

LEXINGTON SCHOOL FOR THE DEAF

**REQUEST FOR PROPOSALS
PROFESSIONAL SCHOOL SECURITY OFFICER SERVICES
Security Services
2019-2022**

**PROPOSAL DEADLINE DATE
Wednesday, April 17, 2019
at 05:00 p.m.**

SUBMIT PROPOSALS TO:

**Louis Taxin
Assistant Superintendent of Operations**

**Lexington School for the Deaf
25-26 75th Street
East Elmhurst, New York 11370
Phone: 718 350 3250
Fax: 718 476 3970**

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REQUEST FOR PROPOSALS
PROFESSIONAL SCHOOL SECURITY OFFICER SERVICES
2019-2022

BACKGROUND

The Lexington School for the Deaf, and its affiliates, (collectively referred to as "Lexington") are pleased to issue this Request for Proposals (RFP) for Professional School and Agency Security Officer Services.

Lexington's affiliates are the Lexington School for the Deaf Foundation, Lexington Hearing and Speech Center, the Lexington Center for Mental Health, Inc. and the Lexington Vocational Services Center. The Vocational Services Center and the Center for Mental Health have their main offices in Queens, New York and branch offices in Westchester, New York, Morristown, New Jersey and Trenton, New Jersey.

The Lexington School for the Deaf: Since 1864, the Lexington School for the Deaf has been educating deaf students to become literate, reflective, independent thinking persons with the confidence and tools necessary to contribute to society.

Lexington School for the Deaf is a private state supported school with a 155 year history of educational excellence and innovation. Lexington is a charter member of the 4201 School's Association (New York State supported schools for children who are deaf, blind and physically disabled). The School's enrollment of 350 students makes it the largest school for the deaf in New York State.

Students and families that comprise Lexington School for the Deaf are similar to other urban schools, except the students are all profoundly deaf. They are racially, ethnically, and linguistically diverse; 25 different languages are spoken among families in the school.

The Lexington School for the Deaf Foundation is responsible for the fund-raising and public relations functions of the Lexington Organization. The Foundations primary sources of support are contributions and investment income.

The Lexington Hearing and Speech Center is licensed by the State of New York Department of Health as an Article 28 out of hospital health facility and by the State of New York Office of Mental Health, as an out-patient clinic treatment program. The Center is certified by the American Speech-Language-Hearing Association Council of Professional Services Accreditation to provide services in Audiology and Speech Language Pathology as well as to serve as a Continuing Education site for those wishing to continue their professional education. The organization provides comprehensive audio logical services, speech-language pathology, and medical rehabilitation services in infants, children and adults.

The Lexington Center for Mental Health, Inc.: The Center provides a variety of rehabilitation and community services to Deaf and Hard-of-Hearing adults. The mental health services are offered to deaf and hard-of-hearing people in a linguistically and culturally accessible manner recognizing the importance of utilizing every means of communication. Mental Health is certified by the New York State Office of Mental Health as an out-patient clinic.

The Lexington Vocational Services Center, Inc.: The Center provides a variety of rehabilitation and community services to Deaf and Hard-of-Hearing adults. Services include Vocational Evaluation, Pre-employment services, Job Development, Intensive & Extended Job Coaching, the ASL Institute (American Sign Language classes and the Sign Communication Proficiency Interview (SCPI), Independent Living support, training and advocacy.

The Lexington School for the Deaf and its affiliates are not for profit organizations exempt from federal income tax under Section 501 (C)(3) of the Internal Revenue Code and have been classified as organizations that are not private foundations under Section 509 (A).

Lexington employs about 400 people and has a total operating budget of approximately twenty-eight million dollars. Revenues, appropriations, encumbrances, inventory and expenditures are maintained with the use of Sage software.

PURPOSE

Lexington is inviting qualified Professional School and Agency Security Officer Services contractors to submit proposals for services for our school and affiliates. The objective of this request for proposal is to identify the Security Services contractor that best meets the needs of Lexington in regards to level of service, cost and quality of work. Prospective contractors must offer a proposal that will meet the qualifications and general description of work activities as identified in this RFP.

This RFP outlines the terms and conditions and all applicable information required for submitting a proposal to perform the services needed by Lexington.

Lexington School for the Deaf will accept proposals for Professional School Security Officer Services at the following location in the Borough of Queens, New York, New York:

25-26 75th Street
East Elmhurst, New York 11370

Questions seeking clarification or technical information should be submitted via e-mail to ltaxin@lexnyc.org.

