

Office of Contracts

July 8, 2016

Steven Banks
Commissioner

Shane Lucas, Chief Executive officer
Lucas Disaster Recovery Consulting LLC
414 Yellow Wood Drive
New Braunfels, TX 78130

Martha A. Calhoun
General Counsel

Vincent Pullo
Agency Chief
Contracting Officer

Re: Notice of Renewal
Provision of Housing Recovery Program Case Management Services
Contract Number: CT1 069 20161427619
PIN: 14OHEOC04701R01 EPIN: 14OHEOC04701R01

150 Greenwich Street
New York, NY 10007

929 221 6347

Dear Mr. Lucas:

This is to inform you that the contract with the Human Resources Administration (HRA) referenced above has been registered. The contract term for this action is from 1/1/2016 to 12/31/2016 and the maximum contract amount shall not exceed \$464,400.00.

To facilitate prompt payment invoices are to be submitted in accordance with the Submission of Invoices section of the specification. Invoices and deliveries shall be forwarded to the address indicated below. Please reference your Federal Tax Identification Number, an Invoice Number, the assigned Contract Number and the Procurement Identification Number (PIN) on all invoices and correspondence.

Invoices:

New York City
Human Resources Administration
Mayor's Office
250 Broadway, 24th Floor
New York, NY 10007
Attn: Deborah Bander
Phone: (212) 615-8098
default@default.com

Deliveries:

New York City
Human Resources Administration
Mayor's Office
250 Broadway , 24th floor
New York, NY 10007
Attn: Kristi Jacques
Phone: (212) 615-8041
kjacques@recovery.nyc.gov

Your interest in doing business with the City of New York is appreciated.

Sincerely,



Cynthia Holland, Director
Contract Management Division

cc: Cynthia Holland; B. Martinez

MEMORANDUM

Steven Banks
Commissioner

DATE: July 8, 2016

Martha A. Calhoun
General Counsel

TO: Deborah Bander, Assistant General Counsel
Mayor's Office

Vincent Pullo
Agency Chief
Contracting Officer

FROM: Cynthia Holland, Director
Contract Management Division



SUBJECT: Registered Contract Package - Renewal
PIN: 14OHEOC04701R01 **EPIN:** 14OHEOC04701R01
Contract Number: CT1 069 20161427619

150 Greenwich Street
New York, NY 10007

929 221 6347

Enclosed is your copy of the registered contract package for Provision of Housing Recovery Program Case Management Services which has been awarded to Lucas Disaster Recovery Consulting LLC.

To facilitate prompt payment to the Vendor, invoices with the appropriate documentation (receiving reports, payroll reports, time sheets, etc.) must be carefully reviewed, signed and sent to Accounts Payable within the timeframe set in the Procurement Policy Board Rules. The invoices and accompanying documentation should be mailed to:
New York City Human Resources Administration, Accounts Payable, Attn: Madlyn Korman, Director, 150 Greenwich Street, 33rd Floor, New York, New York, 10007

Please be advised that diligent review and prompt submission of all invoices by the program area to Vendor Payment is critical as all invoices are dated and monitored for prompt vendor payment. Invoices are only to be certified upon registration of an executed contract or purchase agreement to ensure the agency is billed correctly and sufficient funds are available to avoid payment delays.

Pursuant to Section 4-06 of the Procurement Policy Board Rules, the required payment date shall be thirty (30) days upon submission of a proper invoice by the vendor. In compliance with the mandate, the time period between the locations receiving invoice(s) for certification and the return of those invoices Vendor Payment will be audited.

Pursuant to Section 4-01 of the Procurement Policy Board Rules, performance evaluation of the vendor shall conform to the requirements of the contract, including but not limited to, quality and timelessness of performance, fiscal administration and accountability.

The Human Resources Administration shall monitor the vendor's performance against such standards and indicators on an ongoing basis and sufficiently far in advance of the end of the contract term to determine whether an existing contract should be extended, renewed, terminated or allowed to lapse. Notification to the vendor of deficient performance shall be made as soon as practicable, and shall not await the annual evaluation.

If there are any questions do not hesitate to contact me at (929) 221-6355.

cc: Madlyn Korman; Cynthia Holland; B. Martinez

THE CITY OF NEW YORK
FINANCIAL MANAGEMENT SYSTEM

DATE: 06/06/2016

ADVICE OF AWARD
EXPENSE/GENERAL CONTRACT

PAGE: 1

FINAL BATCH ID: CT1 069

CONTRACT NUMBER: CT1 069 20161427619

TAXPAYER ID: 462278317

AMENDMENT NUM: VERSION NUM: 1

VENDOR: VS00011163

VENDOR ADDR IND: 002

OCA NUMBER: 1005370642

LUCAS DISASTER RECOVERY CONSULTING LLC

ALIAS/DBA: Lucas Disaster Recovery Consulting LLC

CONTACT: Shane Lucas

PHONE: 6176782435

ADDRESS: 10 Bank street

White Plains

NY

10606

CONTRACT TITLE: Lucas Disaster Recovery Consulting LLC

PIN: 140HEOC04701R01

DESCRIPTION: Provision of Housing Recovery Program Case Management

ORIGINAL AMT: \$ 464,400.00

ORIGINAL START: 01/01/2016

END: 12/31/2016

REVISED AMT: \$ 464,400.00

REVISED START: 01/01/2016

END: 12/31/2016

RESP AGENCY: 069

SUBMITTING AGCY: 069

CONTRACT OFFICER:

PHONE:

COMMENTS:

Provision of Housing Recovery Program Case Management Services

CONTRACT TYPE: 10 CLASS: G AWARD METHOD: 10 AWARD LEVEL:

CATEGORIES 1: 103 2: 3: 4: 5:

CONSTRUCTION RELATED: N REDUCED ADVERTISING: N

HEARING DATE:

MINORITY: WOMAN LOCAL: NOT-FOR-PROFIT: MWBE UTILIZATION CLAUSE: N

LOCATION INFORMATION

SERVICE LOCATION: 10 BANK STREET, SUITE 560, WHITE PLAINS, NY

ZIP CODE: 10606 BOROUGH: BLOCK: LOT: COUNCIL DISTRICT:

DELIVERY DATE:

DELIVER TO: DEPARTMENT OF SOCIAL SERVICES
HRA CORPORATE HEADQUARTERS
150 GREENWICH STREET
NEW YORK NY 10007

INVOICE TO: DEPARTMENT OF SOCIAL SERVICES
VENDOR PAYMENT UNIT
150 GREENWICH STREET (4WTC),
33RD FLOOR
NEW YORK NY 10007

THE CITY OF NEW YORK
FINANCIAL MANAGEMENT SYSTEM

DATE: 06/06/2016

ADVICE OF AWARD
EXPENSE/GENERAL CONTRACT

PAGE: 2

FINAL BATCH ID: CT1 069

CONTRACT NUMBER: CT1 069 20161427619

TAXPAYER ID: 462278317

AMENDMENT NUM:

VERSION NUM: 1

VENDOR: VS00011163

VENDOR ADDR IND: 002

OCA NUMBER: 1005370642

LUCAS DISASTER RECOVERY CONSULTING LLC

ALIAS/DBA: Lucas Disaster Recovery Consulting LLC

DEPT: 069

SHIP CODE: 069002

DEPT: 069

BILL CODE: 069927

THE CITY OF NEW YORK
FINANCIAL MANAGEMENT SYSTEM

DATE: 06/06/2016

ADVICE OF AWARD
EXPENSE/GENERAL CONTRACT

PAGE: 3

FINAL BATCH ID: CT1 069

CONTRACT NUMBER: CT1 069 20161427619

TAXPAYER ID: 462278317

AMENDMENT NUM: VERSION NUM: 1

VENDOR: VS00011163

VENDOR ADDR IND: 002

OCA NUMBER: 1005370642

LUCAS DISASTER RECOVERY CONSULTING LLC

ALIAS/DBA: Lucas Disaster Recovery Consulting LLC

CONTRACT INFORMATION

REFERENCE INFORMATION

REFERENCE CODE: NEW

REFERENCE CONTRACT:

INTERNAL AWARD NUMBER:

SOLICITATION NUMBER:

REPLACES CONTRACT: CT1

NUMBER OF RESPONSES: 1

069

20151421617

OUT OF NUM OF SOLICITATION: 1

COMPLIANCE INFORMATION

COMPLIANCE CRITERIA	1.	OLIVINGWAG	N	2.	MCBRIDE	N	3.	N
	4.		N	5.				

NON COMPLY REASON: N/A

WORKSITES / COMMUNITY / BOARD CODES

WORKSITES	1.	ALL	2.	3.	4.	5.
	6.		7.	8.	9.	10.

THE CITY OF NEW YORK
FINANCIAL MANAGEMENT SYSTEM

DATE: 06/06/2016

ADVICE OF AWARD
EXPENSE/GENERAL CONTRACT

PAGE: 4

FINAL BATCH ID: CT1 069

CONTRACT NUMBER: CT1 069 20161427619

TAXPAYER ID: 462278317

AMENDMENT NUM:

VERSION NUM: 1

VENDOR: VS00011163

VENDOR ADDR IND: 002

OCA NUMBER: 1005370642

LUCAS DISASTER RECOVERY CONSULTING LLC

ALIAS/DBA: Lucas Disaster Recovery Consulting LLC

RENEWAL INFORMATION

RENEWAL CODE: R4

RENEWAL OPTIONS	RENEWAL	PERIOD	EFFECTIVE FROM	EFFECTIVE TO
1	1	YEARS	01/01/2017	12/31/2017

THE CITY OF NEW YORK
FINANCIAL MANAGEMENT SYSTEM

DATE: 06/06/2016

ADVICE OF AWARD
EXPENSE/GENERAL CONTRACT

PAGE: 5

FINAL BATCH ID: CT1 069

CONTRACT NUMBER: CT1 069 20161427619

TAXPAYER ID: 462278317

AMENDMENT NUM: VERSION NUM: 1

VENDOR: VS00011163

VENDOR ADDR IND: 002

OCA NUMBER: 1005370642

LUCAS DISASTER RECOVERY CONSULTING LLC

ALIAS/DBA: Lucas Disaster Recovery Consulting LLC

COMMODITY INFORMATION

LINE #	COMMODITY	QTY	UNIT	UNIT COST	TOTAL COST
1	95211000000	0.00000		\$0.00	\$232,200.00

DESCRIPTION:

Case Management

FOB DESTINATION DELIVERY:

DELIVER TO:

HRA CORPORATE HEADQUARTERS

150 GREENWICH STREET

NEW YORK

NY 10007

INVOICE TO:

VENDOR PAYMENT UNIT

150 GREENWICH STREET (4WTC), 33RD FLOOR

NEW YORK

NY 10007

THE CITY OF NEW YORK
FINANCIAL MANAGEMENT SYSTEM

DATE: 06/06/2016

ADVICE OF AWARD
EXPENSE/GENERAL CONTRACT

PAGE: 6

FINAL BATCH ID: CT1 069

CONTRACT NUMBER: CT1 069 20161427619

TAXPAYER ID: 462278317

AMENDMENT NUM:

VERSION NUM: 1

VENDOR: VS00011163

VENDOR ADDR IND: 002

OCA NUMBER: 1005370642

LUCAS DISASTER RECOVERY CONSULTING LLC

ALIAS/DBA: Lucas Disaster Recovery Consulting LLC

SUBCONTRACTOR INFORMATION

CONTRACT ADDRESS:

CODE:

VENDOR:

ALIAS/DBA:

TAXPAYER ID:

CONTACT:

PHONE:

ADDRESS:

ESTIMATED AMOUNT:

THE CITY OF NEW YORK
FINANCIAL MANAGEMENT SYSTEM

DATE: 06/06/2016

ADVICE OF AWARD
EXPENSE/GENERAL CONTRACT

PAGE: 7

FINAL BATCH ID: CT1 069

CONTRACT NUMBER: CT1 069 20161427619

TAXPAYER ID: 462278317

AMENDMENT NUM:

VERSION NUM: 1

VENDOR: VS00011163

VENDOR ADDR IND: 002

OCA NUMBER: 1005370642

LUCAS DISASTER RECOVERY CONSULTING LLC

ALIAS/DBA: Lucas Disaster Recovery Consulting LLC

ACCOUNTING INFORMATION

COMM LINE	ACTG LINE	FUND	DEPT	APPR UNIT	BUDGET CD	DTL OBJ/SUB	REPT CAT/ QUICK	CAP PROJ	UNIT/ SUNIT	TASK	LINE AMT
1	1	001	069	103	A111	6400	HRON			2016	\$232,200.00

THE CITY OF NEW YORK
FINANCIAL MANAGEMENT SYSTEM

DATE: 06/06/2016

ADVICE OF AWARD
EXPENSE/GENERAL CONTRACT

PAGE: 8

FINAL BATCH ID: CT1 069

CONTRACT NUMBER: CT1 069 20161427619

TAXPAYER ID: 462278317

AMENDMENT NUM:

VERSION NUM: 1

VENDOR: VS00011163

VENDOR ADDR IND: 002

OCA NUMBER: 1005370642

LUCAS DISASTER RECOVERY CONSULTING LLC

ALIAS/DBA: Lucas Disaster Recovery Consulting LLC

I HAVE EXAMINED THIS ADVICE OF AWARD OF CONTRACT AND CERTIFY THAT THE AWARD WAS MADE TO THE LOWEST RESPONSIBLE BIDDER, AND/OR IN ACCORDANCE WITH THE PROVISIONS OF THE APPROPRIATE SECTIONS OF THE NYC CHARTER, AT THE PRICE BID BY SUCH BIDDER, AND THAT IT IS CORRECT AS TO CALCULATION AND EXTENSION AND THAT THE AWARD WAS PROPERLY MADE.

