

## **SECTION VI: RFP PROPOSAL PACKAGE – TO BE FILLED OUT BY PROPOSERS**

This Section contains all required forms that constitute the Proposal Package that must be submitted as a response to this RFP.

The required Proposal Package forms are as follows:

### **1. Program Information:**

- Attachment 01 - Proposal Cover Letter with Checklist (PDF)
- Attachment 02 - Certification of Compliance with Minimum Qualification Requirements (PDF)
- Attachment 03 - Certification of Authority Affidavit (PDF)
- Attachment 04 - Acknowledgement of Addenda (PDF)
- Attachment 04A - Attestation of No Collusion (PDF)
- Attachment 04B - Tax Affirmation (PDF)
- Attachment 05 - Iran Divestment Act Compliance Certification and Rider for NYC Contractors (PDF)
- Attachment 06 - MacBride Principles Rider and Certification (PDF)
- Attachment 07 - Earned Safe and Sick Time Act Contract Rider (PDF) (read only)
- Attachment 08 - Doing Business Data Form (PDF)

### **2. Proposal:**

- Attachment 09 - Proposer's Experience (PDF)
- Attachment 10 - History of Compliance Form (Microsoft Excel)
- Attachment 11 - Financial and Business Information Attachments (PDF)
- Attachment 12 - Capacity and Services (PDF)
- Attachment 13 - CWZ Plans (PDF)
- Attachment 14 - Maximum Rate Schedules Form (Microsoft Excel)

**ATTACHMENT 01 - PROPOSAL COVER LETTER WITH CHECKLIST**

**TITLE: Commercial Waste Zone Midtown North and Manhattan Southwest  
Implementation** - To provide commercial waste hauling services for the Midtown North and/or Manhattan Southwest Commercial Waste Zones (CWZ). Services include Refuse, Recycling and Organic Waste collection, Transport and Removal from commercial establishments.

**PIN: 82726CWZMNMS**

**Proposer:**

Firm or Joint Venture Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tax Identification #: \_\_\_\_\_

**Proposer's Contact Person:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Proposer's Authorized Representative:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PROPOSAL PACKAGE & ATTACHMENT CHECKLIST

**Proposers are encouraged to use this checklist to confirm that all required forms and supporting documents are included.** For each Designated Carter listed by the Proposer as a Subcontractor, the Proposer must ensure all questions specific to Designated Carters are answered within the appropriate Attachments, and that all requested supporting documentation are provided.

<b><u>Program Information - Required Forms</u></b>	<b>Completed Form</b>
Attachment 01: Proposal Cover Letter with Checklist	<input type="checkbox"/>
Attachment 02: Certification of Compliance with Minimum Qualification Requirements	<input type="checkbox"/>
Attachment 03: Certification of Authority Affidavit	<input type="checkbox"/>
Attachment 04: Acknowledgment of Addenda	<input type="checkbox"/>
Attachment 04A: Attestation of No Collusion	<input type="checkbox"/>
Attachment 04B: Tax Affirmation	<input type="checkbox"/>
Attachment 05: Iran Divestment Act Compliance Rider and Certification for NYC Contractors	<input type="checkbox"/>
Attachment 06: MacBride Principles Rider and Certification	<input type="checkbox"/>
Attachment 07: Earned Safe and Sick Time Act Contract Rider	Read Only
Attachment 08: Doing Business Data Form	<input type="checkbox"/>

<b><u>Proposal - Forms and Attachments</u></b>	<b>Completed Form</b>
Attachment 09: Proposer's Experience Form	<input type="checkbox"/>
Attachment 09: Attachments - Organization Chart and Current Customer List	<input type="checkbox"/>
Attachment 10: History of Compliance Excel Form	<input type="checkbox"/>
Attachment 11: Attachments - Audited Statements and Letters or Certifications	<input type="checkbox"/>
Attachment 12: Capacity and Services Form	<input type="checkbox"/>
Attachment 13.1: Subcontracting Plan Form	<input type="checkbox"/>
Attachment 13.1: Attachments – Designated Carter BIC Trade Waste License or BIC Letter (If Applicable)	<input type="checkbox"/>
Attachment 13.2: Customer Transition Plan	<input type="checkbox"/>
Attachment 13.3: Education and Outreach Plan	<input type="checkbox"/>
Attachment 13.4: Customer Service Plan	<input type="checkbox"/>
Attachment 13.5: Zero Waste Plan	<input type="checkbox"/>
Attachment 13.6: Waste Management Plan	<input type="checkbox"/>
Attachment 13.7: Health and Safety Plan	<input type="checkbox"/>
Attachment 13.7: Attachments – Corporate Health and Safety Procedures (If Applicable)	<input type="checkbox"/>
Attachment 13.8: Air Pollution Reduction Plan	<input type="checkbox"/>
Attachment 14: Maximum Rate Schedule Excel Form	<input type="checkbox"/>

**ATTACHMENT 02 - CERTIFICATION OF COMPLIANCE WITH  
MINIMUM QUALIFICATIONS REQUIREMENTS**

The Proposer \_\_\_\_\_ (*NAME OF PROPOSER*) certifies that the information indicated below is accurate.

1. Check the boxes that apply:

- Proposer has an active Trade Waste Removal License provided by the Business Integrity Commission (“BIC”) OR
- Proposer has a pending Trade Waste Removal License contingent upon BIC’s approval.

\_\_\_\_\_  
(*SIGNATURE OF PROPOSER OR PROPOSER’S AUTHORIZED REPRESENTATIVE*)

\_\_\_\_\_  
(*DATE OF EXECUTION*)

**ATTACHMENT 03 - CERTIFICATION OF AUTHORITY AFFIDAVIT**

I, \_\_\_\_\_ (*NAME OF APPROPRIATE INDIVIDUAL*),  
do hereby certify that I am authorized to execute binding legal documents on behalf of,

\_\_\_\_\_ (*NAME OF PROPOSER*) and that to the best of  
my knowledge the documents submitted are accurate and no unfair advantage was present during the  
proposal development phase that was associated with the REQUEST FOR PROPOSALS FOR  
COMMERCIAL WASTE ZONE MIDTOWN NORTH AND MANHATTAN SOUTHWEST  
IMPLEMENTATION (Procurement Identification Number 82726CWZMNMS) that was issued by the  
Department.

\_\_\_\_\_  
(*SIGNATURE OF INDIVIDUAL NAMED ABOVE*)

\_\_\_\_\_  
(*NAME, TITLE, AND AFFILIATION OF SIGNATORY*)

\_\_\_\_\_  
(*DATE OF EXECUTION*)

ACKNOWLEDGMENT:

\_\_\_\_\_  
(*NAME OF STATE*)

\_\_\_\_\_  
(*NAME OF COUNTY*)

On \_\_\_\_\_ (*DATE OF EXECUTION*), before me came  
an individual who proved himself/herself/themselves to be

\_\_\_\_\_ (*NAME OF INDIVIDUAL NAMED ABOVE*) and  
after being by me duly sworn, he/she/they executed in my presence instrument.

\_\_\_\_\_  
(*SIGNATURE OF NOTARY PUBLIC*)

\_\_\_\_\_  
(*SEAL AND/OR STAMP OF NOTARY PUBLIC*)

**ATTACHMENT 04 – ACKNOWLEDGEMENT OF ADDENDA**

**FROM:** \_\_\_\_\_  
(PROPOSER'S AUTHORIZED REPRESENTATIVE)

**SUBJECT:** Request for Proposal  
Commercial Waste Zone Midtown North and Manhattan Southwest Implementation

**PIN:** 82726CWZMNMS

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The attached Proposal reflects consideration of the addenda issued by the Department prior to the Proposal Due Date and Time listed below:

- Title: \_\_\_\_\_ Date: \_\_\_\_\_
- Title: \_\_\_\_\_ Date: \_\_\_\_\_
- Title: \_\_\_\_\_ Date: \_\_\_\_\_
- Title: \_\_\_\_\_ Date: \_\_\_\_\_
- Title: \_\_\_\_\_ Date: \_\_\_\_\_
- Title: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF PROPOSER'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(DATE OF EXECUTION)

### ATTACHMENT 04A - ATTESTATION OF NO COLLUSION

The Proposer certifies that:

1. This proposal, including but not limited to all proposed pricing, has been independently arrived at in good faith without collusion with any other competitor or potential competitor;
2. The contents of this proposal have not been knowingly disclosed and will not be knowingly disclosed prior to the proposal submission due date and time for this RFP, to any other proposer, competitor, or potential competitor;
3. No attempt has been made to induce any other person, partnership, or corporation to submit or not to submit a proposal;
4. The person signing this attestation certifies that he/she has fully informed himself/herself regarding the accuracy of the statements contained in this attestation, and under the penalties of perjury, affirms the truth thereof, such penalties being applicable to the Proposer as well as to the person signing on its behalf; and
5. If the Proposer is a corporation, the person signing this attestation certifies that he/she is authorized to execute this attestation on behalf of the Proposer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_ Notary Public

**ATTACHMENT 04B – TAX AFFIRMATION**

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**AFFIRMATION OF NON-DEBT (TAX AFFIRMATION)**

The undersigned bidder affirms and declares that said 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 any obligation to the City of New York, and has not been declared not responsible, or been disqualified from receiving public contracts, by any agency of the City of New York, nor is there any proceeding pending relating to the responsibility or qualification of the bidder to receive public contracts except:

\_\_\_\_\_.  
Full name of Bidder \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**CHECK ONE BOX AND INCLUDE THE APPROPRIATE NUMBER:**

- A - Individual or Sole Proprietorship  
SOCIAL SECURITY NUMBER: \_\_\_\_\_
- B - Partnership or other unincorporated organization  
EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_
- C - Corporation  
EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_
- D - Other (specify: \_\_\_\_\_)  
TAXPAYER IDENTIFICATION NUMBER: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

Date: \_\_\_\_\_

**If a corporation place seal here.  
Must be signed by an officer or duly authorized representative.**

## **ATTACHMENT 05 - IRAN DIVESTMENT ACT COMPLIANCE RIDER AND CERTIFICATION FOR NYC CONTRACTORS**

### **IRAN DIVESTMENT ACT COMPLIANCE RIDER FOR NEW YORK CITY CONTRACTORS**

The Iran Divestment Act of 2012, effective as of April 12, 2012, is codified at State Finance Law (“SFL”) §165-a and General Municipal Law (“GML”) §103-g. The Iran Divestment Act, with certain exceptions, prohibits municipalities, including the City, from entering into contracts with persons engaged in investment activities in the energy sector of Iran. Pursuant to the terms set forth in SFL §165-a and GML §103-g, a person engages in investment activities in the energy sector of Iran if:

- (a) the person provides goods or services of twenty million dollars or more in the energy sector of Iran, including a person that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran; or
- (b) The person is a financial institution that extends twenty million dollars or more in credit to another person, for forty-five days or more, if that person will use the credit to provide goods or services in the energy sector in Iran and is identified on a list created pursuant to paragraph (b) of subdivision three of Section 165-a of the State Finance Law and maintained by the Commissioner of the Office of General Services.

A bid or proposal shall not be considered for award nor shall any award be made where the bidder or proposer fails to submit a signed and verified bidder’s certification.

Each bidder or proposer must certify that it is not on the list of entities engaged in investment activities in Iran created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law. In any case, where the bidder or proposer cannot certify that they are not on such list, the bidder or proposer shall so state and shall furnish with the bid or proposal a signed statement which sets forth in detail the reasons why such statement cannot be made. The City of New York may award a bid to a bidder who cannot make the certification on a case-by-case basis if:

- (a) The investment activities in Iran were made before the effective date of this section (i.e., April 12, 2012), the investment activities in Iran have not been expanded or renewed after the effective date of this section and the person has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran: or
- (b) The City makes a determination that the goods or services are necessary for the City to perform its functions and that, absent such an exemption, the City would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.

**BIDDER'S CERTIFICATION OF COMPLIANCE WITH  
IRAN DIVESTMENT ACT**

Pursuant to General Municipal Law §103-g, which generally prohibits the City from entering into contracts with persons engaged in investment activities in the energy sector of Iran, the bidder/proposer submits the following certification:

*[Please Check One]*

**BIDDER'S CERTIFICATION**

- By submission of this bid or proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief, that each bidder/proposer is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law.
  
- I am unable to certify that my name and the name of the bidder/proposer does not appear on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law. I have attached a signed statement setting forth in detail why I cannot so certify.

Location: \_\_\_\_\_, New York

Date: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(PRINTED NAME)

\_\_\_\_\_  
(TITLE)

*Sworn to before me this*

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
*Notary Public*

**ATTACHMENT 06 - MACBRIDE PRINCIPLES RIDER AND  
CERTIFICATION**

## MACBRIDE PRINCIPLES PROVISIONS FOR NEW YORK CITY CONTRACTORS RIDER

### ARTICLE I: NOTICE TO ALL PROSPECTIVE CONTRACTORS

Local Law No. 34 of 1991 became effective on September 10, 1991 and added section 6-115.1 to the Administrative Code of the City of New York. The local law provides for certain restrictions on City contracts to express the opposition of the people of the City of New York to employment discrimination practices in Northern Ireland and to encourage companies doing business in Northern Ireland to promote freedom of workplace opportunity.

