthcare providers are licensed, registered and or certified as required under the laws of the state of New York.

Our Professional healthcare providers meet all requirements and protocols established by the NYS DOH, as well as federal, county and city specific requirements including but not limited to; OIG, MOIG, GSA, SOR, OP, DOC, CBC, OFAC. Each provider is also required to provide current physical, Immunization records / titres, PPD, Flu shot and Pneumovax and Hepatitis B documentation.

Our 12 internal staff members are comprised of staffing professionals each with over 7 years of nursing and healthcare professional's recruitment and placement expertise. As the person submitting this proposal and who will manage the services rendered through this agreement, I, Mindi M Derry, have over 35 years' experience in the recruitment, screening, credentialing and placement of healthcare professionals. (Please see Resume attached), I am currently the VP of Talent and Client Acquisition, at Clinical Staffing Resources with corporate offices located at 420 W. Broadway, Brooklyn, NY 11211 and a Long Island branch located at 188 Park Ave, Amityville, NY 11701. Phone number and fax numbers to these offices are as follows; Brooklyn office 718-669-7373 phone, 347 457-6261 fax, Amityville office 631-282-8500 phone and 631-532-5261 fax.

Internal staff to assist in the implementation of the proposed services are as follows; Brooklyn Office contact, Laura J. White – Gillman, VP of Staffing and Operations (see attached resume) and myself, Mindi Derry will personally oversee the process of recruitment and placement to ensure quality of candidates and service to the Albany County Nursing Home as needed.

We are available 24 hours per day by calling the Brooklyn office at 718-669-7373 and the Amityville office at 631-282-8500. These numbers will allow you to reach us during normal business hours; M-F from 8a-6p and after hours / on the weekends you will reach someone by pressing 1.

Clinical Staffing Resources has access to every licensed healthcare professional in the state of NY. Our extensive database of candidates includes a list of all healthcare professionals currently licensed in the state of NY, we utilize this as well as our social media accounts, professional referrals, national job boards which provide us with daily alerts of active job seekers, and attendance to professional associations / conferences to ensure an active pipeline of qualified interested candidates.

Our recruitment / application process accommodates everyone interested. We offer applicants; easy fill documents, login apply and pen to paper applications. With these options our applicant to employee process takes half the time to complete versus other agency process's.

Staffing and applicant profile review at CSR is also expedited. We are capable of uploading your staffing needs into our system on a daily or as needed basis. Once the need is uploaded our system will generate a list of

providers based on past work history within your facility, distance to the assignment and match professional qualification to the need.

This list is then contacted via text, email and automated phone calls to notify candidates of the position available. By automating this process, we are able to contact an unlimited number of healthcare professionals within minutes via multiple contact venues.

Once a proper candidate has been identified and committed to the position, we are able to then generate the professional profile highlighting: experience, immunization / health statement, background checks to include OIG, OMIG, SOR, Prometric, DOH etc. Please see the attached Professional Profile cover sheet.

Candidate Profiles including availability are then presented to the facility for approval and scheduling.

Our candidates schedules are then confirmed via email, text and phone conversations to ensure that they are fully aware of the shifts they are expected/ confirmed to cover.

Our internal staff is available to contact all approved candidates quickly in the event that there is a call out or last minute shift that needs to be covered.

## **Executive Summary / Team Composition**

Attached is a copy of our proof of incorporation.

### ***Clinical Staffing Resources' ownership and officers are as follows***

Daniel Weinberger, President 100% ownership

Nathan Landau, COO, CFO

### ***Clinical Staffing Resources' Management Team***

Mindi M Derry, VP Talent and Client Acquisition

Laura J White, VP of Staffing and Operations

# Department of State

## Division of Corporations

### Entity Information

[Return to Results](#)[Return to Search](#)

