

Section I - Three Year Colonie Community Service, Engagement  
Harm Reduction Grant

Opioid Settlement Funded Community Grants

Grant RFP# 2024-010, Due 2024-02-29

Submitted by:

Robbie MacCue, Assistant Chief of EMS  
312 Wolf Rd  
Latham, NY 12110  
518-782-2655

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## Section II - Describe the Problem (10%)

### **2.1 Describe the specific problem this project will be addressing and its impact on the community and individuals you serve**

The Colonie EMS department has made significant progress supporting the community in harm reduction methods and community education despite facing a rapid increase in 911 call volume. Our department is requesting financial support to continue and improve upon coordination of care and treatment pathways to support individuals with substance use disorder and co-occurring mental health issues.

According to a SAMHSA report in 2021<sup>1</sup>, among the 43.7 million people in the US aged > 12 who needed substance use treatment, only 4.1 million (9.4 percent) received any treatment in the past year. They outlined barriers to care including: stigma, lack of perceived need, transportation and wait times, plus other social determinants of care.

30% of individuals who died from unintentional opioid overdose were found to have had an encounter with EMS in the year prior to their death.

Colonie EMS paramedics and EMTs (referred to as 'paramedics' or 'providers') are uniquely positioned to recognize social determinants of health, identify patients with substance use disorders through screenings or interviews, have conversations with other medical professionals, and facilitate connections/referrals to others in the healthcare continuum who can support their immediate and long-term needs.

### **2.2 When applicable, include data/statistics that describe the target population and the effect of the opioid epidemic.**

In 2015 Colonie paramedics responded to 9,851 emergency calls and saw that number jump to 11,455 the following year, a 16% increase, which does correlate with a report from the CDC

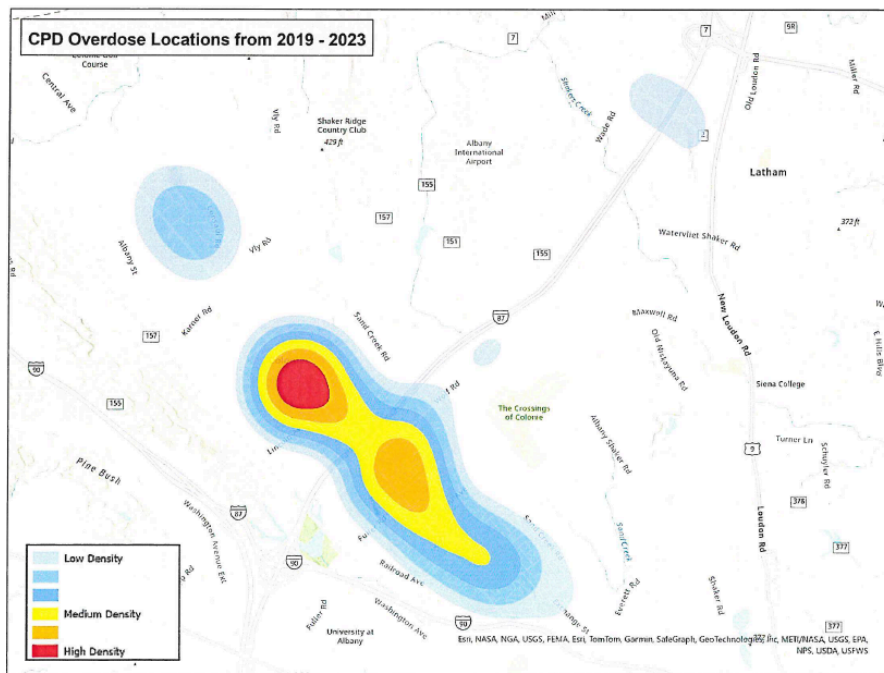
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<sup>1</sup> Connecting Communities to Substance Use Services: Practical Approaches for First Responders I Connecting Communities to Substance Use Services: Practical Approaches for First Responders Acknowledgments Connecting Communities to Substance Use Services: Practical Approaches for First Responders Acknowledgments. (n.d.). <https://store.samhsa.gov/sites/default/files/pep23-06-01-010.pdf>

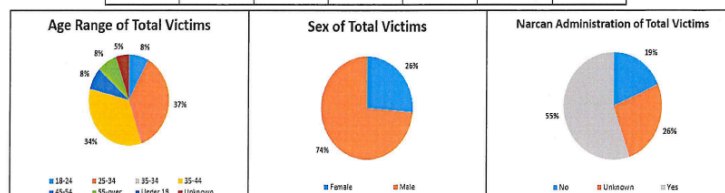
showing a rapid increase in overdose related deaths<sup>2</sup>. After this anomaly our 911 emergency call volume has trended up 1-5% per year for our department that currently responds to 14,500 annually.