Pursuant to Section 6-115.1, prospective contractors for contracts to provide goods or services involving an expenditure of an amount greater than ten thousand dollars, or for construction involving an amount greater than fifteen thousand dollars, are asked to sign a rider in which they covenant and represent, as a material condition of their contract, that any business in Northern Ireland operations conducted by the contractor and any individual or legal entity in which the contractor holds a ten percent or greater ownership interest and any individual or legal entity that holds a ten percent or greater ownership interest in the contractor will be conducted in accordance with the MacBride Principles of nondiscrimination in employment.

Prospective contractors are not required to agree to these conditions. However, in the case of contracts let by competitive sealed bidding, whenever the lowest responsible bidder has not agreed to stipulate to the conditions set forth in this notice and another bidder who has agreed to stipulate to such conditions has submitted a bid within five percent of the lowest responsible bid for a contract to supply goods, services or construction of comparable quality, the contracting entity shall refer such bids to the Mayor, the Speaker or other officials, as appropriate, who may determine, in accordance with applicable law and rules, that it is in the best interest of the city that the contract be awarded to other than the lowest responsible bidder pursuant to Section 31 3(b)(2) of the City Charter.

In the case of contracts let by other than competitive sealed bidding, if a prospective contractor does not agree to these conditions, no agency, elected official or the Council shall award the contract to that bidder unless the entity seeking to use the goods, services or construction certifies in writing that the contract is necessary for the entity to perform its functions and there is no other responsible contractor who will supply goods, services or construction of comparable quality at a comparable price.

#### PART A

In accordance with section 6-115.1 of the Administrative Code of the City of New York, the Contractor stipulates that such contractor and any individual or legal entity in which the Contractor holds a ten percent or greater ownership interest and any individual or legal entity that holds a ten percent or greater ownership interest in the Contractor either (a) have no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to conduct any business operations they have in Northern Ireland in accordance with the MacBride Principles, and shall permit independent monitoring of their compliance with such principles.

#### PART B

For purposes of this section, the following terms shall have the following meanings:

1. "MacBride Principles" shall mean those principles relating to nondiscrimination in employment and freedom of workplace opportunity which require employers doing business in Northern Ireland to:

- (1) increase the representation of individuals from underrepresented religious groups in the work force, including managerial, supervisory, administrative, clerical and technical jobs;
- (2) take steps to promote adequate security for the protection of employees from underrepresented religious groups both at the workplace and while traveling to and from work;
- (3) ban provocative religious or political emblems from the workplace;

(4) publicly advertise all job openings and make special recruitment efforts to attract applicants from underrepresented religious groups;

(5) establish layoff, recall and termination procedures which do not in practice favor a particular religious group;

(6) abolish all job reservations, apprenticeship restrictions and different employment criteria which discriminate on the basis of religion;

(7) develop training programs that will prepare substantial numbers of current employees from underrepresented religious groups for skilled jobs, including the expansion of existing programs and the creation of new programs to train, upgrade and improve the skills of workers from underrepresented religious groups;

(8) establish procedures to assess, identify and actively recruit employees from underrepresented religious groups with potential for further advancement; and

(9) appoint a senior management staff member to oversee affirmative action efforts and develop a timetable to ensure their full implementation.

ARTICLE II: ENFORCEMENT OF ARTICLE I

The Contractor agrees that the covenants and representations in Article I above are material conditions to this Agreement. In the event the contracting entity receives information that the Contractor who made the stipulation required by this section is in violation thereof, the contracting entity shall review such information and give the Contractor an opportunity to respond. If the contracting entity finds that a violation has occurred, the entity shall have the right to declare the Contractor in default and/or terminate this Agreement for cause and procure the supplies, services or work from another source in any manner the entity deems proper. In the event of such termination, the Contractor shall pay to the entity, or the entity in its sole discretion may withhold from any amounts otherwise payable to the Contractor, the difference between the contract price for the uncompleted portion of this Agreement and the cost to the contracting entity of completing performance of this Agreement either itself or by engaging another contractor or contractors. In the case of a requirements contract, the contractor shall be liable for such difference in price for the entire amount of supplies required by the contracting entity for the uncompleted term of its contract. In the case of a construction contract, the contracting entity shall also have the right to hold the contractor in partial or total default in accordance with the default provisions of this Agreement, and/or may seek debarment or suspension of the contractor. The rights and remedies of the entity hereunder shall be in addition to, and not in lieu of, any rights and remedies the entity has pursuant to this Agreement or by operation of law.

Dated:           \_\_\_, New York  
                  \_\_\_, 20

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

Sworn to before me this  
\_\_\_ day of \_\_\_, 20

\_\_\_\_\_  
Notary Public

Dated:

**ATTACHMENT 07 - EARNED SAFE AND SICK TIME ACT CONTRACT  
RIDER**

## **NYC EARNED SAFE AND SICK TIME ACT CONTRACT RIDER**

(To supersede Section 4.06 of the January 2018 Appendix A and Section 35.5 of the March 2017 Standard Construction Contract and to be attached to other City contracts and solicitations)

### *A. Introduction and General Provisions.*

1. The Earned Safe and Sick Time Act (“ESSTA”), codified at Title 20, Chapter 8 of the New York City Administrative Code, also known as the “Paid Safe and Sick Leave Law,” requires covered employees (as defined in Admin. Code § 20-912) in New York City (“City”) to be provided with paid safe and sick time. Contractors of the City or of other governmental entities may be required to provide safe and sick time pursuant to the ESSTA. The ESSTA is enforced by the City’s Department of Consumer and Worker Protection (“DCWP”), which has promulgated 6 RCNY §§ 7-101 and 201 *et seq.* (“DCWP Rules”).

2. The Contractor agrees to comply in all respects with the ESSTA and the DCWP Rules, and as amended, if applicable, in the performance of this agreement. The Contractor further acknowledges that such compliance is a material term of this agreement and that failure to comply with the ESSTA in performance of this agreement may result in its termination.

3. The Contractor must notify (with a copy to DCWP at [ComplianceMonitoring@dcwp.nyc.gov](mailto:ComplianceMonitoring@dcwp.nyc.gov)) the Agency Chief Contracting Officer of the City Agency or other entity with whom it is contracting in writing within 10 days of receipt of a complaint (whether oral or written) or notice of investigation regarding the ESSTA involving the performance of this agreement. Additionally, the Contractor must cooperate with DCWP’s guidance and must comply with DCWP’s subpoenas, requests for information, and other document demands as set forth in the ESSTA and the DCWP Rules. More information is available at <https://www1.nyc.gov/site/dca/about/paid-sick-leave-what-employers-need-to-know.page>.

4. Upon conclusion of a DCWP investigation, Contractor will receive a findings letter detailing any employee relief and civil penalties owed. Pursuant to the findings, Contractor will have the opportunity to settle any violations and cure the breach of this agreement caused by failure to comply with the ESSTA either i) without a trial by entering into a consent order or ii) appearing before an impartial judge at the City’s administrative tribunal. In addition to and notwithstanding any other rights and remedies available to the City, non-payment of relief and penalties owed pursuant to a consent order or final adjudication within 30 days of such consent order or final adjudication may result in the termination of this agreement without further opportunity to settle or cure the violations.

5. The ESSTA is briefly summarized below for the convenience of the Contractor. The Contractor is advised to review the ESSTA and the DCWP Rules in their entirety. The Contractor may go to [www.nyc.gov/PaidSickLeave](http://www.nyc.gov/PaidSickLeave) for resources for employers, such as Frequently Asked Questions, timekeeping tools and model forms, and an event calendar of upcoming presentations and webinars at which the Contractor can get more information about how to comply with the ESSTA and the DCWP Rules. The Contractor acknowledges that it is responsible for compliance with the ESSTA and the DCWP Rules notwithstanding any inconsistent language contained herein.

B. *Pursuant to the ESSTA and DCWP Rules: Applicability, Accrual, and Use.*

1. An employee who works within the City must be provided paid safe and sick time.<sup>1</sup> Employers with one hundred or more employees are required to provide 56 hours of safe and sick time for an employee each calendar year. Employers with fewer than one hundred employees are required to provide 40 hours of sick leave each calendar year. Employers must provide a minimum of one hour of safe and sick time for every 30 hours worked by an employee and compensation for such safe and sick time must be provided at the greater of the employee's regular hourly rate or the minimum wage at the time the paid safe or sick time is taken. Employers are not discouraged or prohibited from providing more generous safe and sick time policies than what the ESSTA requires.

2. Employees have the right to determine how much safe and sick time they will use, provided that an employer may set a reasonable minimum increment for the use of safe and sick time not to exceed four hours per day. For the use of safe time or sick time beyond the set minimum increment, an employer may set fixed periods of up to thirty minutes beyond the minimum increment. In addition, an employee may carry over up to 40 or 56 hours of unused safe and sick time to the following calendar year, provided that no employer is required to carry over unused paid safe and sick time if the employee is paid for such unused safe and sick time and the employer provides the employee with at least the legally required amount of paid safe and sick time for such employee for the immediately subsequent calendar year on the first day of such calendar year.

3. An employee entitled to safe and sick time pursuant to the ESSTA may use safe and sick time for any of the following:

a. such employee's mental illness, physical illness, injury, or health condition or the care of such illness, injury, or condition or such employee's need for medical diagnosis or preventive medical care;

b. such employee's care of a family member (an employee's child, spouse, domestic partner, parent, sibling, grandchild, or grandparent, the child or parent of an employee's spouse or domestic partner, any other individual related by blood to the employee, and any other individual whose close association with the employee is the equivalent of a family relationship) who has a mental illness, physical illness, injury or health condition or who has a need for medical diagnosis or preventive medical care;

<sup>1</sup> Pursuant to the ESSTA, if fewer than five employees work for the same employer, and the employer had a net income of less than one million dollars during the previous tax year, such employer has the option of providing such employees uncompensated safe and sick time.

c. closure of such employee's place of business by order of a public official due to a public health emergency;

d. such employee's need to care for a child whose school or childcare provider has been closed due to a public health emergency; or

e. when the employee or a family member has been the victim of a family offense matter, sexual offense, stalking, or human trafficking:

1. to obtain services from a domestic violence shelter, rape crisis center, or other shelter or services program for relief from a family offense matter, sexual offense, stalking, or human trafficking;
2. to participate in safety planning, temporarily or permanently relocate, or take other actions to increase the safety of the employee or employee's family members from future family offense matters, sexual offenses, stalking, or human trafficking;
3. to meet with a civil attorney or other social service provider to obtain information and advice on, and prepare for or participate in any criminal or civil proceeding, including but not limited to, matters related to a family offense matter, sexual offense, stalking, human trafficking, custody, visitation, matrimonial issues, orders of protection, immigration, housing, discrimination in employment, housing or consumer credit;
4. to file a complaint or domestic incident report with law enforcement;
5. to meet with a district attorney's office;
6. to enroll children in a new school; or
7. to take other actions necessary to maintain, improve, or restore the physical, psychological, or economic, health or safety of the employee or the employee's family member or to protect those who associate or work with the employee.

4. An employer must not require an employee, as a condition of taking safe and sick time, to search for a replacement. However, where the employee's need for safe and sick time is foreseeable, an employer may require an employee to provide reasonable notice of the need to use safe and sick time. For an absence of more than three consecutive work days, an employer may require reasonable documentation that the use of safe and sick time was needed for a reason listed in Admin. Code § 20-914; and/or written confirmation that an employee used safe and sick time pursuant to the ESSTA. However, an employer may not require documentation specifying the nature of a medical condition, require disclosure of the details of a medical condition, or require disclosure of the details of a family offense matter, sexual offense, stalking, or human trafficking, as a condition of providing safe and sick time. Health information and information concerning family offenses, sexual offenses, stalking or human trafficking obtained solely due to an

employee's use of safe and sick time pursuant to the ESSTA must be treated by the employer as confidential. An employer must reimburse an employee for all reasonable costs or expenses incurred in obtaining such documentation for the employer.

5. An employer must provide to all employees a written policy explaining its method of calculating sick time, policies regarding the use of safe and sick time (including any permissible discretionary conditions on use), and policies regarding carry-over of unused time at the end of the year, among other topics. It must provide the policy to employees using a delivery method that reasonably ensures that employees receive the policy. If such employer has not provided its written policy, it may not deny safe and sick time to an employee because of non-compliance with such a policy.

6. An employer must provide a pay statement or other form of written documentation that informs the employee of the amount of safe/sick time accrued and used during the relevant pay period and the total balance of the employee's accrued safe/sick time available for use.

7. Safe and sick time to which an employee is entitled must be paid no later than the payday for the next regular payroll period beginning after the safe and sick time was used.

