

Steven Banks
Commissioner

September 23, 2014

Martha A. Calhoun
General Counsel

Dear Prospective Bidders:

Vincent Pullo
Agency Chief
Contracting Officer

For your information, this **Addendum #1** for the contract to provide **Summons Process Services Outside NYC (PIN 15BSECH00201/ EPIN 09614B0015)** contains the **“Hiring Requirement Exemption Request Form”** (attached hereto as **Exhibit 1**) from HRA’s hiring requirement delineated in **Article 19** of the contract.

180 Water Street
New York, NY 10038

Pursuant to Article 19 of the contract, the contractor can make a request for an exemption within thirty (30) days after the commencement date of this contract. Please note that the form does not have to be submitted with your bid.

929 221 6347

Attached as Exhibit 2 is a copy of the attendance sheet from the pre-bid conference held on Thursday, September 18, 2014.

Attached as Exhibit 3 is a copy of the pricing information for the current vendor Alert Process Service.

Attached as Exhibit 4 is the vendor pick-up list.

Attached as Exhibit 5 is the Schedule B- MWBE Utilization Plan that includes pages 2, 4, and 6. Vendors are to replace the Schedule B contained in the contract book with this version.

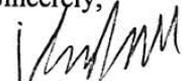
The answers to questions from prospective bidders is on Attachment A.

This is a reminder that this contract is subject to Local Law 1, Minority-Owned and Women-Owned Business Enterprises (MWBE) Requirements. The completed Schedule B – MWBE Utilization Plan, Part II or the Schedule B- Request for Waiver of MWBE Participation Requirement with the agency’s decision is to be submitted with the bid.

Please be advised that the last day for questions was **Monday, September 22, 2014**. In addition, the bid due date is **Tuesday, October 7, 2014 at 3:00 p.m.**

Bids received after the bid due date and time are late and shall not be considered.
Your interest in doing business with the City of New York is appreciated.

Sincerely,



Vincent Pullo

- Exhibits:
1. Hiring Requirement Exemption Request Form
 2. A copy of the attendance sheet from the pre-bid conference held on Thursday, September 18, 2014
 3. A copy of the pricing information for Alert Process Service
 4. The Vendor Pick List
 5. The Schedule B- MWBE Utilization Plan that includes pages 2, 4, and 6

**Summons Process Services Outside NYC
PIN 15BSECH00201/EPIN 09614B0015**

Question 1

Pursuant to the Freedom of Information Law, I wish to know the current rates paid to the vendor(s) who provide Summons Process Services Outside NYC for Pin #15BSECH00201.

Answer 1

Alert Process Service is the current vendor providing Summons Process Services. A copy of the vendor's pricing information is attached to this Addendum #1. (See Exhibit 3)

Question 2

We are a certified NYC and NYS WBE located in Westchester NY...and are interested in partnering with a larger firm for this opportunity. Could you please publish a list of all primes who received the bid package so that we can contact them directly about being a sub?

Answer 2

The list of vendors who are in possession of the solicitation document is attached to this Addendum #1. (See Exhibit 4)

Question 3

We would like to obtain a copy of the last vendor pricing.

Answer 3

Alert Process Service is the current vendor providing Summons Process Services. A copy of the vendor's pricing information is attached to this Addendum #1. (See Exhibit 3)

Question 4

Would vendors be reimbursed for all out of state additional expenses?

Answer 4

All cost incurred during the performance of the contract (i.e. operating expenses, tolls, fees, equipment, etc.) shall be the contractor's responsibility. Reimbursement of expenses is discussed on the bid sheet and in Sections 10 and 11 of the specifications.

**ADDENDUM #1
Attachment A**

September 23, 2014

**Summons Process Services Outside NYC
PIN 15BSECH00201/EPIN 09614B0015**

Question 5

Will vendors be paid for their service price and the out of state vendor invoice upon submission?

