



June 3, 2016

INTENT TO BID FORM Second Issue
Natural Gas Invitation for Bids

NOTE: If you received an e-mail from OGS that you met the requirement of responding to the previous Intent to Bid that was due on March 24, 2016 you do not need to resubmit another Intent to Bid.

In order to participate in the Natural Gas IFB 23008, we require that all potential bidders provide the following required documents and indicate, by signing below, of your intent to bid on the Natural Gas IFB 23008 (Firm Supply-Indexed Price & Interruptible Supply- Indexed Price). The bid opening for IFB 23008 is expected to be in July 2016.

To show intent, all potential bidders must complete and submit the following by June 27, 2016:

The following items MUST be submitted in Hard Copy. Electronic submissions are not acceptable.

- This Intent to Bid Form with an original signature.
NYS Vendor Responsibility Questionnaire (if hard copy) or a copy of the certification (if filed online)
Intent to Bid Submittal Checklist

The following is requested by June 27, 2016. However, the following MUST be received no later than July 5, 2016

- NYS Workers Compensation and NYS Disability forms as referenced herein
NY Tax Law §5-A forms as referenced herein (Signed and completed ST-220 CA)

If there are any questions regarding what is required to be submitted please contact me (518) 408-1026 or by e-mail james.patrick@ogs.ny.gov.

RETURN THE ABOVE to: ATTN: James Patrick
NY State OGS Procurement Services
Corning Tower 38th floor Empire State Plaza
Albany, NY 12242

Submittal of these forms allows us to complete our vendor responsibility review prior to the bid opening for those bidders that intend to participate. Submittal of these forms in no way obligates your company to submit a bid, but failure to submit these forms by the specified dates above will preclude your company from participating in the upcoming bid.

Due to the consolidation of the two current contract awards for Natural Gas (22775 and 22776), which end October 31, 2016 and December 31, 2016 respectively, contract awards for 23008 will have specific lots / items identified in the 23008 IFB with two separate contract start dates to of either November 1, 2016 or on January 1, 2017 in order to provide continuous coverage. The 23008 IFB contract awards will end conterminously on or about August 31, 2019, regardless of the award start date.

NOTIFICATION OF INTENT TO BID

We currently plan to participate in the above-referenced bid(s). We understand that submittal of the required documents in no way obligates us to participate in the bid. By signing this Intent to Bid form potential bidder agrees to provide the required CGL Insurance forms,, waivers and subjugations, within 20 business days upon notice by OGS Procurement Services of a tentative award. (The NYS Workers Compensation and Disability Insurance Forms are required in response to this Intent to Bid)

Name of Business

Signature of Officer

Address

Printed Name

City, State, Zip

Title

NYS Vendor Identification Number

INQUIRIES/ISSUING OFFICE:

All inquiries concerning this intent to bid must be addressed to the following Procurement Services designated contact(s) and issuing office:

DESIGNATED CONTACTS:	
PRIMARY CONTACT: James Patrick (518) 408-1026	SECONDARY CONTACT: James Jasiewicz
OGS.sm.PS_CM_FleetFuelRoads@ogs.ny.gov	
NYS Office of General Services	
Procurement Services	
Corning Tower – 38 th Floor	
Empire State Plaza	
Albany, New York 12242	

SUMMARY OF POLICY AND PROHIBITIONS ON PROCUREMENT LOBBYING:

Pursuant to State Finance Law §§139-j and 139-k, this solicitation includes and imposes certain restrictions on communications between OGS and an Offerer/bidder during the procurement process. An Offerer/bidder is restricted from making contacts from the earliest notice of intent to solicit offers/bids through final award and approval of the Procurement Contract by OGS and, if applicable, the Office of the State Comptroller (“restricted period”) to other than designated staff unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law §139-j (3) (a). Designated staff, as of the date hereof, is identified on the first page of this solicitation. OGS employees are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the Offerer/bidder pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award, and in the event of two findings within a four-year period; the Offerer/bidder is debarred from obtaining governmental Procurement Contracts. Further information about these requirements can be found on the OGS website:

<http://www.ogs.ny.gov/aboutOgs/regulations/defaultAdvisoryCouncil.html>

NEW YORK STATE VENDOR FILE REGISTRATION:

Prior to being awarded a Contract pursuant to this Solicitation, the Bidder(s) and any designated authorized resellers who accept payment directly from the State, must be registered in the New York State Vendor File (Vendor File) administered by the Office of the State Comptroller (OSC). This is a central registry for all vendors who do business with New York State Agencies and the registration must be initiated by a State Agency. Following the initial registration, unique New York State ten-digit vendor identification numbers will be assigned to your company and to each of your authorized resellers (if any) for usage on all future transactions with New York State. Additionally, the Vendor File enables vendors to use the Vendor Self-Service application to manage all vendor information in one central location for all transactions related to the State of New York.

If Bidder is already registered in the New York State Vendor File, the vendor must enter the vendor’s ten-digit Vendor ID number on the first page of this Intent to Bid Form. If the Bidder is not currently registered in the Vendor File, the Bidder must request assignment of a Vendor ID number from OGS.

Complete the OSC Substitute W-9 Form online at http://www.osc.state.ny.us/vendor_management/forms.htm, and submit the form to OGS in advance of your intent to bid. Please send the substitute W-9 Form via e-mail to james.patrick@ogs.ny.gov. OGS will initiate the vendor registration process for all Bidders. Once the process is initiated, registrants will receive an e-mail identifying their unique ten-digit Vendor ID number and instructions on how to enroll in the online Vendor Self-Service application.

For more information on the Vendor File, please visit the following website:
http://www.osc.state.ny.us/vendor_management.

All potential bidders must file a Vendor Responsibility Questionnaire prior to submission of Intent to Bid due June 27, 2016. OGS prefers the questionnaire be filed electronically on-line; however, paper forms submitted with this intent to bid is acceptable. On-line login and hard copy forms are located at:
http://www.osc.state.ny.us/vendrep/forms_vendor.htm

NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE FOR-PROFIT BUSINESS ENTITY

(hereinafter the “Questionnaire”):

OGS conducts a review of prospective contractors (“Bidders”) to provide reasonable assurances that the Bidder is responsive and responsible. A For-Profit Business Entity Questionnaire (hereinafter “Questionnaire”) is used for non-construction contracts and is designed to provide information to assess a Bidder’s responsibility to conduct business in New York based upon financial and organizational capacity, legal authority, business integrity, and past performance history. By submitting a bid, Bidder agrees to fully and accurately complete the Questionnaire. The Bidder acknowledges that the State’s execution of the Contract will be contingent upon the State’s determination that the Bidder is responsible, and that the State will be relying upon the Bidder’s responses to the Questionnaire when making its responsibility determination.

OGS recommends each Bidder file the required Questionnaire online via the New York State VendRep System. To enroll in and use the VendRep System, please refer to the VendRep System Instructions and User Support for Vendors available at the Office of the State Comptroller’s (OSC) website, http://www.osc.state.ny.us/vendrep/vendor_index.htm or to enroll, go directly to the VendRep System online at <https://portal.osc.state.ny.us>.

OSC provides direct support for the VendRep System through user assistance, documents, online help, and a help desk. The OSC Help Desk contact information is located at <http://www.osc.state.ny.us/portal/contactbuss.htm>. Bidders opting to complete the paper questionnaire can access this form and associated definitions via the OSC website at: http://www.osc.state.ny.us/vendrep/forms_vendor.htm.

In order to assist the State in determining the responsibility of the Bidder prior to Contract Award, the Bidder must complete and certify (or recertify) the Questionnaire no more than six (6) months prior to the bid due date. A Bidder’s Questionnaire cannot be viewed by OGS until the Bidder has certified the Questionnaire. It is recommended that all Bidders become familiar with all of the requirements of the Questionnaire in advance of the bid opening, to provide sufficient time to complete the Questionnaire.

The Bidder agrees that if it is awarded a Contract the following shall apply:

The Contractor shall at all times during the Contract term remain responsible. The Contractor agrees, if requested by the Commissioner of OGS or her designee, to present evidence of its continuing legal authority to do business in New York State, integrity, experience, ability, prior performance, and organizational and financial capacity.

