# CHAUTAUQUA COUNTY PURCHASING DEPARTMENT REQUEST FOR PROPOSALS



#### PROPOSAL NO. RFP-7-22 DHHS

#### INDIGENT BURIAL SERVICES

PROPOSAL ISSUE DATE:	November 7, 2022
QUESTIONS DUE BY:	Continuous until 12/31/25
PROPOSAL DUE DATE:	Continuous Recruitment until
	12/31/2025

#### **RESPOND TO:**

ATTN: BECKY ANDERSON, PURCHASING MANAGER
3 NORTH ERIE ST. MAYVILLE, NY 14757

EMAIL: andersob@chqgov.com

PH. 716-753-4918

PJ WENDEL, JR. COUNTY EXECUTIVE

KITTY CROW DIRECTOR OF FINANCE

BECKY ANDERSON PURCHASING MANAGER

MELISSA HAMILTON PURCHASING AGENT

KRISTEN FRANSEN PURCHASING AGENT

JOSE SOLER PURCHASING CLERK

#### 1. Intent of Proposal:

The County of Chautauqua, through its Department of Health and Human Services, Division of Social Services, is seeking proposals or, agreements from licensed funeral directors to contract with the County, for the purpose of providing for the burial of the indigent.

#### II. BACKGROUND

Pursuant to New York State Social Services Law, the Chautauqua County Department of Health & Human Services, Division of Social Services is responsible for care, removal and burial of the body of those individuals found dead within the County or for whom the Department would have provided public assistance during the individual's lifetime, when such individual dies leaving insufficient funds to pay their burial.

Annually, the Department of Social Services is responsible for the burial of an average of 143 (as records reflect in 2021) individuals.

#### 1. SPECIFICATIONS FOR BURIAL SERVICES:

A. BURIAL SERVICES: Removal to the funeral home in a suitable covered vehicle; obtain and file the necessary certificates and permits; provide a casket or other suitable container appropriate for the disposition of the body or remains; transportation of the deceased to the final place of disposition in a hearse or other comparable covered vehicle; one death or burial notice to the family which they may insert in a local newspaper at their own cost; cooperate in arranging for a graveside service that will not be inconsistent with the desires or religious faith of the deceased; and cemetery arrangements not inconsistent with the religious beliefs of the deceased. (Cemetery arrangements included in the Funeral Director's fee shall not include payment for the plot, opening and closing of the grave or graveside equipment such as tent, artificial grass or placer.)

FEE FOR SUCH SERVICES: County proposes to pay each Funeral Director agreeing to contract with the County for the services above, the sum of \$1,200.00 per burial. County proposes to pay \$600.00 for stillborn or children under six months of age.

B. DIRECT CREMATION: The Funeral Director will provide the following services for direct cremation: removal to the crematory in a suitable covered vehicle; obtain and file the necessary permits; provide a casket or other suitable container as required for cremation; transportation of the cremains to the final place of disposition if burial is requested; if burial of the cremains is not requested, Funeral Director shall arrange for delivery of the cremains to the appropriate family member in a manner consistent with New York State Law; provide one death or burial notice to the family which they may insert in a local newspaper at their own cost; cooperate in arranging a graveside service not inconsistent with the desires or religious faith of the deceased if burial of the cremains is requested and cemetery arrangements, if burial is requested, not inconsistent with the religious beliefs of the deceased. (Cemetery arrangements included in the Funeral Director's fee shall not include payment for the plot, opening and closing of the grave or graveside equipment such as ten,

artificial grass or placer.)

FEE FOR SUCH SERVICES: County proposes to pay each Funeral Director agreeing to contract with the County for the services above, the sum of \$1,000.00 per burial. County proposes to pay \$600.00 for stillborn or children under six months of age.

- C. ALTERNATE PROPOSALS: Licensed Funeral Directors may submit alternate proposals for the care, removal and burial of the indigent. Services proposed to be provided by the Funeral Director must be detailed in the proposal and must comply with New York State Law and must set forth the proposed charge.
- D. ADDITIONAL PAYMENTS: In addition to the fees listed above, the County will pay each Funeral Director who agrees to contract or who submits an acceptable proposal to the County, the following additional expenses:

Opening & Closing a grave and purchase of a cemetery plot when necessary \$800.00

Pouch (if needed) at cost\*\*

Grave Liner at cost\*\*

Mileage outside of Chautauqua County, one way from County

line to pick up deceased only. \$1.00 per mile (max 100 miles)

Crematory fees\* at cost\*\*

\*NOTE: no mileage will be paid for transportation to a crematorium outside of Chautauqua County as long as a local crematorium can accommodate the need.

E. FAMILY CONTRIBUTIONS: All assets and resources of the decedent must be applied to the funeral bill before requesting County funds. In addition, legally responsible relatives (spouses and parents or stepparents of children under age 21) may not make additional contributions to the funeral expense once the County has reviewed their circumstances and agreed to pay for the burial expense.

Friends or other non-legally responsible relatives may supplement the cost of the funeral to upgrade the casket or container, or to purchase viewing hours, embalming, register books, etc. Such supplementation shall not exceed \$1,500.00.

#### ADDITIONAL TERMS AND CONDITIONS

- 1. APPLICATION: For those individuals not known to the Chautauqua County Department of Health & Human Services, application must be made as a Social Services office by an eligible relative or friend of the deceased indigent person for funeral costs out of public funds. An application must be received within thirty (30) days of the date of death or burial. If burial has already taken place expenses must not exceed the total amount allowable for the type of burial as per the Chautauqua County HHS rate schedule.
- 2. RESOURCES: When an application is accepted, all resources of the deceased shall be investigated, including the ability of legally responsible relatives to pay the cost of the burial. When it is determined that the deceased left no funds to pay such expenses and there are no personal or organization liable or willing to become responsible for such expenses, the Chautauqua County Department of Health & Human Services will authorize arrangements at the County's expense in accordance with this policy.