Answer 5

**Payment is contingent upon the Contractor's submission of a proper invoice, affidavits and electronic files and certification by HRA that service was properly performed.
Reimbursement for services provided is discussed in Section 11 of the specifications.**

HUMAN RESOURCES ADMINISTRATION

HIRING REQUIREMENT EXEMPTION REQUEST

Name of Contractor: _____

Address: _____

Contact Person: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

MAIL COMPLETED FORM TO:

BUSINESS LINK - CONTRACTOR HIRING UNIT (C.H.U.)
348 WEST 34TH STREET
NEW YORK, NY 10001

Requests should be submitted as soon as your documentation is ready. Select only one boxed section below, and one subsection. Use the appropriate language (Exemption or Partial Exemption) on all accompanying materials. This request must be signed by an officer of your organization and notarized.

The undersigned hereby requests the following for *Fiscal Year 2012*, from July 1, 2011 – June 30, 2012

I. COMPLETE EXEMPTION from the hiring requirement because:

- a) New York City workforce is less than 20. (Attach a list of your NYC staff by title.)
- b) We have no entry level workers on our payroll. (Attach a list of your NYC staff by title.)
- c) A valid collective bargaining agreement covers all of our entry-level positions and limits us to a hiring pool which does not include Cash Assistance recipients. (Attach a copy of the applicable provisions and a list of your NYC staff by title.)
- d) Complying with the hiring requirement would cause extreme hardship. (Attach a description of the hardship.)

II. PARTIAL EXEMPTION / REDUCTION in the hiring requirement to _____ workers because

- a) Our New York City workforce totals _____. The current hiring requirement exceeds 10% of our workforce. (Attach a list of your NYC staff by title.)
- b) We have _____ entry level workers on our payroll. (Attach a list of your NYC staff by title.)
- c) A valid collective bargaining agreement covers _____ of our entry-level positions and limits us to a hiring pool which does not include Cash Assistance Recipients. (Attach a list indicating the entry-level positions covered and a copy of the applicable provisions.)
- d) Complying with the hiring requirement would cause extreme hardship. (Attach a description of the hardship.)

Your request will be processed in an expeditious manner, and you will be notified of the disposition. If you have any questions you may call the Contractor Hiring Unit at (212) 643-2881 ext. 3128.

ATTACHMENT #2- Revised June 28, 2011
 Summons and/or Subpoena Service Bid Sheet

EXHIBIT 3

PIN: 069-12-310-0003/ EPIN 09611B0043

PROPOSER NAME: Albert Process Service LLC

Bids are to be submitted on a per unit (case) basis, for a successful Service (Personal/Substituted/Alternate) and Unsuccessful Service (Attempted) for cases, as indicated below. The successful bidder will be the one with the lowest combined rate for the two (2) types, (Successful Service/Unsuccessful Service) in all five (5) categories (1 through 5). All costs incurred, including but not limited to the anticipated profit and all potential operating costs to be incurred, including but not limited to overhead (rent, utilities), insurances, tolls, fees, fines, fares, fuel, equipment, maintenance, and labor, in the performance of services under this contract shall be the responsibility of the Contractor. Unexpected costs related to summons and/or subpoena and/or subpoena service within various jurisdictions, including but not limited to document translations, shall be the responsibility of the Contractor.

1. PROPOSED RATES for: New York State (outside Five Boroughs of NYC), Connecticut, and New Jersey

Approximately 2,700/YEAR*

Personal/Substituted/Alternate (Successful Service)	Attempted Service (Unsuccessful Service)
(a) Bid rate: \$ <u>52</u> x 1,675 = <u>87,100</u>	(b) Bid rate: \$ <u>47</u> x 1,025 = <u>48,175</u>
Sub-total for Category 1 (a+b) = \$ <u>135,275</u>	

2. PROPOSED RATES for: All other states in the contiguous continental United States

Approximately 3,950/YEAR*

Personal/Substituted/Alternate (Successful Service)	Attempted Service (Unsuccessful Service)
(c) Bid rate: \$ <u>67</u> x 2,370 = <u>158,790</u>	(d) Bid rate: \$ <u>63</u> x 1,580 = <u>99,540</u>
Sub-total for Category 2 (c+d) = \$ <u>258,330</u>	

3. PROPOSED RATES for: Puerto Rico, Alaska and Hawaii

Approximately 140/YEAR*

Personal/Substituted/Alternate (Successful Service)	Attempted Service (Unsuccessful Service)
(e) Bid rate: \$ <u>122</u> x 90 = <u>10,980</u>	(f) Bid rate: \$ <u>115</u> x 50 = <u>5,750</u>
Sub-total for Category 3 (e+f) = \$ <u>16,730</u>	

* PLEASE NOTE THAT THE VOLUME ESTIMATES ABOVE ARE INEXACT AND SOLELY FOR THE PURPOSE OF PROVIDING A BASIS FOR APPROXIMATING THE ANTICIPATED LEVEL OF SERVICE.

