

State of New York Office of the State Comptroller

Proposal to provide audit services for
the audit of OSC's internal controls

Administrative proposal | Original

August 22, 2019



MITCHELL TITUS
ACHIEVING EXCELLENCE TOGETHER

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RFP18-14 – Professional Auditing Services for the Audit of OSC’s System of Internal Control			
FOR THE ADMINISTRATIVE PROPOSAL			
TAB	RFP §	REQUIREMENT	INCLUDED
N/A	§ 7.1.A	ONE Original and TWO Copies of the Complete Administrative Proposal, containing the Tabs listed in this Section	<input checked="" type="checkbox"/>
1	§ 6.1.A	<u>M/WBE Participation Requirements:</u>	<input checked="" type="checkbox"/>
		The Proposer’s EEO Policy Statement, as described in Clause 12 of Appendix A – Standard Clauses for NYS Contracts	<input checked="" type="checkbox"/>
		Form AC3239-A – Proposer’s EEO Staffing Plan of Anticipated Workforce	<input checked="" type="checkbox"/>
		Form AC3239-C – M/WBE Goal Requirements – Certification of Good Faith Efforts	<input checked="" type="checkbox"/>
		Form AC3239-D – Proposer’s M/WBE Utilization Plan	<input checked="" type="checkbox"/>
		Form AC3239-E – Proposer’s M/WBE Subcontractor’s/Supplier’s Notice of Intent to Participate	<input checked="" type="checkbox"/>
		Form AC3239-F – Request for Waiver, <u>with all required documentation</u> , if applicable	<input type="checkbox"/>
2	§ 6.1.B	<u>SDVOB Participation Requirements:</u>	<input checked="" type="checkbox"/>
		Form AC3322-1 (Proposed Use of SDVOBs In Contract Performance)	<input checked="" type="checkbox"/>
		Form AC3322-3 (Proposer’s/Contractor’s SDVOB Request for Waiver)	<input type="checkbox"/>
2	§ 6.1.D	Appendix E – Proposer’s Certification/Acknowledgements, completed and signed	<input checked="" type="checkbox"/>
3	§ 6.1.E	Appendix F – Disclosure of Prior Non-Responsibility Determinations, completed and signed	<input checked="" type="checkbox"/>
4	§ 6.1.F	Appendix H – Executive Order on Independence of Auditors Submission	<input checked="" type="checkbox"/>
5	§ 6.1.G	Vendor Responsibility Questionnaire, certified within six months of the Proposal due date (<u>unless filed and certified online</u>)	<input type="checkbox"/>
		If Vendor Responsibility Questionnaire was completed and certified online, check here and do not attach a paper copy.	<input checked="" type="checkbox"/>
INCLUDE IN THE ADMINISTRATIVE PROPOSAL, IF SUBMITTING: See Section 6.1.I – Additional Forms While these forms are not required until notification of selection is made, Proposers are <u>strongly encouraged</u> to submit the following forms with their Administrative Proposal.			
6	§ 6.1.I(1)	Section 5.6: Sales and Compensating Use Tax Certification	
		<ul style="list-style-type: none"> • ST-220 CA, Sales and Compensating Use Tax Certification 	<input type="checkbox"/>
7	§ 6.1.I(2)	Section 5.7.A: Workers’ Compensation Documentation	
		<ul style="list-style-type: none"> • Form C-105.2 – Certificate of Workers’ Compensation Insurance issued by private insurance carrier (or Form U-26.3 issued by the State Insurance Fund); or 	<input checked="" type="checkbox"/>
		<ul style="list-style-type: none"> • Form SI-12 – Certificate of Workers’ Compensation Self-Insurance (or Form GSI-105.2 Certificate of Participation in Workers’ Compensation Group Self-Insurance); or 	<input type="checkbox"/>
		<ul style="list-style-type: none"> • Form CE-200 – Certificate of Attestation of Exemption from New York State Workers’ Compensation and/or Disability Benefits Coverage. 	<input type="checkbox"/>
8	§ 6.1.I(3)	Section 5.7.B: Disability Documentation	
		<ul style="list-style-type: none"> • Form DB-120.1 – Certificate of Disability Benefits Insurance; or 	<input checked="" type="checkbox"/>
		<ul style="list-style-type: none"> • Form DB-155 – Certificate of Disability Benefits Self-Insurance; or 	<input type="checkbox"/>
		<ul style="list-style-type: none"> • Form CE-200 – Certificate of Attestation of Exemption from New York State Workers’ Compensation and/or Disability Benefits Coverage. 	<input type="checkbox"/>
9	§ 6.1.I(4)	Section 5.11 and Appendix G: OSC Consultant Disclosure Reporting	
		<ul style="list-style-type: none"> • Form A, completed and signed 	<input type="checkbox"/>
10	§ 6.1.H	Section 5.9 Freedom of Information Law	
		<ul style="list-style-type: none"> • Written statements of the necessity for claimed proprietary information exceptions 	<input type="checkbox"/>

