

**REQUEST FOR FUNDING  
TO THE  
CITY OF POUGHKEEPSIE  
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)  
2014**

Applicant \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Executive Director \_\_\_\_\_

Signature \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail Address \_\_\_\_\_

2014 HOPWA Request \$ \_\_\_\_\_

2013 HOPWA Rec'd \$ \_\_\_\_\_

Estimated number of households to be served \_\_\_\_\_

Estimated number of individuals to be served \_\_\_\_\_

Please provide the following identifying information regarding the project:

Federal Congressional District(s) \_\_\_\_\_

State Assembly Districts(s) \_\_\_\_\_

State Senate District(s) \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

DUNS # \_\_\_\_\_

State Registered Charitable Organization # \_\_\_\_\_



## **AGREEMENT**

It is understood and agreed to by the applicant that (1) this RFP does not commit the City of Poughkeepsie (City) to award any contracts, pay the costs incurred in the preparation of response to this RFP, or to procure or contract services. (2) The City reserves the right to amend, modify or withdraw this RFP and to reject any proposals submitted, and may exercise such right at any time and without notice and without liability to any offerer or other parties for their expenses incurred in the preparation of a proposal or otherwise. Proposals will be prepared at the sole cost and expense of the offerer. (3) The City reserves the right to accept or reject any or all proposals that do not completely respond to any inquiry made by the City of third parties with regard to the applicant's experience or other matters deemed by the City relevant to the proposals. (4) Funds granted for this project will be used only for the conduct of the project as approved. (5) The grant may be terminated in whole, or in part, by the City. Such termination shall not affect obligations incurred under the grant prior to the effective date of such termination. (6) When funds are advanced any unexpended balance or funds unaccounted for at the end of the approved period must be returned. (7) Any significant revision of the approved project proposal must be requested in writing by the grantee prior to enactment of the change. (8) Progress reports must be submitted as required by the City. Necessary records and accounts including financial and property controls will be maintained and made available to the City for audit purposes. (9) All reports of investigations, studies and publications made as a result of this proposal must acknowledge the support provided by the City. (10) All personal information concerning individuals served or studies conducted under the project are confidential and such information may not be disclosed to unauthorized persons, corporations or agencies (11) The City reserves a royalty-free, non-exclusive license to use and to authorize others to use all copyrighted material resulting from this project. (12) Selected contractors agree to be bound by the Affirmative action/Equal Opportunities anti-discrimination provisions as more fully set forth in Section XIII. General Terms and Conditions of this RFP. (13) The City will not be liable for payments pursuant to any contract, grant or agreement made pursuant to this program in excess of the funds actually awarded to the applicant.

The City reserves the right, if funds become available, to make additional awards based on the remaining proposals submitted to this RFP, in lieu of releasing a new RFP, if deemed to be in the best interest of the City.

The City anticipates making an award to administer projects for 12 months. Projects may be renewed for additional one year (1) period for up to three (3) years depending on continued need for the services, achievement of anticipated outcomes, continued availability of funding and at the sole discretion of the City. For those applicants selected as a result of this Request for Proposals (RFP), subsequent year's funding may be at a decreased level.

The applicant certifies that to the best of his/her knowledge and belief the information in this application is true and correct, and that he/she will comply with the above agreement if the grant is received.

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Signature of authorized official

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Date

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Type name and title

## **Program Narrative**

The questions listed below must be answered in response to this RFP. Please use additional pages if necessary. Failure to address each question completely will adversely affect the competitiveness of your proposal.

### **1. Provide background information on your agency**

- Include a brief history of your agency and a description of the agency structure
- What resources and skills will your organization commit to the success of the HOPWA program
- Provide evidence that your organization has the ability to administer all financial and programmatic aspects of this initiative
- Provide quantitative evidence of your organization's experience in providing the proposed program services to individuals/families with special needs

**2. Describe the population your program will serve**

- Describe target population characteristics such as household composition, age and economic status
- Indicate the number of families and/or individuals to be assisted with HOPWA funds
- Indicate the geographic area(s) to be served
- Describe the special needs of the population to be served
- Demonstrate how your proposed HOPWA program will address those needs
- Describe how outreach will be conducted

**3. Describe the physical site in support of which HOPWA funding is sought**

(This section applies only to applications that request funding for support services and/or operating costs connected with a particular housing facility or residence. Applications not requesting such funds should indicate; “The proposed program is not connected to a particular housing facility or residence.”)