ATTACHMENT #2- Revised June 28, 2011
 Summary Service Bid Sheet

PIN: 069-12-310-0003/EPIN 09611B0043

PROPOSER NAME: Alert Process Service LLC

Bids are to be submitted on a per unit (case) basis, for a successful Service (Personal/Substituted/Alternate) and Unsuccessful Service (Attempted) for cases, as indicated below. The successful bidder will be the one with the lowest combined rate for the two (2) types, (Successful Service/Unsuccessful Service) in all five (5) categories (1 through 5). All costs incurred, including but not limited to the anticipated profit and all potential operating costs to be incurred, including but not limited to overhead (rent, utilities), insurances, tolls, fee, fines, fares, fuel, equipment, maintenance, and labor, in the performance of services under this contract shall be the responsibility of the Contractor. Unexpected costs related to summons and/or subpoena service within various jurisdictions, including but not limited to document translations, shall be the responsibility of the Contractor.

4. PROPOSED RATES for: Guam, and other locations

Approximately 10/YEAR*

Personal/Substituted/Alternate (Successful Service)	Attempted Service (Unsuccessful Service)
(g) Bid rate: \$ <u>210.-</u> x 5 = <u>1,050.-</u>	(h) Bid rate: \$ <u>190.-</u> x 5 = <u>950.-</u>
Sub-total for Category 4 (g+h) = <u>\$ 2,000.-</u>	

* PLEASE NOTE THAT THE VOLUME ESTIMATES ABOVE ARE INEXACT AND SOLELY FOR THE PURPOSE OF PROVIDING A BASIS FOR APPROXIMATING THE ANTICIPATED LEVEL OF SERVICE.

Category 1:	\$ <u>135,275.-</u> (a+b)
Category 2:	\$ <u>258,330.-</u> (c+d):
Category 3:	\$ <u>16,730.-</u> (e+f)
Category 4:	\$ <u>2,000.-</u> (g+h)

Grand Total (1+2+3+4) X 3: \$ 1,237,005.-
 (This is your combined bid price)