I CERTIFY THAT I HAVE CHECKED THE CONTRACTOR'S RECORD PURSUANT TO SECTIONS 6-116.1 AND 6-116.2 OF THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK.

I FURTHER CERTIFY THAT THIS AWARD IS A PROPER EXPENDITURE AND THE LIABILITY HAS BEEN CHARGED TO THE PROPER FUND OR FUNDS.

AGENCY NYC HRA TELEPHONE # (929) 221-6400
PREPARED BY (PRINT) B. Martinez
PREPARED BY (SIGNATURE) [Signature]
AUTHORIZED OFFICIAL'S NAME & TITLE Vincent Pullo Acco
TELEPHONE # (929) 221-6347
AUTHORIZED AGENCY OFFICIAL (SIGNATURE) V. Pullo/jg

**COMPTROLLER'S OFFICE
CONTRACT REGISTRATION COVER SHEET**

DATE 06/4/2016

SUBMITTING AGENCY CODE: 069

CONTRACT NUMBER: 20161427619 MOD NUMBER EXT (5 digits), 1

OCA NUMBER: 1005370642 VENDOR No. (digits) VS00011163

AGENCY CONTACT PERSON: **Cynthia Holland**

ADDRESS: 150 GREENWICH STREET, 37TH FLOOR, NY, NY 10007

TELEPHONE: 929-221-6355 FAX: 929-221-0757

Please indicate your reason for submitting the attached documents by filling out the form below:

A. NEW SUBMISSION: (check off only one Box each for FMS Contract Code and Contract Class)

FMS/3 CONTRACT CODE		FMS/3 CONTRACT CLASS	
<input checked="" type="checkbox"/>	CTI	GENERAL CONTRACT	<input checked="" type="checkbox"/> G EXPENSE
<input type="checkbox"/>	RCTI	REVENUE CONTRACT	<input type="checkbox"/> C CAPITAL
<input type="checkbox"/>	CTR	CONTRACT REVISION (INCREASES/DECREASES/ENCUMBRANCES AND DATA CHANGES)	<input type="checkbox"/> X MIXED/SPLIT FUNDING
<input type="checkbox"/>	MAI	MASTER AGREEMENT	<input type="checkbox"/> V REVENUE
<input type="checkbox"/>	MAR	MASTER AGREEMENT REVISION (INCREASES/DECREASE AND DATA CHANGES)	<input type="checkbox"/> RN MASTER AGREEMENTS
<input type="checkbox"/>	MMAI	MULTIPLE AWARD MASTER AGREEMENT	<input type="checkbox"/> RG REQUIREMENTS EXPENSE
<input type="checkbox"/>	CTAI	MULTIPLE AWARD CONTRACT	<input type="checkbox"/> RC REQUIREMENTS CAPITAL
<input type="checkbox"/>			<input type="checkbox"/> RB REQUIREMENTS MIXED FUNDS

B. IS THIS A SUBMISSION OF A CONTRACT PACKAGE WHICH HAS BEEN PREVIOUSLY REJECTED OR WITHDRAWN? YES NO x

OR:

**C. ADDITIONAL ITEM FOR A CONTRACT PACKAGE STILL UNDER REVIEW BY THE COMPTROLLER (CIF fax# (212) 815-8780).
Was item requested by Comptroller staff? YES NO**

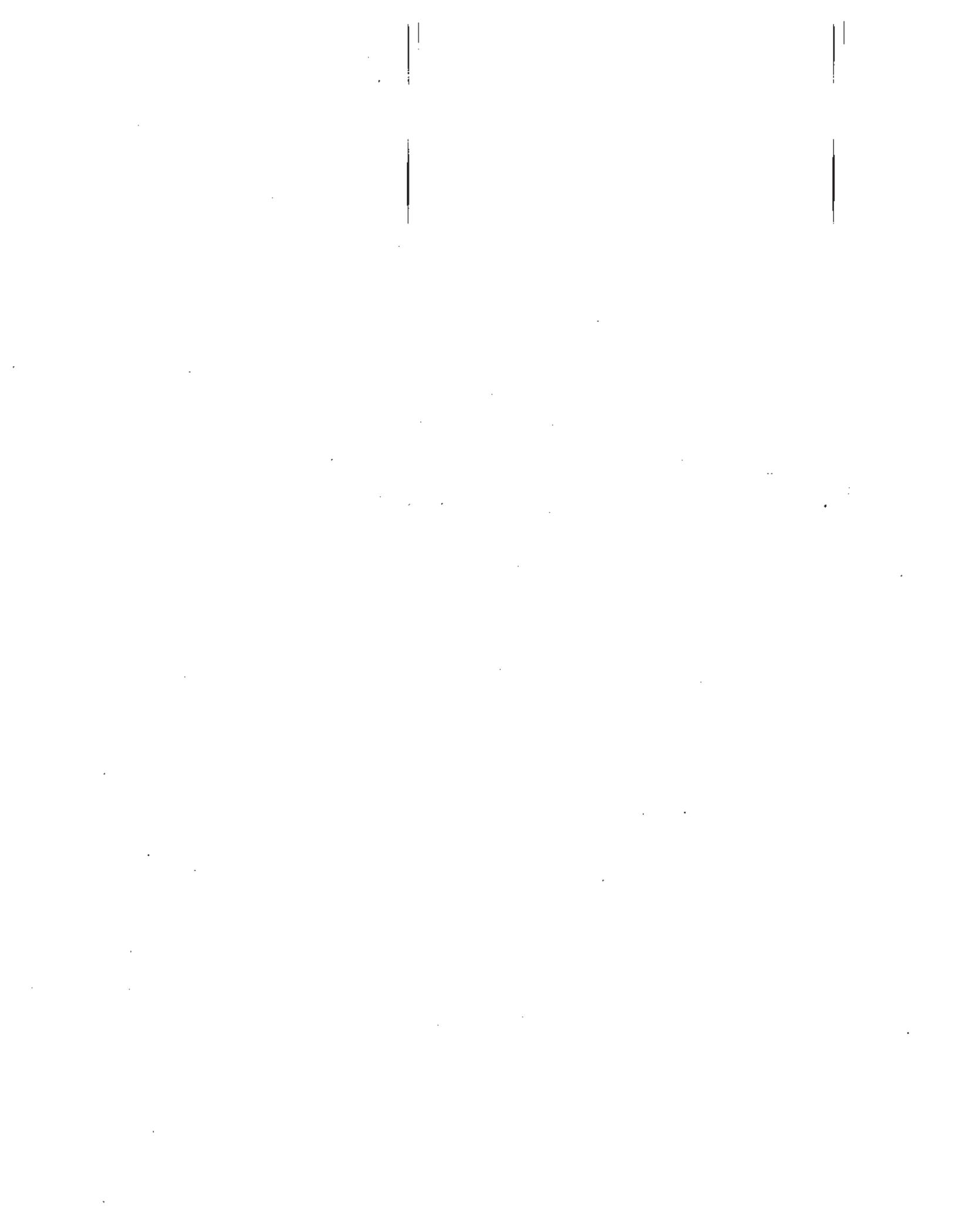
If yes, indicate requestor's name:-----

OR:

D. ADDITIONAL DOCUMENT(S) TO A REGISTERED CONTRACT FOR FILING PURPOSES ONLY. REGISTRATION IS NOT NECESSARY.

OR:

E. DOCUMENT(S) SUPPORTING THE REGISTRATION OF MULTIPLE CONTRACTS.





**Human Resources
Administration**

Department of
Social Services

Office of Contracts

Steven Banks
Commissioner

Martha A. Calhoun
General Counsel

Vincent Pullo
Agency Chief
Contracting Officer

150 Greenwich Street
New York, NY 10007

929 221 6347

W-2-196
Rev. 03/15

MEMORANDUM

DATE: June 6, 2016

TO: Sonia Feliciano, Deputy Division Chief
Office of the Comptroller

FROM: Cynthia Holland, Director *CH*
Contract Management Division

SUBJECT: New Contract Submission
Lucas Disaster Recovery Consulting LLC
Contract Number: CT1 069 20161427619
PIN: 14OHEOC04701R01 **EPIN:** 14OHEOC04701R01

The Human Resources Administration ("Agency") is submitting a contract for the provision of Provision of Housing Recovery Program Case Management Services for registration. The contract term for this action is 1/1/2016 - 12/31/2016 and the maximum contract amount shall not exceed \$464,400.00. The documents supporting this award are as follows:

- Advice of Award
- Fully Executed Contract
- Renewal Classification Checklist
- Responsibility Determination Form
- Retroactivity Memo
- RFR Cover Sheet and Narrative
- Tax Affirmation Form
- Updated Certificate of Liability Insurance
- Updated Certificate of Workers' Compensation Insurance

Partial Encumbrance Amount: \$232,200.00

If there are any questions do not hesitate to contact me at (929) 221-6355.

