



ERIE COUNTY WATER AUTHORITY

INTEROFFICE MEMORANDUM

July 30, 2019

To: Audit Committee Members Schad, Carney, and Jones

From: Karen A. Prendergast, Chief Financial Officer *KAP*

Subject: Request for Proposals for Independent Accounting & Audit Services

The Authority's contract with Drescher & Malecki has expired and all extensions exhausted. Please review the attached Request for Proposal (RFP) for Independent Accounting & Audit Services. I would like permission to issue the attached RFP to the listed firms. It includes financial statement audit services for the years ending 2019, 2020, and 2021 with options to extend the contract through 2022 & 2023.

I have also included requests for pricing on assistance with bond issuance, agreed upon procedure (AUP) engagements at the request of the Board, and assistance in implementing new Governmental Accounting Standard Board statements if requested.

The time table in the RFP requires responses by August 29 with the intention of circulating responses to the Audit Committee in time for a September 19, Audit Committee meeting to address any questions.

Please consider a recommendation to the Board to issue the attached RFP at the Audit Committee meeting of August 8, 2019.

cc T. McCracken
M. Murphy
J. Tomaka

ERIE COUNTY WATER AUTHORITY

Request for Proposal for Independent Accounting & Audit Services

Project No: 201900184



Erie County Water Authority
295 Main Street, Rm. 350
Buffalo, NY 14203-2494

Contact:
Karen A. Prendergast
Chief Financial Officer
Telephone: (716) 849-8461
E-mail: kprendergast@ecwa.org

**REQUEST FOR PROPOSALS (RFP) FOR
AUDIT SERVICES**

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REQUEST FOR PROPOSALS AUDIT SERVICES

The Erie County Water Authority (the Authority) is a public benefit corporation created in 1949 by an Act of the New York Legislature to provide potable water to the residents of Erie County. The Authority is financially self-sustaining, paying all operating expenses from revenues generated by the sale of water to 170,648 customers. The Authority is not a component unit of either New York State or Erie County.

The activities of the Authority are reported in conformity with governmental accounting and financial reporting principles of the Government Accounting Standards Board (GASB) and are accounted for similar to those often found in the private sector using the flow of economic resources measurement focus and the accrual basis of accounting. All assets, deferred outflows, liabilities, deferred inflows, net position, revenues and expenses are accounted for through a single enterprise fund with revenues recorded when earned and expenses recorded at the time liabilities are incurred.

A. Introduction

The Authority is seeking proposals from independent Certified Public Accountant firms (Respondents) to provide audit services to the Authority. The Authority seeks a three (3) year contract with the option of two (2) one (1) year mutually agreed extensions for the purpose of,

- 1) Conducting an examination of our financial affairs for each of the fiscal years ending December 31, 2019, 2020 and 2021, with the purpose of expressing an opinion on the Authority's Financial Statements;
- 2) Reviewing the Authority's accounting and internal control systems and making recommendations for improvement;
- 3) Providing advice and consultation on financial matters as requested by Authority management; and
- 4) Providing services related to debt issuance during the engagement period.

There has been no disagreement with our current auditors on any matter of accounting principle or practice, financial statement disclosure, or audit scope procedure. Our current independent accounting firm has been included in the distribution of this request for proposal.

B. Scope of Services

The Erie County Water Authority is accepting proposals to provide audit and accounting advisory services for each of its fiscal years ending December 31, 2019, 2020 and 2021. Services will include, but are not limited to:

- 1) Audit of Authority financial statements in accordance with generally accepted auditing standards;
- 2) Audit of Schedule of Cash & Investments and Income from Cash & Investments and expression of an opinion on same. The 2018 Schedule can be found on our website (https://ecwa.org/pdf/PublicationsReports/010_Annual_Investment_Reports.pdf) ;
- 3) Audit of investment practices in compliance with §2925 of the Public Authority's Law including an internal control review, compliance with the authority's own investment policies, and a statement of positive assurance of compliance on the items tested and a statement of any other material deficiency or finding;
- 4) Examination of the Schedule of Overhead Percentage resulting in the expression of an opinion on the overhead methodology and components used to arrive at the overhead percentage. The 2018 Schedule can be found on our website (https://ecwa.org/pdf/PublicationsReports/Schedule_Of_Overhead_Percentage.pdf)
- 5) A presentation to the Audit Committee on the results of the annual audit, including procedures followed and comments on any material items noted during the examination; and
- 6) Assistance in compilation of the Authority's Comprehensive Annual Financial Report (CAFR) for submission to the Government Finance Officers Association Certificate of Achievement for Excellence in Financial Reporting. The 2018 CAFR can be found on our website (https://www.ecwa.org/files/pdf/ecwa_12_31_18_cafr.pdf)
- 7) Provide approximately 20 bound copies of the CAFR, Basic Financial Statements, Investment Audit, and Statement of Overhead Percentage.

Additional services which could be requested by the Authority include;

- 1) Assistance in debt issuance as required by the underwriter;
- 2) Agreed upon procedures requested by the Board upon the appointment of a new member; and
- 3) Implementation or assessment of new Governmental Accounting Standards Board statements.

All reports must be completed by March 25th of the following year to allow the Authority to comply with New York State Public Authorities Law reporting deadline which is March 31st each year. The Authority also requires all reports in a PDF format so that they can be posted on the Authority's website.

C. Estimated Timetable

August 08, 2019	Distribute Requests for Proposals
August 29, 2019	Responses to proposals must be received by 5:00 pm
September 11, 2019	Evaluation completed by selection committee
October 3, 2019	Recommendation by Audit Committee to Board of Commissioners

The Independent Certified Public Accountant selected will be notified after the Audit Committee of the Board of Commissioners has made an award of contract.

D. Proposal Format

Proposals must include the following:

- 1) Engagement timing including interim and year end field work;
- 2) A brief description of your firm and its areas of expertise including specific public sector or public authority experience and a list of references;
- 3) A list of personnel to be assigned to the engagement noting any governmental audit experience and the name of the individual to who we should direct any questions about the proposal;
- 4) Estimated number of total hours for the engagement;
- 5) A fee quotation by year including any out-of-pocket expenses;
- 6) Hourly or fixed billing rates for each year for additional services outlined in Section B;
- 7) A list of clients receiving the GFOA Certificate of Excellence in Financial Reporting;
- 8) A list of membership in professional associations or organizations;
- 9) Any potential conflict of interest your firm may have or encounter if selected by the Authority, and the firm's procedure for resolving conflicts of interest;
- 10) Please provide information regarding how information provided to your firm in conjunction with audit testing is protected and if your firm carries cyber liability insurance.

E. Submission of Proposal

One original and five additional copies of your response must be submitted in a sealed envelope, containing the following;

Proposal For: AUDIT SERVICES

Submitted To: ERIE COUNTY WATER AUTHORITY AUDIT COMMITTEE

Submitted By: RESPONDENT'S NAME
MAILING ADDRESS
PRIMARY CONTACT PERSON
RESPONDENT'S TELEPHONE NUMBER
DATE SUBMITTED

- Any changes to the request will be communicated in writing to all firms who receive this RFP.
- All responses to the RFP must be received by the Authority no later than 5:00 pm on August 29, 2019 at the following address:

Erie County Water Authority
295 Main St., Rm. 350
Buffalo, NY 14203
- Respondent must include a completed copy of Form A, B & C in Appendix A2 as required by State Finance Law §§139-j and 139-k.
- Respondent's Certification in Appendix A3 must be completed and included with the submission.
- All responses to the RFP become the property of the Erie County Water Authority.
- The Authority reserves the right to reject any responses to the RFP. The award will be made to the firm whose appointment is deemed to be in the best interest of the Authority in its sole discretion.
- The Authority reserves the right to request additional information from any Respondents to assist it in its evaluation process.