A 5-year analysis 2019-2023 by the Capital Region Crime Analysis Center from 2019 - 2023 shows a high density of overdose related calls and fatalities in the Town of Colonie.

### Section I: Colonie PD 5-Year Analysis



Fatal v. Non-Fatal Overdoses						
	2019	2020	2021	2022	2023	Total
Fatal	4	6	18	6	4	38
Non-Fatal	34	47	51	52	70	254
Total	38	53	69	58	74	292



**Repeat Victims:** Between 2019 and 2023, there were 31 victims who overdosed two or more times, which account for 80 of the 292 total incidents during this time frame. Four (4) of those 80 incidents were fatal.

Our first responders have been at the forefront of this opioid crisis treating an increase in both high-acuity critical calls stemming from drug overdoses, polysubstance use, toxic drug

<sup>2</sup> Figure 1. National Drug-Involved Overdose Deaths, Number Among All Ages, by Gender, 1999-2021. National Center for Health Statistics, WONDER Online Database, released 1/2023.

poisonings, as well as an underserved population that repeatedly calls 911 with chronic low-acuity complaints rather than seeking primary care.

70% of patients result in conveyance to overcrowded emergency departments that have seen increases in times to 'off-load' a patient and turn them over to hospital staff. This means our providers have an opportunity to spend more time with these populations than ever before, and are having in-depth conversations with the remaining 30% of patients that do not want to seek an emergency department or follow-up care.

### **2.3 Describe any previous efforts to address this problem and the reasons they were or were not successful.**

In the last three years we have key personnel who have already taken on additional responsibilities and time commitments to identify those vulnerable populations and make referrals to the Albany County PSCC group after obtaining the proper Release of Information consent from repeat 911 callers. We have conducted a limited number of outreach visits and attended regular meetings to help coordinate additional care.

We wish to commit additional time by making referrals and following up on cases to ensure people in need are able to access substance use and mental health resources.

Since January of 2022 our department became an Opioid Overdose Prevention Program through the state of New York and has been able to distribute over 1,100 community naloxone kits. This includes outfitting the Colonie Police Dept patrol units, Menands Police Dept, Siena College security officers with sufficient supplies of naloxone and additionally stocked leave behind naloxone kits on every paramedic ambulance unit. Prior to that we only had enough supply of kits for the EMS supervisor units and this action alone doubled the amount of leave behind naloxone kits that were being left with patients and families at risk of another overdose.

We identified project COAST as a partner and created a 1 page flier promoting their 24/7 hotline for accessing MAT and outlining their resources, including MAT, additional family and peer support capabilities. We also partnered with the MATTERS Network (Buffalo, NY) and

added Xylazine and Fentanyl test strips to every leave behind community naloxone kit as a method of harm reduction.

Working with the neighboring municipalities (Town of Guilderland and City of Cohoes) we standardized the naloxone kits, as well as presented regionally to the Hudson Mohawk Medical Advisory Committee about these efforts in order to educate more rural departments and medical directors.

We have added naloxone education to CPR + AED training, as well as encouraged school districts, businesses and other Public Access Defibrillators to attach a special naloxone kit to AEDs.

In August of 2023 we created two public distribution points for community naloxone kits that allowed self-dispensing and education at the Colonie Public Library and the Colonie Court/Public Safety Building. These two locations continue to be restocked on a regular basis.

We have worked with Colonie Police school resource officers to provide training to teachers, students, and parents.

These efforts could be sustained through additional targeted support of the EMS system being recognized as part of the greater public health continuum.



## Section III - Describe the Approach(40%)

### 3.1 How do you propose to address this problem? Please describe in detail the initiative you will be implementing with this funding.