#### Entity Details

**ENTITY NAME:** CLINICAL STAFFING RESOURCES CORP.

**DOS ID:** 3958571

**FOREIGN LEGAL NAME:**

**FICTITIOUS NAME:**

**ENTITY TYPE:** DOMESTIC BUSINESS CORPORATION

**DURATION DATE/LATEST DATE OF DISSOLUTION:**

**SECTION OF LAW:** 402 BCL - BUSINESS CORPORATION LAW

**ENTITY STATUS:** ACTIVE

**DATE OF INITIAL DOS FILING:** 06/07/2010

**REASON FOR STATUS:**

**EFFECTIVE DATE INITIAL FILING:** 06/07/2010

**INACTIVE DATE:**

**FOREIGN FORMATION DATE:**

**STATEMENT STATUS:** CURRENT

**COUNTY:** KINGS

**NEXT STATEMENT DUE DATE:** 06/30/2022

**JURISDICTION:** NEW YORK, UNITED STATES

**NFP CATEGORY:**

[ENTITY DISPLAY](#)[NAME HISTORY](#)[FILING HISTORY](#)[MERGER HISTORY](#)[ASSUMED NAME HISTORY](#)

#### Service of Process Name and Address

**Name:** CLINICAL STAFFING RESOURCES CORP.

**Address:** 420 BROADWAY 3RD FLR, BROOKLYN, NY, UNITED STATES, 11211

#### Chief Executive Officer's Name and Address

**Name:** DANIEL WEINBERGER

**Address:** 420 BROADWAY 3RD FLR, BROOKLYN, NY, UNITED STATES, 11211



Principal Executive Office Address

**Address:** 420 BROADWAY 3RD FLR, BROOKLYN, NY, UNITED STATES, 11211

Registered Agent Name and Address

**Name:**

**Address:**

Entity Primary Location Name and Address

**Name:**

**Address:**

Farmcorpflag

**Is The Entity A Farm Corporation:** NO

Stock Information

Share Value	Number Of Shares	Value Per Share
NO PAR VALUE	200	\$0.00

# Mindi M. Derry

## EDUCATION

- 1984 - 1989            **Operational Administration and Management**  
• Curriculum emphasizing Human Resources, Marketing and Business Administration
- 1994  
1998                   **Certified Recreational Therapist**  
**Certification in Employment Law**  
• National Association of Temporary Staffing Service
- 2003                   **Employment Law Accreditation Course**  
• American Staffing Association
- 2004                   **Certified Staffing Professional**  
• American Staffing Association

## PROFESSIONAL EXPERIENCE

- 2010 - Present        **Clinical Staffing Resources**  
**VP Healthcare Services**
- 2004 - 2013           **Medical Staffing Consultants**  
**Senior Consultant/ On Site Trainer**
- 2002 - 2004           **Response Medical Services**  
**Vice President of Healthcare Staffing**
- 2001 - 2002           **Nextgen Inc., Healthcare Staffing**  
**Vice President of Healthcare Staffing**
- 1999 - 2001           **Empire Staffing Services**  
**Director of Staffing/Marketing Services**
- 1996 - 1999           **Total Healthcare Staffing**  
**Vice President of Operations & Shareholder Recruitment**

## PROFESSIONAL QUALIFICATIONS

- Regarding above positions
- Designed policies and procedures as well as mission statement and marketing plan
  - Prospected, established and maintained effective relationships with client base regarding all aspects of sales/marketing
  - Provided unique forums to discuss services provided
  - Established criteria and network for professional referrals
  - Maintained product visibility and recognition through attendance of physician based conferences and continued education forums
  - Developed and executed new marketing strategies to establish vital relationships with physicians/ facilities producing qualified and effective referral base

pg 6

- Trained support and management staff regarding recruitment and retention, sales, compliances and client relations and employment law
- Managed and trained the territory sales force in the implementation of educational programs to all levels of healthcare professionals
- Instrumental in promoting all key benefits of product/ service to the target audience
- Developed the strategies of product development and implemented timeline for strategies and tactics
- Evaluated market penetration and analyzed discrepancies within existing and potential client base
- Interfaced with administrators, physicians, office managers and nursing teams regarding product success and overall satisfaction
- Provided formal/informal in-service to clients regarding end user knowledge pertaining to expectations of service and product evaluation
- Pioneered support to providers regarding customer satisfaction and patient awareness
- Developed unique effective recruitment policies and procedures as well as on going recruitment efforts and strategies.
- Demonstrated ability to accomplish all tasks designated to meet the objectives required for success
- Coordination of events pertaining to product/service awareness
- Contract negotiations

