



TETRA TECH
ARCHITECTS & ENGINEERS

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Addendum

Tompkins County
Ithaca, New York

Public Library Exterior Upgrades Project

Tt Project No. 123174-23001.10

BID Addendum No. 3
to
Drawings and Project Manual

October 19, 2026

To: ALL BIDDERS

This ADDENDUM forms a part of the BIDDING AND CONTRACT DOCUMENTS and modifies the following documents:
Original DRAWINGS dated June 8, 2026,
PROJECT MANUAL dated June 8, 2026, BID ADDENDUM NO. 1 and BID ADDENDUM NO. 2 dated October 14, 2026.

Acknowledge receipt of the ADDENDUM in the space provided on the Bid Form

This ADDENDUM consists of (2) pages and the following:

NEW PROJECT MANUAL SECTIONS

SECTION 01 21 00 - ALLOWANCES

REISSUED PROJECT MANUAL SECTIONS

SECTION 00 41 00 - BID FORM : SINGLE PRIME GENERAL WORK CONTRACT

PROJECT MANUAL MODIFICATIONS

ITEM 3-C-1: Refer to SECTION 00 01 10 – TABLE OF CONTENTS

1. DIVISION 01-GENERAL REQUIRMENTS, ADD the following:

“01 21 00 Allowances”

ITEM 3-C-2: Refer to SECTION 01 50 00 - TEMPORARY FACILITIES AND CONTROLS

1. Paragraph 3.5, ADD the following:

“L. Temporary closure of City of Ithaca owned sidewalks: Contractor is responsible for coordination with City of Ithaca for any partial or full closure of any sidewalks as required to accomplish the project work. This includes filing necessary permits and paying applicable fees.

1. Contractor is responsible to follow all City of Ithaca requirements and protocols in regards to such closure, including but not limited to traffic/pedestrian management and controls.
2. Coordinate with Owner and Architect prior to any communications with the City of Ithaca.”

END OF ADDENDUM

SECTION 01 21 00 - ALLOWANCES

PART 1 - GENERAL

1.1 RELATED DOCUMENTS

- A. Drawings and general provisions of the Contract, including General Conditions and other Division 01 Specification Sections, apply to this Section.

1.2 SUMMARY

- A. Section includes administrative and procedural requirements governing allowances.
- B. Types of allowances include the following:
 - 1. Contingency allowances.

1.3 ACTION SUBMITTALS

- A. Submit proposals for purchase of products or systems included in allowances.

1.4 INFORMATIONAL SUBMITTALS

- A. Submit invoices or delivery slips to show actual quantities of materials delivered to the site for use in fulfillment of each allowance.
- B. Submit time sheets and other documentation to show labor time and cost for installation of allowance items that include installation as part of the allowance.
- C. Coordinate and process submittals for allowance items in same manner as for other portions of the Work.

1.5 COORDINATION

- A. Coordinate allowance items with other portions of the Work.

1.6 CONTINGENCY ALLOWANCES

- A. Use the contingency allowance only as directed by Architect for Owner's purposes.
- B. Allowance shall include cost to Contractor of specific products and materials under allowance and shall include taxes, freight, and delivery to Project site. Contractor's costs for receiving and handling at Project site, labor, installation, and similar costs related to products and materials under allowance shall be included as part of the allowance.

- C. Contractor's Overhead and profit related to the allowance shall be included as part of the Contract Sum and not part of the allowance, however subcontractor Overhead and profit may be part of allowance.

1.7 ALLOWANCE PROCEDURES

- A. Authorization for use of allowances is documented through Allowance Access Authorization form provided in the Project Manual, accompanied by substantiating data.
- B. At Project closeout, unused amounts remaining in the allowances will be credited to Owner by Change Order.

PART 2 - PRODUCTS (Not Used)

PART 3 - EXECUTION

3.1 PREPARATION

- A. Coordinate materials and their installation for each allowance with related materials and installations to ensure that each allowance item is completely integrated and interfaced with related work.

3.2 SCHEDULE OF ALLOWANCES

- A. Allowance No. 1: Contingency Allowance: Include the sum of \$50,000 for use according to Owner's instructions.