cc: Cynthia Holland; B. Martinez

11

12

13

14



**Human Resources
Administration**
Department of
Social Services
Office of Contracts

W-2-196
Rev. 03/15

MEMORANDUM

Steven Banks
Commissioner

Martha A. Calhoun
General Counsel

Vincent Pullo
Agency Chief
Contracting Officer

150 Greenwich Street
New York, NY 10007

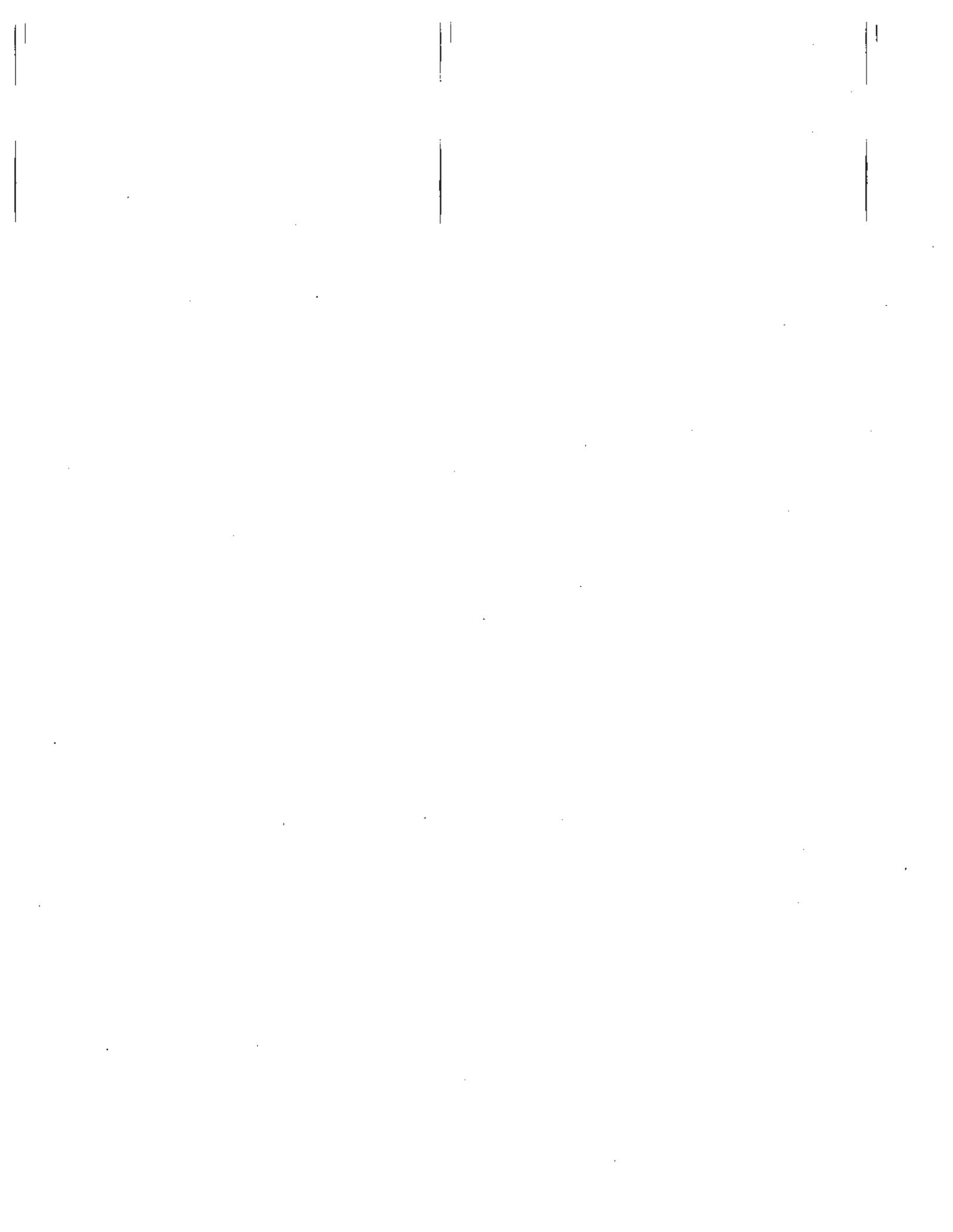
929 221 6347

DATE: June 6, 2016
TO: Sonia Feliciano, Deputy Division Chief
Office of the Comptroller
FROM: Cynthia Holland, Director *CH*
Contract Management Division
SUBJECT: Retroactive Registration of
Lucas Disaster Recovery Consulting LLC
Contract Number: CT1 069 20161427619
PIN: 14OHEOC04701R01 **EPIN:** 14OHEOC04701R01
Contract Term: 1/1/2016 - 12/31/2016

The above referenced contract is being registered retroactively due to delays with receiving needed documentation to complete the procurement process. Please be advised that payment has not been made to the vendor and is contingent upon registration of the contract.

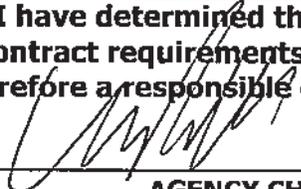
If there are any questions do not hesitate to contact me at (929) 221-6355

cc: File



RFA RFR RCAM **RESPONSIBILITY DETERMINATION**

(Revised 7/14)

AGENCY	CONTRACTOR: LUCAS DISASTER RECOVERY CONSULTING, LLC	PIN: 14HEOC04701R01
This is to certify that I have determined that the subject contractor has the capability in all respects to perform fully the contract requirements and the business integrity to justify the award of public tax dollars, and is therefore a responsible contractor.		
Signature 		Date <u>6/30/16</u>
AGENCY CHIEF CONTRACTING OFFICER		

SOURCES OF INFORMATION

On-line VENDEX vendor inquiry (cautions, liens, warrants) conducted 06/29/2016

VENDEX filings dated 11/20/2014 N/A [Award/Renewal <\$100 K; Amendment ≤\$2M]
Cert. of No Change/Changed Questionnaire dated 06/29/2016

DSBS/DLS approval/waiver for period ending ___/___/___ N/A [Goods/Services ≤ \$100 K; Construction ≤\$1M; <50 Employees Certificate; Amendment]

DOI report dated 3/16/2016 N/A [Award/Renewal ≤\$100 K; Amendment ≤\$2M]

Doing Business Data Form dated 03/19/2016 N/A [CSB without prequalification]

Performance Evaluations

Latest performance evaluation on current contract for the period (12/16/2014 -12/15/2015) N/A [Subject contractor not current contractor]

Performance evaluations for all/other City contracts in last 3 years. Yes None *

Not-for-Profit/Human Services Compliance N/A [Subject contract falls in neither category]

- a. Subject contractor is registered with NYS Att'y Gen. Charities Bureau and is current in required filings.
- b. Subject contractor is exempt from charities registration.

If (a) is selected above, please complete items(s) below:

The most recent annual report submitted to the Charities Bureau pertains to the period ending ___/___/___ OR
The Charities Bureau confirmed the subject contractor's status as up to date on ___/___/___ OR

If (b) is selected above please complete item(s) below:

Explain: Vendor is For-Profit _____

- Subject contractor is current contractor: Latest financial audit on the current contract for the period (___/___/___ - ___/___/___)
- OR Subject contractor is new contractor: Latest financial audit for the period (___/___/___ - ___/___/___)
- Latest Financial Audit is not applicable

Audit conducted by _____, which expressed opinion on adequacy of books/records.

Contractor provided information on (___/___/___) re: N/A [Amendment]
substantiated cases of client abuse/neglect in last 12 mos.

Other Sources of Information (e.g, relevant references, media reports, public records data bases, etc.):*
Lexis Nexis & Google

*** NOTE:** Where the recommended contractor has had no City contracts in past three (3) years (or no performance evaluations for that period are available on the VENDEX System), the agency must indicate other source(s) of information on which agency relied to determine vendor's capability to perform contract obligations (e.g., references, evaluation reports from other government entities, etc.).

DISPOSITION:

ADVERSE INFORMATION IDENTIFIED NONE YES, described & addressed on next page

ADVERSE INFORMATION

Instructions: Check all applicable box(es) indicating types of adverse information found. Provide the information requested and explain basis for the award notwithstanding adverse information. Attach explanatory sheets, as necessary.

ADVERSE INFORMATION INDICATED IN VENDEX VENDOR INQUIRY &/OR ON MOST RECENT VENDEX QUESTIONNAIRES— Describe each item by type, date & current status (include outcome, if disposed of). For OSHA report of serious injury/fatality, describe circumstances of incident and certify that agency has approved vendor's Health and Safety Plan and that subject contract includes clause terminating contractor if approved plan is not implemented.

ADVERSE INFORMATION IN DOI REPORT – Attach DOI report (include all attachments to report); describe each adverse item therein by date of occurrence and current status(include outcome, if disposed of).

PERFORMANCE EVALUATION RATING(S) LESS THAN "S"

- Overall rating on current contract (RFA) or subject contract (RCAM or RFR)
- Underlying rating for certain category(ies) on current/subject contract
- Overall rating on all/other City contracts within past 3 years

Describe problem(s) by type, date & current status; if problem(s) pertains to your agency's contract, provide statement that agency has approved vendor's Corrective Action Plan, and/or that problem category has been corrected, as applicable; if rating pertains to contract(s) with another agency, identify contracting agency, describe contract, indicate the rating and period covered and describe resolution of problem.

ADVERSE INFORMATION INDICATED BY OTHER SOURCES - Identify and describe each item of adverse information by source, date & current status (include outcome, if disposed of).

For Human Services Only:

SUBSTANTIATED CASE(S) OF CLIENT ABUSE OR NEGLECT IN THE LAST 12 MONTHS
Describe each substantiated case by date of occurrence, level of severity and disposition; describe whether contractor properly engaged, supervised and (if applicable) took action against offender.

LATEST FINANCIAL AUDIT CITED MATERIAL AND/OR NON-MATERIAL FINDINGS
Describe each such audit finding and current status; provide statement that agency has approved vendor's Corrective Action Plan.

Certificate of No Change Form



- Please fill in all the fields and DO NOT leave any field blank.
- Please submit two completed forms. Copies will not be accepted.
- Please send both copies to the agency that requested it, unless you are advised to send it directly to the Mayor's Office of Contract Services (MOCS).
- A materially false statement willfully or fraudulently made in connection with this certification, and/or the failure to conduct appropriate due diligence in verifying the information that is the subject of this certification, may result in rendering the submitting entity non-responsible for the purpose of contract award.
- A materially false statement willfully or fraudulently made in connection with this certification may subject the person making the false statement to criminal charges

I, Steven SUMNER LUCAS, being duly sworn, state that I have read
Enter Your Name

and understand all the items contained in the vendor questionnaire and any submission of change as identified on page one of this form and certify that as of this date, these items have not changed. I further certify that, to the best of my knowledge, information and belief, those answers are full, complete, and accurate; and that, to the best of my knowledge, information, and belief, those answers continue to be full, complete, and accurate.

In addition, I further certify on behalf of the submitting vendor that the information contained in the principal questionnaire(s) and any submission of change identified on page two of this form have not changed and have been verified and continue, to the best of my knowledge, to be full, complete and accurate.

I understand that the City of New York will rely on the information supplied in this certification as additional inducement to enter into a contract with the submitting entity.

Vendor Questionnaire *This section is required.*

This refers to the vendor questionnaire(s) submitted for the vendor doing business with the City.

Name of Submitting Entity: LUCAS DISTRICT RECOVERY LLC.

Vendor's Address: 10 BANK STREET STE 500, WHITE PLAINS NY 10606

Vendor's EIN or TIN: 46-2278317 Requesting Agency: HRA

Are you submitting this Certification as a parent? (Please circle one) Yes No

Signature date on the last full vendor questionnaire signed by the submitting vendor: 11/20/2014

Signature date on changed submission, if applicable, for the submitting vendor: 4/7/2016

Principal Questionnaire

This section refers to the most recent principal questionnaire submissions.



	Principal Name	Date of signature on last full Principal Questionnaire	Date(s) of signature on Changed Submission (if applicable)
1	STEVEN SHANE LUCAS	11/20/2014	4/7/2016
2			
3			
4			
5			
6			

Check if additional changes were submitted and attach a document with the date of additional submissions.

Certification *This section is required.*

This form must be signed and notarized. Please complete this twice. Copies will not be accepted.

Certified By:

STEVEN SHANE LUCAS
Name (Print)

CHIEF EXECUTIVE OFFICER
Title

LUCAS DISASTER RECOVERY LLC.
Name of Submitting Entity

[Signature] 29 June 16
Signature Date

Notarized By:

[Signature] New York 01006256757
Notary Public County License Issued License Number

Sworn to before me on: June 29, 2016
Date

03/05/2020

RECOMMENDATION FOR RENEWAL COVER SHEET

(Attach, in the following order, RFR Narrative and "Recommendation for Renewal Responsibility Determination Form")

AGENCY HRA	RECOMMENDED CONTRACTOR Lucas Disaster Recovery Consulting, LLC <input checked="" type="checkbox"/> EIN <input type="checkbox"/> SSN 46-2278317	PIN # 14OHEOC04701R01
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Contract Description/Program Title Provision of Housing Recovery Program Case Management Services

HUMAN/CLIENT SERVICES ONLY:

Service Location(s) Citywide
 Bronx (Borowide CD(s) _____) Manhattan (Borowide CD(s) _____)
 Brooklyn (Borowide CD(s) _____) Queens (Borowide CD(s) _____)
 Staten Island (Borowide CD(s) _____)

Services are Center-Based: Program Name HRO
 Address where Services Provided: 250 Broadway, 24th Floor, New York, NY 10007

OR

Services are not Center-Based: Address where Services Administered _____ Additional list attached

EXISTING CONTRACT

Contract Amount \$780,041.00

[Instructions: Provide the requisite information for Contract Term or Contract Duration, as applicable]

Contract Term From 12/16/13 To 12/31/15 **Contract Duration** _____
Renewal Option(s) Term From 1/01/16 To 12/31/17 **Renewal Option(s) Duration** _____
 From ___/___/___ To ___/___/___
 From ___/___/___ To ___/___/___

PROPOSED CONTRACT

Contract Amount \$ 464,400.00

[Instructions: Provide the requisite information for Contract Term or Contract Duration, as applicable]

Contract Term From 1/01/16 To 12/31/16 **Contract Duration** _____
Renewal Option(s) Term From 1/01/17 To 12/31/17 **Renewal Option(s) Duration** _____
 From ___/___/___ To ___/___/___
 From ___/___/___ To ___/___/___

Funding Source

Expense: City % State % Federal 100 % Capital: % Other %

Recommended Contractor Complies with the Living Wage Law N/A YES NO

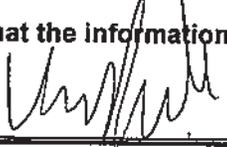
Recommended Contractor Complies with the MacBride Principles Law N/A YES NO

AGENCY CHIEF CONTRACTING OFFICER

The subject renewal contract is for human /client services. This is to certify that the contract file includes the Pre-Renewal Review determinations required pursuant to Section 4-04(c) of the PPB Rules;

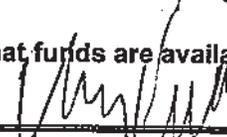
The subject renewal contract is for other than human/client services.