- 1993 - 1996                      South Nassau Internal Medicine Associates  
 Front Office Supervisor
- Responsibilities included: coordination of 7 physicians within a multi-specialty internal medicine practice regarding their responsibilities within the hospital, office, long term care facilities and professional organizations; supervision and training of all support staff employed to perform required tasks necessary for daily operations.
- 1991 - 1993                      Mountain View Manor  
 Director of Recreation Therapy
- 1989 - 1991                      Health Force  
 Administrator (Home Healthcare Division)
- Solely responsible for designing and implementing all facets of this division
- 1983 - 1989                      Luther, Todd and Livix, Inc.  
 Program Development and Recruitment Director
- Directed all recruitment and retention programs
  - Designed and implemented all programs enabling seniors to maintain quality of life
  - Raised funds nationally to provide community outreach programs

WRITTEN REFERENCES AVAILABLE UPON REQUEST

pg 1

Laura J. White

Phone: (646) 701-2052 - Email: laura.white624@gmail.com

Experience:

Clinical Staffing Resources Brooklyn, NY

October 2009 -- Present

Director of Healthcare Staffing

- Strong focus on recruitment during company growth.
- Handled routine and sensitive employee relations issues.
- Implemented compensation items including a salary structure, and bonus incentive program
- Led performance management and staff development initiatives.
- Implemented expanded orientation program for new hires.
- Created employee handbook.
- Handled significant changes during formation of company.
- Employee communications and oversight of events such as College Representative Days, Back to School Clothes for Kids, Take your Child to Work Day, etc.
- Conducted Sales meeting for the business development of the company.
- Oversight of sales recruiting function.
- directly managed staff.

First Response Staffing, New York, NY

April 2007- September 2009

Director of Healthcare Staffing

- Handle full-cycle recruitment for various temporary, temp-perm and direct hire positions for diverse clients nationwide; specialize in staffing for administrative, allied healthcare, accounting & legal positions
- Manage an average of 20-30 open job orders per week
- Facilitate hiring process including reference checking, drug/background screening, administering computer tests and gathering new hire on-boarding documents
- Source candidates via cold calls, job boards, referrals & networking; write creative postings for job boards
- Review and calculate bill rates, buyout & direct hire fees for new and existing clients; negotiate compensation packages for direct hire candidates
- Continually foster strong relationships with hiring managers by providing the highest level of customer service in an effort to generate more business
- Maintain accurate documentation regarding associates' reason for separation from assignments for unemployment purposes
- Lead daily recruitment meetings with all branches via webcam
- Developed and maintained metrics reports to analyze turnover, sourcing methods and time-to-fill open requisitions
- Coach and counsel employees regarding attendance & performance; mediate employee disputes and complaints; perform investigations

Nassau Personnel Services, New York, NY

June 2001 - September 2007

Senior Staffing Consultant

- Facilitated entire hiring process including screening, interviewing, testing, reference checking and evaluating candidates for placement
- Managed 8-10 requisitions per week
- Updated and maintain applicant tracking database
- Worked closely with hiring managers to outline objectives and negotiate pay rates for each open position
- Responsible for client development, maintenance, retention & growth
- Sourced candidates via cold calls, networking, job boards, referrals, etc.
- Used Excel to prepare statistical reports relating to turnover analysis and time-to-fill open requisitions
- Active in employee relations

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Skills:

- Assisted with payroll processing
- Proficient in MS Word/Excel/PowerPoint/ Outlook
- Applicant tracking database software: Recruitmax, Peoplesoft, Tempworks
- Able to communicate effectively with all levels of management

