



E-164-17

Contract Details

SERVICE: Re-entry Case Manager, Outreach Workers, Contract Manager, Mentoring, Internships, Educational & Sports Programs

NIFS ID #: CQDA17000011NIFS Entry Date: 06/21/17Term: 07/01/17 to 06/30/18

New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/>
Amendment <input type="checkbox"/>
Time Extension <input type="checkbox"/>
Addl. Funds <input type="checkbox"/>
Blanket Resolution <input type="checkbox"/>
RES#

1) Mandated Program:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2) Comptroller Approval Form Attached:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3) CSEA Agreement § 32 Compliance Attached:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
5) Insurance Required	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Agency Information

Vendor	
Name Family and Children's Association	Vendor ID# 11-3422018
Address 100 E. Old Country Rd., Suite 24 Mineola, NY 11501	Contact Person Jeffrey L Reynolds, Ph.D. President & Chief Executive Officer
	Phone (516)746-0350 ext. 304

County Department	
Department Contact ADA Dana Boylan	
Address Nassau County District Attorney 262 Old Country Road Mineola, NY 11501	
Phone (516) 571-2608	

Routing Slip

DATE Rec'd.	DEPARTMENT	Internal Verification	DATE App'd & Fwd.	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) <input checked="" type="checkbox"/> NIFS Appvl (Dept. Head) <input checked="" type="checkbox"/> Contractor Registered	6/21/17 6/21/17	<i>John Doe</i> <i>John Doe</i>	
6/21/17	OMB	NIFS Approval (Contractor Registered) <input checked="" type="checkbox"/>	6/21/17	<i>[Signature]</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
6/29/17	County Attorney	CA RE & Insurance Verification <input checked="" type="checkbox"/>	6/30/17	<i>[Signature]</i>	
	County Attorney	CA Approval as to form <input checked="" type="checkbox"/>	6/30/17	<i>[Signature]</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7/13/17	Legislative Affairs	Fw'd Original Contract to CA <input type="checkbox"/>	7/13/17	<i>[Signature]</i>	
	County Attorney	NIFS Approval <input type="checkbox"/>			
	Comptroller	NIFS Approval <input type="checkbox"/>			
7/14/17	County Executive	Notarization <input type="checkbox"/> Filed with Clerk of the Leg. <input type="checkbox"/>	7/14/17	<i>[Signature]</i>	

E-107-17



Contract Summary

Description: Re-Entry Coordinator, Contract Manager, Mentoring, Internships, Educational & Sports Programs targeting recently incarcerated individuals and high-risk youth for Hempstead Community Improvement Project.

Purpose: To utilize grant funding awarded to the District Attorney's Office for the Hempstead Community Improvement Project. This is a one year agreement to provide services to previously incarcerated individuals to improve their chances at rebuilding their lives as productive members of the community and will engage at-risk youth in constructive activities to reduce gang involvement.

Method of Procurement: Family & Children's Association (FCA) has been performing these services since 2010 as part of the Hempstead Community Improvement Project. This Contractor has a long standing relationship with the community and a vocational education site in Hempstead, has prior experience providing similar services to the community with much success. The contractor was selected because it is the only local agency which possesses the necessary qualifications, skills, experience, ties to the community, and specialized access to the Nassau

Procurement History: In the fall of 2007 the Nassau County District Attorney's Office began the Hempstead Terrace Bedell Initiative. The Hempstead Community Improvement Project is part of that initiative. Both federal and state funding have been utilized to continue this project. All contracts resulting from this program have been entered into in accordance with applicable Nassau County rules and procedures regarding procurement.

Description of General Provisions: A twelve month agreement in the amount of Five Hundred and Thirty-Five Thousand Five Hundred and Twenty Dollars (\$535,520.00) for a Re-entry Coordinator, Contract Manager, Mentoring, Internships and Educational and Sports Programs.

Impact on Funding / Price Analysis: None, contract is 100% grant funded and funded by discretionary forfeiture funds.

Change in Contract from Prior Procurement: Previous agreement was for \$471,520.

Recommendation: Approve as submitted.

Advisement Information

BUDGET CODES	
Fund:	GRT
Control:	DA7E/DA89
Resp:	X7/1B
Object:	DE500
Transaction:	CLDA

RENEWAL	
% Increase	0
% Decrease	0

FUNDING SOURCE	AMOUNT
Revenue Contract <input type="checkbox"/>	XXXXXXXX
County	\$
Federal	\$
State	\$535,520.00
Capital	\$
Other	\$
TOTAL	\$535,520.00

LINE		AMOUNT
1	DAGRT7EX4NYSX7/DE500	\$ 88,500
2	DAGRT891BOTH/DE500	\$447,020
3		\$
4		\$
5	APPROVED: <i>J. Amato</i> 6/30/17	\$
6		\$
TOTAL		\$535,520.00

Document Prepared By: **R McManus**Date: **06/21/17**

NIFS Certification	Comptroller Certification	County Executive Approval
I certify that this document was accepted into NIFS.	I certify that an unencumbered balance sufficient to cover this contract is present in the appropriation to be charged.	Name <i>[Signature]</i>
Name	Name	Date <i>7/19/17</i>
Date	Date	(For Office Use Only)
		E #:



Nassau County Interim Finance Authority

Contract Approval Request Form

(As of March 2017)

1. Vendor: Family and Children's Association CQDA17000011

2. Dollar amount requiring NIFA approval: \$ 535,520

Amount to be encumbered: \$ 535,520

This is a ☒ New Contract ☐ Advisement ☐ Amendment

If new contract - \$ amount should be full amount of contract

If advisement - NIFA only needs to review if it is increasing funds above the amount previously approved by NIFA

If amendment - \$ amount should be full amount of amendment only

3. Contract Term: 07/01/17 - 06/30/18

Has work or services on this contract commenced? ☒ Yes (7/1/17) ☐ No

If yes, please explain: This is a continuing program since 2010.

4. Funding Source:

☐ General Fund (GEN) ☒ Grant Fund (GRT)
☐ Capital Improvement Fund (CAP) Federal %
☐ Other State % 100
County %

Is the cash available for the full amount of the contract? ☒ Yes ☐ No
If not, will it require a future borrowing? ☐ Yes ☐ No

Has the County Legislature approved the borrowing? ☐ Yes ☐ No

Has NIFA approved the borrowing for this contract? ☐ Yes ☐ No

5. Provide a brief description (4 to 5 sentences) of the item for which this approval is requested:

This is a one year agreement, renewable for up to four (4) one year periods, for the contractor to provide services through the Council on Thought and Action as both an alternative-to-incarceration program and a program for individuals released from incarceration. The services provided include education, vocational training, child care, and other life skills to reduce the risk of re-offense.

6. Has the item requested herein followed all proper procedures and thereby approved by the:

Nassau County Attorney as to form ☒ Yes ☐ No ☐ N/A
Nassau County Committee and/or Legislature ☐ Yes ☐ No ☐ N/A

Date of approval(s) and citation to the resolution where approval for this item was provided:

Submitted for approval on 06/21/17.

7. Identify all contracts (with dollar amounts) with this or an affiliated party within the prior 12 months:

CQDA16000001/CLDA16000009
07/01/16 - 06/30/17
\$471,520.

AUTHORIZATION

To the best of my knowledge, I hereby certify that the information contained in this Contract Approval Request Form and any additional information submitted in connection with this request is true and accurate and that all expenditures that will be made in reliance on this authorization are in conformance with the Nassau County Approved Budget and not in conflict with the Nassau County Multi-Year Financial Plan. I understand that NIFA will rely upon this information in its official deliberations.

Roseann D'Alleva 6/27/17
Signature Title Date
Roseann D'Alleva
Print Name

COMPTROLLER'S OFFICE

To the best of my knowledge, I hereby certify that the information listed is true and accurate and is in conformance with the Nassau County Approved Budget and not in conflict with the Nassau County Multi-Year Financial Plan.

Regarding funding, please check the correct response:

☐ I certify that the funds are available to be encumbered pending NIFA approval of this contract.

If this is a capital project:

☐ I certify that the bonding for this contract has been approved by NIFA.

☐ Budget is available and funds have been encumbered but the project requires NIFA bonding authorization.

Signature Title Date

Print Name

NIFA

Amount being approved by NIFA: _____

Payment is not guaranteed for any work commenced prior to this approval.

Signature Title Date

Print Name

NOTE: All contract submissions MUST include the County's own routing slip, relevant Nassau County Legislature communication documents and relevant supplemental information as specified in the NIFA Contract Guidelines that pertain to the items requested herein.

NIFA Contract Approval Request Form MUST be filled out in its entirety before being submitted to NIFA for review. NIFA reserves the right to request additional information as needed.

RULES RESOLUTION NO. — 2017

A RESOLUTION AUTHORIZING THE COUNTY EXECUTIVE
TO EXECUTE A PERSONAL SERVICES AGREEMENT BETWEEN
THE COUNTY OF NASSAU, ACTING ON BEHALF OF THE NASSAU
COUNTY DISTRICT ATTORNEY'S OFFICE, AND FAMILY AND
CHILDREN'S ASSOCIATION

WHEREAS, the County has negotiated a personal services agreement
with Family and Children's Association to provide services to address the
needs of recently incarcerated individuals and engage high-risk youth in
constructive activities, a copy of which is on file with the Clerk of the
Legislature; now, therefore, be it

RESOLVED, that the Rules Committee of the Nassau County
Legislature authorizes the County Executive to execute the agreement with
Family and Children's Association

George Maragos
Comptroller



OFFICE OF THE COMPTROLLER
240 Old Country Road
Mineola, New York 11501

COMPTROLLER APPROVAL FORM FOR PERSONAL, PROFESSIONAL OR HUMAN SERVICES CONTRACTS

Attach this form along with all personal, professional or human services contracts, contract renewals, extensions and amendments.

CONTRACTOR NAME: Family and Children's Association

CONTRACTOR ADDRESS: 100 East Old Country Road, Mineola, NY 11501

FEDERAL TAX ID #: 11-3422018

Instructions: Please check the appropriate box ("☐") after one of the following roman numerals, and provide all the requested information.

I. ☐ The contract was awarded to the lowest, responsible bidder after advertisement for sealed bids. The contract was awarded after a request for sealed bids was published in _____ [newspaper] on _____ [date]. The sealed bids were publicly opened on _____ [date]. _____ [#] of sealed bids were received and opened.

II. ☐ The contractor was selected pursuant to a Request for Proposals.

The Contract was entered into after a written request for proposals was issued on _____ [date]. Potential proposers were made aware of the availability of the RFP by advertisement in _____ [newspaper], posting on industry websites, via email to interested parties and by publication on the County procurement website. Proposals were due on _____ [date]. _____ [state #] proposals were received and evaluated. The evaluation committee consisted of: three members of the Comptroller's Office and one member of the County Executive's Office. The proposals were scored and ranked. As a result of the scoring and ranking, the highest-ranking proposer was selected.

III. ☐ This is a renewal, extension or amendment of an existing contract.

The contract was originally executed by Nassau County on _____ [date]. This is a renewal or extension pursuant to the contract, or an amendment within the scope of the contract or RFP (copies of the relevant pages are attached). The original contract was entered into after _____

[describe procurement method, i.e., RFP, three proposals evaluated, etc.] Attach a copy of the most recent evaluation of the contractor's performance for any contract to be renewed or extended. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to continue to contract with the county.

IV. ☐ Pursuant to Executive Order No. 1 of 1993, as amended, at least three proposals were solicited and received. The attached memorandum from the department head describes the proposals received, along with the cost of each proposal.

- ☐ A. The contract has been awarded to the proposer offering the lowest cost proposal; **OR:**
- ☐ B. The attached memorandum contains a detailed explanation as to the reason(s) why the contract was awarded to other than the lowest-cost proposer. The attachment includes a specific delineation of the unique skills and experience, the specific reasons why a proposal is deemed superior, and/or why the proposer has been judged to be able to perform more quickly than other proposers.

V. ☐ Pursuant to Executive Order No. 1 of 1993 as amended, the attached memorandum from the department head explains why the department did not obtain at least three proposals.

- ☐ A. There are only one or two providers of the services sought or less than three providers submitted proposals. The memorandum describes how the contractor was determined to be the sole source provider of the personal service needed or explains why only two proposals could be obtained. If two proposals were obtained, the memorandum explains that the contract was awarded to the lowest cost proposer, or why the selected proposer offered the higher quality proposal, the proposer's unique and special experience, skill, or expertise, or its availability to perform in the most immediate and timely manner.
- ☐ B. The memorandum explains that the contractor's selection was dictated by the terms of a federal or New York State grant, by legislation or by a court order. (Copies of the relevant documents are attached).
- ☐ C. Pursuant to General Municipal Law Section 104, the department is purchasing the services required through a New York State Office of General Services contract no. _____, and the attached memorandum explains how the purchase is within the scope of the terms of that contract.

- ☐ **D.** Pursuant to General Municipal Law Section 119-o, the department is purchasing the services required through an inter-municipal agreement.

VI. ☒ This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. Attached is a memorandum that explains the reasons for entering into this contract without conducting a competitive process, and details when the department intends to initiate a competitive process for the future award of these services. For any such contract, where the vendor has previously provided services to the county, attach a copy of the most recent evaluation of the vendor's performance. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to contract with the county.

In certain limited circumstances, conducting a competitive process and/or completing performance evaluations may not be possible because of the nature of the human services program, or because of a compelling need to continue services through the same provider. In those circumstances, attach an explanation of why a competitive process and/or performance evaluation is inapplicable.

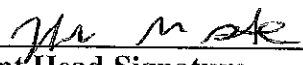
VII. ☐ This is a public works contract for the provision of architectural, engineering or surveying services. The attached memorandum provides details of the department's compliance with Board of Supervisors' Resolution No.928 of 1993, including its receipt and evaluation of annual Statements of Qualifications & Performance Data, and its negotiations with the most highly qualified firms.

VIII. ☒ Participation of Minority Group Members and Women in Nassau County Contracts. The selected contractor has agreed that it has an obligation to utilize best efforts to hire MWBE sub-contractors. Proof of the contractual utilization of best efforts as outlined in Exhibit "EE" may be requested at any time, from time to time, by the Comptroller's Office prior to the approval of claim vouchers.

IX. ☐ Department MWBE responsibilities. To ensure compliance with MWBE requirements as outlined in Exhibit "EE", Department will require vendor to submit list of sub-contractor requirements prior to the contract being submitted to the Comptroller.

X. ☒ Vendor will not require any sub-contractors.

In addition, if this is a contract with an individual or with an entity that has only one or two employees: ☐ a review of the criteria set forth by the Internal Revenue Service, *Revenue Ruling No. 87-41, 1987-1 C.B. 296*, attached as Appendix A to the Comptroller's Memorandum, dated February 13, 2004, concerning independent contractors and employees indicates that the contractor would not be considered an employee for federal tax purposes.



Department Head Signature

06/21/17
Date

NOTE: Any information requested above, or in the exhibit below, may be included in the county's "staff summary" form in lieu of a separate memorandum.

Compt. form Pers./Prof. Services Contracts: Rev. 09/15

MADELINE SINGAS
DISTRICT ATTORNEY



OFFICE OF THE DISTRICT ATTORNEY
NASSAU COUNTY
262 OLD COUNTRY ROAD
MINEOLA, NEW YORK 11501
TELEPHONE (516) 571-3340

**ADDENDUM TO COMPTROLLER APPROVAL FORM FOR PERSONAL,
PROFESSIONAL OR HUMAN SERVICES CONTRACTS**

Date: 06/21/17

Subject: Contract CQDA17000011
Family and Children's Association

This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. Family and Children's Association has been performing these services since 2010 as part of the Hempstead Community Improvement Project. In this case it is not practical to conduct a competitive bidding process because of the nature of the program and the fact that it has been conducted on an ongoing basis since that time. This contractor was selected because it is the only local agency which possesses the necessary skills, expertise and experience to perform the required functions. In addition, this contractor has a long-standing relationship with the community and operates a vocational educational site in Hempstead. Family and Children's Association is also uniquely qualified due to having previously established access and clearance at the Nassau County Correctional Center. There were no alternative organizations considered because none had the capacity or resources to provide these services.

The performance of this agency has been satisfactory and this office is interested in continuing our partnership with them.



COUNTY OF NASSAU

POLITICAL CAMPAIGN CONTRIBUTION DISCLOSURE FORM

1. Has the vendor or any corporate officers of the vendor provided campaign contributions pursuant to the New York State Election Law in (a) the period beginning April 1, 2016 and ending on the date of this disclosure, or (b), beginning April 1, 2018, the period beginning two years prior to the date of this disclosure and ending on the date of this disclosure, to the campaign committees of any of the following Nassau County elected officials or to the campaign committees of any candidates for any of the following Nassau County elected offices: the County Executive, the County Clerk, the Comptroller, the District Attorney, or any County Legislator? If yes, to what campaign committee?

NO

2. VERIFICATION: This section must be signed by a principal of the consultant, contractor or Vendor authorized as a signatory of the firm for the purpose of executing Contracts.

The undersigned affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her knowledge, true and accurate.

The undersigned further certifies and affirms that the contribution(s) to the campaign committees identified above were made freely and without duress, threat or any promise of a governmental benefit or in exchange for any benefit or remuneration.

Dated:

6/12/2017

Vendor: Family and Children's Association

Signed:

A handwritten signature in black ink, appearing to read "J. Reynolds", is written over a horizontal line.

Print Name: Jeffrey L. Reynolds

Title: President/CEO



COUNTY OF NASSAU

LOBBYIST REGISTRATION AND DISCLOSURE FORM

1. Name, address and telephone number of lobbyist(s)/lobbying organization. The term "lobbyist" means any and every person or organization retained, employed or designated by any client to influence - or promote a matter before - Nassau County, its agencies, boards, commissions, department heads, legislators or committees, including but not limited to the Open Space and Parks Advisory Committee and Planning Commission. Such matters include, but are not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements. The term "lobbyist" does not include any officer, director, trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties.