SCOPE AND DELIVERABLES

- Contractor's proposal shall clearly identify any deviations from the specifications listed in the RFP.
- Federal, state and local taxes are not applicable to Lexington School and must be excluded from the bid cost.
- All invoices for Professional School Security Officer Services are to be provided to Lexington School by the fifth business day of each month for the previous month of service.
- During the term of the agreement, and for a period of 12 months after the termination of this agreement, the contractor shall make available for the inspection, examination and audit by Lexington School the records

of all costs and disbursements of providing Professional School Security Officer Services, and all books, account, memoranda and any and all other documents of the contractor or any affiliated organization, indicating or substantiating the cost of any and all expenditures to assure compliance with this specification. Access shall be granted upon reasonable notice from Lexington School.

- **SMOKING:** Lexington School is a smoke-free campus. Smoking is not permitted on school property at any time.

CONTRACTOR QUALIFICATONS

- Contractor must be based or have a branch in New York City for the last 5 years.
- Contractor must have a minimum of six active educational/institutional references in the New York City metropolitan area and/or state of New York.
- Contractor must have an automated system which can generate electronic reports for Lexington.
- Contractor must be a member of a professional association in their field.
- Contractor shall provide a complete list of any work-related accidents during the past year.

SPECIFICATIONS OF SECURITY SERVICES

- The contractor shall provide trained personnel directly employed and supervised by the Contractor, and both the Contractor and personnel shall be competent and experienced in the field of Professional School Security Officer Services with a minimum of five (5) years experience providing Security Officer Services for K – 12 schools of similar size in terms of student population and buildings.
- The NYC DOE requires the contractor's staff assigned to Lexington be fingerprinted, at its sole expense. Staff includes any contractors, subcontractors, employees, officers, directors, members, partners, agents, volunteers or consultants. Staff shall also include any staff who become affiliated with the contractor or its subcontractors after execution of this Agreement. All contractor staff working in the building will be checked by Human Resources to ensure that security clearance has been granted. (See Attachment 3)
- The contractor shall provide only personnel who have passed a health and drug test and a police background check for the state of New York (and the employee's home state, if different). The results of the background check and health and drug test shall be made available to Lexington School

upon request. Any changes to the security staff will be promptly reported to the Assistant Superintendent, along with reasons for same. (See Attachment 3)

- All security supervisors and security officers are to be employees of the contractor but will be subject to the approval of Lexington School. Lexington School reserves the right to request a change in personnel if any member is not performing satisfactorily. Such requests shall be submitted in writing. Excessive turnover of employees will not be tolerated, however, Lexington reserves the right to ask the contractor for immediate replacement of personnel for whatever reason deemed by Lexington to be in the best interests of the School. Some reasonable justification for personnel replacement may include, but not be limited to violation of Lexington's tobacco policy, harassment of Lexington employees, inappropriate dress, inappropriate behaviors, inappropriate language, failure to work in a safe manner or sabotage. The contractor will also show how it will address absences in the event an employee is not available.
- Employees must project a professional image in both their work habits and personal hygiene and grooming. Employees are required to wear their designated uniform with their identification badge visible at all times while on school property.
- All Security Officers must possess a S-95 Certificate of Fitness for supervision of fire alarm systems and other related systems. The contractor will have at least one Fire Safety Director (FSD) as part their staff working at Lexington. The contractor will conduct quarterly fire safety drills with their staff, at their expense, and will train any new staff on Lexington's fire system.
- The Contractor will install a detect system at no additional cost to Lexington School.
- The Contractor must provide their Security Officers with a cell phone to be used 24/7 at no additional cost to Lexington School.

PERIOD OF ENGAGEMENT

The potential arrangement consists of an initial one (1) year agreement, which is annually renewable at the sole option of Lexington for up to two (2) additional one-year periods.

FEES

The maximum annual fee(s) for Professional School Security Officer Services under the terms of the agreement shall not exceed the sums proposed unless otherwise agreed in advance and in writing.

In the event that the requirements pertaining to this RFP have been amended or the volume of work has materially increased during the period under the contract, the agreed total compensation as stated in the provisions of the contract may be subject to revision.

RECEIPT OF PROPOSALS

Unless extended by an amendment to the RFP, the due date and time for the receipt of proposals is on or before Wednesday, April 17, 2019 at 5:00 p.m., at the office of the Assistant Superintendent of Operations, 25-26 75th Street, East Elmhurst, New York 11370.

Please submit the original and five (5) proposal copies and one (1) by electronic transfer to:

ltaxin@lexnyc.org

Proposal receipt is required on or before Wednesday, April 17, 2019, 5:00 p.m.

Please make your proposal valid for Lexington acceptance through June 30, 2019.