[Signature]
 Signature

7/5/11
 Date

HUMAN RESOURCES ADMINISTRATION
OFFICE OF CONTRACTS
BID ADMINISTRATION
180 WATER STREET, 14TH FLOOR
NEW YORK, NY 10038

PAGE 1 OF 1

VENDOR PICK UP LIST

EXHIBIT 4

SCOPE OF WORK_ SUMMONS PROCESS SERVICES
PRE-BID CONFERENCE: SEPTEMBER 18, 2014

PIN# 15BSECH00201 / EPIN 09614B0015

NO	DATE	COMPANY NAME	COMPANY REPRESENTATIVE	ADDRESS	PHONE#	FAX#	EMAIL ADDRESS
1	9/10/2014	ABC Process Service Bureau, Inc	Jay Brdosky	225 Broadway New York, NY 10007	(212) 732-6490	(212) 267-2843	
2	9/10/2014	Diamond Power Consultant Group, Inc	Woody Charles	384 East 35th Street Brooklyn, NY 11203	(917) 407-7384	(646) 416-6706	diamondspower@msn.com
3	9/10/2014	JDG Investigations, Inc	John Givens	88-52 Woodhaven Blvd Woodhaven, NY 11421	(718) 487-8035	(718) 487-8048	jdginv@aol.com
4	9/10/2014	Nationwide Court Service	Arlene Nelson	29 Broadway, Suite 2310 New York, NY 10006	(631) 981-4400		ac@nationwidecourtservice.com
5	9/10/2014	NJB Security Services, Inc	Frank Maiolo	44 S West St Mt Vernon, NY 10550	(914) 237-8200 ext 201	(914) 237-94444	bbubbico@njbsecurity.com
6	9/10/2014	United Claims Service, Inc	Clayton Fryer	193 East Main Street Babylon, NY 11702	(631) 482-9966	(631) 482-9959	info@unitedclaims.com
7	9/10/2014	Fed Cap	James Greene	119 W. 19th Street New York, NY 10011			
8	9/10/2014	ABC Legal Services, Inc	Reid McNair	633 Yesler Way Seattle, WA 98104	(206) 521-9000		abclegal.com
9	9/10/2014	Purvis Systems Inc	James Bellard	222-40 96th Ave Queens Village, NY 11429	(718) 736-6100	(718) 736-6107	jbellard@purvis.com
10	9/11/2014	Shaul Horan	ISD International Systems Development Inc Alert Process Service	185 Willis Ave, Suite 6 Mineola, NY 11501	(516) 741-4353	(516) 294-4729	alert4@optonline.net
11	9/11/2014	Alliance Worldwide	Michelle Meralya	4 Executive Park Dr. Clifton Park, NY 12065	(800) 579-2911		
12	9/11/2014	Gruskay Connectivity LLC	Holly Gruskay	32 Runyon Place Scarsdale, NY 10583	(914) 715-5983	(914) 632-8870	gruskay.connectivity@gmail.com
13	9/18/2014	Irede Process Servers Inc	Maragret Salisu-Horadin	45 Abrew St. Bayshore, NY 11706	(516) 524-5030	(631) 962-0962	msalisu@iredeprocessservers.com

EXHIBIT 5

Tax ID #: _____

APT E-PIN #: 0961480015



THE CITY OF NEW YORK

**SCHEDULE B – MWBE Utilization Plan
Part I: MWBE Participation Goals**

Part I to be completed by contracting agency

Contract Overview

APT E- Pin # 0961480015 FMS Project ID#: _____
 Project Title/ Agency PIN # Summons Services outside NYC / 15BSECH00201
 Bld/Proposal Response Date _____
 Contracting Agency HRA
 Agency Address 2 WASHINGTON STREET City New York State NY Zip Code 10004
 Contact Person Endrhis Santana Title Director of Management & Planning
 Telephone # 929-221-4394 Email Endrhis.santana@dfa.state.ny.us

Project Description (attach additional pages if necessary)

This contract is for Summons Services outside New York City. Including locations to Puerto Rico, Philippine Islands, U.S. Territories and all other areas worldwide.

MWBE Participation Goals for Services
 Enter the percentage amount for each group or for an unspecified goal. Please note that there are no goals for Asian Americans in Professional Services.

Prime Contract Industry: Standard Service

Group	Percentage
<u>Unspecified</u>	<u>20%</u>
or	
Black American	%
Hispanic American	%
Asian American	%
Women	%
Total Participation Goals	20%

Tax ID #: _____

APT E-PIN #: 09614B0015 _____

SCHEDULE B - Part II: M/WBE Participation Plan

Part II to be completed by the bidder/proposer.

Please note: For Non-M/WBE Prime Contractors who will NOT subcontract any services and will self-perform the entire contract, you must obtain a FULL waiver by completing the Waiver Application on pages 5 and 6 and timely submitting it to the contracting agency pursuant to the Notice to Prospective Contractors. Once a FULL WAIVER is granted, it must be included with your bid or proposal and you do not have to complete or submit this form with your bid or proposal.

Section I: Prime Contractor Contact Information	
Tax ID # _____	FMS Vendor ID # _____
Business Name _____	Contact Person _____
Address _____	
Telephone # _____	Email _____

Section II: M/WBE Utilization Goal Calculation: Check the applicable box and complete subsection.