<sup>\*\*</sup>At cost items must include an invoice

- 3. FUNERAL ARRANGEMENTS: The Funeral Director or Funeral Home shall supply the following services and materials:
  - A. Removal to funeral home in a suitable covered vehicle.
  - B. Obtain and file the necessary certificates and permits.
  - Provide a casket or alternative suitable container appropriate for the disposition of the body or remains.
  - D. Transportation of the deceased to the final place of disposition in a hearse or other comparable covered vehicle.
  - E. · Provide one death or burial notice to the family, which they may insert in local Chautauqua County daily newspaper - example: Name of deceased, address where desired, date of death, date of internment service. Newspaper fees to publish are not included in the County rate and are the responsibility of the family.
  - F. The Funeral Director will cooperate in arranging for a graveside service that will not be inconsistent with the desires or the religious faith of the deceased. Clergy and church fees are not included.
  - G. Cemetery arrangements should not be inconsistent with the religious beliefs of the deceased. Arrangements will not include payment for cemetery graveside equipment such as tent, artificial grass or placer.
- 4. SCHEDULE OF RATES: Rates for the above services and materials will be promulgated by the Commissioner of Health & Human Services and will be considered a part of this policy and agreement.
- 5. CLAIM FOR PAYMENT: The Funeral Director or Funeral Home shall submit the request for payment (properly executed on reverse side) within thirty (30) days of HHS approval date and accompanied by appropriate receipts. If Chautauqua County Department of Health & Human Services accepts responsibility, vouchers will be forwarded to the Funeral Director for completion. Payment will be processed upon return of the vouchers and newspaper death notice, and after all assets of the deceased have been applied to the funeral bill. If no newspaper death notice is available, a certified copy of the death certificate must accompany the voucher.
- 6. REQUEST FOR PAYMENT FROM ASSETS ASSIGNED TO CHAUTAUQUA COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES: The foregoing regulations applicable to burials at public expense shall apply when assets assigned to the Department are requested. However, no formal application by a relative is required, and if no relative is available, funeral arrangements may be made by unrelated persons.

#### CHAUTAUQUA COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES COST REFERANCE RATE SCHEDULE FOR INDIGENT BURIALS

EFFECTIVE DATE: January 1, 2023

#### BASIC RATES:

Stillborn or child under 6 months of age \$600.00 Cremation \$1,000.00

Over the age of 6 months \$1,200.00

#### ADDITIONAL RATES:

- 1. Opening and closing of grave and/or purchase of a cemetery plot, at a cost up to \$800.00.
- 2. Grave liner at cost.
- 3. Mileage outside of Chautauqua County, one way from the county line at the rate of \$1.00 per mile, up to 100 miles to pick up deceased only.
- 4. Crematory fees at cost. However, no mileage will be paid for transportation to a crematorium outside of Chautauqua County as long as a crematorium exists within the county.
- 5. Exceptional circumstances must be submitted to the County for approval prior to expenditure of funds.

#### CONTRIBUTIONS FROM RELATIVES OR FRIENDS

#### NO CONTRIBUTIONS MAY BE MADE BY A LEGALLY RESPONSIBLE

RELATIVE. A legally responsible relative is a surviving spouse, and the parents or stepparents of children under the age of twenty-one. Supplementation also cannot be made with assets of the decedent. All assets of the decedent must be applied to the funeral bill before requesting County Funds. The County's contribution, if appropriate, will be reduced dollar for dollar by the decedent's assets.

Friends or other relatives may supplement the cost of the funeral in an amount not to exceed \$1,500.00 to upgrade the casket or container, or to purchase viewing hours, embalming, register book, etc.

# CHAUTAUQUA - COUNTY INDIGENT BURIALS Request for Proposal Response Form RFP-7-22 DHHS

Funeral Director:
Funeral Home:
Address:
Telephone #:
Federal Tax Identification Number:
I am willing to contract with Chautauqua County for the following services in relation to the burial of the indigent (Check all that apply):
Services as set forth in section; No. 2 Specifications for Burial Services, Paragraph A – Burial Services, for the fees listed therein.
Services as set forth in section; No. 2 Specifications for Burial Services, Paragraph B – Direct Cremation, for the fees listed therein.
Additional services to be attached as an itemized list with rates. The following services (Please be specific
(Attach additional sheets if necessary)
The above services will be provided at a cost of \$ per burial for decedents over the age of six months and at the rate of \$ for stillborns and children under the age of six months.
I confirm that I have insurance coverage as required by the County and that I will provide an appropriate insurance certificate in accordance with County policy. I further confirm that I am ab and prepared to execute the County contract and comply with the provisions therein.
Dated: By:
(type or print name)

#### **GENERAL TERMS AND CONDITIONS**

#### **SECTION 1: INSTRUCTIONS**

- 1.1. RFP The services that are required herein are <u>not</u> subject to formal competitive bidding under Section 103 of New York State General Municipal Law. Chautauqua County Purchasing Policy rules in this case require selection of a contractor through a Request for Proposal process.
- 1.2. Chautauqua County encourages all qualified applicants, including Minority-Owned Business Enterprises, Women-Owned Business Enterprises, Small Business Enterprises and Disadvantaged Business Enterprises, to partake in the solicitation of these and all other services. The successful proposer must be an Equal Opportunity Employer.
- **1.3.** Chautauqua County is exempt from all Federal and State taxes.
- 1.4 Insurance shall be in place prior to execution of the agreement and shall be up to date and maintained for the contract term. It is preferred that you attach samples or original certificates of insurance along with your proposal.
  - Within (5) five days receipt of the notice of award the proposer shall supply upto-date certificates of insurance. Certificates may be e-mailed to the insurance department representative at the following address email wakamata@chqgov.com.
  - Failure to do so may be cause for the County to declare a proposal non-responsive, with the result that the award may go to the next highest scoring proposal.
- 1.5 A copy of the Chautauqua County Minimum Insurance Requirements is attached, along with a sample copy of the contract or agreement of service with terms and conditions.
- 1.6 The successful proposer must obtain Chautauqua County approval prior to utilizing a subcontractor in order to perform the requirements of this RFP.