Firms are strongly encouraged to submit any questions, comments or exceptions to the RFP materials including the anticipated basis of the agreement as described above in writing to Louis Taxin via email at ltaxin@lexnyc.org or at 25-26 75th Street, East Elmhurst, NY 11370 by March 22, 2019.

We appreciate your consideration and we look forward to receiving an excellent and competitive proposal from your firm.

INSTRUCTIONS AND CONDITIONS

1. DEFINITIONS:

- a. As used herein, "RFP" means this Request for Proposal.
- b. As used here in, "Lexington" means the Lexington School for the Deaf and its Affiliates
- c. As used here in, "Contractor" means the Firm or Contractor submitting a Proposal.
- d. As used here in, "Offer" means the Proposal
- e. As used here in, "Contract" means an associated Agreement with Lexington.
- f. As used here in, "FSD" means Fire Safety Director.

2. PREPARATION OF PROPOSALS:

CONTENTS OF PROPOSAL

Contractors must submit an original proposal and five (5) copies (total of six) and (1) by electronic transfer to ltaxin@lexnyc.org . All proposals shall address the following items in the order listed below. The proposal is to demonstrate the qualifications, competence and capacity of the Contractor.

COVER LETTER -State the validity of the firm and irrevocable proposal/offer through and including June 30, 2019, and other appropriate items. The proposal must bear the signature of a person duly authorized to sign the proposal on behalf of the Contractor, and reference this RFP Professional

School Security Officer Services 2019-2022 and accept its terms and conditions or clearly and conspicuously indicate any exceptions.

DESCRIPTION OF THE FIRM – This section should provide a brief description of the firm and statement of interest and qualifications for providing the requested services include information regarding the size, location, nature of work performed, and years in business, and approach that will be used in meeting the needs of Lexington. The firm should list and describe the firm’s professional relationships involving Lexington for the last five years, together with a statement explaining why such relationships do not constitute a conflict of interest relative to performing the proposed maintenance.

CONTRACTORS PERSONNEL – An affirmative statement should be included that the firm and all assigned key professional staff are currently and properly certified or licensed to perform the services.

CAPACITY & METHODOLOGY - Use this section to address the ability of the firm to undertake and accomplish the required scope of services for which you are requesting consideration.

PAST PERFORMANCE – Description of past performances of similar service and related experience. The Contractor is also required to submit a copy of the report regarding its most recent external quality control review. The firm shall also provide information on the results of any federal, state or city desk reviews or field reviews of its services during the last three years. In addition, the firm shall provide information on the circumstances and status of any disciplinary action taken or pending against the firm during the past three years with state regulatory bodies or professional organizations.

CUSTOMER SERVICE COMMITMENT TO LEXINGTON – Describe how the firm will provide service and fulfill the requirements and expectations of Lexington. Contractors are encouraged to provide additional information or description of resources the firm feels is pertinent to the RFP. Include letters of reference or testimonials. Ongoing commitment to providing outstanding customer service must be indicated.

Lexington School would also welcome ideas for consideration from Contractors as to how the school can realize additional efficiencies in providing security officer services for its students, faculty and affiliates. To that end, Contractors are encouraged to include additional voluntary alternates as well as suggestions for consideration.

PROFESSIONAL SCHOOL SECURITY OFFICER SERVICE FEES – Using the RFP Attachment 1, provide a standard Fee Schedule for the specific tasks required by the scope of services. Any other additional fees for unanticipated services should distinguish hourly rates, and should qualify rates for regular, overtime, and holiday work, if applicable. All rates must be inclusive of all costs, overhead, general administrative costs, mileage and travel, materials, labor, indirect and direct costs, fees, profit, etc. Any annual fee escalation during option years 2 or 3 must be clearly indicated.

CONTRACTOR PROPOSAL/OFFER

Contractors shall execute and submit with any proposal/offer Attachment 1 "Contractor Firm Proposal/Offer Form".

Each Contractor must propose a Schedule of Fees and Charges (pricing) for the initial one year period and each of two (2) renewal option years (Attachment 1) in detail.

Each Contractor must execute and answer the questions in Attachment 2 entitled: "Information Required of Contractor." Note: Questions may be answered in other sections of the proposal if clearly and conspicuously identified.

One original and five (5) copies of the proposal shall be sealed together and submitted by not later than 5:00 p.m. on Wednesday, April 17, 2019. One (1) copy will be submitted by electronic transfer to ltaxin@lexnyc.org. Proposals shall be delivered to the attention of Louis Taxin, Assistant Superintendent of Operations, Lexington School for the Deaf, 25-26 75th Street, East Elmhurst, New York 11370. It is the sole responsibility of the firm submitting the proposal to ensure that it is actually received by Lexington prior to the deadline time and due date and at the proper location. Unless this RFP is extended by a written amendment, proposals received after 5:00 p.m. on the due date, will not be considered.