To address this problem we propose funding a targeted Three Year Community Service, Engagement & Harm Reduction initiative.

- A. **\$ 150,000 [\$ 50k/yr] - Partially fund an administrative position who can assist with outreach and follow up on referrals.** This person will be involved with adding support and

capacity to the EMS leadership team, assisting the Assistant Chief, Deputy Chief with initiatives including:

- This position will analyze trends in naloxone given prior to EMS arrival (by community members or first responders), reconcile reports and track the number of naloxone kits being left with family members for on the spot training if they suspect a person living in the household may be at risk of SUD.
- Identifying and engaging businesses and other public locations, installing public access distribution sites for Naloxone and educational support materials for further harm reduction.
- This will support personnel with internal and external community training on methods of harm reduction, process referrals made by paramedic crews, following up on cases and conducting QA reviews.
- They will attend the Albany County PSCC (Patient Services Coordinating Committee) meetings to review active cases and coordinate additional care of the high utilizer population with co-occurring disorders. They will also assist in being a liaison between the Colonie Police Department's two officers who also participate in the PSCC program and are responsible for supporting those with substance use disorder and mental health issues.
- Interact with partners such as COAST<sup>3</sup> (Coordinated Opiate And Stimulant Treatment program) that can facilitate same day treatment and transportation, the MATTERS Network<sup>4</sup> for making electronic referrals and supplying harm reduction supplies such as Xylazine and Fentanyl test strips, and the Albany County MOTOR program for requesting peer support resources.

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<sup>3</sup> <https://cbhnetwork.com/coast/>

<sup>4</sup> <https://mattersnetwork.org/intro-partners/>

- This additional support will also inform future targeted outreach and public education efforts.

**B. \$ 30,000 - [\$10k/yr] - Board Certification Training and Education** for training paramedics in MIH-CP (mobile integrated health / community paramedicine).

- Costs include training, backfilling EMS positions for staff to attend training, and costs associated with exam fees.
- We estimate 20 providers would be interested in obtaining a special Community Paramedicine board certification through the IBSC (International Board of Speciality Certifications<sup>5</sup>).

**C. \$ 10,000 - Ten public outreach activities** over three years to engage with youth, community presentations and school engagement.

**D. \$ 10,000 to Fund Administrative Support**

**3.2 How does this initiative relate to the priorities established by the New York State Opioid Settlement Task Force and by Albany County?**

The Mobile Integrated Health Community Paramedicine (MIH-CP) model and provider board certification is designed to better coordinate care across multiple professions – and across the continuum of care. Our intention is to align with priority categories outlined by the New York State Opioid Settlement Task Force and adopted by Albany County which include improving access to harm reduction, treatment and recovery, and prevention/public awareness.

<b>OPIOID SETTLEMENT FUND Board Recommended Allocations FY 2025 (Ranked in %)</b>	
<b>Board Allocation Categories</b>	<b>100%</b>
Across the Continuum	28%
Harm Reduction	17%
Recovery	11%
Housing	10%
Treatment	9%
Priority Populations	8%
Prevention	8%
Transportation	6%
Research	2%
Public Awareness	1%

**3.3 Is there an evidence-based or promising practice or service model that will be implemented? If so, please describe how staff will be trained and how fidelity to the**

<sup>5</sup> <https://www.ibscertifications.org/roles/community-paramedic>

### **model will be monitored.**

According to a survey and report by the NAEMT<sup>6</sup> MIH-CP programs are most likely to report success with frequent 911 users - 54% saying they are likely to improve outcomes and report 26% improved outcomes for cases of substance abuse or alcoholism.

In a two year retrospective study<sup>7</sup> conducted in a large county in North Carolina, 30% of individuals who died from unintentional opioid overdose were found to have had an encounter with EMS in the year prior to their death.

For the training component, identifying a MIH-CP curriculum and preparing paramedics for the IBSC board certification will all be conducted following our Office of General Services procurement review and policies.

### **3.4 How will the project be staffed?**

The EMS department has a strong history of paramedic captains who perform field supervision. In 2019 an administrative captain position was created to assist with the added pressures of increasing call volumes and conducting QA reviews of cases. In 2021 the position was removed due to funding, our goal would be to partially fund that position again to further assist with harm reduction, referrals to treatment and case follow up.