#### **SECTION 2: SUBMISSION OF PROPOSALS:**

Sealed proposals shall be submitted to Chautauqua County Purchasing Department, 3 North Erie St., Mayville, NY.

Please include the following information on the front of the sealed envelope:

Attention:	Becky Anderson, Purchasing Manager	
Proposal No:	RFP-7-22 DHHS	
Title of Proposal:	Indigent Burial Services	

Any proposals, or unsolicited amendments to proposals, received after the due date and time specified on the cover page may not be considered in the review process. No faxed or e-mailed documents will be accepted. Chautauqua County takes no responsibility for any third party error in the delivery of the applications (e.g., U.S. Post Office, Federal Express, UPS, courier, etc.).

Copies of proposals shall be available in a Microsoft Word or PDF document by e-mail after all proposals have been opened and awarded.

- 2.1 No proposal will be considered which is not accompanied by pricing information for services to be rendered, and all proposals shall be signed by an authorized individual.
- York must be clearly marked and identified as such upon submission. Proposers intending to seek an exemption from disclosure of these materials under the Freedom of Information Law (NYS Public Officers Law, Sections 84-90) must request the exemption in writing, at the time of the submission of the materials, setting forth the reason for the claimed exemption. In addition, the proposer must mark each page of its submission on which there appears any material claimed to be protected as confidential or proprietary with the following legend, in bold face, capital letters at the top of each page: "THE PROPOSER BELIEVES THAT THIS INFORMATION IS PROTECTED FROM DISCLOSURE UNDER THE NEW YORK STATE FREEDOM OF INFORMATION LAW". Acceptance of the claimed materials does not constitute a determination on the exemption request, which determination will be made in accordance with statutory procedures.

#### SECTION 3: MODIFICATIONS OR WITHDRAWAL OF PROPOSAL:

- 3.1 Questions about or requests for clarification of an item for this RFP must be submitted in writing to Becky Anderson, Purchasing Manager at andersob@chqgov.com. Questions must be submitted prior than the date on the front of this solicitation. County responses will be submitted to all parties in the form of an Addendum to the original RFP, receipt of which must be acknowledged with each proposal submittal.
- 3.2 Other than the contact person identified in the proposal, or their designee, prospective proposers shall not approach County employees during the period of this RFP process about any matters related to this RFP or any proposals submitted pursuant thereto.
- A proposal that is in the possession of Chautauqua County may be altered by a sealed letter bearing the signature or name of the authorized person, provided it is received PRIOR to the date and time of the proposal due date. Fax, email, telephone or verbal

alterations will not be accepted. A proposal that is in the possession of Chautauqua County may be withdrawn by the proposer up to the time of the proposal due date. Failure of the successful proposer to furnish the service awarded, as a result of this Request for Proposal, may eliminate the proposer from the active vendors list for a period of time as determined by the Purchasing Manager.

#### **SECTION 4: EVALUATION CRITERIA:**

- 4.1 The County reserves the right to seek any clarifications needed to determine the most qualified submittal and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a proposer's proposal and/or to determine compliance with the requirements of the solicitation.
- 4.2 Alternatives/Value-Added Considerations: The Proposer may include items not specified in this RFP in their proposal in which the vendor feels can be pertinent to or an added benefit to the services requested. All such alternatives must be listed separately from the proposal and the cost thereof must be separated and itemized.
- 4.3 A contract may be awarded to the proposer whose proposal achieves the highest evaluation score by the evaluation committee based on the specified criteria, and not solely on the basis of price.
- Unless otherwise specified in the solicitation, every offer is firm and not revocable for a period of sixty (60) days from the due date of the proposals.
- 4.5 Evaluation will be performed to determine the proposers understanding of work to be performed, technical approach, potential for completing the work as specified herein, cost reasonableness, the probable cost to the County, and ranking with competing proposers.

#### **SECTION 5: PROPOSAL FORMAT AND SUBMITTALS:**

- 5.1 The County requests that the following format be followed when submitting your proposal:
  - ✓ The title page: RFP Subject, name of proposer, address, telephone, email address, contact person and table of contents.
  - ✓ <u>Qualifications</u>: List of qualifications and experience to carry out the requested services. Qualification to do business in NYS, number of years in business and length of experience. Limit this to two (2) pages maximum.
  - ✓ <u>References:</u> Include at least two references from supervisors of previous projects.
    Provide a list of municipal clients whom you have had past projects with that are of

- similar size and quality.
- ✓ <u>Plan Implementation</u>: This is the scope of services in terms of the proposer's plan to carry out the requested services. Limit of a total of 6 pages maximum.
- ✓ <u>Cost Proposal Section</u>: This shall include *all costs* associated with the proposer's plan to carry out the requested services as specified. Any cost proposal forms furnished by the County must be included in this section. Alternatives must be separated and itemized.
- ✓ <u>Mandatory Documents</u>: Please use the Response Checklist when submitting your proposal.

#### **SECTION 6: PREPARATION OF PROPOSAL**

- 6.1 In case of error in the extension of prices in the proposal, unit prices will govern, where applicable.
- 6.2 Proposers are expected to examine special provisions, the scope of work, schedules and instructions included in this Request. Failure to do so will be at the proposer's risk
- 6.3 The County will not reimburse proposers for any costs associated with the preparation and submittal of any proposal, or for any travel and/or per diem costs that are incurred.