Proposals shall be completed in all respects as required by the instructions herein. A proposal may be rejected if it is conditional or incomplete, or if it contains alterations of form or other irregularities of any kind. A proposal will be rejected if, in the opinion of Lexington, the information contained therein was intended to mislead Lexington in its evaluation of the proposal.

The proposal submitted must not contain erasure, interlineations, or other corrections unless each correction is clearly and conspicuously authenticated by signing in the margin immediately opposite the correction or the name of the person signing the proposal. The Contractor will be bound by the terms and conditions of the proposal, notwithstanding the fact that errors may be or are contained therein. However, if material errors are actually discovered in a proposal, Lexington will notify the Contractor that the proposal, as submitted, appears to contain errors and require the Contractor to correct the errors.

Lexington reserves the right to award the agreement as a result of the initial proposals received, or it may elect to conduct negotiations with those contractors as determined by Lexington, to be within an acceptable competitive range, or to negotiate separately with a contractor when it is determined to be in the best interest of Lexington. In addition, Lexington may request that contractors provide a best and final offer.

Lexington may request a meeting with the contractor's representative to request answers and clarifications or it may request that the contractor answer specific questions in writing, or to make a presentation to the Lexington Board of Directors prior to any Agreement award.

Lexington may reject any or all proposals, and may waive informalities and minor irregularities in proposals received.

All proposals and materials submitted in response to this RFP shall become the property of Lexington and will be considered a part of the Public Records. After Lexington's acceptance of the proposal, an agreement between the successful firm and Lexington will be executed.

3. EXPLANATIONS TO OFFERORS:

If a contractor desires an explanation of clarification of any kind regarding this RFP, the contractor must submit it in writing to Louis Taxin via email to ltaxin@lexnyc.org or at 25-26 75th Street, East Elmhurst, NY 11370 by March 22, 2019 and responses will be directed to all contractors via email.

If a contractor discovers any error such as an ambiguity, conflict, discrepancy, omission, or other error in the RFP, then the contractor shall immediately notify Lexington in writing.

4. AMENDMENTS:

Contractors are advised that Lexington reserves the right to amend the RFP at any time. Amendments will be done formally by providing written amendments to all known contractors. In the sole and absolute discretion of Lexington, the change is of will change the due date deadline and notify all known contractors in writing of the revised deadline due date.

Contractors must acknowledge receipt of any and all RFP amendments. This shall be done by any one of the following means:

- In the cover letter or proposal
- By signing and returning a copy of the amendment.
- By letter, fax or telegram, but NOT by telephone.

Regardless of the delivery method employed by the contractors, acknowledgement of receipt of amendments must be actually received by Lexington prior to the specified deadline. Failure to acknowledge in writing the receipt of any amendments may result in proposal rejection.

5. VALIDITY OF FIRM PROPOSAL/OFFER:

Each proposal/offer must be a firm irrevocable offer, and remain open and valid for Lexington's acceptance through June 30, 2019.

6. SUBMITTING PROPOSALS:

Telegraphic or facsimile offers or electronic offers and modifications will not be considered.

7. MODIFICATION OR WITHDRAWAL OF PROPOSAL:

A contractor may modify or withdraw a proposal after submission by written notice of withdrawal and resubmission provided that the proposal withdrawal is prior to the due date deadline specified for submission of proposals.

8. LATE PROPOSALS:

No proposal or proposal modification received after the due date will be considered.

PROPOSAL EVALUATIONS

It is anticipated that a contract will be made with the contractor whose proposal is determined to be in the overall best interest of Lexington by applying the evaluation criteria established in this RFP.

A Lexington Proposal Evaluation Committee will determine which, if any, proposal is in Lexington's overall best interest to accept. The committee members will utilize a scale of 100 points to score the proposals on the criteria identified.

During the evaluation, Lexington may request proposal clarifications, explanations and answers from a Contractor. Lexington may request a Contractor presentation and interview.

EVALUATION CRITERIA:

Contractors are advised that all proposals will be evaluated to determine which proposal is in the overall best interest of Lexington. Accordingly, evaluation will include but not be limited to the following criteria:

20pts. Qualification: To be considered, each of the following (3) items is required: (1) the firm is independent and licensed to work in New York; (2) the firm has no conflict of interest with regard to any other work performed by the firm for Lexington; and (3) the firm submits a copy of its last external quality review report and the firm has a record of quality work.