C. *Exemptions and Exceptions.* Notwithstanding the above, the ESSTA does not apply to any of the following:

1. an independent contractor who does not meet the definition of employee under N.Y. Labor Law § 190(2);

2. an employee covered by a valid collective bargaining agreement, if the provisions of the ESSTA are expressly waived in such agreement and such agreement provides a benefit comparable to that provided by the ESSTA for such employee;

3. an audiologist, occupational therapist, physical therapist, or speech language pathologist who is licensed by the New York State Department of Education and who calls in for work assignments at will, determines their own schedule, has the ability to reject or accept any assignment referred to them, and is paid an average hourly wage that is at least four times the federal minimum wage;

4. an employee in a work study program under Section 2753 of Chapter 42 of the United States Code;

5. an employee whose work is compensated by a qualified scholarship program as that term is defined in the Internal Revenue Code, Section 117 of Chapter 20 of the United States Code; or

6. a participant in a Work Experience Program (WEP) under N.Y. Social Services Law § 336-c.

D. *Retaliation Prohibited.* An employer shall not take any adverse action against an employee that penalizes the employee for, or is reasonably likely to deter the employee from or interfere with the employee exercising or attempting in good faith to exercise any right provided by the ESSTA. In addition, an employer shall not interfere with any investigation, proceeding, or hearing pursuant to the ESSTA.

E. *Notice of Rights.*

1. An employer must provide its employees with written notice of their rights pursuant to the ESSTA. Such notice must be in English and the primary language spoken by an employee, provided that DCWP has made available a translation into such language. Downloadable notices are available on DCWP's website at <https://www1.nyc.gov/site/dca/about/Paid-Safe-Sick-Leave-Notice-of-Employee-Rights.page>. The notice must be provided to the employees by a method that reasonably ensures personal receipt by the employee.

2. Any person or entity that willfully violates these notice requirements is subject to a civil penalty in an amount not to exceed \$50.00 for each employee who was not given appropriate notice.

F. *Records.* An employer must retain records documenting its compliance with the ESSTA for a period of at least three years, and must allow DCWP to access such records in furtherance of an investigation related to an alleged violation of the ESSTA.

G. *Enforcement and Penalties.*

1. Upon receiving a complaint alleging a violation of the ESSTA, DCWP must investigate such complaint. DCWP may also open an investigation to determine compliance with the ESSTA on its own initiative. Upon notification of a complaint or an investigation by DCWP, the employer must provide DCWP with a written response and any such other information as DCWP may request. If DCWP believes that a violation of the ESSTA has occurred, it has the right to issue a notice of violation to the employer .

2. DCWP has the power to grant an employee or former employee all appropriate relief as set forth in Admin. Code § 20-924(d). Such relief may include, but is not limited to, treble damages for the wages that should have been paid; statutory damages for unlawful retaliation; and damages, including statutory damages, full compensation for wages and benefits lost, and reinstatement, for unlawful discharge. In addition, DCWP may impose on an employer found to have violated the ESSTA civil penalties not to exceed \$500.00 for a first violation, \$750.00 for a second violation within two years of the first violation, and \$1,000.00 for each succeeding violation within two years of the previous violation. When an employer has a policy or practice of not providing or refusing to allow the use of safe and sick time to its employees, DCWP may seek penalties and relief on a per employee basis.

3. Pursuant to Admin. Code § 20-924.2, (a) where reasonable cause exists to believe that an employer is engaged in a pattern or practice of violations of the ESSTA, the Corporation Counsel may commence a civil action on behalf of the City in a court of competent jurisdiction by filing a complaint setting forth facts relating to such pattern or practice and requesting relief, which may include injunctive relief, civil penalties and any other appropriate relief. Nothing in § 20-924.2 prohibits DCWP from exercising its authority under section 20-924 or the Charter, provided that a civil action pursuant to § 20-924.2 shall not have previously been commenced.

H. *More Generous Policies and Other Legal Requirements.* Nothing in the ESSTA is intended to discourage, prohibit, diminish, or impair the adoption or retention of a more generous safe and sick time policy, or the obligation of an employer to comply with any contract, collective bargaining agreement, employment benefit plan or other agreement providing more generous safe and sick time. The ESSTA provides minimum requirements pertaining to safe and sick time and does not preempt, limit, or otherwise affect the applicability of any other law, regulation, rule, requirement, policy or standard that provides for greater accrual or use by employees of safe and sick leave or time, whether paid or unpaid, or that extends other protections to employees. The ESSTA may not be construed as creating or imposing any requirement in conflict with any federal or state law, rule or regulation.

**ATTACHMENT 08 - DOING BUSINESS DATA FORM**

# Doing Business Data Form

To be completed by the City agency prior to distribution Agency Sanitation Transaction ID \_\_\_\_\_

**Check One**

**Transaction Type (check one)**

- Proposal  Award  Concession  Economic Development Agreement  Franchise  Grant  Pension Investment Contract  Contract

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York, as will the organizations that own 10% or more of the entity. No other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's PASSPort registration or VENDEX requirements.**

**Please return the completed Data Form to the City office that supplied it.** Please contact the Doing Business Accountability Project at [DoingBusiness@mocs.nyc.gov](mailto:DoingBusiness@mocs.nyc.gov) or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

**Entity Information**

*If you are completing this form by hand, please print clearly.*

Entity EIN/TIN \_\_\_\_\_ Entity Name \_\_\_\_\_

**Filing Status**

**(Select One)**

**NEW:** Data Forms submitted now must include the listing of **organizations**, as well as individuals, with 10% or more ownership of the entity. Until such certification of ownership is submitted through a change, new or update form, a no change form will not be accepted.

- Entity has never completed a Doing Business Data Form. Fill out the entire form.  
 Change from previous Data Form dated \_\_\_\_\_. Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.  
 No Change from previous Data Form dated \_\_\_\_\_. Skip to the bottom of the last page.

Entity is a Non-Profit  Yes  No

Entity Type  Corporation (any type)  Joint Venture  LLC  Partnership (any type)  Sole Proprietor  Other (specify) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

*Provide your e-mail address in order to receive notices regarding this form by e-mail.*

**Principal Officers**

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

**Chief Executive Officer (CEO) or equivalent officer**

This position does not exist

*The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.*

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

This person replaced former CEO \_\_\_\_\_ on date \_\_\_\_\_

**Chief Financial Officer (CFO) or equivalent officer**

This position does not exist

*The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.*

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

This person replaced former CFO \_\_\_\_\_ on date \_\_\_\_\_

**Chief Operating Officer (COO) or equivalent officer**

This position does not exist

*The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.*

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

This person replaced former COO \_\_\_\_\_ on date \_\_\_\_\_

**Principal Owners**

Please fill in the required identification information for all individuals or organizations that, through stock shares, partnership agreements or other means, own or control 10% or more of the entity. If no individual or organization owners exist, please check the appropriate box to indicate why and skip to the Senior Managers section. If the entity is owned by other companies that control 10% or more of the entity, those companies must be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals or organizations that are no longer owners at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Owners."

There are no owners listed because (select one):

- The entity is not-for-profit
- The entity is an individual
- No individual or organization owns 10% or more of the entity

Other (explain) \_\_\_\_\_

**Individual Owners (who own or control 10% or more of the entity)**

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

**Organization Owners (that own or control 10% or more of the entity)**

Organization Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Organization Name \_\_\_\_\_

**Remove the following previously-reported Principal Owners**

Name \_\_\_\_\_ Removal Date \_\_\_\_\_

Name \_\_\_\_\_ Removal Date \_\_\_\_\_

Name \_\_\_\_\_ Removal Date \_\_\_\_\_

**Senior Managers**

Please fill in the required identification information for all senior managers who oversee any of the entity's relevant transactions with the City (e.g., contract managers if this form is for a contract award/proposal, grant managers if for a grant, etc.). Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any transaction with the City. At least one senior manager must be listed, or the Data Form will be considered incomplete. If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

**Senior Managers**

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

**Remove the following previously-reported Senior Managers**

Name \_\_\_\_\_ removal date \_\_\_\_\_

Name \_\_\_\_\_ removal date \_\_\_\_\_

**Certification**

I certify that the information submitted on these two pages and \_\_\_\_\_ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.

Name \_\_\_\_\_ Title \_\_\_\_\_

Entity Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_





RFP - NYC COMMERCIAL WASTE ZONES

- 4) Has the Proposer, the Proposer’s principals, or the Proposer’s key staff conducted business under one or more other names during the preceding 5 years?  
 Yes  No

If the Proposer is subcontracting with a Designated Carter, has the Designated Carter, the Designated Carter’s principals, or the Designated Carter’s key staff conducted business under one or more other names during the preceding 5 years?  
 Yes  No

If you answered yes to any of the questions above, identify each such former names:

Current Entity / Principal / Key Staff Name	Former Name	Years in Which Former Name was Used

- 5) Identify the staff member(s) who will be the Proposer’s primary day-to-day contract if selected as an Awardee. Include the staff member(s) name and title.

- 6) Append one or more organization charts detailing the authority, responsibilities, and inter-relationships that the identified entities, principals, key staff, personnel, and subcontractors (including all Designated Carters) would have during the execution of the Scope of Services. (*Append 8.5” x 11” pages, maximum 5 total pages*)

- 7) Describe in detail the Proposer’s experience, as well as the experience of any Designated Carters listed as proposed Subcontractors included in the Proposal, of operating within New York City. If the Proposer has no previous experience operating within New York City, write “No previous experience.” (*Bulleted responses are acceptable.*)

<b>History of Operating in New York City:</b>

RFP - NYC COMMERCIAL WASTE ZONES

- 8) For each Commercial Waste Zone the Proposer is applying for, describe in detail the Proposer’s experience operating in the geographic area of that particular Zone. If the Proposer is proposing to subcontract with a Designated Carter to provide services in that particular Zone, the Proposer should also describe in detail any experience the Designated Carter has operating in the geographic area of the Zone. *(Bulleted responses are acceptable.)*

The Proposer *must* complete a response in this section for every Zone for which the Proposer is applying. If the Proposer (or any of its Designated Carters) has no previous experience in a particular Zone for which the Proposer is applying, write “No previous experience”. If additional space is needed , append additional pages.

<b>Midtown North - History of Operating:</b>
<b>Manhattan Southwest - History of Operating:</b>

## RFP - NYC COMMERCIAL WASTE ZONES

- 10) For each Commercial Waste Zone the Proposer is applying for, attach a copy of your current customer list as of the date of your application in excel format. Please include the customer name, address, and contact information.

*Please Note: If additional entries are needed, use a duplicate of this page and append to the plan as needed.*

## ATTACHMENT 10 - HISTORY OF COMPLIANCE

***Instructions for Attachment 10:*** Complete the Attachment 10 – History of Compliance form in Excel,, appending any additional documentation as needed. Append any additional documentation into one file labeled “Att 10\_History of Compliance\_[Proposer Name]\_Appended Documents”.

The Proposer should carefully review and complete the Attachment 10 – History of Compliance form, which is provided in Excel format. The following Sheets 1-5 will be found in the Attachment 10 form and should be filled out accordingly. For Sheets, respond with information about the Proposer, its parent companies (if applicable), and about any of the Proposer’s current Subcontractors (including Designated Carters). If the Proposer is a Joint Venture, then responses must be given for each of the parties that make up the Joint Venture. If the Proposer is a newly-formed company that shares all (or most) of its principals with a different entity, then it must provide responses for both the Proposer and for the different entity in question as well.

- 1) Cover Page – Provide the Proposer’s Company Name, Company Address, and BIC License Number(s). Provide the same information for any other entity that the History of Compliance is required to be provided for.
- 2) Antitrust – List and attach a copy of all antitrust decisions from January 1, 2021 to the present issued by any federal, state, or local authority, including agencies or courts.
- 3) Health and Safety – Attach a copy of the U.S. Occupational Safety and Health Administration (OSHA) Forms 300 and 300A or OSHA-permitted equivalent forms. If the OSHA Form 300 and 300A was not required to be prepared, list all work-related injuries and illnesses from January 1, 2023 to the present.
- 4) Labor and Employment – List and attach a copy of all labor and employment violations issued by the NYS Department of Labor (NYSDOL) and the Office of the Comptroller of NYC from January 1, 2023 to the present.
- 5) Anti-Discrimination Protection – List and attach a copy of all anti-discrimination decisions issued by the U.S. Equal Employment Opportunity Commission (EEOC), NYS Division of Human Rights, NYC Department of Human Rights, or any state or federal court.

For any records that the Proposer is unable to obtain and submit, the Department may consider a detailed written explanation of the missing records and further detailed explanation of why they were irretrievable. Where narratives are required, narratives should be a maximum of 2 typed pages and appended. Bulleted responses are acceptable.

**OPTIONAL:** The Evaluation Committee will also consider a Proposer’s collision history as well as violations issued to the Proposer by the Department and BIC from January 1, 2023 to the present. This information will be obtained from the Department and BIC records. A Proposer may, but is not required to, submit a supplemental narrative or data to be considered alongside the Department and BIC records. For example, if a Proposer does not have any commercial waste collection operational history in New York City, the Proposer may submit an explanation or data regarding its safety and compliance record in other jurisdictions. Any data should be submitted in Excel format.