The Commissioner of OGS or her designee, in his or her sole discretion, reserves the right to suspend any or all activities under this Contract, at any time, when he or she discovers information that calls into question the responsibility of the Contractor. In the event of such suspension, the Contractor will be given written notice outlining the particulars of such suspension. Upon issuance of such notice, the Contractor must comply with the terms of the suspension order. Contract activity may resume at such time as the Commissioner of OGS or her designee issues a written notice authorizing a resumption of performance under the Contract.

Upon written notice to the Contractor, and a reasonable opportunity to be heard with appropriate OGS officials or staff, the Contract may be terminated by the Commissioner of OGS or her designee at the Contractor’s expense where the Contractor is determined by the Commissioner of OGS or her designee to be non-responsible. In such event, the Commissioner of OGS or her designee may complete the contractual requirements in any manner he or she may deem advisable, and pursue available legal or equitable remedies for breach.

In no case shall such termination of the Contract by the State be deemed a breach thereof, nor shall the State be liable for any damages for lost profits or otherwise, which may be sustained by the Contractor as a result of such termination.

Please indicate below the method of the Vendor Responsibility process utilized for filing the questionnaire (online or paper copy). New York State Vendor Responsibility Questionnaire completed as; if an on-line submission is required a NY State Vendor ID number is required:

- A. Filed online or Yes _____ No _____
- B. Paper copy attached Yes _____

If the Questionnaire was completed online, has Bidder/Contractor certified or recertified the Vendor Responsibility Questionnaire no more than six (6) months prior to the submission of this letter of intent? Yes _____

TAX LAW §5-A:

Tax Law §5-a requires certain Contractors awarded state Contracts for commodities, services and technology valued at more than \$100,000 to certify to NYS Department of Taxation and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies to Contracts where the total amount of such Contractors' sales delivered into New York State is in excess of \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made, and with respect to any affiliates and subcontractors whose sales delivered into New York State exceeded \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made.

A Contractor is required to file the completed and notarized Form ST-220-CA with OGS, certifying that the Contractor filed the ST-220-TD with DTF. Note: NYS DTF receives the completed Form ST-220-TD, not OGS. OGS ONLY receives the Form ST-220-CA. Form ST-220-CA must be filed with the bid and submitted to the procuring covered Agency certifying that the Contractor filed the ST-220-TD with DTF. Contractor should complete and return the certification forms within five (5) business days of request (if the forms are not completed and returned with bid submission). Failure to make either of these filings may render a Contractor non-responsive and non-responsible. Contractor shall take the necessary steps to provide properly certified forms within a timely manner to ensure compliance with the law.

Website links to the Contractor certification forms and instructions are provided below. Form ST-220-TD must be filed with and returned directly to DTF and can be found at https://www.tax.ny.gov/forms/other_sales_tax_forms.htm

Unless the information upon which the ST-220-TD is based changes, this form only needs to be filed once with DTF. If the information changes for the Contractor, its affiliate(s), or its subcontractor(s), a new Form ST-220-TD must be filed with DTF.

Form ST-220-CA must be submitted to OGS. This form provides the required certification that the Contractor filed the ST-220-TD with DTF. This form can be found at https://www.tax.ny.gov/forms/other_sales_tax_forms.htm

Vendors may call DTF at 518-485-2889 for any and all questions relating to Section 5-a of the Tax Law and relating to a company's registration status with DTF. For additional information and frequently asked questions, please refer to the DTF web site: <http://www.tax.ny.gov/>.

CONTRACTOR'S INSURANCE REQUIREMENTS

The prospective bidder hereby certifies that once notified of a tentative award they shall be required to procure, at its sole cost and expense, all insurance, endorsements and waivers of subrogation required by this Section within twenty (20) business days of tentative award and before commencing any work under any Contract resulting from this solicitation.