None

2. List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):

None

3. Name, address and telephone number of client(s) by whom, or on whose behalf, the lobbyist is retained, employed or designated:

None

4. Describe lobbying activity conducted, or to be conducted, in Nassau County, and identify client(s) for each activity listed. See page 4 for a complete description of lobbying activities.

None

5. The name of persons, organizations or governmental entities before whom the lobbyist expects to lobby:

None

6. If such lobbyist is retained or employed pursuant to a written agreement of retainer or employment, you must attach a copy of such document; and if agreement of retainer or employment is oral, attach a written statement of the substance thereof. If the written agreement of retainer or employment does not contain a signed authorization from the client by whom you have been authorized to lobby, separately attach such a written authorization from the client.

7. Has the lobbyist/lobbying organization or any of its corporate officers provided campaign contributions pursuant to the New York State Election Law in (a) the period beginning April 1, 2016 and ending on the date of this disclosure, or (b), beginning April 1, 2018, the period beginning two years prior to the date of this disclosure and ending on the date of this disclosure, to the campaign committees of any of the following Nassau County elected officials or to the campaign committees of any candidates for any of the following Nassau County elected offices: the County Executive, the County Clerk, the Comptroller, the District Attorney, or any County Legislator? If yes, to what campaign committee?

None

I understand that copies of this form will be sent to the Nassau County Department of Information Technology ("IT") to be posted on the County's website.

I also understand that upon termination of retainer, employment or designation I must give written notice to the County Attorney within thirty (30) days of termination.

VERIFICATION: The undersigned affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her knowledge, true and accurate.

The undersigned further certifies and affirms that the contribution(s) to the campaign committees listed above were made freely and without duress, threat or any promise of a governmental benefit or in exchange for any benefit or remuneration.

Dated: 6/12/2017

Signed:

Print Name:

Title:

Jeffrey L. Reynolds

President/CEO

The term lobbying shall mean any attempt to influence: any determination made by the Nassau County Legislature, or any member thereof, with respect to the introduction, passage, defeat, or substance of any local legislation or resolution; any determination by the County Executive to support, oppose, approve or disapprove any local legislation or resolution, whether or not such legislation has been introduced in the County Legislature; any determination by an elected County official or an officer or employee of the County with respect to the procurement of goods, services or construction, including the preparation of contract specifications, including by not limited to the preparation of requests for proposals, or solicitation, award or administration of a contract or with respect to the solicitation, award or administration of a grant, loan, or agreement involving the disbursement of public monies; any determination made by the County Executive, County Legislature, or by the County of Nassau, its agencies, boards, commissions, department heads or committees, including but not limited to the Open Space and Parks Advisory Committee, the Planning Commission, with respect to the zoning, use, development or improvement of real property subject to County regulation, or any agencies, boards, commissions, department heads or committees with respect to requests for proposals, bidding, procurement or contracting for services for the County; any determination made by an elected county official or an officer or employee of the county with respect to the terms of the acquisition or disposition by the county of any interest in real property, with respect to a license or permit for the use of real property of or by the county, or with respect to a franchise, concession or revocable consent; the proposal, adoption, amendment or rejection by an agency of any rule having the force and effect of law; the decision to hold, timing or outcome of any rate making proceeding before an agency; the agenda or any determination of a board or commission; any determination regarding the calendaring or scope of any legislature oversight hearing; the issuance, repeal, modification or substance of a County Executive Order; or any determination made by an elected county official or an officer or employee of the county to support or oppose any state or federal legislation, rule or regulation, including any determination made to support or oppose that is contingent on any amendment of such legislation, rule or regulation, whether or not such legislation has been formally introduced and whether or not such rule or regulation has been formally proposed.

The term "lobbying" or "lobbying activities" does not include: Persons engaged in drafting legislation, rules, regulations or rates; persons advising clients and rendering opinions on proposed legislation, rules, regulations or rates, where such professional services are not otherwise connected with legislative or executive action on such legislation or administrative action on such rules, regulations or rates; newspapers and other periodicals and radio and television stations and owners and employees thereof, provided that their activities in connection with proposed legislation, rules, regulations or rates are limited to the publication or broadcast of news items, editorials or other comment, or paid advertisements; persons who participate as witnesses, attorneys or other representatives in public rule-making or rate-making proceedings of a County agency, with respect to all participation by such persons which is part of the public record thereof and all preparation by such persons for such participation; persons who attempt to influence a County agency in an adjudicatory proceeding, as defined by § 102 of the New York State Administrative Procedure Act.

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name Jeffrey L. Reynolds
Date of birth 10 / 03 / 1966
Home address 2 Angelica Court
City/state/zip Hempstead, NY 11786
Business address 100 East Old Country Road
City/state/zip Mineola, New York 11501
Telephone (516) 746-0350
Other present address(es) _____
City/state/zip _____
Telephone _____
List of other addresses and telephone numbers attached _____
2. Positions held in submitting business and starting date of each (check all applicable)
President 07 / 07 / 2014 Treasurer _____
Chairman of Board _____ Shareholder _____
Chief Exec. Officer 07 / 07 / 2014 Secretary _____
Chief Financial Officer _____ Partner _____
Vice President _____
(Other) _____
3. Do you have an equity interest in the business submitting the questionnaire?
YES _____ NO X If Yes, provide details.
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? YES _____ NO X If Yes, provide details.
5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? YES X NO _____
If Yes, provide details. EXECUTIVE DIRECTOR OF LICADD

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? YES ☒ NO ☐
If Yes, provide details. SEE ATTACHMENT

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency.
Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
- a. Been debarred by any government agency from entering into contracts with that agency? YES ☐ NO ☒ If Yes, provide details for each such instance.
 - b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? YES ☐ NO ☒ If Yes, provide details for each such instance.
 - c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? YES ☐ NO ☒ If Yes, provide details for each such instance.
 - d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? YES ☐ NO ☒ If Yes, provide details for each such instance.
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)
- a) Is there any felony charge pending against you? YES ☐ NO ☒ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? YES ☐ NO ☒ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? YES ☐ NO ☒ If Yes, provide details for each such charge.
 - d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? YES ☐ NO ☒ If Yes, provide details for each such conviction.

Principal Questionnaire Form Question #6 DETAILS

Grant Listing			
Grantor	Contract Number	Contract Term	Amount
Suffolk Cty. Dept. Of Health - Project Hope	LHHP2 JML1	01/01/12 To 12/31/14	\$35,000 annually
NYS Division Of Criminal Services	T139889 Proj. ID LG13-1177-D00 DCJS LG13139889	07/01/13 To 06/30/14	\$ 15,000
NYS Division Of Criminal Services	T139890 Proj. ID LG13-1178-D00 DCJS LG13139890	07/01/13 To 06/30/14	\$ 50,000
NYS Division Of Criminal Services	T139937 Proj. ID LG13-1228-D00 DCJS LG13139937	10/01/13 To 12/31/14	\$ 25,000
NYS Division Of Criminal Services	T637095 Proj. ID BJ12-1043-D00 DCJS BJ11637095	4/1/12 To 6/30/12	\$ 35,000
NYS Division Of Criminal Services	T632660 Proj. ID BJ12-1062-D00 DCJS BJ12632660	7/1/12-6/30/13	\$ 15,000
New York State Office of Alcoholism and Substance Abuse Services	TM51208 Business Unit/Dept ID OAS01/3670000	7/1/13 to 6/30/14	\$ 20,000

- e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? YES ____ NO X If Yes, provide details for each such conviction.
- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? YES ____ NO X If Yes, provide details for each such occurrence.
9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? YES ____ NO X If Yes, provide details for each such investigation.
10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? YES ____ NO X If Yes; provide details for each such investigation.
11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES ____ NO X If Yes; provide details for each such instance.
12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YES ____ NO X If Yes, provide details for each such year.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Jeffrey L. Reynolds, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 7th day of June 2017

Notary Public

Mary A. Chiz

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6163683
Qualified in Nassau County
Commission Expires April 2, 20 19

Family and Children's Association
Name of submitting business

Jeffrey L. Reynolds
Print name

[Signature]
Signature

President/CEO
Title

6 / 7 / 17
Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name Lisa Burch
Date of birth 12/29/65
Home address 42 Fenway
City/state/zip Rockville Centre, NY 11570
Business address 100 E. Old Country Rd.
City/state/zip Mineola, NY 11501
Telephone 516-746-0350
Other present address(es) _____
City/state/zip _____
Telephone _____
List of other addresses and telephone numbers attached _____

2. Positions held in submitting business and starting date of each (check all applicable)

President / / Treasurer / /
Chairman of Board / / Shareholder / /
Chief Exec. Officer / / Secretary / /
Chief Financial Officer / / Partner / /
Coo / Vice President 5/26/15 _____
(Other) _____

3. Do you have an equity interest in the business submitting the questionnaire?
YES NO ☒ If Yes, provide details.
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? YES NO ☒ If Yes, provide details.
5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? YES NO ☒
If Yes, provide details.

Current - President, Temple Am-Echad, South Shore Reform
Congregation
7/1/13 - 6/30/15 1st VP, Temple Am-Echad
South Shore Reform Congregation

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? YES ___ NO ☒
If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
- a. Been debarred by any government agency from entering into contracts with that agency? YES ___ NO ☒ If Yes, provide details for each such instance.
 - b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? YES ___ NO ☒ If Yes, provide details for each such instance.
 - c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? YES ___ NO ☒ If Yes, provide details for each such instance.
 - d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? YES ___ NO ☒ If Yes, provide details for each such instance.
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)
- a) Is there any felony charge pending against you? YES ___ NO ☒ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? YES ___ NO ☒ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? YES ___ NO ☒ If Yes, provide details for each such charge.
 - d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? YES ___ NO ☒ If Yes, provide details for each such conviction.

- e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? YES ☐ NO ☒ If Yes, provide details for each such conviction.
- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? YES ☐ NO ☒ If Yes, provide details for each such occurrence.
9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? YES ☐ NO ☒ If Yes, provide details for each such investigation.
10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? YES ☐ NO ☒ If Yes; provide details for each such investigation.
11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES ☐ NO ☒ If Yes; provide details for each such instance.
12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YES ☐ NO ☒ If Yes, provide details for each such year.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Lisa Burch, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 7th day of June 2017

Mary A. Chiz
Notary Public

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6163683
Qualified in Nassau County
Commission Expires April 2, 2019

Family and Children's Association
Name of submitting business

Lisa Burch
Print name

[Signature]
Signature

VP Chief Operating Officer
Title

6.7.17
Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name Mary Ann Vassallo
Date of birth 07 / 22 / 53
Home address 10 Pondview Drive
City/state/zip East Patchogue
Business address 100 East Old Country Road
City/state/zip Mineola, NY 11501
Telephone 516-746-0350 x4319
Other present address(es) _____
City/state/zip _____
Telephone _____
List of other addresses and telephone numbers attached _____
2. Positions held in submitting business and starting date of each (check all applicable)
President ____/____/____ Treasurer ____/____/____
Chairman of Board ____/____/____ Shareholder ____/____/____
Chief Exec. Officer ____/____/____ Secretary ____/____/____
Chief Financial Officer 02 / 10 / 2003 Partner ____/____/____
Vice President ____/____/____
(Other) _____
3. Do you have an equity interest in the business submitting the questionnaire?
YES ____ NO X If Yes, provide details.
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? YES ____ NO X If Yes, provide details.
5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? YES X NO ____
If Yes, provide details.

Board - Treasurer, Hands Across Long Island (HALI)
Brightside Ave
Central Islip, NY 11722
1980's

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? YES ☒ NO ☐
If Yes, provide details. *NYS Office of Mental Health, US HUD*

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency.
Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
- a. Been debarred by any government agency from entering into contracts with that agency? YES ☐ NO ☒ If Yes, provide details for each such instance.
 - b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? YES ☐ NO ☒ If Yes, provide details for each such instance.
 - c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? YES ☐ NO ☒ If Yes, provide details for each such instance.
 - d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? YES ☐ NO ☒ If Yes, provide details for each such instance.
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)
- a) Is there any felony charge pending against you? YES ☐ NO ☒ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? YES ☐ NO ☒ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? YES ☐ NO ☒ If Yes, provide details for each such charge.
 - d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? YES ☐ NO ☒ If Yes, provide details for each such conviction.

- a) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? YES ☐ NO ☒ If Yes, provide details for each such conviction.
- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? YES ☐ NO ☒ If Yes, provide details for each such occurrence.
9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? YES ☐ NO ☒ If Yes, provide details for each such investigation.
10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? YES ☐ NO ☒ If Yes; provide details for each such investigation.
11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES ☐ NO ☒ If Yes; provide details for each such instance.
12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YES ☐ NO ☒ If Yes, provide details for each such year.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Mary Ann Vassallo, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 13th day of June 2017

Mary A. Chiz
Notary Public

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6163683
Qualified in Nassau County
Commission Expires April 2, 2019

Family and Children's Association
Name of submitting business

Mary Ann Vassallo
Print name

maa Vassallo
Signature

VP Chief Financial Officer
Title

06/13/2017
Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name DONALD E. HOLDEN
Date of birth 7/25/46
Home address 47 Guilford Road
City/state/zip Port Washington, NY 11050
Business address 100 East Old Country Road
City/state/zip Mineola, NY 11501
Telephone 516 767-2097
Other present address(es) _____
City/state/zip _____
Telephone _____
List of other addresses and telephone numbers attached _____
2. Positions held in submitting business and starting date of each (check all applicable)
President / / Treasurer / /
Chairman of Board / / Shareholder / /
Chief Exec. Officer / / Secretary / /
Chief Financial Officer / / Partner / /
Vice President / /
(Other) Vice President of Development
3. Do you have an equity interest in the business submitting the questionnaire?
YES NO ✓ If Yes, provide details.
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? YES NO ✓ If Yes, provide details.
5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? YES NO ✓; If Yes, provide details.

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? YES ____ NO ☒
 If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
- a. Been debarred by any government agency from entering into contracts with that agency? YES ____ NO ☒ If Yes, provide details for each such instance.
 - b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? YES ____ NO ☒ If Yes, provide details for each such instance.
 - c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? YES ____ NO ☒ If Yes, provide details for each such instance.
 - d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? YES ____ NO ☒ If Yes, provide details for each such instance.
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)
- a) Is there any felony charge pending against you? YES ____ NO ☒ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? YES ____ NO ☒ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? YES ____ NO ☒ If Yes, provide details for each such charge.
 - d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? YES ____ NO ☒ If Yes, provide details for each such conviction.

- e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? YES ☐ NO ☒ If Yes, provide details for each such conviction.
- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? YES ☐ NO ☒ If Yes, provide details for each such occurrence.
9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? YES ☐ NO ☒ If Yes, provide details for each such investigation.
10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? YES ☐ NO ☒ If Yes; provide details for each such investigation.
11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES ☐ NO ☒ If Yes; provide details for each such instance.
12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YES ☐ NO ☒ If Yes, provide details for each such year.

CERTIFICATION

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I, Donald E. Holden, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 13th day of June 2017

Mary A. Chiz
Notary Public

MARY A. CHIZ
Notary Public, State of New York
No. 01CH8163683
Qualified in Nassau County
Commission Expires April 2, 2019

Family and Children's Association
Name of submitting business

Donald E. Holden
Print name

Donald E. Holden
Signature

VP Chief Development Officer
Title

06 / 13 / 17
Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name Jane C. Twexer
Date of birth 10/2/1967
Home address 176 Overlook Avenue
City/state/zip Great Neck, NY 11021
Business address 100 East Old Country Rd.
City/state/zip Minerva, NY 11501
Telephone (516) 746-0350
Other present address(es) _____
City/state/zip _____
Telephone _____
List of other addresses and telephone numbers attached _____
2. Positions held in submitting business and starting date of each (check all applicable)
President ____/____/____ Treasurer ____/____/____
Chairman of Board ____/____/____ Shareholder ____/____/____
Chief Exec. Officer ____/____/____ Secretary ____/____/____
Chief Financial Officer ____/____/____ Partner ____/____/____
Vice President 9/9/2013 ____/____/____
(Other) _____
3. Do you have an ~~equity~~ interest in the business submitting the questionnaire?
YES ____ NO ☒ If Yes, provide details.
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? YES ____ NO ☒ If Yes, provide details.
5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? YES ____ NO ☒ If Yes, provide details.

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? YES ___ NO ☒
 If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency.
 Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
- a. Been debarred by any government agency from entering into contracts with that agency?
 YES ___ NO ☒ If Yes, provide details for each such instance.
 - b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? YES ___ NO ☒ If Yes, provide details for each such instance.
 - c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? YES ___ NO ☒ If Yes, provide details for each such instance.
 - d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? YES ___ NO ☒ If Yes, provide details for each such instance.
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)
- a) Is there any felony charge pending against you? YES ___ NO ☒ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? YES ___ NO ☒ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? YES ___ NO ☒ If Yes, provide details for each such charge.
 - d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? YES ___ NO ☒ If Yes, provide details for each such conviction.

- e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? YES ☐ NO ☒ If Yes, provide details for each such conviction.
- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? YES ☐ NO ☒ If Yes, provide details for each such occurrence.
9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? YES ☐ NO ☒ If Yes, provide details for each such investigation.
10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? YES ☐ NO ☒ If Yes; provide details for each such investigation.
11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES ☐ NO ☒ If Yes; provide details for each such instance.
12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YES ☐ NO ☒ If Yes, provide details for each such year.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Jane C. Tucker, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 6th day of June 2017

Mary A. Chiz
Notary Public

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6163683
Qualified in Nassau County
Commission Expires April 2, 2019

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6163683
Qualified in Nassau County
Commission Expires April 2, 2019

Family and Children's Association
Name of submitting business

Jane C. Tucker
Print name

Jane C. Tucker
Signature

VP Chief Human Resources Officer
Title

6/8/2017
Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name Nancy Cohan
Date of birth 07 / 23 / 52
Home address 1810 44 Front Street
City/state/zip East Meadow, NY 11554
Business address NA
City/state/zip NA
Telephone 516-483-6254
Other present address(es) NA
City/state/zip NA
Telephone NA
List of other addresses and telephone numbers attached
2. Positions held in submitting business and starting date of each (check all applicable)
President / / Treasurer / /
Chairman of Board / / Shareholder / /
Chief Exec. Officer / / Secretary / /
Chief Financial Officer / / Partner / /
Vice President 01 / 10 / 2016
(Other)
3. Do you have an equity interest in the business submitting the questionnaire?
YES NO x If Yes, provide details.
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? YES NO x If Yes, provide details.
5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? YES NO x;
If Yes, provide details.