- Briefly describe the facility site(s), including location, size, type of building(s) and type of housing (e.g. emergency, transitional, permanent, scattered site)
- What is the total number of units and beds? What is the total number of units and beds serving persons with HIV/AIDS?
- Indicate the operational status of each project for which funding is sought (e.g. in development, in construction, operational). If the site is not yet operational, when is it scheduled to become operational?
- Briefly describe the staffing pattern in the facility (if operational)

**4. Describe the activities to be performed and/or the services to be provided with HOPWA funds**

- Describe the proposed activities and/or support services to be provided to individuals/families with HIV/AIDS
- Briefly describe the intake and referral mechanisms established, including the criteria for eligibility for assistance
- Explain whether ancillary support services are provided by your agency or by other agencies in the community (This also should include services provided with funds other than HOPWA)
- Explain how the proposed activities will meet the needs of your residents with HIV/AIDS (and their families) and enhance recipient self-sufficiency

**Please address the following items pertaining to particular types of HOPWA eligible activities for which you are requesting funding.**

Project-based or tenant-based rental assistance

- Describe how potential housing will be identified and the proposed mechanisms for assuring compliance with HUD's Housing Quality Standards
- Specify the number and type of units to be assisted and their general location
- Identify the Fair Market Rents (FMR) for the geographic area to be served

### **Support Services**

- Describe how services will be coordinated with other agencies in the area to avoid duplication of effort
- Describe how the services will support residents in housing units or rental assistance units

**Short-term Rent/Mortgage/Utilities Assistance**

- Describe the anticipated type, amount and duration of assistance to be offered to each individual or household in keeping with HOPWA regulations
- Describe the proposed mechanisms for assuring compliance with HUD's Housing Quality Standards
- Describe how recipients will be assisted in the long term to avoid the recurrence of accumulated arrears

**Technical Assistance**

- Describe the type of technical assistance to be provided, the proposed recipients of such assistance and the anticipated outcome of the technical assistance
- Describe how the technical assistance is likely to improve the continuum of care or result in additional housing units made available to person with HIV/AIDS

### **Operating Costs**

- Describe how the proposed operating costs will enhance the ongoing viability of the facility and support resident well being
- Specify other sources of funding (to be) used to support the on-going operation of the housing facility or residence. Include all special rates and/or per diems negotiated with the County DSS. Describe what is and is not included in these rates. Document that these funds have been committed by the funding source.

### **Housing Information/Referral**

- Describe the specific activities to be funded under the proposed plan and the anticipated impact on recipients of these services

### **Lease or Repair of Facilities**

- Please provide photographs of the repairs needed and a plan for carrying out those repairs, including the estimated costs
- Describe how repairs funded will assure the on-going viability of the housing
- Explain why funds for leasing a housing facility are needed

5. **What results do you anticipate achieving with the proposed program?**

**6. Who will operate the proposed program?**

- Describe the project's staffing pattern, including staff job descriptions
- Include staff qualifications and experience
- Include any special provisions (e.g. bilingual services and availability of services during nontraditional working hours)

**7. Describe all other sources of operational funding anticipated during the HOPWA Term.**

## **Documentation of Need**

Provide evidence of the acute need of HOPWA funding.

- Provide detailed documentation of the need in the target area for the type of support services an/or assistance proposed
- Discuss any critical gaps in support services in the region(s) you proposed to serve
- Show how the proposed HOPWA program fills the gap in services identified
- Do other programs currently exist in your community that provide the services that you proposed to provide
- Demonstrate how duplication of effort will be avoided with the implementation of your proposed plan



This is a preliminary budget for the proposed project. If you are requesting funds in support of more than one eligible HOPWA activity, the whole request must be reflected in a unified budget. Administrative charges/indirect costs may be not exceed 7% of the requested total.

