

Proposal to County of Albany
in response to RFP for a
Recovery Support App
RFP #2025-085

Submitted by CHESS Health
East Rochester, NY

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Section I. Table of Contents

Section II. Experience & Qualifications	Page 1
Section III. References	5
Section IV. Implementation Plan / Tech Support Plan	6
Section V. Cost Proposal	8
Section VI. Mandatory Disclosures	9

Appendices

Appendix A - Resumes of CHESS Project Team Members

Appendix B – Screenshots of Connections App

Appendix C – Proof of HITRUST Certification

Appendix D – Letters of Support (with attachments)

Section II – Experience and Qualifications

- Provide the name, a brief history and description of your firm.

Based in East Rochester NY, **CHESS Health** is a digital health company developing and delivering evidence-based solutions to address the individual and societal crisis of substance use disorder (SUD). CHESS Health was founded in 2014 to commercialize the A-CHESS smartphone app developed by Dave Gustafson, PhD, of the University of Wisconsin; the A-CHESS app was proven to improve SUD outcomes in multiple randomized clinical trials documented in multiple peer-reviewed journal articles. In 2018, CHESS renamed the app as ‘Connections’ and the overall solution as ‘**eRecovery**’ (the solution being proposed in response to Albany County’s RFP). In 2020, CHESS added a team of certified peer recovery support specialists to the eRecovery solution; they moderate discussions, lead meetings, and provide 1:1 support based on their training and lived experience. In addition to eRecovery, CHESS has two other solutions on its platform: **ePrevention**, for automating and expanding community prevention efforts, and **eIntervention**, a closed-loop referral system for SUD and mental health-related linkage to care and care coordination. Today, CHESS Health is recognized as a leading digital health company with solutions for the entire SUD lifecycle, a broad set of customers (government entities, providers, health plans), and demonstrated experience in both improving individual outcomes and making a community impact.

- Identify your firm’s professional staff members who will be involved in the County engagement and the experience each possesses and the location of the office from which each work.

CHESS intends to staff the Albany County project with an experienced team:

- Kathy Contratto, VP of Customer Success, will be the project executive. Kathy has been with CHESS since 2020, personally managed CHESS’s first statewide project (WV), and developed the CHESS eRecovery Implementation Methodology.

- Kim Newell, Customer Success Manager, is based in Binghamton NY, and has overseen many CHESS projects including the State of Oklahoma, Vigo County (IN), and numerous provider implementations.
- Will Erdman, Customer Success Consultant, is based in Hartford CT and brings implementation experience with provider organizations including BayMark Health Services, Sunriver Health (NY), Open Door Family Medical Centers (NY), and Lexington Center (NY). Will started at CHESS Health in 2021 as a supervisor on the peer engagement team.

Resumes for Kathy, Kim, and Will, are provided in Appendix A.

- [Detail your firm's experience with providing a Recovery Support App for individuals in recovery.](#)

As explained in our company history above, CHESS Health was founded in 2014 to commercialize the first evidence-based smartphone app focused on supporting individuals in recovery (then named A-CHESS, re-named Connections in 2018). Since 2018, CHESS has experienced rapid growth with state-wide implementations of eRecovery, numerous other public sector projects, hundreds of treatment provider implementations using eRecovery to improve outcomes and increase patient retention, and more than 15 health plan customers using or implementing eRecovery for their members. Approximately 100,000 individuals across the country have benefited from the CHESS solutions during this time. The CHESS Health headcount has grown from 8 employees to more than 50, including 15 peer recovery support specialists (including one who resides in Albany County).

The eRecovery solution is comprised of the Connections App, Conexiones App for Spanish-speaking individuals, 24/7 support of the CHESS Peer Engagement Team, web-based CHESS Dashboard for provider/project team access (including reporting and analytics), Touchpoint Module for supporting bi-directional SMS text messaging, and Enterprise Analytics. eRecovery also includes the Rewards Engine, an optional module for contingency management (the Rewards Engine is not included in the scope of this proposal, but can be added in the future, if required/desired).