Education:

University Of Phoenix  
2012 Associate in Healthcare Administration

University Of Phoenix  
2012 - Present Bachelors of Science Healthcare Administration

Section III - References

**Kerri DeMasi**

**Staffing Manager**

**Baptist Health Nursing & Rehabilitation Center**

297 North Ballston Avenue

Scotia, NY 12302

Office: (518) 370-4700 ext. 109

[demasik@bapthealth.com](mailto:demasik@bapthealth.com)

**Amanda Herzog**

**Staffing Manager**

**Green Meadows Nursing & Rehab**

161 Jefferson Heights

Catskill NY 12414

518-943-9380

[AHerzog@greenemeadows.com](mailto:AHerzog@greenemeadows.com)

**Timothy C. Fowler**

**Assistant Superintendent of Pupil Personnel Services**

**Niskayuna Central School District**

1239 Van Antwerp Road

Niskayuna, NY 12309

(518) 377-4666, Ext. 50734

[tfowler@niskyschools.org](mailto:tfowler@niskyschools.org)

## Section IV – Plan Implementation

Clinical Staffing Resources will contact the staffing office on a regular basis to get facility needs for staffing. Our staff is available 24 hours per day 7 days per week via, phone, text and email to address any staffing needs, schedule changes or concerns regarding care.

These needs will then be immediately distributed to all active candidates via text, email and phone calls to produce a list of candidates available to provide coverage for the openings. This list of availability will then be sent to the staffing office for confirmation. Our internal staff is able to schedule candidates on a weekly, monthly or as needed basis.

Once all shifts are confirmed by the designee of the Albany County Staffing office; the final confirmations will be sent to each candidate. We distribute these confirmations in multiple ways to decrease the possibility of error. For example – we will text, email and phone each candidate with their confirmed schedules.

We are then able to send to the facility a list of all confirmed coverage on a daily, weekly or monthly basis.

CSR pays its employees on a weekly basis, payroll can be run from individual time sheets, group time sheets or if available our candidates can utilize the time keeping process being used by facility staff.

Our recruitment team is always working to provide new candidates to our clients. This ensures that the facility is presented with new candidates regularly to maintain that pool of candidates required to fill the open shifts. At this time you will see that we have 24 CNA's available to assist the facility the moment that the contract is signed. We will maintain a pool of up to 30 CNA's dedicated to Albany Co Nursing Home. See attached list of CNA's and their Prometric – registry verification.

Clinical Staffing Resources will designate an internal staffing specialist to provide the day to day assistance required to successfully meet the goals of this partnership. Laura White – Gillman, VP of Operations will oversee our internal staff designated to Albany CO Nursing Home. Our staffing specialists work with their designated facilities 24/7, this provides greater consistency in our staffing efforts. What this means is that our staffing specialists become vested in the outcomes / results of each of their facilities staffing quotas and the success / satisfaction of the temporary staff placed within.

To summarize, CSR is dedicated to each facility that we staff on a personal basis. We provide prompt and personalized service, via a designated staffing specialist and professional staff for each of our facilities.



