



6390 Main Street, Suite 200
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January 26, 2018

Mr. Jason DiGianni
New York State Division of the Budget
State Capitol, Room 129
Albany, New York 12224

Dear Mr. DiGianni:

Enclosed are two originals and one text-searchable electronic copy in CD format of our administrative proposal to provide professional services for the audit of the internal control system of the New York State Division of the Budget for the audit periods of October 1, 2017 through September 30, 2018 and October 1, 2020 through September 30, 2021.

Please call me if you have any questions regarding this proposal.

Very truly yours,

EFPR GROUP, CPAs, PLLC




Douglas E. Zimmerman, CPA
Partner
Chief Operating Officer

DEZ:kms

Enclosure

PLEASE SUBMIT WITH ADMINISTRATIVE PROPOSAL

RFP Name: <u>Internal Controls Auditing Services</u>				
Proposal Date: <u>February 1, 2018 @ 12:00 PM ET</u>				
1	Information Regarding the Proposer's Firm:	Name: <u>EFPR Group, CPAs, PLLC</u>		
		Address: <u>6390 Main Street, Suite 200</u>		
		City, State, Zip Code: <u>Williamsville, New York 14221</u>		
		Telephone Number: <u>[REDACTED]</u>		
		Taxpayer ID: <u>[REDACTED]</u>		
		NYS Vendor ID: <u>[REDACTED]</u>		
2	Primary Contact Concerning this Proposal:	Name: <u>Douglas E. Zimmerman, CPA</u>		
		Title: <u>Partner, Chief Operating Officer</u>		
		Address: <u>6390 Main Street, Suite 200</u>		
		City, State, Zip Code: <u>Williamsville, New York 14221</u>		
		Telephone Number: <u>[REDACTED]</u>		
		Email address: <u>[REDACTED]</u>		
3	Irrevocable Offer:	The rates quoted are an irrevocable offer that is good through the execution of a contract.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4	Willingness to Perform All Services:	The Proposer is willing to, and capable of performing all of the deliverables and services described in this RFP.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5	Proposer Guarantees:	The Proposer certifies it can and will provide and make available, at a minimum, all services set forth in the RFP.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6	Proposer Warranties:	<ol style="list-style-type: none"> Proposer warrants that it is willing and able to comply with New York laws with respect to foreign (non-New York) corporations. Proposer warrants that it is willing and able to obtain an errors and omissions insurance policy providing a prudent amount of coverage for the willful or negligent acts, or omissions of any officers, employees or agents thereof. Proposer warrants that it will not delegate or subcontract its responsibilities under an agreement without the written permission of the Division. Proposer warrants that all information provided by it in connection with this proposal is true and accurate. 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

7	RFP and Contractual Requirements:	<ol style="list-style-type: none"> 1. The Proposer agrees to be bound by the Contractual Requirements found in Section 5 of the RFP. 2. The Proposer has read Section 6, Reservation of Rights, and agrees that the rights and prerogatives as detailed in that Section are retained by the Division of the Budget. 3. The Proposer has read, understands, and accepts the provisions of Appendix A, Standard Clauses for NYS Contracts, and Appendix B, Sample Contract, without change or amendment. 	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No
8	<p>By my signature on this Proposer Information and Attestation, I certify that I am authorized to bind the Proposer contractually and that the above information is true and accurate.</p> <p>Douglas E. Zimmerman, CPA</p> <hr/> <p>Typed or Printed Name of Authorized Representative of the Proposer</p> <p>Partner, Chief Operating Officer</p> <hr/> <p>Title/Position of Authorized Representative of the Proposer</p> <div style="background-color: black; width: 400px; height: 20px; margin-bottom: 5px;"></div> <p>Signature </p> <hr/> <p>January 26, 2018</p> <hr/> <p>Date</p>			

FORM 3: NON-COLLUSIVE BIDDING CERTIFICATION

In accordance with New York State Finance Law, § 139-d, by submitting its bid, each Proposer and each person signing on behalf of any other Proposer certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his or her knowledge and belief:

- 1) The prices of this bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such prices with any other Proposer or with any competitor;
- 2) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Proposer and will not knowingly be disclosed by the Proposer prior to opening, directly or indirectly, to any other Proposer or to any competitor; and
- 3) No attempt has been made or will be made by the Proposer to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

Name: Douglas E. Zimmerman, CPA

Title: Partner, Chief Operating Officer

Signature: _____

Joint or combined bids by Companies or Proposers must be certified on behalf of each participant.