This is to certify that the information presented herein is accurate and that I approve of the award to the subject contract.

Signature  Date 12/31/16

OFFICE OF MANAGEMENT AND BUDGET

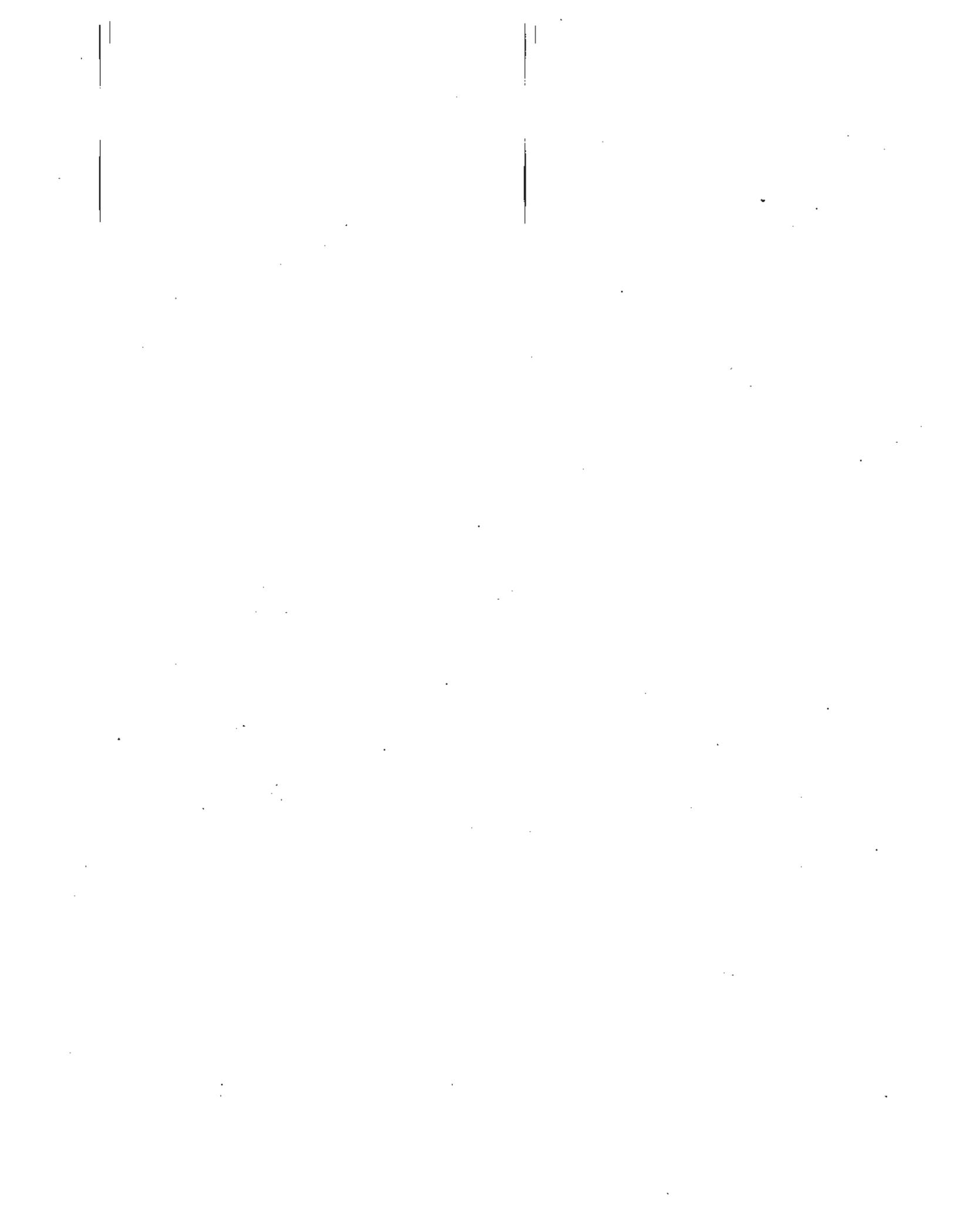
This is to certify that funds are available for the award of the subject renewal contract.

Signature  Date 1/15/17

CITY CHIEF PROCUREMENT OFFICER

This is to certify that I approve of the award of the subject contract.

Signature  Date 1/27/17



RECOMMENDATION FOR RENEWAL

A. DESCRIPTION/JUSTIFICATION FOR RENEWAL

The terms and conditions of the renewal contract will be substantially unchanged from the existing contract.

YES NO

Instructions: Describe continued need for procurement in light of agency's programmatic responsibilities. Describe contracted for and actual services levels/minimum outcome requirements during prior term and identify any changed service levels/minimum outcome requirements or other terms and conditions in this contract. Attach additional sheets as necessary.

The ACCO determined that an award is in the best interests of the City, because:

Services provided by LDR include assisting HRO in the development and maintenance of the program's Case Management System ("CMS"). The contract provides for the management of daily production, process flow development, as well as policy and procedure development. Support also includes the subject matter expert (SME's) delivery of data analyses and interface consultations for the program. Additionally, the contract provides HRO with training support in addition to the creation and implementation of e-learning services.

Renewal is for human/client services and the ACCO determined that an award is also in the best interests of individual clients, client populations served and community, because:

A renewal of LDR's contract will ensure that the program's progress will not be disrupted, progress which has a direct effect on clients. At this critical stage, a high level of experience and familiarity with the Program's unique requirements, tasks, and expectations is necessary for the Program to continue progressing without a significant loss of momentum.

CONTRACTING OUT FOR TECHNICAL/CONSULTING/PERSONAL SERVICES

Instructions: Check all applicable box(es) below.

N/A (Contract \leq \$100,000 and/or not for such services)

1. Basis for contracting out:

- Develop/maintain/strengthen relationship between non-profits/charities & communities served
- Obtain cost effective services
- Obtain special expertise
- Obtain personnel or expertise not available in the agency
- Provide services not needed on a long-term basis
- Accomplish work within a limited amount of time
- Avoid a conflict of interest

2. Displacement of City employees:

- The ACCO certifies that the contract will not result in the direct displacement of City employees, pursuant to Charter Section 312(a).
- The ACCO determined that contract will result in direct displacement of City employees, has completed required pre-solicitation cost benefit analysis, and certifies that Agency will comply with requirements of Charter § 312(a), and if applicable, § 11 of Municipal Coalition Agreement.

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OMB approval: _____ [insert date]

OLR approval: _____ [insert date]

C. FISCAL INFORMATION/CONSIDERATION OF PRICE

- Agency Fiscal Officer certified that sufficient funds (RFR cover sheet total estimated contract amount) are available or will be available at time renewal contract(s) is/are executed. [Copy of letter attached]
- ACCO determined that price(s) for renewal contract services continue to be fair and reasonable, because:

The price of the proposed renewal contract services continue to be fair and reasonable, because the hourly rate remains the same as the current contract.

D. PUBLIC NOTICE

N/A (Not a human/client services contract)

N/A (Human/client services contract valued at =/<\$25,000)

Instructions: Check applicable box(es) below.

- The ACCO certifies that Agency complied with public notice requirements of PPB Rule § 4-04(e), and Notices of Intent to Renew Contract were published in the City Record on 1/19/16, and in HRA's website [insert name(s) of local newspaper(s)] on 1/07/16.
- Renewal option being exercised is for period of less than three years and,
- Value of renewal contract is greater than \$100,000, but public hearing is not required.
- Value of renewal contract is greater than \$25,000 but not more than \$100,000, but public notice and CCPO approval for original contract (or exercise of renewal option) occurred within the last two years and were provided concerning both original contract term and all renewal options.

E. PUBLIC HEARING

A contract Public Hearing was conducted: YES NO

Instructions: Check all applicable box(es) below.

1. (a) Hearing was conducted on / /

- (b) No oral and/or written testimony was presented/submitted
- [insert number] of persons presented/submitted oral and/or written testimony, and the ACCO further certifies that the testimony was considered, but did / did not affect agency's decision to renew and/or terms and conditions of contract, because:

2. Original contract, any prior renewal option and original contract term, if applicable, were subject to public hearing, and all renewal options were subject to such public hearing.
- Neither original contract nor any prior renewal option was subject to a public hearing.
- ACCO determined and CCPO approved that exigent circumstances justified exemption from public hearing for proposed contract (value of which does not exceed \$10 million).
- ACCO determined not to conduct public hearing in regard to proposed contract (value of which does not exceed \$500,000), because public hearing notice included requisite provision and no individual submitted written request to speak within prescribed time, and ACCO certifies that agency did/will publish notice in City Record canceling hearing.

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Corporation Counsel determined that proposed contract was exempt from public hearing because hearing may disclose litigation strategy or otherwise impair City's conduct of litigation, and ACCO certifies that copy of such determination is included in contract file.

F. ENVIRONMENTAL CONSIDERATIONS

N/A (procurement is not for EPP Goods, Construction and/or Construction-Related Services)

Instructions: If this procurement is for EPP Goods, Construction and/or Construction-Related Services, please answer below. Attach additional explanatory sheet(s) as necessary.

Was the contract solicited before the effective date of LL86 and or the Environmentally Preferable Purchasing Laws (LLs 118, 119, 120, 121)? Yes No

If yes, please describe how the renewal addresses compliance with the environmental laws.

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RENEWAL CONTRACT CLASSIFICATION CHECKLIST

AGENCY	Human Resources Administration Lucas Disaster Recovery Consulting LLC	PIN: 140HEOC04701R01 E-PIN:
---------------	--	--------------------------------

Indicate by checking the applicable box the classification of the proposed renewal contract. Such indication shall, in the case that the renewal contract meet the threshold (s) prescribed for class #1, #2, #3, or #4, serve as the ACCO's certification that the contract does not, therefore, require Law Department approval and certification.

CLASS #1
[Renewal contracts which incorporate no change from the original contract except contract term.]

CLASS #2
[Renewal contracts which, in addition to a change in contract term, ONLY incorporate one or more changes provided for in the original contract.]

CLASS #3
[Renewal contracts which, although they incorporate one or more changes NOT provided for in the original contract, such change (s) will be FULLY FUNDED by Borough President and / or City Council Discretionary Funds.]

XCLASS #4
[Renewal contracts for HUMAN / CLIENT SERVICES ONLY which, although they incorporate one or more changes NOT provided for in the original contract, such change (s) are permitted pursuant to Sections 4-04(b)(2) and 4-02(b)(1) of the Procurement Policy Board (PPB) Rules.]

CLASS #5
[ALL OTHER Renewal Contracts.]

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RFA RFR RCAM **RESPONSIBILITY DETERMINATION**

(Revised 7/14)

AGENCY	CONTRACTOR: LUCAS DISASTER RECOVERY CONSULTING, LLC	PIN: 14HEOC04701R01
<p>This is to certify that I have determined that the subject contractor has the capability in all respects to perform fully the contract requirements and the business integrity to justify the award of public tax dollars, and is therefore a responsible contractor.</p>		
Signature		Date <u>4/5/16</u>
AGENCY CHIEF CONTRACTING OFFICER		

SOURCES OF INFORMATION

On-line VENDEX vendor inquiry (cautions, liens, warrants) conducted 04/22/2016

VENDEX filings dated 11/20/2014 N/A [Award/Renewal <\$100 K; Amendment ≤\$2M]
 Cert. of No Change/Changed Questionnaire dated 02/16/2016

DSBS/DLS approval/waiver for period ending ___/___/___ N/A [Goods/Services ≤ \$100 K; Construction ≤\$1M; <50 Employees Certificate; Amendment]

DOI report dated 3/16/2016 N/A [Award/Renewal ≤\$100 K; Amendment ≤\$2M]

Doing Business Data Form dated 03/19/2016 N/A [CSB without prequalification]

Performance Evaluations

Latest performance evaluation on current contract for the period (12/16/2014 -12/15/2015) N/A [Subject contractor not current contractor]

Performance evaluations for all/other City contracts in last 3 years. Yes None *

Not-for-Profit/Human Services Compliance N/A [Subject contract falls in neither category]

- a. Subject contractor is registered with NYS Att'y Gen. Charities Bureau and is current in required filings.
- b. Subject contractor is exempt from charities registration.