### **3.5 What grant-funded and in-kind resources will be devoted to this project?**

The EMS department has one principal clerk to assist with additional administrative overhead, the EMS dept already has the technology infrastructure to support HIPAA compliant referrals from field providers, and the EMS and Police Dept public safety building for meeting space.

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<sup>6</sup> National Association of EMTs - Report on MIH/CP Programs - Including Survey Results [page 25]  
<https://www.naemt.org/docs/default-source/community-paramedicine/naemt-mih-cp-report.pdf>

<sup>7</sup> James R. Langabeer, David Persse, Andrea Yatsco, Meredith M. O'Neal & Tiffany Champagne-Langabeer (2021) A Framework for EMS Outreach for Drug Overdose Survivors: A Case Report of the Houston Emergency Opioid Engagement System, Prehospital Emergency Care, 25:3, 441-448, DOI: 10.1080/10903127.2020.1755755



Additionally our Office of General Services and Human Resources department will be critical to ensuring compliance with state and federal laws, union negotiations, and implementation of the proposed project.

## Section IV: Experience & Expertise (30%)

### **4.1 Please describe the proposing agency/organization, including its location, years in business, philosophy and role in combating Albany County's opioid epidemic**

The Town of Colonie's EMS department was established in 1989, and has provided 911 paramedic first response and ambulance transportation services to residents and surrounding communities when called upon. Currently the department includes nearly 100 providers, 51 full time staff. As of today: 18 full time EMTs, 23 full time paramedics, 21 part time EMTs, 25 part time paramedics, 9 full time paramedic officers, and two contracted physician medical directors to provide medical oversight.

### **4.2 Discuss the proposing agency's experience with the target population for this project**

Our providers have consistently responded to 911 calls for help for people suffering from SUD and co-occurring mental health issues. We have provided additional information pertaining to our approach and additional efforts in section 2.3 of the proposal.

### **4.3 Provide brief bios for the staff members who will be implementing this project or job descriptions if this will require new hires**

**Robbie MacCue, Assistant Chief** - Project Lead. A paramedic since 2004, employed full time by the Town of Colonie since 2008. Undergraduate degree from Rensselaer Polytechnic Institute in Information Technology and Management Information Systems (Graduated 2006). Master's Degree / MBA from Case Western Reserve University and the Cleveland Clinic's Healthcare Leadership focus (Graduated 2018).

**Steven Gundrum, Assistant Chief** - Assistant Project Lead. A paramedic since 2011, employed full time by the Town of Colonie since 2015. Bachelor's degree from the College at Brockport in Criminal Justice and Sociology (Graduated 2006).

**Erin Kelly, Deputy Chief.** A paramedic since 2005, employed full time by the Town of Colonie since 2006. Undergraduate degree from SUNY, Empire State in Studies in Public Health (Graduated 2014).

**Daniel Murdock, Captain.** A paramedic since 2008, employed full time by the Town of Colonie since 2011. Undergraduate degree from The State University of New York at Canton in Emergency Administration and Disaster Management (Graduated 2014).

**4.4 Describe the community partnerships that will assist the proposing agency in implementing this project**

References - Please include letters of support from any identified partner agencies or organizations.

## Section V: Budget (10%)

**Albany County Opioid Settlement Funded Community Grants  
Albany County Department of Mental Health  
RFP #2024-010**

Budget Category	Year 1	Year 2 (if applicable)	Year 3 (If applicable)
Personnel (identify all funded positions and the percentage supported by the funding)			
Partially fund administrative position	\$50,000	\$50,000	\$50,000
<b>A) Personnel Subtotal</b>	<b>\$ 50,000</b>	<b>\$ 50,000</b>	<b>\$ 50,000</b>
Fringe Rate			
28% fringe rate for benefits			
<b>B) Personnel + Fringe Subtotal</b>	<b>\$ 0</b>	<b>0</b>	<b>0</b>
Supplies & Equipment (please list any equipment over \$1,000)			
<b>C) Supplies &amp; Equipment Subtotal</b>			
Other Expenses			
Board Certification Training and Education	\$ 10,000	\$ 10,000	\$ 10,000
Community Outreach Events	3,000	3,000	4,000
<b>D) Other Expenses Subtotal</b>	<b>\$ 13,000</b>	<b>\$ 13,000</b>	<b>\$ 14,000</b>
Subtotals lines B-D	\$ 63,000	\$ 63,000	\$ 64,000
Admin (Admin is limited to no more than 5% of lines B-D)			
Administrative Support	\$ 10,000		
Totals by year			
<b>Total Funding Requested</b>			<b>\$ 200,000</b>