- Any questions regarding the RFP should be addressed by email or in writing to:

Karen A. Prendergast
295 Main St, Rm 350
Buffalo NY 14203

kprendergast@ecwa.org

- The Authority reserves the right to distribute any questions and responses to all firms receiving the request for proposal.
- Respondent, its agents and/or associates shall refrain from contacting or soliciting any other Erie County Water Authority official, including Commissioners and employees of the Authority, regarding the selection of an Independent Certified Public Accountant during the RFP process. Failure to comply may disqualify the respondent, at the option of the Authority.

F. Evaluation and Selection Process

- The Audit Committee will review all accepted responses to the RFP and will have the option of requesting an oral presentation from any or all responding firms. The Authority will notify the firm if an oral presentation is required.
- The Audit Committee or its representative may contact a respondent for additional information.
- The Chairman of the Audit Committee will report to the Board of Commissioners the results of the evaluation process at which time the Board will vote on the selection.
- At the time of the award, the successful respondent must comply with the Authority's insurance requirements in Appendix A1.
- The Respondent to whom the contract is awarded shall be required to enter into a professional services contract approved by the Authority's legal counsel. The Authority reserves the right to negotiate the terms and conditions of the contract with the selected Respondent.
- The RFP and the response to the RFP, or any part thereof, may be incorporated into and made a part of the final contract.
- Should the Authority be unable to negotiate a satisfactory contract with the selected firm, negotiations with that firm shall be formally terminated and consideration may be given to another respondent.

- The Authority shall have the right to terminate the contract without cause in a written notice to the firm at least sixty (60) working days before the termination date. In this event, the firm shall be entitled to just and equitable compensation for any work completed.
- The firm shall not assign any interest in this agreement and shall not transfer any interest in the same without prior written approval of the Authority.

**THE ERIE COUNTY WATER AUTHORITY IS UNDER NO OBLIGATION
TO AWARD A PROFESSIONAL SERVICE CONTRACT TO THE
LOWEST COST RESPONDENT OR ANY RESPONDENT.**

APPENDIX A1
INSURANCE REQUIREMENTS

Erie County Water Authority Insurance Requirements for Professional Services

Project Number: 201900184

Description: Audit the Authority's financial statements for years ending December 31, 2019, 2020 & 2021 in accordance with Generally Accepted Auditing Standards. Upon request, assist in bond issuance activities, and GASB implementation.

The following minimum insurance requirements shall apply to professional service providers under agreement with the Erie County Water Authority (ECWA). The professional service provider carries relevant insurance for the services covered. If at anytime, in the opinion of ECWA, there is an unusual or exceptional risk, ECWA may establish additional insurance requirements for the duration of the agreement. All insurance required herein shall be obtained at the sole cost and expense of the professional service provider, including deductibles and self-insured retentions. These requirements include but are not limited to the minimum insurance requirements.

An X indicates insurance coverage is required.

X **Commercial General Liability Insurance:** (including, but not limited to, Bodily (Personal) Injury, Premises Operations, Property Damage Liability (broad form), Contractual Liability, Advertising Injury, Independent Contractors, Product Liability, and Completed Operations Liability – in an amount not less than \$1,000,000 combined single limit and \$2,000,000 in the aggregate:

X **Per Policy**

___ **Per Project or Job**

___ **Per Location**

There should be no exclusions for any claims filed, actual or alleged, for violation of any applicable statute including, but not limited to, the New York State or federal labor laws, ordinances, administrative orders, executive orders, rules, regulations, or decrees of any court of competent jurisdiction.

X **Commercial Business Automobile Insurance** in an amount of not less than \$1,000,000 each accident and shall cover liability arising out of any automobile owned, leased, hired, borrowed and non-owned automobiles. Additionally, if vehicles are used for transporting hazardous materials, the contractor shall obtain and maintain the “broadened” coverage (endorsement CA 99 48 10 01 or CA 99 48 12 93), as well as proof of MCS 90 04 00.