The Connections App includes the following functionality:

- 24/7 moderated discussion forums ("Community") for social engagement, recovery talk, mental health support, & more (moderated by CHESS's peer engagement team)*
- Recovery/sobriety tracking by the patient with key milestone recognition*
- Event calendar with events from the county and providers*
- Content/resource library (articles, videos, audio files, links) with content from CHESS and which can be curated and added to by Albany County and participating providers*
- Connections to Albany County resources in the resource library, on the home screen of the app, promoted in Community discussion forums, and/or via help button*
- Video support group meetings, hosted by members of CHESS's peer engagement team **
- Daily check-in (confidence in recovery) for accountability and risk identification **
- Surveys (clinical, satisfaction, custom; daily, weekly, one-time) **
- Worksheets (e.g., Gratitude List, Coping Skills List, etc.) **
- Journaling (private to the patient) **
- Appointment/medication reminders set by providers and/or by patients **
- 1:1 and small group messaging/communication and video calls with a provider's care team **
- Gamification (points, levels, and badges) to increase app engagement and fun **
- Recovery Help button (customer configurable options) **
- Skill Builder modules to learn/reinforce coping skills (known in research as 'CBT4CBT') **

These lessons have been proven in randomized clinical trials to improve long-term outcomes.

Screen shots of the Connections App are provided in Appendix B.

* Items marked with an asterisk (*) match functionality required in the RFP

* Items marked with an asterisk (*) match functionality required in the RFP

** Items marked with two blue asterisks (**) are features beyond the minimum required

- Users should be able to remain anonymous on the app and chats should be moderated to ensure that the app remains a safe and supportive place for users. Proposers should describe how they keep user's information, and the users themselves, safe.

Yes, when users participate in the discussion forums their anonymity is protected (they choose an alias name for themselves when they first join the app) and the discussions are moderated by CHESS's team of certified peer recovery support specialists, who read every message in near real-time and will enforce community rules (delete inappropriate messages), participate in the discussions with their lived experience and with their peer support training, and, when necessary, provide 1:1 support if an individual's recovery or safety is at-risk. This can include, when necessary, the CHESS peers leveraging emergency contacts and/or local first responders to ensure an individual's safety. If the individual got the app from their provider or case manager, then after serious escalations, the CHESS peers will share the details of the escalation and support with the individual's care team.

CHESS meets or exceeds the industry's best practices related to keeping data safe including use of multi-factor authentication, encrypting data at rest and in transit, role-based security, vulnerability scanning, third-party penetration testing, and more. Annually, CHESS has a third-party firm review our IT and organizational processes and they have confirmed our achievement of HITRUST Certification since 2021. Proof of certification provided in Appendix C. All data will be stored within the Continental United States.

- Provide any additional information that would distinguish your firm in its service to Albany County.

The following are ten distinguishing strengths of CHESS Health and eRecovery:

1. **Deep functionality** – As detailed on page 5, Connections App offers many more features for patient engagement and recovery support than required by RFP
2. **Use of Peers** – Connections App is only app backed by a 24/7 team of certified peer recovery support specialists
3. **HITRUST** – CHESS has third-party certification of its IT security practices

4. **EHR Integration** – eRecovery has been integrated with numerous provider EHRs, which makes provider adoption and utilization easier
5. **Companion App** – eRecovery includes an app for family members/loved ones of individuals with substance use disorder (SUD) or severe mental illness
6. **Meetings** – CHESS’s peer recovery support specialists lead meetings in the app for those that can’t get to meetings in their community
7. **App and Web-based Surveys** – eRecovery enables providers to survey patients within the Connections App and via text messages and emails (links to website)
8. **Contingency Management** – eRecovery includes the eRewards Engine for automating contingency management; (optional add-on by county or providers)
9. **Implementation Experience** – CHESS has significant experience with public sector projects where states or counties sponsor use of the app by local providers, as Albany County intends
10. **Marketing Toolkit** – CHESS has a marketing toolkit for providers and public sector agencies to use to promote the use of the Connections App by individuals, including materials and support for integrating availability of the app through a county website

Section III. References

The following individuals, representing public sector implementations offered to be references:

- Christena Ross, Associate Project Director, WVU Health Affairs Institute. On behalf of the State of West Virginia, Ms. Ross has overseen the eRecovery project since 2020. See Letter of Support (Appendix D) for contact details. A recent State Impact Report is included with the Letter of Support.
- Precia Study, Executive Director, Hancock County (OH) Alcohol Drug and Mental Health Services (ADAMH) Board. Ms. Stuby has been in her role, leading county efforts related to substance use, for 28 years, and Hancock County has been using eRecovery and the Connections App since 2022. See Letter of Support (Appendix D) for contact details. A recent case study is included with the Letter of Support.

