



## Request for Price Concurrence

Date Sent: September 14, 2022  
Contracting Agency: Albany County  
Customer Contact: Pam O'Neill  
Job Title: Deputy Purchasing Agent  
Street Address: 112 State St.  
City, State Zip: Albany, NY 12207  
Phone: 518-447-7139 Fax# \_\_\_\_\_ E-Mail: Pamela.O'Neill@albanycountyny.gov

PLEASE UPDATE  
INFORMATION IF  
NEEDED

Member Agency: Second Chance Opportunities, Inc.  
Service Janitorial  
Location: Judicial Center, 6 Lodge St. Albany NY 12207  
Proposed Price: \$146,904.48/Year \$12,242.04/month  
If a Renewal, Current Contract # Renewal-011678  
Proposed Term: 1/01/2023 - 12/31/2025 with 2, 1 year options to renew

**This form is not a contract; it is only an acknowledgment of your concurrence to the above proposed price. If requested, a cost analysis can be provided for your review documenting proposed cost of service.**

**Please Note: All contracts with NYS Prevailing Wage Schedules issued on or after 8/1/2010 must contain escalation clauses for wages and supplemental benefits and other related costs dependent upon the annual NYS Department of Labor Published Prevailing Wage Schedules.  
All contracts with NYC Prevailing Wage Schedules must contain escalation clauses for wages and supplemental benefits and other related costs dependent upon the NYC Comptrollers Published Prevailing Wage Schedule.**

Contract Notes: Annual Prevailing Wage adjustment according to NYS DOL publications

If you are in agreement with the proposed price, please sign this form as soon as possible and return by mail or fax. Upon receipt, NYSID will apply to the NYS Office of General Services for price approval if necessary. If you have any questions, please call NYSID Contract Administration at the number below. Please fax or mail to:

New York State Industries for the Disabled, Inc. E-mail: [kmaye@nysid.org](mailto:kmaye@nysid.org)  
ATTN: Maye, Kathy Phone: 518-463-9706  
11 Columbia Circle Drive Ext.: 292  
Albany, NY 12203-5156 Fax: 518-455-0392

NYSID Account Representative  
Burke, Eric

Authorized  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Date: \_\_\_\_\_

☐ See attached documents in lieu of signed form