



TIMELINE

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INSURANCREQUIREMENTS

The vendor agrees to obtain and maintain General Liability Insurance, in **Quating** ehensive Form, **Emises** Operations, Products/Completed Operations, Blanket Broad Form Contractual, Independent Contractors, and Broad FormtiorantioL5ds,



Statutory Compliance

The successful respondent will be required to agree with the following:

The vendor will covenant and agreecomply in all respects with all Federal, State, and County Wahirsh pertain hereto, including but not limited to Worker's Compensation and Employers' Liability Insurance, hours of employment, wages, non-discrimination, and human rights.

The vendor and subcontractor(s) shall abide by the regulatio 4s of FR 60-741.5 (a) nd 41 CFR 60-300.5 (a) This regulation prohibits discriminan against qualified protected veterans and



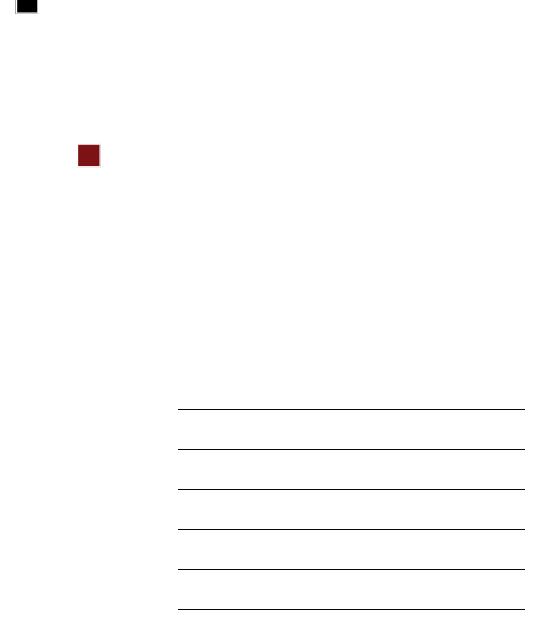
Violation		





ATTACHMENT2: CONFLICTOF INTEREST STATEMENT

The vendoroffering toprovide services coording to this solicitation as a contractor, joint venture contractor, subcontractor, or consultant, attests that its performance of the services outlined this solicitation does not and will not create aconflict of interest with nor position the vendor to breachany other





ATTACHMENT4: COSTPROPOSALTRANSMITTAL SHEET

NAME OF VENDOR: (Legalnameasit would appear on a contract)						
MAILINGADDRESS: (StreetaddressP.O.Box,City,State,ZIPCode)						
FEDERALEMPLOYEEIDENTIFICATIONNUMBER:						
IF NYS CERTIFIED: MINORITY BUSINESSENTERPRISĘMBE) WOMAN BUSINESSENTERPRISĘWBE)						
PERSONAUTHORIZEDTO ACT AS THE CONTACTFORTHIS FIRMIN MATTERSREGARDINGTHIS PROPOSAL:						
PRINTEDNAME: (FirstName,LastName)	TITLE:					
TELEPHONENUMBER: FAXNUMBER:	E Meall Address:					
PERSONAUTHORIZEDTO OBLIGATETHIS FIRMIN MATTERSREGARDINGTHIS PROPOSALOR THE RESULTING CONTRACT:						
PRINTEDNAME: (FirstName,LastName) TITLE:						
TELEPHONENUMBER: FAXNUMBER:	E Meail Address:					
IF CORPORATIONNAME AND TITLEOF PERSONAUTHORIZED BY THE BOARD OF DIRECTORS OSIGNTHIS PROPOSALON BEHALFOFTHEBOARD:						
PRINTEDNAME: (FirstName,LastName) TITLE:						
SIGNATUR E OF VENDOROR AUTHORIZED	DATE					
SIGNATORE VENDORORAGITIONIZED	DATE					

By signing this form, the abovevendor or authorized epresentative attests that the proposal price submitted will remain valid for a minimum of 900. Rtd 0-8,04 0 Td <09R5BQ 0.0003>Tj /TT4 1 Tfda /TT4 1 Tf 0.198