END OF SECTION 01 21 00

ALLOWANCE ACCESS AUTHORIZATION:

Project: **Public Library Exterior Upgrades Project**

Architect: **Tetra Tech Architects & Engineers**

Project No. 123174-23001.10

Contractor:

AAA No.:

Initiation Date:

The Allowance is allocated as follows:

Total original Contract Allowance was:	\$
Amount of Contract Allowance Access previously authorized:	\$
Adjusted Contract Allowance prior to this authorization is:	\$
The amount of available Allowance will Decrease by this Access Authorization:	\$
The remaining Contract Allowance, after this Access Authorization will be:	\$

Recommended by:
Architect

By (Signature): _____

Date: _____

Accepted by:
Contractor

Approved by:
Owner

By (Signature): _____

By (Signature): _____

Date: _____

Date: _____



TETRA TECH
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10 Brown Road
Ithaca, New York 14850
(607) 277-7100

BID FROM (Bidder's Name) : _____
(Address) : _____
Bidder's Telephone : _____
Bidder's Facsimile (Fax) : _____
Bidder's E-mail Address : _____
(if applicable)

BID FORM

CONTRACT: SINGLE PRIME GENERAL WORK CONTRACT

PROJECT TITLE: Public Library Exterior Upgrades Project

PROJECT NO.: 123174-23001.10

BID TO: Tompkins County
125 East Court Street, Old Jail Building, 2nd Floor,
Ithaca, New York 14850

The Bidder hereby certifies that it has examined and fully understands the requirements and intent of the Bidding Documents, including the Bidding Requirements and proposed Contract Documents; and proposes to furnish all labor, materials, and equipment necessary to complete the Work on, or before, the dates specified in the Contract Documents for the **BASE BID** sum of:

(words)

_____ (\$ _____)
(figures)

Show all amounts in both words and figures; in the event of a discrepancy between amounts written in words and figures, the amount written in words shall govern.

Refer to Division 01 Section "Allowances" for description of allowances to be included in the Base Bid above.

ALLOWANCES

Indicate in the spaces provided below the amount(s) that were added to the Base Bid for Division 01 Section "Allowances".

ALLOWANCE NO. 1 Contingency Allowance

ADDED to the Base Bid the sum of:

_____ (\$ _____)
(words) (figures)

ALTERNATES

Indicate in the spaces provided below the amount to be added to or the amount to be deducted from (as applicable) the Base Bid if the Owner accepts the following Alternates described in Division 01 Section "Alternates".

Include in the amount of each Alternate, all labor, materials, overhead and profit, modification of Work specified in the Contract Documents, and additional work that may be required by acceptance of the Alternate.

ALTERNATE NO. 1: CAST IN PLACE PLANTER BRICK AND PRECAST CONCRETE CAP

ADD to the Base Bid the sum of:

_____ (\$ _____)
(words) (figures)

OR

DEDUCT from the Base Bid the sum of:

_____ (\$ _____)
(words) (figures)

ALTERNATE NO. 2: REMOVAL OF SOLAR PANELS FROM EXISTING ROOF

ADD to the Base Bid the sum of:

_____ (\$ _____)
(words) (figures)

OR

DEDUCT from the Base Bid the sum of:

_____ (\$ _____)
(words) (figures)

LIST OF ADDENDA RECEIVED

No. _____	Date _____	No. _____	Date _____
No. _____	Date _____	No. _____	Date _____
No. _____	Date _____	No. _____	Date _____

BID ATTACHMENTS

Enclosed with this Bid are the following attachments:

- Attachment #1 - Affidavit of Non-Collusion.
- Attachment #2 - Certified Corporate Resolution.
- Attachment #3 - Iranian Energy Divestment Certification
- Attachment #4 - Certification on Violations
- Attachment #5 - Tompkins County -Site Visit Verification Form
- Attachment #6 - Tompkins County Additional Certifications
- Attachment #7 - Tompkins County Bid Sign Off Sheet

BID SECURITY

Enclosed with this Bid is bid security in the amount of five percent of the Base Bid.

