



Robert P. Astorino
County Executive

WESTCHESTER-PUTNAM WORKFORCE INVESTMENT BOARD



Robert J. Bondi
County Executive

Re: Wage Subsidy Contracts

Dear Contractor

Enclosed please find a contract for the provision of the Wage Subsidy Program. For your convenience, and in an effort to ensure the timely processing of your contract, we have prepared and herewith attach a detailed instruction sheet outlining each of the forms/schedules that must be completed and forwarded to the County with the signed contract.

Please return the original signed contract and completed attachments, along with the General Liability Insurance and the Workman Compensation certificates, to the attention of:

Sonda Norris-Lowe
Westchester/Putnam Workforce Investment Board
120 Bloomingdale Rd
White Plains, NY 10605

Upon execution of the contract by the Commissioner and approval by the Office of the County Attorney, a fully executed and approved copy will be mailed to you.

All questions regarding this contract must be in writing and forwarded to Sonda Norris-Lowe.

Thank you in advance for your prompt attention to this matter.

Sincerely,

Donnovan Beckford, Director
Westchester/Putnam Workforce Investment Board

CONTRACT CHECK LIST

- Ensure that the Provider Name is accurate and/or insert Federal ID number or check Federal ID
- Signature required of person authorized to sign contracts for your organization, name and title.
- Acknowledgment**– To be completed by the person authorized to sign the contract and a **Notary's acknowledgement** regarding the person who signed the contract.
- Certificate of Authority**– Must be filled out by an officer of the corporation **OTHER THAN THE PERSON SIGNING THE CONTRACT** that certifies that the contract signer has the authority to enter into the contract. The officer's signature must be notarized. The Certificate of Authority cannot be signed and dated prior to the signature and date on the Provider Acknowledgment form.
- Schedule A - Scope of Services/Budget**
- Schedule B- Standard Insurance Provisions:** Furnish a copy of your organization's Certificate of Insurance evidencing proof of:
 - General Liability insurance with coverage of a minimum \$1,000,000 (Certificate MUST name the County of Westchester, Department of Social Services, Office of Workforce Investment, 120 Bloomingdale Rd, White Plains, NY as the Certificate Holder. Statement in "Special Items" must indicate "Certificate Holder is an additional insured")
 - Workman's compensation
 - Automobile Liability (Where appropriate)
 - Professional Liability (Where appropriate)
- Schedule C- Questionnaire Regarding Business Enterprises Owned and Controlled By Persons of Color or Women** - Answer all questions. Signature required of person authorized to sign contracts for your organization, date, name and title.
- Schedule D- Required Disclosure of Relationships to County** - Answer all questions. Signature required of person authorized to sign contracts for your organization, date, name and title.
- Schedule E- Direct Vendor Program FAQ**– Complete form and submit with copy of cancelled check and IRS form W-9.
- Schedule F-1 - Criminal Background Disclosure**– Answer all questions. Signature required of person authorized to sign contracts for your organization, date, name and title. If you answer "no" to all questions on the Schedule F1 proceed to Schedule G.

Schedule G-Certification regarding Business Dealings with Northern Ireland (“MacBride Principles”) – Signature required of person authorized to sign contracts for your organization, date name and title.

Schedule H –Certification Regarding Drug Free workplace Requirements – Signature required of person authorized to sign contracts for your organization, date name and title.

Schedule I –Certification Regarding Drug Free workplace Requirements – Signature required of person authorized to sign contracts for your organization, date name and title.

Schedule J –Certification Regarding Lobbying – Signature required of person authorized to sign contracts for your organization, date name and title.

Schedule K –Whistleblower Protection – Leave blank

Attachments: Job Order Form
Cancelled check
IRS form W-9.