

Report ID: NYCA1673

State of New York

Page No: 1

Statewide Financial System

Run Date: 3/8/2023

Procurement Contract Request

Run Time: 12:11 PM

Single Transaction Summary

BUSINESS UNIT	DOCUMENT TYPE	AUDIT TYPE
DOS01	Procurement Contract	EBV

Business Unit (Name)	Contract No	Sequence #
Department of State	C1002381	0
Contract ID : 00000000000000000000117241		Version # : 1

Dept ID	Department Name
3800000	DOS01-Department of State_BD

Supplier ID
1000027100

Supplier Name
C & S ENGINEERS INC

Transaction Amount	Begin Date (MM/DD/YYYY) to	Expire Date (MM/DD/YYYY)
\$1,500,000.00	01/01/2023	12/31/2023

Bid Date (MM/DD/YYYY)	Renewal Amendment Beginning Date (MM/DD/YYYY)

Pre-Encumbrance Amt:	NY State Contract Descr:
	22-DRINYF-20 C1002381

Description
DOS01-C1002381-3800000

Provisions

Preparer's Signature	Preparer's Phone No
ENTROTT,JAMES	474-2754

Agency Finance Officer's Signature	Date
<i>James J. Entrott</i>	3/10/2023

Reporting Code	Method of Award	Number of Bids	Special Code

Date Received	Date Approved	Date Rejected	Auditor's Initials

Intended Encumbrance

Amount

Entrott, James (DOS)

From: Maggi, Benjamin <Benjamin.Maggi@ag.ny.gov>
Sent: Monday, March 13, 2023 3:20 PM
To: dos.sm.Fiscal.CAU; Contract Approval
Cc: Joos, Karissa (DOS); Entrott, James (DOS)
Subject: Approved - RE: DOS - C1002381 C & S Engineers, Inc - New Contract Submission

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Approved as to Form: 3/13/2023 by Benjamin Maggi
Received: 3/13/2023

OAG: CAS please file and enter. "P" Amount: 1,500,000

Reminder: Agencies must forward the contract approved by the OAG Contract Approval Section along with the email in which the OAG Contract Approval Section approved the contract, to OSC via the Comptroller's EDSS system. If you are not enrolled in the EDSS system and have not made alternative arrangements with OSC on how to submit your transaction, please contact OSC at 518-408-4672 or email ITServiceDesk@osc.ny.gov.

Benjamin L. Maggi
Section Chief
Contract Approval Section
New York State Office of the Attorney General
Contract Approval Section
The Capitol, Albany, NY 12224

ATTORNEY CLIENT PRIVILEGED/NOT FOR DISSEMINATION

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From: dos.sm.Fiscal.CAU <dos.sm.Fiscal.CAU@dos.ny.gov>
Sent: Monday, March 13, 2023 11:08 AM
To: Contract Approval <contractapproval@ag.ny.gov>
Cc: Joos, Karissa (DOS) <Karissa.Joos@dos.ny.gov>; Entrott, James (DOS) <James.Entrott@dos.ny.gov>
Subject: DOS - C1002381 C & S Engineers, Inc - New Contract Submission

[EXTERNAL]

Good morning,

Attached is an electronic contract submission for your approval.


Please note, as this is a vendor contract, no procurement approval is included as the procurement will be sent to OSC at the same time the contract is submitted.

**Division of the Budget
Agency Spending Controls**

Request #3800000-229-2022

Tab: Requests

Approved Request

 [Request 3800000-229-2022 Approval Form](#)

Request Details

Agency Code: 3800000

Agency Name: State, Department of

Request #: 3800000-229-2022

Alternative Tracking Number:

Agency Contact: Jen Gallo

Phone Number: 518-474-2754

Date Submitted to DOB: 01/17/2023

Program Name:

Contracts for Planning

Request Title: Consultants for DRI and NY Forward

Attachment Type: A

Description: Contracts for selected consultants to provide planning services to communities successful in the Downtown Revitalization Initiative and NY Forward. 20 contracts C1002381-C1002400

Expedited: Yes

Centralized Contract: No

Contract Term: 01/01/2023 to 12/31/2027

Fund Type: Capital Projects Funds - Other

Member Item (007): N/A

Request Type: Contracts - New

NPS Type: N/A

Grant Contract: No

Justification: This request implements the Governor's Downtown Revitalization Initiative and NY Forward by providing professional support to communities in planning activities. These Governor's high priority initiatives are dependent on contracts with consultants to provide planning services for the communities selected to receive funding through these initiatives. These are multi-year contracts supporting approximately 5 rounds of DRI and NYForward.