20pts. Professional qualifications and specialized experience of the proposed staff including the quality of the firm's personnel to be assigned to the engagements and the quality of the firm's management support personnel to be available for

consultation.

10pts. References and experience for similar projects.

10pts. Completeness and clarity of proposal content.

30pts. Fees and overall cost to Lexington.

10pts. Local Office in New York City.

Lexington may require an interview to aid in the evaluation process.

AGREEMENT REQUIREMENTS

The firm selected will also be required to promptly enter into an agreement with Lexington. Attention should be paid to the following:

- Insurance – Lexington requires that its Contractor carry Professional Liability Insurance coverage of at least \$2,000,000. This insurance is to be paid by the Contractor. The Contractor must provide comprehensive liability, automobile liability and worker's compensation insurance coverage. In addition, Lexington School For The Deaf must be named as an additional insured.
- A New York State Office of Children and Family Services, Statewide Central Register Database Check Form must be completed for all staff entering Lexington and with instructions that results are sent directly to The Lexington Human Resources Department. NYS Form LDSS-3370.
- Compensation and Payment – The agreement will be based upon a not to exceed amount for the first year. Contractor will be paid for work satisfactorily performed. All invoices must be fully supported and detailed, reference the Agreement and reflect any actual time spent and units of work provided/completed as applicable.
- Professional School Security Officer Service is to commence immediately upon proposal acceptance by Lexington.

SCHEDULE/WORK PRIORITIES:

Security Officer Services are to commence immediately upon proposal acceptance by Lexington.

ATTACHMENT 2

INFORMATION REQUIRED OF OFFEROR

The Contractor shall furnish all the following information accurately and completely. Failure to comply with this requirement may cause a proposal rejection. Additional sheets may be attached as necessary. "You" or "your" as used herein refers to the Contractor's firm and/or any of its owners, officers, directors, shareholders, parties and principles.

If the same information is provided elsewhere in your proposal and qualification materials, then please clearly identify such in the following questions.

Please be advised that Lexington may request verbal or written clarifications or additional information or an interview or presentation at any time.

SECTION A – GENERAL INFORMATION

(1) Firm name, address and contact information:

(2) Telephone: _____ Facsimile: _____

Internet Address: _____

(3) Type of Firm: (check one)

Individual _____ Partnership _____ Corporation _____ State _____

(4) Names and titles of all principals/officers of the firm:

Name	Title	Phone Number
_____	_____	_____
_____	_____	_____

_____	_____	_____
_____	_____	_____
_____	_____	_____

(5) Please list any applicable certifications and licenses and the associated numbers:

(6) Have you or any of your principals ever conducted similar services under a different name or certification or different license number? Yes _____ No _____

If Yes, give firm name, address and certification or license number.

Name: _____

Address: _____

License No. (if any): _____

(7) How many years has your firm been in business under its present business name? _____

(8) How many years of experience does your firm have providing similar services? _____

(9) How many public agencies has your firm provided similar services for? _____

(10) Please list the not for profit agencies including 4201 Schools and the like, that your firm has provided similar services for:

(11) Please attach a short history of the firm including whether it is local, national, or international as well as approximate number of employees. Also provide the number of firm offices and locations.

(12) Please attach a copy of your firm's most recent financial statement or other financial instruments that would establish your firm's ability to complete its obligations under any agreement resulting from this RFP.

(13) Please attach or list below why your firm should be selected by Lexington to provide the solicited services.

SECTION B – LEGAL

(14) Have you or any of your principals been in litigation or arbitration of any kind on a question or questions relating to similar services during the prior five (5) years? Yes _____ No _____

If Yes, provide the name of the vendor and briefly detail the dispute:

(15) Have you ever had a service agreement terminated for convenience or default in the prior five (5) years? Yes _____ No _____

If Yes, provide details including the name of the other party:

(16) Is your firm, owners, and/or any principal or manager involved in or is your firm aware of any pending litigation regarding professional misconduct, bad faith, discrimination, or sexual harassment? Yes _____ No _____

If Yes, provide details:

(17) Is your firm, owners, and/or any principals or manager involved in or aware of any pending disciplinary action and /or investigation conducted by any local, state or federal agency? Yes _____ No _____

If Yes, provide details:

(18) Will your firm comply with all City, State and Federal legal requirements, regulations and laws applicable to Lexington? Yes _____ No _____

SECTION C – ADDITIONAL INFORMATION

(19) Please provide any other information that may assist Lexington in ascertaining your qualifications, capability and customer service under any resultant agreement.