EQUAL EMPLOYMENT OPPORTUNITY (EEO) AND ANTI-DISCRIMINATION POLICY

Effective Date: 2/25/2019

Last Revision Date: 08/2/2016

Link: <https://selfservice.ascentis.com/selfservice/data/MitchellTitus/Policies/Anti-Discrimination%20and%20EEO%20Policy%20Revised.pdf>

POLICY STATEMENT

Mitchell Titus is an equal employment opportunity employer and does not discriminate against employees or job applicants on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, marital status, domestic violence victim status, gender identity, criminal history, and genetic information, and alienage or citizenship status, partnership status, pregnancy, arrest or conviction record, caregiver status, credit history, unemployment status, salary history, language, source of income, or any other category protected by law.

Mitchell Titus complies with applicable state and local laws governing nondiscrimination in employment in each location in which Mitchell Titus has an office or where its employees work. Our policy as an equal opportunity employer is to employ persons authorized to work in the United States without regard to citizenship, ethnic background, place of national origin, or any other immigration-related factor. In conformity with the Immigration Reform and Control Act of 1986 (IRCA), however, all new hires must complete the Employment Eligibility Verification Form I-9 and timely present documentation that establishes both proof of identity and eligibility to work in the United States. Employees whose employment eligibility expires during their employment must present new or updated documents reflecting their continued employment eligibility before such expiration occurs.

SCOPE

The policy of equal employment opportunity (EEO) and anti-discrimination applies to all aspects of the relationship between Mitchell Titus and its employees, including:

- Recruitment
- Employment
- Promotion
- Transfer
- Training
- Working conditions
- Wages and salary administration
- Employee benefits and application of policies
- Work-related Social Activities

The policies and principles of EEO also apply to the selection and treatment of independent contractors, personnel working on our premises who are employed by temporary agencies and any other persons or firms doing business for or with Mitchell Titus.

PROCEDURES

Mitchell Titus administers our EEO policy fairly and consistently by:

- Posting all required notices regarding employee rights under EEO laws in areas highly visible to employees.
- Advertising for job openings with the statement "We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law."
- Forbidding retaliation against any individual who files a charge of discrimination, opposes a practice believed to be unlawful discrimination, reports harassment, or assists, testifies or participates in an EEO agency proceeding.
- Requires employees to report to their Engagement Manager, Business Leader, Supervisor or Director of Human Resources Tiffany Lawson, at 212-709-4530 or tlawson@mitchelltitus.com any apparent discrimination or harassment. The report should be made within **48 hours** of the incident.
- Promptly notifies the Officer of Ethics/Compliance of all incidents or reports of discrimination or harassment and takes other appropriate measures to resolve the situation.

HARASSMENT

Harassment is a form of unlawful discrimination and violates Mitchell Titus policy. Unlawful harassment includes any unwelcome conduct that is based on one of the protected characteristics listed above, in the Introduction, if 1) enduring the offensive conduct becomes a condition of continued employment, or 2) the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive. A hostile work environment may include, but is not limited to, words, signs, jokes, pranks, intimidation or physical violence regarding an individual's protected characteristic(s), or which are directed at an individual because of that individual's protected characteristic(s).

Examples of Harassment

Harassment can take many forms. The following list is intended to underline the breadth of potentially unlawful actions, and is *not an exhaustive list of protected categories or types of harassment*.