PUBLIC WORK CONTRACTOR AND SUBCONTRACTOR REGISTRY

The Bidder hereby certifies that the Bidder and its subcontractors have completed the required New York State Public Work Contractor and Subcontractor Registry in accordance with the New York State Department of Labor (NYSDOL) requirements. **Bidders are required to attach to this bid form proof of registration as required by Labor Law Section 220-i as a minimum qualification and failure to provide proof of registration will disqualify a bidder.**

EXECUTION OF CONTRACT

If written notice of the acceptance of this Bid is transmitted to the undersigned within 45 days following the Bid opening, the undersigned will, within 10 days following the Notice of Award, execute and transmit a Contract in the form as required by the Architect.

This Bid may be withdrawn at any time prior to the Bid opening.

SIGNATURE

(	)	NAME OF BIDDER (Corporate Name)
(	)	
(	)	_____
(	)	Corporate Seal
(	)	
(	)	SIGNATURE (Corporate Officer)
(	)	
(	)	_____
(	)	
(	)	DATE: _____

BID FORM
ATTACHMENT #1
COUNTY OF TOMPKINS
GENERAL CONDITIONS

AFFIDAVIT OF NON-COLLUSION

NAME OF RESPONDER: _____ PHONE NO.: _____

BUSINESS ADDRESS: _____ EMAIL: _____

I hereby attest that I am the person responsible within my firm for the final decision as to the price(s) and amount of the proposal, or if not, that I have written authorization, enclosed herewith, from that person to make the statements set out below on their behalf and on behalf of my company.

I further attest that:

1. The prices in this bid/proposal have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition with any other Contractor, Responder or potential Bidder; and
2. Neither the price(s), nor the amount of this bid/proposal, have been disclosed to any other firm or person who is a Responder or potential Responder on this project, and will not be so disclosed prior to bid/proposal opening; and
3. No attempt has been made or will be made to solicit, cause, or induce any company or person to refrain from responding to this RFP, or to submit a bid/proposal higher than the proposal of this company, or any intentionally high or non-competitive bid/proposal or other complementary proposal; and
4. The bid/proposal of my company is made in good faith and not pursuant to any agreement or discussion with, or inducement from any firm or person to submit a complementary proposal; and
5. My company has not offered or entered into a subcontract or agreement regarding the purchase of materials or services from any other company or person, offeror, promised or paid cash or anything of any value to any company or person, whether in connection with this or any other project, in consideration for an agreement or promise by a company or person to refrain from responding to this RFP or to submit a complementary bid/proposal on this project; and
6. My company has not accepted or been promised any subcontract or agreement regarding the sale of materials or services to any company or person, and has not been promised or paid cash or anything of value by and company or person, whether in connection with this or any project, in consideration for my company submitting a complementary bid/proposal or agreeing to do so on this project; and have made a diligent inquiry of all members, officers, employees, and agents of my company with responsibilities relating to the preparation, approval or submission of my company's proposal on this project and have been advised by each of them that he or she has not participated in any communication, consultation, discussion, agreement, collusion act or other conduct inconsistent with any statements and representations made in this affidavit.
7. **By submission of this proposal, I certify that I have read, am familiar with, and will comply with any and all segments of these specifications.**

The person signing this proposal, under the penalties of perjury, affirms the truth thereof.

Signature & Company Position: _____

Print Name & Company Position: _____

Company Name: _____

Date Signed: _____

This Non-Collusive Bidding Certificate must be submitted with the bid.

BID FORM
ATTACHMENT #2

CERTIFIED CORPORATE RESOLUTION

RESOLVED THAT _____ be authorized to sign and submit the bid or proposal of this corporation for the following project:

and to include in such bid or proposal the certificate as to non-collusion required by section one hundred three-d (103-d) of the general municipal law as to the act and deed of such corporation, and for any inaccuracies or mis-statements in such certificate this corporate bidder shall be liable under the penalties of perjury.