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? YES ____ NO x
If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency.
Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
- a. Been debarred by any government agency from entering into contracts with that agency? YES ____ NO x If Yes, provide details for each such instance.
 - b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? YES ____ NO x If Yes, provide details for each such instance.
 - c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? YES ____ NO x If Yes, provide details for each such instance.
 - d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? YES ____ NO x If Yes, provide details for each such instance.
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)
- a) Is there any felony charge pending against you? YES ____ NO x If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? YES ____ NO x If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? YES ____ NO x If Yes, provide details for each such charge.
 - d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? YES ____ NO x If Yes, provide details for each such conviction.

- a) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? YES ____ NO x If Yes, provide details for each such conviction.
- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? YES ____ NO x If Yes, provide details for each such occurrence.
9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? YES ____ NO x If Yes, provide details for each such investigation.
10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? YES ____ NO x If Yes; provide details for each such investigation.
11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES ____ NO x If Yes; provide details for each such instance.
12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YES ____ NO x If Yes, provide details for each such year.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Nancy Cohan, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 6 day of July 2017

Mary A. Chiz
Notary Public

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6163683
Qualified in Nassau County
Commission Expires April 2, 2019

Family and Children's Association
Name of submitting business

Nancy Cohan
Print name
Nancy Cohan
Signature

VP of Grants & Program Development
Title
07, 06, 2017
Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name DREW CROWLEY
Date of birth 2/7/57
Home address 24 LAUREL COVE RD
City/state/zip Oyster Bay NY 11771
Business address 15 SOUTH JEFFERSON RD
City/state/zip Melville NY 11747
Telephone 516 431 2992
Other present address(es) _____
City/state/zip _____
Telephone _____
List of other addresses and telephone numbers attached _____
2. Positions held in submitting business and starting date of each (check all applicable)
President / / Treasurer / /
Chairman of Board / / Shareholder / /
Chief Exec. Officer / / Secretary / /
Chief Financial Officer / / Partner / /
Vice President / /
(Other) _____
3. Do you have an equity interest in the business submitting the questionnaire?
YES NO X If Yes, provide details.
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? YES NO X If Yes, provide details.
5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? YES NO X If Yes, provide details.

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? YES ___ NO ☒
 If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
- a. Been debarred by any government agency from entering into contracts with that agency? YES ___ NO ☒ If Yes, provide details for each such instance.
 - b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? YES ___ NO ☒ If Yes, provide details for each such instance.
 - c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? YES ___ NO ☒ If Yes, provide details for each such instance.
 - d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? YES ___ NO ☒ If Yes, provide details for each such instance.
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)
- a) Is there any felony charge pending against you? YES ___ NO ☒ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? YES ___ NO ☒ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? YES ___ NO ☒ If Yes, provide details for each such charge.
 - d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? YES ___ NO ☒ If Yes, provide details for each such conviction.

- e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? YES ____ NO ☒ If Yes, provide details for each such conviction.
- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? YES ____ NO ☒ If Yes, provide details for each such occurrence.
9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? YES ____ NO ☒ If Yes, provide details for each such investigation.
10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? YES ____ NO ☒ If Yes; provide details for each such investigation.
11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES ____ NO ☒ If Yes; provide details for each such instance.
12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YES ____ NO ☒ If Yes, provide details for each such year.

CERTIFICATION

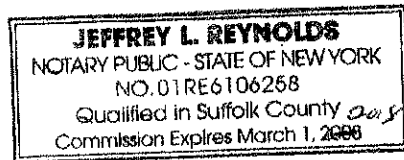
A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Arwen Crowley, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 13th day of March 2017



Notary Public



Family and Citizens Assoc.
Name of submitting business

Arwen Crowley
Print name



Signature

CITIZENSHIP OK (Signed)
Title

3 / 13 / 17
Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name H. Richard Grafer
Date of birth 03/16/1942
Home address 132 Country Club Dr.
City/state/zip Port Washington, NY 11050
Business address Same
City/state/zip Same
Telephone 516-365-6572
Other present address(es) None
City/state/zip _____
Telephone _____
List of other addresses and telephone numbers attached _____

2. Positions held in submitting business and starting date of each (check all applicable)

President / / Treasurer / /
Chairman of Board / / Shareholder / /
Chief Exec. Officer / / Secretary / /
Chief Financial Officer / / Partner / /
Vice President / /
(Other) Vice Chairman 01/09

3. Do you have an equity interest in the business submitting the questionnaire?
YES NO ✓ If Yes, provide details.
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? YES NO ✓ If Yes, provide details.
5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? YES ✓ NO ;
If Yes, provide details.

Pathway Investments LLL
The Grafer Foundation

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? YES ___ NO ☒
 If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency.
 Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
- a. Been debarred by any government agency from entering into contracts with that agency? YES ___ NO ☒ If Yes, provide details for each such instance.
 - b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? YES ___ NO ☒ If Yes, provide details for each such instance.
 - c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? YES ___ NO ☒ If Yes, provide details for each such instance.
 - d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? YES ___ NO ☒ If Yes, provide details for each such instance.
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)
- a) Is there any felony charge pending against you? YES ___ NO ☒ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? YES ___ NO ☒ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? YES ___ NO ☒ If Yes, provide details for each such charge.
 - d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? YES ___ NO ☒ If Yes, provide details for each such conviction.

- e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? YES ☐ NO ☒ If Yes, provide details for each such conviction.
- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? YES ☐ NO ☒ If Yes, provide details for each such occurrence.
9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? YES ☐ NO ☒ If Yes, provide details for each such investigation.
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11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES ☐ NO ☒ If Yes; provide details for each such instance.
12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YES ☐ NO ☒ If Yes, provide details for each such year.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, H. Richard Grafer, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 15th day of June 2017

Mary A. Chiz
Notary Public

Family and Children's Association
Name of submitting business

H. Richard Grafer
Print name
H. Richard Grafer
Signature

Vice Chairman, Board of Trustees
Title

6/15/17
Date

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6163683
Qualified in Nassau County
Commission Expires April 2, 20 19

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name Judy Sanford Guise
Date of birth 07 / 01 / 1947
Home address 26 Countisbury Avenue
City/state/zip North Valley Stream, NY 11580-1748
Business address _____
City/state/zip _____
Telephone _____
Other present address(es) _____
City/state/zip _____
Telephone _____
List of other addresses and telephone numbers attached _____
2. Positions held in submitting business and starting date of each (check all applicable)
President / / Treasurer / /
Chairman of Board / / Shareholder / /
Chief Exec. Officer / / Secretary 01 / 01 / 2010
Chief Financial Officer / / Partner / /
Vice President / / / /
(Other) _____
3. Do you have an equity interest in the business submitting the questionnaire?
YES NO x If Yes, provide details.
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? YES NO x If Yes, provide details.
5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? YES NO x ; If Yes, provide details.

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? YES ____ NO x
If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency.
Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

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- a. Been debarred by any government agency from entering into contracts with that agency?
YES ____ NO x If Yes, provide details for each such instance.
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 - c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? YES ____ NO x If Yes, provide details for each such instance.
 - d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? YES ____ NO x If Yes, provide details for each such instance.
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 - b) Is there any misdemeanor charge pending against you? YES ____ NO x If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? YES ____ NO x If Yes, provide details for each such charge.
 - d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? YES ____ NO x If Yes, provide details for each such conviction.

- e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? YES ____ NO x If Yes, provide details for each such conviction.
- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? YES ____ NO x If Yes, provide details for each such occurrence.
9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? YES ____ NO x If Yes, provide details for each such investigation.
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11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES ____ NO x If Yes; provide details for each such instance.
12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YES ✓ NO ____ If Yes, provide details for each such year.

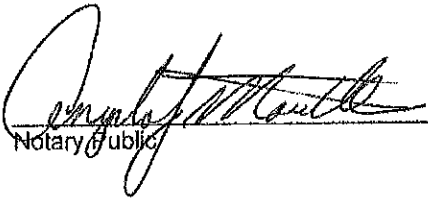
*Tax Amt withheld from IRA withdrawals + property
tax deductions plus medical deductions
offset any liability from social security
income.*

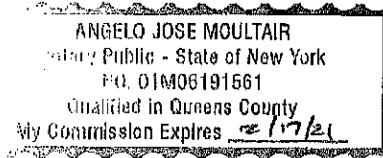
CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

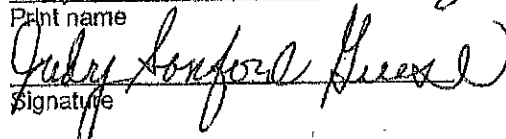
I, Judy Sanford Guise, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 19th day of May 2017


Notary Public



Family and Children's Association
Name of submitting business

Judy Sanford Guise
Print name

Signature
Secretary

25, 19, 17
Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name PATRICIA ^{Pryor} BONICA
Date of birth 10/27/42
Home address 7 WUNAGUIT DRIVE
City/state/zip Bayville, New York
Business address 147 W Old Country Road
City/state/zip Hicksville, New York 11801
Telephone 516 935-0100
Other present address(es) 17 LAKE DRIVE
City/state/zip Shelter Island, N.Y.
Telephone 516 313 5184
List of other addresses and telephone numbers attached

2. Positions held in submitting business and starting date of each (check all applicable)

President / / Treasurer / /
Chairman of Board 01/01/2010 Shareholder / /
Chief Exec. Officer / / Secretary / /
Chief Financial Officer / / Partner / /
Vice President / /
(Other)

3. Do you have an equity interest in the business submitting the questionnaire?
YES NO ✓ If Yes, provide details.
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? YES NO ✓ If Yes, provide details.
5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? YES ✓ NO ;
If Yes, provide details.

Long Island Council Drug and Alcohol Board Officer
President & CEO of Pryor Associates

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? YES ____ NO ☒
If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency.
Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
- a. Been debarred by any government agency from entering into contracts with that agency?
YES ____ NO ☒ If Yes, provide details for each such instance.
 - b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? YES ____ NO ☒ If Yes, provide details for each such instance.
 - c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? YES ____ NO ☒ If Yes, provide details for each such instance.
 - d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? YES ____ NO ☒ If Yes, provide details for each such instance.
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)
- a) Is there any felony charge pending against you? YES ____ NO ☒ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? YES ____ NO ☒ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? YES ____ NO ☒ If Yes, provide details for each such charge.
 - d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? YES ____ NO ☒ If Yes, provide details for each such conviction.

- e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? YES ☐ NO ☒ If Yes, provide details for each such conviction.
- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? YES ☐ NO ☒ If Yes, provide details for each such occurrence.
9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? YES ☐ NO ☒ If Yes, provide details for each such investigation.
10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? YES ☐ NO ☒ If Yes; provide details for each such investigation.
11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES ☐ NO ☒ If Yes; provide details for each such instance.
12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YES ☐ NO ☒ If Yes, provide details for each such year.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Patricia Pryor-Bonica, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 14th day of June 2017

Mary A. Chiz
Notary Public

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6163683
Qualified in Nassau County
Commission Expires April 2, 2019

Family and Children's Association
Name of submitting business

Patricia Pryor-Bonica

Print name

Patricia Pryor-Bonica
Signature

Past Chair

Title

6.14.2017
Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name ROBERT SCHWERDEL
Date of birth 9 / 1 / 60
Home address 4540 CENTER BLVD APT 804
City/state/zip LONG ISLAND CITY, NY 11109
Business address 200 PARK AVE - 54TH FLOOR
City/state/zip NEW YORK, NY 10166
Telephone 516 662-6958
Other present address(es) _____
City/state/zip _____
Telephone _____
List of other addresses and telephone numbers attached _____
2. Positions held in submitting business and starting date of each (check all applicable)
President / / Treasurer 01 / 01 / 11
Chairman of Board / / Shareholder / /
Chief Exec. Officer / / Secretary / /
Chief Financial Officer / / Partner / /
Vice President / / _____ / /
(Other) _____
3. Do you have an equity interest in the business submitting the questionnaire?
YES NO ✓ If Yes, provide details.
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? YES NO ✓ If Yes, provide details.
5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? YES NO ✓
If Yes, provide details.

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? YES ☐ NO ☒
If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency.
Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
- a. Been debarred by any government agency from entering into contracts with that agency? YES ☐ NO ☒ If Yes, provide details for each such instance.
 - b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? YES ☐ NO ☒ If Yes, provide details for each such instance.
 - c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? YES ☐ NO ☒ If Yes, provide details for each such instance.
 - d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? YES ☐ NO ☒ If Yes, provide details for each such instance.
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)
- a) Is there any felony charge pending against you? YES ☐ NO ☒ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? YES ☐ NO ☒ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? YES ☐ NO ☒ If Yes, provide details for each such charge.
 - d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? YES ☐ NO ☒ If Yes, provide details for each such conviction.

- e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? YES ☐ NO ☒ If Yes, provide details for each such conviction.
- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? YES ☐ NO ☒ If Yes, provide details for each such occurrence.
9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? YES ☐ NO ☒ If Yes, provide details for each such investigation.
10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? YES ☐ NO ☒ If Yes, provide details for each such investigation.
11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES ☐ NO ☒ If Yes, provide details for each such instance.
12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? YES ☐ NO ☒ If Yes, provide details for each such year.

CERTIFICATION

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I, Robert Schwerdel, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 14th day of June 2017

Mary A. Chiz
Notary Public

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6183683
Qualified in Nassau County
Commission Expires April 2, 20 19

Family and Children's Association
Name of submitting business

Robert Schwerdel
Print name
[Signature]
Signature

Treasurer
Title

6, 14, 2017
Date

Business History Form

The contract shall be awarded to the responsible proposer who, at the discretion of the County, taking into consideration the reliability of the proposer and the capacity of the proposer to perform the services required by the County, offers the best value to the County and who will best promote the public interest.

In addition to the submission of proposals, each proposer shall complete and submit this questionnaire. The questionnaire shall be filled out by the owner of a sole proprietorship or by an authorized representative of the firm, corporation or partnership submitting the Proposal.

NOTE: All questions require a response, even if response is "none" or "not-applicable." No blanks.

(USE ADDITIONAL SHEETS IF NECESSARY TO FULLY ANSWER THE FOLLOWING QUESTIONS).

Date: June 8, 2017

- 1) Proposer's Legal Name: Family and Children's Association
- 2) Address of Place of Business: 100 East Old Country Road, Mineola New York 11501

List all other business addresses used within last five years:

3) Mailing Address (if different): _____

Phone : (516) 746-0350

Does the business own or rent its facilities? Both

4) Dun and Bradstreet number: 068058114

5) Federal I.D. Number: 11-3422018

6) The proposer is a (check one): Sole Proprietorship Partnership X
Corporation X Other (Describe) 401 (3) c

7) Does this business share office space, staff, or equipment expenses with any other business?
Yes X No If Yes, please provide details: Business leases office space in Corporate Headquarters.

8) Does this business control one or more other businesses? Yes X No If Yes, please provide details: Affiliates with Long Island Council on Alcoholism & Drug Dependence.

- 9) Does this business have one or more affiliates, and/or is it a subsidiary of, or controlled by, any other business? Yes X No ____ If Yes, provide details. Affiliates with Long Island Council on Alcoholism & Drug Dependence.
- 10) Has the proposer ever had a bond or surety cancelled or forfeited, or a contract with Nassau County or any other government entity terminated? Yes ____ No X If Yes, state the name of bonding agency, (if a bond), date, amount of bond and reason for such cancellation or forfeiture: or details regarding the termination (if a contract). _____
- 11) Has the proposer, during the past seven years, been declared bankrupt? Yes ____ No X If Yes, state date, court jurisdiction, amount of liabilities and amount of assets _____
- 12) In the past five years, has this business and/or any of its owners and/or officers and/or any affiliated business, been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency? And/or, in the past 5 years, have any owner and/or officer of any affiliated business been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency, where such investigation was related to activities performed at, for, or on behalf of an affiliated business.
Yes ____ No X If Yes, provide details for each such investigation. _____
- 13) In the past 5 years, has this business and/or any of its owners and/or officers and/or any affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies? And/or, in the past 5 years, has any owner and/or officer of an affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies, for matters pertaining to that individual's position at or relationship to an affiliated business. Yes X No ____ If Yes, provide details for each such investigation. NYS Dept. of Labor Claim was made against Family and Children's Assoc. and Nassau County totaling \$226,000 for back wages related to benefit time accrued by a class of FCA/Nassau County Employees who were terminated in 2012. The matters have been settled with all parties and are deemed closed.
- 14) Has any current or former director, owner or officer or managerial employee of this business had, either before or during such person's employment, or since such employment if the charges pertained to events that allegedly occurred during the time of employment by the submitting business, and allegedly related to the conduct of that business:
- a) Any felony charge pending? Yes ____ No X If Yes, provide details for each such charge. _____
- b) Any misdemeanor charge pending? Yes ____ No X If Yes, provide details for each such charge. _____
- c) In the past 10 years, you been convicted, after trial or by plea, of any felony and/or any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? Yes ____ No X

If Yes, provide details for each such conviction _____

d) In the past 5 years, been convicted, after trial or by plea, of a misdemeanor?
Yes ____ No X If Yes, provide details for each such conviction. _____

e) In the past 5 years, been found in violation of any administrative, statutory, or
regulatory provisions? Yes ____ No X If Yes, provide details for each such
occurrence. _____

15) In the past (5) years, has this business or any of its owners or officers, or any other affiliated
business had any sanction imposed as a result of judicial or administrative proceedings with
respect to any professional license held? Yes ____ No X; If Yes, provide details for
each such instance. _____

16) For the past (5) tax years, has this business failed to file any required tax returns or failed to
pay any applicable federal, state or local taxes or other assessed charges, including but not
limited to water and sewer charges? Yes ____ No X If Yes, provide details for each
such year. Provide a detailed response to all questions checked 'YES'. If you need more
space, photocopy the appropriate page and attach it to the questionnaire. _____

Provide a detailed response to all questions checked "YES". If you need more space,
photocopy the appropriate page and attach it to the questionnaire.