Section IV. Implementation Plan / Tech Support Plan

- Tech Support Plan should describe how the proposer will work with the county and the community providers to set up the app, invite clients to download it, onboard users, answer questions from the providers and app users, and respond to issues raised by users (broken links, pages not opening, etc.).

The following outlines CHESS's recommended implementation plan, which has two tracks: (1) making the Connections App available through county departments and (2) through community providers.

Project Kick-Off

- Week 1 - Meet with county team to align objectives and metrics, review approach, finalize meeting cadence, and plan the project's first steps.

eRecovery Database and Connections App Setup

- Week 2 - Base setup of the eRecovery solution and Connections App completed and ready for customization, including local resources.

Track 1: Connections App through County Departments

- Week 1 – Schedule meeting(s) with county departments
- Week 2-4 – Meet with departments to identify their projects and processes that will leverage the Connections App, including, but not limited to, county websites and social media, county case managers, and mobile outreach – CHESS will conduct a demo of the Connection App & eRecovery
- Week 3-6 – Additional meetings as necessary with the departments, setup and training of the first county departments to offer the app to individuals; leverage CHESS Marketing Toolkit (roll-out continues)

Track 2: Connections App through Community Providers

- Week 1-2 – CHESS & County prepare announcement to local providers, including plan for webinar(s) to explain opportunity for their participation

- Week 3-4 – Conduct webinar(s) to explain opportunity – very important to explain value for providers (app drives improved retention in treatment)
- Week 4-6 – Likely follow-up demos and planning meetings with interested providers to build organizational buy-in, address unique questions, discuss potential integration points, and to develop provider-specific timelines
- Week 6-10 – Finish setup of the first participating providers, train staff, and provide go-live support. More complex providers or others not ready to start immediately may take longer to implement and bring live.

Additional Details

- Most individuals will get the app after being enrolled in the eRecovery database by county or provider staff (or via an interface), which triggers a text message to the individual with a link to the app. CHESS also supports a self-signup option, which Albany county can incorporate into its website as well as promote through posters or mailers with a QR code linking to the self-signup.
- The CHESS Onboarding Team will assist individuals needing help getting into the app if they have issues downloading the app, logging in, or have questions about the app, its purpose, privacy, etc. This support is provided through text messages or by phone.
- The CHESS Support Team will assist county or provider staff with questions or technical support through phone or online , during business hours.
- The eRecovery solution is enhanced 6-8 times annually (no additional cost) – enhancements are based on feedback from customers, which can be provided through support tickets, through calls with project team members, and through user group meetings. Enhancements are also based on feedback from individuals using the app, which are gathered through regular surveys and from discussions within the app. Lastly, CHESS has clinical advisors to the company that also recommend enhancements based on maximizing patient impact.

Section V. Cost Proposal

CHESS Health's pricing is comprised of two components:

- **Annual Subscription Fee** for the base functionality of the eRecovery solution (including the Connections App, Conexiones App, and Companion App), 24/7 peer engagement (discussion forum moderation), use of the CHESS Dashboard, solution hosting, maintenance, and support
- **One-time Implementation Fee** (fixed-fee) to cover the services of the CHESS Customer Success Team, including project management, workflow design, setup, and training

The following pricing is based on the scope stated in the RFP (Section 1.3): use of eRecovery by county departments and by up to five community providers.