The foregoing is a true and correct copy of the resolution and adopted by

_____ at a meeting of its board of directors held on the
_____ day of _____ 20__ .

(Secretary)

BID FORM
ATTACHMENT #3

IRANIAN ENERGY DIVESTMENT 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 therefore. 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

BID FORM
ATTACHMENT #4

CERTIFICATION ON VIOLATIONS

_____, a representative of _____, hereby swears to and certifies that, to the best of his or her knowledge and belief:

1. Neither _____, nor any substantially owned-affiliated entity of the Bidder (collectively the "Bidder"), has been found to be in violation of the Davis-Bacon Act pursuant to 40 U.S.C. 3144, the Copeland Act pursuant to 18 U.S.C. 874 and 40 U.S.C. 3145 or the Contract Work Hours and Safety Standards Act pursuant to 40 U.S.C. 332, or their New York State counterparts.

☐ True ☐ False

If False is selected, information for questions 2 and 3 must be provided. If True is selected questions 2 and 3 are not applicable, continue to question 4.

2. If the Bidder has been found to be in violation of the Davis-Bacon Act, the Copeland Act, the Contract Work Hours and Safety Standards Act, or any of their New York State counterparts, state the name of the agency, the date of the violation, the nature of the violation and any consequence of the violation, including warnings, fines and debarments below.

3. The Bidder is not currently under investigation by any local, state or federal government agency. If Bidder is under investigation, state the name of the agency, the date of the alleged violation and the nature of the alleged violation below.

4. The Bidder's Dun & Bradstreet D-U-N-S number is _____.

5. I have authority to execute this certification, knowing it will be relied upon by the Owner of this Project.

Name Title

Sworn to before me this _____ day of _____, 20__.

Notary Public

**FACILITY SITE-VISIT
VERIFICATION FORM
TOMPKINS COUNTY**

I, _____ representing
(Name)

_____ by personal examination of the
(Company Name)

specification and review of the actual work to be performed at the Bostwick Road Highway Work Area Roof
Project

on _____, at _____, met with _____
(Day and date) (Time)

to comply with the site visit verification requirements as stated in the Specifications.

_____,
(Company representative signature)

(Date)

FOR AGENCY USE ONLY

Verification of site-visit confirmed by agency representative.

Print Name: _____

Title: _____

Signature: _____

Date: _____

TOMPKINS COUNTY

Attachment 6- Additional Certifications

CERTIFICATION

Bidders must certify that they will comply with the following requirements if funding is awarded as a result of this RFP. All awardees of funds shall:

1. Sign an Anti-discrimination Clause and comply with all Equal Opportunity Laws, including the Americans with Disabilities Act of 1990;
2. Sign a "Certification Regarding Debarment, Suspension, and Other Responsibility Matters," indicating that they have not been debarred or suspended from participating in federal programs because of crimes, fraud, or other serious violations of federal laws and regulations;
3. Sign a certification regarding lobbying, indicating that no federal funds will be used to attempt to influence any federal officer, employee, or elected official;
4. Sign a certification that they provide a drug-free workplace and have a written drug-free workplace policy;
5. Sign a certification that they have and have implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees;
6. Agree to provide training without any duplication of costs;
7. Provide a copy of their most recent financial audit before Contract execution;
8. Agree to allow on-site inspections and audits of any records related to their programs.

I certify that _____ (name of bidder organization) will comply with the above requirements.

Name

Title

Signature and Date

ANTI-DISCRIMINATION CLAUSE

During the performance of this Contract, (the Contractor) hereby agrees as follows:

- The Contractor will not discriminate against any employee or applicant for employment for any of the following: race, creed, color, ethnicity, military service, marital status, disability, sexual preference, perceived gender, national origin, or status as an ex-offender, and will take affirmative action to ensure that they are afforded equal employment opportunities without discrimination. Such action shall be taken with reference, but not be limited, to recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff or termination, rates of pay or other forms of compensation, and selection for training or retraining, including apprenticeship and on-the-job training.
- The Contractor will send to each labor union or representative of workers with which they have or are bound by a collective bargaining or other agreement or understanding, a notice, to be provided by the State Commissioner for Human Rights, advising such labor union or representative of the Contractor's agreement under clauses (a) through (f) hereinafter called "non-discrimination clauses". If the Contractor was directed to do so by the contracting agency as part of the bid or negotiation of this Contract, the Contractor shall request such labor union or representative to furnish them with a written statement that such labor union or representative either will affirmatively cooperate, within the limits of its legal and contractual authority, in the implementation of the policy and provisions of these non-discrimination clauses or that it consents and agrees that recruitment, employment and the terms and conditions of employment under this Contract shall be in accordance with the purposes and provisions of these non-discrimination clauses. If such labor union or representative fails or refuses to comply with such a request that it furnish such a statement, the Contractor shall promptly notify the State Commission for Human Rights of such failure or refusal.
- The Contractor will post and keep posted in conspicuous places, available to employees and applicants for employment, notices to be provided by the State Commission for Human Rights setting forth the substance of the provisions of clauses (a) and (b) and such provisions of the State's and local Tompkins County Laws against discrimination as the State Commission for Human Rights shall determine.
- The Contractor will state, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, that all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color or national origin.
- The Contractor will comply with the provisions of Sections 291-299 of the Executive Law and the Civil Rights Law, will furnish all information and reports deemed necessary by the State Commission for Human Rights under these non-discrimination clauses and such sections of the Executive Law, and will permit access to their books, records and accounts by the State Commission for Human Rights, the Attorney General and the Industrial Commissioner for purposes of investigation to ascertain compliance with these non-discrimination clauses and such sections of the Executive Law and Civil Rights Law.

ANTI-DISCRIMINATION CLAUSE continued...

- This Contract may be forthwith cancelled, terminated or suspended, in whole or in part, by the contracting agency upon the basis of a finding made by the State Commission for Human Rights that the Contractor may be declared ineligible for future contracts made by or on behalf of the State or a public authority or agency of the State, until they satisfy the State Commission for Human Rights that they have established and are carrying out a program in conformity with the provisions of these non-discrimination clauses. Such finding shall be made by the State Commission for Human Rights after conciliation efforts by the Commission have failed to achieve compliance with these non-discrimination clauses and after a verified complaint has been filed with the Commission, notice thereof has been given to the Contractor and opportunity has been afforded them to be heard publicly before three members of the Commission. Such sanctions may be imposed, and remedies invoked independently of or in addition to sanctions and remedies otherwise provided by law. The Contractor will include the provisions of clauses (a) through (f) in every subcontract or purchase order in such a manner that such provisions be performed within the State of New York. The Contractor will take such action in enforcing such provisions of such subcontract or purchase order as the contracting agency may direct, including sanctions or remedies for non-compliance. If the Contractor becomes involved in or is threatened with litigation with a subcontractor or vendor as a result of such direction by the contracting agency, the Contractor shall promptly so notify the Attorney General, requesting them to intervene and protect the interests of the State of New York.

GENERAL CONDITIONS ACCEPTED BY:

Firm: _____

By: _____

Date: _____

Title: _____

**COUNTY OF TOMPKINS
BIDDER'S STATEMENT ON SEXUAL HARASSMENT**

IN ACCORDANCE WITH NEW YORK STATE FINANCE LAW §139—I

In accordance with State Finance Law §139-I, which generally prohibits the County from entering into contracts pursuant to the bid process with persons who fail to submit a certification affirming compliance with New York Labor Law §201-g, the Bidder submits the following certification under the penalty of perjury:

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 organization, under penalty of perjury, that the Bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall meet or exceed the requirements of Section 201-g of the Labor Law.

_____ County, New York

Dated: _____, 20____

Name of Bidder

Signature of Authorized Official

Printed or Typed Name of Official and Title

Sworn to before me this

_____ day of _____,

Notary Public

Tompkins County Livable Wage Policy and Attestation

Livable Wage Policy: By policy, Tompkins County must “consider the wage levels and benefits, particularly health care, provided by Contractors when awarding bids or negotiating contracts, and to encourage the payment of livable wages whenever practical and reasonable.”

Paying the living wage rate to all employees directly involved in providing the contracted County service ***is not mandatory but highly encouraged.*** However, the attainment of a broadly applied living wage is a County goal and is therefore an important consideration applied by the County when reviewing contract proposals.

