

ATTACHMENT 1

**AGREEMENT TO ASSUME THE RISK ASSOCIATED WITH ENTRY UPON
PROPERTY, RELEASE, HOLD HARMLESS AND INDEMNIFICATION**

**Agreement to Assume the Risks Associated with Entry Upon
Property, Release, Hold Harmless and Indemnification**

IN CONSIDERATION of being granted permission to enter onto premises located at 125 Main Street, Buffalo, New York, including but not limited to any lands immediately adjacent to said premises (“Premises”), I, for myself, my personal representatives, heirs and next of kin;

1. ACKNOWLEDGE, agree and represent that I understand that said Premises may contain certain conditions that pose a risk to the safety of anyone thereon, including the risk of serious bodily injury, including permanent disability, paralysis and death (“Risks”).
2. HEREBY ASSUME full and complete responsibility for any Risks associated with the condition of said Premises, and that by executing this Agreement and entering on said Premises, I fully accept and assume all such Risks and responsibilities for losses, costs and damages that I may incur as a result of my entry onto said Premises.
3. HEREBY RELEASE, discharge and covenant not to sue the owner of the Premises, Erie Canal Harbor Development Corporation and Empire State Development and the State of New York (“the “State Entities””) from any liability claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by said Owner and State Entities.
4. HEREBY AGREE that if, despite this assumption of Risks and release of liability, I or anyone on my behalf makes a claim of any sort as herein described, except as specifically excluded above, I will indemnify, save and hold harmless each and all said Owner and State Entities from any litigation expenses, attorney fees, loss, liability, damage or cost which may be incurred as the result of any such claim.
5. HEREBY AGREE that if any part or portion of this Agreement is deemed to be void, such a finding shall not invalidate the remainder hereof, which shall remain in full force and effect.

Signed: _____

Date: _____

Print Name: _____

Witness: _____

ATTACHMENT 2

**PROJECT PRO FORMA – EXCEL WORKSHEET CAN BE
DOWNLOADED AT ECHDC WEBSITE**

ATTACHMENT 3

**OFFERER DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS
(STATE FINANCE LAW SECTION 139-j AND -k REQUIRED FORM)**

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)

Offerer 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: _____

ATTACHMENT 4

**MODEL LANGUAGE TO OBTAIN OFFER'S AFFIRMATION OF UNDERSTANDING OF AND
AGREEMENT PURSUANT TO STATE FINANCE LAW §139-j(3) AND §139-j(6)(b)**

Model Language to Obtain Offerer's Affirmation of Understanding of and Agreement pursuant to State Finance Law § 139-j (3) and § 139-j (6) (b)

Background:

State Finance Law § 139-j(6)(b) provides that:

Every Governmental Entity shall seek written affirmations from all Offerers as to the Offerer's understanding of and agreement to comply with the Governmental Entity's procedures relating to permissible contacts during a Governmental Procurement pursuant to subdivision three of this section.

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 recommended that this affirmation be obtained as early as possible in the procurement process, such as when the Offerer submits its proposal or bid. The following language can be used to obtain the affirmation.

Offerer affirms that it understands and agrees to comply with the procedures of the Government 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: _____

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)

Offerer 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: _____

ATTACHMENT 5

**SCHEDULE A-1: CONTRACTORS STAFFING PLAN
(NON-DISCRIMINATION AND AFFIRMATIVE ACTION FORM)**

SCHEDULE A-1

STAFFING PLAN

Project/RFP Title _____ Location of Contract _____

Contractor/Firm Name _____ Address _____

County _____

Zip _____

City _____

State _____

Zip _____

Check applicable categories: (1) Staff Estimates include:

Contract/Project Staff

Total Workforce

Subcontractors

(2) Type of Contract:

Construction Consultants

Commodities

Services/Consultants

TOTAL ANTICIPATED WORK FORCE											Total Percent Minority Employees	Total Percent Female Employees	
Federal Occupational Category	Total Number of Employees		Black (Not of Hispanic Origin)		Hispanic		Asian or Pacific Islander		Native American Alaskan Native				
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female			
Officials/Admin.													
Professionals													
Technicians													
Sales Workers													
Office & Clerical													
Craft Workers													
Operatives													
Laborers													
Service Workers													
TOTALS													

CERTIFICATION:

I, _____ (Print Name), the _____ (Title), do certify that (i) I have read this Staffing Plan and (ii) to the best of my knowledge, information and belief the information herein is complete and accurate.