Legal name of Person, Proposer or Corporation

Name: _____

Title: _____

Legal name of Person, Proposer or Corporation

Name: _____

Title: _____

FORM 4: ASSURANCES OF NO CONFLICT OF INTEREST OR DETRIMENTAL EFFECT

The Proposer offering to provide services pursuant to this RFP, as a contractor, joint venture contractor, or subcontractor, or consultant, attests that its performance of the services outlined in this RFP does not and will not create a conflict of interest with nor position the Proposer to breach any other contract currently in force with the State of New York.


Furthermore, the Proposer attests that it will not act in any manner that is detrimental to any State project on which the Proposer is rendering services. Specifically, the Proposer attests that:

- a. The fulfillment of obligations by the Proposer, as proposed in the response, does not violate any existing contracts or agreements between the Proposer and the State;
- b. The fulfillment of obligations by the Proposer, as proposed in the response, does not and will not create any conflict of interest, or perception thereof, with any current role or responsibility that the Proposer has with regard to any existing contracts or agreements between the Proposer and the State;
- c. The fulfillment of obligations by the Proposer, as proposed in the response, does not and will not compromise the Proposer's ability to carry out its obligations under any existing contracts between the Proposer and the State;
- d. The fulfillment of any other contractual obligations that the Proposer has with the State will not affect or influence its ability to perform under any contract with the State resulting from this RFP;
- e. During the negotiation and execution of any contract resulting from this RFP, the Proposer will not knowingly take any action or make any decision which creates a potential for conflict of interest or might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;
- f. In fulfilling obligations under each of its State contracts, including any contract which results from this RFP, the Proposer will act in accordance with the terms of each of its State contracts and will not knowingly take any action or make any decision which might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;
- g. No former officer or employee of the State who is now employed by the Proposer, nor any former officer or employee of the Proposer who is now employed by the State, has played a role with regard to the administration of this contract procurement in a manner that may violate section 73(8)(a) of the State Ethics Law; and
- h. The Proposer has not and shall not offer to any employee, member or director of the State any gift, whether in the form of money, service, loan, travel, entertainment, hospitality, thing or promise, or in any other form, under circumstances in which it

could reasonably be inferred that the gift was intended to influence said employee, member or director, or could reasonably be expected to influence said employee, member or director, in the performance of the official duty of said employee, member or director or was intended as a reward for any official action on the part of said employee, member or director.

Proposers responding to this Request for Proposals should note that the Division recognizes that conflicts may occur in the future because a Proposer may have existing or new relationships. The Division will review the nature of any such new relationship and reserves the right to terminate the contract for cause if, in its judgment, a real or potential conflict of interest cannot be cured.

Name, Title: Douglas E. Zimmerman, CPA, Partner, Chief Operating Officer

Signature:  Date: January 26, 2018

This form must be signed by an authorized executive or legal representative.

**FORM 5: MWBE AND EQUAL EMPLOYMENT OPPORTUNITIES
REQUIREMENTS**

**CONTRACTOR REQUIREMENTS AND PROCEDURES FOR PARTICIPATION BY
NEW YORK STATE EXECUTIVE LAW, ARTICLE 15-A (PARTICIPATION BY
MINORITY GROUP MEMBERS AND WOMEN WITH RESPECT TO STATE
CONTRACTS)**

By submitting a bid or proposal, a Proposer will be required to submit the following documents and information as evidence of compliance with the requirements and procedures established in Section 9 of this RFP:

- A. Proposer agrees to submit with the bid a Workforce Composition Plan (Form 5.1) identifying the anticipated work force to be utilized on the Contract and if awarded a Contract, will, upon request, submit to the Division, a workforce utilization report identifying the workforce actually utilized on the Contract if known.
- B. Proposers are required to submit an MWBE Utilization Plan (Form 5.2) and Notice of Intent to Participate (Form 5.3) with their bid or proposal. Any modifications or changes to the MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to the Division.
- C. The Division will review the submitted MWBE Utilization Plan and advise the Proposer of the Division's acceptance or issue a notice of deficiency within 30 days of receipt.
- D. If a notice of deficiency is issued, Proposer agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt by submitting to the Division, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by the Division to be inadequate, the Division shall notify the Proposer and direct the Proposer to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals on the Request for Waiver form. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.
- E. The Division may disqualify a Proposer as being non-responsive under the following circumstances:
 - 1. If a Proposer fails to submit a MWBE Utilization Plan;
 - 2. If a Proposer fails to submit a written remedy to a notice of deficiency;
 - 3. If a Proposer fails to submit a request for waiver; or
 - 4. If Division determines that the Proposer has failed to document good faith efforts.
- F. Proposers are required to submit a Minority and Women-owned Business Enterprise and Equal Employment Opportunity Policy Statement, Form 5.4, to the Division with its bid or proposal. If Proposer, or any of its subcontractors, does not

have an EEO Policy, the Division may require the Contractor or subcontractor to adopt the attached model statement.

Please Note: Failure to comply with the requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions of enforcement proceedings as allowed by the Contract.

Attachments:

- Form 5.1 – Workforce Composition Form
- Form 5.2 – Proposer's intended Utilization Plan for MWBE subcontractor participation. The successful Proposer will be required to formally submit the Utilization Plan within three days of notification of selection.
- Form 5.3 – Notice of Intent to Participate.
- Form 5.4 –Equal Employment Opportunity Policy Statement - If Proposer, or any of its subcontractors, does not have an existing EEO policy statement, the Division may require the Proposer or subcontractor to adopt the attached model statement.
- Form 5.5 – Request for Waiver Form.

FORM 5.1: WORKFORCE COMPOSITION FORM

INSTRUCTIONS: All Proposers submitting responses to this procurement must complete and submit this Workforce Composition Form as part of their proposal. Proposers should include only the staff that will provide services under this procurement.

Proposer Name: EFPR Group, CPAs, PLLC	Federal Identification No.: [REDACTED]
Address: 6390 Main Street, Suite 200	Procurement No.:

City, State, Zip Code: Williamsville, New York 14221

Description of Work: Internal Control Audit

Enter the total number of incumbents by race, sex, and ethnic group status in each of the EEO – Job Categories identified. See below for information regarding race/ethnicity identification and protected class group members.

EEO – JOB CATEGORY	TOTAL	MALE (M)	FEMALE (F)	WHITE		BLACK		HISPANIC		ASIAN		NATIVE AMERICAN		DISABLED		VETERAN	
				M	F	M	F	M	F	M	F	M	F	M	F	M	F
Officials/Administrators	3	3		3													
Professionals	4	3	1	3					1								
Technicians																	
Sales Workers																	
Office/Clerical																	
Craft Workers																	
Laborers																	
Service Workers																	

<p>_____ PREPARED BY (Signature) Douglas E. Zimmerman, CPA, Partner, Chief Operating Officer PRINTED OR TYPED NAME AND TITLE OF PREPARER</p>	<p>January 26, 2018 Date _____ TELEPHONE NO. _____ EMAIL ADDRESS _____</p>
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CLASS DEFINITIONS

Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Vietnam Era Veteran – A veteran who served at any time between and including January 1, 1963 and May 7, 1975.

Black (Not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.

Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

Disabled Individual – Any person having a physical or mental impairment that substantially limits one or more major life activity, has a record of such an impairment; or is regarded as having such an impairment.