In addition, following award of any Contract resulting from the IFB, the Contractor shall maintain in force at all times during the term of any Contract policies of insurance as herein below set forth, written by companies licensed or authorized by the New York State Department of Financial Services to issue insurance in the State of New York with an A.M. Best Company rating of "A-" Class "VII" or better. If, during the term of the policy, a carrier's rating falls below "A-" Class "VII," the insurance must be replaced no later than the renewal date of the policy with an insurer rated at least "A-" Class "VII" in the most recently published Best's Insurance Report.

The tentative awardee/Contractor shall deliver to OGS evidence of the insurance required by this Section in a form acceptable to OGS. Insurance must be written in accordance with the requirements of the paragraphs below, as applicable. Acceptance and/or approval by OGS does not, and shall not be construed to, relieve the prospective awardee/Contractor of any obligations, responsibilities or liabilities under this solicitation or any Contract resulting from this solicitation.

General Conditions (to be submitted within 20 business days after notice of a tentative award)

A. Conditions Applicable to Insurance. All policies of insurance must meet the following requirements:

- 1. Coverage Types and Policy Limits.** The types of coverage and policy limits required from the Bidder are specified in Paragraph B, *Insurance Requirements*, below.

2. **Policy Forms.** Except as may be otherwise specifically provided herein or agreed to in writing by OGS, policies must be written on an occurrence basis.
3. **Certificates of Insurance/Notices.** Bidder shall provide a Certificate of Liability Insurance (Accord) within 20 business days after notification of a tentative award. Certificates shall reference the IFB Number 23008. **ALL OF THE REFERENCED FORMS MUST NAME:** The Office of General Services, Procurement Services, 38th floor, Corning Tower, Albany NY 12242 as the Entity Requesting Proof of Coverage (Entity being listed as the Certificate Holder).

Certificates of Insurance shall:

- a. Be in the form approved by OGS;
- b. Disclose any deductible, self-insured retention, aggregate limit or any exclusion to the policy that materially changes the coverage required by the IFB and any contract resulting from the IFB;
- c. Refer to the IFB and any contract resulting from the IFB by number and any other attachments on the face of the certificate; and
- d. Be signed by an authorized representative of the insurance carrier or producer.

Only original documents or electronic forms that can be directly traced back to the insurance carrier, agent or broker via e-mail distribution (Certificates of Insurance and other attachments) will be accepted.

4. **Primary Coverage.** All insurance policies shall provide that the required coverage shall apply on a primary and not on an excess or contributing basis as to any other insurance that may be available to OGS or any Authorized User for any claim arising from the Contractor's work under any contract resulting from the IFB, or as a result of the Contractor's activities. Any other insurance maintained by OGS or any Authorized User shall be excess of and shall not contribute with the Contractor's insurance.
5. **Policy Renewal/Expiration.** At least thirty (30) days prior to the expiration of any policy required by any contract resulting from the IFB, evidence of renewal or replacement policies of insurance with terms no less favorable to the State than the expiring policies shall be delivered to OGS in the manner required for service of notice in Paragraph A.3. *Certificates of Insurance/Notices* above. If, at any time during the term of any contract resulting from the IFB, the coverage provisions and limits of the policies required herein do not meet the provisions and limits set forth in the IFB and any contract resulting from the IFB or proof thereof is not provided to OGS, the Contractor shall immediately cease work. The Contractor shall not resume work until authorized to do so by OGS. Should the Contractor fail to provide or maintain any insurance required by any contract resulting from the IFB, or proof thereof is not provided, OGS or Authorized Users may withhold further payments due under any contract resulting from the IFB, treat such failure as a material breach or default of any contract resulting from the IFB. In the event of such a material breach, the Contractor shall be subject to liability for damages, indemnification and all other legal remedies available to OGS. Contractor's failure to obtain and/or keep in effect any and all required insurance shall also provide the basis for OGS' immediate termination of any contract resulting from the IFB, subject only to a five (5) business day cure period. Any termination by OGS or any delay, time lost, or additional cost incurred as a result of the Contractor not having insurance required by any contract resulting from the IFB or not providing proof of same in a form acceptable to OGS, shall in no event constitute or be deemed a breach of any contract resulting from the IFB and no liability shall be incurred by or arise against OGS or any authorized user, their agents and employees therefore for lost profits or any other damages.
6. **Self-Insured Retention/Deductibles.** Certificates of Insurance must indicate the applicable deductible/self-insured retention on each policy. Deductibles or self-insured retentions above \$100,000 are subject to approval from OGS. The Contractor shall be solely responsible for all claim expenses and loss payments within the deductible or self-insured retention.
7. **Subcontractors.** Should the Contractor engage a Subcontractor, the Contractor shall require all Subcontractors, prior to commencement of an agreement between Contractor and the Subcontractor, to secure and keep in force during the term of any contract resulting from the IFB the insurance requirements of this document on the Subcontractor, as applicable. Proof thereof shall be supplied to OGS.