## PROFILE CHECKLIST

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

Agency: Clinical Staffing Resources

SIGMA: \_\_\_ YES \_\_\_ NO

\_\_\_\_ RESUME W/ EXPERIENCE

AVAILABILITY \_\_\_\_\_

\_\_\_\_ 2 FORMS OF ID      Exp: \_\_\_\_

\_\_\_\_ RN: \_\_\_\_ LPN: \_\_\_\_ CNA: \_\_\_\_

LICENSE/CERTIFICATE      Exp: \_\_\_\_

\_\_\_\_ CPR      Exp: \_\_\_\_

MALPRACTICE      Exp: \_\_\_\_

\_\_\_\_ PHYSICAL      Date: \_\_\_\_

\_\_\_\_ PPD/CHEST XRAY      Date: \_\_\_\_

\_\_\_\_ FLU VACCINATION      Date: \_\_\_\_

\_\_\_\_ TITERS

\_\_\_\_ HEP VACCINE      \_\_\_\_ DECLINATION

\_\_\_\_ SKILLS CHECKLIST

\_\_\_\_ DOH 102,103,104

\_\_\_\_ FINGERPRINTS

\_\_\_\_ YEARLY MANDATES FORM

\_\_\_\_ COVID VACCINE RECORD

\_\_\_\_ PROMETRIC

\_\_\_\_ NYSED OP SEARCH

\_\_\_\_ OIG

\_\_\_\_ OMIG

\_\_\_\_ DOC

\_\_\_\_ SAM

\_\_\_\_ NYS

\_\_\_\_ NSOPW

SIGNATURE: \_\_\_\_\_

Date \_\_\_\_\_



# COUNTY OF ALBANY

## COST PROPOSAL FORM

### PROPOSAL IDENTIFICATION:

Title: Certified Nursing Assistant (CNA) Services  
RFP Number: 2022-136

Shift	Proposed Price Per Hour LPN	Proposed Price Per Hour CNA
All	\$ 48.00	\$ 38.00

COMPANY: Clinical Staffing Resources, Corp  
ADDRESS: 420 Broadway, 3rd floor  
CITY, STATE, ZIP: Brooklyn, ny 11211  
TEL. NO.: 718-669-7373  
FAX NO.: 347-457-6261  
FEDERAL TAX ID NO.: 272804814  
REPRESENTATIVE: Mindi M. Derry  
E-MAIL: mindie@csrny.com  
SIGNATURE AND TITLE: Mindi M Derry, VP  
DATE: 11/28/22

# COUNTY OF ALBANY

## PROPOSAL FORM

### PROPOSAL IDENTIFICATION:

Title: Licensed Practical Nurse (LPN) and Certified Nursing Assistant (CNA) Services  
RFP Number: 2022-136

### THIS PROPOSAL IS SUBMITTED TO:

Pamela O Neill, Purchasing Agent  
Albany County Department of General Services  
Purchasing Division  
112 State Street, Room 1000  
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
11/17/22	Addendum #1, 2, 3
11/22/22	Addendum #4
11/29/22	Addendum #5

(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:

Mindi M. Derry, VP  
Clinical Staffing Resources  
Via - email Mindi@CSKNY.com  
Phone: 718-669-1373

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

**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.

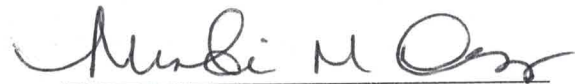
(2) Unless otherwise required by law, the prices which have been quoted in this bid have not knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

(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.

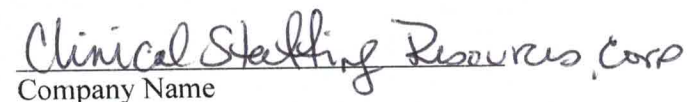
B. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, local law, 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

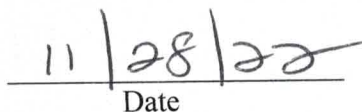


Signature



Title

  
Company Name

  
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 Nassau ) SS.:

On this 28 day of November, 2022, before me personally appeared Mende M. Derry to me known, who, being by me sworn, did say that he resides at (give address) 53 Pennsylvania Ave, CB, NY; that he is the (give title) VP of the (name of corporation) Medical Staffing Resources, Corp, 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.