If (a) is selected above, please complete items(s) below:

The most recent annual report submitted to the Charities Bureau pertains to the period ending ___/___/___ OR
 The Charities Bureau confirmed the subject contractor's status as up to date on ___/___/___ OR

If (b) is selected above please complete item(s) below:

Explain: Vendor is For-Profit

- Subject contractor is current contractor: Latest financial audit on the current contract for the period (___/___/___ - ___/___/___)
- OR Subject contractor is new contractor: Latest financial audit for the period (___/___/___ - ___/___/___)
- Latest Financial Audit is not applicable

Audit conducted by _____, which expressed opinion on adequacy of books/records.

Contractor provided information on (___/___/___) re: N/A [Amendment]
 substantiated cases of client abuse/neglect in last 12 mos.

Other Sources of Information (e.g, relevant references, media reports, public records data bases, etc.):*
Lexis Nexis & Google

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* **NOTE:** Where the recommended contractor has had no City contracts in past three (3) years (or no performance evaluations for that period are available on the VENDEX System), the agency must indicate other source(s) of information on which agency relied to determine vendor's capability to perform contract obligations (e.g., references, evaluation reports from other government entities, etc.).

DISPOSITION:

ADVERSE INFORMATION IDENTIFIED NONE YES, described & addressed on next page

ADVERSE INFORMATION

Instructions: Check all applicable box(es) indicating types of adverse information found. Provide the information requested and explain basis for the award notwithstanding adverse information. Attach explanatory sheets, as necessary.

ADVERSE INFORMATION INDICATED IN VENDEX VENDOR INQUIRY &/OR ON MOST RECENT VENDEX QUESTIONNAIRES— Describe each item by type, date & current status (include outcome, if disposed of). For OSHA report of serious injury/fatality, describe circumstances of incident and certify that agency has approved vendor's Health and Safety Plan and that subject contract includes clause terminating contractor if approved plan is not implemented.

ADVERSE INFORMATION IN DOI REPORT — Attach DOI report (include all attachments to report); describe each adverse item therein by date of occurrence and current status(include outcome, if disposed of).

PERFORMANCE EVALUATION RATING(S) LESS THAN "S"

- Overall rating on current contract (RFA) or subject contract (RCAM or RFR)
- Underlying rating for certain category(ies) on current/subject contract
- Overall rating on all/other City contracts within past 3 years

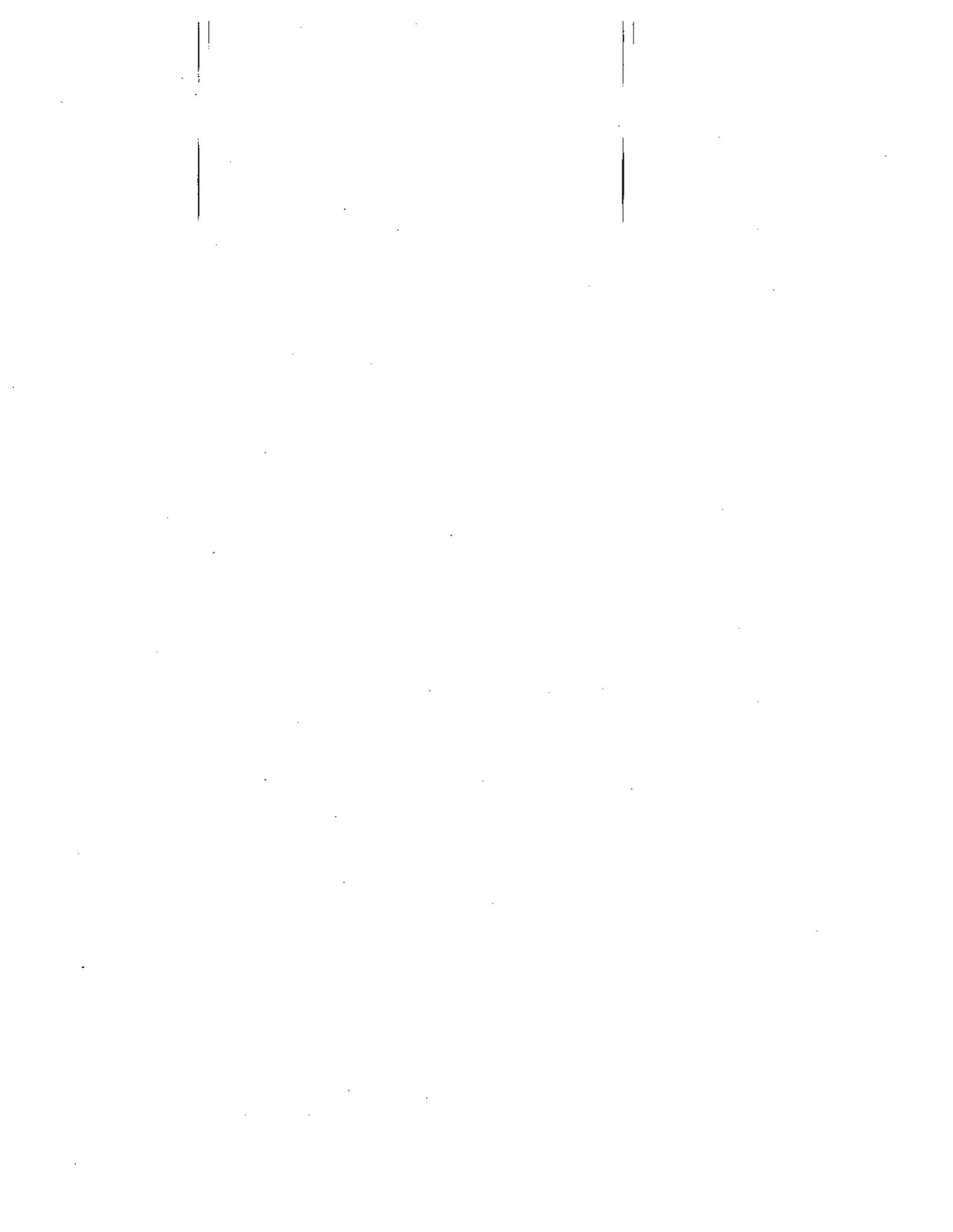
Describe problem(s) by type, date & current status; if problem(s) pertains to your agency's contract, provide statement that agency has approved vendor's Corrective Action Plan, and/or that problem category has been corrected, as applicable; if rating pertains to contract(s) with another agency, identify contracting agency, describe contract, indicate the rating and period covered and describe resolution of problem.

ADVERSE INFORMATION INDICATED BY OTHER SOURCES - Identify and describe each item of adverse information by source, date & current status (include outcome, if disposed of).

For Human Services Only:

SUBSTANTIATED CASE(S) OF CLIENT ABUSE OR NEGLECT IN THE LAST 12 MONTHS
Describe each substantiated case by date of occurrence, level of severity and disposition; describe whether contractor properly engaged, supervised and (if applicable) took action against offender.

LATEST FINANCIAL AUDIT CITED MATERIAL AND/OR NON-MATERIAL FINDINGS
Describe each such audit finding and current status; provide statement that agency has approved vendor's Corrective Action Plan.





The City of New York
Department of Investigation

Mark G. Peters
COMMISSIONER

80 MAIDEN LANE
NEW YORK, NY 10038
212-825-5900

VENDOR NAME CHECK RESPONSE

**TO: Patricia Young
Department of Social Services**

FROM: George Davis, Deputy Director VENDEX Unit

DATE: March 16, 2016

**SUBJECT: Vendor Name Check: LUCAS DISASTER RECOVERY CONSULTING, LLC
VNC#: 3981**

In response to your request for a Vendor Name Check, the Department of Investigation has searched its indices of investigations closed within the past ten years to determine whether the entity listed above, together with all of its affiliates and principals, have been the subject of a completed investigation by this Department. See Procurement Policy Board Rules, Section 2-08 (f).

A search of the Department of Investigation records was conducted on the above named entity, including all affiliates and principals associated with the VNC request. The search uncovered no closing memorandum.

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Certificate of No Change Form



- Please fill in all the fields and DO NOT leave any field blank.
- Please submit two completed forms. Copies will not be accepted.
- Please send both copies to the agency that requested it, unless you are advised to send it directly to the Mayor's Office of Contract Services (MOCS).
- A materially false statement willfully or fraudulently made in connection with this certification, and/or the failure to conduct appropriate due diligence in verifying the information that is the subject of this certification, may result in rendering the submitting entity non-responsible for the purpose of contract award.
- A materially false statement willfully or fraudulently made in connection with this certification may subject the person making the false statement to criminal charges

I, STEVEN SHANE LUCAS, being duly sworn, state that I have read
Enter Your Name

and understand all the items contained in the vendor questionnaire and any submission of change as identified on page one of this form and certify that as of this date, these items have not changed. I further certify that, to the best of my knowledge, information and belief, those answers are full, complete, and accurate; and that, to the best of my knowledge, information, and belief, those answers continue to be full, complete, and accurate.

In addition, I further certify on behalf of the submitting vendor that the information contained in the principal questionnaire(s) and any submission of change identified on page two of this form have not changed and have been verified and continue, to the best of my knowledge, to be full, complete and accurate.

I understand that the City of New York will rely on the information supplied in this certification as additional inducement to enter into a contract with the submitting entity.

Vendor Questionnaire *This section is required.*

This refers to the vendor questionnaire(s) submitted for the vendor doing business with the City.

Name of Submitting Entity: LUCAS DISASTER RECOVERY CONSULTING LLC.

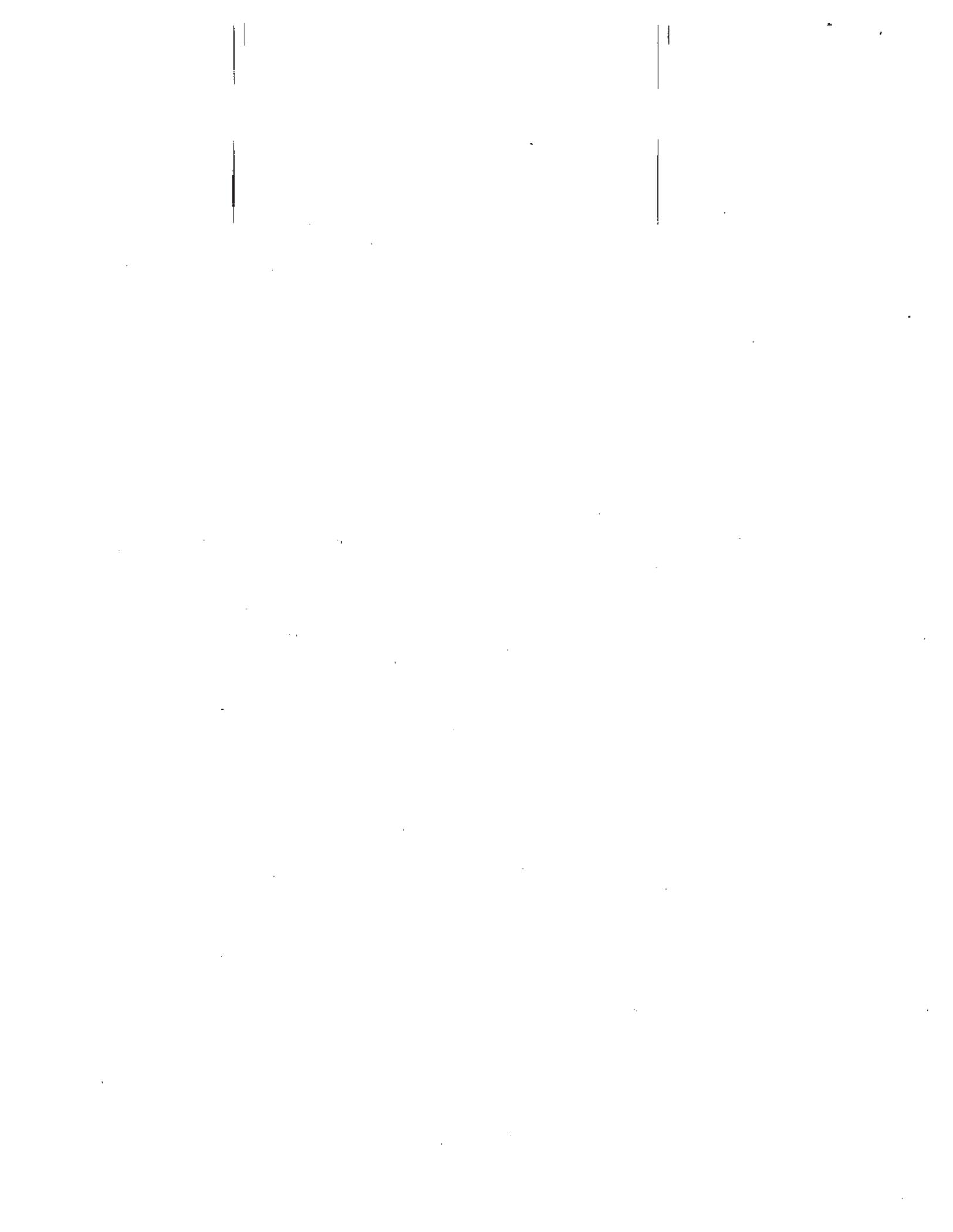
Vendor's Address: 10 BANK STREET STE 510 WHITE PLAINS, NY 10606

Vendor's EIN or TIN: 46-2278317 Requesting Agency: HR4

Are you submitting this Certification as a parent? (Please circle one) Yes No

Signature date on the last full vendor questionnaire signed by the submitting vendor: 12/1/2014

Signature date on changed submission, if applicable, for the submitting vendor: _____



Principal Questionnaire

This section refers to the most recent principal questionnaire submissions.