Fidelity Bond:

Any vendor with access to ECWA financial systems must provide a Fidelity Bond in the amount of at least Five Hundred Thousand and 00/100 Dollars (\$500,000.00) through a responsible Surety Company naming ECWA as third (3rd) party to the Bond, with respect to all of vendor's employees, as may be necessary to protect against losses, including, without limitation, those arising from theft, embezzlement, fraud, or misplacement of funds, money, or documents. Coverage must extend to any losses incurred by ECWA due to theft, embezzlement or fraud by vendor, vendor's employees or subcontractors. Vendor shall notify ECWA in writing within five (5) days of filing a claim under such coverage and to assign to the Authority, as the case may be, the proceeds of such coverage allocable to losses suffered with respect to the property of ECWA.

X Workers' Compensation and Employers' Liability and New York State Disability Benefits Insurances, as required by New York State statute.

Certificates of Insurance and renewals, on forms approved by the New York State Department of Insurance, must be submitted to ECWA prior to the award of contract. Each insurance carrier issuing a Certificate of Insurance shall be rated by A. M. Best no lower than "A-" with a Financial Strength Code (FSC) of at least VII. The professional service provider shall name ECWA, its officers, agents and employees as additional insured on a Primary and Non-Contributory Basis, including a Waiver of Subrogation endorsement (form CG 20 26 11 85 or equivalent), on all applicable liability policies. Any liability coverage on a "claims made" basis should be designated as such on the Certificate of Insurance.

To avoid confusion with similar insurance company names and to properly identify the insurance company, please make sure that the insurer's National Association of Insurance Commissioners (N.A.I.C.) identifying number or A. M. Best identifying number appears on the Certificate of Insurance.

Acceptance of a Certificate of Insurance and/or approval by ECWA shall not be construed to relieve the professional service provider of any obligations, responsibilities or liabilities.

Certificates of Insurance should be e-mailed to AALESSI@ECWA.ORG, or mailed to Mr. Anthony Alessi, ECWA Claims Representative/Risk Manager, Erie County Water Authority, 295 Main Street – Room 350, Buffalo, New York 14203-2494, or If you have any questions you can contact Mr. Alessi by e-mail or phone (716) 849-8477.

Please refer to the bid and the contract document(s) for additional information regarding insurance requirements.

Understanding New York Workers Compensation Board Workers Compensation and N.Y.S Disability Benefits Liability

This is a brief description for governmental organizations to validate vendor workers compensation and NYS Disability Benefits coverage. These requirements should be used when applying for permits, licenses or secure contracts. Copies should be obtained not only at the initial issuance but at renewal as well. A full instruction manual can be obtained from the Workers Comp Board.

The forms discussed are:

1) Form CE-200- Affidavit of Exemption (obtain at: www.wcb.state.ny.us/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp)

- Acceptable proof that the business listed is exempt from providing workers' compensation and/or disability insurance coverage.

2) Workers Compensation

- Form C-105.2: Certificate of Workers Compensation (WC) (Obtain from your insurance agent)
 - All private NYS licensed workers' compensation carriers are required to issue the C-105.2.
- Form SI- 12: Certificate of WC when self-insured. (Obtain from workers compensation board)
 - Only the Self-Insurance Office of the Workers' Compensation Board issues the SI-12. The Self-Insurance Office can be contacted at **518-402-0247**. **Only one legal name and Federal Employer Identification Number can be listed on each Form SI-12. (Multiple legal entities must not be listed.)**
- Form GSI- 105.2: Certificate of WC when participating in a group self-insured program.
 - The self-insurance administrator of the group completes the form.
- Form U-26.3: Certificate of WC
 - Acceptable proof that the business has workers' compensation coverage through the New York State Insurance Fund. Only available through (NYSIF).

3) New York State Disability Benefits Law (DBL)

- Form DB-120.1: Certificate of DBL Insurance (obtain from workers compensation board)
 - The DB-120.1 must be completed by either the NYS statutory disability benefits insurance carrier, or a licensed NYS insurance agent of that carrier. The form can be obtained by contacting the Bureau of Compliance. (certificates@wcb.state.ny.us)
- Form DB-155: Certificate of DBL Self-Insurance
 - The Self-Insurance Office of the Workers' Compensation Board issues the DB-155. The Board's secretary will approve the DB-155. The Self-Insurance Office can be contacted at **518-402-0247**.