All insurance required by the IFB and any contract resulting from the IFB shall be endorsed to name "The People of the State of New York, the New York State Office of General Services, any entity authorized by law or regulation to use any Contract resulting from this solicitation as an Authorized User and their officers, agents, and employees"* as additional insured's hereunder. The General Liability Additional Insured Endorsement shall be on Insurance Service Office's (ISO)

form number CG 20 26 11 85 or the equivalent. Such coverage shall be extended to afford Additional Insured status to those entities during the Products/Completed Operations term. Additional Insured Endorsements shall be provided upon tentative award and within twenty (20) days of request to OGS, Corning Tower- 38th Floor, Empire State Plaza, and Albany, NY 12242.

B. Insurance Requirements: The Contractor, throughout the term of any contract resulting from the IFB, or as otherwise required by any contract resulting from the IFB, shall obtain and maintain in full force and effect, the following insurance with limits not less than those described below and as required by the terms of any contract resulting from the IFB, or as required by law, whichever is greater (limits may be provided through a combination of primary and umbrella/excess policies):

- a) **Commercial General Liability Insurance (CGL)** covering the liability of the Contractor for bodily injury, property damage and personal/advertising injury from all work and operations under this Contract. The limits under such policy shall not be less than the following:
- Each Occurrence limit-\$2,000,000.00
 - General Aggregate-\$2,000,000.00
 - Products/Completed Operations-\$2,000,000.00
 - Personal Advertising Injury-\$1,000,000.00
 - Damage to Rented Premises-\$50,000.00
 - Medical Expense-\$5,000.00

Coverage shall include, but not be limited to, the following:

- premises liability;
- independent contractors;
- blanket contractual liability, including tort liability of another assumed in a contract;
- defense and/or indemnification obligations, including obligations assumed under any contract resulting from the IFB;
- cross liability for additional insureds;
- products/completed operations for a term of no less than 3 years, commencing upon acceptance of the work, as required by any contract resulting from the IFB;
- explosion, collapse, and underground hazards; and
- contractor means and methods.

Upon notice of a tentative award the following ISO forms must be **endorsed** to the policy

- a. G 00 01 01 96 or an equivalent – Commercial General Liability Coverage Form
- b. CG 20 10 11 85 or an equivalent – Additional Insured-Owner, Lessees or Contractors (Form B)
- c. Waiver of Subrogation Endorsement.

Waiver of Subrogation. For the coverages required above, the Awardee shall cause to be included in each of its policies a waiver of the insurer’s right to recovery or subrogation against the People of the State of New York, its officers, agents, and employees, the New York State Office of General Services and any Authorized User of any contract resulting from the IFB. Waiver of Subrogation Endorsements shall be provided upon tentative award and within twenty (20) business days to OGS, Procurement Services, IFB 23008, Corning Tower- 38th Floor, Empire State Plaza, Albany, NY 12242.

Definition: The People of the State of New York,

The State, as a governmental entity, enters into contracts, takes title to property, and initiates legal action. Accordingly, the Office of the Attorney General requires that **“The People of the State of New York”** be included as an additional insured. Adding **“The People of the State of New York”** as an additional insured does not mean that the insurer is insuring all residents of New York State; rather, it means that the State government is being insured.

Workers’ Compensation Insurance and Disability Benefits Requirements (required submission)

New York State Workers’ Compensation Law (WCL) §57 & §220 requires the heads of all municipal and state entities to ensure that businesses applying for permits, licenses or contracts document that they have appropriate workers’ compensation and disability benefits insurance coverage. These requirements apply to both original contracts and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license or contract. Failure to provide proof of such coverage or a legal exemption will result in a rejection of your bid or renewal.