SECTION D – REFERENCES

(21) Have you ever had any direct or indirect business, financial or other connection with any official, employee or consultant of Lexington?

Please elaborate and discuss any potential, apparent or actual conflict of interest:

(22) Each firm must include the following references:

List at least six clients for whom you have provided similar services. Show the account name, contact name, address, and telephone number, contract start date.

Information obtained through the references will be evaluated by Lexington.

Account Name: _____

Contact Name: _____

Telephone #: _____

Address: _____

Start Date: _____

Account Name: _____

Contact Name: _____

Telephone #: _____

Address: _____

Start Date: _____

Account Name: _____

Contact Name: _____

Telephone #: _____

Address: _____

Start Date: _____

Account Name: _____

Contact Name: _____

Telephone #: _____

Address: _____

Start Date: _____

Account Name: _____

Contact Name: _____

Telephone #: _____

Address: _____

Start Date: _____

Account Name: _____

Contact Name: _____

Telephone #: _____

Address: _____

Start Date: _____

I certify and declare under penalty of perjury under the laws of the State of New York that the foregoing information Required of Contractor, in Attachment 2 is true and correct.

Executed this _____ day of _____ at _____

State of _____ City _____ County _____

(Signature)

(Print Name)

(Title)

ATTACHMENT 3

Fingerprinting, Background, Health Screening and OIG/OMIG Forms

THE LEXINGTON ORGANIZATION
SCR and SEL SCREENING ACKNOWLEDGEMENT AND RELEASE
FORM

To the Applicant/Employee/Intern: Please complete this form

Notice of SCR and SEL Screening:

I understand and acknowledge that The Human Resources Department of the Lexington School and Center for the Deaf and its affiliates ("The Lexington Organization") will screen me with the State Central Register ("SCR") and The Justice Center - Staff Exclusion List (SEL) and any other federal, state or local agency as required by law, in connection with my application for employment and/or an internship with the Lexington Organization, in order to verify that I have not been the subject of an indicated case of child abuse and maltreatment and abuse or neglect of People with Special Needs.

I understand and acknowledge the The Lexington Organization will not consider me for employment and/or internship if the SCR database check or The Justice Center (SEL) reveals that I have been the subject of an indicated case of child abuse and have been subject of an indicated abuse or neglect involving a person with special needs.

Social Security #

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Date of Birth

--	--	--

Print - Full Name of Applicant/Employee/Intern

Signature of Applicant/Employee/Intern

Date

**NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATEWIDE CENTRAL REGISTER DATABASE CHECK**
Agency Use Only



ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE

AGENCY CODE:	RESOURCE I.D. (RID)	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER:	CATEGORY USE ALPHA CODE: E or F	PHONE NUMBER (Area Code): (718) 350 - 3300
PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS NUMBER: AGENCY NAME: LEXINGTON SCHOOL/CENTER FOR THE DEAF AGENCY LIAISON: 25-26 75TH STREET STREET ADDRESS: CITY: EAST ELMHURST STATE: NY ZIP CODE: 11370			The particular classifications of persons who must or may be screened are set forth on the reverse side of this document. The alpha codes to complete the "Category" box above are also on the reverse side of this form. FOR ALL CATEGORIES: Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS SECTIONS THAT APPLY. IF NONE, STATE "NONE" List RELATIONSHIP in the fields below (see reverse side for instructions) Attach additional page if necessary.	

The purpose of collecting the demographic data on other persons in your household who are not screened pursuant to Section 424-a of the Social Services Law is to enable the N.Y.S. Office of Children and Family Services to identify with the greatest degree of certainty whether the person(s) being screened is the subject of an indicated child abuse or maltreatment report. The utilization of this information in a discriminatory manner is contrary to the Human Rights Law.

APPLICANT/HOUSEHOLD MEMBER AREA *PLEASE TYPE OR PRINT CLEARLY

RELATIONSHIP TO APPLICANT	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH
APPLICANT				
MAIDEN/ALIAS				

Please provide your current address and any other addresses at which you have resided for the last 28 years, including street, city and state. For Adoption, Foster Care, Family and Group Family Day Care, also include the same address history for household members 18 of age and older.

CURRENT STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO

I affirm that all the information provided on this form is true to the best of my knowledge. I understand that if I knowingly give false statements, such action could be grounds for denial or dismissal from employment or denial or revocation of a license, certificate, permit, registration or approval.