## Section VI: Reporting (10%)

### 6.1 Please include a set of SMART objectives and measures.

#### A. Partially fund an administrative position to assist with outreach and follow up on referrals

- Improve (at least double) the amount of community naloxone leave behind kits paramedics are giving on calls when interacting with patients who are at risk.
- Track referrals with SUD made to PSCC, referrals to project COAST who seek Medication Assisted Treatment, and other direct referrals through the Matters Network
- Expand education and access to community naloxone in areas of high density overdose working with local businesses and community locations to double the number of naloxone distributed. Current number is two locations, the goal is adding two per year over three years.

#### B. Board Certification

- Over the three year period, select a MIH-CP curriculum and board certification prep course, and assist providers in becoming board certified as referenced in budget document.
- During the training sessions, host conversations with providers about how to improve the system of Social Determinants of Health assessments, documentation, and improving the referral pathways for access to treatment and support.

#### C. Ten Public Outreach Activities

- Over the three year period, hosting 3-4 events per year with a target on youth education (1 pill can kill campaign), community awareness (training parents and teachers), and identifying at-risk community groups. Minimum reach 500 people, stretch goal 1,500 people total.

## Statement of Proposer

**Name of Proposer:** Town of Colonie, Department of Emergency Medical Services.

**Brief History:** The Town of Colonie's EMS department was established in 1989, and has provided 911 paramedic first response and ambulance transportation services to residents and surrounding communities when called upon. Currently the department includes nearly 100 providers, 51 full time staff. As of today: 18 full time EMTs, 23 full time paramedics, 21 part time EMTs, 25 part time paramedics, 9 full time paramedic officers, and two contracted physician medical directors to provide medical oversight.

**Name/Title:** Robbie MacCue, Assistant Chief of EMS

**Direct Extension:** 518-782-2655, email: [maccuer@colonie.org](mailto:maccuer@colonie.org)

**Main Office:** 518-782-2645, **Fax:** 518-782-2656

Public Safety Department / Attn: EMS

312 Wolf Rd, Latham NY 12110

**Additional information:** Our department serves a population approximately 25% of Albany County and looks forward to building relationships with existing resources to improve the continuum of care, and ultimately benefit those in our community.

## Section VII: Mandatory Documentation

The Mandatory Documentation Section must include: The Non-Collusive Bidding Certificate (Attachment "A"), Acknowledgment by Proposer (Attachment "B"), and Vendor Responsibility Questionnaire (Attachment "C"); Iranian Energy Divestment Certification (Attachment "D").

# COUNTY OF ALBANY

## PROPOSAL FORM

### PROPOSAL IDENTIFICATION:

Title: Opioid Settlement Funded Community Grants  
RFP Number: 2024-010

### 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
	#1-7

(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")

~~(e) Proposer Qualification Questionnaire (Attachment "E")~~ Deleted per Addendum #7

7. Communication concerning this Proposal shall be addressed to:

Robbie MacCue

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: 518-782-2655 (office) 518-441-9293 (cell)

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

# COUNTY OF ALBANY

## PROPOSAL FORM

### PROPOSAL IDENTIFICATION:

Title: Opioid Settlement Funded Community Grants  
RFP Number: 2024-010

**COMPANY:** Town of Colonie: EMS Dept

**ADDRESS:** 312 Wolf Rd

**CITY, STATE, ZIP:** Latham, NY 12110


**TEL. NO.:** 518-782-2645

**FAX NO.:** 518-782-2656

**FEDERAL TAX ID NO.:** 146002139

**REPRESENTATIVE:** Robbie MacCue

**E-MAIL:** maccuer@colonie.org

**SIGNATURE AND TITLE:**   
Assistant Chief of EMS

**DATE:** 3/8/24



**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

\_\_\_\_\_  
Town Supervisor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Town of Colonie

\_\_\_\_\_  
Company Name

3/8/2024

\_\_\_\_\_  
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.