#### **SECTION 7: PROPOSER QUALIFICATIONS:**

- 7.1 Each proposer shall submit a statement of the proposer's qualifications, experience, organization, equipment, and facilities available to adequately provide the service and material necessary to fulfill the minimum specifications for this RFP, unless otherwise specified in the scope of work.
- 7.2 The County shall have the right to take such steps as it deems necessary to determine the ability of the proposer to perform obligations under the contact, and the proposer shall furnish to the County all such information and data for this purpose as may be requested.

#### **SECTION 8: AWARD AND CONTRACT INFORMATION:**

- 8.1 The proposer agrees that should their firm be awarded a contract, proposer will not discriminate against any person who performs work hereunder because of age, race, color, sex, creed, sexual orientation, national origin, or disability.
- **8.2** The proposer expressly warrants to the County that it has the ability and expertise to

- perform its responsibilities hereunder and in so doing shall use the highest standards of professional workmanship.
- 8.3 Chautauqua County reserves the right to reject any or all proposals, to waive any informality or technical defect in the proposals, or to award the contract in whole or in part, if deemed to be in the best interest of the County to do so. Explanations of County decisions shall not be required except as otherwise provided by law.
- 8.4 The successful proposer will be required to enter into and sign an Agreement or an Agreement of Services (Contract) with the County with reasonable adjustments acceptable to the County. This RFP and the response of the successful proposer may become a part of the Contract and will be in effect for the duration of the contract. The Contract language will control over any conflicting language contained within this RFP.
- 8.5 The successful proposer will not commence any work, which could be billed, until a valid Contract has been executed by both the proposer and the County.

## CHAUTAUQUA COUNTY RESPONSE CHECKLIST - PROPOSAL NO. RFP-7-22 DHHS

Please note below a list of documents which must be submitted in full as part of this proposal. Failure to submit any of the documents as part of your proposal or failure to acknowledge any addendum in writing with your proposal may be cause for rejection of the proposal.

Submitting a proposal on any condition, limitation or provision not officially invited in this RFP (Request for Proposal) may also be cause for rejection.

Please check each item indicating your compliance:					
THIS CHECKLIST MUST BE SUBMITTEDAS PART OF YOU	JR PROPOSAL.				
RESPONSE CHECKLIST	RESPONSE CHECKLIST				
NON-COLLUSION CERTIFICATE					
IRANIAN DIVESTMENT CERTIFICATE					
FINANCIAL AFFIDAVIT					
AFFIDAVIT OF A FOREIGN CORPORATION					
CORPORATE ACKNOWLEDGEMENT CERTIFICATI	Е				
EXCLUSION CHECK					
PRICING SUBMISSION SHEET (PROPOSAL FORM) I	F INCLUDED OR VENDOR'S OWN SUBMISSION				
REQUIRED FORMS AS LISTED IN RFP					
ADDENDUM(\$) ACKNOWLEDGE (IF APPLICABLE)					
ONE (1) ORIGINAL AND ONE (1) COPY OF YOUR S	UBMITTED PROPOSAL				
INSURANCE CERTIFICATES					
COMPANY	TELEPHONE NUMBER				
ADDRESS	EMAIL ADDRESS				
	TOWN D				
AUTHORIZED REPRESENTATIVE (PRINT)	TITLE				
AUTHORIZED SIGNATURE	DATE				

#### PROPOSAL RESPONSE FORM Proposal No. RFP-7-22 DHHS

#### Proposal Title: Indigent Burial Services

VENDOR NAME:	
COMPANY:	
REPRESENTATIVE:	
EMAIL: /PH.	
Below are two options, please indicate which one is applicable to	your response and return to the contact below:
We the above referenced Company will be preparing I receive all further communication regarding the RF.	a proposal to submit for this project. I am returning this document to assure that including any addendums issued.
We the above referenced Company will not be prepar Please check where applicable:	ing a proposal to submit for this project for the following reasons listed below.
Project or scope not suited to our Company.	
Our items and/or materials do not meet your specifica	ions.
Insurance Requirements	
Bond Requirements too restrictive (when required)	
Scope of services are not clearly understood or applical	eletoo vague too rigid
Insufficient time allowed for preparation of proposal	
Other reason not listed above (or) elaborate on the che	cked marked reason above:

<u>Please send your response to:</u> Becky Anderson, Purchasing Manager

Phone: 716-753-4918

Email: andersob@chqgov.com

#### AGREEMENT

#### Indigent Burials

This Agreement is made as of January 1, 2024, by and between the following parties:

COUNTY: COUNTY OF CHAUTAUQUA, NEW YORK

A Municipal Corporation Gerace Office Building

Mayville, New York 14757-1007 hereinafter called "County,"

-and-

CONTRACTOR:

A \_\_ Corporation ADDRESS ADDRESS

hereinafter called "Contractor."

#### WITNESSETH:

WHEREAS, the County's Department of Health and Human Services, hereinafter called "Department" is responsible for the burial of indigent persons in the county, and

WHEREAS, County issued RFP-7-22 DSS dated October 13, 2022, soliciting proposals from licensed funeral directors for the burial of the indigent, and

WHEREAS, in response to said RFP, Contractor submitted a proposal which meets the County's requirements for the burial of the indigent,

NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:

1. <u>Contract Documents</u>. The documents which make up this Agreement consist of the following, including all current and future appendices, attachments, addendum, adjustments, updates, and amendments: this Agreement; County RFP No. 7-22 DSS issued October 13, 2022; Contractor's Proposal dated \_\_\_\_\_\_ (attached hereto as Appendix C); and all applicable Federal, State, and Local Laws, regulations, resolutions, ordinances,

policies, procedures, manuals, circulars, licenses, permits, certifications, standards, guidelines, guidance and implementation memos applicable to County's receipt of State and Federal funding for the services described within this Agreement. The Contract Documents are as fully a part of this Agreement as if attached hereto or repeated herein.