4) Exemption 1, 2, 3, or 4 Family, Owner Occupied residence (<http://www.wcb.state.ny.us/content/main/forms/bp-1.pdf>)

NOTE: ACORD Certificates of Insurance are not acceptable proof. Must use one of the forms noted above:

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

SAMPLE

Form SI-12



STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
SELF-INSURANCE OFFICE
20 PARK STREET - ROOM 206
ALBANY, NY 12207



(518) 402-0247
FAX (518) 402-6199

COMPLIANCE WITH DISABILITY BENEFITS LAW
(Pursuant To Section 220, subd. 8 of the Disability Benefits Law)

EMPLOYER	FEDERAL EMPLOYER IDENTIFICATION NUMBER
	LOCATION OF OPERATION
ADDRESS (HOME OR MAIN OFFICE)	OPERATIONS TO BE REPORTED OR ABOUT:

There are on file with the Workers' Compensation Board, documents indicating that the above-named employer has complied with the Disability Benefits Law with respect to all of his or her employees in the following manner:

- By approved self-insurance pursuant to Section 211, subdivision 3 of the Disability Benefits Law.
- By a combination of approved self-insurance pursuant to Section 211, subdivision 3 of the Disability Benefits Law and insurance with authorized insurance carrier(s).

Date:

By: _____
Gina Wagoner
WC Examiner

DB-155 (1/04)

THIS AGENCY EMPLOYS & SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
**CERTIFICATE OF PARTICIPATION IN WORKERS' COMPENSATION
GROUP SELF-INSURANCE**

1a. Legal Name and Address of Business Participating in Group Self-Insurance (Use Street Address Only)	1d. Business Telephone Number of Business referenced in box "1a"
	1e. NYS Unemployment Insurance Employer Registration Number of Business referenced in box "1a"
1b. Effective Date of Membership in the Group	
1c. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded	1f. Federal Employer Identification Number of Business referenced in box "1a"
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as Certificate Holder)	3. Name and Address of Group Self-Insurer

This certifies that the business referenced above in box "1a" is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law as a participating member of the Group Self-Insurer listed above in box "3" and participation in such group self-insurance is still in force. The Group Self-Insurer's Administrator will send this Certificate of Participation to the entity listed above as the certificate holder in box "2".

The Group Self-Insurer's Administrator will notify the above certificate holder within 10 days IF the membership of the participant listed in box "1a" is terminated. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for a maximum of one year from the date certified by the group self-insurer.

If this certificate is no longer valid according to the above guidelines and the business referenced in box "1a" continues to be named on a permit, license or contract issued by the certificate holder, the business must provide the certificate holder either with a new certificate or other authorized proof the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative of the Group Self-Insurer referenced above and that the business referenced in box "1a" has the coverage as depicted on this form.

Certified by: _____
(Print name of authorized representative of the Group Self-Insurer)

Certified by: _____
(Signature) (Date)

Title: _____

Telephone Number: _____

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier

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

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

This form cannot be used to waive the workers' compensation rights or obligations of any party.

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

<p><i>Sworn to before me this _____ day of</i></p> <p>_____, _____</p> <p>_____ <i>(County Clerk or Notary Public)</i></p>
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Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

STATE OF NEW YORK - WORKERS' COMPENSATION BOARD
ESTADO DE NUEVA YORK - JUNTA DE COMPENSACION OBRERA
NOTICE OF COMPLIANCE
WORKERS' COMPENSATION LAW

AVISO DE CUMPLIMIENTO
LEY DE COMPENSACION OBRERA
A EMPLEADOS

IMPORTANT INFORMATION FOR EMPLOYEES WHO ARE INJURED OR SUFFER AN OCCUPATIONAL DISEASE WHILE WORKING.

INFORMACION IMPORTANTE PARA EMPLEADOS QUE SEAN LESIONADOS O SUFRAN UNA ENFERMEDAD OCUPACIONAL MIENTRAS TRABAJAN.

