

**OFFICE OF THE STATE COMPTROLLER - BUREAU OF CONTRACTS
VENDOR RESPONSIBILITY PROFILE**

Part I – Contract Information – *Complete for all transactions.*

1. Business Unit SNY01		2. Department ID # 3320239		3. Department Name University at Albany, SUNY	
4. Contract/PO # C200044	5. Amendment Sequence # N/A	6. Transaction Amount \$93,750.00	7. Total Contract Value \$125,000		
7. Vendor Name The Research Foundation For SUNY			9. NYS Vendor ID # #1000013735	10. Taxpayer ID/EIN # #14-1368361	
11. Contractor Type: <input checked="" type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor					
12. Contract Description: OCFS - Evaluation of NYS Home Visiting Program (DATA 01)					
13. UAlbany Contact Name, Phone, Email: Kevin Urru Cruz , 518-437-4579 , kurrucruz@albany.edu					
14. Were any issues disclosed by vendor and/or found by University? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If "Yes", provide details on Attachment A, Item 1.)</i>					
15. If this is a new contract or renewal, has the vendor's documentation of New York State Workers' Compensation and Disability Benefits coverage or exemption been verified as accurate, up-to-date, and included as part of the procurement package as outlined in <u>GFO XI.18.G</u> ? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <i>(If "No", provide details on Attachment A, Item 2.)</i>					

Part II – Vendor Disclosure and University Process

(Complete for new contracts valued at \$100,000 or more, or an amendment that brings total approved amount to \$100,000 or more for the first time.)

16. Identify disclosures used in this review that were provided by the vendor. Check all that apply and attach all pertinent items. (Information found on the VendRep System should NOT be printed for OSC.)

<input type="checkbox"/> Online VenRep Questionnaire Date Certified: EXEMPT	<input type="checkbox"/> Hard Questionnaire (Must attached, if used) Date Certified:
<input type="checkbox"/> Financial Statements	<input type="checkbox"/> Solicitation Document Responses
<input type="checkbox"/> Vendor Compliance	

Other Vendor Disclosure – Describe:

All reviews must be thorough and comprehensive to mitigate any risks to public funds or services.

17. Is a description of the University's process included in Attachment A, Item 2? Yes No
If "No", explain:

Part III – University Responsibility Determination

The University has undertaken an affirmative review of the proposed contractor's responsibility and, based upon such review, has reasonable assurance that the proposed contractor is:

Responsible Non-Responsible

Signature: Kevin Urru Cruz	Date: 11/12/2010
Print Name: Kevin Urru Cruz	Title: Purchasing Associate

**OFFICE OF THE STATE COMPTROLLER - BUREAU OF CONTRACTS
VENDOR RESPONSIBILITY PROFILE**

Attachment A

Business Unit # SNY01	Department ID # 3320239
Contract/PO # C200044	Amendment Sequence #
Vendor Name Research Foundation for SUNY	NYS Vendor Id # 1000013735

Item 1: Issue Detail

For each issue disclosed by the vendor or found by the University, describe the issue and its resolution.

Note: In the 'Resolution' field, include the University's assessment of the issue, its relevance to the vendor's responsibility for this procurement (including any supporting reasons), and any corrective or mitigating actions taken by the University or vendor in response to the issues (attach additional pages if necessary.) *If the University believes this issue has no impact on this transaction, state the reasons justifying such statements.*

Issue Description	University Resolution
1.	
2.	
3.	

Item 2: University Process

Describe the steps ***taken by the University*** to determine vendor responsibility including consideration of the vendor disclosure and the independent University research, including but not limited to, internet sources, University records, and internal or external communications. If a Resource Checklist was used, it is acceptable to submit the completed list in lieu of describing the process.

Note: Do not submit copies of website search results or information found on the VendRep System.