FORM 5.2: MWBE UTILIZATION PLAN

INSTRUCTIONS: All Proposers submitting responses to this procurement must complete this MWBE Utilization Plan and submit it as part of their proposal. The Plan must contain a detailed description of the services to be provided by each Minority and/or Woman-Owned Business Enterprise (MWBE) identified by the Proposer.

Proposer Name: EFPR Group, CPAs, PLLC	Federal Identification No.: [REDACTED]
Address: 6390 Main Street, Suite 200	Procurement No.: [REDACTED]
City, State, Zip Code: Williamsville, New York 14221	MWBE Goals: MBE: 15% WBE: 15%

1. MWBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary.)	5. Dollar Value of Subcontracts/Supplies
A. Valles Vendiola LLP 91-31 Queens Blvd, Suite 418 Elmhurst, NY 11373 [REDACTED]	NYS ESD Certified <input checked="" type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	[REDACTED]	Provide audit services	\$ 14,625
B. Webber CPA, PLLC 17 Rutgers Street Rochester, NY 14607 [REDACTED]	NYS ESD Certified <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	[REDACTED]	Provide audit services	\$ 14,625

6. WAIVER REQUESTED: MBE: ☐ YES ☒ NO If YES, submit Attachment A-5.4. WBE: ☐ YES ☒ NO If YES, submit Attachment A-5.4.

PREPARED BY (Signature): [REDACTED]
 [REDACTED] Douglas E. Zimmerman, CPA
NAME AND TITLE OF PREPARER (Print or Type): Partner, Chief Operating Officer
DATE: January 26, 2018 **Proposer's Certification Status:** ☐ MBE ☐ WBE

TELEPHONE NO.: [REDACTED] **EMAIL ADDRESS:** [REDACTED]

SUBMISSION OF THIS FORM CONSTITUTES THE PROPOSER'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE MWBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.

*****FOR DOB USE ONLY*****

REVIEWED BY:	DATE:
UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	
MBE CERTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO WBE CERTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
WAIVER GRANTED: <input type="checkbox"/> YES <input type="checkbox"/> NO Total Waiver <input type="checkbox"/> Partial Waiver <input type="checkbox"/>	
NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	

**FORM 5.3: MWBE SUBCONTRACTORS AND SUPPLIERS NOTICE OF INTENT TO PARTICIPATE
NEW YORK STATE DIVISION OF THE BUDGET**

INSTRUCTIONS: A separate Notice of Intent to Participate must be completed by each MWBE identified on the MWBE Utilization Plan (Form 4.3). Parts A & C must be completed by the Proposer and Part B must be completed by MBE and/or WBE subcontractors/suppliers. Signed and completed form(s) must be returned as part of your proposal.

PART A

Proposer Name: EFPR Group, CPAs, PLLC
Address: 6390 Main Street, Suite 200
City, State, Zip Code: Williamsville, New York 14221

Federal Identification No.: [REDACTED]
Telephone No.: [REDACTED]
Email Address: [REDACTED]

PART B

THE UNDERSIGNED INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONNECTION WITH THE ABOVE PROCUREMENT:

Name of MWBE: Valles Vendiola LLP
Address: 94-31 Queens Boulevard, Suite 418
City, State, Zip Code: Elmhurst, New York 11373

Federal Identification No.: [REDACTED]
Telephone No.: [REDACTED]
Email Address: [REDACTED]

DESCRIPTION OF SERVICES OR SUPPLIES:

DESIGNATION: ☒ MBE Subcontractor ☐ WBE Subcontractor ☐ MBE Supplier ☐ WBE Supplier

PART C

WAIVER Requested: MBE: ☐ YES ☒ NO If YES, submit Attachment A-5.4. WBE: ☐ YES ☒ NO If YES, submit Attachment A-5.4.

THE QUALIFICATION OF THE UNDERSIGNED AS A MBE AND/OR WBE IS CONFIRMED (CHECK ONE):

☒ The undersigned is a certified MWBE by the New York State Division of Minority and Woman-Owned Business Development (MWBD) (copy of certifying letter attached).

☐ The undersigned has applied to New York State's Division of Minority and Woman-Owned Business Development (MWBD) for MWBE certification.