Current Living Wage: The Living Wage in Tompkins County was computed by the Ithaca and Buffalo Co-Labs of Cornell’s School of Industrial and Labor Relations. Living wage is currently \$24.82/hour for a single person without children. While the calculation is for a single person without children, there is an alternate online calculator from MIT that does provide local living wage figures for different family configurations in Tompkins County at <https://livingwage.mit.edu/counties/36109>. The rate will be re-evaluated again in 2027.

Requirement of All Contractors: As a part of its proposal or contract representations, a prospective service Contractor must advise the County whether it will pay the living wage rate to all Covered Employees directly involved in the provision of the contracted service, including employees of any subcontractor engaged to assist in providing the service.

Additionally, Contractors are asked to estimate the number of employees who will be directly involved in the provision of the contracted service. If not, all employees are going to be paid the Living Wage, Contractors are asked to estimate how many full-time, and how many part-time, covered employees will NOT be paid the living wage.

Covered Employees include all full- and part-time employees, other than those Excluded Employees described below, who are directly involved in the provision of the contracted service, including employees of sub-contractors engaged to assist in providing the service.

Excluded Employees are:

- Employees under the age of 18
- Seasonal or temporary employees (90 days or less)
- Employees in a probationary status (90 days or less)
- Those employed in a sheltered or supported work environment
- Employees participating in a limited-duration (90 day) job training program
- Employees participating in an academic work-study or academic internship program
- Volunteers
- Employees participating in mandated welfare-to-work programs
- Employees paid pursuant to a collective bargaining agreement

Contractor's Living Wage Representation

1. Approximately how many Covered Employees, including employees of any subcontractor involved in providing the service, will be involved in the provision of the contracted service? _____

2. Will all Covered Employees, including employees of any subcontractors directly involved in the provision of County services, be paid at least the living wage?

☐ Yes ☐ No

3. If the answer is "No", approximately how many covered employees will NOT be paid at the living wage?
Full-time _____ Part-time _____

Contractor Name: _____

If you answered "Yes" to the Living Wage Representation and are awarded the County Contract, you will be expected to maintain all employees directly involved in the provision of services under this Contract at or above the living wage as of the time of execution of the Contract for the duration of the Contract.

If you answered "No," your response will be among the considerations applied by the County in making its Contract award. As a part of Contract negotiations, the County may request additional information from you regarding the basis of this response.

**TOMPKINS COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE**

FEIN#

VENDOR IS: ☐ PRIME CONTRACTOR		☐ SUB-CONTRACTOR	
IDENTIFICATION NUMBER:		WEBSITE ADDRESS:	
VENDOR'S LEGAL BUSINESS NAME:		D/B/A – DOING BUSINESS AS: (if applicable)	
ADDRESS OF PRIMARY PLACE OF BUSINESS:		ADDRESS OF PRIMARY PLACE OF BUSINESS IN <i>NEW YORK STATE</i> (if different):	
TELEPHONE:		TELEPHONE:	
FAX:		FAX:	
AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE: NAME: TITLE: TELEPHONE: EMAIL:			
LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS:			
NAME:		TITLE:	
NAME:		TITLE:	
A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A "YES", AND MUST BE PROVIDED AS ANO ATTACHMENT TO THE COMPLETE QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE COUNTY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. YOU MUST NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.			
1. 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 ABOVE? List all other business name(s), Federal Employer Identification Number(s) or D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor. ☐ YES ☐ NO			
2. 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: a) An elected or appointed public official or officer? ☐ YES ☐ NO <i>List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service.</i> b) An officer of any political party organization in Tompkins County, whether paid or unpaid? ☐ YES ☐ NO <i>List each individual's name, business title or consulting capacity and the official political position held with applicable service dates.</i>			