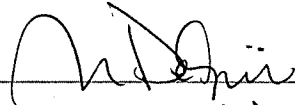
\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
Qualified in \_\_\_\_\_  
Commission Expires \_\_\_\_\_

If Corporation:

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

On this 8 day of March, 2024, before me personally appeared Peter G. Crummey to me known, who, being by me sworn, did say that he resides at (give address) 534 New Loudon Road, Town Hall, Latham, NY 12110 that he is the (give title) Town Supervisor of the (name of corporation) Town of Colonie, 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.

**Veronika DeGiovine**  
Notary Public, State of New York  
No. 02DE6342646  
Qualified in Albany County  
Commission Expires May 23, 2024

  
\_\_\_\_\_  
Notary Public, State of New York  
Qualified in Albany County  
Commission Expires May 23, 2024

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  Town of Colonie		3. IDENTIFICATION NUMBERS a) FEIN # 146002139 b) DUNS # 082277575-0001	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD:		5. WEBSITE ADDRESS (if applicable)  colonie.org	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE  534 New Loudon Road Latham, NY 12110		7. TELEPHONE NUMBER  (518) 783-2700	8. FAX NUMBER  (518) 786-7324
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 <u>Peter G. Crommey</u> Title <u>Town Supervisor</u> Telephone Number <u>518-783-2728</u> Fax Number <u>518-786-7324</u> e-mail <u>ColonieTownSupervisor@colonie.org</u>			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.			
a) NAME	TITLE	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 PRICIPAL 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> Signatory is the elected Town Supervisor for Town of Colonie		<input checked="" type="checkbox"/> Yes	<input 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> :

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.

<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 # 146002139

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

**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     Town of Colonie  
Address               534 New Loudon Road  
                          Latham, NY 12110  
City, State, Zip

Signature of Owner     *Peter G. Crummey*  
Printed Name of Signatory     Peter G. Crummey  
Title                             Town Supervisor

Sworn before me this 8<sup>th</sup> day of March, 2024.  
\_\_\_\_\_  
Notary Public

Veronika DeGiovine  
Notary Public, State of New York.  
No. 02DE6342646  
Qualified in Albany County  
Commission Expires May 23, 2024

*Veronika DeGiovine*  
Printed Name  
*Veronika DeGiovine*  
Signature  
3/8/24  
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

Peter G. Crummey

\_\_\_\_\_  
Title

Town of Colonie

\_\_\_\_\_  
Company Name

3/7/2024

\_\_\_\_\_  
Date

**County of Albany**  
**Article SC19- Affirmative Action Plan**

**STATEMENT OF POLICY**

The following is taken from Resolution No. 495 adopted by the Albany County Legislature on October 9, 2018.

Resolved, That the Albany County Legislature hereby approves and adopts the updates to the Affirmative Action Policy as reflected in the document annexed hereto, and be it further that the updated Affirmative Action Plan shall take effect immediately, and that the Commissioner of Human Resources and Director of the Division of Affirmative Action are directed to implement the policies reflected in the updated language of the Affirmative Action policy immediately and on a County-wide basis.

The following is taken from Resolution No. 26 adopted by the Albany County Legislature on June 10, 1996.

Resolved, By the Albany County Legislature that the Affirmative Action Plan so endorsed by the Albany County Executive and which is currently on file with the Clerk of the County Legislature, shall be the official plan of the County of Albany including the objectives, procedures and goals so stipulated.

It is the policy of the County of Albany that Minority Business Enterprises (MBE) and Woman Business Enterprises (WBE) are afforded the maximum opportunity to participate in the performance of contracts, in excess of \$100,000, let by the County and its several agencies and authorities. The County commits itself to a goal oriented Contract Compliance Program which assures that Minority Business Enterprises and Woman Business Enterprises are considered in awarding contracts for goods, services and construction. Furthermore, it is the policy of the County of Albany that contractors and subcontractors utilize minority and women labor to the greatest extent feasible.

In bidding on this contract, the contractor acknowledges an understanding of this policy. The contractor shall carry out the policy by making every reasonable effort to award contracts and subcontracts to MBEs and WBEs and utilizing minority and women labor in the performance of this contract.