[Signature]  
Notary Public, State of New York  
Qualified in \_\_\_\_\_  
Commission Expires 7.22.23

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 \_\_\_\_\_

ff

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

1. VENDOR IS: <input checked="" type="checkbox"/> PRIME CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME <i>Clinical Staffing Resources, Corp</i>		3. IDENTIFICATION NUMBERS a) FEIN # <i>27-2804814</i> b) DUNS # <i>054549002</i>	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD:		5. WEBSITE ADDRESS (if applicable)	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>420 Broadway 3rd floor Brooklyn, NY 11211</i>		7. TELEPHONE NUMBER <i>718-669-7373</i>	8. FAX NUMBER <i>347-457-6261</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>Mendi M. Derry</i> Title <i>VP</i> Telephone Number <i>718 669 7373</i> Fax Number <i>347-457-6261</i> e-mail <i>Mendi@CSRNJ.COM</i>			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.			
a) NAME <i>D Weisberg</i>	TITLE <i>100% owner</i>	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 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

*RS 18*

16. 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:

a) 1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process;  Yes  No

2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease;

3. entered into an agreement to a voluntary exclusion from bidding/contracting;

4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles;

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;

6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited;

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;

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

9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.

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?  Yes  No

c) been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of:  Yes  No

1. federal, state or local health laws, rules or regulations.

17. 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?  Yes  No

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."

18. DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO:

a) file returns or pay any applicable federal, state or city taxes?  Yes  No  
*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.*

b) file returns or pay New York State unemployment insurance?  Yes  No  
*Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.*

c) Property Tax  Yes  No  
*Indicate the years the vendor failed to file.*

19. 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?  Yes  No

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.

20. 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.  Yes  No

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.

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ALBANY COUNTY  
VENDOR RESPONSIBILITY QUESTIONNAIRE

FEIN #

State of: New York )  
  ) SS:  
County of: Nassau )

**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 and 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 Clinical Staffing Resources Signature of Owner Mindi M. Derry  
Address 420 Broadway, 3rd floor Printed Name of Signatory Mindi M. Derry  
City, State, Zip Brooklyn, NY 11211 Title VP

Sworn before me this 28 day of November 2020  
Notary Public



Printed Name

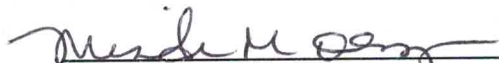
Signature

Date

*PD*

**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

VP  
\_\_\_\_\_  
Title

Clinical Staffing Resources, Corp.  
\_\_\_\_\_  
Company Name

11/28/22  
\_\_\_\_\_  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/29/2022

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.

**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 rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> GNP Brokerage US Inc. an ISU Network Member 2001 57th Street Brooklyn NY 11204  License#: 1045961 CLINSTA-01	<b>CONTACT NAME:</b> Mendel Pavel <b>PHONE (A/C, No, Ext):</b> 718-851-5400 <b>E-MAIL ADDRESS:</b> mendelp@gnpbrokerage.com <b>FAX (A/C, No):</b> 718-853-0164													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : TDC Specialty Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B : Highview National Insurance Company</td> <td>29998</td> </tr> <tr> <td>INSURER C : SHELTERPOINT LIFE INS CO</td> <td>81434</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : TDC Specialty Insurance Company		INSURER B : Highview National Insurance Company	29998	INSURER C : SHELTERPOINT LIFE INS CO	81434	INSURER D :		INSURER E :		INSURER F :
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INSURER F :														

**INSURED**  
 CLINICAL STAFFING RESOURCES CORP  
 420 BROADWAY, 3RD FLOOR  
 BROOKLYN NY 11211

**COVERAGES**                      **CERTIFICATE NUMBER:** 156329689                      **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	MFP-02216-22-00	5/20/2022	5/20/2023	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MFP-02216-22-00	5/20/2022	5/20/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	WCP-0184-10559-01	12/20/2021	12/20/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
			N/A				E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Professional Liability	Y	Y	MFP-02216-22-00	5/20/2022	5/20/2023	2,000,000	4,000,000
A	Sexual or Physical Abuse	Y	Y	MFP-02216-22-00	5/20/2022	5/20/2023	1,000,000	1,000,000
C	Disability			DBL350269	11/23/2022	11/23/2023		

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Certificate holder is included as additional insured with respects to the policies terms and conditions per written contract.

**CERTIFICATE HOLDER**                      **CANCELLATION**

Shaker Place Rehabilitation & Nursing Center 100 Heritage Ln Albany NY 12211	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 

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