17) Conflict of Interest:

a) Please disclose any conflicts of interest as outlined below. **NOTE: If no
conflicts exist, please expressly state "No conflict exists."**

(i) Any material financial relationships that your firm or any firm employee has
that may create a conflict of interest or the appearance of a conflict of interest in
acting on behalf of Nassau County.

As to the best of my knowledge, NO CONFLICT EXISTS.

(ii) Any family relationship that any employee of your firm has with any County
public servant that may create a conflict of interest or the appearance of a conflict
of interest in acting on behalf of Nassau County.

As to the best of my knowledge, NO CONFLICT EXISTS.

(iii) Any other matter that your firm believes may create a conflict of interest or
the appearance of a conflict of interest in acting on behalf of Nassau County.

As to the best of my knowledge, NO CONFLICT EXISTS.

b) Please describe any procedures your firm has, or would adopt, to assure the
County that a conflict of interest would not exist for your firm in the future.

SHOULD A POTENTIAL CONFLICT OF INTEREST ARISE, WE WILL CONTACT
THE COUNTY AND BE GUIDED ACCORDINGLY.

- A. Include a resume or detailed description of the Proposer's professional qualifications, demonstrating extensive experience in your profession. Any prior similar experiences, and the results of these experiences, must be identified.

Should the proposer be other than an individual, the Proposal **MUST** include: SEE ATTACHED RESUME

- i) Date of formation; 1998
- ii) Name, addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner; NONE
- iii) Name, address and position of all officers and directors of the company; BOARD OF TRUSTEES (See Attachment)
- iv) State of incorporation (if applicable); NEW YORK
- v) The number of employees in the firm; 325
- vi) Annual revenue of firm; \$20,000,000.00
- vii) Summary of relevant accomplishments STEWARDSHIP REPORTS- (See Attachment)
- viii) Copies of all state and local licenses and permits. NONE

B. Indicate number of years in business. Family and Children's Association was Incorporated in 1998-

C. Provide any other information which would be appropriate and helpful in determining the Proposer's capacity and reliability to perform these services. SEE ATTACHMENT-

D. Provide names and addresses for no fewer than three references for whom the Proposer has provided similar services or who are qualified to evaluate the Proposer's capability to perform this work.

Company Nassau County Department of Social Services

Contact Person Victoria Meyerhoefer, Director of The Office For the Aging

Address 60 Charles Lindbergh Blvd.

City/State Uniondale, New York 11553-3691

Telephone 1-516-227-8900

Fax # 1-516-227-8972

E-Mail Address Victoria.Meyerhoefer@hhsnassaucountyny.us

Company Nassau County Department of Social Services
Contact Person John Imhof, Ph.D., Commissioner
Address 60 Charles Lindbergh Blvd.
City/State Uniondale, New York 11553-3687
Telephone 1-(516)-227-8519
Fax # _____
E-Mail Address John.Imhof@hhsnassaucountyny.us

Company NY State Division of Justice Services
Contact Person Maura Gagan
Address New York State Division of Criminal Justice Services-Alfred E. Smith Building-80 South Swan Street
City/State Albany, New York 12210
Telephone 1-(518)-485-9922
Fax # _____
E-Mail Address maura.gagan@DCJS.NY.gov

Company NYS Office of Alcoholism & Substance Abuse Services (NYS OASAS)
Contact Person Evelyn Zamir, Addictions Program Specialist II
Address Pilgrim Psychiatric Center, Bldg. #1- 998 Crooked Hill Road W.
City/State Brentwood, New York 11717
Telephone 1-(631)-434-7263
Fax _____
E-Mail Address Evelyn.Zamir@oasas.ny.gov

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Jeffrey L. Reynolds, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 8th day of June 2017

Mary A. Chiz
Notary Public

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6163583
Qualified in Nassau County
Commission Expires April 2, 2019

Name of submitting business: Family and Children's Association

By: Jeffrey L. Reynolds
Print name
[Signature]
Signature

President/CEO
Title

6.8.17
Date

JEFFREY L. REYNOLDS, Ph.D., CEAP, SAP
2 Angelica Court
Hauppauge, NY 11788
631-724-4191(H) 631-513-5757 (C)
E-Mail: Dr.JeffreyReynolds@gmail.com

Dynamic and Committed Non-Profit Executive

Energetic mission-driven leader offering demonstrated success creating new community-based programs, building effective organizations and achieving operational efficiency for sustained growth.

Deep commitment to community health, wellness, prosperity and social justice through non-profit excellence with an emphasis on measurable outcomes.

Extraordinary ability to recruit, retain, motivate and win peak performance from multidisciplinary teams of employees and volunteers.

Recognized public affairs skills and outstanding reputation among elected officials, media professionals, corporate sponsors and community leaders.

Broad foundation of senior management expertise gained through 25+ years of diverse experience providing frontline services, mobilizing communities and managing programs for success.

Highest level of personal and professional integrity with a passion for challenge and commitment to exceeding all expectations and objectives.

Core competencies

*Organizational Development
Program Evaluation
Online/Offline Marketing
Media Relations
Collaborative Leadership*

*Strategic Alliances
Change Management
Government Relations
Grant Management
Public Speaking*

*Fiscal Planning & Budgeting
Social Entrepreneurship
Grant Proposal Writing
Corporate Sponsorships
Community Building*

Education

Doctor of Philosophy (Ph.D) in Social Welfare (2007)

School of Social Welfare

Stony Brook University, Stony Brook, NY

Dissertation: *Using the Transtheoretical Model of Behavior Change to Explore Substance Use Patterns and HIV Risk Behaviors in a Suburban Sample*

Master of Public Administration in Health Administration (1997)

College of Management, School of Public Service

Long Island University, Brookville, NY

Bachelor of Arts in Psychology (1988)

Dowling College, Oakdale, NY

Professional Experience

Long Island Council on Alcoholism & Drug Dependence, Inc. (LICADD)

Mineola, NY

March 2009 - Present *Executive Director*

Reporting to a 23-member Board Of Directors, manage all aspects of a non-profit agency dedicated to assisting individuals and families struggling with addiction and preventing the early onset of substance abuse among young people.

- Supervise management and senior clinical staff, providing ongoing support, guidance and training so as to ensure program effectiveness and achievement of all contractual goals.
- Oversee the expansion of agency services, including LICADD's chemical dependency services including SBIRT, planned family interventions, relapse prevention programs, and the adoption of *Too Good for Drugs*, an evidence-based K-12 substance abuse prevention intervention.
- Re-branded and presently manage LICADD's Employee Assistance Program (EAP) which serves more than 70,000 employees of labor unions, school districts, corporations and municipalities in the tri-state area.
- Wrote, won and managed a U.S. Department of Health and Services grant totaling \$300,000 for a new Mentoring Children of Incarcerated Parents grant.
- Wrote, won and managed a NYS Department of Health AIDS Institute grant to conduct an overdose prevention program and create a heroin brochure targeted at teens.
- Represent LICADD on various task forces, community workgroups and advisory boards and serve as a speaker at professional conferences, community forums and before government bodies.
- Serve as an agency spokesperson for media interviews and represent LICADD on various community task forces.
- Increased revenues from 500K/year to \$1.365M/year and increased total number of families served by 750% since 2009.

BlasHELP, Inc.

Hauppauge, NY

July 1997 - March 2009 *Co-Founder/Chief Operating Officer*

Managed day-to-day operations of a non-profit agency dedicated to assisting victims of hate crimes, providing community-based violence prevention services and advocating for public policies to address hate crimes, youth violence, bullying, cyberbullying and discrimination.

- Supervised educational staff, providing ongoing support, guidance and training so as to ensure program effectiveness and achievement of all contractual goals.
- Served as the primary liaison to all federal, state and local funders, chair site visits and prepared written/oral reports for both funding sources and BlasHELP's board of directors.
- Helped secure more than \$1 million in grants, sponsorships and contributions from corporations including Bank of America, Northrop Grumman, and Roslyn Savings Bank as well as foundations such as the Long Island Community Foundation and the Charitable Ventures Fund.

- Helped secure and manage more than \$3 million in bi-partisan government funding including a \$500,000 Congressional earmark administered by the U.S. Department of Justice, \$250,000 in NYS Senate and Assembly Member Items, and ongoing grants from the Suffolk County Office of Minority Affairs.

- Wrote, won and successfully managed a two-year SAMHSA-funded Youth Violence Coalition that brought together law enforcement officials, former gang members, school representatives, social workers, media professionals, youth and families.

- Wrote, won and managed a Communities Empowering Youth grant (\$500,000) administered by the Administration for Children and Families designed to enhance the capacity of local youth-serving faith-based and non-profit organizations.

- Wrote, won and managed a NYS Division of Criminal Justice Services (DCJS) grant to provide an evidence-based intervention to address violence among Hispanic girls at Brentwood Middle School.

- Secured international media coverage for BlasHELP after successful convincing Yahoo and Ebay to halt auction sales of Ku Klux Klan and Nazi paraphernalia.

- Wrote and helped design agency annual reports, brochures, newsletters and other promotional materials.

Long Island Association for AIDS Care, Inc. (LIAAC)
Hauppauge, NY

2007 - 2009

Public Affairs Consultant

Responsible for providing strategic guidance and assistance related to government affairs, resource development, public relations, strategic marketing, and communications.

- Edited annual reports, HIV prevention materials and grant applications.

- Served as a key liaison to elected officials, particularly at a state level, conducting in-district and Albany-based meetings, delivering testimony at public hearings and creating position papers.

- Conceived and executed a major marketing campaign to re-engage out-of-care HIV-positive individuals. Designed and supervised the production of bilingual television, radio, online and print Public Service Announcements and coordinated all media placements. Extended campaign with brochures, posters, a dedicated website and bus advertisements.

- Secured Hepatitis C. funding from the NYS Senate, crystal methamphetamine prevention funding from the NYS Assembly and STD funding from the NYS Department of Health to advance LIAAC's continued diversification.

- Served as a conference presenter and trainer on program sustainability for SAMHSA mental health/substance abuse treatment grantees.

1987 - 2007

Vice President for Public Affairs

Reporting to the President/CEO, responsibilities included: Development, oversight and implementation of annual public policy advocacy agenda; participation in various community events and on various community planning bodies; preparation and delivery of testimony before local, state and federal governmental bodies, conference presentations addressing such issues as harm reduction, confidentiality, discrimination and bioethics; outreach and education surrounding the socio-political

implications of the AIDS epidemic; media outreach to insure accurate and comprehensive news coverage of HIV-related issues; organizational planning for agency development events; preparation and submission of foundation grant applications; supervision of department staff; and editing of bimonthly agency newsletter, annual report and other agency publications.

- Led a development team responsible for the production of AIDS Walk Long Island, Chef's Secrets, a golf outing, cycling event, and other fundraisers. Negotiated sponsorships with high net worth individuals, major corporations, small businesses and media outlets.

- Directly secured more than \$5 million in new government grants, foundation grants, sponsorships and individual gifts.

- Acted as media spokesperson and secured thousands of national, regional and local media placements.

- Supervised production of all printed materials, television spots, radio ads, billboards and websites, including an online cyclist pledge system, which doubled event revenues.

- Strengthened LIAAC's influence in the public policy arena, creating white papers, spearheading grassroots advocacy activities and ultimately helping to secure passage of key pieces of legislation.

- Led qualitative and quantitative evaluation of federally funded HIV-testing program.

- Served as a key member of agency management team, engaged in strategic planning, financial forecasting and ongoing assessment of agency staff and programs.

1995 - 1997	<i>Director of Policy and Public Relations</i>
1994 - 1995	<i>Deputy Director, Public Policy and Community Development</i>
1991 - 1994	<i>Advocacy and Communications Coordinator</i>
1989 - 1991	<i>Volunteer/Client Services Liaison</i>

VICTIMS INFORMATION BUREAU OF SUFFOLK COUNTY (VIBS) Hauppauge, NY

1988 - 1989	<i>Social Work Advocate</i>
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Responsibilities included: Assisting and advocating for victims of domestic violence, rape, incest and sexual assault including: counseling victims in regard to their legal rights and option; escorting victims through such agencies as hospitals, probation, the District Attorney's office and Family, Supreme and Criminal Courts in an effort to ensure that proper treatment and services are given; crisis intervention on emergency hotline; screening and assessment of clients seeking counseling services; and a sound knowledge of the changing laws involving victim's rights.

Community Activities

2013 - Present	Member, Hazelden National Adolescent Treatment Advisory Board
2013 - Present	Member, Briarcliffe College Business Advisory Board
2013 - Present	Chair, Nassau County Youth Board (Appointment)
2012 - Present	Member, Drug Enforcement Agency (DEA) Prescription Drug Working Group
2013 - Present	Member, Mental Health Association of Suffolk Advisory Board
2012 - Present	Co-Chair, Suffolk County Sober Home Oversight Board (Appointment)
2011 - Present	Member, Suffolk County Welfare to Work Commission (Appointment)
2009 - Present	Executive Committee Member, Nassau County Heroin Task Force

1994 – Present Vice Chair, New York State AIDS Advisory Council
Appointed in April 1994, reappointed March 1995, 2009, 2011 by NYS Senate Majority Leader

- Chair, Subcommittee on the NYS Budget
 - Co-chair, Subcommittee on Criminal Defendant HIV Testing
 - Co-chair, Subcommittee on NYS Newborn HIV Testing Regulations
 - Co-chair, Ad Hoc Subcommittee on HIV/AIDS and Welfare Reform
 - Member, Subcommittee on Harm Reduction
 - Member, Subcommittee on HIV/AIDS Surveillance/Partner Notification
 - Member, NYS Evaluation Committee, Expanded Syringe Access Program (ESAP)
- 2010 – 2012 Chair, Suffolk County Heroin/Opiate Advisory Panel (Appointment)
2009 – 2012 Board Member, Long Island Recovery Association
2007 – 2012 Assistant Clinical Professor, Stony Brook University
2007 – 2012 Consultant/Conference Presenter, McKing Consulting for SAMHSA
1997 – 2005 Member, Huntington Town Anti-Bias Task Force
1993 – 1995 Member, Suffolk County Anti-Bias Summit
1992 – 1995 Member, NYS AIDS Housing Advisory Committee
1992 – 1996 Board Member, New Yorkers for Accessible Health Coverage
1992 – 1997 Board Member, Policy Advisory Committee, NS Ryan White Network
1991 – 1995 Board Member, LI Coalition for a National Health Plan
1987 – 1997 Board Member, Suffolk Chapter, New York Civil Liberties Union
Board Chair, 1992-1996
1990 – 1995 Member, Catholic Charities Coalition for People with Disabilities
1992 – 1994 Board Member, New York AIDS Coalition (NYAC)
1991 – 1994 Member, Steering Committee, Center for Prejudice Reduction

Honors and Awards

- 2013 Times of Smithtown Man of the Year
2013 Caron Treatment Centers Distinguished Professional Award
2012 Long Island Press Power List
2012 Simple Hope Foundation Community Leadership Award
2011 Long Island Press Power List
2010 Long Island Press Power List
2000 Long Island University, College of Management – Outstanding Alumnus Award
1999 Long Island Press Club Award for Business Reporting
1998 New York AIDS Coalition Advocacy Award

Major Presentations

Invited to testify on numerous occasions before the Nassau and Suffolk County legislatures on and other governmental bodies including: the NYS Senate Task Force on Health Care, the NYS Assembly Standing Committee on Insurance, the NYS Assembly Health Committee, and the NYS Assembly Social Services Committee. Adjunct Professor teaching courses on public health interventions and ethics at Stony Brook University. Guest lecturer at Adelphi University, Long Island University, Hofstra University and a variety of other educational institutions. Conducted leadership trainings for the New York AIDS Coalition, the Huntington Chamber Foundation, the Nassau County Police Department, and the Town of North Hempstead. Conducted more than 500 trainings on public health, addiction and parenting for school districts, community groups and corporations. Presented 18 formal papers at professional/academic conferences, including the federal Centers for Disease Control's Health Communications Conference in 2011 and the Employee Assistance Professionals Association World Conference in 2013.

Publications

Authored more than 300 news and op-ed articles that have appeared in a wide variety of publications including: *Newsday*, *The Long Island Press* and *Long Island Business News*. Author of *Reclaiming Lost Voices: Children Orphaned by HIV/AIDS in Suburbia* (Huntington Station, New York: LIAAC 1995), "To Tell or Not to Tell: Disclosing Your HIV Status" in *Positive Options: A Handbook for People Living with HIV* ed. K. Timour (New York: Body Positive 1995); *Mastering the Maze: A Consumer's Guide to HIV/AIDS and Welfare Reform* (Huntington Station, New York: LIAAC 1998); *Sacrificing Science and Sensibility: How Squeamishness over Syringes is Stalling Public Health Efforts on Long Island* (Huntington Station, New York: LIAAC 1999)

Interviews

Consistently used as an expert source of substance abuse, addiction, HIV/AIDS and human/civil rights information in a wide variety of local and national radio, television and print outlets including: CNN, Bloomberg.com, MSNBC, CBS Evening News, News 12, *Newsday*, *The New York Times*, *Wall Street Journal*, *Daily News*, *Eyewitness News*, *USA Today*, and National Public Radio. Profiled in *Newsday* cover story on White House Conference on AIDS (Plea from Suburbs at White House, December 8, 1995). Interviews total more than 1500 in over 250 local, national and international media outlets.