BBB.org search (Better Business Bureau) Google.com search Bing.com search National database of Non-Profit Organizations (guidestar.org) <i>See attached email regarding vendor responsibility exemption</i>

From: Mason, Robert
Sent: Thursday, March 10, 2005 5:40 PM
To: Mason, Robert
Subject: VRQ Recision

-----Original Message-----

From: Winters, Pat
Sent: Thursday, March 10, 2005 5:19 PM
To: Mason, Robert
Cc: Teliska, Bobbi; Connolly, Anne
Subject: FW: Vendor Responsibility

-----Original Message-----

From: DCosgrove@osc.state.ny.us [mailto:DCosgrove@osc.state.ny.us]
Sent: Thursday, March 10, 2005 5:02 PM
To: Winters, Pat
Cc: DDTaylor@osc.state.ny.us; MMagin@osc.state.ny.us
Subject: RE: Vendor Responsibility

Pat:

On behalf of the Office of the State Comptroller, we would like to advise you that we will consider the Research Foundation an exempt entity as it relates to the requirements of G-221 Vendor Responsibility.

We will begin to notify the Agencies tomorrow and have advised FCS a few minutes ago.

We ask for your patience as this makes it way through the necessary parties:

Donna Cosgrove
OSC
Bureau of Contracts

"Winters, Pat" <Pat.Winters@rfsunys.org>

To <DCosgrove@osc.state.ny.us>

cc

Subject RE: Vendor Responsibility

03/04/2005 12:20 PM

Donna,

Thanks for your message however the Research Foundation is not a class B public authority. We know there is an Assembly bill pending which includes us as a class B public authority but it is just that a "one house" bill at this point. I would really appreciate your assistance in seeking exemption on the basis that we are under contract to SUNY (1977 Agreement) as a 501 (c) 3. Failing that, if the agencies would recognize one simplified filing done annually, with an update certification on the same basis, that would be greatly appreciated.

Your help is appreciated. Pat

OFFICE OF THE STATE COMPTROLLER
BUREAU OF CONTRACTS
GOVERNMENTAL ENTITY REPRESENTATION
CONCERNING COMPLIANCE WITH STATE FINANCE LAW §§139-j AND 139-k

Business Unit (State Agencies): SNY01
Department ID (State Agencies): 3320239
Agency Code (2879-a Authorities): 28010
Agency/Authority Name: University at Albany, State University of New York
Contractor Name: The Research Foundation for the State University of New York
NYS Vendor ID (if applicable): 1000013735
Contract No. or P.O. No.: C200044
Contract Amendment No. (legal amendment number): N/A
SFS Amendment Sequence No. (system assigned): N/A

I am a duly authorized representative of the above governmental entity. To the best of my knowledge, information and belief, pursuant to the requirements of State Finance Law (SFL) §§ 139-j and 139-k, the governmental entity for this procurement has:

- Issued and complied with its policies and procedures with respect to permissible contacts and any determinations made for violations thereof and has included such policies and procedures as part of the solicitation/bid documents;
 - Issued policies and procedures in connection with the recording of all “contacts” received during the “restricted period” as those terms are defined under SFL §§ 139-j and 139-k, and is not aware of any “contacts” that were not recorded as required and included in the procurement record submitted to OSC;
 - Received from all offerors the required (i) disclosure regarding prior findings of non-responsibility for violations of SFL §§ 139-j or 139-k; (ii) written affirmation of understanding and agreement to comply with the governmental entity’s policies and procedures relating to permissible contacts;
 - If any offerors have disclosed a prior finding of non-responsibility for violations of §§ 139-j or 139-k, I have noted them below:
-
- Received from the winning vendor a certification as to the completeness, truth and accuracy of all information provided to the governmental entity and included such documentation in the procurement record submitted to OSC;
 - Included in the contract a provision authorizing termination if the certification referenced above is found to be intentionally false or intentionally incomplete;
 - Reviewed the New York State Office of General Services published list of non-responsible and debarred vendors for violations of SFL §§ 139-j and 139-k and considered such information in its determination of responsibility of the proposed vendor;
 - Except as otherwise indicated, found no knowing and willful violations of the requirements regarding permissible contacts or other provisions of SFL §§ 139-j or 139-k;
 - If applicable, documented in the procurement record submitted to OSC (i) the basis for finding the proposed vendor in this procurement non-responsible for violations of SFL §§ 139-j or 139-k; (ii) the due process afforded such vendor; and (iii) that such finding was reported to OGS, as required.