## ATTACHMENT 11 - FINANCIAL AND BUSINESS INFORMATION

***Instructions for Attachment 11:*** Combine the documents required by this Attachment into one file labeled “Att 11\_Financial and Business Information\_[Proposer Name]\_Appended Documents”.

The Proposer should provide the following documents for the Proposer and for all Designated Carters (subcontractors).

- 1) Certified audit financial statements for calendar years 2024 and 2025, or the two most recent calendar years available, that have been completed in accordance with Generally Accepted Accounting Principles. If the Proposer or Designated Carters are unable to provide financial statements for any of these years, they must include a detailed description regarding why they cannot provide the financial statement. Additionally, if a Proposer has been in existence for less than two years, then it may instead submit audited version all of its completed annual financial statements.

For Proposers who have business outside of New York City, please include separate financial statements specific to only NYC operations and revenue, and financial statements containing financial information for the Proposer’s entire (regional/national) operations and revenue.

- 2) Letter(s) or certification(s) from an accredited/licensed financial institution or independent auditor confirming current solvency of the Proposer and all of its Designated Carters.
- 3) Letter(s) or certification(s) letters from an accredited/licensed financial institutions, or third-party guarantees that the Proposer has access to sources of working capital adequate to finance the execution of the Scope of Services in the zone(s) the Proposer is applying for.

## ATTACHMENT 12 - CAPACITY AND SERVICES

**Instructions for Attachment 12:** Complete the contents of this Attachment, appending any additional documentation as needed. Append any additional documentation into one file labeled “Att 12\_Capacity and Services\_[Proposer Name] Appended Documents”.

Before completing this form, the Proposer is encouraged to review LL 199 (Appendix A) and the Department’s rules (Appendix B), with close attention to 16 RCNY Chapter 20-C “Operations; Delivery of Service.”

**Name of Proposer:** \_\_\_\_\_

As part of the Proposal evaluation process, the Department would like to understand the Proposer’s capacity to provide commercial waste collection services for customers in each zone the Proposer is applying for. For the following questions, please provide accurate values or estimates to the best of your ability. Values may be checked against the most recent Customer Register, Financial Statements, or other records to confirm accuracy of submissions.

- 1) Please fill out the following table indicating which zones you are applying for by ranking your preference from most desirable (Rank = 1) to least desirable (Rank = 2), and the current size of your operation in each Zone.

Zone	Fill “Yes” if Applying, “No” if Not	Rank of Preference (1 or 2)	Proposer’s Current Customer Count	Proposer’s Current Daily Tonnage (Tons/Day)
<b>Zones</b>				
<i>Example</i>	<i>Yes</i>	<i>1</i>	<i>238</i>	<i>20</i>
<b>Manhattan Southwest</b>				
<b>Midtown North</b>				
		<b><u>Total</u></b>		

- 2) If you are applying for both the Manhattan Southwest and Midtown North Zone, please select one of the following. If you are only applying for one zone, select N/A.
- I am interested in being selected as an Awardee for **both** the Manhattan Southwest and Midtown North zones OR
  - I am submitting an application to be considered for both the Manhattan Southwest and Midtown North zones. However, I am interested in being selected as an Awardee in only one zone. My preference would be to be selected for the zone I ranked most desirable in Question 1 above.
  - N/A

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For the subsequent questions (3 through 6), the New York City area shall be designated as the following for all trucks and drivers of the Proposer and the Proposer’s subcontractors:

- All trucks which, as part of the Proposer’s or the Proposer’s subcontractor’s work, have been used in New York City or have been used in garages or depots within a 25-mile radius of New York City;
- All drivers who, as part of their work for the Proposer or the Proposer’s subcontractor, have worked in New York City or work out of garages or depots within 25-mile radius of New York City.

3) For the Proposer, list your current numbers of trucks servicing the New York City area. For joint ventures, please submit full forms below for each firm in such venture. If you are planning to utilize Designated Carters as subcontractors to provide commercial waste collection services under the Agreement, do **not** include the Designated Carters in your responses to this question.

Proposer’s Current Trucks					
Trucks (Used in the Collection of Commercial Waste)	# of Trucks Owned		# of Trucks Leased		Total
	Number of Compactors in Fleet	Number of Non-Compactors in Fleet	Number of Compactors in Fleet	Number of Non-Compactors in Fleet	
Rear End Loaders					
Front End Loaders					
Roll-off Trucks					
Dump Trucks					
Box Trucks					
Vans					
Tractors					
Split Hoppers					
Other (please specify below)					
<b>Total Number of Trucks</b>					

4) For the Proposer, list your current number of CDL drivers servicing the New York City area. For joint ventures, please submit full forms below for each firm in such venture. If you are planning to utilize Designated Carters as subcontractors to provide commercial waste collection services under the Agreement, do **not** include the Designated Carters in your responses to this question.

Proposer’s Current CDL Drivers	
# of CDL Drivers	Average Working Hours/Day

RFP - NYC COMMERCIAL WASTE ZONES

- 5) For each Designated Carter that the Proposer intends to subcontract with to provide commercial waste collection services under the Agreement, please provide the current numbers of trucks servicing the New York City area .

<b>Subcontractor's Current Trucks</b>					
<b>Trucks (Used in the Collection of Commercial Waste)</b>	<b># of Trucks Owned</b>		<b># of Trucks Leased</b>		<b>Total</b>
	<b>Number of Compactors in Fleet</b>	<b>Number of Non-Compactors in Fleet</b>	<b>Number of Compactors in Fleet</b>	<b>Number of Non-Compactors in Fleet</b>	
Rear End Loaders					
Front End Loaders					
Roll-off Trucks					
Dump Trucks					
Box Trucks					
Vans					
Tractors					
Split Hoppers					
Other (please specify below)					
<b>Total Number of Trucks</b>					

- 6) For each Designated Carter that the Proposer intends to subcontract with to provide commercial waste collection services under the Agreement, please provide the current number of CDL drivers servicing the New York City area.

<b>Subcontractor's Current CDL Drivers</b>	
<b># of CDL Drivers</b>	<b>Average Working Hours/Day</b>

RFP - NYC COMMERCIAL WASTE ZONES

- 7) If selected as an awardee for the Midtown North and/or Manhattan Southwest zone(s), describe in detail the Proposer’s plan for scaling its operations to service the zone(s). Specifically address what additional investments and infrastructure you will need in order to service the zone(s). If you are currently an Awardee for other zone(s) and/or currently operate in jurisdictions outside New York City, explain how those obligations will affect your ability to service Midtown North and/or Manhattan Southwest.

<b>Ability to Scale Operations:</b>

## **ATTACHMENT 13 - TECHNICAL PROPOSAL (CWZ PLANS)**

***Instructions for Attachment 13:** Complete all Attachment 13 sub-attachments listed below, appending any additional documentation as needed. Bulleted responses are acceptable. Combine any appended documentation into one file labeled by Attachment, for example: “Att 13.1\_Subcontracting Plan\_[Proposer Name]\_Appended Documents”..*

- Attachment 13.1: Subcontracting Plan
- Attachment 13.2: Customer Transition Plan
- Attachment 13.3: Education and Outreach Plan
- Attachment 13.4: Customer Service Plan
- Attachment 13.5: Zero Waste Plan
- Attachment 13.6: Waste Management Plan
- Attachment 13.7: Health & Safety Plan
- Attachment 13.8: Air Pollution Reduction Plan

*[See following pages for Attachments]*

## ATTACHMENT 13.1 - SUBCONTRACTING PLAN

*(Append documents as needed. Bulleted responses are acceptable.)*

**Name of Proposer:** \_\_\_\_\_

**Please Note:** *Under the Commercial Waste Zones program, subcontractors are viewed in two categories:*

- a) *Designated Carters - subcontractors that are performing commercial waste collection services under the Agreement.*
- b) *All other subcontractors - subcontractors that are not performing commercial waste collection services under the Agreement.*

**Designated carters:** *A Proposer may utilize up to two designated carters to perform commercial waste collection services per Zone. However, a subcontracting arrangement with a designated carter that collects waste exclusively using bicycles will not count toward this numerical limit. Every designated carter must fully comply with all terms of the Awardee's Agreement and must be licensed by the Business Integrity Commission (BIC). The Department must review and approve all contracts between the Awardee and all designated carters. The Department will evaluate designated carters according to the same evaluation criteria as Proposers (see Section III.B), as applicable.*

**Other subcontractors:** *There is no numerical limit on the number of subcontractors for services other than commercial waste collection services. The Department must approve all subcontractors. Awardees will be required to utilize the City's web-based system to identify all subcontractors in order to obtain subcontractor approval pursuant to Procurement Policy Board (PPB) Rule section 4-13, and will also be required to enter all subcontractor payment information and other related information in such system during the contract term.*

*Please read Section II.E.1.2 of this RFP for more information on Subcontracting requirements.*

*For each Designated Carter proposed as a Subcontractor for collection services, the Proposer must fill out all questions pertaining to Subcontractors, where so instructed in all other attachments in this Section VI.*

RFP - NYC COMMERCIAL WASTE ZONES

- 1) For each proposed Designated Carter, append a copy of the Designated Carter’s active BIC Trade Waste Removal License OR, a letter issued by BIC noting the Designated Carter’s pending Trade Waste Removal License approval / renewal, OR a signed, notarized letter from a principal of the Designated Carter certifying that it currently has a pending Trade Waste Removal license application with BIC.
- 2) For each Designated Carter that the Proposer intends to use, provide the following information.

If no Designated Carters are proposed, write “N/A” in entry boxes. *(Bulleted responses are acceptable.)*

<b>Designated Carter Name:</b>	
<b>Certifications and Licenses (other than BIC):</b>	
<b>Proposed Zone(s) of Operation:</b>	
<b>Proposed Estimated Share of Overall Scope of Services (by Revenue):</b>	
<b>Detailed Description of Technical Expertise and Relevant Experience:</b>	
<b>Proposed Scope of Work and Responsibilities:</b>	

*Please Note: If additional entries are needed, use a duplicate of this page and append to the plan as needed.*

RFP - NYC COMMERCIAL WASTE ZONES

- 3) For each Subcontractor that the Proposer intends to use that is NOT a Designated Carter (i.e. Other Subcontractors), provide the following information.

If no Other Subcontractors are proposed, write “N/A” in entry boxes. *(Bulleted responses are acceptable.)*

<b>Subcontractor Name:</b>	
<b>Certifications and Licenses:</b>	
<b>Proposed Zone(s) of Operation:</b>	
<b>Proposed Estimated Share of Overall Scope of Services (by Revenue):</b>	
<b>Detailed Description of Technical Expertise and Relevant Experience:</b>	
<b>Proposed Scope of Work and Responsibilities:</b>	

*Please Note: If additional entries are needed, use a duplicate of this page and append to the plan as needed.*

## ATTACHMENT 13.2 - CUSTOMER TRANSITION PLAN

*(Append documents as needed. Bulleted responses are acceptable.)*

**Name of Proposer:** \_\_\_\_\_

- 1) During the Transition Period, there will be a number of customers in each Zone that will be switching from their existing carter to an Awardee selected for their Zone. What is the Proposer's plan to find, market to, and acquire customers quickly and efficiently to ensure a smooth and orderly transition, specific to each Zone you are applying for? *(Bulleted responses are acceptable.)*

<b>Midtown North</b>	

<b>Manhattan Southwest</b>	

RFP - NYC COMMERCIAL WASTE ZONES

*Please Note: If additional spaces are needed, use a duplicate of this page and append to the plan as needed.*

- 2) Provide a description of the plans or protocols the Proposer will follow when onboarding customers, including equipment changes and timelines to ensure continuity of services, specific to each Zone the Proposer is applying for. *(Bulleted responses are acceptable.)*

<b>Midtown North</b>	

<b>Manhattan Southwest</b>	

*Please Note: If additional spaces are needed, use a duplicate of this page and append to the plan as needed.*