APPLICANT'S SIGNATURE	DATE	APPLICANT'S SIGNATURE	DATE
-----------------------	------	-----------------------	------

EIGHTEEN YEARS OLD OR OVER:

I understand that as a person eighteen years of age or over in a home of an applicant to become an Adoptive or a Foster Parent or a Family or Group Family Day Care provider, the information I have provided will be used to inquire of the Statewide Central Register to determine if I am the subject of an indicated report of child abuse or maltreatment.

SIGNATURE	DATE	SIGNATURE	DATE
-----------	------	-----------	------

**THE LEXINGTON ORGANIZATION
OIG/GSA/OMIG SCREENING ACKNOWLEDGEMENT
& RELEASE FORM – EMPLOYEE/INTERN**

To the **APPLICANT/EMPLOYEE/INTERN**: Please complete this form

Notice of OIG/GSA/OMIG Screening:

I understand and acknowledge that The Human Resources Department of the Lexington School & Center for the Deaf and its affiliates ("The Lexington Organization") will screen my application with the U.S. Department of Health and Human Services Office of Inspector General (OIG), the U.S. General Services Administration (GSA), The New York State Office of Medicaid Inspector General (OMIG) and any other federal, state or local agency as required by law, in order to verify that I am not on the list of individuals excluded from participating in federal and state programs, including Medicare and Medicaid.

I understand and acknowledge that The Lexington Organization will not consider me for employment or an internship if I am on an Exclusion List.

I understand and acknowledge that The Lexington Organization is obligated to conduct a minimum of a monthly review with aforementioned agencies for as long as I am employed in a Lexington program that receives federal or state dollars for medical services rendered, including but not limited to under Medicare and Medicaid.

Full Name of Applicant/Employee/Intern (Printed)

Signature of Applicant/Employee/Intern

Date

Social Security #

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Street Address

City

State

Zip Code

SCHOOL FOR THE DEAF  CENTER FOR THE DEAF
LEXINGTON

Lexington School for the Deaf is a contracted vendor with New York City Department of Education (NYCDOE), and therefore, must comply with applicable Education Law, the Regulations of the Commissioner of Education, and Chancellor's Regulations C-105. The aforementioned statutes and regulations state that all individuals employed by a contracted vendor who have direct contact with students are subject to fingerprinting so they can receive security clearance.

This form provides Lexington School for the Deaf the necessary information to begin the fingerprinting process for screening.

Fingerprint Authorization Form

LEXINGTON SCHOOL/CENTER FOR THE DEAF-
 HUMAN RESOURCES DEPARTMENT
 26-26 75TH STREET, JACKSON HEIGHTS, NY 11370
 General: 718-350-3300 , Fax: 718-350-3332
www.lexnyc.org

<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>	<i>Other Names Used (if any)</i>
<i>Address: (Street # and Name)</i>		<i>Apt. No.</i>	<i>City or Town</i>
<i>State</i>		<i>Zip code</i>	
<i>Date of Birth</i>	<i>Social Security Number</i>	<i>Email Address: Required:</i>	
<i>Telephone: (Area Code and Number)</i>			



As a condition of my employment application with the Lexington School for the Deaf and New York City Department of Education, I hereby authorize Human Resources liaison to enter the above information in the Personnel Eligibility Tracking System (PETS).

X _____
 Signature Date

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SCHOOL FOR THE DEAF  CENTER FOR THE DEAF
LEXINGTON

From: Human Resources

Re: Board of Education Requirement

As a result of the new funding process between the 4201 schools and The Board of Education of the City District of the City of New York, each employee and consultant working in the school must submit the following documentation:

1. Physical examination that you are medically fit to perform your assigned duties, with or without accommodations as construed under the Americans with Disabilities Act.
2. TB testing or Chest x-ray
3. Proof of MMR immunization (if born on or before December 31, 1956, only proof of rubella immunization is required)

Please call Regina Mathis at 718-350-3028 or email her at rmathis@lexnyc.org if you have any questions.

Please send all documentation to Regina Mathis. If documents are not submitted as required, you will not be permitted to work.

cc: file

LEXINGTON SCHOOL FOR THE DEAF

Employee: _____ Date of Birth: _____

TO BE COMPLETED BY DOCTOR

PPD:	Date Read _____	Positive _____	Negative _____
Chest X-Ray, if PPD is Positive: Date Taken _____ Positive _____ Negative _____			