1. By posting this notice and information concerning your rights as an injured worker, your compliance with the Workers' Compensation Law.
2. If you do not notify your employer within 30 days of the date of your injury your claim may be disallowed, so do so immediately.
3. You are entitled to obtain any necessary medical treatment and should do so immediately.
4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers Compensation patients and is Board authorized. However, if your employer is involved in a certified preferred provider organization (PPO) you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.
5. You should tell your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and with your employer's insurance company, which is indicated at the bottom of this form.
6. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work.
7. You should not pay any medical providers directly. They should send their bills to your employers insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.
8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire a representative do not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.
9. If you have difficulty in obtaining a claim form or need help in filling it out or if you have any other questions or problems about a job-related injury, contact any office of the Workers' Compensation Board.

1. Su patrono esta cumpliendo la Ley de Compensacion Obrera cuando despliega este comunicado concerniente a sus derechos como trabajador lesionado.
2. Si usted no notifica a su patrono dentro del termino de 30 dias de haber sufrido su lesion su reclamacion podria ser desestimada, por eso notifique inmediatamente.
3. Usted tiene derecho a recibir cualquier tratamiento medico necesario relacionado con su lesion y debe gestionarlo inmediatamente.
4. Para el tratamiento de cualquier lesion o enfermedad relacionada con el trabajo usted puede escoger cualquier medico, podiatra, quiropractico o psicologo (si es referido por un medico autorizado) que esta autorizado y acepte pacientes de la Junta de Compensacion Obrera. Sin embargo, si su patrono esta autorizado a participar en una organizacion certificada de proveedores preferidos (PPO), usted debera obtener tratamiento inicial con cualquier lesion o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en cualquiera de estos programas establecidos por ley estan obligados a proveer a sus empleados notificacion escrita explicando sus derechos y obligaciones bajo el programa que este acogido.
5. Usted debera recomendarle su Medico que radique copias de los informes medicos de su caso en la Junta de Compensacion Obrera y en la compania de seguros de su patrono, que se indica al final de esta forma.
6. Usted tiene derecho a compensacion si su lesion relacionada con el trabajo le impide trabajar por mas de siete dias, le obliga a trabajar a sueldo mas bajo o resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitacion si necesita ayuda para regresar al trabajo.
7. No pague a ningun proveedor medico directamente por tratamiento de su lesion o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrono. Si el caso es cuestionado, el proveedor debera esperar hasta que la Junta decida el caso, antes de iniciar gestion de cobro alguna contra usted. Si usted no tramita su caso o la Junta con el trabajo, usted podria ser responsable del pago de las facturas.
8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abogado o por representante licenciado si usted asi lo desea. Si es representado, no pague al abogado o al representante licenciado. Cuando la Junta decida su caso, los honorarios seran determinados por la Junta y descontados de sus beneficios.
9. Si tiene dificultad en conseguir un formulario de reclamacion o necesita ayuda para llenarlo o tiene dudas sobre cualquier situacion relacionada con una lesion o enfermedad comunicuese con la oficina mas cercana de la Junta.

WORKERS' COMPENSATION BOARD OFFICES

- Albany, 12241 - 100 Broadway-Menands - (866) 750-5157
- Brooklyn, 11201 - Ill Livingston St. - Brooklyn - (800) 877-1373
- Binghamton, 113901 - State Office Bldg. - 44 Hawley St. - (866) 802-3604
- Buffalo, 14202 - Statler Tower, 107 Delaware Ave. - (866) 211-0645
- *Hempstead, 11788 - 220 Rabro Drive - Suite 100 - (866) 681-5354
- *Hempstead, 11550 - 175 Fulton Avenue - (866) 805-3630
- New York, 10027 - 215 W. 1125th St., Manhattan - (800)-877-1373
- Peekskill, 10566 - 41 North Division St. (866) 746-0552
- Queens, 11432 - 168-46 91st Ave., Jamaica (800) 877-1373
- Rochester, 14614 - 130 Main Street West - (866) 211-0644
- Syracuse, 13203 - 935 James St. - (866) 802-3730