Agency's M/WBE Contract Goal: 30 %

Rationale for Agency's M/WBE

Contract Goal: Contracts will be assessed the standard 30% MWBE goal.

Additional Information:

Supporting Files:

Internal Agency Comment:

Estimated Total Value This Request: \$47,500,000.00

Estimated 2021-22 Disbursements:

Estimated 2022-23 Disbursements: \$475,000.00

Estimated 2023-24 Disbursements: \$950,000.00

Estimated 2024-25 Disbursements: \$950,000.00

Request Status

Status: Approved

Agency Head/Designee: Jennifer Gallo

Certified as Reviewed by Yes
Agency Head/Designee:

Status Date: 01/24/2023

Submitted for Approval by Jennifer Gallo on 01/17/2023

Submitted to Agency Head by Sarah Crowell on 01/10/2023

Submitted to Agency Review Level 1 by Laurissa Garcia on 01/10/2023

NYS Division of Budget: Darby Grassy
Economic Development, Environment and Energy Unit

**Validated by the Office of the
Director of State Operations**



**CERTIFICATE OF INSURANCE COVERAGE
NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW**

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

<p>1a. Legal Name & Address of Insured (use street address only) C&S Engineers, Inc 499 Col Eileen Collins Blvd Syracuse, NY 13212</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured (315)-703-4170</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 135318940</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) New York State Department of State 99 Washington Ave., Suite 1010 Albany NY 12231</p>	<p>3a. Name of Insurance Carrier The Guardian Life Insurance Company of America</p> <p>3b. Policy Number of Entity Listed in Box 1a 00974254-0001</p> <p>3c. Policy Effective Period 4.1.2022 to 4.1.2023</p>

4. Policy provides the following benefits:

- A. Both disability and Paid Family Leave benefits.
- B. Disability benefits only.
- C. Paid Family Leave benefits only.

5. Policy covers:

- A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
- B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS disability and/or Paid Family Leave benefits insurance coverage as described above.

Date Signed 1.17.2023 By *Mr. Prestileo*
(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number 1-888-278-4542 Name and Title Michael Prestileo, Head of Group Benefits Strategy, Product & Underwriting

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

**State of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law(Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and Paid Family Leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. **Insurance brokers are NOT authorized to issue this form.**





**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & Address of Insured (use street address only) C&S Engineers Inc. 499 Col Eileen Collins Blvd Syracuse, NY 13212</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 315-455-2000</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 13-5318940</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) New York State Department of State 99 Washington Ave., Suite 1010 Albany NY 12231</p>	<p>3a. Name of Insurance Carrier Travelers Casualty Ins Co of America</p> <p>3b. Policy Number of Entity Listed in Box "1a" UB7K6963972243G</p> <p>3c. Policy effective period 7/1/2022 to 7/1/2023</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). **The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".**

Will the carrier notify the certificate holder within 10 days of a policy being cancelled for non-payment of premium or within 30 days if cancelled for any other reason or if the insured is otherwise eliminated from the coverage indicated on this certificate prior to the end of the policy effective period? YES NO

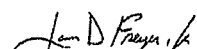
This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation 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 Workers' Compensation Coverage or other authorized proof that 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 or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: James D. Freyer, Jr
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  1/16/2023
(Signature) (Date)

Title: CEO

Telephone Number of authorized representative or licensed agent of insurance carrier: 315-451-1500

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: New York State Department of State
 State Agency Department ID: 22-DRINYF-20 Agency Business Unit: DOS01/3800000
 Contractor Name: C&S Engineers, Inc. Contract Number: C1002381
 Contract Start Date: 1/ 1 / 2023 Contract End Date: 12 /31 / 2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Engagement Partner	2	1,250	187,500
Project Manager	6	3,500	490,000
Senior Analyst	10	3,000	555,000
Associate Analyst	3	1,000	130,000
Analyst	1	1,250	137,500
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total		10,000	\$1,500,000

Name of person who prepared this report: Emma Phillips
 Title: Project Planner Phone #: 585-406-7945
 Preparer's Signature: *Emma C. Phillips*
 Date Prepared: 2 / 9 / 2023