- Racial harassment (e.g., derogatory name calling, insults and racist jokes, display of racially offensive material and abusive language, verbal attacks, incitement of others to commit any such acts)
- Harassment due to an individual's religion (e.g., offensive jokes, ridicule, or displays of offensive objects)
- Disability harassment (e.g., offensive or patronizing actions, language or behavior)
- Age-based harassment (e.g., constant assumptions regarding the ability to learn new tasks, exclusion based on age)

Mitchell Titus encourages employees to report all incidents of harassment to their Engagement Manager, Business Leader, Supervisor or Director of Human Resources Tiffany Lawson, at 212-709-4530 or tlawson@mitchelltitus.com. Mitchell Titus conducts harassment prevention training for all employees, and maintains and enforces a separate policy on harassment prevention (**see “Anti-Harassment” Policy**), complaint procedures and penalties for violations. Mitchell Titus investigates all complaints of harassment promptly and fairly, and, when appropriate, takes immediate corrective action to stop the harassment and prevent it from recurring. For additional guidance, you can also contact our **Ethics Hotline at 1-888-306-1132**.

Remedies

Violations of this policy, regardless of whether an actual law has been violated, *will not* be tolerated. Mitchell Titus will promptly, thoroughly and fairly investigate every issue that is brought to its attention in this area and will take disciplinary action, when appropriate, up to and including termination of employment.

**NEW YORK STATE OFFICE OF THE STATE COMPTROLLER
PROPOSER'S EEO STAFFING PLAN OF ANTICIPATED WORKFORCE**

INSTRUCTIONS: All Proposers submitting responses to this procurement must complete and submit this form as part of its Administrative Proposal.	
Proposer Name: Mitchell & Titus, LLP	Federal Identification Number: XXXXXXXXXX
Address: 80 Pine Street 32 nd Floor	Procurement Number: RFP19-03
City, State, Zip Code: New York, NY 10005	M/WBE Participation Goals: MBE <u> 100 </u> % WBE <u> </u> %
Does the Proposer have an existing affirmative action program? (Check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, attach current copy of EEO Policy Statement.)	Is the Proposer ESD Certified: (Check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide ESD Certification Number and Expiration Date.)
<input checked="" type="checkbox"/> Check box if the information provided below reflects only the workforce to be utilized in the performance of this State Contract that <u>can</u> be separated out from the Contractor's/Subcontractor's total workforce.	<input type="checkbox"/> Check box if the information provided below reflects only the workforce to be utilized in the performance of this State Contract that <u>cannot</u> be separated out from the Contractor's/Subcontractor's total workforce.

Enter in the following Job Categories the total number of staff by race, sex, and ethnic status to be utilized by the Proposer during the performance of this State Contract.

JOB CATEGORIES (as defined in the Instructions attached)	RACE/ETHNICITY OF ANTICIPATED WORKFORCE (Report employees in only one category as defined in the Instructions attached.)														Total Columns A - N	
	Hispanic or Latino		(NOT HISPANIC OR LATINO)													
			White		Black or African-American		Native Hawaiian or Other Pacific Islander		Asian		American Indian or Alaska Native		Two or more races			
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Executive/Senior Level Officials and Managers											2					2
First/Mid-Level Officials and Managers				1												1
Professionals				1												1
Technicians																
Sales Workers																
Administrative Support Workers																
Craft Workers																
Operatives																
Laborers and Helpers																
Service Workers																
TOTAL:				2						2						4

Prepared by (signature): *Elaine Allen*

Name of Preparer	Title of Preparer	Date	Telephone Number	Email Address
Elaine Allen	Partner	8/21/19	212 709 4500	eallen@mitchelltitus.com

**NEW YORK STATE OFFICE OF THE STATE COMPTROLLER
PROPOSER'S EEO STAFFING PLAN OF ANTICIPATED WORKFORCE**

Location and Description of Work to be Performed (expand as necessary):

The main part of the fieldwork will be performed on location at NYS OSC in Albany, as required in the RFP, by all necessary staff.

Mitchell Titus is committed to providing equal opportunity in recruiting, hiring, promotion, transfer and training without regard to race, ethnicity, religion, gender, ancestry, sexual orientation, marital status, national origin, citizenship, age or the existence of a physical or mental disability. As part of our inclusive environment, Mitchell Titus supports various professional networks that have been a part of our firm's culture for many years.