	Principal Name	Date of signature on last full Principal Questionnaire	Date(s) of signature on Changed Submission (if applicable)
1	Steven Shane Lucas	12/1/2014	
2			
3			
4			
5			
6			

Check if additional changes were submitted and attach a document with the date of additional submissions.

Certification This section is required.

This form must be signed and notarized. Please complete this twice. Copies will not be accepted.

Certified By:

Steven Shane Lucas

Name (Print)

Chief Executive Officer

Title

Lucas Disastri Perry Consulting LLC

Name of Submitting Entity

Signature

10 Feb 16
Date

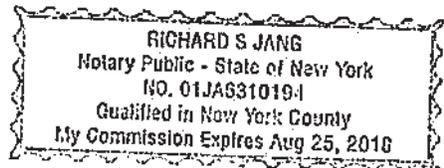
Notarized By:

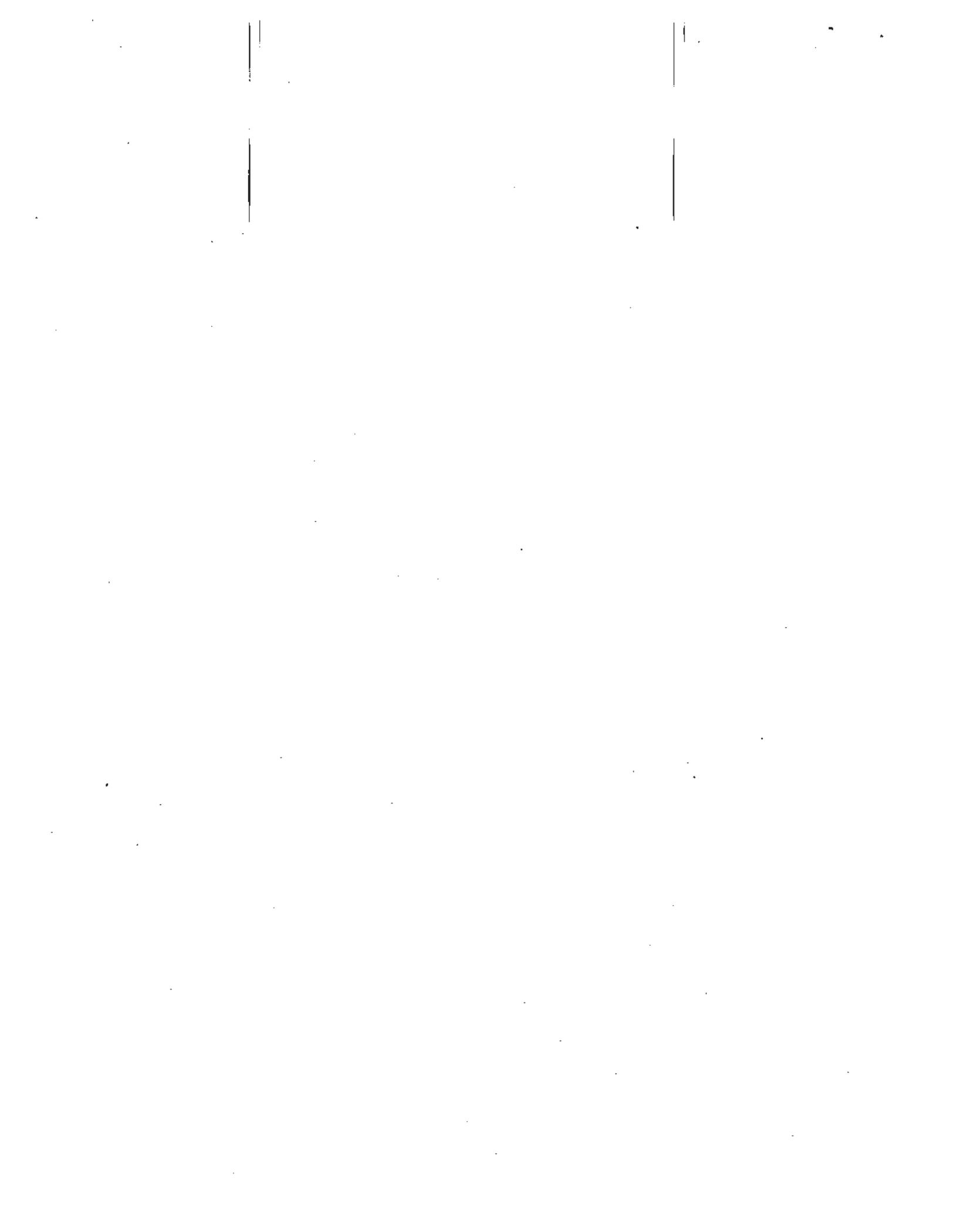
Notary Public

New York
County License Issued

0154631094
License Number

Sworn to before me on: 2/10/16
Date





TAX AFFIRMATION

The undersigned proposes or bidder affirms and declares that said proposer or bidder is not in arrears to the City of New York upon debt, contract or taxes and is not a defaulter, as surety or otherwise, upon obligation to the City of New York, and has not be declared not responsible, or disqualified, by any agency of the City of New York, nor is there any proceeding pending relating to the responsibility or qualification of the proposer or bidder to receive public contracts except _____

Full name of Proposer or Bidder: LUCAS DISASTER RECOVERY CONSULTING LLC

Address: 10 Bank Street, Suite 560

City: White Plains

State: NY

Zip Code: 10606

CHECK ONE BOX AND INCLUDE APPROPRIATE NUMBER

A: Individual or Sole Proprietorship
SOCIAL SECURITY NUMBER:

--	--	--	--	--	--	--	--	--	--

B: Partnership, Joint Venture or other incorporated Organization
EMPLOYER IDENTIFICATION NUMBER:

4	6	2	2	7	8	3	1	7
---	---	---	---	---	---	---	---	---

C: Corporation
EMPLOYER IDENTIFICATION NUMBER:

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CERTIFIED
WOMEN BASED ENTERPRISE

CERTIFIED
MINORITY VENDOR

CERTIFIED
NON-PROFIT ENTERPRISE

CERTIFIED
LOCALLY BASE ENTERPRISE

BY: Shane Lucas
SIGNATURE

Chief Executive Officer
TITLE

Must be signed by an officer or duly authorized representative.

- Under the Federal Privacy Act the furnishing of Social Security Numbers by bidders on city contracts is voluntary. Failure to Provide a Social Security Number will not result in a bidder's disqualification. Social Security Number will be used to identify bidders, proposers or vendors to ensure their compliance with laws, to assist the City in enforcement of laws as well as to provide the City a means of identifying of businesses which seek city contracts.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/10/2016

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 National Insurance Brokerage of New York, Inc. 175 Oval Drive Islandia NY 11749		CONTACT NAME: Frances Tall PHONE (A/C No, Ext): (631) 273-4242 FAX (A/C, No): (631) 273-8990 E-MAIL ADDRESS: ftall@nibony.com	
INSURED Lucas Disaster Recovery Consulting, LLC. 10 Bank Street Suite 560 White Plains NY 10606		INSURER(S) AFFORDING COVERAGE INSURER A: Certain Underwriters at Lloyds INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 18970	

COVERAGES **CERTIFICATE NUMBER** Master 16-17 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Employee Benefit Cov GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		PSE00176009	3/7/2016	3/7/2017	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PSE00176009	3/7/2016	3/7/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 50,000
	BODILY INJURY (Per person) \$						
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE \$
							OTHER \$
A	Professional Liability			PSE00176009	3/7/2016	3/7/2017	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The City of New York, including its officials and employees are included as Additional Insureds

CERTIFICATE HOLDER

NYC Human Resources Administration
 Office of Contracts
 150 Greenwich St, 37th Floor
 New York, NY 10007

CANCELLATION

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

Frank Cormio/FRANN

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**Certificate of Attestation of Exemption
From New York State Workers' Compensation
and/or Disability Benefits Insurance Coverage**

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

<p align="center">In the Application of (Legal Entity Name and Address):</p> <p>LUCAS DISASTER RECOVERY CONSULTING LLC. DBA: LDR CONSULTING 10 BANK STREET SUITE 560 WHITE PLAINS, NY 10606 PHONE: 210-392-2831 FEIN: XXXXX8317</p>	<p align="center">Business Applying For: Contract with Government Agency</p> <p>From: NYC HUMAN RESOURCES ADMINISTRATION</p>
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Workers' Compensation Exemption Statement:

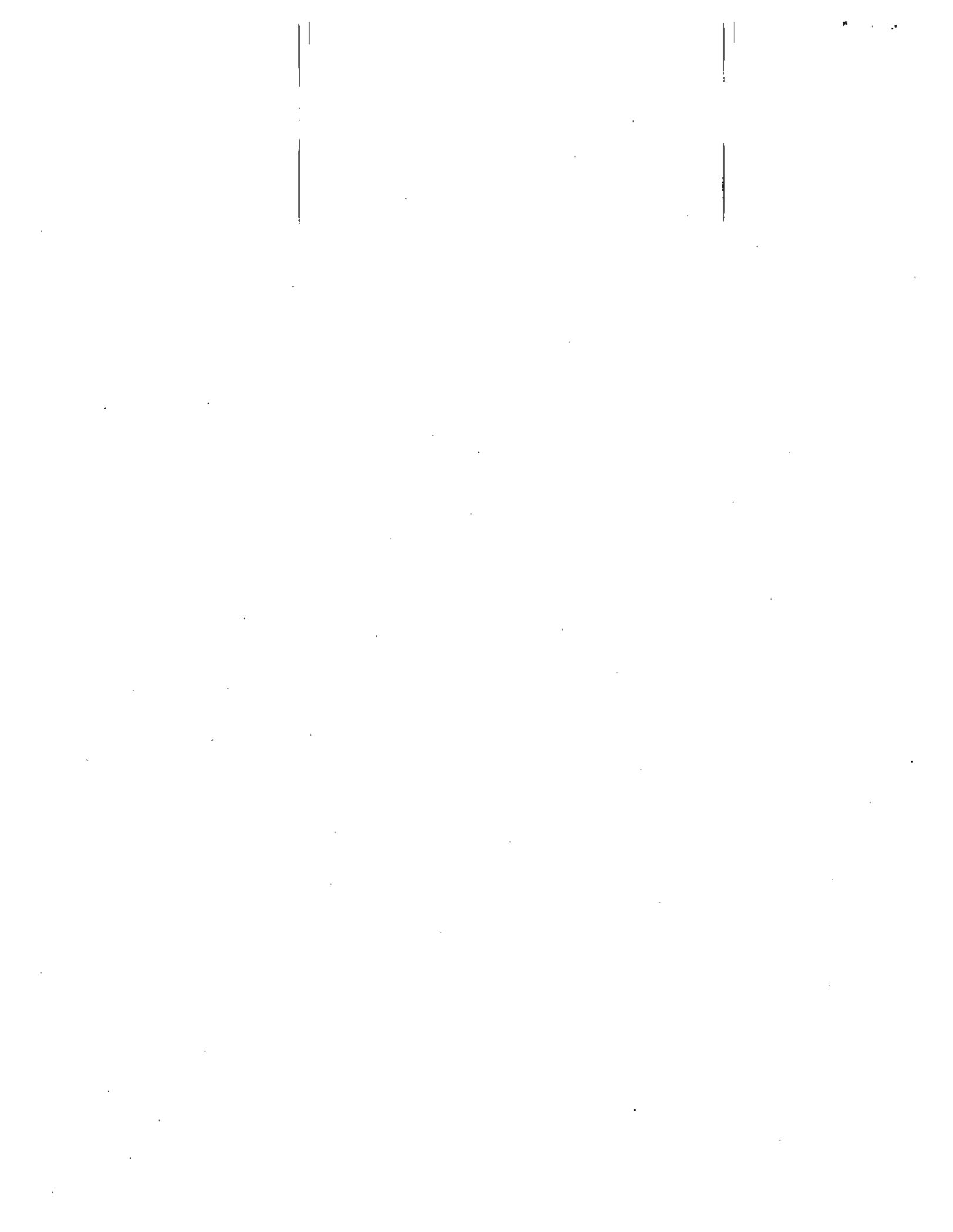
The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:
The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