**ANTI-DISCRIMINATION CLAUSE 220-E - NYS Labor Law.** Provisions in contracts prohibiting discrimination on account of race, creed, color or national origin in employment of citizens upon public works. Every contract for or on behalf of the state or a municipality for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies shall contain provisions by which the contractor with the state or municipality agrees: (a) That in the hiring of employees for the performance of work under this contract or any subcontract hereunder, no contractor, subcontractor, nor any person acting on behalf of such contractor or subcontractor, shall by reason of race, creed, color, disability, sex or national origin discriminate against any citizen of the state of New York who is qualified and available to perform the work to which the employment relates; (b) That no contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee hired for the performance of work under this contract on account of race, creed, color, disability, sex or national origin; (c) That there may be deducted from the amount payable to the contractor by the state or municipality under this contract a penalty of fifty dollars for each person for each calendar day during which such person was discriminated against or intimidated in violation of the provisions of the contract; (d) That this contract may be cancelled or terminated by the state or municipality, and all moneys due or to become due hereunder may be forfeited, for a second or any subsequent violation of the terms or conditions of this section of the contract; and (e) The aforesaid provisions of this section covering every contract for or on behalf of the state or a municipality for the manufacture, sale or distribution of materials, equipment or supplies shall be limited to operations performed within the territorial limits of the state of New York.



## **ADMINISTRATION**

The County's Division of Affirmative Action is charged with the responsibility of monitoring Affirmative Action in all contracts. All County procurements will be made with an understanding that the complete participation of bona fide MBE and WBE shall be assured by balanced and equitable contract involvement.

The **subcontracting participation goals** for County public procurements are:

- to award 7% of the total dollar value of the contract to a certified MBE.
- to award 5% of the total dollar value of the contract to a certified WBE.

The **workforce goals** for County public procurements are as follows:

- 7% of the total workforce should be minorities.
- 5% of the total workforce should be women.

### **• CONTRACTOR'S RESPONSIBILITIES**

The Contractor's responsibilities include, but are not limited to, the following. The Contractor **must**:

- 1) Submit to the Division of Affirmative Action a completed Schedule of MBE/WBE and Labor Performance or Request for Waiver within **fifteen (15) days** of receiving the Notice of Award.
- 2) Prior to being issued a Notice to Proceed, submit evidence of MBE/WBE contracts proposed to the Division of Affirmative Action.
- 3) Submit monthly utilization reports to the Division of Affirmative Action for review.
- 4) Immediately notify the Division of Affirmative Action of any changes during the project, especially if the change affects the Schedule of MBE/WBE and Labor Performance submitted for the project.
- 5) Make good faith efforts to replace an MBE/WBE subcontractor that is unable to perform successfully with another MBE/WBE.
- 6) Notify the Division of Affirmative Action of any suspected instances of companies fraudulently claiming MBE/WBE status.
- 7) If possible, provide any needed technical assistance to MBE/WBE firms under subcontract.
- 8) If possible, design payment schedules to minimize cash flow problems faced by MBEs/WBEs.
- 9) Maintain for three years such records as are necessary to determine compliance with MBE/WBE obligations and to submit regular reports to enable the Albany County MBE Officer to monitor this compliance.

### **• DEVELOPING A SCHEDULE OF MBE/WBE AND LABOR PERFORMANCE**

The Schedule of MBE/WBE and Labor Performance must detail:

1. The contractor's name, address, phone number, federal identification number and the total dollar value of the contract.
2. Whether the contract is a joint venture.
3. The MBE and WBE goal for the contract.
4. A brief description of each proposed subcontractor, including the name, address, phone number, federal identification number and the total dollar amount of each subcontractor.
5. An estimate of the total number of hours to be worked on the project.

### **• COMPLIANCE**

Each contractor must furnish monthly utilization reports while working on the project. The reports must detail the total number of hours worked, total minority /female labor hours and payments made to MBE and WBE firms.