Our commitment to maintaining a highly diverse and skilled workforce is what makes Mitchell Titus a premier choice for our clients. Mitchell Titus is committed to providing a progressive, flexible and inclusive workplace that values the individual contributions of all of our people. Our commitment to the recruitment, retention and career development of women and ethnic minorities is a critical element of our business strategy. We will begin our project by meeting with OSC representatives immediately after our appointment as service providers to co-develop expectations for the project. We will validate our planned approach with you and then finalize a detailed audit plan. Once the audit plan is agreed upon, our team will then execute on the plan. Our audit will identify the significant objectives and related controls; then audit the controls to cover OSC's system of internal controls which manages critical State and agency functions including, but not limited to, the State's accounting system, the Common Retirement Fund, the State's payroll system, State contract and expenditure review and the State's Office of unclaimed funds.

We will review significant accounting and transaction processing systems, including OSC's financial system and selected business processes, and document our understanding of the internal controls within each of these systems and processes. We gain a thorough understanding of the various processes by conducting interviews with personnel in both the finance and operational departments as well as performing walkthroughs of these processes. Once we have assessed whether the system narratives accurately depict how systems are actually working, we will identify the key internal control elements in the systems and evaluate the control environment.

Our tests of controls will include procedures, such as inquiry and observation, corroborated by inspection of physical evidence resulting from the performance of controls and, in some cases, re-performance of the controls. After executing our planned tests of controls, we will evaluate the results of those tests and decide whether the initial assessment of the effectiveness of the controls was appropriate. Upon completion of the risk assessment and evaluation of the results of the tests of controls, we will develop a detailed audit program. The audit program is specifically designed to take into consideration the operation and control environment of OSC and assess the adequacy of the OSC's ongoing internal control. It is designed to identify any internal control weaknesses, identify actions to be corrected and monitor corrective action plans. We will provide OSC our report with any findings and recommendations.

INSTRUCTIONS FOR COMPLETING PROPOSER'S EEO STAFFING PLAN OF ANTICIPATED WORKFORCE FORM

RACE AND ETHNIC IDENTIFICATION*

For the purpose of completing this form, OSC has adapted the race and ethnic designations used and obtained in accordance with the requirements administered by the Equal Employment Opportunity Commission, which do not denote scientific definitions of anthropological origins. Definitions of the race and ethnicity categories are as follows:

Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Black or African-American	A person having origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment
Two or More Races	All persons who identify with more than one of the above five races.

Submission of this form constitutes the Proposer's acknowledgement and agreement to adhere to the compliance requirements and procedures set forth under this procurement and OSC's right to evaluate and determine Contractor/Subcontractor adherence or compliance during the bid and award of said State Contract, pursuant to New York State Executive Law Article 15-A (the "Article") and the implementing regulations set forth under 5 NYCRR.

By submitting a bid/proposal, the Proposer/Contractor agrees (i) to provide OSC access to all documentation, records, reports, facilities, etc. which OSC may deem necessary to determine Proposer/Contractor compliance, and (ii) to be bound by the provisions of §316 regarding possible fines, sanctions, and penalties for violations of the Article.

Failure to submit complete and accurate information may result in non-compliance and bid/proposal disqualification.

*The Equal Employment Opportunity Commission's Description of Job Categories and Instructions for assigning employees can be viewed at www.eeoc.gov/employers/eo1survey/2007instructions.cfm.

NEW YORK STATE OFFICE OF THE STATE COMPTROLLER
M/WBE GOAL REQUIREMENTS – CERTIFICATION OF GOOD FAITH EFFORTS

Bidders/Proposers must document "good faith efforts" to provide meaningful participation by New York State Certified Minority and Women-Owned Business Enterprises ("M/WBE"s) as subcontractors and/or suppliers in the performance of this State Contract.

The undersigned hereby certifies under penalty of perjury that he/she has taken the following actions on behalf of the Bidder/Proposer to demonstrate the aforesaid good faith efforts:

- a) The Bidder/Proposer attended any pre-bid meetings that were scheduled by OSC or the NYS Department of Economic Development ("DED") or its designee to inform M/WBEs of contracting and subcontracting opportunities available on the project;
b) The Bidder/Proposer identified economically feasible units of the project that could be contracted or subcontracted to M/WBEs in order to increase the likelihood of participation by such enterprises;
c) The Bidder/Proposer advertised in general circulation, trade association and trade-oriented, minority and women-focused publications, if any, concerning the contracting or subcontracting opportunity;
d) The Bidder/Proposer solicited and provided written notice to a reasonable number of M/WBEs identified from current certified lists of such business enterprises provided or maintained by the NYS Empire State Development's ("ESD") Division of Minority and Women-Owned Business Development ("DMWBD"), or its designee, of the contracting or subcontracting opportunity in sufficient time to allow the M/WBEs to participate effectively;
e) The Bidder/Proposer followed up initial solicitations by contacting the M/WBEs to determine whether the M/WBEs were interested in such contracting or subcontracting opportunity;
f) The Bidder/Proposer provided interested M/WBEs with adequate information about the plans, specifications, and requirements for the contracting or subcontracting opportunity;
g) The Bidder/Proposer used the services of community organizations, contractor groups, State and federal business assistance offices and other organizations identified by DED or its designee that provide assistance in the recruitment and placement of M/WBEs; and
h) The Bidder/Proposer negotiated in good faith with M/WBEs submitting bids, proposals, or quotations and did not, without justifiable reason, reject as unsatisfactory any bids, proposals, or quotations prepared by any M/WBE.

I have provided information on the above as requested for (Procurement #) in Attachment A, Proposer's Certified Statements, Section 4.

Handwritten signature of Elaine Allen

Elaine Allen, Partner

Signature

Printed or Typed Name and Title

RFP19-03

August 21, 2019

Procurement Number

Date

STATE OF NEW YORK)

) ss:

COUNTY OF KINGS

On the 21st day of AUGUST in the year 2019 before me personally came ELAINE ALLEN to me known, who, being by me duly sworn, did depose and say that (s)he resides in [redacted]; that (s)he is the PARTNER of MITCHELLETTIUS LLC which executed the above instrument; and that (s)he signed his/her name thereto as the AUTHORIZED SIGNATORY thereof.

LORNA J. THOMAS
Notary Public, State of New York
No. 01TH6207331
Qualified in Kings County
Commission Expires June 8, 2021

Handwritten signature of Notary Public

Notary Public

**NEW YORK STATE OFFICE OF THE STATE COMPTROLLER
PROPOSER'S M/WBE UTILIZATION PLAN**

INSTRUCTIONS: All Proposers submitting responses to this procurement must complete and submit this M/WBE Utilization Plan as part of its Administrative Proposal. Proposers must submit a separate M/WBE Utilization Plan for each M/WBE utilized.

Contractor Name: Mitchell & Titus, LLP	Federal Identification Number: [REDACTED]
Address: 80 Pine Street, 32 nd Floor	Procurement Number: <u>RFP19-03</u>
City, State, Zip Code: New York, NY 10005	M/WBE Participation Goals: MBE <u>100</u> % WBE <u> </u> %

LIST ALL M/WBE SUBCONTRACTORS AND/OR SUPPLIERS TO BE UTILIZED (ATTACH ADDITIONAL SHEETS IF NECESSARY).

M/WBE Name, Address, Email Address, and Telephone Number	Certification Classification (check all that apply.)	Federal ID No.	Estimated Dollar Value of Work/Supplies	Please provide a brief description of services or supplies to be provided by each M/WBE identified here on Page 2.
A. Mitchell & Titus, LLP	NYS ESD Certified: <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	[REDACTED]	\$84,900	
B.	NYS ESD Certified: <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
C. ESD Certification Number: 3509	D. ESD Certification Expiration Date: 7/26/19 submitting renewal			

If Contractor will not be utilizing an M/WBE, check here and attach Form AC 3239-F, Request for Waiver, and supporting documentation.

If Contractor has previously submitted AC 3239-F, Request for Waiver, for this procurement, check here and enter date submitted: _____.

Prepared by (Signature): *Elaine Allen*

Name of Preparer	Title of Preparer	Date	Telephone Number	Email Address
Elaine Allen	Partner	8/21/2019	212 709 4500	eallen@mitchelltitus.com

Submission of this form constitutes the Contractor's/Subcontractor's acknowledgement and agreement to adhere to the compliance requirements and procedures set forth under this procurement and OSC's right to evaluate and determine Contractor/Subcontractor adherence or compliance during the bid and award of said State Contract, pursuant to New York State Executive Law Article 15-A (the "Article") and the implementing regulations set forth under 5 NYCRR.