3. WITHIN THE PAST FIVE (5) YEARS HAS THE VENDOR, ANY INDIVIDUAL(S) SERVING IN A MANAGERIAL OR CONSULTING CAPACITY, PRINCIPAL OWNER(S), OFFICER(S), MAJOR STOCKHOLDER(S), AFFILIATE OR ANY PERSON INVOLVED IN THE BIDDING OR CONTRACTING PROCESS: a) 1. Been suspended or terminated by a local, state or federal authority in connection with a contract or contracting process; 2. Been disqualified for cause as a Bidder on any permit, license, concession franchise or lease; 3. Entered into an agreement to a voluntary exclusion from bidding/contracting; 4. Been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state, or federal government contract; 5. 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 6. Had a local, state, or federal government contract suspended or terminated for cause prior to the completion of the term of the contract? ☐ YES ☐ NO b) Been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conducting constituting a crime under local, state or federal including but not limited to, fraud, extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct? ☐ YES ☐ NO c) Been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of: 1. Federal, state, or local health laws, rules or regulations. ☐ YES ☐ NO
4. 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? 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 and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied". ☐ YES ☐ NO
5. DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO: a) File any returns or pay any applicable federal, state or city taxes? 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. ☐ YES ☐ NO b) File returns or pay New York State unemployment insurance? Indicate the year(s) the vendor failed to file/pay the insurance and the current status of the liability. ☐ YES ☐ NO c) Property Tax Indicate the year(s) the vendor failed to file. ☐ YES ☐ NO
6. HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR IT'S AFFILIATES WITHIN THE PAST SEVEN (7) YEARS (WHETHER OR NOT CLOSED) OR IS ANY BANKRUPTCY PROCEEDING PENDING BY OR AGAINST THE VENDOR OR IT'S AFFILIATES REGARDLESS OF THE DATE OF FILING? 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. ☐ YES ☐ NO

7.	IS THE VENDOR CURRENTLY INSOLVENT, OR DOES VENDOR CURRENTLY HAVE REASON TO BELIEVE THAT AN INVOLUNTARY BANKRUPTCY PROCEEDING MAY BE BROUGHT AGAINST IT? Provide financial information to support the vendor's current position, for example, Current Ration, Debt Ration, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation. ☐ YES ☐ NO
8.	IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES: 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. ☐ YES ☐ NO

**TOMPKINS COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE**

FEIN#

CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting Tompkins County 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 they:

- Have not altered the content of the questions in the questionnaire in any manner;
- Have read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- Have supplied full and complete responses to each item therein to the best of his/her knowledge, information and belief;
- Are knowledgeable about submitting vendor's business and operations;
- Understands that Tompkins County will rely on the information supplied in the questionnaire when entering into a Contract with the vendor;
- Are under duty to notify the Tompkins County Purchasing Division of any material changes to the vendor's responses.

Name of Business:

Signature of Owner:

Printed Name of Signatory:

Title:

Address:

City, State, Zip:

Sworn before me this ____ day of _____, 20 ____ ;

Notary Public

Printed Name

Signature

Date

Tompkins County Business Demographic Survey

Purpose:

This survey aims to gather demographic data to ensure diversity, equity, and inclusion in our procurement processes and support MBEs, WBE's, DBEs, ACDBEs, and other underrepresented businesses.

Instructions:

Please complete this survey as accurately as possible. Your responses will help us enhance our commitment to diversity, equity, and inclusion. All information will be kept confidential and used solely to evaluate and improve our procurement practices.

Business Information:

Business Name: _____

Contact Person: _____

Email Address: _____

Phone Number: _____

Business Address: _____

Website (if applicable): _____

1. Business Classification (Select all that apply):

- ☐ Minority-Owned Business Enterprise (MBE)
- ☐ Women-Owned Business Enterprise (WBE)
- ☐ Disadvantaged Business Enterprise (DBE)
- ☐ Airport Concession Disadvantaged Business Enterprise (ACDBE)
- ☐ Veteran-Owned Business Enterprise (VBE)
- ☐ Service-Disabled Veteran-Owned Business (SDVOB)
- ☐ Small Business Enterprise (SBE)
- ☐ Majority Minority Lead Business (51% or more of the business is owned by minority identified persons)
- ☐ Other (Please Specify): _____
- ☐ None of the Above

2. Certification Status

Is your business certified as an MWBE, DBE, ACDBE, or similar certification?