- **WAIVER REQUEST FOR SUBCONTRACTING AND/OR LABOR PERFORMANCE**

Contractors which determine that the subcontracting and/or labor participation goals must cannot be achieved **must** request a waiver within **fifteen (15) days** of receiving the Notice of Award. The request must justify why the firm cannot accomplish the subcontracting and/or labor participation goals established for the project. The justification must detail actions taken to solicit MBE/WBE subcontractors, minority or female labor participation and the impediments encountered. Each waiver request will be evaluated individually. Submission of the request for waiver does **not** guarantee the requirements will be waived. Additional information or supporting documentation may be required to determine a contractor's good faith effort.

- **MBE/WBE RESPONSIBILITIES**

Each Minority Business Enterprise/Woman Business Enterprise shall:

1. Establish through certification that the company is a bona fide MBE/WBE. The Division of Affirmative Action reviews MBE/WBE eligibility status for contractors and subcontractors.
2. Exhibit an interest in bidding a particular project by attending pre-bid conferences and/or by responding timely to contract solicitations for bid quotations prior to bid date.
3. Be responsible for entering into all necessary contractual agreements.
4. Arrange for and supervise contract performance.
5. Secure equipment, materials and crew sufficient to complete their contract or subcontract.
6. Provide bonding, insurance and collateral as required for surety in contract performance.
7. Authorize payrolls, payments and reports as required for routine compliance.

*The County will accept MBE/WBE Certifications made by other governmental agencies which are in compliance with our DBE policy.*

### **SANCTIONS**

#### **SC-19.5.1**

If **CONTRACTOR** cannot meet the WBE/MBE participation goals, he must document to the Albany County MBE Officer, that he has made all positive efforts to achieve it. Failure to meet the goals or to document that all positive efforts have been made to achieve it may result in the County invoking any legal or equitable remedy available to the County for breach of contract including withholding future payments under the **CONTRACT** involved; disqualification of the **CONTRACTOR** from future contracting opportunities for a period not to exceed two years; and cancellation of the contract and declaration of forfeiture of the **PERFORMANCE BOND**.

A decision by the Albany County MBE Officer to invoke the above sanctions shall be issued in writing by registered mail. The **CONTRACTOR** shall have ten (10) days from receipt of the decision to appeal the MBE Officer's decision to the Grievance committee of the Albany County Legislature. Both sides of the dispute shall have the opportunity to be heard at a meeting of the Grievance Committee to be held within ten (10) days of the receipt of an appeal, and the Committee shall send a final decision to both sides within ten (10) days by registered mail (or hand delivery in the case of the MBE Officer's copy).

### **STANDARDS**

A **Minority Business Enterprise (MBE)** shall be any business enterprise which is at least fifty-one percent (51%) owned or in that case of a publicly-owned business, at least fifty-one percent (51%) of the common stock of which is owned, by a minority person(s), and such ownership interest is real, substantial and continuing. The minority ownership must have and exercise the authority to independently control the business decisions of the entity.

A **Woman Business Enterprise (WBE)** shall be any business enterprise which is at least fifty-one percent (51%) owned or in the case of a publicly-owned business, at least fifty-one percent (51%) of the common stock of which is owned, by a woman (women), and such ownership interest is real, substantial and continuing. The woman ownership must have and exercise the authority to independently control the business decisions of the entity. WBEs shall not be considered as MBEs unless 51% of the assets of the company is held by a minority person(s).

A **Disadvantaged Business Enterprise (DBE)** mean a business enterprise controlled by one or more socially or economically disadvantaged individuals and whose management and daily business operations are controlled by one or more socially and economically disadvantaged individuals who own it. Such disadvantaged may arise from cultural, racial, chronic economic circumstances or background or other similar cause. Such persons include, but are not limited to citizens of the United States (or lawfully admitted permanent residents) and who are African Americans, Puerto Ricans, Hispanic Americans, Asian-Pacific Americans, American Indians, Eskimos, Aleuts, Asian Indians and Women.

Minority: A person who is a member of one or more of the following groups:

- A) Black (not of Hispanic origin) – a person having origins in any of the Black racial group of Africa.
- B) Hispanic -- a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- C) Asian or Pacific Islander – a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- D) Native American or Alaskan Natives – a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Woman: A person who is of the feminine gender who are not otherwise classified as a minority. For

assistance or additional information, contact

County of Albany

Division of Affirmative Action

112 State Street, Room 900, Albany, NY 12207

Phone: (518) 447-7010

Fax: (518) 447-5586