



Request for Price Concurrence

Date Sent: October 20, 2020

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: Family Court, 30 Clinton Ave. Albany NY 12207

Proposed Price: \$142,699.47/Year \$11,891.62/month

If a Renewal, Current Contract # 3799 - Resolution No. 435 of 2017 - Family Court

Proposed Term: 1/1/2021 - 12/31/2021 - 1 of 2 renewal options

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 PW Adjustments as published by NYS DOL

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.
ATTN: Maye, Kathy
11 Columbia Circle Drive
Albany, NY 12203-5156

E-mail: kmaye@nysid.org
Phone: 518-463-9706
Ext.: 292
Fax: _____

NYSID Account Representative
Erickson, Sara

Authorized Signature: _____
Printed Name: _____
Job Title: _____
Date: _____

[Signature]
David M. Latend
Comm. p. DES.
10/21/2020

☐ See attached documents in lieu of signed form