**Budget Statement**

Object of Expense	Contract Funds	Total Program Costs
1. Personnel		
2. Fringe Benefits		
3. Personnel Services Total		
4. Contractual Services		
5. Consultants		
6. Travel		
7. Equipment		
8. Supplies		
9. Long-term Rent Assistance		
10. Short-term Rent/Mortgage/Utility		
11. Other Expenses (Define)		
12. Administrative/Indirect Costs		
<b>Project Total</b>		



## **Non-Personal Services Budget Categories**

On the following budget forms, briefly describe the expenses that are included in each of the budget categories. Explain how each expense is related to producing the anticipated result. Use the following instructions as a guide for describing the non-personal services budget categories. Narrative explanations are to be inserted in the space following each budget item. Additional pages clearly labeled may be attached as needed.

**Consultant Costs** (line 5 of Budget Statement) – Very limited funds available for this item. Explain the need for and/or purpose of the consultant service. Include expenses such as rental of equipment, lease agreements, printing and advertising. For consultants, specify time, amount and function of the agreement. If your application is funded, a copy of the consultant contract must be submitted for approval prior to execution of the HOPWA agreement.

**Travel Costs** (line 6 of Budget Statement) – These costs are reimbursed at the current State Rate for a maximum of \$.55 per mile. Only travel costs for personnel listed in Personal Services Costs, and, under limited circumstances, client travel costs are acceptable. Explain which staff will be traveling in relation to the project, the destination, purpose and frequency of the travel.

**Equipment** (line 7 of Budget Statement) – Equipment is any non-consumable, tangible property having a useful life of more than one year and an acquisition cost of \$100 or more per unit. Substantial equipment purchases should be avoided. Equipment purchased with State funds become the property of the State and reports on the use of the equipment must be submitted annually to the Office of Temporary and Disability Assistance for the useful life of the equipment, which may be up to ten years. If the equipment is no longer needed for the approved purpose, it must be returned to OTDA. Therefore, it is to the benefit of the sponsor to purchase needed equipment from local income whenever possible or to lease equipment. Equipment rental should be listed under contractual Service Costs.

**Supplies** (line 8 of Budget Statement) – List major supply items (e.g.) office supplies, program supplies or janitorial. Justify these costs in relation to number of staff and their programmatic functions.

**Contractual Services** (line 4 of Budget Statement) – List costs for services of other than a personnel nature rendered to the program under a formal or informal contract. This category includes rental and leasing of equipment and real estate rental.

**Long-term Rental Assistance** (line 9 of Budget Statement) – In keeping with HOPWA regulations, funds are available to pay on-going rental assistance subsidies for eligible recipients. Please estimate the number and type of units (e.g. one or two bedroom) to be provided, the counties in which the units will be provided and the size of the subsidy to be provided. Rents must adhere to the fair market rates applicable to the area in which they will be provided.

**Short-term Rental/Mortgage/Utilities Assistance** (line 10 of Budget Statement) – In keeping with HOPWA regulations, funds are available to pay short-term rental assistance subsidies for eligible recipients. Please estimate the number and type of payments to be

made (e.g. rent, utilities, mortgage) to be provided and the size of the subsidy to be provided. Limitations on the duration of subsidies are listed in the HOPWA regulations. **Other Expenses** (line 11 of Budget Statement) – Include items not applicable under any other category (e.g. postage, utilities, client travel, telephone). Please provide explanations for each item listed.

**Administrative/Indirect Costs** (line 12 of Budget Statement) – Any cost that is budgeted completely or partially in an itemized direct cost category may not be part of the budgeted indirect costs. Indirect costs are those that apply to several programs, areas of functions of the provider agency and are not readily or easily assigned to a specific program. The sub-division of such costs on a direct basis to each specific providers, service and operation may cause detailed accounting and it not desirable. For this RFP, an indirect or administrative rate of up to 7% may be charged with proper supporting documentation. The indirect cost rate may not include any portion of costs that are assignable to other Federal, State or provider agency programs. Indirect charges must be based on an established Federal Indirect Rate. Applications are required to submit the official Federal letter and document establishing this rate.

**Contractual Services Costs** (Transfer to line four of the Budget Statement)

Item	Contract Fund	Total Program Costs
	\$	\$
<b>Total</b>	\$	\$

If Contractual Services are sub-contracted with providers, please list providers. (use additional pages if necessary)

Explanation/Justification:

Please provide a brief description of the services to be provided.

**Consultant Costs** (Transfer to line five of the Budget Statement)

Item	Contract Funds	Total Program Costs
	\$	\$
<b>Total</b>	\$	\$

Explanation/Justification:

Please provide a description of the consultant services to be provided and a breakdown on a cost per hour basis, in addition to an explanation/justification.