RFP - NYC COMMERCIAL WASTE ZONES

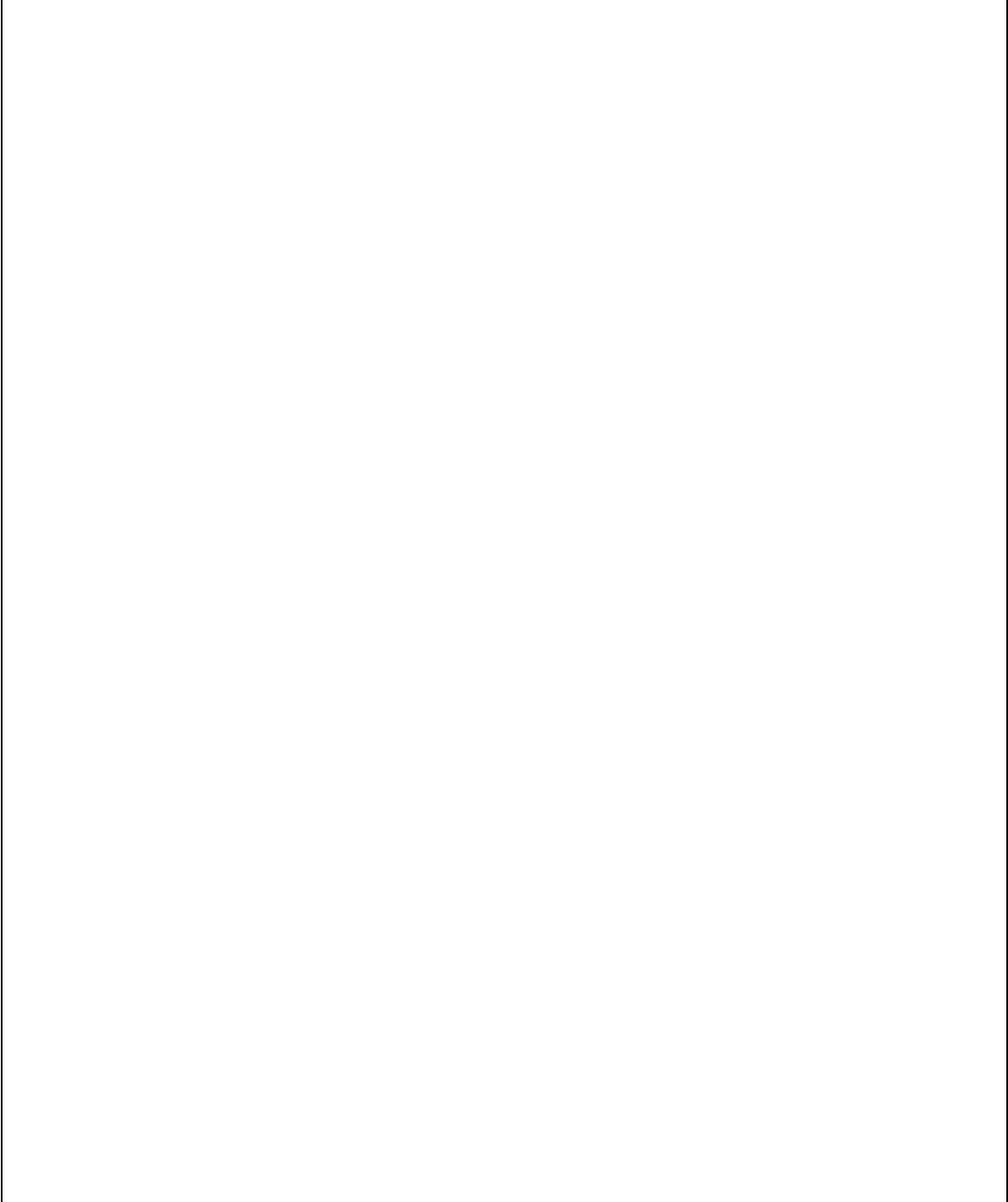
- 3) There may be instances when an Awardee may be responsible for servicing a customer that has experienced an interruption of service or is at risk of experiencing an interruption of service. For example, at the end of the Transition Period, a customer that has not yet contracted with an Awardee selected for the Zone will be assigned to a Zone Awardee. Additionally, there may be instances of customers that are left without service due to default or abandonment of customers by another Awardee in the Zone. Provide a description of the plans or protocols the Proposer will follow to prevent and/or mitigate any interruption in service in such circumstances. Please take into account abandoned customers and equipment left behind both during the Transition Period and throughout the term of the Agreement. *(Bulleted responses are acceptable.)*

<b>Midtown North</b>	

<b>Manhattan Southwest</b>	

RFP - NYC COMMERCIAL WASTE ZONES

- 4) Include any other information on the Proposer's Transition Plan that is not mentioned above that may be considered relevant to the City's goal of ensuring a smooth and orderly transition to the Commercial Waste Zones program? *(Bulleted responses are acceptable.)*



### ATTACHMENT 13.3 - EDUCATION AND OUTREACH PLAN

*(Append documents as needed. Bulleted responses are acceptable.)*

**Name of Proposer:** \_\_\_\_\_

1) Answer the following questions about the communication initiatives the Proposer will undertake during the Transition Period of the Commercial Waste Zone program.

a. Will the Proposer have a dedicated outreach or sales staff for customer outreach?

Yes       No

If yes, please provide the number of dedicated outreach or sales staff that the Proposer currently employs and the number of additional outreach or sales staff that the Proposer will employ during transition.

	Full-time	Part-time
<b>Current Outreach/Sales Staff</b>		
<b>Additional Transition Outreach/Sales Staff</b>		

b. Indicate which of the following communication method(s) the Proposer currently employs or intends to employ:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Brochures            | <input type="checkbox"/> Phone calls  |
| <input type="checkbox"/> Website              | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Information Sessions |                                       |
| <input type="checkbox"/> Other: _____         |                                       |
| <input type="checkbox"/> Other: _____         |                                       |

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- c. Provide in detail any additional information on planned customer communication efforts that will be undertaken by the Proposer during the Transition Period to the Commercial Waste Zone program and how these communication efforts will support and supplement the public outreach and education efforts of the Department. *(Bulleted responses are acceptable.)*

- 2) Answer the following questions about the communication initiatives the Proposer will undertake during regular operations (i.e. after the Transition Period has concluded) during the term of the Agreement.

- a. Will the Proposer have a dedicated outreach or sales staff for customer outreach?

Yes       No

If yes, please provide the number of dedicated outreach or sales staff that the Proposer expects to have employed after transition during normal operations.

	Full-time	Part-time
<b>Normal Operations Outreach/Sales Staff</b>		

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b. Indicate which of the following communication method(s) the Proposer currently employs or intends to employ:

- Brochures
  - Social media
  - Information sessions
  - Other: \_\_\_\_\_
  - Other: \_\_\_\_\_
  - Other: \_\_\_\_\_
  - Other: \_\_\_\_\_
- Website
  - Phone calls

3) Provide in detail any additional information on planned customer communication efforts that will be undertaken by the Proposer during regular operations (i.e. after the Transition Period has concluded) and how these communication efforts will support and supplement the public outreach and education efforts of the Department. *(Bulleted responses are acceptable.)*

## ATTACHMENT 13.4 - CUSTOMER SERVICE PLAN

*(Append documents as needed. Bulleted responses are acceptable.)*

**Name of Proposer:** \_\_\_\_\_

Answer the following questions to provide information on the customer service tools, programs and protocols that will be provided for customers under the Commercial Waste Zone program, with particular attention to the requirements of 16 DSNY Chapter 20.B (Customer Service Requirements), found in Appendix B.

1) Under LL 199, and the Department's rules, every Awardee must offer the following *mandatory* customer service support tools:

- **Dedicated phone line** for receiving customer inquiries, service requests, and complaints. The phone line must be actively staffed during normal business hours and have the capability for receiving messages 24 hours a day, seven days a week.
- **Company website**, actively maintained, containing the following information: Selected Proposer's name, office address, email address, customer service phone number, maximum rates, instructions for requesting initial service, and instructions for making customer complaints and service requests.

In addition to these required customer service support tools, what additional customer service support tools or features, if any, do you currently offer or will offer to customers?

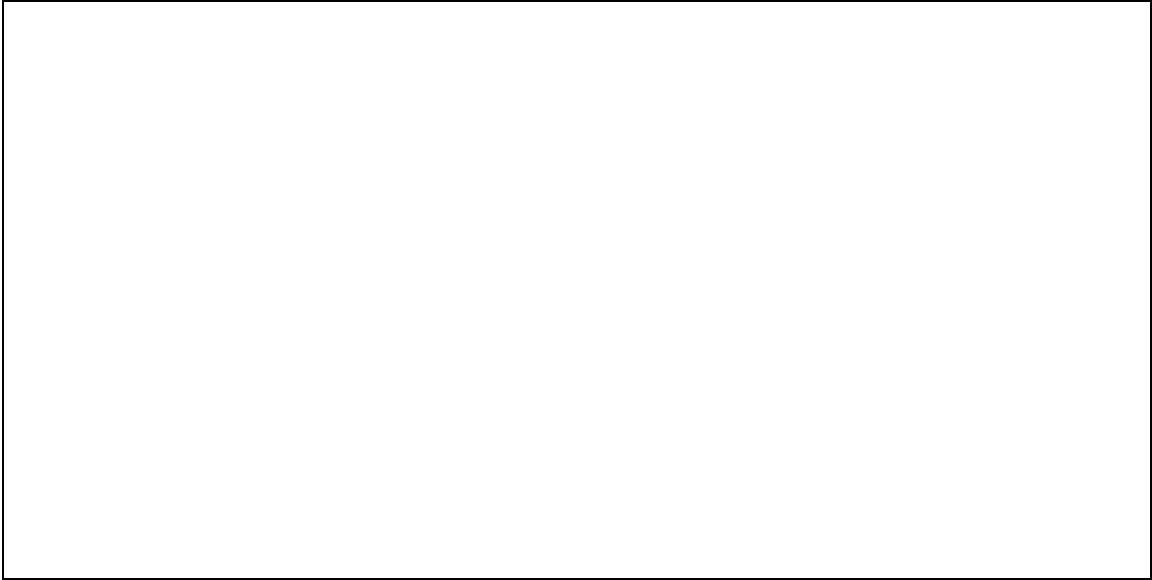
- An office or walk-in location
- Brochures
- Live chat customer support
- Social media
- Other features of the customer phone line: \_\_\_\_\_
- Other features of the website: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

2) **Hours of Operation:** Provide the days and times that a customer will be able to speak with a customer service staff member (by phone or in person) to address customer inquiries, service requests, and complaints keeping in mind the requirement to maintain an actively staffed live phone line during normal business hours:

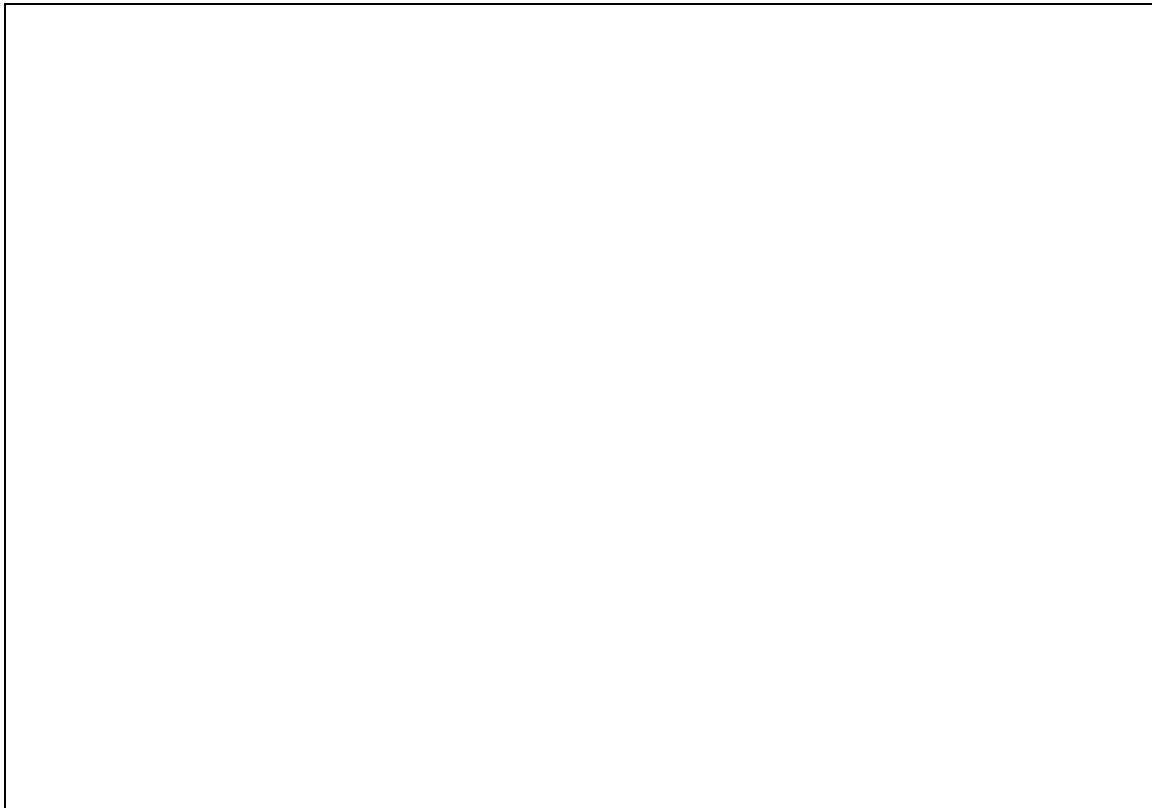
- Monday Day: \_\_\_\_\_ to \_\_\_\_\_, Night: \_\_\_\_\_ to \_\_\_\_\_
- Tuesday Day: \_\_\_\_\_ to \_\_\_\_\_, Night: \_\_\_\_\_ to \_\_\_\_\_
- Wednesday Day: \_\_\_\_\_ to \_\_\_\_\_, Night: \_\_\_\_\_ to \_\_\_\_\_
- Thursday Day: \_\_\_\_\_ to \_\_\_\_\_, Night: \_\_\_\_\_ to \_\_\_\_\_
- Friday Day: \_\_\_\_\_ to \_\_\_\_\_, Night: \_\_\_\_\_ to \_\_\_\_\_
- Saturday Day: \_\_\_\_\_ to \_\_\_\_\_, Night: \_\_\_\_\_ to \_\_\_\_\_
- Sunday Day: \_\_\_\_\_ to \_\_\_\_\_, Night: \_\_\_\_\_ to \_\_\_\_\_
- Holidays Day: \_\_\_\_\_ to \_\_\_\_\_, Night: \_\_\_\_\_ to \_\_\_\_\_

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- 3) Provide the emergency contact protocols for customers. *(Bulleted responses are acceptable.)*

A large, empty rectangular box with a thin black border, intended for the proposer to provide emergency contact protocols for customers. The box is currently blank.

