



Town of Oyster Bay
Department of Planning and Development
Town Hall – 74 Audrey Avenue
Oyster Bay, New York 11771
(516) 624-6200
FAX (516) 624-6240
www.oysterbaytown.com

ELIZABETH L. MACCARONE
COMMISSIONER

TIMOTHY R. ZIKE
DEPUTY COMMISSIONER

November 9, 2018

**P&D 6-2018 – REQUEST FOR PROPOSALS – OUTSIDE LEGAL SERVICES
FOR THE ZONING BOARD OF APPEALS – CALENDAR YEAR 2019**

To Whom It May Concern:

The Town of Oyster Bay Department of Planning and Development respectfully requests proposals from qualified land use and zoning law firms for a one (1) year agreement with the Town of Oyster Bay, with an option, at the discretion of the Town, of extending the services to a second and a third calendar year, should it be mutually agreeable between the successful law firm and the Town of Oyster Bay. Said services require legal counseling and legal representation of behalf of the Town of Oyster Bay's Zoning Board of Appeals for any land use and/or zoning litigation brought against the Town's Zoning Board of Appeals.

Pricing plans should be proposed for each year of a possible three (3) year contract period. Responses should indicate set the law firm's hourly fees for its partners, associates, paralegals and other miscellaneous legal services/expenses. Please be advised that this Department may contract with multiple law firms from this Request for Proposal to ensure availability and avoid any conflicts of interest.

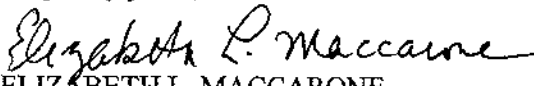
Additionally, in accordance with the Town of Oyster Bay Ethics Code, the attached Disclosure Affidavit form needs to be submitted along with your response to demonstrate that there is no conflict of interest between your law firm and any employees or other relationships/arrangements/agreements with the Town of Oyster Bay.

Responses are required to be received no later than 3:30 P.M. on Monday, November 26, 2018, and submitted to the following individual at the below noted address:

Elizabeth L. Maccarone, Commissioner
Department of Planning and Development
74 Audrey Avenue
Oyster Bay, New York 11771

If you have further questions regarding this Request for Proposal, please contact Sean Jordan, Secretary to the Zoning Board of Appeals, directly at (516) 624-6229.

Very truly yours,


ELIZABETH L. MACCARONE
COMMISSIONER

ELM:tz

DISCLOSURE QUESTIONNAIRE

SECTION I: GENERAL INFORMATION

1. BUSINESS NAME (LEGAL INC. NAME): _____
2. FEDERAL EMPLOYER ID NO. (FEIN): _____
3. D/B/A – DOING BUSINESS AS (IF APPLICABLE): _____
- COUNTY FILED: _____
4. WEBSITE ADDRESS (IF APPLICABLE): _____
5. BUSINESS E-MAIL ADDRESS: _____
6. PRINCIPAL PLACE OF BUSINESS ADDRESS: _____
7. TELEPHONE NUMBER: _____ 7. FAX NUMBER: _____
8. DOES THE BUSINESS USE, OR HAS IT USED IN THE PAST FIVE (5) YEARS, ANY OTHER BUSINESS NAME, FEIN, OR D/B/A OTHER THAN WHAT IS LISTED IN QUESTIONS 1-4 ABOVE?

YES NO

If yes, provide the name(s), FEIN(s) and d/b/a(s) and the address for each such entity on a separate piece of paper and attach to this questionnaire.

9. AUTHORIZED CONTACT:

NAME: _____

TITLE: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL: _____

10. HOW MANY YEARS HAS THIS BUSINESS BEEN IN BUSINESS? _____

11. TYPE OF BUSINESS (PLEASE CHECK APPROPRIATE BOX):

- a) BUSINESS CORPORATION
- b) PUBLIC RESEARCH INSTITUTION
- c) ACADEMIC RESEARCH INSTITUTION
- d) NOT-FOR-PROFIT RESEARCH INSTITUTION
- e) NOT-FOR-PROFIT CORPORATION CREATED ON BEHALF OF A PUBLIC, NOT-FOR-PROFIT PRIVATE OR ACADEMIC RESEARCH INSTITUTION
- f) NOT-FOR-PROFIT CORPORATION CHARITIES REGISTRATION NUMBER: _____

- g) LOCAL DEVELOPMENT CORPORATION OR INDUSTRIAL DEVELOPMENT AGENCY
- h) MUNICIPALITY
- i) UNIVERSITY/EDUCATIONAL ORGANIZATION
- j) OTHER – SPECIFY

SECTION II: DUE DILIGENCE QUESTIONS

1. DOES THE BUSINESS POSSESS ALL CERTIFICATIONS, LICENSES, PERMITS, APPROVALS, OR OTHER AUTHORIZATIONS ISSUED BY ANY LOCAL, STATE, OR FEDERAL GOVERNMENTAL ENTITY IN CONNECTION WITH THE PROPOSAL/PROJECT, BUSINESS'S SERVICES, OPERATIONS, BUSINESS, OR ABILITY TO CONDUCT ITS ACTIVITIES? PLEASE NOTE THIS DOES NOT INCLUDE CONSTRUCTION RELATED ACTIVITIES SUCH AS BUILDING PERMITS AND CERTIFICATES OF OCCUPANCY.