PRIME CONTRACTOR ADOPTING AGENCY M/WBE PARTICIPATION GOALS					
<input type="checkbox"/> For Prime Contractors (including Qualified Joint Ventures and M/WBE firms) adopting Agency M/WBE Participation Goals. Calculate the total dollar value of your total bid that you agree will be awarded to M/WBE subcontractors for services and/or credited to an M/WBE prime contractor or Qualified Joint Venture. Please review the Notice to Prospective Contractors for more information on how to obtain credit for M/WBE participation.	Total Bid/Proposal Value	X	Agency Total Participation Goals (Line 1, Page 1)	=	Calculated M/WBE Participation Amount \$ Line 2

PRIME CONTRACTOR OBTAINED PARTIAL WAIVER APPROVAL: ADOPTING MODIFIED M/WBE PARTICIPATION GOALS					
<input type="checkbox"/> For Prime Contractors (including Qualified Joint Ventures and M/WBE firms) adopting Modified M/WBE Participation Goals. Calculate the total dollar value of your total bid that you agree will be awarded to M/WBE subcontractors for services and/or credited to an M/WBE prime contractor or Qualified Joint Venture. Please review the Notice to Prospective Contractors for more information on how to obtain credit for M/WBE participation.	Total Bid/Proposal Value	X	Adjusted Participation Goal (From Partial Waiver)	=	Calculated M/WBE Participation Amount \$ Line 3

Section III: M/WBE Utilization Plan: How Proposer/Bidder Will Fulfill M/WBE Participation Goals. Please review the Notice to Prospective Contractors for more information on how to obtain credit for M/WBE participation. Check applicable box. The Proposer or Bidder will fulfill the M/WBE Participation Goals:

As an M/WBE Prime Contractor that will self-perform and/or subcontract to other M/WBE firms a portion of the contract the value of which is at least the amount located on Lines 2 or 3 above, as applicable. The value of any work subcontracted to non-M/WBE firms will not be credited towards fulfillment of M/WBE Participation Goals. Please check all that apply to Prime Contractor:

- MBE WBE

As a Qualified Joint Venture with an M/WBE partner, in which the value of the M/WBE partner's participation and/or the value of any work subcontracted to other M/WBE firms is at least the amount located on Lines 2 or 3 above, as applicable. The value of any work subcontracted to non M/WBE firms will not be credited towards fulfillment of M/WBE Participation Goals.

As a non M/WBE Prime Contractor that will enter into subcontracts with M/WBE firms the value of which is at least the amount located on Lines 2 or 3 above, as applicable.

Section IV: General Contract Information

What is the expected percentage of the total contract dollar value that you expect to award in subcontracts for services, regardless of M/WBE status? % _____

Enter brief description of the type(s) and dollar value of subcontracts for all/any services you plan on subcontracting if awarded this contract. For each item, indicate whether the work is designated for participation by MBEs and/or WBEs and the time frame in which such work is scheduled to begin and end. Use additional sheets if necessary.

✓ Scopes of Subcontract Work

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____

Section V: Vendor Certification and Required Affirmations

I hereby:

- 1) acknowledge my understanding of the M/WBE participation requirements as set forth herein and the pertinent provisions of Section 6-129 of the Administrative Code of the City of New York ("Section 6-129"), and the rules promulgated thereunder;*
- 2) affirm that the information supplied in support of this M/WBE Utilization Plan is true and correct;*
- 3) agree, if awarded this Contract, to comply with the M/WBE participation requirements of this Contract, the pertinent provisions of Section 6-129, and the rules promulgated thereunder, all of which shall be deemed to be material terms of this Contract;*
- 4) agree and affirm that it is a material term of this Contract that the Vendor will award the total dollar value of the M/WBE Participation Goals to certified MBEs and/or WBEs, unless a full waiver is obtained or such goals are modified by the Agency; and*
- 5) agree and affirm, if awarded this Contract, to make all reasonable, good faith efforts to meet the M/WBE Participation Goals, or if a partial waiver is obtained or such goals are modified by the Agency, to meet the modified Participation Goals by soliciting and obtaining the participation of certified MBE and/or WBE firms.*

Signature _____	Date _____
Print Name _____	Title _____

Tax ID #: _____

APT E-PIN #: 09614B0015 _____

SCHEDULE B – PART III – REQUEST FOR WAIVER OF M/WBE PARTICIPATION REQUIREMENT

Contract Overview

Tax ID # _____ FMS Vendor ID # _____
 Business Name _____
 Contact Name _____ Telephone # _____ Email _____
 Type of Procurement Competitive Sealed Bids Other Bid/Response Due Date _____
 APT E-PIN # (for this procurement): 09614B0015 Contracting Agency: HRA

M/WBE Participation Goals as described in bid/solicitation documents

20% Agency M/WBE Participation Goal

Proposed M/WBE Participation Goal as anticipated by vendor seeking waiver

% of the total contract value anticipated in good faith by the bidder/proposer to be subcontracted for services and/or credited to an M/WBE Prime Contractor or Qualified Joint Venture.