Additional Credentials/Certifications

U.S. Department of Transportation-Qualified Substance Abuse Professional (2012)
Certified Employee Assistance Professional (2011)
Certified Anger Management Professional (2010)
Notary Public, State of New York, County of Suffolk (1989)

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Mr.	Donald	Holden	NY	47 Guilford Road	Port Washington	11050	FCA Chief Development Officer
Ms.	Lisa	Burch	NY	42 Fenway	Rockville Centre	11572	FCA Chief Operating Officer



PROVIDING HELP & HOPE



2015 ANNUAL REPORT

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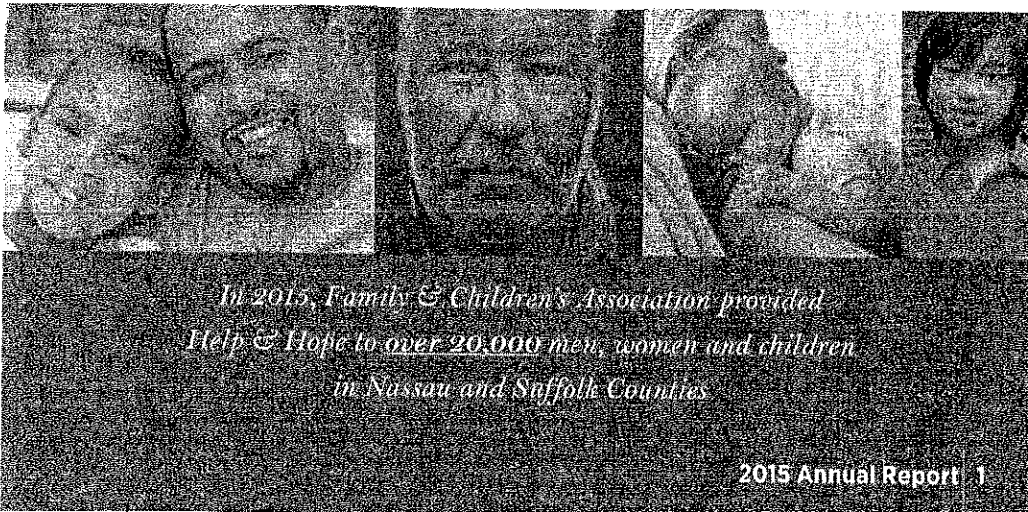
*As of June 13, 2016





OUR MISSION PROTECT & STRENGTHEN

Family & Children's is dedicated to protecting and strengthening Long Island's most vulnerable children, youth, seniors, veterans, families and communities. We offer assistance to those who are experiencing social, emotional and economic challenges.



*In 2015, Family & Children's Association provided
Help & Hope to over 20,000 men, women and children
in Nassau and Suffolk Counties*

2015 Annual Report | 1

Dear Friends of FCA,

On behalf of our Board of Trustees, dedicated staff and loyal volunteers, we are proud to present you with our 2015 Annual Report. Though it's almost impossible to capture a year's worth of work in a few pages, paragraphs and pictures, we've included some highlights, client stories and key performance indicators that help tell our story.

We continued our agency re-organization in 2015, expanded our leadership team, launched several new programs and fulfilled a promise to Long Islanders we first made more than 130 years ago.

The nonprofit sector is in the midst of incredible turmoil and behavioral health, in particular, is undergoing significant changes in both its financing and service delivery. Here at FCA, we're embracing these changes, positioning ourselves for success and creating new partnerships that will produce measurable, sustained results for our region's most vulnerable populations.

With renewed financial stability, an incredibly gifted team and a laser-focused commitment to excellence we will soon unveil *FCA 2020*, a comprehensive blueprint for our continued progress as one of Long Island's largest nonprofits. We are thrilled that you've been part of our historic success and even happier to call you family.

Sincerely,



A handwritten signature in black ink, appearing to read "J. Reynolds".

Jeffrey Reynolds, PhD
President/CEO



A handwritten signature in black ink, appearing to read "Drew Crowley".

Drew Crowley
Chairman,
Board of Trustees



In 2015, Family and Children's Association (FCA) and The Long Island Council on Alcoholism and Drug Dependence (LICADD) entered into a strategic partnership that will consolidate administrative functions, reduce operating expenses and most importantly, create a seamless continuum of care for individuals and families struggling with addiction. Under the new arrangement, LICADD has become an affiliate of FCA.

Together, the agencies now offer a full array of addiction services ranging from school-based prevention programs, to mental health/substance abuse screenings, to brief interventions and NYS-licensed outpatient treatment, to recovery support and relapse prevention. Additional services offered by the agencies include: youth mentoring, services for military veterans, children's mental health services, transitional housing and professional continuing education programs.

Under the formal agreement, LICADD will retain its identity, its 501 (c) 3 nonprofit status and existing programs for the foreseeable future. FCA will help the agency manage staff, finances, existing grants and new opportunities in the rapidly evolving behavioral health marketplace.



FCA President/CEO Dr. Jeffrey Reynolds and LICADD Executive Director Steve Chassman, along with Nassau County District Attorney Madeline Singas and NYS Assemblyman Joseph Saladino, recently participated in a press conference hosted by Senator Kirsten Gillibrand discussing the need for stricter guidelines regarding opioid prescriptions.

MEETING OUR GREATEST CHALLENGES

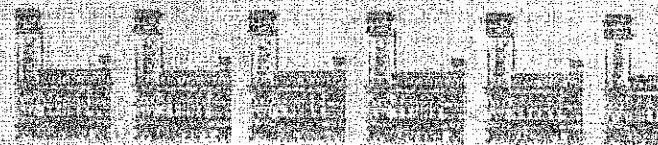
For more than 130 years, FCA has offered help and hope to millions of Long Island's most vulnerable men, women and children by providing vital services such as career counseling, education, support services and housing, to name a few.

It's all over the news... Long Island has been plagued by a staggering number of deaths tied to substance use disorders. Latest estimates indicate a record 442 people died from opiate overdoses on Long Island in the past year.

Add to that the problems faced by an aging population. In Nassau County alone, there are about 300,000 people who are age 55-plus. Failing health is just one of the problems faced by our senior population. Other factors such as declining mental abilities, change in economic status, lack of transportation, financial scams, utility shut-offs, and possible homelessness create a bleak picture.

The good news is that FCA has streamlined its operations to better serve runaway teens, homeless youth, at-risk students, veterans, families in crisis, seniors, and the working poor. We offer a variety of life-changing programs that fall into one of our three main divisions: Preventive Services, Senior Services, and Behavioral Health.

In 2015 FCA helped over 20,000 people, enough to fill Carnegie Hall 5 1/2 times!



It is our hope that you will take a moment to learn more about the programs offered by FCA. You might even consider volunteering or making a financial contribution. After reading about the work we do, you might wish to help a friend or loved one take the first step towards recovery or renewal.

Our goal is to provide help and hope to those who need us the most...won't you join us? Please read on to learn more...

Here is a letter from a grateful mother who found care for her toddlers while caring for a sick infant through the Nursery Co-Op program within FCA's Behavioral Health Division:

"After giving birth to my third child, my joy quickly turned to fear when I was told that my new baby would require multiple surgeries to correct a birth defect. Thankfully, the Nursery Co-op was there to care for my toddlers while I went back and forth to the hospital with my infant. I can't express how grateful I am for the help and knowing that they were being well cared for while my husband went to work and I navigated the frightening world of medicine. I'm happy to report that our baby had several surgeries and is doing much better. I don't know where we would be if it weren't for your help and support."



FCA's Preventive Services Division provides safety-net programs to children and families who are at risk, homeless or struggling with a host of difficulties, including substance use disorder, mental health trauma, domestic violence or chronic poverty. As change agents, the staff of FCA empower our youth and families in their decision-making abilities and help them develop the skills needed to live independently, often breaking multigenerational cycles of poverty and neglect.

Preventive Services Division

EMPOWERING WITH HOPE AND PURPOSE



At FCA, we understand that the challenges placed on families may seem insurmountable....substance abuse, violence, financial instability and homelessness. That is why we have made it our sole mission to support children, young adults and families who are vulnerable, homeless, experimenting with drugs and alcohol and/or are at high-risk for developing behavioral health issues.

Although the programs and services of the Preventive Services Division are varied, the goals are the same—to empower disenfranchised youth and their families with a sense of hope and purpose and to help them on the road towards self-sufficiency and independence.

The Preventive Services Division consists of 8 programs, including 2 residential shelters for runaway and homeless youth.

Programs Offered By the Preventive Division:

- **Family Support** protects at-risk children who face foster care by strengthening their parents' ability to care for them safely at home.
- **PACT** (Parents and Children Together) provides education to pregnant and parenting teens; many of whom speak English as second language.
- **STARS** (Safe Transitions and Reunification Services) helps unaccompanied minors who have fled life threatening circumstances from their countries of origin to re-unite with their parents or caregivers in the NY area.
- **Project Independence** provides independent living skills, training and services to young people with multiple traumas who are aging out of the foster care system.
- **SNUG** is an anti-violence program that works with area residents, businesses and community-based organizations to create strategies that will reduce gun violence in the Village of Hempstead.

- **Detention Diversion** provides family mediation and case management services to young people in an attempt to keep them from descending deeper into the juvenile justice system.

Shelters:

- **Nassau Haven** is a 30-day emergency shelter for young people who are homeless or in crisis and in need of a place to live or rest.
- **Walkabout** is a transitional living program for formerly homeless youth (ages 16-20). It provides both residential and ongoing case management services in order to prepare them for independent living.

FCA is proud to report that this team provided services to 2,400 people and impacted an additional 460 people through direct community outreach and workshops in 2015. It is our hope that clients who participate in our programs will gain the skill sets necessary to become stronger and healthier.

Since education is key to breaking the cycle of poverty, FCA is proud of our career counselors whose mission is to help our clients obtain higher paying jobs. Walkabout residents earned a cumulative \$171,000 in 2015. Also in 2015, 59 young people were the recipients of FCA scholarships and are currently attending college or a vocational program.



The Preventive Division is especially proud of our **SNUG Program** (SNUG = guns backwards), which is dedicated to reducing and preventing shootings and killings in the Village of Hempstead. SNUG incorporates public education campaigns and cooperation with local law enforcement, including the Hempstead Police Department.

Based on a program developed in Chicago in the 90's, the Cure Violence Health Model has shown statistically significant reductions in violence. Funding for the FCA SNUG initiative is provided by NYS Division of Criminal Justice Services. SNUG is a collaborative partnership between FCA, the Nassau County District Attorney and the Hempstead Village Police Department.



Select Preventive Services Division Outcomes

- Successfully kept 99% of the families served in our Family Ties and Family Support program intact.
- SNUG saw a 60% reduction in shooting incidents over the course of the year.
- 100% of the youth served at Walkabout acquired the skills needed to live independently.
- 76% of our Project Independence youth showed an improvement in independent living skills.

In 2015, FCA's Behavioral Health Division helped nearly 2,000 people cope with a variety of issues, including substance use disorders, homelessness, and psychiatric disorders. Each member of the Behavioral Health Division has received specialized training in dealing with the specific problems faced by people of all ages living with these devastating challenges.

Behavioral Health Division

PROVIDING HOPE FOR PEOPLE BATTLING ADDICTION OR BEHAVIORAL HEALTH CONCERNS

FCA's Behavioral Health Division works with adults and youth who are suffering with substance use disorders and behavioral health issues. We have assembled a team of specially-trained substance abuse counselors, psychiatrists, social workers and nurse practitioners whose mission is to help individuals, couples and families find a path to recovery.

It is important to understand that people living with substance use and behavioral health disorders recover more quickly when they receive the support of family and friends. For that reason, FCA reaches out to our clients' loved ones to keep them actively involved in recovery efforts. In addition, we provide respite and childcare to parents who become exhausted from the unrest at home and desperately need enhanced support.

The primary goal of the Behavioral Health Division is to help people living with mental health issues return to their homes and communities. We understand that these individuals and the people who love them are often frightened and overwhelmed. FCA believes that each one of our clients is entitled to compassionate care in a warm and nurturing environment.

In 2015, the Behavioral Health Division provided treatment to 1,740 people. Our message is clear—"FCA is here to help and support you during treatment. You are not alone—and there is hope."

Programs Offered By the Behavioral Health Division:

- **Hempstead Family Treatment and Recovery and Hicksville Counseling Centers** - licensed outpatient chemical dependency treatment programs offering the continuum of individual and group treatment to help clients abstain from drug and alcohol use.
- **Home and Community Based Services (HCBS)** - provides home and community-based case management and supportive services for children

between the ages of 5-18 who face hospitalization due to an emotional disturbance.

- **Family Center** - Nassau and Suffolk - provides support to families whose children (ages 5-18) have received a diagnosis of Serious Emotional Disturbance.
- **Children's Case Management** - provides support services to children who are at-risk for psychiatric hospitalization or placement.
- **PINS Diversion (Persons In Need of Supervision)** - helps young people avoid entry into the juvenile justice system.
- **Family Mediation** - offers short-term counseling to youngsters and families experiencing conflict in the home.
- **West Nassau** - a 24-hour supervised community residence that serves adult men and women who suffer from mental illness. The residential program helps clients learn the skills necessary to move on to a more independent living environment.
- **Lakeview House** - a community residence for adolescents with severe emotional impairment who require a structured setting in the community.

The landscape of behavioral health services is rapidly changing, including a move toward Medicaid Managed Care, Health Homes and DSRIP (the Delivery System Reform Incentive Payment program). FCA has been monitoring these changes and, in 2015, signed an agreement with the **Hudson River HealthCare** Children's Health Home to be a Care Management Agency (projected to begin enrolling children in October 2016).

In anticipation of our role with the Health Home, FCA was awarded a contract from Nassau County to be the sole provider of **Children's Case Management** services for children between the ages of 5 and 18 who are diagnosed with SED (serious emotional disturbance). The addition of case management services has enhanced the continuity of care we are able to provide to children and families. In addition to offering three different levels of care for intensive in-home mental health services (**HCBS, Intensive** and **Supported Case Management**) for children, FCA is now considered to be the primary provider for Nassau County, both in the number of programs and the number of clients served.



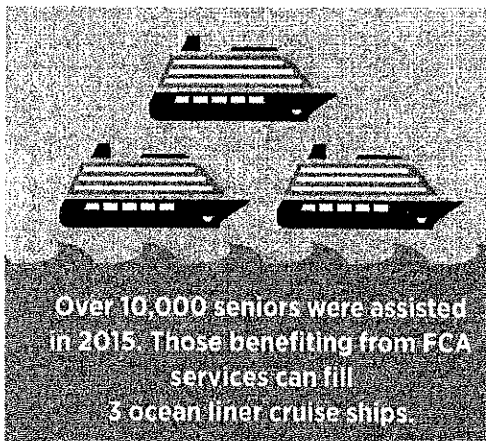
Select Behavioral Health Division Outcomes:

- Successfully kept 100% of the residents served at West Nassau out of expensive institutional care.
- 96% of our PINS Diversion clients were successfully diverted from family court involvement and out-of-home placement.
- 100% of our Family Center children remained at home with their families upon discharge from the program.
- 87% of the youth in our Lakeview community acquired the skills needed to improve their communication and ability to interact positively with others.

The services FCA provides allow seniors to live independently and safely in their homes. The funding associated with these programs represents a fraction of the cost of providing seniors with avoidable institutional, long-term care.

Senior Division

STRENGTH IN NUMBERS



The numbers are in, and they are staggering. In 2015, Nassau County was home to more than 300,000 seniors age 55 plus. Thanks to the variety of programs and services offered by FCA's Senior Division, more than 10,000 members of this vulnerable population (including those who are able to live at home and those who currently reside in adult, nursing or assisted living facilities) were served by FCA.

What that means is that 3.3% of Nassau County's senior population has been helped through our network of

services specifically designed to ensure their safety while maximizing their independence and improving their overall quality of life.

At the heart of the Senior Division is the understanding that the majority of seniors want to age in place and remain at home. They wish to live out their remaining years in a dignified manner feeling respected and hopeful.

Programs offered by the Senior Division include:

Senior Financial Counseling - provides financial assistance, guidance and advocacy to help resolve debt, mortgage and tax issues.

HIICAP (Health Insurance Information Counseling & Assistance Program) - provides the latest health care options to seniors at no cost.

Bill Payer - provides monthly assistance to help visually impaired or physically challenged seniors organize and pay their bills to prevent harassment from creditors or shut-offs by utilities.

CHEC (Counseling for Home Equity Conversion) - offers a HUD-certified counselor to help seniors understand the reverse mortgage process.

Case Management and In-Home Assistance Program (EISEP) - provides help to seniors by connecting them with in-home services so they can remain safely and independently at home.

Ombudservice - engages trained volunteers who work as resident advocates for seniors living in nursing, adult and assisted living homes.

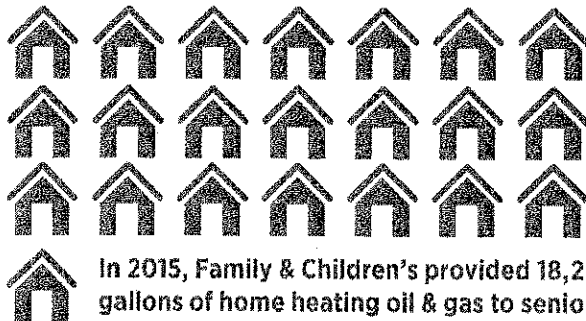
SAFE and HEAP - provide heating fuel to low-income seniors.

Veterans Residence - Provides permanent housing for up to eight honorably discharged veterans seeking quality, affordable, and substance-free accommodations in the community.

Friendly Visitors - Implemented in 2015 through the generosity of the Manhasset Community Fund's Greentree Foundation, senior residents from the Town of North Hempstead can be connected with a friendly visitor who pays a social visit for at least one hour weekly to address feelings of isolation and hopelessness. The program began with 23 matches and provided over 600 hours of socialization to isolated seniors.

As we look towards the future, FCA is committed to addressing issues of most concern to seniors as the population grows and becomes increasingly frail. Adding to this imperative is the knowledge that three out of every four people age 50 and over lack the funds to pay for long-term care expenses. We understand that community, home-based services are the most cost-effective way for us to assist the growing number of frail and isolated seniors.

On behalf of the 10,000 seniors whose lives are impacted by the programs and services we offer, FCA continues to search for more creative ways of keeping this fragile population happy and healthy.



Based on 2011 average annual Long-Island fuel consumption which was 800 gallons of oil. www.chill.org/oilheatinfo.php



Select Senior Division Outcomes:

- 98% of seniors served in our case management program were able to remain in their homes.
- Senior Financial Services provided 565 seniors with financial assistance, guidance and advocacy to help resolve debt, mortgage and tax crises.
- Over 600 hours of socialization were provided to the elderly by FCA's Friendly Visitor volunteers.