Based upon the above information and representations, the governmental entity has determined, for purposes of SFL §§ 139-j and 139-k only, that the proposed vendor for the above identified governmental procurement is:

Responsible Non-responsible

(This responsibility determination by the governmental entity must also be reported on the Vendor Responsibility Profile, if one is required for this transaction.)

- If applicable, documented in the procurement record submitted to OSC the basis for awarding a contract to the proposed vendor notwithstanding the governmental entity's determination that the proposed vendor is non-responsible for violations of SFL §§ 139-j or 139-k.
- Documented in the procurement record submitted to OSC (i) the basis for finding any other offerer in this procurement non-responsible for violations of SFL §§ 139-j or 139-k; (ii) the due process afforded such offerer; and (iii) that such finding was reported to OGS, as required.

Name(s) and Federal Identification number(s) and NYS Vendor ID (if available) of such Offerer(s)

Date: 11/12/2020

Authorized Signatory: *Kevin Urure Cruz*

Name (printed or typed): Kevin Urure Cruz

Title: Purchasing Associate

Direct Telephone Number (including area code): 518-437-4579

Email Address: kurure-cruz@albany.edu

Mailing Address: 1400 Washington Ave., Management Service Center Room 302, Albany, NY 12222

Procurement Lobbying Act Compliance

Vendor Name:	The Research Foundation for The State University of New York	Federal ID #:14- 1368361	
Address:	1400 Washington Ave., MSC 100A	City/State: Albany, NY	
Proposal/Bid/Contract Number: C028989 / C200044			
Description of Contract: Data Management and Evaluation of Prevention Programs (DATA 01) NYS Office of Children and Family Services			

The Procurement Lobbying Act, as amended March 2010, requires all potential vendors to affirm their compliance with certain provisions of State Finance Law §139-j. Please indicate your agreement and certify with your signature.

I, Sharon Ray, acting as Assistant Director, for and on behalf of The Research Foundation for The State University of New York, University at Albany, Office for Sponsored Programs Administration, do hereby affirm that;

I have not knowingly nor willfully violated the provisions against permissible contacts or certain ethics provisions as outlined in State Finance Law §139-j. X Yes No

I have not failed to timely disclose accurate and complete information, nor failed to cooperate with the University at Albany in administering these provisions. X Yes No

I have not failed to disclose prior determinations of non-responsibility for any of the above stated reasons within the previous four years by any government entity. X Yes No

(If you have answered 'no' to any of the above questions, please attached a detailed explanation)

I understand that this affirmation applies to the above referenced procurement and all amendments thereto and hereby affirm that I fully understand and agree to comply with the University at Albany's procedures relating to permissible contacts during this procurement.

Signed: Sharon Ray Date: 10/21/2020

Print Name: Sharon Ray

Title: Assistant Director

WUC / 11/12/2020
University Review/Date



Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>The Research Foundation for the State University of New York 35 State Street, PO Box 9 Albany, NY 12201</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured (518)434-7045</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured 04-54705</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 14-1368361</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>State University of New York at Albany 1400 Washington Ave Albany, NY 12222</p> <p>Blanket COI #2570</p>	<p>3a. Name of Insurance Carrier ACE American Insurance Co.</p> <p>3b. Policy Number of Entity Listed in Box "1a" 71644923</p> <p>3c. Policy effective period <u>7/1/2020</u> to <u>7/1/2021</u></p> <p>3d. <input checked="" type="checkbox"/> The Proprietor, Partners or Executive Officers are included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

Will the carrier notify the certificate holder within 10 days of a policy being cancelled for non-payment of premium or within 30 days if cancelled for any other reason or if the insured is otherwise eliminated from the coverage indicated on this certificate prior to the end of the policy effective period? YES NO


This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Guy Alonge, III
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  6/25/2020
(Signature) (Date)

Title: President, Amsure - Albany Division

Telephone Number of authorized representative or licensed agent of insurance carrier: 518-458-1800

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.



CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
The Research Foundation for the State University of New York
35 State Street
Albany, NY 12207
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)
1b. Business Telephone Number of Insured
518-434-7132
1c. Federal Employer Identification Number of Insured or Social Security Number
141368361

2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)
State University of New York
University at Albany
1400 Washington Avenue
Albany, NY 12222
Blanket COI#2570
3a. Name of Insurance Carrier
First Reliance Standard Life Insurance Company
3b. Policy Number of Entity Listed in Box "1a"
DBL252038
3c. Policy effective period
01/01/2016 to 1/1/2021

4. Policy provides the following benefits:
[X] A. Both disability and paid family leave benefits.
[] B. Disability benefits only.
[] C. Paid family leave benefits only.
5. Policy covers:
[X] A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
[] B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

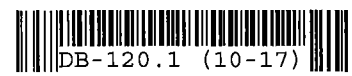
Date Signed 01/07/2020 By Patti Gerlach
Digitally signed by Patti Gerlach
DN: cn=Patti Gerlach, o, ou, email=patti.gerlach@rsl.com, c=US
Date: 2017.12.04 10:44:05 -0500
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)
Telephone Number 267-256-3625 Name and Title Patti Gerlach, Senior Compliance Consultant

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York
Workers' Compensation Board
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.
Date Signed By
(Signature of Authorized NYS Workers' Compensation Board Employee)
Telephone Number Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





OSC Use Only:
Reporting Code:
Category Code:
Date Contract Approved:

FORM A DM 1163870-1-89262

**State Consultant Services - Contractor's Planned Employment
From Contract Start Date Through The End Of The Contract Term**

State Agency Name:	University at Albany, SUNY	Agency Code:	28010
Contractor Name:	The Research Foundation of SUNY on behalf of the University at Albany	Contract Number:	C200044
Contract Start Date:	10/1/2020	Contract End Date:	9/30/2021

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable
			Under the Contract
Administrative Services Managers 11-3011.00	1	195.0	\$ 12,293.23
Computer Suppt. Specialist 15-1041.00	0	0.0	\$ -
Computer Programmers 15-1021.00	1	214.5	\$ 18,612.00
Education Administr. -Postsec 11-9033.00	0	0.0	\$ -
Exec. Secretaries & Admin. Assistants. 43-6011.00	0	0.0	\$ -
Graphic Designer 27-1024.00	0	0.0	\$ -
Network & Computer Sys Adm 15-1071.00	0	0.0	\$ -
Office & Administrative Support, all other 43-9199.99	0	0.0	\$ -
Vocational Educ. Teacher - Postsec. 25-1194.00	0	0.0	\$ -
Graduate Teaching Assistant 25-1191.00	0	0.0	\$ -
Social Scientists & Related Workers, All Other 19-3099.99	2	975.0	\$ 59,897.93
Training and Development Managers 11-3042.00	0	0.0	\$ -
Social Science Research Assistant 19-4061.00	0	0.0	\$ -
	0	0.0	\$ -
	0	0.0	\$ -
	0	0.0	\$ -
	0	0.0	\$ -
Total this page	4	1,384.5	\$ 90,803
Grand Total	4	1,384.5	\$ 90,803.00

Name of person who prepared this report: Denise Carner
 Title: Project Staff Associate
 Phone No: 518-442-5410
 Preparer's Signature: *Denise Carner*
 Date Prepared: 10/19/2020