Signature _____ Date _____ Telephone Number _____

Forward to:

Empire State Development
Affirmative Action Unit - Laverne Poole
633 Third Avenue
New York, NY 10017

Office: (212) 803-3224

Fax: (212) 803-3223

CONTRACTORS STAFFING PLAN
Instructions for Completion

PURPOSE:

The Contractors Staffing Plan is prepared by all contractors providing good, products and merchandise, or services (skilled and non-skilled) or professional consulting services (inclusive of professional construction consultant services) to a state agency. The plan is required prior to the award of a contract and contains the anticipated staff assignments during the contract. **In instances where that cannot be identified, the contractor may identify the total work force of the company.** The form will be reviewed by state agencies for the purposes of equal employment opportunity requirements.

GENERAL INFORMATION:

1. **Project/RFP Title:** describe the project for which you are competing as indicated on the RFP/RFB document.
2. **Location of Contract:** the company's location and postal zip code.
3. **Contractor/Firm Name:** the company that will be providing the workforce. Include *address* with city name, state and zip code.
4. **Check applicable categories:**
(1) *Staff Estimated include: Contract/Project Staff* (check in cases where the workers to be assigned can be determined, **Total Work Force** (check in the event the contract work force cannot yet be determined, **Subcontractors** (check if the work force for the project is that of a subcontractor).
(2) *Type of Contract: Construction Consultants, Commodities, Services/Consultants* (check appropriate box).

TOTAL ANTICIPATED WORK FORCE:

1. **Federal Occupational Category:** The contractor's work force is broken down and reported by the nine Federal Occupational Categories (FOC's) consistent with the Federal government's EEO-1 categories for the private sector labor force. The categories are general in nature, and include all related occupational job titles. The contracting agency can provide assistance in categorizing specific jobs.
2. **Total Number of Employees:** Record the total number of all persons employed in each FOC regardless of ethnicity (either to be assigned to the contract/project staff OR in the company's total work force, as indicated by the categories selected in number 4 (1) Staff Estimated, of the General Information. Report the number of male employees in column (1), and the total number of female employees in column (2) for each FOC. In columns (3) through (10), report the number of male and female *minority* group member, based on the following defined groups:

Black (not of Hispanic origin): all persons having origins in any of the Black African racial groups.

Hispanic: all persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American or either Indian or Hispanic origin, regardless of race.

Asian or Pacific Islander: all persons having origins in any of the Far East countries, South East Asia, the Indian subcontinent or the Pacific Islands.

Native American or Alaskan Native: all persons having origins in any of the original peoples of North America.

TOTAL PERCENT MINORITY:

Add all minority group members (male and female) columns (3) through (10), divide by the total numbers of all employees in that FOC (columns 1 + 2). Post the percentage result for that FOC. [Total number of minority employees (columns 3 through 10) / Total number of employees (columns 1 and 2)].

TOTAL PERCENT FEMALE:

Divide the number of female employees (column 2) in the FOC, by the total number of both Male and Female (column 1 + 2). Post the percentage result for that FOC. [Total female employees (column 2) / total number of employees (columns 1 and 2)].

TOTALS:

To compute the column totals, add vertically. *Total Percent Minority Employees and Total Percent Female Employees* should be calculated as shown above, using the summed column totals.

The Contractors Staffing Plan is to be completed by the prime contractor and signed and dated by an authorized representative before submission. The *Company Official's Name, Title, Telephone Number, Signature and Date* signed should be provided where indicated on the form.

ATTACHMENT 6

**SCHEDULE A-2: SCHEDULE OF MINORITY/WOMEN OWNED BUSINESS PARTICIPATION
(NON-DISCRIMINATION AND AFFIRMATIVE ACTION FORM)**

SCHEDULE A-2

SCHEDULE OF MINORITY/WOMEN OWNED BUSINESS PARTICIPATION

(No substitutions may be made on this submission except by prior written approval from Empire State Development)

Name of Respondent

Project: _____ Service:

Address

Respondent's Contract Amount:

Telephone Number: (____) _____

Name/Address/Phone No. of Minority/Women-owned Business	MBE or WBE	Joint Venture, Subcontractor or Supplier	Scope of Work to be Performed	Proposed Contract Price or Purchase Amount & Percentage

CERTIFICATION:

I, _____ (Print Name), the _____ (Title), do certify that (i) I have read this Schedule of Minority/Women Owned Business Participation and (ii) to the best of my knowledge, information and belief the information herein is complete and accurate.

Signature _____ Date _____

Forward to:

Empire State Development
Affirmative Action Unit - Laverne Poole
633 Third Avenue
New York, NY 10017

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