Here is a letter from a grateful daughter who found help, direction and support for her father from FCA's Senior Division:

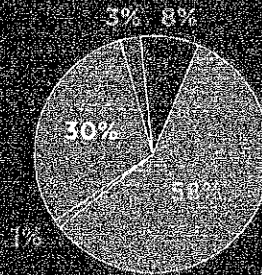
"Just wanted to let you know I contacted your office several months ago for help with my father. My sister and I were very overwhelmed with trying to help him. We contacted Eileen and she was a wonderful help to us. She pointed us in the right direction when we were totally lost on what to do. She was very knowledgeable and really helped us a lot. She checked in with us periodically to see how everything was going and to see if we needed any more help. She was a big help when we needed it and it is very much appreciated."





ANNUAL REPORT

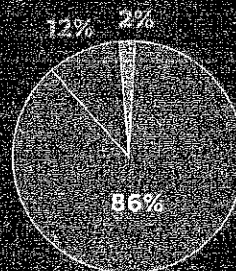
INCOME 2015



INCOME		FISCAL YEAR ENDING
		2015
<input type="checkbox"/> Contributions	\$	1,660,401.00
<input type="checkbox"/> Government	\$	11,312,199.00
<input type="checkbox"/> Investment	\$	105,843.00
<input type="checkbox"/> Medicaid/Medicare	\$	5,846,152.00
<input type="checkbox"/> Fees/Other Income	\$	662,218.00
Grand Total	\$	19,586,813.00

EXPENSES	
<input type="checkbox"/> Program Services	\$ 17,164,791.00
<input type="checkbox"/> Management & General	\$ 2,429,201.00
<input type="checkbox"/> Fundraising Services	\$ 439,341.00
Total Expenses	\$20,033,333.00
Net Income	\$ (446,520.00)

EXPENSES 2015





THANK YOU TO OUR 2015 SPONSORS & DONORS

FCA is grateful for the continued support of many compassionate neighbors. We wish to thank all of our donors whose ongoing generosity and vision enable us to provide help and hope for the vulnerable populations we serve.

\$100,000 TO \$500,000

Mr. and Mrs. George D. O'Neill

\$50,000 TO \$99,999

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The Hearst Foundations
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\$100 TO \$499

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 Ms. Pearl Weinstein
 Mr. Michael Wert
 Ms. Terry Wood

FAMILY & CHILDREN'S ASSOCIATION SERVICES & PROGRAMS

PREVENTIVE SERVICES

- Family Support
- PACT (Parents and Children Together)
- STARS (Safe Transitions and Reunification Services)
- Project Independence Suffolk and Nassau
- SNUG
- Detention Diversion
- Nassau Haven
- Walkabout

BEHAVIORAL HEALTH

- Hempstead Family Treatment and Recovery Center
- Home and Community Based Services (HCBS)
- Family Center (Nassau and Suffolk)
- Children's Case Management
- PINS Diversion
- Family Mediation
- West Nassau Residence
- Lakeview House

SENIOR SERVICES

- Senior Financial Counseling
- HIICAP (Health Insurance Information Counseling & Assistance Program)
- Bill Payer
- CHEC (Counseling for Home Equity Conversion)
- Case Management and In-Home Program (EISEP)
- Ombuds Service
- SAFE and HEAP
- Friendly Visitors
- Veterans Residence

"I started attending Project Independence meetings and became involved in all the activities that you had to offer. The counselors enhanced my life by letting me know that I was worthy of love and support. They encouraged me to take advantage of every opportunity that was open to me and to give myself the chance to succeed. I attended meetings and picnics and was even invited to speak at your Thanksgiving Ball in an effort to coax me out of my shell." The system that oversees children in foster care is very cold, but the counselors at Project Independence were warm, loving and turned out to be not a replacement of my foster family but an additional family that cared about me. Being in your program felt like a sigh of relief."



BECOME A VOLUNTEER (516) 746-0350 x4372

100 E. Old Country Road, Mineola NY 11501 • (516) 746-0350 • www.familyandchildrens.org

(ATTACHMENT FOR POINT C FROM PAGE 4)

The mission of Family and Children's Association (FCA) is to protect and strengthen Long Island's children, families and communities. We offer assistance to those who are experiencing social, emotional and/or economic difficulties through comprehensive and integrated services ranging from early childhood intervention and preventive care to services for senior citizens – all designed to encourage self-sufficiency whenever possible. FCA is committed to providing high quality, professional care through a continuum of in-home, residential, and community-based programs, which are individualized, strength-based and culturally competent. For over 130 years, we have served Long Island by rising to meet the needs and challenges of its most vulnerable population through an integrated network of services that care for children, youth, adults, seniors, and families. FCA is recognized as a model of excellence; fiscally sound, well-managed, and possessing an impeccable reputation for providing community-based social services. FCA programs touch the lives of more than 20,000 Long Island residents each year through the efforts of over 300 staff members, 200 individual volunteers, corporate groups, community groups and sponsors who join with us to become something bigger than themselves.

In a single year, as a result of the work of FCA more than 8,700 seniors remained safely in their homes, 1,100 individuals with drug or alcohol problems were helped to overcome their addictions, more than 3,000 families received services to protect and improve the safety and wellness of their children, nearly 1,000 children received educational support services to succeed in school, and 1,400 teenagers received counseling, independent living skills, counseling, case management or emergency housing. Wholly committed to continuous quality improvement, every one of FCA's programs measures outcomes to assess effectiveness, and solicits the input and opinions of the people who benefit from our services. These services are, client-focused and consumer-driven by design and community feedback is vital to our success.

COUNTY OF NASSAU

CONSULTANT'S, CONTRACTOR'S AND VENDOR'S DISCLOSURE FORM

1. Name of the Entity: FAMILY AND CHILDREN'S ASSOCIATION

Address: 100 East Old Country Road

City, State and Zip Code: Mineola, New York 11501

2. Entity's Vendor Identification Number: 11-3422018

3. Type of Business: ☐ Public Corp ☐ Partnership ☐ Joint Venture
☐ Ltd. Liability Co ☐ Closely Held Corp ☒ Charitable Organization ☐ Other (specify)

4. List names and addresses of all principals; that is, all individuals serving on the Board of Directors or comparable body, all partners and limited partners, all corporate officers, all parties of Joint Ventures, and all members and officers of limited liability companies (attach additional sheets if necessary):

See Attached

5. List names and addresses of all shareholders, members, or partners of the firm. If the shareholder is not an individual, list the individual shareholders/partners/members. If a Publicly held Corporation, include a copy of the 10K in lieu of completing this section.

None

6. List all affiliated and related companies and their relationship to the firm entered on line 1. above (if none, enter "None"). Attach a separate disclosure form for each affiliated or subsidiary company that may take part in the performance of this contract. Such disclosure shall be updated to include affiliated or subsidiary companies not previously disclosed that participate in the performance of the contract.

None

7. List all lobbyists whose services were utilized at any stage in this matter (i.e., pre-bid, bid, post-bid, etc.). If none, enter "None." The term "lobbyist" means any and every person or organization retained, employed or designated by any client to influence - or promote a matter before - Nassau County, its agencies, boards, commissions, department heads, legislators or committees, including but not limited to the Open Space and Parks Advisory Committee and Planning Commission. Such matters include, but are not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements. The term "lobbyist" does not include any officer, director, trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties.

(a) Name, title, business address and telephone number of lobbyist(s):

None

(b) Describe lobbying activity of each lobbyist. See below for a complete description of lobbying activities.

None

(c) List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):

None

8. VERIFICATION: This section must be signed by a principal of the consultant, contractor or Vendor authorized as a signatory of the firm for the purpose of executing Contracts.

The undersigned affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her knowledge, true and accurate.

Dated: 6/12/2017

Signed: 

Print Name: Jeffrey L. Reynolds

Title: President/CEO

21

Page 4 of 4

The term lobbying shall mean any attempt to influence: any determination made by the Nassau County Legislature, or any member thereof, with respect to the introduction, passage, defeat, or substance of any local legislation or resolution; any determination by the County Executive to support, oppose, approve or disapprove any local legislation or resolution, whether or not such legislation has been introduced in the County Legislature; any determination by an elected County official or an officer or employee of the County with respect to the procurement of goods, services or construction, including the preparation of contract specifications, including by not limited to the preparation of requests for proposals, or solicitation, award or administration of a contract or with respect to the solicitation, award or administration of a grant, loan, or agreement involving the disbursement of public monies; any determination made by the County Executive, County Legislature, or by the County of Nassau, its agencies, boards, commissions, department heads or committees, including but not limited to the Open Space and Parks Advisory Committee, the Planning Commission, with respect to the zoning, use, development or improvement of real property subject to County regulation, or any agencies, boards, commissions, department heads or committees with respect to requests for proposals, bidding, procurement or contracting for services for the County; any determination made by an elected county official or an officer or employee of the county with respect to the terms of the acquisition or disposition by the county of any interest in real property, with respect to a license or permit for the use of real property of or by the county, or with respect to a franchise, concession or revocable consent; the proposal, adoption, amendment or rejection by an agency of any rule having the force and effect of law; the decision to hold, timing or outcome of any rate making proceeding before an agency; the agenda or any determination of a board or commission; any determination regarding the calendaring or scope of any legislature oversight hearing; the issuance, repeal, modification or substance of a County Executive Order; or any determination made by an elected county official or an officer or employee of the county to support or oppose any state or federal legislation, rule or regulation, including any determination made to support or oppose that is contingent on any amendment of such legislation, rule or regulation, whether or not such legislation has been formally introduced and whether or not such rule or regulation has been formally proposed.

BOARD OF TRUSTEES

Title	First Name	Last Name	State	Home Address	Home Town	Home	Officer Title
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Mr.	Adam	Blank	NY	1 Bromley Court	Syosset	11791	
Mr.	Peter J.	Bogan	NY	20 Channel Pond Court	Southampton	11968	
Mr.	Daniel	Brown	NY	351 Plandome Road	Manhasset	11030	
Mr.	Rich	Cavallaro	NY	6 Castle Harbor Road	Huntington Bay	11743	
Ms.	Rosanne	Cavallaro	NY	6 Castle Harbor Road	Huntington Bay	11743	
Dr.	John	Cerrato	NY	32 Prospect Avenue	Garden City	11530	
Mr.	Drew	Crowley	NY	24 Laurel Cove Road	Oyster Bay Cove	11771	Board of Trustees, Chairman
Mr.	David	Landau	NY	61 Ascot Court	Manhasset	11030	
Mr.	H. Richard	Grafer	NY	132 Country Club Drive	Port Washington	11050	Board of Trustees, Vice Chairman
Mr.	Daniel	Griesmeyer	NY	171 Cedarshore Drive	Massapequa	11758	
Ms.	Judy Sandford	Guise	NY	26 Countisbury Ave.	North Valley Stream	11580	Board of Trustees, Secretary
Mr.	Michael	Monahan	NY	23 Sherwood Drive	Huntington	11743	
Ms.	Dorothy	Jacobs	NY	228 Washington Avenue	Island Park	11558	
Mrs.	Angela	Jaggar	NY	50 West Creek Farms Road	Port Washington	11050	
Mr.	Bernard	Kennedy	NY	PO Box 761	Point Lookout	11569	
Mrs.	Hope	Lapsley	NY	19 Wellington Road	Locust Valley	11560	
Ms.	Donna	Lewis	NY	115 West Roosevelt Avenue	Roosevelt	11575	
Mr.	David	Lyons	NY	81 Pacific Blvd.	Long Beach	11561	
Mr.	Gerard	Jones	NY	6 Heatherwood Court	Dix Hills	11746	
Mr.	Joseph	Patellaro	NJ	18 Country Club Drive	Chatham	07928	
Ms.	Patricia	Pryor Bonica	NY	7 Wunauquit Drive	Bayville	11709	
Mr.	Scott	Treiber	NY	112 Blair Street	Oyster Bay Cove	11771	
Ms.	Delores	Smalls	NY	377 King Street	Westbury	11590	
Mr.	Charles	Strain	NY	151 Hampton Road	Garden City	11530	
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Mr.	Charles	Trunz III	NY	39 Matinecock Farms Road	Glen Cove	11542	
Mr.	Wayne	Wink, Esq.	NY	1127 Old Northern Blvd.	Roslyn	11576	
Mr.	Jeffrey	Reynolds	NY	2 Angelica Court	Hauppauge	11788	FCA President/CEO
Ms.	Mary Ann	Vassallo	NY	10 Pondview Drive Apt 20	East Patchogue	11772	FCA Chief Financial Officer
Mr.	Donald	Holden	NY	47 Guilford Road	Port Washington	11050	FCA Chief Development Officer
Ms.	Lisa	Burch	NY	42 Fenway	Rockville Centre	11572	FCA Chief Operating Officer

U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
OFFICE OF THE COMPTROLLER

**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions
(Sub-Recipient)**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR Part 67, Section 67.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department of agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Jeffrey L. Reynolds - President/CEO

5/3/2016

Name and Title of Authorized Representative

m/d/yy

Signature

Date

Family and Children's Association

Name of Organization

100 East Old Country Road, Mineola New York 11501

Address of Organization

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposes," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled, "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of reports in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

CONTRACT FOR SERVICES

THIS AGREEMENT, dated as of _____, 2017 (together with the schedules, appendices, attachments and exhibits, if any, this "Agreement"), is entered into by and between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), acting on behalf of the County Department of the District Attorney, having its principal office at 262 Old Country Road, Mineola, NY 11501 (the "Department"), and (ii) Family and Children's Association, a New York State not for profit corporation, having its principal office at 100 E. Old Country Road, Suite 24, Mineola, NY 11501 (the "Contractor").

WITNESSETH:

WHEREAS, the County desires to hire the Contractor to perform the services described in this Agreement; and

WHEREAS, this is a personal service contract within the intent and purview of Section 2206 of the County Charter; and

WHEREAS, the Contractor desires to perform the services described in this Agreement.

NOW, THEREFORE, in consideration of the premises and mutual covenants contained in this Agreement, the parties agree as follows:

1. **Term.** This Agreement shall commence on July 1, 2017 and terminate on June 30, 2018, unless sooner terminated in accordance with the provisions of this Agreement. The Department at its sole discretion may renew this Agreement under the same terms and conditions for four (4) additional one (1) year periods.

2. **Services.** The Contractor shall provide services through the Council on Thought and Action ("COTA"), having bases of operation in both the Village of Hempstead and the City of Long Beach, New York. COTA functions as an alternative-to-incarceration prosecution option for adjudicating felony and misdemeanor cases in Nassau County, where pending cases are permitted upon court, defense, and prosecutor consent, to be diverted – upon conditional plea contract – to a self-sufficiency program curriculum that addresses facets of education, vocational training, child and family care, and life stabilization. It is measured by both educational and employment achievements, along with re-offense reduction, with the ultimate objective being an individual's successful "re-entry" into the community in a productive, law-abiding manner. COTA additionally provides re-entry services for conditionally-released defendants, accepting referrals from the Nassau County Probation Department and the New York State Department of Corrections and Community Supervision (DOCCS). Individuals (termed COTA's "clients" or "program participants") are selected for referral by these agencies based upon risk assessments, including lifestyle, gang affiliation, and support structure. All agency referrals are upon consent of a supervising prosecutor. Through its services to the court system, including post-release services, COTA strives to reduce the risk of re-offense,

facilitate re-entry, and mitigate collateral consequences of criminal convictions where possible. Where applicable, results and achievements are reported back to referring agencies. COTA receives ancillary clientele from at-risk individuals in the local communities, as assessed by an assistant district attorney, a referring law enforcement agency, or both. Social services provided by COTA are more fully described in the scope of services (**APPENDIX B**).

3. **Payment.** (a) **Amount of Consideration.** The amount to be paid to the Contractor as full consideration for the Contractor's services under this Agreement ("Maximum Amount") shall not exceed **Five Hundred Thirty-Five Thousand Five Hundred and Twenty Dollars (\$535,520.00)**, payable in accordance with the attached budget, (**APPENDIX A**).

(b) **Vouchers; Voucher Review, Approval and Audit.** Payments shall be made to the Contractor in arrears and shall be contingent upon (i) the Contractor submitting a claim voucher (the "Voucher") in a form satisfactory to the County, that (a) states with reasonable specificity the services provided and the payment requested as consideration for such services, (b) certifies that the services rendered and the payment requested are in accordance with this Agreement, and (c) is accompanied by documentation satisfactory to the County supporting the amount claimed, and (ii) review, approval and audit of the Voucher by the Department and/or the County Comptroller or his or her duly designated representative (the "Comptroller").

(c) **Timing of Payment Claims.** The Contractor shall submit claims no later than three (3) months following the County's receipt of the services that are the subject of the claim and no more frequently than once a month.

(d) **No Duplication of Payments.** Payments under this Agreement shall not duplicate payments for any work performed or to be performed under other agreements between the Contractor and any funding source including the County.

(e) **Payments in Connection with Termination or Notice of Termination.** Unless a provision of this Agreement expressly states otherwise, payments to the Contractor following the termination of this Agreement shall not exceed payments made as consideration for services that were (i) performed prior to termination, (ii) authorized by this Agreement to be performed, and (iii) not performed after the Contractor received notice that the County did not desire to receive such services.

(f) **Reimbursement by the Contractor upon Loss of Funding.** In addition to any other remedies available to the County, in the event that the County loses funding, including reimbursement, from the State or federal government for any Services arising out of or in connection with any act or omission of the Contractor or a Contractor Agent (i) the County will have no further obligations to the Contractor under this Agreement and (ii) the Contractor shall pay the County the full amount of lost funds on demand, but not in excess of the amount paid to the Contractor under this Agreement.

(g) **Reallocation Among Line Items:** The Contractor may reallocate monies within the budget, provided however, that the Contractor shall not reallocate more than ten percent (10%) of the amount allocated to any line item to another line item nor add or subtract a line item, without the prior written consent of the Department, Clause 10 notwithstanding.