- 2. <u>Services</u>. Contractor shall provide burial services in accordance with the policy, attached hereto as Appendix B, for indigent decedents meeting County criteria for indigence, and Contractor's Proposal dated \_\_\_\_\_\_\_, 20\_\_\_, attached hereto as Appendix C. Contractor shall notify the individual(s) making the burial arrangements for an indigent person of the availability of assistance from the Department of Health and Human Services and the terms and conditions of such assistance. If there is no relative or other close associate of the decedent to make burial arrangements, Contractor will provide direct burial services in accordance with Appendix B as authorized by the Department.
- 3. Payment. In consideration of the services to be performed by Contractor pursuant to this Agreement, County agrees to pay Contractor in accordance with the payment schedule attached hereto as Appendix D. Contractor may accept additional funds from a non-legally responsible relative or friend for this burial; however, such additional funds shall not exceed One Thousand Five Hundred and No/100 Dollars (\$1,500.00). Said additional amount may be used for the purchase of additional services from Contractor such as visitation, embalming, register book, and casket upgrade, but may not be used to supplement liner costs. A request for payment shall be submitted by Contractor to County within thirty (30) days of burial on a form in substantial compliance with Appendix E with appropriate receipts attached. Upon approval of said form, payment to Contractor shall be based upon submission of a properly itemized

and executed County voucher or invoice in form acceptable to the County Commissioner of Health and Human Services. A separate Appendix E form and county voucher must be submitted for each burial. Payment shall thereafter be pursuant to Appendix D.

- 4. Term. This Agreement shall commence as of January 1, 2023, and shall terminate December 31, 2025. Either party can terminate or cancel this Agreement in whole or in part upon thirty (30) days' written notice to the other party with accounts between the parties to be adjusted and prorated as of such termination date. County can immediately by written notice terminate this Agreement in the event Contractor violates any of the provisions of paragraphs relating to insurance, audit, or statutory compliance.
- 5. Audit. County shall have the right to examine and audit the records of Contractor at any time during the term of this Agreement and for a period of six (6) years following the termination date for the purpose of verification and audit of financial and supplementation activities related to indigent burials performed pursuant to this Agreement. County shall provide Contractor with seven (7) days notice of any audit.
- 6. Additional Terms and Conditions. Contractor shall comply with all provisions contained in Appendix A attached hereto and made a part of this Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first set forth above.

COUNTY OF CHAUTAUQUA

BY			DATE
Paul J.	Wendel, Jr.	, County Executive	
CONTRACTOR	'S NAME		
BY			DATE
Name •		Title.	

STATE OF NEW YORK )
COUNTY OF CHAUTAUQUA ) ss:

On the day of , in the year 2022, before me, the undersigned, personally appeared PAUL J. WENDEL, JR., personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

STATE OF NEW YORK )
COUNTY OF ) ss

On the day of , in the year 2022, before me, the undersigned, personally appeared \_\_\_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public



Amendment. No waiver, modification, or amendment of this Agreement or any part thereof shall be valid unless in writing and duly executed by the parties hereto. A waiver of any breach hereof shall not prevent forfeiture for any succeeding breach.

Assignment. Contractor shall not assign, transfer, convey, sublet, or otherwise dispose of this Agreement or any of its right, title, or interest therein, or the power to execute this Agreement, without the prior written consent of the County. (GML Section 109)

Audit. County, itself or through a third party, reserves the right to audit Contractor upon reasonable notice to ensure compliance with this Agreement. Contractor shall fully comply with any such audit.

<u>Binding Agreement</u>. This Agreement shall be binding on the parties, their successors, heirs, and assigns.

<u>Certification</u>. By submitting a claim to County for payment, Contractor certifies: that claims are just, true, and correct; that goods are of the quantity and quality stated and/or that the services were actually performed; that prices are reasonable and in accordance with this Agreement; that no portion of any claim has been paid; that there exist no offsets or counterclaims; and that no tax is included.

Confidentiality. Information relating to individuals who may receive services pursuant to this Agreement shall be confidential, and maintained and used only for the purposes intended under this Agreement, in accordance with all applicable State and Federal laws, rules and regulations and industry standards. If Contractor is a Business Associate of the County as defined by HIPAA, Contractor shall comply with the terms of County's standard Business Associate Agreement, as the same may be amended from time to time, unless otherwise agreed upon in writing by the parties. This requirement shall survive termination of this Agreement.

<u>Conflict</u>. In the event of a conflict between the terms of this Agreement and the terms of any other Contract Document, the terms of this Agreement shall be controlling notwithstanding anything in Contractor's documents to the contrary.

<u>Debarment/Suspension</u> – *see County solicitation documents*.

Electronic Payment. Contractor acknowledges that County issues vendor payments electronically, and shall complete payment forms as required by the County for that purpose. Electronic Payment Methods forms can be found at: http://www.co.chautauqua.ny.us/218/Form s-Applications

Entire Agreement. This Agreement contains the sole and entire Agreement between the parties relating to the services provided hereunder and shall supersede any and all other Agreements between the parties. Any other statements or representations made by either party are void and have no force or effect.

Force Majeure. The County may terminate or suspend its performance under this Agreement, in whole or in part, immediately upon the occurrence of a "force majeure." A "force majeure" shall include, but not be limited to, natural disasters, war, rebellion, insurrection, riot, strikes, lockout, and any unforeseen circumstances and acts beyond the control of the County which render performance of its obligations impossible.