THE UNDERSIGNED IS PREPARED TO PROVIDE SERVICES OR SUPPLIES AS DESCRIBED ABOVE AND WILL ENTER INTO A FORMAL AGREEMENT WITH THE PROPOSER CONDITIONED UPON THE PROPOSER'S EXECUTION OF A CONTRACT WITH THE DIVISION OF THE BUDGET.

The estimated dollar amount of the agreement is: \$ 14,625

Signature of Authorized Representative of MWBE Firm

Date: 1/29/18

GILBERTO VENDIOLA, Partner
Printed or Typed Name and Title of Authorized Representative of MWBE Firm

**FORM 5.3: MWBE SUBCONTRACTORS AND SUPPLIERS NOTICE OF INTENT TO PARTICIPATE
NEW YORK STATE DIVISION OF THE BUDGET**

INSTRUCTIONS: A separate Notice of Intent to Participate must be completed by each MWBE identified on the MWBE Utilization Plan (Form 4.3). Parts A & C must be completed by the Proposer and Part B must be completed by MBE and/or WBE subcontractors/suppliers. Signed and completed form(s) must be returned as part of your proposal.

PART A

Proposer Name: EFPR Group, CPAs, PLLC

Federal Identification No.: [REDACTED]

Address: 6390 Main Street, Suite 200

Telephone No.: [REDACTED]

City, State, Zip Code: Williamsville, New York 14221

Email Address: [REDACTED]

PART B

THE UNDERSIGNED INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONNECTION WITH THE ABOVE PROCUREMENT:

Name of MWBE: Webber CPA, PLLC

Federal Identification No.: [REDACTED]

Address: 171 Rutgers Street

Telephone No.: [REDACTED]

City, State, Zip Code: Rochester, New York 14607

Email Address: [REDACTED]

DESCRIPTION OF SERVICES OR SUPPLIES:

DESIGNATION: ☐ MBE Subcontractor ☒ WBE Subcontractor ☐ MBE Supplier ☐ WBE Supplier

PART C

WAIVER Requested: MBE: ☐ YES ☒ NO If YES, submit Attachment A-5.4. WBE: ☐ YES ☒ NO If YES, submit Attachment A-5.4.

THE QUALIFICATION OF THE UNDERSIGNED AS A MBE AND/OR WBE IS CONFIRMED (CHECK ONE):

☒ The undersigned is a certified MWBE by the New York State Division of Minority and Woman-Owned Business Development (MWBD) (copy of certifying letter attached).

☐ The undersigned has applied to New York State's Division of Minority and Woman-Owned Business Development (MWBD) for MWBE certification.

THE UNDERSIGNED IS PREPARED TO PROVIDE SERVICES OR SUPPLIES AS DESCRIBED ABOVE AND WILL ENTER INTO A FORMAL AGREEMENT WITH THE PROPOSER CONDITIONED UPON THE PROPOSER'S EXECUTION OF A CONTRACT WITH THE DIVISION OF THE BUDGET.

The estimated dollar amount of the agreement is: \$ 14,625

[REDACTED]
Signature of Authorized Representative of MWBE Firm

Date: 1/26/18

MARY KAREN WEBBER
Printed or Typed Name and Title of Authorized Representative of MWBE Firm

**FORM 5.4: MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES –
EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

M/WBE AND EEO POLICY STATEMENT

I, Douglas E. Zimmerman, CPA, the (awardee/contractor) contractor agree to adopt the following policies with respect to the project being developed or services rendered at New York State Division of the Budget

M/WBE

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participations goals set by the State for that area in which the State-funded project is located, by taking the following steps:

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
- (2) Request a list of State-certified M/WBEs from AGENCY and solicit bids from them directly.
- (3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
- (4) Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
- (5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. The Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
- (6) Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

EEO

(a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.

(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex disability or marital status.

(c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.