THIS SECTION FOR OSC USE ONLY

Reviewed by:	Date Received:	Utilization Plan Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Approved:	M/WBE Certification Status: MBE Certified <input type="checkbox"/> Yes <input type="checkbox"/> No WBE Certified <input type="checkbox"/> Yes <input type="checkbox"/> No				
Deficiencies Identified:	Notice of Deficiency Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Notice of Deficiency:	Waiver Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No (Partial <input type="checkbox"/> Total <input checkbox"="" type="checkbox/>)</td> </tr> <tr> <td>Waiver Granted
<input type="/> Yes <input type="checkbox"/> No		If Waiver Granted Total Waiver <input type="checkbox"/> Yes <input type="checkbox"/> No Partial Waiver <input type="checkbox"/> Yes <input type="checkbox"/> No	Waiver Approved by (Signature):		

NOTES:

**NEW YORK STATE OFFICE OF THE STATE COMPTROLLER
PROPOSER'S/CONTRACTOR'S M/WBE UTILIZATION PLAN**

Provide a brief description of the services or supplies to be identified by the subcontractor(s) identified above:

Mitchell & Titus, LLP is the MBE providing all services that we have proposed.

Submission of this form constitutes the Contractor's/Subcontractor's acknowledgement and agreement to adhere to the compliance requirements and procedures set forth under this procurement and OSC's right to evaluate and determine Contractor/Subcontractor adherence or compliance during the bid and award of said State Contract, pursuant to New York State Executive Law Article 15-A (the "Article") and the implementing regulations set forth under 5 NYCRR.

By submitting a bid/proposal, the Proposer/Contractor agrees (i) to provide OSC access to all documentation, records, reports, facilities, etc. which OSC may deem necessary to determine Proposer/Contractor compliance, and (ii) to be bound by the provisions of §316 regarding possible fines, sanctions, and penalties for violations of the Article.

**NEW YORK STATE OFFICE OF THE STATE COMPTROLLER
PROPOSER'S M/WBE SUBCONTRACTORS/SUPPLIERS NOTICE OF INTENT TO PARTICIPATE**

INSTRUCTIONS: All Proposers submitting responses to this procurement must complete and submit this form as part of its Administrative Proposal. Part A must be completed and signed by the Proposer. Parts B and C must be completed and signed by each of the M/WBE subcontractors/suppliers identified on Form AC 3239-D (Proposer's M/WBE Utilization Plan).

PART A – TO BE COMPLETED BY THE PROPOSER FOR EACH M/WBE IDENTIFIED ON AC 3239-D

Proposer Name: Mitchell & Titus, LLP		Federal Identification Number: [REDACTED]		
Address: 80 Pine Street, 32 nd Floor		Procurement Number: RFP19-03		
City, State, Zip Code: New York, NY 10005		M/WBE Participation Goals: MBE <u>100</u> % WBE <u> </u> %		
Telephone Number: 212 709 4500		Email Address: mbe@mitchelltitus.com		
Name of Proposer's Preparer	Title of Preparer	Date	Telephone Number	Email Address
Elaine Allen	Partner	8/21/2019	212 709 4500	eallen@mitchelltitus.com

PART B – TO BE COMPLETED BY EACH MBE/WBE IDENTIFIED ON AC 3239-D ACKNOWLEDGING THAT THE NAMED VENDOR INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONNECTION WITH THE ABOVE CONTRACTOR AND PROCUREMENT.

Name of Subcontractor/Supplier: Mitchell & Titus, LLP		Federal Identification Number:		
Address: 80 Pine Street, 32 nd Floor		NYS ESDC Certification Status (Check one): <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE (attach copy of ESD Certification) <input type="checkbox"/> Have applied to ESDC for certification as <input type="checkbox"/> MBE <input type="checkbox"/> WBE		
City, State, Zip Code: New York, NY 10005		Provider type (Check one): <input type="checkbox"/> Subcontractor <input checked="" type="checkbox"/> Supplier		
ESD Certification Number:	3509	ESD Certification Expiration Date:	7/26/19 submitting renewal	

Please provide a brief description of services or supplies to be provided on Page 2.

The undersigned is prepared to provide the services or supplies described on Page 2 and will enter into a formal agreement to do so with the Proposer named above upon execution of a State Contract between the Proposer and the Office of the State Comptroller.