Basis for Waiver Request: Check appropriate box & explain in detail below (attach additional pages if needed)

- Vendor does not subcontract services, and has the capacity and good faith intention to perform all such work itself with its own employees.
- Vendor subcontracts some of this type of work but at a lower % than bid/solicitation describes, and has the capacity and good faith intention to do so on this contract. (Attach subcontracting plan outlining services that the vendor will self-perform and subcontract to other vendors or consultants.)
- Vendor has other legitimate business reasons for proposing the M/WBE Participation Goal above. Explain under separate cover.

References

List 3 most recent contracts performed for NYC agencies (if any). Include information for each subcontract awarded in performance of such contracts. Add more pages if necessary.

CONTRACT NO.	AGENCY	DATE COMPLETED
Total Contract Amount \$ _____	Total Amount Subcontracted \$ _____	_____
Item of Work Subcontracted and Value of subcontract _____	Item of Work Subcontracted and Value of subcontract _____	Item of Work Subcontracted and Value of subcontract _____
CONTRACT NO. _____	AGENCY _____	DATE COMPLETED _____
Total Contract Amount \$ _____	Total Amount Subcontracted \$ _____	_____
Item of Work Subcontracted and Value of subcontract _____	Item of Work Subcontracted and Value of subcontract _____	Item of Work Subcontracted and Value of subcontract _____
CONTRACT NO. _____	AGENCY _____	DATE COMPLETED _____
Total Contract Amount \$ _____	Total Amount Subcontracted \$ _____	_____
Item of Work Subcontracted and Value of subcontract _____	Item of Work Subcontracted and Value of subcontract _____	Item of Work Subcontracted and Value of subcontract _____

Tax ID #: _____

APT E-PIN #: 09614B0015

List 3 most recent contracts performed for other entities. Include information for each subcontract awarded in performance of such contracts. Add more pages if necessary.

(Complete ONLY if vendor has performed fewer than 3 New York City contracts.)

TYPE OF Contract _____ AGENCY/ENTITY _____ DATE COMPLETED _____
 Manager at agency/entity that hired vendor (Name/Phone No./Email) _____
 Total Contract Amount \$ _____ Total Amount Subcontracted \$ _____
 Type of Work Subcontracted _____

TYPE OF Contract _____ AGENCY/ENTITY _____ DATE COMPLETED _____
 Manager at agency/entity that hired vendor (Name/Phone No./Email) _____
 Total Contract Amount \$ _____ Total Amount Subcontracted \$ _____
 Item of Work Subcontracted and Value of subcontract _____ Item of Work Subcontracted and Value of subcontract _____ Item of Work Subcontracted and Value of subcontract _____

TYPE OF Contract _____ AGENCY/ENTITY _____ DATE COMPLETED _____
 Manager at agency/entity that hired vendor (Name/Phone No./Email) _____
 Total Contract Amount \$ _____ Total Amount Subcontracted \$ _____
 Item of Work Subcontracted and Value of subcontract _____ Item of Work Subcontracted and Value of subcontract _____ Item of Work Subcontracted and Value of subcontract _____

VENDOR CERTIFICATION: I hereby affirm that the information supplied in support of this waiver request is true and correct, and that this request is made in good faith.

Signature: _____ Date: _____
 Print Name: _____ Title: _____

Shaded area below is for agency completion only

AGENCY CHIEF CONTRACTING OFFICER APPROVAL
 Signature: _____ Date: _____

CITY CHIEF PROCUREMENT OFFICER APPROVAL
 Signature: _____ Date: _____

Waiver Determination
 Full Waiver Approved:
 Waiver Denied:
 Partial Waiver Approved:
 Revised Participation Goal: _____ %