(d) The Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. The Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

(e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

Agreed to this 26th day of January 2018

By: _____

Print: Douglas E. Zimmerman, CPA Title: Partner, Chief Operating Officer

Douglas E. Zimmerman, CPA is designated as the Minority Business Enterprise Liaison
(Name of Designated Liaison)

responsible for administering the Minority and Women-Owned Business Enterprises- Equal
Employment
Opportunity (M/WBE-EEO) program.

M/WBE Contract Goals

30% percent Minority and Women's Business Enterprise Participation

15% percent Minority Business Enterprise Participation

15% percent Women's Business Enterprise Participation




(Authorized Representative)

Title: Partner, Chief Operating Officer

Date: January 26, 2018

FORM 6.1: DIVERSITY PRACTICES QUESTIONNAIRE

I, Douglas E. Zimmerman as Partner, COO (title) of EFPR Group, CPAs, PLLC firm or company (hereafter referred to as the company), swear and/or affirm under penalty of perjury that the answers submitted to the following questions are complete and accurate to the best of my knowledge:

1. Does your company have a Chief Diversity Officer or other individual who is tasked with supplier diversity initiatives? ☒ Yes or No

If Yes, provide the name, title, description of duties, and evidence of initiatives performed by this individual or individuals. No points will be awarded if the response simply identifies an individual or individuals.

See attached

2. What percentage of your company's gross revenues (from your prior fiscal year) was paid to New York State certified minority and/or women-owned business enterprises as subcontractors, suppliers, joint-venturers, partners or other similar arrangement for the provision of goods or services to your company's clients or customers? See attached

3. What percentage of your company's overhead (i.e. those expenditures that are not directly related to the provision of goods or services to your company's clients or customers) or non-contract-related expenses (from your prior fiscal year) was paid to New York State certified minority- and women-owned business enterprises as suppliers/contractors?¹ See attached

4. Does your company provide technical training² to minority- and women-owned business enterprises? ☒ Yes or No

If Yes, provide a description of such training which should include, but not be limited to, the date the program was initiated, the names and the number of minority- and women-owned business enterprises participating in such training, the number of years such training has been offered and the number of hours per year for which such training occurs.

See attached

5. Is your company participating in a government approved minority- and women-owned business enterprise mentor-protégé program?

If Yes, identify the governmental mentoring program in which your company participates and provide government-generated evidence, such as an agreement or acceptance letter, demonstrating the extent of your company's commitment to the governmental mentoring program. Government-generated documentation supporting your company's participation in a mentoring program must be provided to receive points.

See attached

6. Does your company include specific quantitative goals for the utilization of minority- and women-owned business enterprises in its non-government procurements? Yes or ☒ No

If Yes, provide a description of such non-government procurements (including time period, goal, scope and dollar amount) and indicate the percentage of the goals that were attained.

See attached

¹ Do not include onsite project overhead.

² Technical training is the process of teaching employees how to more accurately and thoroughly perform the technical components of their jobs. Training can include technology applications, products, sales and service tactics, and more. Technical skills are job-specific as opposed to soft skills, which are transferable.

7. Does your company have a formal minority- and women-owned business enterprise supplier diversity program? Yes or No
If Yes, provide documentation of program activities and a copy of policy or program materials.
See attached

8. Does your company plan to enter into partnering or subcontracting agreements with New York State certified minority and women-owned business enterprises if selected as the successful respondent?
Yes or No
If Yes, complete the attached Utilization Plan
See attached

All information provided in connection with the questionnaire is subject to audit and any fraudulent statements are subject to criminal prosecution and debarment.

Signature of
Owner/Official

Printed Name of
Signatory

Title

Name of Business

Address

City, State, Zip

Douglas E. Zimmerman, CPA

Partner, Chief Operating Officer

EFPR Group, CPAs, PLLC

6390 Main Street, Suite 200

Williamsville, New York 14221

STATE OF New York

COUNTY OF Erie) ss:

On the 26th day of January, 2018, before me, the undersigned, a Notary Public in and for the State of New York, personally appeared Douglas E. Zimmerman, CPA, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this certification and said person executed this instrument.