***DOWNSTATE MAIL ADDRESS**

Claims-related mail for the Hauppauge, Hempstead, Peekskill and all NYC offices should be mailed to:
 PO Box 5205 Binghamton, NY 13902-5205


 ARY S. WEISS CHAIR/PRESIDENT ZACH

Workers' Compensation benefits, when due, will be paid by

(Los beneficios de Compensacion Obrera, cuando debidos, seran pagados por):

SAMPLE

Effective From _____ To _____
 (En vigor Desde) (Hasta Cancellation)

Policy No. _____
 (Poliza No.)

Name of employer (Nombre del patrono)

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS

C-105(4-09)
 S.I.F. U-30e
 "U30SIF/SN"

PRESCRIBED BY CHAIR
 WORKERS' COMPENSATION BOARD
 STATE OF NEW YORK

www.web.state.ny.us

Failure by an employer to post this notice in and about the employer's place or places of business may result in a \$250 penalty for each violation.

**Erie County Water Authority
ACORD Endorsement Samples**

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

APPENDIX A2

REQUIRED FORMS A, B AND C

Pursuant to State Finance Law §§139-j and 139-k, this solicitation includes and imposes certain restrictions on communications between a Governmental Entity and an Offeror/bidder during the procurement process. An Offeror/bidder is restricted from making contacts from the earliest notice of intent to solicit offers, August 22, 2019 through final award and approval of the Procurement Contract by the Governmental Entity. The designated contact is identified on the cover page of this solicitation. Governmental Entity employees are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the Offeror/bidder pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two findings within a 4-year period, the Offeror/bidder is debarred from obtaining governmental Procurement Contracts. Further information about these requirements can be found in §§ 139-j and 139-k of the New York State Finance Law and the Erie County Water Authority's Procurement Disclosure Policy.

FORM A

Offerors Affirmation of Understanding of and Agreement Pursuant to State Finance Law §139-j (3) and §139-j (6) (b)

Instructions:

A Governmental Entity must obtain the required affirmation of understanding and agreement to comply with procedures on procurement lobbying restrictions regarding permissible Contacts in the restricted period for a procurement contract in accordance with State Finance Law §§139-j and 139-k. It is required that this affirmation be obtained as early as possible in the procurement process, but no later than September 10, 2019, when the Offeror submits its proposal.

Offeror affirms that it understands and agrees to comply with the procedures of the Governmental Entity relative to permissible Contacts as required by State Finance Law §139-j (3) and §139-j (6) (b).

By: _____ Date: _____

Name: _____

Title: _____

Contractor Name: _____

Contractor Address: _____

FORM B

**Offeror's Certification of Compliance
With State Finance Law §139-k (5)**

Instructions:

A Governmental Entity must obtain the required certification that the information is complete, true and accurate regarding any prior findings of non-responsibility, such as non-responsibility pursuant to State Finance Law §139-j. The Offeror must agree to the certification and provide it to the procuring Governmental Entity. It is required that the certification be obtained as early as possible in the process, but no later than September 10, 2019, when an Offeror submits its proposal.

Offeror Certification:	
I certify that all information provided to the Governmental Entity with respect to State Finance Law §139-k is complete, true and accurate.	
By: _____	Date: _____
Name: _____	
Title: _____	
Contractor Name: _____	
Contractor Address: _____ _____ _____	

FORM C

Page 1 of 3

Offeror Disclosure of Prior Non-Responsibility Determinations

Background:

New York State Finance Law §139-k (2) obligates a Governmental Entity to obtain specific information regarding prior non-responsibility determinations with respect to State Finance Law §139-j. In accordance with State Finance Law §139-k, an Offeror must be asked to disclose whether there has been a finding of non-responsibility made within the previous four (4) years by any Governmental Entity due to: (a) a violation of State Finance Law §139-j or (b) the intentional provision of false or incomplete information to a Governmental Entity. The terms “Offeror” and “Governmental Entity” are defined in State Finance Law § 139-k (1). State Finance Law §139-j sets forth detailed requirements about the restrictions on Contacts during the procurement process. A violation of State Finance Law §139-j includes, but is not limited to, an impermissible Contact during the restricted period (for example, contacting a person or entity other than the designated contact person, when such Contact does not fall within one of the exemptions).