**Supply Costs** (Transfer to line eight of Budget Statement)

Item	Contract Funds	Total Program Costs
	\$	\$
Total	\$	\$

Explanation/Justification:



**Short-Term Rental/Mortgage Assistant** (Transfer to line ten of Budget Statement)

Units	Subsidy Amount	Months	Contract Funds	Total Program

Total

Explanation/Justification:

**Other Expenses** (Transfer to line eleven of Budget Statement)

Item	Contract Funds	Total Program Costs

Total

Explanation/Justification:



## **DOCUMENTATION OF CONTINUING FINANCIAL SUPPORT**

**NOTE: HOPWA funds cannot be used to supplant or replace local funding. This is an example of the format that should be followed regarding certification of continuing financial support.**

### **AGENCY LETTERHEAD**

Date

City of Poughkeepsie  
Social Development Department  
62 Civic Center Plaza  
Poughkeepsie, NY 12601

Attention: Paul Hesse

Dear

This is to certify that, to the best of my knowledge, the funds requested in my agency's 2014 HOPWA application will not be used to supplant or replace local financial participation in the proposed HOPWA program.

Sincerely,

Signature of authorized agency representative

## FEDERAL CERTIFICATIONS

I, \_\_\_\_\_, \_\_\_\_\_  
(Authorized Signature) (Title)

of \_\_\_\_\_  
(Name of applicant agency, hereinafter referred to as "the Applicant")

hereby assure and certify that the Applicant will comply with the following items under the Housing Opportunities for Persons with AIDS Program:

1. All requirements of 24 Code of Federal Regulations (CFR) Part 574, entitled Housing Opportunities for Persons with AIDS.
2. The Applicant will comply with the environmental laws and authorities at 24 CFR Part 50, which implements the National Environmental Policy Act and related acts. The Applicant agrees to supply HUD with information necessary for it to perform any necessary environmental review of each property. The Applicant will carry out mitigating measures required by HUD or select alternate eligible property. The Applicant will not acquire, rehabilitate, convert, lease, repair or construct property to provide housing or commit HUD or local funds to such program activities with respect to any eligible property until HUD approval is received. See Section 574.510 for the environmental procedures and standards for applicants for assistance and such other information or certifications as HUD determines to be necessary.
3. Within the designated population:
  - a. The Applicant will adhere to the requirements of the Fair Housing Act (42 U.S.C. 3601-20) and implementing regulation 24 CFR Part 100; Executive Order 11063 and implementing regulations at 24 CFR Part 107; and Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and implementing regulations issued at 24 CFR Part 1;
  - b. The Applicant will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) and implementing regulations at 24 CFR Part 146, prohibiting discrimination on the basis of age; Section 504 of the Rehabilitation of 1973 (29 U.S.C. 794) and implementing regulations at 24 CFR Part 8 prohibiting discrimination against handicapped individuals; and executive order 11063 and regulations under 24 CFR Part 107 prohibiting discrimination on the basis of race, color, creed, sex or national origin;
  - c. The Applicant will adhere to the requirements of Section 3 Housing and Urban Development Act of 1968, (12 U.S.C. 1701a) regarding employment opportunities for lower-income residents of the project.
  - d. The Applicant will adhere to the requirements of Executive Orders 11625, 12432, and 12138, that grantee or project sponsor must make efforts to encourage the use of minority and women's business enterprises in connection with funded activities;