- ☐ Yes
- ☐ No
- ☐ If yes, please specify the certifying agency or organization:

3. Ownership Demographics (Please indicate the percentage of ownership by each demographic category)

Race/Ethnicity:

- ☐ African American/Black: ____%
- ☐ Hispanic/Latino: ____%
- ☐ Asian: ____%
- ☐ Native American/Alaska Native: ____%
- ☐ Native Hawaiian/Other Pacific Islander: ____%
- ☐ White: ____%
- ☐ Other (Please specify): _____%

Gender:

- ☐ Male: ____%
- ☐ Female: ____%
- ☐ Non-Binary: ____%
- ☐ Prefer not to say: ____%

Veteran Status:

- ☐ Veteran: ____%
- ☐ Non-Veteran: ____%

Disability Status:

- ☐ Disability: ____%
- ☐ Non-Disability: ____%
- ☐ Prefer not to say: ____%

4. Business Size

Number of Employees

- ☐ 1-10
- ☐ 11-50
- ☐ 51-200
- ☐ 201-500
- ☐ 501+

Annual Revenue:

- ☐ Less than \$100,000
- ☐ \$100,000 - \$500,000
- ☐ \$500,000 - \$1 Million
- ☐ \$1 Million - \$5 Million
- ☐ \$5 Million - \$10 Million
- ☐ Over \$10 Million

5. Type of Business

- ☐ Industry
- ☐ Construction
- ☐ Professional Service
- ☐ Information Technology
- ☐ Manufacturing
- ☐ Retail
- ☐ Health Services
- ☐ Other (Please specify): _____

6. Geographic Information

Is your business headquarters in New York State?

- ☐ Yes
- ☐ No
- ☐ If no, please specify the state: _____

7. Previous Experience with Tompkins County

Have you previously done business with Tompkins County?

- ☐ Yes
- ☐ No

If yes, please provide details on the type of contract or project:

8. Comments or Additional Information

Please Provide any additional information about your business that you believe is relevant to our diversity, equity, and inclusion efforts:

Thank you for completing this survey! Your responses are valuable in helping Tompkins County promote diversity, equity, and inclusion in our procurement processes.

I, _____ representing
(Name)

_____ have received a copy of the Prevailing Wage
(Company Name)

Rate package associated with the _____ bid
(Bid Title)

on _____ (Day and date)

(Date)

Acceptable Method(s) of Payment Form

Please indicate your accepted method(s) of payment below.

Vendor Name:

Address:

(mailing)

Address:

(A/P)

Phone:

Email:

☐ ACH

☐ Credit Card

☐ Paper Check

Signed:

Date:

Name:

(print)

(title)

Return Completed Form To:

Name:

Email:

Phone:

Dept.:

BID/PROPOSAL SIGN-OFF SHEET

BID/PROPOSAL TITLE: Public Library Exterior Upgrades Project

Single Prime General Work Contract:

Please check off and sign for items below and submit this required sheet with your bid/proposal response; the bid/proposal may be rejected if the required documents are not included with the response.

	DONE	INITIALS
1. Bid Form including all attachments -enclosed		
2. Insurance Certificate completed by insurance agent enclosed		
3. Insurance Binder enclosed		
4. Prevailing Wage Receipt Form enclosed		
5. Acceptable Method(s) of Payment Form enclosed		
6. Addenda (if issued) received		
List Addendum # and dates		

By signing below the respondent is certifying that:

1. All information provided herein is true and correct to the best of their knowledge.
2. The respondent has read and understands the specifications in their entirety and that the response is made in accordance therewith, and;
3. The respondent possesses the capabilities, resources, and personnel necessary to provide efficient and successful service to the County, and;
4. The respondent will be held responsible for any and all discrepancies, errors, etc. in the discounts or rebates which are discovered during the contract term or up to and including three (3) fiscal years following the County's annual audit.
5. The respondent agrees to all terms and conditions as provided within the specifications.

Name/Title of Person Submitting Bid: _____

Firm or Corporation Making Bid: _____

Company Address: _____

Telephone: _____ Email: _____

Remit to Address: _____

Authorized Signature: _____ Date: _____