<u>Guarantee</u>. Contractor shall fully guarantee the quality and workmanship of the services and/or goods provided, and shall represent and warrant that such goods or services meet or exceed all applicable industry standards.

Governing Law. Notwithstanding any statement in this or any other document to the contrary, this Agreement shall be governed by the laws of the State of New York, without regard to its principles on conflicts of law, and Contractor consents to New York State Court jurisdiction in Chautauqua County, New York as the exclusive jurisdiction for this contract, and any disputes hereunder shall be heard by a court of competent jurisdiction in Chautaugua County, New York, unless this paragraph is physically crossed out and initialed by both parties, or unless the Federal supremacy clause requires otherwise.

Independent Contractor. Contractor is an independent contractor and not an employee, servant, or agent of the County. Contractor shall have exclusive responsibility for the means, manner, and methods of performing its obligations under this Agreement.

<u>Indemnification</u>. Contractor shall be solely responsible and answerable in damages for any and all accidents and/or

injuries to persons (including death) or property arising out of or related to the services to be rendered by Contractor or its subcontractors pursuant to this Agreement. To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold County and its officers and employees harmless from any liability, claim, demand, loss, judgment, expense, and cost of every type, amount, and nature, direct and indirect and without limitation, including the costs of defense, arising from Contractor's performance or failure to perform the terms of this Agreement. In the event that this Agreement is funded by Federal or State funds, and County is required to indemnify the funding source(s) of this Agreement, Contractor shall be required to indemnify the funding source to the full extent that County is contractually obligated to do so, to the extent such obligation arises from Contractor's action or failure to act in accordance with this Agreement.

All money expended by County as a result of such claims, actions, damages, losses, expenses, and costs, together with interest at a rate not to exceed the maximum interest rate permitted by law, shall be immediately and without notice due and payable by Contractor to County.

Such obligation to the County shall not be construed to negate, abridge or reduce other rights of indemnity which would otherwise exist. This provision shall supersede any other provision in this Agreement, including attachments and referenced items, deemed to be in conflict, unless specifically stated otherwise.

<u>Insurance</u>. Unless waived by the County Attorney or his/her designee in writing, Contractor shall secure and maintain the insurance specified at https://chqgov.com/finance/insurancerequirements incorporated by reference as though fully set forth herein, with County named as an additional insured for purposes of coverage on a direct, primary, and non-contributory basis. The insurance afforded the additional insureds shall be at least as broad as that afforded to the first named insured. County as additional insured will be entitled to the limits stated in the contract or the full limits of the policy, whichever is greater. Contractor shall file a certificate of insurance with the County prior to performing pursuant to this Agreement or receiving any payment. Contractor shall provide new insurance certificates when the existing certificates expire, without demand.

Contractor shall immediately forward to County (fax (716) 753-4888) any notice of actual or pending termination, suspension, or non-renewal of insurance. In the event Contractor's insurance expires or is terminated or suspended, County shall have all rights available for breach of contract, and may declare this Agreement to be automatically and immediately terminated effective as of the moment of expiration, termination, or suspension. In addition. County reserves the right to withhold payment to Contractor until such new certificates have been provided and approved. County shall have unlimited access to Contractor's insurance company and policies.

Licenses and Permits. Contractor shall secure and maintain throughout the term of this Agreement all necessary licenses, permits, and other certifications and qualifications required for its performance of this Agreement. Contractor shall immediately notify the County of any notice of, or actual, revocation or restriction of a license, permit, or other certification necessary for its performance of this Agreement. In the event of a revocation which prohibits Contractor from being able to perform this Agreement, this Agreement shall automatically terminate effective as of the moment of such revocation.

Non-Discrimination. In the performance of this Agreement, Contractor will not discriminate or permit discrimination against any individual or group on the grounds of age, color, creed, disability, domestic violence victim status, handicap, marital status, military status, national origin, political affiliation, predisposing genetic characteristics, race, religion, sex (including gender identity or expression), sexual orientation, or veteran status. Contractor shall comply with County's Title VI (non-discrimination) policy, which can be found at http://chautauqua.ny.us/DocumentCenter/ View/2402 and with the County's DBE policy.

Notice of Investigation. Contractor shall notify County in writing within five (5) calendar days of obtaining knowledge of the commencement of any investigation or audit or adverse action against Contractor by any governmental agency, to the extent such audit, investigation, or action relates in any way to contract services.

<u>Set-Off Rights</u>. County shall have all of its common law, equitable, and statutory rights of set-off. These rights shall

include, but not be limited to, the option to withhold for the purposes of set-off any money due to Contractor under this or any other Agreement, up to any amounts due and owing to County with regard to any contract with any Chautauqua County department, office or agency.

Severability. Should any part, term, or provision of this Agreement be determined, by a court of competent jurisdiction, to be invalid, unenforceable, illegal, or in conflict with any law, the validity, legality, and enforceability of the remaining portions shall not be impaired or affected.

Statutory Compliance. Contractor shall perform in accordance with all applicable federal, state, and local laws, rules and regulations, including without limitation any applicable provisions of the Labor Law of the State of New York. All statutory and regulatory provisions applicable to this Agreement are hereby incorporated by reference. Contractor shall provide, at its own expense, all permits, licenses, and certifications required for the performance of its services pursuant to this Agreement and shall be solely responsible for paying any and all fines or penalties incurred as a result of any improper activities. Contractor's performance shall meet or exceed industry standards.

Subcontracts. Contractor shall: (a) require any subcontractor, agent, volunteer, or other third party (Third Party) performing Agreement services to comply with all applicable Federal, State and Local laws, rules and regulations; (b) adopt and perform such review and inspection procedures as are necessary to ensure compliance by Third Party with this Agreement; (c) require any third party to indemnify County against any and all claims arising out of such Third Party's performance of, or failure to perform, the Agreement, with Contractor assuming such indemnification itself to the extent a Third Party fails to do so; and (d) remain fully obligated under this Agreement notwithstanding its delegation of a Third Party to undertake all or any portion of the performance of this Agreement. Contractor shall inform Third Parties, and require Third Parties to abide by, all relevant provisions of this Agreement.