- e. The Applicant will establish additional procedures to ensure that interested persons can obtain information concerning assistance under this program in cases where established procedures are unlikely to reach persons of any particular race, color, religion, sex, age, national origin, familiar status or handicap, who may qualify for assistance; and (f) The Applicant will comply with reasonable modification and accommodation requirements of the Fair Housing Act and, as appropriate, the accessibility requirements of the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973, as amended.
- 4. The Applicant will certify (i.e. provide assurance of compliance as required by 49 CFR Part 24) that it will comply with the URA, the regulations at 40 CFR Part 24, and the requirements of Section 574.630, and shall ensure such compliance notwithstanding any third party's contractual obligation to the grantee to comply with these provisions.
- 5. The Applicant will provide that any building or structure assisted with amounts under this part must be maintained as a facility to provide housing or assistance for eligible beneficiaries; (i) for not less than 10 years in the case of assistance involving new construction, substantial rehabilitation or acquisition of a building or structure; and (ii) for not less than 3 years in cases involving non-substantial rehabilitation or repair of a building or structure.
- 6. The Applicant will adhere to the policies, guidelines and requirements of 24 CFR Part 85 (codified pursuant to OMB Circular No. A-102 and OMB Circular No. A-87) which apply to the acceptance and use of funds under the program by grantees and Nos. A-110 and A-122 apply as they relate to the acceptance and use of funds under this program by project sponsors.
- 7. The applicant will provide drug-free workplace in accordance with the Drug-Free Workplace Act of 1988 (41 U.S.C. 701).
- 8. No Federally appropriated funds have been or will be used for lobbying the Executive or Legislative Branches of the Federal Government as required by Section 319 of the Department of Interior Appropriations Act (pub. L 101-121), as approved October 23, 1989.
- 9. The Applicant will implement the provisions of 24 CFR Part 24 relating to the employment, engagement of services, awarding of contracts or funding of any contractors or subcontractors during any period of debarment, suspension or placement in ineligibility status.

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Authorized Signature

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Date

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Title

**SUB-CONTRACTING UTILIZATION FORM**

Agency Name \_\_\_\_\_ Telephone \_\_\_\_\_

Contract Number \_\_\_\_\_ Dollar Value \_\_\_\_\_

Date Bid \_\_\_\_\_ Date Let \_\_\_\_\_ Completion Date \_\_\_\_\_

**Contract Awardee/Recipient**

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Description of Contract/Project Location \_\_\_\_\_

**Subcontractors Purchase with Minority Vendors**

Participation Goals Anticipated \_\_\_\_\_% MBE \_\_\_\_\_% WBE

Participation Goals Anticipated \_\_\_\_\_% MBE \_\_\_\_\_% WBE

**Subcontractors/Suppliers**

Firm Name & City	Description of Work	Dollar Value	Date of Subcontract	MBE or WBE or NYS Certified
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**Contractor's Agreement:** My firm proposed to use the M/WBE's listed on this form

\_\_\_\_\_  
Signature of Contractor                      Print Contractor's Name                      Telephone Number

\_\_\_\_\_  
Grant Recipient Affirmative Action Officer Signature (if applicable) Date

**ORGANIZATIONAL STATUS  
(For Reporting Purposes)**

Please identify all of the items below that apply to your organization. Definitions are as follows:

**YES    NO    Local Department of Social Services**

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**YES    NO    Not-For Profit Organization**

- To meet the definition of a Not-for-Profit Organization, an organization must be incorporated as a not-for-profit corporation or religious corporation or public agency under the laws of this state or provide care and services in this state and have been granted Federal tax exempt status.

**YES    NO    Minority Organization**

- A Minority Organization is characterized by majority representation of American Indians, Asian Americans, Blacks and/or Hispanics in both policy formulation and decision making regarding management, service delivery and staffing reflective of the catchment area it serves.

**YES    NO    Woman-Owned Organization**

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**If Minority Organization, please check one of the following:**

- Hispanic persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American of either Indian or Hispanic origin, regardless of race
- Black persons having origins in any of the black African racial groups not of Hispanic origin
- Asian and Pacific Islander persons having origins in any of the Far East, southeast Asia, the Indian subcontinent or the Pacific Islands
- American Indian or Alaskan Native persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation of community identification

**CONTRACTOR/SUBCONTRACTOR BACKGROUND  
QUESTIONNAIRE**

**Instructions**

Offerers are required to complete this form and to submit as part of their proposal. Any proposed subcontractor also must complete the form if the value of that subcontract will be in excess of \$10,000.

**NOTE:**

Please indicate whether you believe that any of the information supplied herein is confidential and should be exempt from disclosure under the Freedom of Information Law \_\_\_ YES \_\_\_ NO. If you checked "yes" you must identify the information you feel is confidential by placing an asterisk in front of the appropriate question number(s) and you are requested to attach an additional sheet(s) upon which the basis for such claim(s) is explained.