Signature of Authorized Representative of the M/WBE Firm: _____

Name of Preparer	Title of Preparer	Date	Telephone Number	Email Address
Elaine Allen	Partner	8/21.2019	212 709 4500	eallen@mitchelltitus.com
Estimated Total Dollar Value of the Agreement to be entered into with the Subcontractor/Supplier: \$ <u>84,900</u>				

THIS SECTION FOR OSC USE ONLY

Reviewed by	Date	Utilization Plan Approved	Date	Certification Verified
		<input type="checkbox"/> Yes <input type="checkbox"/> No		MBE Certified <input type="checkbox"/> Yes <input type="checkbox"/> No WBE Certified <input type="checkbox"/> Yes <input type="checkbox"/> No

NOTES:

NEW YORK STATE OFFICE OF THE STATE COMPTROLLER
PROPOSER'S M/WBE SUBCONTRACTORS/SUPPLIERS NOTICE OF INTENT TO PARTICIPATE

Description of Services or Supplies to be Provided (expand as necessary):

Mitchell & Titus, LLP is the MBE providing all services that we have proposed.

**NEW YORK STATE OFFICE OF THE STATE COMPTROLLER
PROPOSED USE OF SDVOBS IN CONTRACT PERFORMANCE**

INSTRUCTIONS

Article 17-B of the Executive Law acknowledges that Service-Disabled Veteran-Owned Businesses (SDVOBs) strongly contribute to the economies of the State and the nation. As defenders of our nation and in recognition of their economic activity in doing business in New York State, proposers are expected to utilize SDVOBs in the fulfillment of the requirements of this contract. Such utilization may be as subcontractors, suppliers, consultants, joint ventures, teaming agreements or other similar arrangements. SDVOBs can be readily identified on the directory of certified businesses at:

http://ogs.ny.gov/Core/docs/CertifiedNYS_SDVOB.pdf

All Proposers must complete and submit this form with their proposals.

Proposer Name	Mitchell & Titus, LLP				
Address	80 Pine Street 32 nd Floor				
City, State, Zip Code	New York, NY 10005				
Federal Identification Number <small>(do not use Social Security Number)</small>	[REDACTED]			NYS Vendor ID Number <small>(do not use Social Security Number)</small>	20137805
Is Proposer a NY Certified SDVOB?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, provide DSDVBD Certification Number		Expiration Date	
Will NYS-certified Service-Disabled Veteran-Owned Businesses (SDVOBs) be used in the performance of this contract?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, identify below the SDVOBs that will be used If No, see below re Request for Waiver</i>		Contract or Procurement #: RFP19-03	
SDVOB Utilization Goals for this Procurement:	_____2_____ %				

SDVOB Company Name	Business Address	DSDVBD Control #	% of Total Contract Work to SDVOB	Nature of SDVOB Participation: Describe commodities, services or technology
RJ Williams Group CPAs PLLC	57 University Avenue, Rochester, NY 14605	181625	2%	Audit engagement assistance
TOTAL				

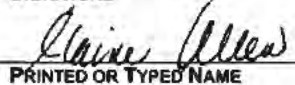
Name of Preparer	Title of Preparer	Date	Telephone Number	Email Address
Elaine Allen	Partner	8/21/19	212 709 4500	eallen@mitchelltitus.com
Preparer signature:				

If Proposer will not be utilizing an SDVOB in the performance of this contract, attach Form AC3322-3, Request for Waiver, and include supporting documentation.

Additional information about the Service-Disabled Veteran-Owned Business Act can be found at:
<http://www.ogs.ny.gov/Core/SDVOBA.asp>

**APPENDIX E
PROPOSER'S CERTIFICATION/ACKNOWLEDGEMENTS**

PROPOSER'S ACKNOWLEDGEMENT OF RECEIPT OF OSC POLICY STATEMENT ON DISCRIMINATION AND HARASSMENT, INCLUDING SEXUAL HARASSMENT
The Proposer and each person signing on behalf of the Proposer acknowledges that he/she has the authority to sign on behalf of the Proposer, has received a copy of the OSC Policy Statement on Discrimination and Harassment, Including Sexual Harassment (Appendix C), and agrees to abide by the terms of that Policy Statement.
CERTIFICATION OF COMPLIANCE WITH STATE FINANCE LAW § 139(L) REGARDING SEXUAL HARASSMENT POLICY AND ANNUAL TRAINING
"By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of § 201-g of the NYS Labor Law." Note: Reference to bid includes proposals and other responses to solicitations. Reference to bidder includes proposers and Contractors.
NON-COLLUSIVE BIDDING CERTIFICATION
The Proposer and each person signing on behalf of the 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 his/her knowledge and belief: 1. The prices in this Agreement 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 competitor; 2. Unless otherwise required by law, the prices which have been quoted in this Agreement have not been knowingly disclosed by the Proposer and will not knowingly be disclosed by the Proposer, directly or indirectly, to any other competitor; and 3. No attempt has been made or will be made by the Proposer to induce any other person, partnership, or corporation to submit or not to submit a bid for the purpose of restricting competition.
PROPOSER'S ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF OSC EXECUTIVE ORDER ON PROCUREMENT INTEGRITY
The Proposer and each person signing on behalf of the Proposer acknowledges that he/she has received a copy of the OSC Executive Order on Procurement Integrity and OSC Procurement Integrity Procedures (Appendix D) and affirms, under penalty of perjury, that he/she understands such Executive Order and Procedures and will comply with them.
THE SIGNATURE(S) BELOW INDICATES AGREEMENT WITH EACH OF THE ABOVE