4. **Independent Contractor.** The Contractor is an independent contractor of the County. The Contractor shall not, nor shall any officer, director, employee, servant, agent or independent contractor of the Contractor (a "Contractor Agent"), be (i) deemed a County employee, (ii) commit the County to any obligation, or (iii) hold itself, himself, or herself out as a County employee or Person with the authority to commit the County to any obligation. As used in this Agreement the word "Person" means any individual person, entity (including partnerships, corporations and limited liability companies), and government or political subdivision thereof (including agencies, bureaus, offices and departments thereof).

5. **No Arrears or Default.** The Contractor is not in arrears to the County upon any debt or contract and it is not in default as surety, contractor, or otherwise upon any obligation to the County, including any obligation to pay taxes to, or perform services for or on behalf of, the County.

6. **Compliance with Law.** (a) Generally. The Contractor shall comply with any and all applicable Federal, State and local Laws, including, but not limited to those relating to conflicts of interest, discrimination, a living wage, disclosure of information, and vendor registration, in connection with its performance under this Agreement. In furtherance of the foregoing, the Contractor is bound by and shall comply with the terms of Appendix EE attached hereto and with the County's vendor registration protocol. As used in this Agreement the word "Law" includes any and all statutes, local laws, ordinances, rules, regulations, applicable orders, and/or decrees, as the same may be amended from time to time, enacted, or adopted.

(b) Nassau County Living Wage Law. Pursuant to LL 1-2006, as amended, and to the extent that a waiver has not been obtained in accordance with such law or any rules of the County Executive, the Contractor agrees as follows:

- (i) Contractor shall comply with the applicable requirements of the Living Wage Law, as amended;
- (ii) Failure to comply with the Living Wage Law, as amended, may constitute a material breach of this Agreement, the occurrence of which shall be determined solely by the County. Contractor has the right to cure such breach within thirty days of receipt of notice of breach from the County. In the event that such breach is not timely cured, the County may terminate this Agreement as well as exercise any other rights available to the County under applicable law.
- (iii) It shall be a continuing obligation of the Contractor to inform the County of any material changes in the content of its certification of compliance, attached as Appendix L, and shall provide to the County any information necessary to maintain the certification's accuracy.

(c) Records Access. The parties acknowledge and agree that all records, information, and data ("Information") acquired in connection with performance or administration of this Agreement shall be used and disclosed solely for the purpose of performance and administration of the contract or as required by law. The Contractor acknowledges that the Contractor Information in the County's possession may be subject to disclosure under Article 6 of the New York State Public Officer's Law ("Freedom of Information Law" or "FOIL"). In the event that such a request for disclosure is made, the County shall make reasonable efforts to notify the Contractor of such request prior to disclosure of the Information so that the Contractor may take such action as it deems appropriate.

(d) Protection of Client Information. The Contractor acknowledges and agrees that all information that the Contractor acquires in connection with performance under this Agreement is strictly confidential, shall be held in the strictest confidence and shall be used solely for the purpose of performing services for or on behalf of the County. Such confidential information shall not be disclosed to third parties except (i) as permitted under this Agreement, or (ii) in accordance with Law or (iii) upon legal compulsion. The provisions of this Section shall survive the termination of this Agreement and any breach of these provisions shall be cause for immediate termination of this Agreement.

7. Minimum Service Standards. Regardless of whether required by Law: (a) The Contractor shall, and shall cause Contractor Agents to, conduct its, his or her activities in connection with this Agreement so as not to endanger or harm any Person or property.

(b) The Contractor shall deliver services under this Agreement in a professional manner consistent with the best practices of the industry in which the Contractor operates. The Contractor shall take all actions necessary or appropriate to meet the obligation described in the immediately preceding sentence, including obtaining and maintaining, and causing all Contractor Agents to obtain and maintain, all approvals, licenses, and certifications ("Approvals") necessary or appropriate in connection with this Agreement.

8. Indemnification; Defense; Cooperation. (a) The Contractor shall be solely responsible for and shall indemnify and hold harmless the County, the Department and its officers, employees, and agents (the "Indemnified Parties") from and against any and all liabilities, losses, costs, expenses (including, without limitation, attorneys' fees and disbursements) and damages ("Losses"), arising out of or in connection with any acts or omissions of the Contractor or a Contractor Agent, regardless of whether due to negligence, fault, or default, including Losses in connection with any threatened investigation, litigation or other proceeding or preparing a defense to or prosecuting the same; provided, however, that the Contractor shall not be responsible for that portion, if any, of a Loss that is caused by the negligence of the County.

(b) The Contractor shall, upon the County's demand and at the County's direction, promptly and diligently defend, at the Contractor's own risk and expense, any and all suits, actions, or proceedings which may be brought or instituted against one or more Indemnified Parties for which the Contractor is responsible under this Section, and, further to the Contractor's indemnification obligations, the Contractor shall pay and satisfy any judgment, decree, loss or settlement in connection therewith.

(c) The Contractor shall, and shall cause Contractor Agents to, cooperate with the County and the Department in connection with the investigation, defense or prosecution of any action, suit or proceeding in connection with this Agreement, including the acts or omissions of the Contractor and/or a Contractor Agent in connection with this Agreement.

(d) The provisions of this Section shall survive the termination of this Agreement.

9. **Insurance.** (a) **Types and Amounts.** The Contractor shall obtain and maintain throughout the term of this Agreement, at its own expense: (i) one or more policies for commercial general liability insurance, which policy(ies) shall name "Nassau County" as an additional insured and have a minimum single combined limit of liability of not less than one million dollars (\$1,000,000) per claim and two million dollars (\$2,000,000) aggregate coverage, (ii) if contracting in whole or part to provide professional services, one or more policies for professional liability insurance, which policy(ies) shall have a minimum single combined limit liability of not less than one million dollars (\$1,000,000) per claim, (iii) compensation insurance for the benefit of the Contractor's employees ("Workers' Compensation Insurance"), which insurance is in compliance with the New York State Workers' Compensation Law, and (iv) such additional insurance as the County may from time to time specify.

(b) **Acceptability; Deductibles; Subcontractors.** All insurance obtained and maintained by the Contractor pursuant to this Agreement shall be (i) written by one or more commercial insurance carriers licensed to do business in New York State and acceptable to the County, and which is (ii) in form and substance acceptable to the County. The Contractor shall be solely responsible for the payment of all deductibles to which such policies are subject. The Contractor shall require any subcontractor hired in connection with this Agreement to carry insurance with the same limits and provisions required to be carried by the Contractor under this Agreement.

(c) **Delivery; Coverage Change; No Inconsistent Action.** Prior to the execution of this Agreement, copies of current certificates of insurance evidencing the insurance coverage required by this Agreement shall be delivered to the Department. Not less than thirty (30) days prior to the date of any expiration or renewal of, or actual, proposed or threatened reduction or cancellation of coverage under, any insurance required hereunder, the Contractor shall provide written notice to the Department of the same and deliver to the Department renewal or replacement certificates of insurance. The Contractor shall cause all insurance to remain in full force and effect throughout the term of this Agreement and shall not take or omit to take any action that would suspend or invalidate any of the required coverage. The failure of the Contractor to maintain Workers' Compensation Insurance shall render this contract void and of no effect. The failure of the Contractor to maintain the other required coverage shall be deemed a material breach of this Agreement upon which the County reserves the right to consider this Agreement terminated as of the date of such failure.

10. **Assignment; Amendment; Waiver; Subcontracting.** This Agreement and the rights and obligations hereunder may not be in whole or part (i) assigned, transferred or disposed of, (ii) amended, (iii) waived, or (iv) subcontracted, without the prior written consent of the County Executive or his or her duly designated deputy (the "County Executive"), and any purported

assignment, other disposal or modification without such prior written consent shall be null and void. The failure of a party to assert any of its rights under this Agreement, including the right to demand strict performance, shall not constitute a waiver of such rights.

11. Termination. (a) Generally. This Agreement may be terminated (i) for any reason by the County upon thirty (30) days' written notice to the Contractor, (ii) for "Cause" by the County immediately upon the receipt by the Contractor of written notice of termination, (iii) upon mutual written Agreement of the County and the Contractor, and (iv) in accordance with any other provisions of this Agreement expressly addressing termination.

As used in this Agreement the word "Cause" includes: (i) a breach of this Agreement; (ii) the failure to obtain and maintain in full force and effect all Approvals required for the services described in this Agreement to be legally and professionally rendered; and (iii) the termination or impending termination of federal or state funding for the services to be provided under this Agreement.

(b) By the Contractor. This Agreement may be terminated by the Contractor if performance becomes impracticable through no fault of the Contractor, where the impracticability relates to the Contractor's ability to perform its obligations and not to a judgment as to convenience or the desirability of continued performance. Termination under this subsection shall be effected by the Contractor delivering to the commissioner or other head of the Department (the "Commissioner"), at least sixty (60) days prior to the termination date (or a shorter period if sixty days' notice is impossible), a notice stating (i) that the Contractor is terminating this Agreement in accordance with this subsection, (ii) the date as of which this Agreement will terminate, and (iii) the facts giving rise to the Contractor's right to terminate under this subsection. A copy of the notice given to the Commissioner shall be given to the Deputy County Executive who oversees the administration of the Department (the "Applicable DCE") on the same day that notice is given to the Commissioner.

(c) Contractor Assistance upon Termination. In connection with the termination or impending termination of this Agreement the Contractor shall, regardless of the reason for termination, take all actions reasonably requested by the County (including those set forth in other provisions of this Agreement) to assist the County in transitioning the Contractor's responsibilities under this Agreement. The provisions of this subsection shall survive the termination of this Agreement.

12. Accounting Procedures; Records. The Contractor shall maintain and retain, for a period of six (6) years following the later of termination of or final payment under this Agreement, complete and accurate records, documents, accounts and other evidence, whether maintained electronically or manually ("Records"), pertinent to performance under this Agreement. Records shall be maintained in accordance with Generally Accepted Accounting Principles and, if the Contractor is a non-profit entity, must comply with the accounting guidelines set forth in the federal Office of Management & Budget Circular A-122, "Cost Principles for Non-Profit Organizations." Such Records shall at all times be available for audit and inspection by the Comptroller, the Department, any other governmental authority with jurisdiction over the provision of services hereunder and/or the payment therefore, and any of their duly designated representatives. The provisions of this Section shall survive the termination of this Agreement.

13. **Limitations on Actions and Special Proceedings against the County.** No action or special proceeding shall lie or be prosecuted or maintained against the County upon any claims arising out of or in connection with this Agreement unless:

(a) **Notice.** At least thirty (30) days prior to seeking relief the Contractor shall have presented the demand or claim(s) upon which such action or special proceeding is based in writing to the Applicable DCE for adjustment and the County shall have neglected or refused to make an adjustment or payment on the demand or claim for thirty (30) days after presentment. The Contractor shall send or deliver copies of the documents presented to the Applicable DCE under this Section to each of (i) the Department and the (ii) the County Attorney (at the address specified above for the County) on the same day that documents are sent or delivered to the Applicable DCE. The complaint or necessary moving papers of the Contractor shall allege that the above-described actions and inactions preceded the Contractor's action or special proceeding against the County.

(b) **Time Limitation.** Such action or special proceeding is commenced within the earlier of (i) one (1) year of the first to occur of (A) final payment under or the termination of this Agreement, and (B) the accrual of the cause of action, and (ii) the time specified in any other provision of this Agreement.

14. **Work Performance Liability.** The Contractor is and shall remain primarily liable for the successful completion of all work in accordance this Agreement irrespective of whether the Contractor is using a Contractor Agent to perform some or all of the work contemplated by this Agreement, and irrespective of whether the use of such Contractor Agent has been approved by the County.

15. **Consent to Jurisdiction and Venue; Governing Law.** Unless otherwise specified in this Agreement or required by Law, exclusive original jurisdiction for all claims or actions with respect to this Agreement shall be in the Supreme Court in Nassau County in New York State and the parties expressly waive any objections to the same on any grounds, including venue and forum non conveniens. This Agreement is intended as a contract under, and shall be governed and construed in accordance with, the Laws of New York State, without regard to the conflict of laws provisions thereof.

16. **Notices.** Any notice, request, demand or other communication required to be given or made in connection with this Agreement shall be (a) in writing, (b) delivered or sent (i) by hand delivery, evidenced by a signed, dated receipt, (ii) postage prepaid via certified mail, return receipt requested, or (iii) overnight delivery via a nationally recognized courier service, (c) deemed given or made on the date the delivery receipt was signed by a County employee, three (3) business days after it is mailed or one (1) business day after it is released to a courier service, as applicable, and (d)(i) if to the Department, to the attention of the Commissioner at the address specified above for the Department, (ii) if to an Applicable DCE, to the attention of the Applicable DCE (whose name the Contractor shall obtain from the Department) at the address specified above for the County, (iii) if to the Comptroller, to the attention of the Comptroller at 240 Old Country Road, Mineola, NY 11501, and (iv) if to the Contractor, to the attention of the person who executed this Agreement on behalf of the Contractor at the address specified above for the Contractor, or in each case to such other persons or addresses as shall be designated by written notice.

17. All Legal Provisions Deemed Included; Severability; Supremacy. (a)

Every provision required by Law to be inserted into or referenced by this Agreement is intended to be a part of this Agreement. If any such provision is not inserted or referenced or is not inserted or referenced in correct form then (i) such provision shall be deemed inserted into or referenced by this Agreement for purposes of interpretation and (ii) upon the application of either party this Agreement shall be formally amended to comply strictly with the Law, without prejudice to the rights of either party.

(b) In the event that any provision of this Agreement shall be held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

(c) Unless the application of this subsection will cause a provision required by Law to be excluded from this Agreement, in the event of an actual conflict between the terms and conditions set forth above the signature page to this Agreement and those contained in any schedule, exhibit, appendix, or attachment to this Agreement, the terms and conditions set forth above the signature page shall control. To the extent possible, all the terms of this Agreement should be read together as not conflicting.

(d) Each party has cooperated in the negotiation and preparation of this Agreement. Therefore, in the event that construction of this Agreement occurs, it shall not be construed against either party as drafter.

18. Section and Other Headings. The section and other headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of this Agreement.

19. Entire Agreement. This Agreement represents the full and entire understanding and agreement between the parties with regard to the subject matter hereof and supersedes all prior agreements (whether written or oral) of the parties relating to the subject matter of this Agreement.


20. Executory Clause. Notwithstanding any other provision of this Agreement:

(a) Approval and Execution. The County shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person unless (i) all County and other governmental approvals have been obtained, including, if required, approval by the County Legislature, and (ii) this Agreement has been executed by the County Executive (as defined in this Agreement).

(b) Availability of Funds. The County shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person beyond funds appropriated or otherwise lawfully available for this Agreement, and, if any portion of the funds for this Agreement are from the state and/or federal governments, then beyond funds available to the County from the state and/or federal governments.

IN WITNESS WHEREOF, the Contractor and the County have executed this Agreement as of the date first above written.

FAMILY AND CHILDREN'S ASSOCIATION

By: 
Name: Jeffrey L. Reynolds, Ph.D., CEAP, SAP
Title: President/CEO
Date: June 8, 2017

NASSAU COUNTY

By: _____
Name: _____
Title: County Executive
☐ Deputy County Executive
Date: _____

PLEASE EXECUTE IN BLUE INK

STATE OF NEW YORK)

)SS.:

COUNTY OF NASSAU)

On the 8th day of June in the year 2017 before me personally came Jeffrey L. Reynolds to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is the President/CEO, of Family and Children's Association, the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.

NOTARY PUBLIC

May 11. Obj.

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6163683
Qualified in Nassau County
Commission Expires April 2, 2019

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU)

On the ____ day of _____ in the year 2017 before me personally came _____ to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of _____; that he or she is the County Executive/Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Nassau County.

NOTARY PUBLIC

**APPENDIX A
BUDGET AND SCOPE OF SERVICES (p. 1)**

PERSONNEL SERVICES

Amount

Contract Manager*

Salary – 10% of Annual Salary of \$65,183

\$6,518

Fringe (16%)

\$1,042

Administrative Fee (15%)

\$1,134

Sub-Total

\$8,694

Bilingual Social Worker*

Salary – Annual Salary of \$70,000

\$70,000

Fringe (34%)

\$23,800

Administrative Fee (15%)

\$14,070

Sub Total

\$107,870

Case Manager Supervisor

Salary – Annual Salary of \$40,000

\$40,000

Fringe (34%)

\$13,600

Administrative Fee (15%)

\$8,040

Sub Total

\$61,640

Re-Entry Case Managers – Full Time*

Salary – Up to \$20.00 per/hour

\$69,520

Fringe (34%)

\$23,637

Administrative Fee (15%)

\$13,974

Sub-Total

\$107,131

Re-Entry Case Managers – Part Time

Salary – Up to \$19.00 per/hour

\$34,000

Fringe (10%)

\$3,400

Administrative Fee (15%)

\$5,610

Sub-Total

\$43,010

Outreach Workers

Salary – Up to \$19.00 per/hour

\$70,000

Fringe (10%)

\$7,000

Administrative Fee (15%)

\$11,550

Sub-Total

\$88,550

Administrative Assistants

Salary – Up to \$19.00 per/hour

\$16,000

Fringe (10%)

\$1,600

Administrative Fee (15%)

\$2,640

Sub-Total

\$20,240

APPENDIX A
BUDGET AND SCOPE OF SERVICES (p. 2)

<u>PERSONNEL SERVICES</u>	<u>Amount</u>
Mentors	
Salary – Up to \$19.00 per/hour	\$743
Fringe (10%)	\$74
Administrative Fee (15%)	<u>\$123</u>
Sub-Total	\$940
 Interns	
Salary – Up to \$13.00 per/hour	\$28,000
Fringe (10%)	\$2,800
Administrative Fee (15%)	<u>\$4,620</u>
Sub-Total	\$35,420
 Sports Program Staff	
Staffing, including coaches, assistants	\$11,000
Fringe (10%)	\$1,100
Administrative Fee (15%)	<u>\$1,815</u>
Sub-Total	\$13,915
 SUB-TOTAL PERSONNEL SERVICES	\$487,410
 OTPS	
Mentoring/Enrichment Program	\$2,000
Educational Activities (includes van, driver, classes & trips, local public transportation expenses)	\$14,610
Sports Program (equipment, uniforms)	\$5,500
Re-Entry Staff Training	\$7,000
Trips	\$8,000
Re-Entry Informational Brochures, Books & Promotional Materials	\$2,500
Building Maintenance (incl. pest control)	\$2,500
Identification Cards	\$1,000
Food for Community Events	\$3,000
Background Checks	<u>\$2,000</u>
 SUB-TOTAL OTPS	\$48,110
 * Reimbursement for salary for positions indicated will include reimbursement for any leave <u>taken</u> at the percentage of participation in the program <u>up to</u> the maximum salary stated in the contract budget. Fringe reimbursement does not include reimbursement of leave time taken. It does include reimbursement for payroll taxes on benefit leave time.	
 SUB-TOTAL PERSONNEL & OTPS	\$535,520

APPENDIX B

SCOPE OF SERVICES (p. 1)

The Contractor shall provide human resources and payroll management functions for the staff hired pursuant to the terms of this Agreement (collectively known as "Contract Staff").