As part of its responsibility determination, State Finance Law §139-k (3) mandates consideration of whether an Offeror fails to timely disclose accurate or complete information regarding the above non-responsibility determination. In accordance with law, no Procurement Contract shall be awarded to any Offeror that fails to timely disclose accurate or complete information under this section, unless a finding is made that the award of the Procurement Contract to the Offeror is necessary to protect public property or public health safety, and that the Offeror is the only source capable of supplying the required Article of Procurement within the necessary timeframe. See State Finance Law §§139-j (10)(b) and 139-k (3).

Instructions:

A Governmental Entity must include a disclosure request regarding prior non-responsibility determinations in accordance with State Finance Law §139-k in its solicitation of proposals or bid documents or specifications or contract documents, as applicable, for procurement contracts. The attached form is to be completed and submitted by the individual or entity seeking to enter into a Procurement Contract. It shall be submitted to the Governmental Entity conducting the Governmental Procurement no later than September 10, 2019.

FORM C

Offeror Disclosure of Prior Non-Responsibility Determinations

Name of Individual or Entity Seeking to Enter into the Procurement Contract:

Address: _____

Name and Title of Person Submitting this Form: _____

Date: _____

1. 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? (Please circle):

No Yes

If yes, please answer the next questions:

2. Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please circle):

No Yes

3. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? (Please circle):

No Yes

4. If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

Governmental Entity: _____

Date of Finding of Non-responsibility: _____

Basis of Finding of Non-Responsibility:

(Add additional pages as necessary)

FORM C

Page 3 of 3

5. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please circle):

No

Yes

6. If yes, please provide details below.

Governmental Entity: _____

Date of Termination or Withholding of Contract:

Basis of Termination or Withholding: _____

(Add additional pages as necessary)

Offeror certifies that all information provided to the Governmental Entity with respect to State Finance Law §139-k is complete, true and accurate.

By: _____ Date: _____

Signature

Name: _____

Title: _____

APPENDIX A3

RESPONDENT'S CERTIFICATION

I have carefully examined the Request for Proposal and any other documents accompanying or made a part of this Request for Proposal.

I hereby propose to furnish the goods or services specified in the Request for Proposals at the prices or rates quoted in my response. I agree that my response to the RFP will remain firm for a period of up to 120 days in order to allow the Authority adequate time to evaluate all responses.

I agree to abide by all conditions of this RFP.

I certify that all information contained in my response to the RFP is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this response on behalf of my firm as its act and deed and that my firm is ready, willing and able to perform if awarded the contract.

I further certify, under oath, that this response to the RFP is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or corporation submitting a response to the RFP for the same product or service; and that the undersigned executed this Respondent's Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

NAME OF BUSINESS

BY:

SIGNATURE

NAME & TITLE TYPED OR PRINTED

MAILING ADDRESS

CITY, STATE, ZIP CODE

() _____
TELEPHONE NUMBER

2019 Audit RFP

Amato Fox & Company
36 Niagara St
Tonawanda, NY 14150

Chiampou Travis Besaw & Kershner LLP
45 Bryant Woods N.
Amherst, NY 14228

Dansa D'Arata Soucia LLP
361 Delaware Ave
Buffalo, NY 14202

Dopkins & Company LLP
200 International Dr
Buffalo, NY 14221

Drescher & Malecki LLP
3083 William St, Suite 5
Cheektowaga, NY 14227

Freed Maxick CPAs
424 Main St, Suite 800
Buffalo, NY 14202

Lumsden & McCormick LLP
369 Franklin St
Buffalo, NY 14202

Schunk Wilson & Co. CPAs PC
701 Seneca St, Suite 604
Buffalo, NY 14210

The Bonadio Group, LLP
100 Corporate Pkwy, Suite 200
Amherst, NY 14226