<u>Survival</u>. The terms and conditions of this Agreement shall survive the expiration of this Agreement to the full extent necessary for their enforcement and for the

protection of the party in whose favor they operate.

Termination Obligations. Upon receipt of notice of termination of this Agreement, Contractor shall cancel, prior to the effective date of any prospective termination, as many outstanding obligations as possible, unless otherwise directed by County, and shall not incur any new obligations after receipt of the termination notice without written approval of County.

<u>Waivers</u>. Any waiver of a breach of this Agreement shall not be deemed to be a waiver of any preceding or future breach of the same or any other covenant, term, or condition.

Wages and Hours. When applicable, Contractor shall comply with §§220-e and 239 of New York State Labor Law. If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law. Additionally, if this is a public work contract covered by Article 8 of the Labor Law, Contractor understands and agrees that the filing of payrolls in a manner consistent with Subdivision 3-a of Section 220 of the Labor Law shall be a condition precedent to payment by County of any County-approved sums due and owing for work performed upon the project.

Workers Compensation Coverage. If this Agreement is of such a character that the employees engaged thereon are required to be insured under the workers' compensation law, then, in accordance with General Municipal Law §108, this Agreement is void and of no effect unless the person or corporation making or performing this Agreement shall secure compensation for the benefit of, and keep insured during the life of this Agreement, such employees, in compliance with the provisions of the workers' compensation law.

#### CHAUTAUQUA COUNTY MINIMUM INSURANCE REQUIREMENTS

### INSURANCE SHALL BE PROCURED AND CERTIFICATES DELIVERED BEFORE COMMENCEMENT OF WORK OR DELIVERY OF MERCHANDISE OR EQUIPMENT.

This document shall be attached to and become part of the contract/agreement/service order. The contractor shall immediately forward to County, via facsimile to the County Department of Insurance (716) 753-4888 any notice of actual or pending termination, suspension or non-renewal of any of its policies. In the event the contractor's insurance expires or is terminated or suspended, County shall have all rights available for breach of contract and the contract/agreement/service order shall automatically and immediately terminate effective as of the moment of expiration, termination or suspension. The contractor agrees that County shall have unlimited access to its insurance company and policies.

- <u>Certificate Requirements</u> The certificate must:
- A. be addressed to CHAUTAUQUA COUNTY, Department of Insurance, 3 N. Erie Street, Mayville, NY 14757-1007;
- B. specify all coverage required below and elsewhere in the contract. <u>Bid specifications or particular contracts, leases or agreements may require</u> alternate coverages and limits, which must be evidenced on the Certificate in lieu of the coverages and limits specified below;
- C. be issued by an insurer which has at as a minimum, BEST'S RATING of A- and be size category VII or higher;
- D. state "CHAUTAUQUA COUNTY shall be an additional insured, as well as a certificate holder, on a direct, primary and non-contributory basis including products and completed operations"
  - Note: Professional Liability, Worker's Compensation, and Disability Benefits Liability Insurance policies are not required to have the County as an additional insured, however County shall be named as certificate holder;
- E. include a waiver of subrogation for "Construction and Maintenance" and "Property Leased to Others or Use of Facilities or Grounds" coverage;
- F. state "Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions"; and
- G. be delivered to the Chautauqua County, Department of Insurance, 3 North Erie Street, Mayville, New York 14757, Fax No. (716) 753-4888

#### **MINIMUM COVERAGE LIMITS ARE AS FOLLOWS:**

		1011 0012104	GE CIMILIO AKE AS	J . OLLO 115.		
Policy	Construction and Maintenance	Professional Services	Property Leased to Others or Use of Facilities or Grounds	Concessionaires Services	Livery Services	A// Purposes Public Entity Contracts
Commercial General Liability *	\$1,000,000 per occurrence, \$2,000,000 aggregate	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
- Premises & Operations	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
- Prods. & Completed OPS	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
- Independent Contractors	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
- Contractual	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
- Broad Form PD	INCLUDE		INCLUDE	INCLUDE	INCLUDE	INCLUDE
- X, C, U	INCLUDE		INCLUDE			
- Personal Injury			INCLUDE	INCLUDE		
- Liquor Law			INCLUDE			
- Host Liquor						INCLUDE
Auto Liability	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL
- Owned	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
- Hired	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
- Non-Owned	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Excess Umbrella Liability*	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$ 5,000,000	\$1,000,000
NYS Disability Benefit ** Worker's Compensation **	STATUTORY STATUTORY	STATUTORY STATUTORY	STATUTORY STATUTORY	STATUTORY STATUTORY	STATUTORY STATUTORY	STATUTORY STATUTORY
& Employer's Excess Liability	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Owners Contractors Protective	\$1,000,000					
Professional Liability		\$1,000,000				

<sup>\*</sup>The comprehensive/commercial general liability limits can be met by one or more policies or in combination with an excess and/or umbrella liability policy. The COI must indicate if the coverage trigger is an 'occurrence' form or a 'claims-made' form.

Construction and Maintenance contractors shall carry insurance for a minimum of two years after completion of the work. The expiration date for any claims-made policy must be at least ninety (90) days after the expiration of the contract for services or final delivery of any products. All claims made polices shall continue to provide evidence of coverage three (3) years after completion of work or product delivery.

NOTE: Childcare providers minimum liability coverage is \$1,000,000 and must include sexual abuse coverage, with cancellation notice as provided for in the insurance policy. The naming of Chautauqua County as an additional insured on Day Care insurance is required.