- 4) **Customer Service Request and Complaints Protocols:** Describe the Proposer's protocols for promptly addressing customer service requests and complaints, including the Proposer's customer response times, resolution times, methods of working with customers to resolve complaints, methods of keeping customers informed of the status of service requests and complaints, and any other customer request and complaint intake and resolution mechanisms. *(Bulleted responses are acceptable.)*

A large, empty rectangular box with a thin black border, intended for the proposer to describe their protocols for promptly addressing customer service requests and complaints. The box is currently blank.

- 5) **Customer Service Performance Tracking Systems:** Please describe how the Proposer will use metrics or other methods to measure customer service performance, including but not limited to the Proposer's process for tracking the following: the number of customer service requests and complaints filed, the number of customer service requests and complaints resolved, the Proposer's response time for addressing such requests and complaints, and, where applicable, the severity of complaints received. *(Bulleted responses are acceptable.)*

- 6) **Language Access:** Describe the Proposer's plan for addressing the language access needs. Explain how the Proposer will assess the primary languages spoken by customers and describe the specific tools that will be used to provide quality customer service to customers with limited English proficiency. If the Proposer is already providing customer service in languages other than English, please describe. In your response, indicate if any portion of your plan is zone specific. *(Bulleted responses are acceptable.)*

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- 7) Describe the process for customers to contest invoices, request changes to level of service provided, changes to cost for service based on changes in amount of waste generate by customer, keeping in mind the requirements regarding customer nonpayment and commercial waste generation audits in 16 DSNY Chapter 20.B (Customer Service Requirements), found in Appendix B. *(Bulleted responses are acceptable.)*

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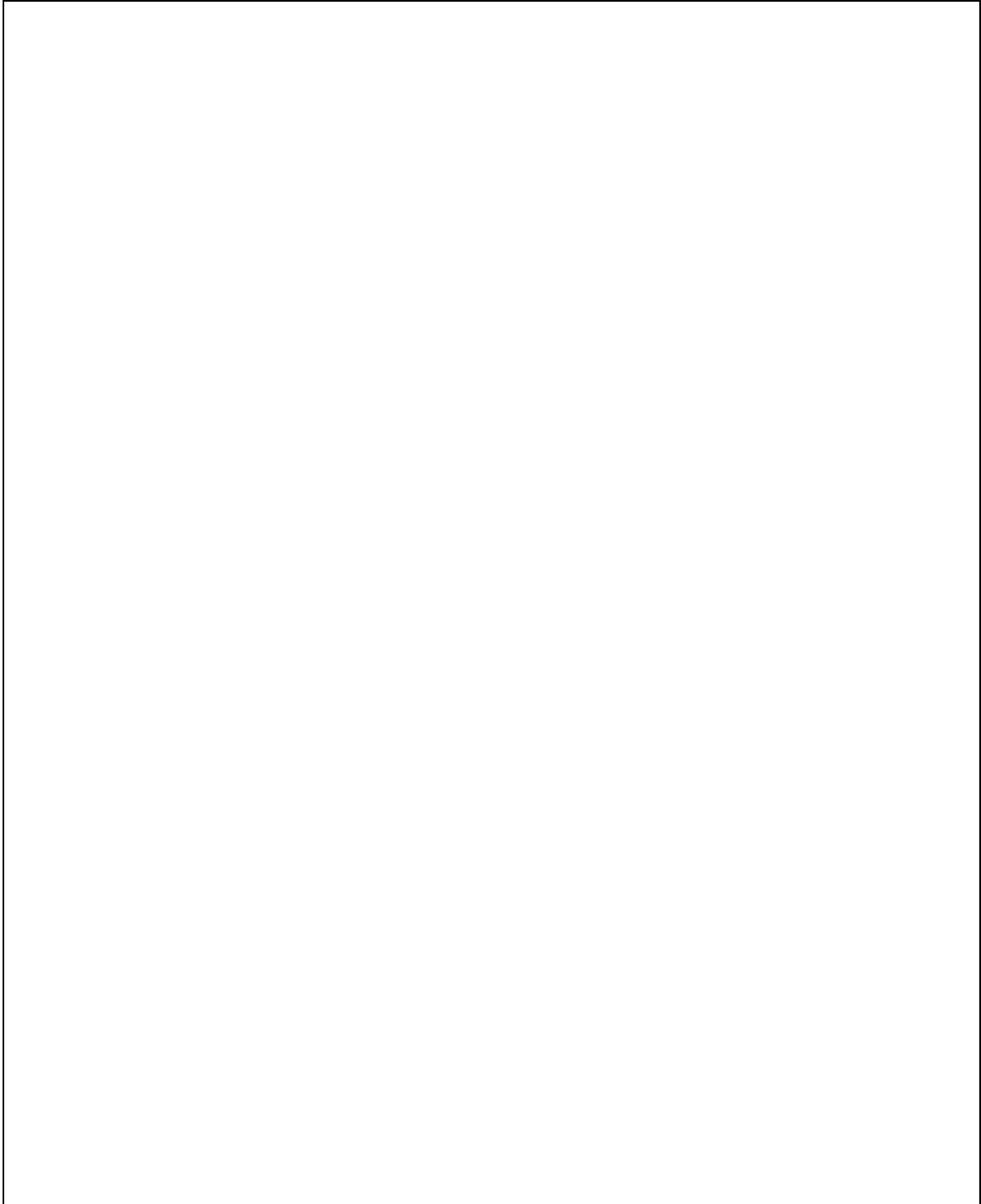
- 8) **Written Service Agreement:** LL 199 and the Department's rules set minimum requirements for Written Service Agreements between Awardees and customers. See 16 RCNY §20-26, found in Appendix B (Department Rules). Describe any additional elements of your standard Written Service Agreements beyond the minimum requirements, if any, that you would like the Department to know. *(Bulleted responses are acceptable.)*

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- 9) **Billing and Payment:** LL 199 and the Department's rules set minimum requirements for customer billing and payment. See 16 RCNY §20-27, found in Appendix B (Department Rules). Describe any additional billing and payment practices beyond the minimum requirements that you will follow, if any, that you would like the Department to know. *(Bulleted responses are acceptable.)*

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- 10) Describe the Proposer's plans or existing practices, if any, for the set-out of commercial waste in a manner that promotes the City's goals of improving cleanliness, rodent mitigation, order and safety on city sidewalks. In your response, indicate if any portion of your plan is zone specific. *(Bulleted responses are acceptable.)*



11) Provide any additional information related to the Proposer’s plan to provide high quality customer service if awarded an Agreement. *(Bulleted responses are acceptable.)*

## ATTACHMENT 13.5 - ZERO WASTE PLAN

*(Append documents as needed. Bulleted responses are acceptable.)*

**Name of Proposer:** \_\_\_\_\_

- 1) Provide the Proposer’s current NYC commercial diversion rate for the following waste streams. (Note: Diversion rates must be calculated from the point of disposal at a transfer station, recycling processor, or similar facility.)

<b>Current NYC Disposal and Diversion Rates</b>		
<b>Waste Stream</b>	<b>Tons per Year</b>	<b>% of Overall</b>
<b>Overall</b>		
<b>Refuse</b>		
<b>Recyclable Materials</b>		
<b>Organic Waste</b>		
<b>Other Diversion<sup>A</sup></b>		

*A) Other Diversion may include textiles, yard waste, and electronic waste. Other Diversion here does not include construction and demolition debris; fill material; medical waste; waste collected by a one-time, on-call bulk waste removal service; grease, or tires.*

- 2) The Proposer may volunteer to provide future waste reduction and diversion targets by waste stream and year. The targets provided, if any, should be reasonably attainable. In the Agreement, Proposers may be held to performance standards based on their self-proposed waste reduction and diversion rates.

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- 3) Provide details of any past, existing, or planned partnerships with local organizations that will assist in reaching proposed zero waste goals or assist with recycling education, such as but not limited to food rescue programs, waste reuse programs, community-based organizations dedicated to promoting sustainability, or local or community based micro-haulers that offer specialty services.

If a partnership is zone specific, please indicate that. *(Bulleted responses are acceptable.)*

<b>Name:</b>	
<b>Zone:</b>	
<b>Description of Services:</b>	

<b>Name:</b>	
<b>Zone:</b>	
<b>Description of Services:</b>	

*Note: If additional spaces are needed, use a duplicate of this page and append to the plan as needed.*

## RFP - NYC COMMERCIAL WASTE ZONES

- 4) **Organics Collection Services to non-designated covered establishments.** LL 199 requires that Awardees provide organic waste collection services to all commercial establishments that are designated covered establishments.

LL 199 also requires that Awardees provide organic waste collection services to all customers that:

- i. are located within the Awardee's commercial waste Zone;
- ii. are not designated covered establishments pursuant to Administrative Code section 16-306.1(b);
- iii. select the Awardee for removal of commercial waste or have been assigned to the Awardee by the Department; and
- iv. request organic waste collection services.

However, the Agreement between the Awardee and the Department may authorize the Awardee to implement this requirement on a graduated schedule or may otherwise set forth circumstances in which providing organic waste collection services to customers that are not designated covered establishments is not required, consistent with the purposes of LL 199.

For Proposers applying for one or more Zones, on the next page:

- Describe the Proposer's plan for offering organics collection services to a broad range of commercial establishments within the Zone, including customers that are *not* designated covered establishments.
- If you are not planning to offer organic waste collection services to all customers that are not designated covered establishments at the beginning of the Agreement, please propose a graduated schedule with specific timeframes by which you will be able to offer organics service to all customers. The graduated schedule should include target years and percentage of customers who, if they requested organic waste collection from you, would be able to receive it.
- If there are specific circumstances where offering organics collection services is infeasible or inconsistent with the Goals and Objectives of the Commercial Waste Zones Program (see Section II.A of this RFP), please describe those circumstances in detail and your proposal for not being required to provide organics collection in such circumstances.

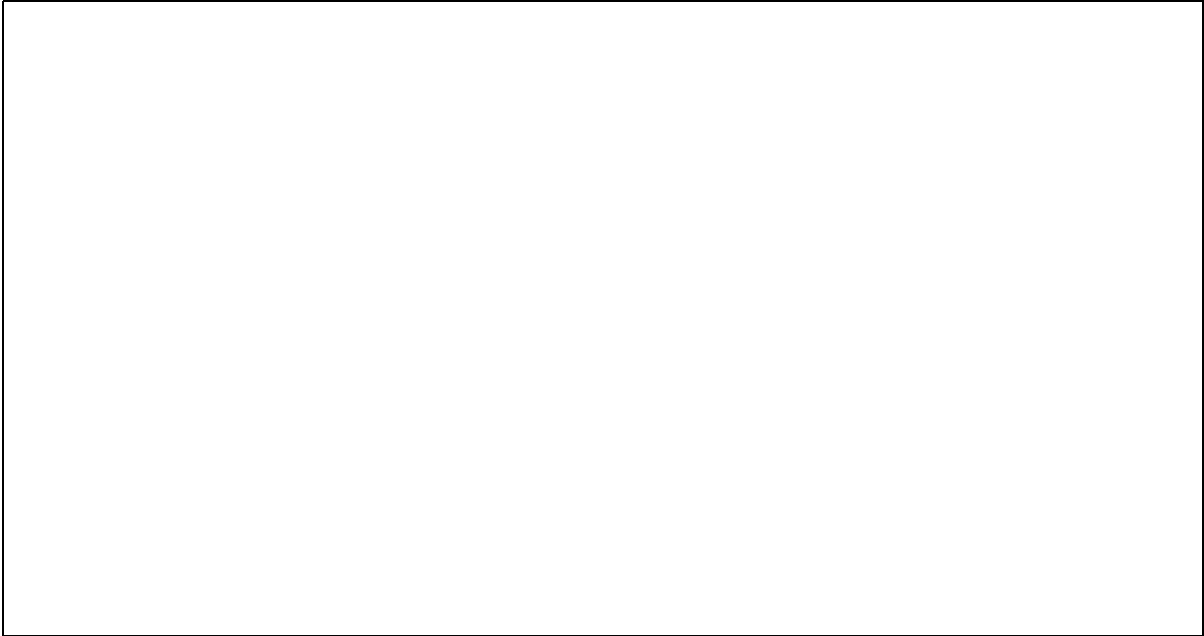
*Note: Please address how you plan to properly dispose of such source separated organics waste from non-designated covered establishments in your Waste Management Plan, Attachment 13.6.*