Proof of Compliance with Workers’ Compensation Coverage Requirements:

An ACORD form is NOT acceptable proof of workers’ compensation coverage. In order to provide proof of compliance with the requirements of the New York State Workers’ Compensation Law, pertaining to workers’ compensation coverage, a contractor shall:

- A) Be legally exempt from obtaining Workers’ Compensation insurance coverage; or
- B) Obtain such coverage from an insurance carrier; or
- C) Be a Workers’ Compensation Board-approved self-insured employer or participate in an authorized self-insurance plan.

A contractor seeking to enter into a contract with the State of New York shall provide one of the following forms to OGS in accordance with Intent to Bid **submission**:

- A) Form CE-200, Certificate of Attestation for New York Entities with No Employees and Certain out of State Entities That New York State Workers’ Compensation and/or Disability Benefits Insurance Coverage is not required, which is available on the New York State Workers’ Compensation Board’s website (www.wcb.ny.gov); (Reference applicable solicitation and Group numbers on the form.)
- B) Certificate of Workers’ Compensation Insurance:
 - 1) Form C-105.2 (9/07) if coverage is provided by a contractor’s insurance carrier, a contractor must request its carrier to send this form to OGS, or
 - 2) Form U-26.3 if coverage is provided by the State Insurance Fund, a contractor must request that the State Insurance Fund send this form to OGS.
- C) Form SI-12, Certificate of Workers’ Compensation Self-Insurance available from the New York State Workers’ Compensation Board’s Self-Insurance Office.
- D) Form GSI-105.2, Certificate of Participation in Workers’ Compensation Group Self-Insurance available from the contractor’s Group Self-Insurance Administrator.

Proof of Compliance with Disability Benefits Coverage Requirements:

In order to provide proof of compliance with the requirements of the New York State Workers’ Compensation Law pertaining to disability benefits, a contractor shall:

- A) Be legally exempt from obtaining disability benefits coverage; or
- B) Obtain such coverage from an insurance carrier; or
- C) Be a Board-approved self-insured employer.

A contractor seeking to enter into a contract with the State of New York shall provide one of the following forms to OGS **in accordance with Intent to Bid submission. An ACORD form is NOT acceptable proof of disability benefits coverage:**

- A) Form CE-200, Certificate of Attestation for New York Entities with No Employees and Certain out of State Entities That New York State Workers’ Compensation and/or Disability Benefits Insurance Coverage is not required, which is available on the New York State Workers’ Compensation Board’s website (www.wcb.ny.gov); (Reference applicable solicitation and Group #s on the form.)
- B) Form DB-120.1, Certificate of Disability Benefits Insurance. A contractor must request its business insurance carrier to send this form to OGS; or
- C) Form DB-155, Certificate of Disability Benefits Self-Insurance. A contractor must call the Board’s Self-Insurance Office at 518-402-0247 to obtain this form.

NYS Office of General Services

Signature: _____ Approved

Printed Name: _____ Disapproved

Title: _____

Date: _____

Group 05900 - Natural Gas (Firm & Interruptible Supply - Fixed and Indexed Price)
IFB 23008 Intent to Bid
Submittal Checklist

CONTACT INFORMATION	RESPONSE	
Bidder Company Name		
NYS 10 Digit Vendor ID Number:		
Federal ID Number:		
Contact Person		
Phone Number		
E-mail Address		
Original Hard copy submissions		
<i>Please check to confirm the following required submissions are included Yes/No</i>		
1	Original signed copy of the Intent to Bid Form that includes insurance certification	
2	A copy of the NYS Tax Form ST-220-CA	
3	A current NYS Workers Compensation Insurance form	
4	A current NYS Workers Compensation Disability Insurance form	
Vendor Responsibility Questionnaire		
5	Certified within the last 6 months	
	If filed on-line a copy of the confirmation page	
	If not filed on-line a hard copy of the questionnaire and certification page	