APPENDIX C

<sup>\*\*</sup> NYS Work Comp Board requires special certificates of insurance for these coverages. WC needs to be on C-105.2 (9-07) or U-26.3. Any business with a location in NYS must show DB on a DB-120.1(5-06) showing beginning and ending dates or DB-155. Self Employed vendors must use CE-200 to waive WC and DB. Form can be completed on NYS WCB website electronically.

#### **NON-COLLUSION BIDDING CERTIFICATION**

By submission of this bid, the bidder and each person signing on behalf of the bidder certifies, subject to the terms of Section 103-d of the General Municipal Law, as amended, and under penalty of perjury, that to the best of its knowledge and belief:

- (a) The prices in this bid have been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
- (b) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly being disclosed by the bidder prior to the opening, directly or indirectly, to any other bidder or to any competitor; and
- (c) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.
- (d) The person signing this bid or proposal certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties of perjury affirms the truth hereof, such penalties being applicable to the bidder as well as to the person signing in its behalf.

Signature			
Title			
STATE OF NEW YORK COUNTY OF )			
On this personally appeared by me duly sworn, did dep	oose and say that he i	to me known, who being resides at	_
of	, the corporation	n described in and which	n executed the within instrument;
	said corporation; that	the seal affixed to said	instrument is such corporate
	Notai	ry Public	_

#### IRANIAN DIVESTMENT CERTIFICATION

# Certification Pursuant to Section 103-g Of the New York State General Municipal Law

Α.	By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any
	bidder/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 its knowledge and belief that each bidder is
	not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the New York
	State Finance Law.

	Signature
	Title
Date	Company Name

On January 13, 2012, Chapter 1 of the Laws of New York for 2012 was signed into law by Governor Andrew M. Cuomo. The law is known as the "Iran Divestment Act of 2012" (the "Act") and can be found at § 165-aof the NY State Finance Law. The Act became effective on April 12, 2012. The Act imposes limitations on "persons" that are determined to be engaged in investment activities in the Iranian energy sector, as defined in the Act.

On July 17, 2012, Governor Cuomo signed into law Chapter 106 of the laws of 2012, which extended the Iran Divestment Act to State and local public authorities, the State University of New York, and the City University of New York.

#### AFFIDAVIT OF FINANCIAL RECORDS

STATE OF	AFFIDAVIT					
	ss: (corporate)					
COUNTY OF						
	, being duly sworn, deposes and says					
that I have made a complete and thorough						
of said firm; and that I have determined t	that said firm is currently not in arrears in taxes					
or upon dept or contract to or with the co	ounty of Chautauqua, that said firm has not					
defaulted as surety or otherwise upon a contract or obligation to the County of						
Chautauqua, and that said firm is not dis	equalified to bid upon municipal or state					
contracts under any act of New York Sta	te Legislature.					
Sworn to before this						
Day of, 2022						
NOTARY PUBLIC						

#### AFFIDAVIT OF FOREIGN CORPORATION

STATE	E OF	)				
COUN	ITY OF	) ss:				
	I,		,as , Inc., a corpo	of oration,		
author	orated under the laws of rized to do business in New York ied with Article 13 of the Busin				•	Inc., has
	As proof I submit a copy of:					
	A receipt of filing an a	pplication to do	business in N	New York Secre	etary of State; o	or
	A copy of our applica State on ,	tion for authorit 20 .	y to do busine	ess in New York	filed with the	Secretary of
	As said corporation has com York, I hereby swear and affi , Inc., is authorized to do bus	rm that			itions Law of th	ne State of New
	Under penalties of perjury, I	declare that the	e facts present	ted are true, cor	rect and comp	lete.
2022.	In witness whereof, I set my	hand and attac	h the corporat	te seal this	day of	,
			Title			

Business Corporation Law of New York, Section 102 (7):

"Foreign Corporation" means a corporation ... formed under laws other than the statutes of (New York) ... "Authorized," when used with respect to a foreign corporation, means having authority, under Article 13 (Business Corporation Law) to do business in this state.

Individual, Corporation, Partnership, or LLC Acknowledge

STATE OF } SS.:
COUNTY OF }
On the dayofin the year 20, before me personally appearedknown to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say thathe resides,
Town of
County of,
State of,
[Mark an <b>X</b> in the appropriate box and complete the accompanying statement.]
□ (If an individual):he executed the foregoing instrument in his/her name and on his/her own behalf.
□ (If a corporation):he is the
of, the partnership described in said instrument; that, by the terms of said partnershiphe is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority,he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.
□ (If a limited liability company):he is a duly authorized member of
Notary Public
Registration No.

#### **EXCLUSION CHECKS**

Chautauqua County reserves the right to conduct exclusion checks on those who respond to its solicitations and on those with whom it contracts to verify that the contractor and its employees, subcontractors, and agents have not been sanctioned, excluded, debarred, suspended, or the subject of adverse governmental action by law enforcement, regulatory authorities, or licensing entities. This may include a check for exclusion from Federal healthcare programs. By submitting this proposal, you are: certifying that you are not prohibited from providing these services and/or goods as a result of being sanctioned, debarred, suspended, or excluded; agreeing that the County has the right to decline to enter into a contract with you in the event the County finds there to be a legal or funding source impediment to contracting with you; agreeing to provide written notice to the County immediately upon the occurrence of any sanction, exclusion, debarment, or suspension relating to your contract with the County; and agreeing that upon the occurrence of any such sanction, exclusion, debarment, or suspension, the County has the right to declare its contract with you to be terminated effective as of the moment of such occurrence or at such later date as is deemed by the County to be in the best interest of the County.

Name of Business	
Authorized Signature	
Printed Name	
Date	