*(If provided space is not sufficient, you may append a maximum of 3 typed pages.) (Bulleted responses are acceptable.)*

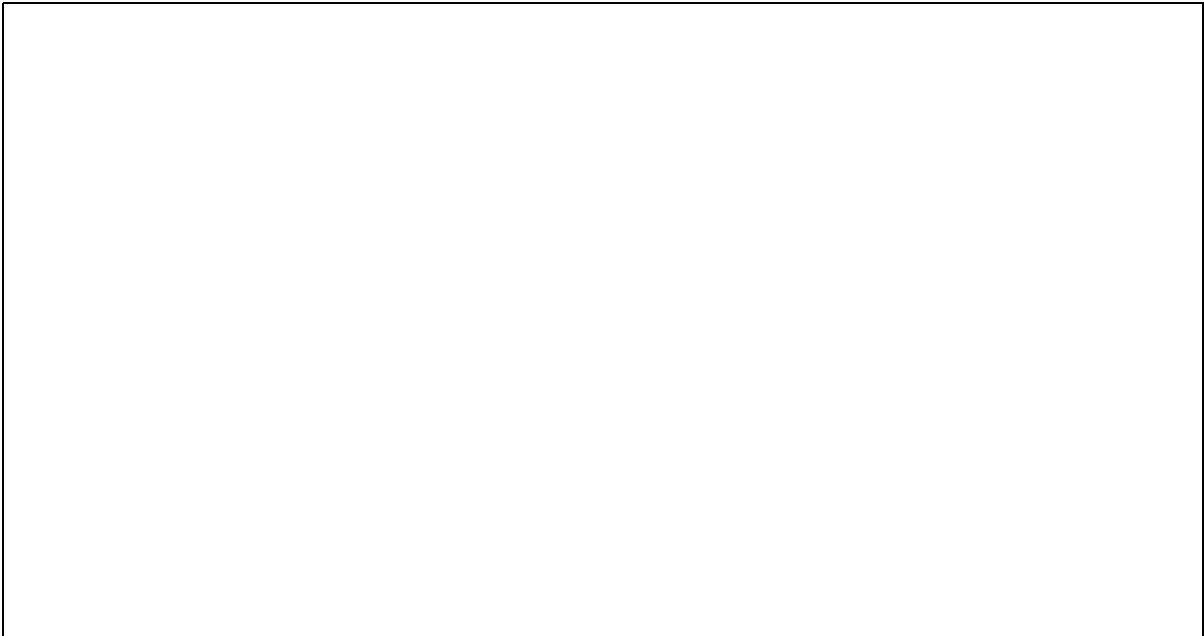


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- 5) Describe the Proposer's protocol for working with customers to promote compliance with the City's recycling laws and rules, increase the amount and quality of designated recyclable material diverted from the refuse stream, and increase overall diversion through waste reduction, reuse, and recycling. If you are utilizing Designated Carters, describe how you will ensure that they comply with such protocol.



- 6) Describe the Proposer's protocol for notifying a customer of significant designated recyclable material content in refuse and recommending to the customer steps to improve compliance with the City's recycling requirements and increase diversion of designated recyclable material from the refuse stream. If you are utilizing Designated Carters, describe how you will ensure that they comply with such protocol.



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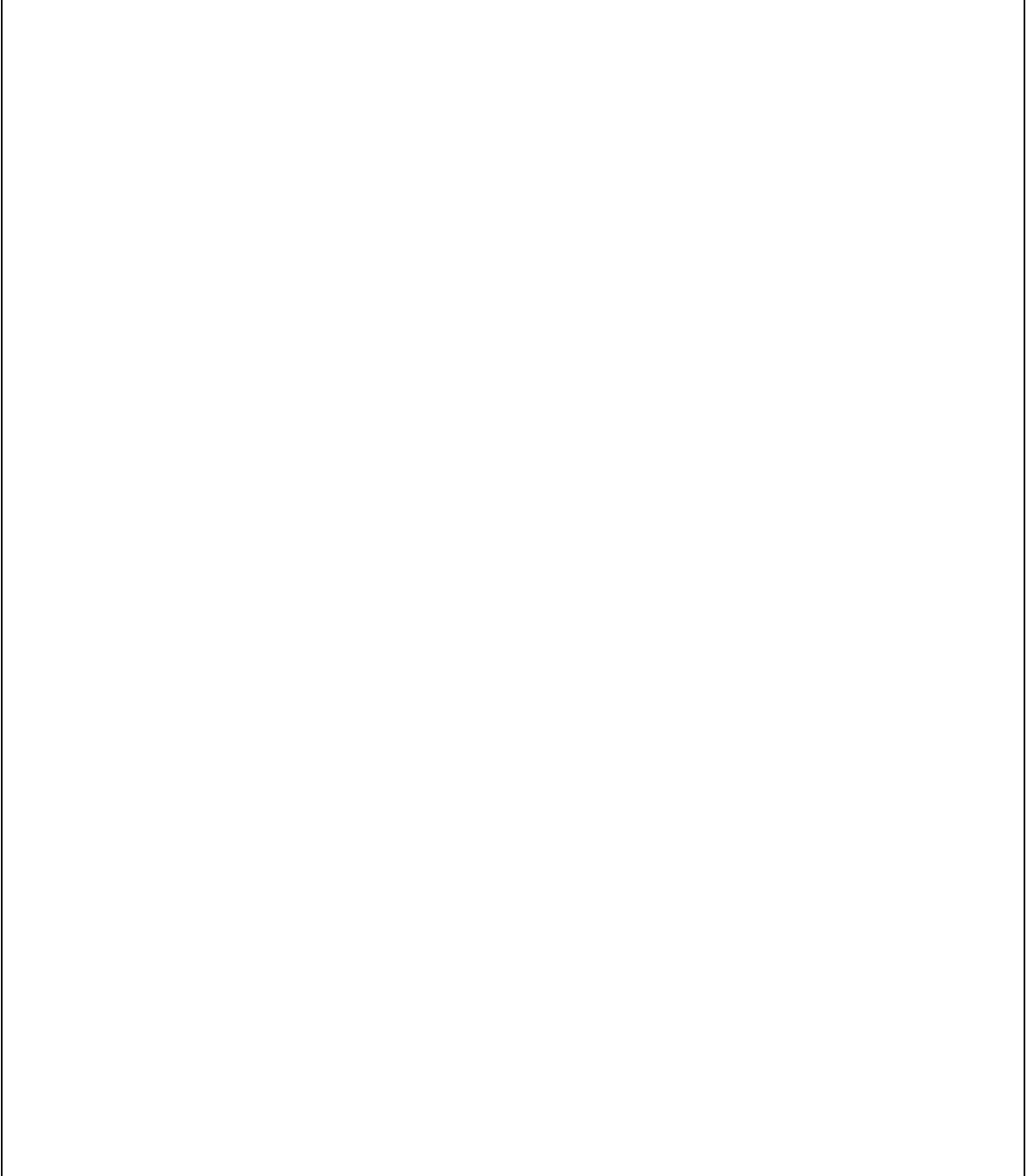
7) Describe the Proposer's plan to provide commercial waste generation audit services to customers and/or reimbursement to customers for commercial waste generation audits performed by a third party. This must include but need not be limited to the following:

- A description of whether the Proposer will contract directly with a third party waste audit company or offer reimbursement to customers;
- The Proposer's prices for third party waste audit services and/or reimbursement rates for such services;
- The Proposer's plan to promote access to commercial waste generation audit services to a broad range of commercial establishments including small businesses; and
- Specific methods, if any, of utilizing commercial waste generation audit services to support the Department's zero waste goals.

If you are utilizing Designated Carters, describe how you will ensure that they comply with such protocol.

RFP - NYC COMMERCIAL WASTE ZONES

- 8) Describe any additional existing or planned practices to support waste reduction, reuse, and recycling among commercial establishments within the Zone(s) for which the Proposer is applying. This may include but need not be limited to investments in infrastructure for recycling and organics collection and processing, customer outreach and education, or other practices to further such goals. *(If provided space is not sufficient, you may append a maximum of 3 typed pages.) (Bulleted responses are acceptable.)*



## ATTACHMENT 13.6 - WASTE MANAGEMENT PLAN

*(Append documents as needed. Bulleted responses are acceptable.)*

**Name of Proposer:** \_\_\_\_\_

The Proposer must answer the following questions about disposal of commercial waste collected and transported under the Commercial Waste Zones program. If there is not enough space to fit all responses, please append this information on a separate page.

- 1) The City is in the process of determining the feasibility of making the City’s Marine Transfer Stations (MTS’s) available to receive commercial waste under the CWZ Program. The Department will provide more information about the availability of MTS’s for commercial waste as it becomes available. A Proposer should not list a City MTS as a transfer or processing location for commercial waste in question 2 below.

Please indicate the Proposer’s interest in utilizing a City MTS (i.e., the 91<sup>st</sup> Street Marine Transfer Station and the Brooklyn Marine Transfer Station) in the future, should one become available to accept commercial waste:

Facility	Tons/Day	Zones / Citywide Containerized <sup>A</sup>
91 <sup>st</sup> Street Marine Transfer Station		
Southwest Brooklyn Marine Transfer Station		

*A) The Proposer must indicate which Zone(s) the waste disposed at the named facility will come from. For example, if the Proposer is applying for both Midtown North and Manhattan Southwest, and will be using this location for waste in Midtown North Only, it must write “Midtown North” in the box.*

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- 2) a. What are the transfer stations, recycling processors, or any other disposal location, processing location, or location of final use or reuse where the Proposer or its Subcontractors intends to send commercial waste collected under this program? If applicable, note the Proposer’s guaranteed disposal capacity (in tons/day or tons/year) and the duration of such intention of use for guaranteed disposal. Include facilities that account for every waste stream collected under this program. Organics processing capacity should align with Proposer’s plans to serve customers that are not designated covered establishments.

*Note: Under LL 199, DSNY is required to consider as part of the evaluation whether, after considering a solid waste transfer station’s history of compliance with applicable local, state and federal laws, the Proposer’s use of such solid waste transfer station is likely to have an impact on public health or safety.*

<b>Name of Facility</b>	<b>Address</b>	<b>Waste Streams</b>	<b>Method of Transport to the Facility</b>	<b>Facility’s Method of Transport to Final Disposal Location, Final Processing Location, or Location of Final Use or Reuse</b>	<b>Zones<sup>B</sup></b>	<b>Guaranteed Disposal Capacity (Include Units)</b>	<b>Duration of Agreement</b>
<i>Example Facility</i>	<i>123 Alphabet Rd., New York, NY 12345</i>	<i>Refuse</i>	<i>Packer Truck, Roll-on Roll-off Truck</i>	<i>Rail</i>	<i>Upper Manhattan, Bronx West</i>	<i>100 TPD</i>	<i>Until July 2025</i>

*A) The Proposer must disclose what method(s) of transportation, if any, the transfer station, recycling processor, or disposal location uses to get the commercial waste disposed there to its final disposal location, final processing location, or location of final use or reuse. Example options include long-haul truck, rail, or barge. If the facility is the final destination for the waste, mark the respond as ‘final destination’.*

*B) The Proposer must indicate which Zones the waste disposed at the named facility will come from. For example, if the Proposer is applying for Midtown North and Manhattan Southwest, and will be using this location for waste only in Midtown North, it must write “Midtown North” in the box.*

*Note: If additional entries are needed, use a duplicate of this page and append to the plan as needed.*

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- b. Are you planning to employ single stream recycling and tip commingled metal, glass, plastic and paper at any of the facilities described in the chart above in (a)? If so, please list the facility here and describe how you have verified that the facility has the capability to sort such commodities appropriately into separate, marketable commodity streams.

- c. Do you anticipate any contingency when you will need to tip commercial waste at a facility that is not listed in the chart above in (a)? If so, please describe such contingency here and how you plan to address such situation, while still maintaining compliance with all CWZ Rules regarding disposal of commercial waste, including requirements to collect and maintain information on the final processing location, final disposal location, final use, or final reuse of all commercial waste collected by the Company and any of its designated carters, and all other information required by 16 RCNY § 30-24, including but not limited to where the commercial waste is sent after it is first tipped, and the mode of transport?