Annual Subscription Fee for base eRecovery functionality	\$ 58,000
Annual Subscription Fee for Touchpoint Module	\$ 4,000
(adds support for bi-directional SMS text messaging, enabling more options for engaging individuals, getting them to complete surveys, and reminding them of appointments)	
One-time Implementation Fee	\$ 16,000
Total	\$ 78,000

The following are optional modules Albany County may add to the project, which are not required to meet the RFP Requirements, but do add value for the county, providers, and individuals:

Proactive Recovery Support ¹	(additional annual fee)	\$ 9,000
(if CHESS detects relapse risk based on survey answers, peers will proactively outreach to individuals to offer support prior to them requesting support)		
Rewards Engine Module	(additional annual fee)	\$ 2,400 per provider
(if County or provider needs contingency management automation)		

¹ The base functionality includes the 24/7 moderation of the discussion forums by the CHESS Peer Team and 1:1 support by the peer team in response to requests for support and safety risks expressed in the discussion forums. The proactive recovery support is separate, optional 1:1 support triggered by survey responses.

Section VI. Mandatory Documentation

- Proposal Form
- Non-Collusive Bidding Certificate (Attachment “A”)
- Acknowledgment by Proposer (Attachment “B”)
- Vendor Responsibility Questionnaire (Attachment “C”)
- Iranian Energy Divestment Certification (Attachment “D”).

See next pages.

COUNTY OF ALBANY

PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Recovery Support App

RFP Number: 2025-085

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

(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:

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

COUNTY OF ALBANY

COST PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Recovery Support App

RFP Number: RFP-2025-085

COMPANY:

ADDRESS:

CITY, STATE, ZIP:

TEL. NO.:

FAX NO.:

FEDERAL TAX ID NO.:

REPRESENTATIVE:

E-MAIL:

SIGNATURE AND TITLE:

J. M. Miller

DATE:

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

CEO

Title

July 11, 2025

Date

CHESS Health

Company Name

ATTACHMENT "B"
ACKNOWLEDGMENT BY PROPOSER

If Individual or Individuals:

STATE OF NY)
COUNTY OF WESTCHESTER) SS.:

On this 11 day of JULY, 2025, before me personally appeared HANS P. MOREFELD 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.



Theresa Giannone
Notary Public, State of N.Y.
Qualified in N.Y.
Commission Expires 4-6-2026

If Corporation:

STATE OF _____)
COUNTY OF _____) SS.:

On this _____ day of _____, 20____, before me personally appeared _____ to me known, who, being by me sworn, did say that he resides at (give address) _____; that he is the (give title) _____ of the (name of corporation) _____, the corporation described in and which executed the above instrument; that he knows the seal of the corporation, and that the seal affixed to the instrument is such corporate seal; that it was so affixed by order of the board of directors of the corporation, and that he signed his name thereto by like order.

Notary Public, State of _____
Qualified in _____
Commission Expires _____

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 type="checkbox"/> PRIME CONTRACTOR			
2. VENDOR’S LEGAL BUSINESS NAME		3. IDENTIFICATION NUMBERS a) FEIN # b) DUNS #	
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		7. TELEPHONE NUMBER	8. FAX NUMBER
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 Title Telephone Number Fax Number e-mail			
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 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: <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 80%;"> 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> </div> <div style="width: 15%; text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 80%;"> b) An officer of any political party organization in Albany County, whether paid or unpaid? <i>List each individual’s name, business title or consulting capacity and the official political position held with applicable service dates.</i> </div> <div style="width: 15%; text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>			

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; <input type="checkbox"/> Yes <input type="checkbox"/> No</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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. federal, state or local health laws, rules or regulations.</p>
17.	<p>IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES ¹ HAD ANY CLAIMS, JUDGMENTS, INJUNCTIONS, LIENS, FINES OR PENALTIES SECURED BY ANY GOVERNMENTAL AGENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No</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>
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <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? <input type="checkbox"/> Yes <input type="checkbox"/> No <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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Indicate the years the vendor failed to file.</i></p>
19.	<p>HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES ¹ 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</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>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

21.	IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES ¹ :	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded;		
Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.			

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.

FEIN

CERTIFICATION:

The undersigned certifies that he/she:

- Signature of Owner

Printed Name of Signatory **Hans P. Morefield**

Title CEO

THERESA GIANNONE
Notary Public - State of New York
No. 01GI4888784
Qualified in Dutchess County
My Commission Expires 04/06/2026

Printed Name _____

Signature

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

Title

Date

Company Name