Complete job descriptions for Contract Staff shall be provided by the Department. Contract staff will be physically situated at locations provided and/or determined by the Department and the Department will provide all necessary furniture, office equipment and supplies, as required by Contract Staff to perform their jobs. Further, the Department shall be responsible for supervising and evaluating the job performance of all Contract Staff.

Compensation and Benefits

All Contract Staff will be paid according to the terms of the budget set forth in Appendix A of the Agreement. With the exception of the full-time employees, all Contract Staff covered by this Agreement shall not work more than 18 hours per week and, therefore, shall not be eligible for any paid time off or other FCA employee benefits, other than those mandated by applicable law.

Full-time employees shall be entitled to paid time off and other benefits on a calendar year basis as follows:

- 13 paid holidays. In accordance with the Contractor's policies for other employees, full-time employees will be paid for the following holidays per calendar year: New Year's Day, Martin Luther King's Birthday, Presidents Day, Memorial Day, Fourth of July, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day and two (2) floating holidays.
- 12 paid sick days. In accordance with the Contractor's policies for other employees, full-time employees may accrue and carry over from year to year a maximum of 65 days, but will not be paid for accrued, unused sick leave upon the termination of employment for any reason.
- 20 paid vacation days. Full-time employees will be entitled to carry over a maximum of ten (10) accrued, unused vacation days each year. The full-time employees, however, will not be paid for accrued, unused vacation time upon the termination of employment for any reason.
- 4 personal days. In accordance with the Contractor's policies for other employees, full-time employees may not accrue and carry over personal days. Further, full-time employees will not be paid for accrued, unused personal time upon the termination of employment for any reason.

APPENDIX B
BUDGET AND SCOPE OF SERVICES (p. 2)

- 3 bereavement leave days. In accordance with the Contractor's policies for other employees, full-time employees will be granted three (3) days off with pay in the event of the death of a member of their immediate family and, for relatives not in their immediate family, one day off.
- Ten paid days for jury duty. In accordance with the Contractor's policies for other employees, full-time employees will be paid for the first ten days of active jury duty.
- Full-time employees may elect to participate in the Contractor's health insurance plans subject to their payment of the cost shares applicable to the Contractor's other eligible employees. For those electing to participate, the County shall reimburse the Contractor for 100% of the Contractor's portion of the premium, payable out of the Fringe Benefits budget line provided in Appendix A of this Agreement.

Contract staff will have access to the Contractor's electronic timekeeping system, Time Force, and will be required to clock in and out of work, request and record all absences, and verify their time cards via this system. The Department will be responsible for reviewing and verifying the time cards and approving the Contract Staff's requests for time off where allowed. Contract Staff will be required to print out paper copies of their bi-weekly time cards to be reviewed and signed by a representative of the Department. These signed time cards will be forwarded to the Contractor's Payroll Administrator on a monthly basis for recordkeeping purposes. Scheduled time off, where allowed, will be at the discretion of the Department, however, approval of time off by the Department will not add to the paid time off provided for by the Contractor.

Employment-Related Policies and Procedures

The Contractor shall be responsible for the development and implementation of all appropriate employment-related policies and protocols for Contract Staff.

APPENDIX EE
Equal Employment Opportunities for Minorities and Women

The provisions of this Appendix EE are hereby made a part of the document to which it is attached.

The Contractor shall comply with all federal, State and local statutory and constitutional anti-discrimination provisions. In addition, Local Law No. 14-2002, entitled "Participation by Minority Group Members and Women in Nassau County Contracts," governs all County Contracts as defined herein and solicitations for bids or proposals for County Contracts. In accordance with Local Law 14-2002:

(a) The Contractor shall not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status in recruitment, employment, job assignments, promotions, upgradings, demotions, transfers, layoffs, terminations, and rates of pay or other forms of compensation. The Contractor will undertake or continue existing programs related to recruitment, employment, job assignments, promotions, upgradings, transfers, and rates of pay or other forms of compensation to ensure that minority group members and women are afforded equal employment opportunities without discrimination.

(b) At the request of the County contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, union, or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability, or marital status and that such employment agency, labor union, or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.

(c) The Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the County Contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

(d) The Contractor shall make best efforts to solicit active participation by certified minority or women-owned business enterprises ("Certified M/WBEs") as defined in Section 101 of Local Law No. 14-2002, for the purpose of granting of Subcontracts.

(e) The Contractor shall, in its advertisements and solicitations for Subcontractors, indicate its interest in receiving bids from Certified M/WBEs and the requirement that Subcontractors must be equal opportunity employers.

(f) Contractors must notify and receive approval from the respective Department Head prior to issuing any Subcontracts and, at the time of requesting such authorization, must submit a signed Best Efforts Checklist.

(g) Contractors for projects under the supervision of the County's Department of Public Works shall also submit a utilization plan listing all proposed Subcontractors so that, to the greatest extent feasible, all Subcontractors will be approved prior to commencement of work. Any additions or changes to the list of subcontractors under the utilization plan shall be approved by the Commissioner of the Department of Public Works when made. A copy of the utilization plan any additions or changes thereto shall be submitted by the Contractor to the Office of Minority Affairs simultaneously with the submission to the Department of Public Works.

(h) At any time after Subcontractor approval has been requested and prior to being granted, the contracting agency may require the Contractor to submit Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises. In addition, the contracting agency may require the Contractor to submit such documentation at any time after Subcontractor approval when the contracting agency has reasonable cause to believe that the existing Best Efforts Checklist may be inaccurate. Within ten working days (10) of any such request by the contracting agency, the Contractor must submit Documentation.

(i) In the case where a request is made by the contracting agency or a Deputy County Executive acting on behalf of the contracting agency, the Contractor must, within two (2) working days of such request, submit evidence to demonstrate that it employed Best Efforts to obtain Certified M/WBE participation through proper documentation.

(j) Award of a County Contract alone shall not be deemed or interpreted as approval of all Contractor's Subcontracts and Contractor's fulfillment of Best Efforts to obtain participation by Certified M/WBEs.

(k) A Contractor shall maintain Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises for a period of six (6) years. Failure to maintain such records shall be deemed failure to make Best Efforts to comply with this Appendix EE, evidence of false certification as M/WBE compliant or considered breach of the County Contract.

(l) The Contractor shall be bound by the provisions of Section 109 of Local Law No. 14-2002 providing for enforcement of violations as follows:

- a. Upon receipt by the Executive Director of a complaint from a contracting agency that a County Contractor has failed to comply with the provisions of Local Law No. 14-2002, this Appendix EE or any other contractual provisions included in furtherance of Local Law No. 14-2002, the Executive Director will try to resolve the matter.
- b. If efforts to resolve such matter to the satisfaction of all parties are unsuccessful, the Executive Director shall refer the matter, within thirty days (30) of receipt of the complaint, to the American Arbitration Association for proceeding thereon.
- c. Upon conclusion of the arbitration proceedings, the arbitrator shall submit to the Executive Director his recommendations regarding the imposition of sanctions,

finest or penalties. The Executive Director shall either (i) adopt the recommendation of the arbitrator (ii) determine that no sanctions, fines or penalties should be imposed or (iii) modify the recommendation of the arbitrator, provided that such modification shall not expand upon any sanction recommended or impose any new sanction, or increase the amount of any recommended fine or penalty. The Executive Director, within ten days (10) of receipt of the arbitrator's award and recommendations, shall file a determination of such matter and shall cause a copy of such determination to be served upon the respondent by personal service or by certified mail return receipt requested. The award of the arbitrator, and the fines and penalties imposed by the Executive Director, shall be final determinations and may only be vacated or modified as provided in the civil practice law and rules ("CPLR").

(m) The contractor shall provide contracting agency with information regarding all subcontracts awarded under any County Contract, including the amount of compensation paid to each Subcontractor and shall complete all forms provided by the Executive Director or the Department Head relating to subcontractor utilization and efforts to obtain M/WBE participation.

Failure to comply with provisions (a) through (m) above, as ultimately determined by the Executive Director, shall be a material breach of the contract constituting grounds for immediate termination. Once a final determination of failure to comply has been reached by the Executive Director, the determination of whether to terminate a contract shall rest with the Deputy County Executive with oversight responsibility for the contracting agency.

Provisions (a), (b) and (c) shall not be binding upon Contractors or Subcontractors in the performance of work or the provision of services or any other activity that are unrelated, separate, or distinct from the County Contract as expressed by its terms.

The requirements of the provisions (a), (b) and (c) shall not apply to any employment or application for employment outside of this County or solicitations or advertisements therefor or any existing programs of affirmative action regarding employment outside of this County and the effect of contract provisions required by these provisions (a), (b) and (c) shall be so limited.

The Contractor shall include provisions (a), (b) and (c) in every Subcontract in such a manner that these provisions shall be binding upon each Subcontractor as to work in connection with the County Contract.

As used in this Appendix EE the term "Best Efforts Checklist" shall mean a list signed by the Contractor, listing the procedures it has undertaken to procure Subcontractors in accordance with this Appendix EE.

As used in this Appendix EE the term "County Contract" shall mean (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of twenty-five thousand dollars (\$25,000), whereby a County contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the

foregoing, to be performed for, or rendered or furnished to the County; or (ii) a written agreement in excess of one hundred thousand dollars (\$100,000), whereby a County contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon. However, the term "County Contract" does not include agreements or orders for the following services: banking services, insurance policies or contracts, or contracts with a County contracting agency for the sale of bonds, notes or other securities.

As used in this Appendix EE the term "County Contractor" means an individual, business enterprise, including sole proprietorship, partnership, corporation, not-for-profit corporation, or any other person or entity other than the County, whether a contractor, licensor, licensee or any other party, that is (i) a party to a County Contract, (ii) a bidder in connection with the award of a County Contract, or (iii) a proposed party to a County Contract, but shall not include any Subcontractor.

As used in this Appendix EE the term "County Contractor" shall mean a person or firm who will manage and be responsible for an entire contracted project.

As used in this Appendix EE "Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises" shall include, but is not limited to the following:

- a. Proof of having advertised for bids, where appropriate, in minority publications, trade newspapers/notices and magazines, trade and union publications, and publications of general circulation in Nassau County and surrounding areas or having verbally solicited M/WBEs whom the County Contractor reasonably believed might have the qualifications to do the work. A copy of the advertisement, if used, shall be included to demonstrate that it contained language indicating that the County Contractor welcomed bids and quotes from M/WBE Subcontractors. In addition, proof of the date(s) any such advertisements appeared must be included in the Best Effort Documentation. If verbal solicitation is used, a County Contractor's affidavit with a notary's signature and stamp shall be required as part of the documentation.
- b. Proof of having provided reasonable time for M/WBE Subcontractors to respond to bid opportunities according to industry norms and standards. A chart outlining the schedule/time frame used to obtain bids from M/WBEs is suggested to be included with the Best Effort Documentation
- c. Proof or affidavit of follow-up of telephone calls with potential M/WBE subcontractors encouraging their participation. Telephone logs indicating such action can be included with the Best Effort Documentation
- d. Proof or affidavit that M/WBE Subcontractors were allowed to review bid specifications, blue prints and all other bid/RFP related items at no charge to the M/WBEs, other than reasonable documentation costs incurred by the County Contractor that are passed onto the M/WBE.

- e. Proof or affidavit that sufficient time prior to making award was allowed for M/WBEs to participate effectively, to the extent practicable given the timeframe of the County Contract.
- f. Proof or affidavit that negotiations were held in good faith with interested M/WBEs, and that M/WBEs were not rejected as unqualified or unacceptable without sound business reasons based on (1) a thorough investigation of M/WBE qualifications and capabilities reviewed against industry custom and standards and (2) cost of performance. The basis for rejecting any M/WBE deemed unqualified by the County Contractor shall be included in the Best Effort Documentation
- g. If an M/WBE is rejected based on cost, the County Contractor must submit a list of all sub-bidders for each item of work solicited and their bid prices for the work.
- h. The conditions of performance expected of Subcontractors by the County Contractor must also be included with the Best Effort Documentation
- i. County Contractors may include any other type of documentation they feel necessary to further demonstrate their Best Efforts regarding their bid documents.

As used in this Appendix EE the term "Executive Director" shall mean the Executive Director of the Nassau County Office of Minority Affairs; provided, however, that Executive Director shall include a designee of the Executive Director except in the case of final determinations issued pursuant to Section (a) through (l) of these rules.

As used in this Appendix EE the term "Subcontract" shall mean an agreement consisting of part or parts of the contracted work of the County Contractor.

As used in this Appendix EE, the term "Subcontractor" shall mean a person or firm who performs part or parts of the contracted work of a prime contractor providing services, including construction services, to the County pursuant to a county contract. Subcontractor shall include a person or firm that provides labor, professional or other services, materials or supplies to a prime contractor that are necessary for the prime contractor to fulfill its obligations to provide services to the County pursuant to a county contract. Subcontractor shall not include a supplier of materials to a contractor who has contracted to provide goods but no services to the County, nor a supplier of incidental materials to a contractor, such as office supplies, tools and other items of nominal cost that are utilized in the performance of a service contract.

Provisions requiring contractors to retain or submit documentation of best efforts to utilize certified subcontractors and requiring Department head approval prior to subcontracting shall not apply to inter-governmental agreements. In addition, the tracking of expenditures of County dollars by not-for-profit corporations, other municipalities, States, or the federal government is not required.

APPENDIX L
Certificate of Compliance

In compliance with Local Law 1-2006, as amended (the "Law"), the Contractor hereby certifies the following:

1. The chief executive officer of the Contractor is:

Jeffrey L. Reynolds (Name)
Family and Children's Association
100 East Old Country Road, Mineola New York 11501 (Address)
(516) 746-0350 (Telephone Number)

2. The Contractor agrees to either (1) comply with the requirements of the Nassau County Living Wage Law or (2) as applicable, obtain a waiver of the requirements of the Law pursuant to section 9 of the Law. In the event that the contractor does not comply with the requirements of the Law or obtain a waiver of the requirements of the Law, and such contractor establishes to the satisfaction of the Department that at the time of execution of this agreement, it had a reasonable certainty that it would receive such waiver based on the Law and Rules pertaining to waivers, the County will agree to terminate the contract without imposing costs or seeking damages against the Contractor
3. In the past five years, Contractor _____ has X has not been found by a court or a government agency to have violated federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If a violation has been assessed against the Contractor, describe below:

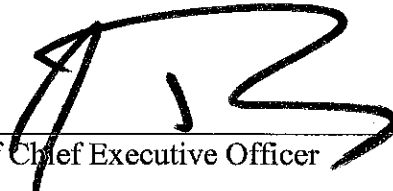
4. In the past five years, an administrative proceeding, investigation, or government body-initiated judicial action X has _____ has not been commenced against or relating to the Contractor in connection with federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If such a proceeding, action, or investigation has been commenced, describe below:

New York State Department of Labor Claim was made against Family and
Children's Association and Nassau County totaling \$226,000 for back wages
related to benefit time accrued by a class of FCA/Nassau County Employees
who were terminated in 2012. The matters have been settled with all parties
and are deemed closed.

5. Contractor agrees to permit access to work sites and relevant payroll records by authorized County representatives for the purpose of monitoring compliance with the Living Wage Law and investigating employee complaints of noncompliance.

I hereby certify that I have read the foregoing statement and, to the best of my knowledge and belief, it is true, correct and complete. Any statement or representation made herein shall be accurate and true as of the date stated below.

June 8, 2017
Dated


Signature of Chief Executive Officer

Jeffrey L. Reynolds, Ph.D., CEAP, SAP
Name of Chief Executive Officer

Sworn to before me this

8th day of June, 2017.

Mary A. Chiz
Notary Public

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6163683
Qualified in Nassau County
Commission Expires April 2, 2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/12/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Arthur J. Gallagher Risk Management Services, Inc.
One Jericho Plaza, Suite 200
Jericho NY 11753

CONTACT NAME: Karen Mohamed
PHONE (A/C, No, Ext): 516-745-0800 FAX (A/C, No): 516-745-0082
E-MAIL: Karen_Mohamed@ajg.com
ADDRESS:

INSURED
Family & Children's Association
100 E Old Country Road
Mineola, NY 11501

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Philadelphia Indemnity Insurance Co	18058
INSURER B: State Insurance Fund of New York	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1255300991

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:		PHPK1651505	5/11/2017	5/11/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 AGGREGATE \$1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PHPK1651505	5/11/2017	5/11/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000		PHUB583287	5/11/2017	5/11/2018	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	10253300	8/6/2016	8/6/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Professional Liab. Abuse & Molestation		PHPK1651505	5/11/2017	5/11/2018	Each Occurrence/Agg \$1000000/3000000 Each Occurrence \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured Form # PI-MANU-1(01/00)

Nassau County is included as additional insured with respect to General Liability as required by written contract per the above referenced form #.

CERTIFICATE HOLDER**CANCELLATION**

Nassau County District Attorney
262 Old Country Road
Mineola NY 11501
USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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