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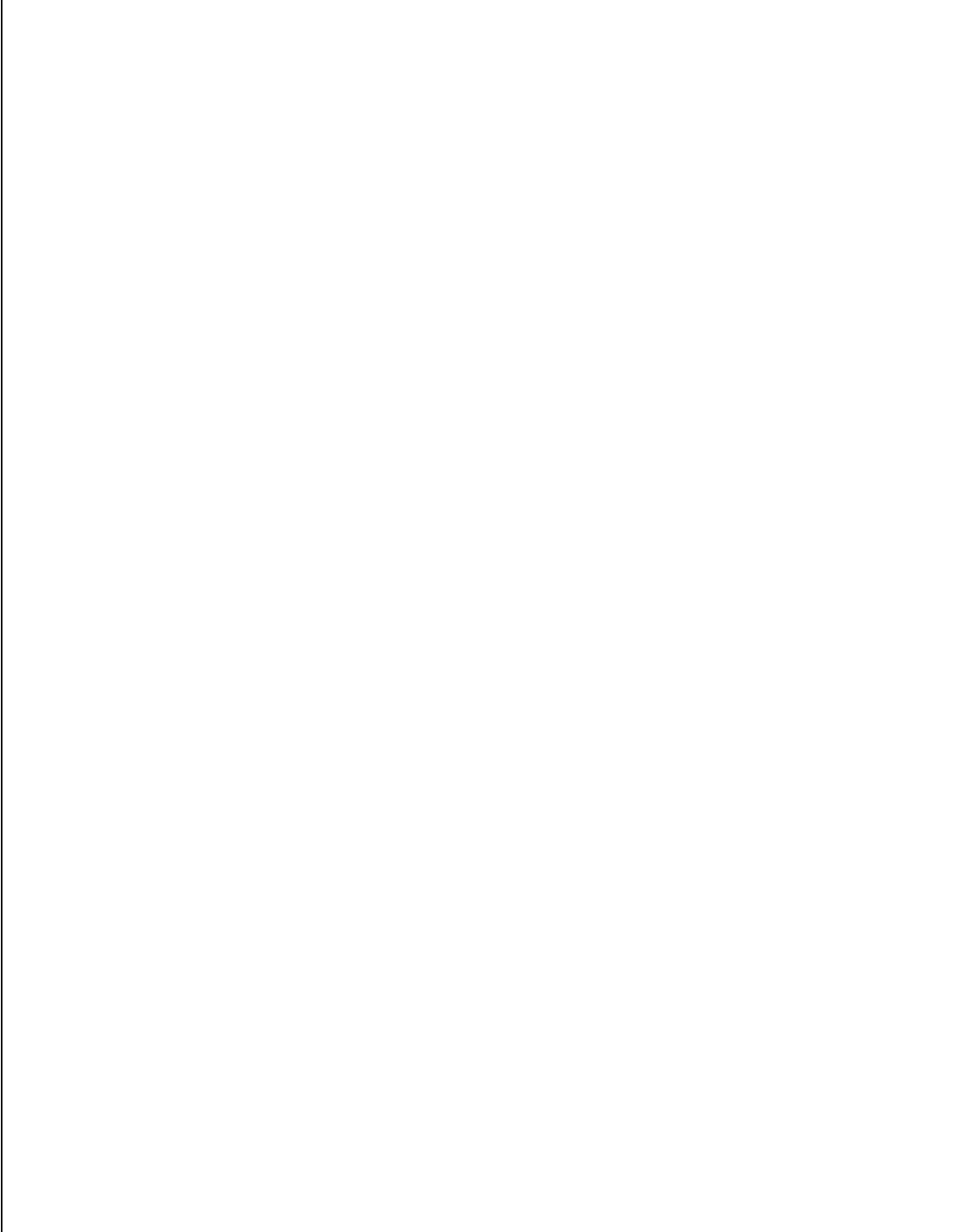
3) Do you currently or will you in the future use routing software to generate the most efficient collection routes?  
 Yes    No

4) Provide the estimated average vehicle miles per truck load needed to service customers in each of the Zones that the Proposer is proposing for. If either the Garage or Yard or the Disposal location is located inside the respective Zone being proposed for, please indicate that. See 16 RCNY § 20-02 A. and Appendix D for exact Zone geography descriptions.

<b>Zone</b>	<b>Is Garage or Yard in Zone (Yes/No)</b>	<b>Is Disposal Location in Zone (Yes/No)</b>	<b>Estimated Vehicle Miles per Load</b>
<i>Example</i>	<i>Yes</i>	<i>No</i>	<i>50</i>
<b>Manhattan Southwest</b>			
<b>Midtown North</b>			


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- 5) In the space below, describe any plans and additional investments by either you, or any of the facilities listed in response to question 2 above, for new, improved, or expanded facilities for Recycling and Organics processing to handle the growth in these waste streams over time. *(Bulleted responses are acceptable.)*



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- 6) Describe any other existing or future plans related to the disposal of commercial waste collected, including but not limited specific practices or investments designed to promote the goals of sustainability, reliability, and equity in the delivery of waste management services. *(Bulleted responses are acceptable.)*



## ATTACHMENT 13.7 - HEALTH AND SAFETY PLAN

*(Append documents as needed. Bulleted responses are acceptable.)*

**Name of Proposer:** \_\_\_\_\_

Answer the following questions, with particular consideration given to the Department's Safety Rules, 16 RCNY Chapter 20.D, found in Appendix B. *If the Proposer has more Designated Carters than the space provided, the Proposer may append additional narrative or tables in response to the applicable questions.*

### 1) Side Guards

Administrative Code Section 16-526 requires all trade waste vehicles to be installed with side guards.

- a. What percentage of the Proposer's commercial waste vehicle fleet is currently equipped with side guards?

\_\_\_\_\_ %

- b. For each Designated Carter the Proposer intends to use, what percentage of the Designated Carter's fleet is currently equipped with side guards?

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

### 2) Telematics/GPS Tracking System

The Department's safety rules (16 RCNY 20-56) requires that each commercial waste vehicle is equipped with a telematics system that meets the following requirements:

- Must transmit vehicle location information (GPS data) to both the Awardee and the Department in real time, via cellular connection
- Must transmit in real time via cellular connection the following information to the Awardee:
  - Vehicle speed
  - Each instance when the vehicle travels at a speed above the applicable speed limit
  - Each instance of sudden acceleration by the vehicle
  - Each instance when the vehicle engages in a hard stop
  - Vehicle miles traveled

- a. What percentage of the Proposer's fleet of commercial waste vehicles has on-board telematics tracking installed that has the above required functions?

\_\_\_\_\_ %

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- b. For each Designated Carter the Proposer intends to use, what percentage of the Designated Carter’s fleet is equipped with on-board telematics tracking that has the above required functions?

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

- c. Please provide information on the vehicle telematics system(s) that the Proposer and Designated Carters are currently using in commercial waste vehicles.

Telematics Service Provider	Brand / Model	GPS Refresh Rate (per minute)	Live GPS Data Transmission (Y/N)	Other Required Telematics Functions (Y/N)

- d. Please provide information on the vehicle telematics system(s) that the Proposer and Designated Carters intend to use in the future under the Agreement, if this differs from what is currently used.

Telematics Service Provider	Brand / Model	GPS Refresh Rate (per minute)	Live GPS Data Transmission (Y/N)	Other Required Telematics Functions (Y/N)

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3) **Cross-Over Mirrors**

- a. What percentage of the Proposer’s fleet of commercial waste vehicles is currently equipped with cross-over mirrors?

\_\_\_\_\_ %

- b. For each Designated Carter, what percentage of the fleet of commercial waste vehicles is currently equipped with cross-over mirrors?

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

4) **Back-Up Cameras**

The Department’s safety rules (16 RCNY 20-54) require all commercial waste vehicles to be equipped with back-up cameras.

- a. What percentage of the Proposer’s fleet of commercial waste vehicles is currently equipped with back-up cameras that meet the requirements of 16 RCNY 20-54?

\_\_\_\_\_ %

- b. For each Designated Carter, what percentage of the fleet of commercial waste vehicles is currently equipped with back-up cameras that meet the requirements of 16 RCNY 20-54?

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

5) **Auxiliary Back and Side Lighting**

The Department’s safety rules (16 RCNY 20-55) require all commercial waste vehicles to be equipped with auxiliary back and side lighting.

- a. What percentage of the Proposer’s fleet of commercial waste vehicles is currently equipped with auxiliary lighting that meets the requirements of 16 RCNY 20-55?

\_\_\_\_\_ %

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- b. For each Designated Carter, what percentage of the fleet of commercial waste vehicles is currently equipped with auxiliary lighting that meets the requirements of 16 RCNY 20-55?

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

6) **Other Safety Features**

Describe any other existing or planned safety features of the commercial waste vehicles of the Proposer, or of the Proposer's Designated Carters. State whether such safety features are currently in place or whether the Proposer intends to incorporate the safety features if awarded an Agreement, including but not limited to collision/blind spot sensors, cab-over truck design, and enhanced visibility windshields. *(Bulleted responses are acceptable.)*

7) **Corporate Health & Safety Procedures**

Describe any other existing or future plans the Proposer has to ensure compliance with applicable federal, state and local laws and specific practices to further the goals of promoting the health and safety of the general public and the Proposer's employees, including but not limited to the Department's health and safety rules for Awardees. See 16 RCNY Chapter 20-D, Safety Requirements (Appendix B). In addition to or in lieu of a narrative response below, the Proposer may append the Proposer's corporate Health & Safety procedures, and any documents related to the Proposer's worker training programs. The Proposer should also provide the same information for any Designated Carters the Proposer intends to use. *(Bulleted responses are acceptable.)*



## ATTACHMENT 13.8 - AIR POLLUTION REDUCTION PLAN

*(Append documents as needed. Bulleted responses are acceptable.)*

**Name of Proposer:** \_\_\_\_\_

Answer the following questions to provide information on the Proposer's plans to improve air pollution reduction under the Commercial Waste Zone program.

### 1) **Engine Requirements**

- a. What percentage of the Proposer's heavy duty commercial waste vehicles are fully in compliance with section 24-163.11 of the NYC Administrative Code (without a waiver) and equipped with an engine certified to the applicable 2007 EPA standard or retrofitted to meet the required standard?

\_\_\_\_\_ %

- b. If less than 100%, indicate whether the Proposer is operating under a waiver and describe the Proposer's plan for meeting the required standard for all commercial waste vehicles by the start of the Agreement:  
*(Bulleted responses are acceptable.)*

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- c. For each Designated Carter the Proposer intends to use, what percentage of the Designated Carter's heavy duty commercial waste vehicles are fully in compliance with section 24-163.11 of the NYC Administrative Code (without a waiver) and equipped with an engine certified to the applicable 2007 EPA standard or retrofitted to meet the required standard? *Note: If additional entries are needed, use a duplicate of this page and append to the plan as needed.*

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

Designated Carter Name: \_\_\_\_\_ Share of Fleet in Compliance: \_\_\_\_\_ %

- d. If less than 100%, indicate whether the Designated Carter is operating under a waiver and describe the Proposer's plan for meeting the required standard for all commercial waste vehicles by the start of the Agreement: *(Bulleted responses are acceptable.)*

RFP - NYC COMMERCIAL WASTE ZONES

- 2) Detail the Proposer's existing or future plans, if any, to reduce air pollution and greenhouse gas emissions from commercial waste vehicles, including but not limited to any plans to: provide commercial waste collection services with a fleet comprised of at least 50 percent zero emissions vehicles by 2030 or plans to otherwise utilize zero emissions vehicles in the provision of commercial waste collection services. *(Bulleted responses are acceptable.)*



- 3) Detail any existing or future plans to implement operational best practices to reduce air pollution and greenhouse gas emissions. (This may include, but is not limited to, routing efficiency software, idling protocols, etc.) *(Bulleted responses are acceptable.)*



RFP - NYC COMMERCIAL WASTE ZONES

- 4) Detail the Proposer's existing or future plans, if any, to reduce air pollution and greenhouse gas emissions through infrastructure investments, adoption of technologies or other sustainable solutions, including but not limited to, any plans to invest in sustainable facilities or infrastructure for organics and recycling processing. *(Bulleted responses are acceptable.)*



- 5) Detail any additional existing or future plans to reduce air pollution and greenhouse gas emissions. *(Bulleted responses are acceptable.)*



## **ATTACHMENT 14 - MAXIMUM RATE SCHEDULES FORM**

***[Complete the Attachment 14 – Maximum Rate Schedules form in Excel to be submitted as the complete Price Proposal]***

The Proposer should carefully review and complete the Attachment 14 - Price Proposal form, which is provided in Excel format. The following Sheets will be found in the Attachment 14 form and should be filled out accordingly:

- 1) Cover Page – Provide the Proposer’s Company Name, Company Address, and BIC License Number(s).
- 2) Zone Selection – Indicate the Zones that the Proposer is applying for.
- 3) Maximum Rate Schedules – These pages **MUST BE COMPLETED** for each Zone for which the Proposer is applying.
- 4) Additional Fees – This page **MUST BE COMPLETED** if the Proposer plans on charging any of the allowed additional fees. If the Proposer does not complete this page, or submits values of \$0 or 0%, it is assumed that the Proposer will absorb such costs into its maximum rate schedule to customer.