

New York State VendRep System Vendor Responsibility NFP Form

CERTIFICATION:

The undersigned, recognizes that this questionnaire is submitted for the express purpose of assisting the State of New York's contracting entities in making a responsibility determination regarding an award of a contract or approval of a subcontract; acknowledges that the State, or its contracting entities, may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; and acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 175.35 or a misdemeanor under Penal Law Section 175.30 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination.

The undersigned certifies that he/she:

- is knowledgeable about the submitting Business Entity's business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of their knowledge, information and belief, confirms that the Business Entity's responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under obligation to update the information provided herein to include any material changes to the Business Entity's responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the state's contracting entities or the Office of the State Comptroller prior to the award and/or approval of a contract, or during the term of the contract.

Reminder:

When filing the vendor responsibility questionnaire online via this System, the Business Entity must indicate in each bid/proposal submitted to a contracting entity that the required questionnaire has been electronically filed.

Also note that the VendRep System Timeliness Standard requires a Business Entity filing a questionnaire via the VendRep System to update and certify their questionnaire within six months prior to the bid/proposal due date or other contracting entity defined due date.

Legal Business Name: FRANKLIN-ESSEX-HAMILTON BOCES
Certifier's Name: Sharon Earle
Certifier's Title: Purchasing Agent/AP Coordinator
Certification Date: Dec 28, 2018



STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
20 PARK STREET
ALBANY, NY 12207

THIS AGENCY EMPLOYS AND
SERVES PEOPLE WITH DISABILITIES
WITHOUT DISCRIMINATION

DAVID P. WEHNER
CHAIRMAN

Office of the Secretary

I, **Audra M. Viscusi**, Secretary to the Workers' Compensation Board of the State of New York
DO HEREBY CERTIFY, that **BOCES Franklin-Essex-Hamilton** has secured compensation to its
employees as a self-insurer in the following manner:

- Pursuant to Section 50, subdivision 3 of the Workers' Compensation Law.
- Pursuant to Section 50, subdivisions 3 and 4 of the Workers' Compensation Law.
(County, city, village, town, school district, fire district or other political subdivision)
- Pursuant to Article 5 of the Workers' Compensation Law. (County Self-Insurance Plan)

The status of self-insurer was effective as of **July 2, 1992** and such status still remains in full force.

IN WITNESS WHEREOF, I have
hereunto set my hand and affixed the seal
of the Workers' Compensation Board
this.....*9th*.....day of **June 2004**.

STATUS CONFIRMED

by *Randi Gordon*
Randi Gordon
Self-Insurance Office

Audra M. Viscusi
Secretary to the Board





**Workers'
Compensation
Board**

KATHY HOCHUL
GOVERNOR

CLARISSA M. RODRIGUEZ
CHAIR

EXECUTIVE DIRECTOR
STEVEN M. SCOTTI

**NOTICE OF COMPLIANCE
AS SELF INSURER UNDER THE NEW YORK STATE
WORKERS' COMPENSATION LAW**

Name: BOCES Franklin-Essex-Hamilton

WCB #: W819965

Tax ID #: 156002363

Qual Date: 7/2/1992

The above-named employer has secured compensation to its employees as a self-insurer in the following manner:

Pursuant to Section 50, subdivisions 3 and 4 of the Workers' Compensation Law. (County, city, village, town, school district, fire district or other political subdivision)

The status of the self-insurer was effective as noted above and remains in full force.

Status Confirmed By
Lauren Montgomery

WC Examiner
2/13/2024



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DO HEREBY CERTIFY, that BOCES Franklin-Essex-Hamilton has secured compensation to its
employees as a self-insurer in the following manner:

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- Pursuant to Section 50, subdivisions 3 and 4 of the Workers' Compensation Law.
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- Pursuant to Article 5 of the Workers' Compensation Law. (County Self-Insurance Plan)

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IN WITNESS WHEREOF, I have
hereunto set my hand and affixed the seal
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this...*9th*...day of June 2004.

STATUS CONFIRMED

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Audra M. Viscusi
Secretary to the Board