**IF THE EMPLOYEE WAS BORN ON OR AFTER 1/1/57,
IMMUNIZATION AGAINST RUBELLA, MEASLES AND MUMPS IS REQUIRED.**

Rubella immunized/tested: Yes/Date _____ No _____

Measles immunized/tested: Yes/Date _____ No _____

Mumps immunized/tested: Yes/Date _____ No _____

DO NOT RECORD TEST RESULTS: ONLY CONCLUSIONS

**IF THE EMPLOYEE WAS BORN ON 12/31/56 OR BEFORE,
IMMUNIZATION AGAINST RUBELLA IS REQUIRED.**

Rubella immunized/tested: Yes/Date _____ No _____

DO NOT RECORD TEST RESULT: ONLY CONCLUSION

Date of Physical Examination _____

I have found the above employee fit for employment with no physical restrictions:
(If no,)

Yes _____ No _____ No, please explain on separate sheet and indicate follow-up date

Doctor's Signature: _____
SIGNATURE STAMP OR SIGNATURE OF ANYONE OTHER THAN EXAMING MD CANNOT BE ACCEPTED.

Doctor's Printed Name: _____

Address: _____

Telephone: _____

ATTACHMENT 1

CONTRACTOR PROPOSAL/OFFER FORM

This Proposal/Offer Form must be duly executed and submitted with any proposal/offer to Lexington School for the Deaf.

The Contractor hereby agrees that its proposal/offer is subject to all RFP 2019-2022 Professional School Security Officer Services provisions, terms and conditions, attachments, exhibits, amendments and other applicable materials which are attached or incorporated by reference. Contractor hereby agrees to promptly enter into an agreement in substantial accordance with such RFP provisions, terms and conditions.

The Contractor hereby agrees that its attached proposal/offer of which this is part, is a firm and irrevocable offer and valid for acceptance by Lexington for the period through and including June 30, 2019.

The Contractor hereby agrees that if its proposal/offer is accepted by Lexington it shall provide the School Security Officer Services in accordance with the RFP, as it may be amended.

Year	Category Of Service	Weekly Hours	Officer Shifts	Client Bill Rate	Holiday/OT Bill Rate	Annual Budget
July 1, 2019 - June 30, 2020	One (1) Level 1 Security Officer	168	Mon - Sun 7:30a-3:30p, 3:30p-11:30p & 11:30p-7:30a			
	One (1) Level 1 Roving Security Officer Post	40	Mon - Fri 3:00p-11:00p			
	One (1) Level 2 Lead Security Officer	40	Mon - Fri 7:00a-3:00p			
July 1, 2020 - June 30, 2021	One (1) Level 1 Security Officer Guard Booth Post	168	Mon - Sun 7:30a-3:30p, 3:30p-11:30p & 11:30p-7:30a			
	One (1) Level 1 Roving Security Officer Post	40	Mon - Fri 3:00p-11:00p			
	One (1) Level 2 Lead Security Officer Post	40	Mon - Fri 7:00a-3:00p			
July 1, 2021 - June 30, 2022	One (1) Level 1 Security Officer Guard Booth Post	168	Mon - Sun 7:30a-3:30p, 3:30p-11:30p & 11:30p-7:30a			
	One (1) Level 1 Roving Security Officer Post	40	Mon - Fri 3:00p-11:00p			
	One (1) Level 2 Lead Security Officer Post	40	Mon - Fri 7:00a-3:00p			

AUTHORIZATION

Person Duly Authorized to Execute this Proposal/Offer

(Please Print)

Duly Authorized Signature

Title

Date of this Proposal/Offer

Contractor Name

Address

Telephone

Facsimile

ATTACHMENT 1A
CONTRACTOR PROPOSAL/OFFER FORM

This Proposal/Offer Form must be duly executed and submitted with any proposal/offer to Lexington School for the Deaf.

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The Contractor hereby agrees that its attached proposal/offer of which this is part, is a firm and irrevocable offer and valid for acceptance by Lexington for the period through and including June 30, 2019.

The Contractor hereby agrees that if its proposal/offer is accepted by Lexington it shall provide the School Security Officer Services in accordance with the RFP, as it may be amended.

Year	Category Of Service	Days	Officer Shifts	Client Bill Rate - Pls give daily rate	Holiday/OT Bill Rate	Annual Budget
July 1, 2019 - June 30, 2020	FSD	140-150	Mon - Fri 6:00p-6:00a		Not Applicable	
July 1, 2020 - June 30, 2021	FSD	140-150	Mon - Fri 6:00p-6:00a		Not Applicable	
July 1, 2021 - June 30, 2022	FSD	140-150	Mon - Fri 6:00p-6:00a		Not Applicable	

AUTHORIZATION

Person Duly Authorized to Execute this Proposal/Offer

(Please Print)

Duly Authorized Signature

Title

Date of this Proposal/Offer

Contractor Name

Address

Telephone

Facsimile

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