PROPOSER NAME	JOINT PROPOSER NAME (IF ANY)
Mitchell & Titus, LLP	
SIGNATURE	SIGNATURE
	
PRINTED OR TYPED NAME	PRINTED OR TYPED NAME
ELAINE ALLEN	
TITLE	TITLE
PARTNER	
DATE 8/21/2019	DATE

Add additional signature lines below for additional Joint Proposers, as necessary

APPENDIX F

DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS

Have you been found by any governmental entity to be non-responsible within the past four (4) years from the date of this bid due to:

- 1. Impermissible contacts or other violations of New York State Finance Law Section 139-j (e.g., conduct prohibited by the ethics provisions of the New York State Public Officers Law)?

Yes No

- 2. Intentional provision of false or incomplete information to a governmental entity?

Yes No

If your answer to either of the above is "Yes," please attach a written explanation, indicating the date of the non-responsibility finding, the entity that found you to be non-responsible, and the circumstances surrounding such finding (including any written finding of non-responsibility issued by such entity).

By my signature on this form, I certify that all information disclosed to the State is complete, true, and accurate with regard to prior non-responsibility findings within the past four (4) years based on (i) Impermissible Contacts or other violations of New York State Finance Law Section 139-j, or (ii) the intentional provision of false or incomplete information to a governmental entity.

Elaine Allen
Signature

Elaine Allen
Printed or Typed Name

Partner

Title

RFP19-03

Procurement Number

8/21/19
Date



Appendix H: Executive order on independence of auditor's submission

Mitchell & Titus, LLP has no existing contractual relationships with the New York State Office of the State Comptroller, in accordance with the AICPA and government auditing standards and is able to conduct the proposed audit.

Sincerely,

A handwritten signature in cursive script, reading 'Elaine Allen', positioned above a horizontal line.

Date: August 21, 2019

80 Pine Street
New York, NY 10005
T +1 212 709 4500
F +1 212 709 4680
mitchelltitus.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/10/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Viking Agency 135 Pinelawn Road, Suite 202N Melville, New York 11747	CONTACT NAME PHONE (A/C, No., Ext) (516) 496-7711		FAX (A/C, No) (516) 496-7218
	E-MAIL ADDRESS kelly@vikingagency.com		
INSURED Mitchell & Titus, LLP 1 Battery Park Plaza New York NY 10004	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A	Travelers/Phoenix Insurance Co	25623
	INSURER B	Travelers Indemnity Co	25658
	INSURER C	Travelers/Charter Oak Fire Ins Co	25615
	INSURER D	Navigators Insurance Company	42307
	INSURER E	Standard Security	69078
INSURER F			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X		6/30/19	6/30/20	MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$ 4,000,000
		GEN'L AGGREGATE L MIT APPL ES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					\$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS		X	X	6/30/19	6/30/20	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB				6/30/19	6/30/20	AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACC DENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			N/A	6/30/19	6/30/20	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Disability				01/01/1988	continuous	Statutory
E	Professional Liability				10/31/18	10/31/19	5,000,000 per claim and aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Mitchell & Titus, LLP
1 Battery Park Plaza

New York, NY 10004

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

<LB>



About Mitchell Titus

Mitchell & Titus, LLP is the largest minority-controlled accounting firm offering Assurance, Tax and Advisory services in the US.

Our inclusive environment and diverse talent result in creative thinking and innovative approaches for our clients. Mitchell Titus' tenured team of quality and seasoned professionals bring varied insight to every engagement.

For more information about our organization, please visit mitchelltitus.com.