Disability Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:
The business **MUST** be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, STEVEN S. LUCAS, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature: 	Date: 10 Mar 16
<p align="center">Exemption Certificate Number 2016-014744</p>		<p align="center">Received March 10, 2016 NYS Workers' Compensation Board</p>



RENEWAL OF AGREEMENT BETWEEN
THE NEW YORK CITY HUMAN RESOURCES ADMINISTRATION AND
LUCAS DISASTER RECOVERY CONSULTING, LLC

THIS RENEWAL AGREEMENT, dated as of this 10 day of March, 2016, between the City of New York, acting through the Department of Social Services / Human Resources Administration ("HRA" or the "Department"), located at 150 Greenwich Street, New York, New York 10007; and Lucas Disaster Recovery Consulting, LLC ("LDR" or "Contractor"), a for-profit corporation with a place of business at 10 Bank Street, Suite 560, White Plains, NY 10606 (collectively "the Parties").

WITNESSETH:

WHEREAS, the Mayor's Office of Housing Recovery Operations ("HRO") is providing necessary housing recovery programs in order to assist those New York City residents directly affected by Hurricane Sandy ("Residents");

WHEREAS, the City's housing recovery programs are designed to meet the housing assistance needs described in the NYC Community Development Block Grant – Disaster Response (CDBG-DR) Action Plan in order to assist Residents in achieving permanent housing, finding sustainable housing solutions that allow them to remain in New York City, and, where possible, returning to their neighborhoods;

WHEREAS, HRA, as the local social services district, procured the case management services required in support of the New York City housing recovery programs on behalf of HRO pursuant to an MOU dated April 1, 2013;

WHEREAS, HRA entered into an agreement ("Agreement") with PFM whereby PFM agreed to provide case management services for a two (2) year period from June 24, 2013, through June 23, 2015 for an amount not-to-exceed \$50,219,564.00;

WHEREAS, under Task IV of the Scope of Work of the Agreement, PFM, by subcontract with LDR, assumed responsibility for providing Project Management services (the "Services");

WHEREAS, due to unanticipated programmatic changes and delays in the Agreement, PFM's team encountered significant difficulties in administering the Services and with the consent and approval of LDR and the Department assigned a portion of Task IV Project Management services to LDR, effective December 16, 2013;

WHEREAS, such unanticipated programmatic changes resulted in the need to modify the Scope of Work and Budget of the Agreement, as assigned to LDR, including an extension of the term of the services to December 31, 2015;

WHEREAS, the Department hereby seeks to exercise its right and option to renew the Agreement for one one-year term, pursuant to Section 2.02 of the Agreement, from January 1, 2016 through December 31, 2016, in order to ensure the effective delivery of critical Services to Residents; and

WHEREAS, LDR, which has performed satisfactorily, is willing and able to provide the Services required in accordance with the terms and conditions of this Renewal Agreement;

NOW, THEREFORE, in consideration of the mutual covenants herein contained, the parties hereto have agreed and do hereby agree as follows:

1. RENEWAL TERM

- A. The Department hereby exercises its right and option, pursuant to Section 2.02 of the Agreement, to renew the Agreement, solely for the Task IV portion as assigned to LDR, for one additional one-year period (the "Renewal") for the period of January 1, 2016 through December 31, 2016, subject to earlier termination provided by the relevant terms of the Agreement. The cost for the services during the Renewal shall not exceed a maximum amount of \$464,400.
- B. Except as modified herein or modified previously, all of the covenants, terms and conditions of the Agreement as assigned to LDR shall remain unchanged, and are hereby ratified and confirmed as in full force and effect.

2. MODIFICATION OF THE BUDGET AND PAYMENT STRUCTURE OF THE AGREEMENT

- A. HRA agrees to pay and Contractor agrees to accept a total amount not to exceed four hundred sixty four, four hundred dollars, and zero cents (\$464,400) for all Services provided under this Renewal Agreement, during the Renewal term. Payment for all Services under this Renewal Agreement shall be made in accordance with the amounts and payment structure as detailed in the Budget attached hereto as Appendix C-2, and in accordance with HRA's Contracts Fiscal Manual.
- B. The prices and/or hourly rates in the annexed budget shall be deemed inclusive of any and all expenses incurred by the Contractor in performing the Services, including any appropriate overhead or auxiliary costs (including but not limited to printing, copying, secretarial, invoicing, etc.), direct or indirect costs, travel, lodging or meals. The Contractor may not impose any other charges or be reimbursed by the City for any expenses incurred by the Contractor in providing such Services in accordance with the Scope of Work.
- C. All payments made by HRA for work performed under the Agreement, as amended by this Renewal Agreement, shall be subject to audit by HRA and any other City, State, or Federal entity having authority to do so. The Contractor is solely responsible for ensuring that invoices are submitted only for work performed pursuant to the Agreement. In the event that multiple payments have been made to the Contractor for the same work, Contractor shall remit any and all duplicate payments to HRA immediately upon demand.
- D. At the written direction of HRO, LDR shall provide the policy management, compliance support services and training/e-learning services described in the Scope

of Work of the Agreement on both a day-to-day basis and on a project-level basis through staff embedded with HRO. The level of effort for each FTE shall not exceed 184 hours per month. If LDR needs to or is directed to provide more than 184 hours of work per month per FTE, it must receive prior written approval of the Director of the NYC Housing Recovery Office or his or her designee. Any additional approved hours must be within the Maximum Hours set forth in the annexed Budget. LDR shall not be entitled to payment for any unapproved hours over the monthly limit of 184 hours per FTE, or for any hours in excess of the Maximum Hours.

- E. LDR shall be paid on a monthly basis pursuant to invoices submitted to HRO no later than the fifteenth (15th) day of the month following the month in which the work was performed. All invoices shall be subject to HRO review and shall require approval by HRO prior to payment. With each invoice, LDR shall submit a description of the Services provided, and, if requested by the Director of the NYC Housing Recovery Office, submit a progress report describing the status of the Services. If progress in providing the Services is delayed for any reason, LDR shall state the reason for such delay in such report.
- F. All invoices submitted by Contractor, and payments made by HRA for work performed pursuant to the annexed Scope of Work, as amended, shall clearly identify the deliverable(s) for which the Contractor is billing HRA, or for which HRA is paying.

3. PROCUREMENT POLICY BOARD RULES

This Renewal Agreement is subject to the Rules of the Procurement Policy Board of the City of New York ("PPB Rules"). In the event of a conflict between the said Rules and a provision of the Renewal Agreement, the Rules shall take precedence.

4. APPROVALS

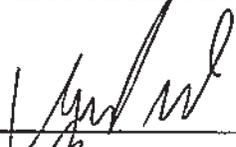
THE CITY OF NEW YORK

This Renewal Agreement shall not become effective or binding unless:

- A. authorized by the Mayor; approved pursuant to the New York City Charter and Procurement Policy Board Rules for contracts not subject to public letting; and the Comptroller shall have endorsed his certificate that there remains unexpended and unapplied a balance of the appropriation of funds applicable hereto sufficient to pay the estimated expense of executing this Renewal Agreement; and
- B. approved by the Mayor pursuant to the provisions of Executive Order No. 42, dated October 9, 1975, in the event the Executive Order requires such approval; and
- C. certified by the Mayor (Mayor's Fiscal Committee created pursuant to Executive Order No. 43, dated October 14, 1975) that performance thereof will be in accordance with the City's financial plan.

IN WITNESS WHEREOF, the parties have duly executed this Renewal Agreement on the date first above written.

CITY OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES
HUMAN RESOURCES ADMINISTRATION

By  _____

Title _____



CONTRACTOR

By STEVEN SHANE LUCAS

Title CHIEF EXECUTIVE OFFICER

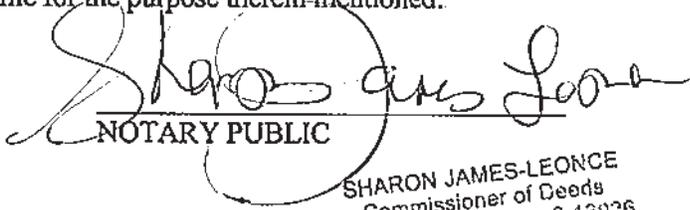
46-2278317
Fed. Employer I.D. No. or Soc. Sec. No.

STATE OF NEW YORK)

: SS:

COUNTY OF NEW YORK)

On this 10th day of March 20 16, before me personally came Vincent Russo NCS to me known and known to me to be of the HUMAN RESOURCES ADMINISTRATION/DEPARTMENT OF SOCIAL SERVICES of the CITY OF NEW YORK, the person described in and who executed the foregoing instrument, and she/he acknowledged to me that she/he executed the same for the purpose therein-mentioned.


NOTARY PUBLIC

SHARON JAMES-LEONCE
Commissioner of Deeds
City of New York No. 2-13026
Certificate Filed in New York County
Commission Expires May 01, 2016

STATE OF NEW YORK)

: SS:

COUNTY OF New York)

On this 2 day of March 20 16, before me personally came Steven Shane Lucas, to me known, who, being by me duly sworn, did depose and say that she/he resides at 10 Bank Street, Suite 560, White Plains, NY 10606, that she/he is the Chief Executive Officer of Lucas Disaster Recovery Consulting, LLC, the corporation described in and which executed the above instrument; and that she/he signed her/his name thereto by order of the board of directors of said corporation.


NOTARY PUBLIC

DEBORAH BANDER
Notary Public - State of New York
No. 02BA6207128
Qualified in New York County
My Commission Expires ~~June 8, 2013~~
July 24, 2017

Appendix C-2: Budget (April 1, 2014 – December 31, 2016)

Current term: April 1, 2014 – December 31, 2015 (21 months)

Description	Unit	Maximum Hours	Hourly Rate	Not To Exceed
CDBG-DR Subject Matter Expert/Project Management/IT Consulting Services (1 FTE)	Hourly	3,628.1	\$215	\$780,041
<i>Total NTE April 1, 2014 – December 31, 2015 (21 months)</i>				<i>\$780,041.00</i>

Renewal term: January 1, 2016 – December 31, 2016 (12 months)

Description	Unit	Maximum Hours	Hourly Rate	Not To Exceed
CDBG-DR Subject Matter Expert/Project Management/IT Consulting Services (1 FTE)	Hourly	2,160	\$215	\$464,400
<i>Total NTE January 1, 2016 – December 31, 2016 (12 months)</i>				<i>\$464,400.00</i>

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PLANNED CONTRACTS FOR PROFESSIONAL SERVICES
HUMAN RESOURCES ADMINISTRATION
DEPARTMENT OF SOCIAL SERVICES

REQUEST FOR A NEW CONTRACT

AGENCY: DSS

DEPT.NO.: 069

Fiscal Year 2016

PIN / REGISTRATION #: 14OHEOC04701R01

CONTRACT # /MANIFEST #:

VENDOR: Lucas Disaster Recovery Consulting, LLC

REQUESTING RC: ACCO

PROGRAM AREA: Office of Contracts

SCOPE OF WORK: Provision of Housing Recovery Program Case Management Services

LOCATION: 250 Broadway, 24 th Floor, NY, NY 10007

PERIOD OF SERVICE: 1/1/2016-12/31/2016

TOTAL CONTRACT AMOUNT: \$464,400.00

(For OBA use only)

ORIGINAL CONTRACT AMOUNT

FUNDING SOURCE POTPS

<u>FY</u>	<u>BUDGET</u>	<u>OBJECT</u>	<u>SUB-OBJ</u>	<u>REP-CAT</u>	<u>C.F</u>	<u>AMOUNT</u>	<u>CITY %</u>	<u>STATE %</u>	<u>FED %</u>
2016	A111	640		HRON		\$232,200.00	100.00	0.00	0.00
2017	A111	640		HRON		\$232,200.00	100.00	0.00	0.00



SIGNATURE OF AGENCY HEAD

Date: 3/17/2016

Submitter's Name: Lorna Flinds

Submitter's Phone: 212-331-4833

3/24/2016

DATE



Mayor's Office of Contract Services
Contract Performance Evaluation

PROFESSIONAL SERVICES

Vendor Name: LUCAS DISASTER RECOVERY CONSULTING LLC

Vendor TIN/EIN: 462278317

Vendor Address: 10 Bank street

White Plains, NY 10606

US

Vendor E-Mail Address: shane.lucas@ldrconsulting.us

Vendor Updated Mailing Address:

Contract Number: CT1 069 20151421617

Procurement Identification Number: 14OHEOC04701

Contract Term: 12/16/2013 - 12/31/2015

Contract Description: HOUSING RECOVERY PROGRAM CASE MANAGEMENT SERVICES

Award Amount: \$780,041.00

Evaluating Agency: DEPARTMENT OF SOCIAL SERVICES

Evaluation Period: 12/16/2014 - 12/15/2015

Evaluator First Name: Saba Evaluator Last Name: Jote

Evaluator Phone Number: (212) 615-8340

Evaluator E-Mail Address: sjote@recovery.nyc.gov

I. TIMELINESS OF PERFORMANCE (Evaluators are to consider the following criteria when rating timeliness; discuss specifics in the Comments section.)