Deborah A Schall

Notary Public

DEBORAH A SCHALL
Notary Public, State of New York
Registration No. 01SC5034524
Qualified in Erie County
My Commission Expires November 07, 2018

FORM 6.1: DIVERSITY PRACTICES QUESTIONNAIRE

1. Does your company have a Chief Diversity Officer or other individual who is tasked with supplier diversity initiatives? If Yes, provide the name, title, description of duties, and evidence of initiatives performed by this individual or individuals.

[Redacted]

2. What percentage of your company's gross revenues (from your prior fiscal year) was paid to New York State certified minority and/or women-owned business enterprises as subcontractors, suppliers, joint-venturers, partners or other similar arrangement for the provision of goods or services to your company's clients or customers?

[Redacted]

3. What percentage of your company's overhead (i.e. those expenditures that are not directly related to the provision of goods or services to your company's clients or customers) or non-contract-related expenses (from your prior fiscal year) was paid to New York State certified minority-and women-owned business enterprises as suppliers/contractors?

[Redacted]

4. Does your company provide technical training to minority- and women-owned business enterprises? If yes, provide a description of such training which should include, but not be limited to, the date the program was initiated, the names and the number of minority- and women-owned business enterprises participating in such training, the number of years such training has been offered and the number of hours per year for which such training occurs.

[Redacted]

5. Is your company participating in a government approved minority- and women-owned business enterprise mentor-protégé program? If yes, identify the governmental monitoring program in which your company participates and provide government-generated evidence, such as an agreement or acceptance letter, demonstrating the extent of your company's commitment to the governmental mentoring program. Government-generated documentation supporting your company's participating in a mentoring program must be provided to receive points.

[REDACTED]

6. Does your company include specific quantitative goals for the utilization of minority- and women-owned business enterprises in its non-government procurements? If yes, provide a description of such non-government procurements (including time period, goal, scope and dollar amount) and indicate the percentage of the goals that were attained.

[REDACTED]

7. Does your company have a formal minority- and women-owned business enterprise supplier diversity program? If yes, provide documentation of program activities and a copy of policy or program materials.

[REDACTED]

[REDACTED]

8. Does your company plan to enter into partnering or subcontracting agreements with New York State certified minority and women-owned business enterprises if selected as the successful respondent?

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

FORM 7: VENDOR RESPONSIBILITY QUESTIONNAIRE INSTRUCTIONS

A contracting agency is required to conduct a review of a prospective contractor (and each subcontractor whose anticipated fees for the project are estimated to be over \$100,000) to provide reasonable assurances that the vendor is responsible. The Division of the Budget recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <http://www.osc.state.ny.us/vendrep/index.htm>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website <http://www.osc.state.ny.us/vendrep/> or may contact the Division of the Budget or the Office of the State Comptroller's Help Desk for a copy of the paper form.

This questionnaire is designed to provide information to assist a contracting agency in assessing a vendor's responsibility prior to entering into a contract with the vendor. Vendor responsibility is determined by a review of each Proposer or Proposer's authorization to do business in New York, business integrity, financial and organizational capacity, and performance history.

Contractors (and subcontractors) must answer every question in the questionnaire and where appropriate additional information may be required for the questionnaire to be complete and accurate. The completed questionnaire and responses will become part of the procurement record.

It is imperative that the person completing the vendor responsibility questionnaire be knowledgeable about the proposing contractor's business and operations as the questionnaire information must be attested to by an owner or officer of the vendor.

Vendor Responsibility Questionnaire Requirement:

The Proposer has (Please check the appropriate box):

☒ Certified and filed the Vendor Responsibility Questionnaire on-line via the New York State VendRep System; **OR**

☐ Included a properly executed paper copy of the Vendor Responsibility Questionnaire with the Administrative Proposal.

PROCUREMENT LOBBYING FORM

1. Offerer/Proposer certifies that it understands and agrees to comply with the procedures of the NYS Division of the Budget relative to permissible contacts as required by State Finance Law Section 139-j (3) and Section 139-j (6) (b).