**GENERAL INFORMATION**

Name of Agency \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_

1. Within the past five years has the entity, any affiliate (including a wholly owner or partially owned subsidiary), any predecessor company or entity, any owner 5% or more of the firm's shares, any director, officer, partner or proprietor or any employee alleged to have been acting on the part of the offeror been the subject of any of the following (respond to each question and describe in detail the circumstances of each affirmative answer; attach additional pages if necessary).
  - a. A civic or criminal investigation of the New York State Ethics Commission involving a violation(s) of Section 73 and Section 74 of the Public Office Law Yes \_\_\_ No \_\_\_
  - b. Judgment of conviction for any business-related conduct constituting a crime under State or Federal law Yes \_\_\_ No \_\_\_
  - c. A criminal investigation or indictment for any business-related conduct constituting a crime under State or Federal law Yes \_\_\_ No \_\_\_
  - d. A grant of immunity for any business-related conduct constituting a crime under State or Federal law Yes \_\_\_ No \_\_\_

- e. A Federal or State suspension or debarment Yes \_\_\_ No \_\_\_
- f. A rejection of any bid for lack of qualifications, responsibility or because of the submission of an informal, non-responsive or incomplete bid  
Yes \_\_\_ No \_\_\_
- g. A rejection of any proposed subcontract for lack of qualifications, responsibility or because of the submission of an informal, non-responsive or incomplete Yes \_\_\_ No \_\_\_
- h. A denial or revocation of pre-qualification Yes \_\_\_ No \_\_\_
- i. A voluntary exclusion from bidding/contracting agreement Yes \_\_\_ No \_\_\_
- j. Any administrative proceeding of civil action seeking specific performance or restitution in connection with any public works contract except any disputed work proceeding Yes \_\_\_ No \_\_\_
- k. An OSHA Citation and Notification of Penalty containing a violation classified as serious Yes \_\_\_ No \_\_\_
- l. An OSHA Citation and Notification of Penalty containing a violation classified as willful Yes \_\_\_ No \_\_\_
- m. A prevailing wage or supplement payment violation Yes \_\_\_ No \_\_\_
- n. A State Labor Law violation Yes \_\_\_ No \_\_\_
- o. Any other Federal or State citations, Notices, violation orders, pending administrative hearings or proceedings or determinations of a violation of any labor law or regulation Yes \_\_\_ No \_\_\_
- p. Any criminal investigation, felony indictment or conviction of concerning formation of, or any business association with, an allegedly false or fraudulent women's minority or disadvantages business enterprise Yes \_\_\_ No \_\_\_
- q. Any denial, decertification, revocation or forfeiture of Women's Business Enterprise, Minority Business Enterprise or Disadvantages Business Enterprise status Yes \_\_\_ No \_\_\_
- r. Rejection of a low bid on a State contract for failure to meet statutory affirmative action or M/WBE requirements Yes \_\_\_ No \_\_\_
- s. A consent order with the NYS Department of Environmental Conservation, or a Federal, State or local government enforcement determination involving a violation of Federal or State environmental laws  
Yes \_\_\_ No \_\_\_
- t. Any bankruptcy proceeding Yes \_\_\_ No \_\_\_
- u. Any suspension or revocation of any business or professional license  
Yes \_\_\_ No \_\_\_
- v. Any citations, Notices, violation orders, pending administrative hearings or proceedings or determinations for violations of:
  - Federal, State or local health laws, rule and regulations
  - Unemployment insurance or workers compensation coverage or claim requirements ERISA (Employee Retirement Income Security Act)
  - Federal, State or local human rights laws
  - Federal, State security laws
 Yes \_\_\_ No \_\_\_

## **CERTIFICATION**

The undersigned (1) recognizes that this questionnaire is submitted for the express purpose of inducing the City of Poughkeepsie to award a contract or approve a subcontract; (2) acknowledges that the City may in its discretion, by means which it may choose, determine the truth and accuracy of all statements made herein; (3) acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law 210.40 or a misdemeanor under Penal Law 210.35 or 210.45, and may also be punishable by a fine of up to \$10,000 or imprisonment of up to five years under 18 U.S.C. 1001; (4) states that the information submitted in this questionnaire and any attached pages is true; accurate and complete and (5) acknowledges that submission of false or misleading information will constitute grounds for the City to terminate its contract (or revoke its approval of a subcontract) with the undersigned or the organization of which s/he is an office.

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Signature of Officer

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Title