1. Was the contract work completed on time, and if ongoing, is the vendor appropriately adhering to schedules and milestones and/or producing deliverables including, but not limited to, reports, audits, schedules, designs or studies;
2. If the vendor was given any extensions of time, were any such extensions reasonable;
3. Were any unreasonable delays in the contract work caused by the vendor or any of its subcontractor(s); and
4. If applicable, was the vendor timely in obtaining approvals from regulatory agencies?

Comments:

LDR's SME has provided excellent timely support, including consistent and reliable management support and oversight of

daily production matters during the original contract term. Specifically, this reliable support has been fundamental in shaping the Program's CMS capabilities including, assignment of homes to work orders, the procedure development for the grant agreement process for homes.

Subcategory Rating Unsatisfactory Poor Fair Good Excellent

II. FISCAL ADMINISTRATION AND ACCOUNTABILITY (Evaluators are to consider the following criteria when rating Fiscal Administration and Accountability; discuss specifics in the Comments section.)

1. Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing, if applicable;
2. Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable;
3. Did vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable);
4. Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors; and
5. Did the vendor pay its suppliers and subcontractors, if any, promptly?

Comments:

LDR has maintained adequate records and logs of all invoices and submitted detailed timesheets in accordance with the program's standards.

Subcategory Rating Unsatisfactory Poor Fair Good Excellent

III. PERFORMANCE AND OVERALL QUALITY OF SERVICE (Evaluators are to consider the following criteria when rating Performance Quality; discuss specifics in the Comments section.)

1. Did vendor/its subcontractors/subconsultants perform the contract with requisite technical skill/expertise;
2. Did vendor adequately supervise the contract, its personnel, and did its supervisors demonstrate the requisite technical skill/expertise to advance the work;
3. Did vendor adequately staff the project;
4. Did vendor produce adequate deliverables including, but not limited to, reports, audits, schedules, designs or studies;
5. Did vendor analyze program information and communicate ideas/consequences with the requisite technical skill/expertise;
6. Did vendor coordinate/cooperate with other consultants/contractors, if required, including, but not limited to, by conducting any necessary site visits to observe the progress/quality of such contractors' work;
7. Did vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assist in addressing complaints;
8. Did vendor identify and promptly notify the agency of any issues or conditions that could impact the quality of work or result in delays, and did it adequately/promptly assist the agency in resolving problems;
9. Did agency terminate the contract, decide not to renew or take any other action against the vendor due to the vendor's non-performance or poor performance?

Comments:

LDR's services have been invaluable in successfully launching new programmatic initiatives, both from an information systems perspective and an operations analysis perspective. LDR has participated in meetings and trained staff in accordance with new initiatives. LDR has fully cooperated with HRO and provided exemplary assistance to the agency. LDR's support has provided the program with consistent CMS maintenance services. In addition to maintenance, procedure or protocol training in CMS for staff and vendors has been timely and consistent with technical or system updates. The City has also received critical assistance in preparing for HUD audits in addition to assistance with case closeout and system archiving. Accordingly, the services provided under the terms of this contract are have helped complete critical deliverances for the City's Build it Back program.

Subcategory Rating Unsatisfactory Poor Fair Good Excellent

Overall Rating (Based on the above three subcategory ratings, evaluators are to give the vendor an overall rating.)

Overall Rating Unsatisfactory Poor Fair Good Excellent

The foregoing evaluation represents my best judgment concerning the performance of the contractor and is based on documentation on file at the City Agency.

Evaluated By: Saba Jote

Evaluation Date: 01/19/2016

For Evaluator Use Only

Upon completing the PE, use the Check Errors button to validate the document. After checking errors, you must forward your completed evaluation to ACCO/DACCO/Designated Contact. To do so, save the completed evaluation to your computer. It will automatically save as an Adobe PDF. Send an email through outlook, with the completed evaluation attached, to the ACCO/DACCO/Designated Contact.

For ACCO Use Only

Once the completed evaluation is approved and ready to send to MOCS, complete the "approved by" section below. Then click the "Validate and Lock" button below. Once locked, the form cannot be modified--if modification is necessary, a new document must be created (from scratch). Save the Adobe PDF to your computer. Navigate to the "Performance Evaluation Upload" page in FMS/3 VENDEX to upload the locked evaluation and send to MOCS.

Approved By

Name: Darlene Molina-Summers

Title: DACCO

Date: 01/21/2016

This form was locked on Thu Jan 21 2016 15:14:56 GMT-0500 (Eastern Standard Time)

CITY OF NEW YORK
CERTIFICATION BY INSURANCE BROKER OR AGENT

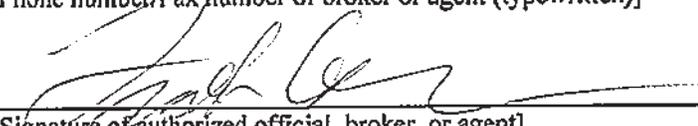
The undersigned insurance broker or agent represents to the City of New York that the attached Certificate of Insurance is accurate in all material respects.

National Insurance Brokerage of N.Y. Inc
[Name of broker or agent (typewritten)]

175 Oval Drive, Islandia, NY 11749
[Address of broker or agent (typewritten)]

Ftall@nibony.com
[Email address of broker or agent (typewritten)]

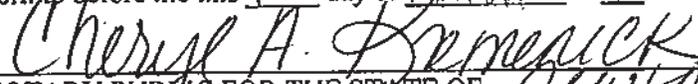
631-273-4242/631-963-3711
[Phone number/Fax number of broker or agent (typewritten)]


[Signature of authorized official, broker, or agent]

Frank Cormio, President
[Name and title of authorized official, broker, or agent (typewritten)]

State of New York.....)
County of Suffolk.....) ss.:

Sworn to before me this 10th day of March 2016


NOTARY PUBLIC FOR THE STATE OF New York

CHERYL A KREMENICK
Notary Public, State of New York
Registration #01KR6110691
Qualified in Suffolk County
Commission Expires 12/2016

Commission Expires
Qualified in Sullivan County
Registration #01R611051
Notary Public, State of New York
CHERYL A KREMENICK



careers
businesses
neighborhoods

Gregg Bishop
Commissioner

MEMORANDUM

TO: Patricia Young
Procurement Analyst III
VENDEX Integrity Unit
NYC Human Resources Administration

FROM: Helen Wilson
Assistant Commissioner
Division of Labor Services

DATE: February 26, 2016

RE: Lucas Disaster Recovery, LLC; File #216LT074; PIN:
#140HEOC04701R01; Housing Recovery Program Case Management
Services; Contract Value: \$464,400.00; **LESS THAN 50 EMPLOYEES
CERTIFICATE**

The Department of Small Business Services Division of Labor Services (DLS) has received Lucas Disaster Recovery, LLC's documentation certifying that it has fewer than fifty (50) employees at this facility. Pursuant to the jurisdictional requirements set forth by the New York City Charter-Chapter 56 (1991), Executive Order No. 50 (1980), as amended, and the implementing Rules, only those Supply and Service Contractors who employ 50 or more employees in their entire organization need submit completed Employment Reports for DLS compliance review and certification. Pursuant to its submitted affidavit Lucas Disaster Recovery, LLC employ one (1) employee Lucas Disaster Recovery, LLC not meet the DLS review jurisdictional threshold.

This confirmation satisfies Lucas Disaster Recovery, LLC's submission compliance requirements in connection with the instant contract referenced above.

If you have any questions, please call Ms. Helen Wilson at (212) 513-6323 or email at hwilson@sbs.nyc.gov.



**Human Resources
Administration**

Department of
Social Services

Office of Contracts

W-2-196
Rev. 03/15

April 24, 2015

Steven Banks
Commissioner

Martha A. Calhoun
General Counsel

Vincent Pullo
Agency Chief
Contracting Officer

Steven Shane Lucas
Lucas Disaster Recovery Consulting, LLC
414 Yellow Wood Drive
New Braunfels, Texas 78130

150 Greenwich Street
New York, NY 10007

929 221 6347

RE: Addendum to Amendment of Build-it-Back Case Management Services Contract (the "Contract") between the Department of Social Services of the Human Resources Administration ("HRA") on behalf of the City of New York, and Lucas Disaster Recovery Consulting, LLC ("LDR")

Dear Mr. Lucas:

HRA hereby amends the above-referenced Amendment between the Department of Social Services of the Human Resources Administration ("HRA") on behalf of the City of New York, and Lucas Disaster Recovery Consulting, LLC ("LDR"). This Addendum shall be annexed to the Amendment document and its terms incorporated therein.

The original Contract term was June 24, 2013 through June 23, 2015, with a two-year renewal option. The term of the Contract was extended through December 31, 2015 by the above referenced Amendment. By this Addendum, both parties hereby agree that the two-year renewal option in the Contract shall remain in full effect. Both parties understand that the Amendment may be extended by an additional six (6) months after the expiration of the renewal term.

Both parties understand that all other terms and conditions of the Amendment shall remain in full effect.

Please indicate your acceptance of this Addendum and its terms and conditions by having a duly authorized person sign this letter in the space provided below, before a notary public and have latter acknowledge the same.

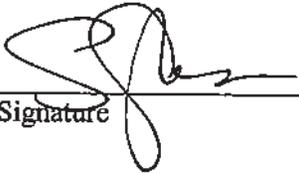
Sincerely,



Vincent Pullo

Accepted by:

Steven Shane Lucas
Name of authorized representative


Signature

CEO
Title

24 Apr 15
Date

ACKNOWLEDGEMENTS:

STATE OF NEW YORK)

:SS:

COUNTY OF NEW YORK)

On this 19th day of May 2015, before me personally came Vincent Pullo, to me and known to me to be Agency Chief Contracting Officer of the HUMAN RESOURCES ADMINISTRATION/ DEPARTMENT OF SOCIAL SERVICES of the CITY OF NEW YORK, the person described in and who executed the foregoing instrument, and (s)he acknowledged to me that (s)he executed the same for the purpose therein mentioned.


NOTARY PUBLIC

BONNIE R. BRIGGMAN-ROBINSON
Commissioner of Deeds
City of New York No. 4-4617
Commission Expires July 01, 2015

STATE OF NEW YORK)

:SS:

COUNTY OF NEW YORK)

On this 24th day of APRIL 2015 before me personally came STEVEN SHANG LUCA, to me and known, who, being by me duly sworn, did depose and say that (s)he resides at 11 LIBERTY WAY, ROSELAND NJ, that (s)he is the CEO of the LDR LLC, the corporation described in and which executed the above instrument.


NOTARY PUBLIC

THADDEUS HACKWORTH
NOTARY PUBLIC-STATE OF NEW YORK
No. 02HA6204325
Qualified in Kings County
My Commission Expires April 20, 2019