2. CONTRACTOR DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS
Pursuant to Procurement Lobbying Law (SFL §139-j)

- (a) Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years?
☐ Yes ☒ No

If yes, please answer the following question:

- (b) Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j?
☐ Yes ☐ No

If "Yes" was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a governmental entity?

☐ Yes ☐ No

If "Yes", please provide details regarding the finding of non-responsibility:

Governmental Entity: _____

Date of Finding of Non-Responsibility: _____

Basis of Finding of Non-Responsibility (attach additional sheets as necessary)

3. Has any governmental entity terminated or withheld a procurement contract with the above-named individual or entity due to the intentional provision of false or incomplete information?
☐ Yes ☒ No

If yes, provide details:

Governmental Entity: _____

Date of Termination or Withholding of Contract: _____

Basis of Termination or Withholding: (add additional pages if necessary)

4. Offerer/Proposer certifies that all information provided to the Division of the Budget, with respect to State Finance Law Section 139-k is complete, true and accurate.

Name of Offerer's Firm/Company: EFPR Group, CPAs, PLLC

Offerer's Business Address: 6390 Main Street, Suite 200, Williamsville, New York 14221

Offerer's signature: _____ Date: January 26, 2018

I understand that my signature represents that I am signing and responding to all certifications listed above.

Print Name: Douglas E. Zimmerman, CPA

Title of Person signing this form: Partner, Chief Operating Officer

FORM 9: DISCLOSURE OF PENDING OR PRIOR LAWSUITS

Disclosure of Pending or Prior Lawsuits must be documented and submitted with the Administrative Proposal. Please include the following information:

- A. Proposers must provide a list of any legal proceedings or investigations concerning the Proposer over the last five (5) years, if any, including the nature and outcome of any lawsuit if litigation is complete. Proposers must also specifically note any prior or pending lawsuit(s) or litigation between the Proposer and any New York State department, agency, board, or commission, if any. The nature of the lawsuit and its outcome, if litigation is complete, should be described briefly below.

Does the Proposer have any information pertaining to the above that must be disclosed? If Yes, the Proposer must disclose the requisite information as part of the Proposer's Administrative Proposal.

Yes _____ No X _____

- B. Disclose any existing or contemplated relationship with any other person or entity, including relationships with any member, shareholders of 5% or more, parent, subsidiary, or affiliated firm, which would constitute an actual or potential conflict of interest or appearance of impropriety, relating to other clients/customers of the Proposer or former officers and employees of the Agencies and their Affiliates, in connection with your rendering services enumerated in this RFP. If a conflict does or might exist, please describe how your Firm would eliminate or prevent it. Indicate what procedures will be followed to detect, notify the Agencies of, and resolve any such conflicts.

Does the Proposer have any information pertaining to the above that must be disclosed? If Yes, the Proposer must disclose the requisite information as part of the Proposer's Administrative Proposal.

Yes _____ No X _____

- C. The Proposer must disclose whether it, or any of its members, shareholders of 5% or more, parents, affiliates, or subsidiaries, have been the subject of any investigation or disciplinary action by the New York State Commission on Public Integrity or its predecessor State entities (collectively, "Commission"), and if so, a brief description must be included indicating how any matter before the Commission was resolved or whether it remains unresolved.

Does the Proposer have any information pertaining to the above that must be disclosed? If Yes, the Proposer must disclose the requisite information as part of the Proposer's Administrative Proposal.

Yes _____ No X _____

FORM 10: FREEDOM OF INFORMATION LAW REDACTION REQUEST

The Proposer should indicate below if there is specific information in a Proposer's proposal that a Proposer claims to be proprietary and/or trade secret information that meets the definition set forth in Section 87(2)(d), the Proposer should provide a letter in its Administrative Proposal outlining any specific concerns regarding disclosure under the New York State Freedom of Information Law (Article 6 of the Public Officers Law).

Is the Proposer submitting a Freedom of Information Law Redaction request? If Yes, Proposer should include the specific details of its request as part of the Proposer's Administrative Proposal.

Yes _____ No X _____