YES NO

IF THE ANSWER IS "NO", PLEASE SET FORTH ON A SEPARATE DOCUMENT ATTACHED HERETO THE CERTIFICATIONS, LICENSES, PERMITS, APPROVALS, OR OTHER AUTHORIZATIONS THAT ARE REQUIRED AND THE DATE(S) THAT SUCH CERTIFICATIONS, LICENSES, PERMITS, APPROVALS, OR OTHER AUTHORIZATION IS EXPECTED.

2. ON A SEPARATE DOCUMENT ATTACHED HERETO, LIST ALL CONTRACTS THE BUSINESS HAS ENTERED INTO WITH ANY MUNICIPALITY IN THE PAST FIVE (5) YEARS. PLEASE LIST THE NAME, ADDRESS AND CONTACT PERSON FOR THE CONTRACTING ENTITY, AS WELL AS THE CONTRACT EFFECTIVE DATES. ALSO PROVIDE CONTRACT IDENTIFICATION NUMBER, IF KNOWN.

N/A

3. WITHIN THE PAST FIVE (5) YEARS, HAS THE BUSINESS, ANY PRINCIPAL, OWNER, DIRECTOR, OFFICER, MAJOR STOCKHOLDER (10% OR MORE OF THE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL OTHER COMPANIES), RELATED COMPANY OR AFFILIATE BEEN THE SUBJECT OF ANY OF THE FOLLOWING:

(a) A JUDGMENT OR CONVICTION FOR ANY BUSINESS RELATED CONDUCT CONSTITUTING A CRIME UNDER FEDERAL, STATE OR LOCAL GOVERNMENT LAW?

YES NO

(b) BEEN SUSPENDED, DEBARRED OR TERMINATED BY A LOCAL, STATE OR FEDERAL AUTHORITY IN CONNECTION WITH A CONTRACT OR CONTRACTING PROCESS?

YES NO

(c) BEEN DENIED AN AWARD OF A LOCAL, STATE OR FEDERAL GOVERNMENT CONTRACT, HAD A CONTRACT SUSPENDED OR HAD A CONTRACT TERMINATED FOR NON-RESPONSIBILITY?

YES NO

(d) HAD A LOCAL, STATE, OR FEDERAL GOVERNMENT CONTRACT SUSPENDED OR TERMINATED FOR CAUSE PRIOR TO THE COMPLETION OF THE TERM OF THE CONTRACT?

YES NO

(e) A CRIMINAL INVESTIGATION OR INDICTMENT FOR ANY BUSINESS RELATED CONDUCT CONSTITUTING A CRIME UNDER FEDERAL, STATE OR LOCAL GOVERNMENT?

YES NO

(f) AN INVESTIGATION FOR A CIVIL VIOLATION FOR ANY BUSINESS RELATED CONDUCT BY ANY FEDERAL, STATE OR LOCAL AGENCY?

YES NO

(g) AN UNSATISFIED JUDGMENT, INJUNCTION OR LIEN FOR ANY BUSINESS RELATED CONDUCT OBTAINED BY ANY FEDERAL STATE OR LOCAL GOVERNMENT AGENCY INCLUDING, BUT NOT LIMITED TO, JUDGMENTS BASED ON TAXES OWED AND FINES AND PENALTIES ASSESSED BY ANY FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY?

YES NO

(h) A GRANT OF IMMUNITY FOR ANY BUSINESS-RELATED CONDUCT CONSTITUTING A CRIME UNDER FEDERAL, STATE OR LOCAL LAW INCLUDING, BUT NOT LIMITED TO ANY CRIME RELATED TO TRUTHFULNESS AND/OR BUSINESS CONDUCT?

YES NO

(i) AN ADMINISTRATIVE PROCEEDING OR CIVIL ACTION SEEKING SPECIFIC PERFORMANCE OR RESTITUTION IN CONNECTION WITH ANY FEDERAL, STATE OR LOCAL CONTRACT OR LEASE?

YES NO

(j) A SUSPENSION OR REVOCATION OF ANY BUSINESS OR PROFESSIONAL LICENSE HELD BY THE BUSINESS, A CURRENT OR FORMER PRINCIPAL, DIRECTOR, OR OFFICER OF THE BUSINESS, OR ANY MEMBER OF THE ANY CURRENT OR FORMER STAFF OF THE BUSINESS?

YES NO

(k) A SANCTION IMPOSED AS A RESULT OF JUDICIAL OR ADMINISTRATIVE PROCEEDINGS RELATIVE TO ANY BUSINESS OR PROFESSIONAL LICENSE?

YES NO

(l) A CONSENT OR A FEDERAL, STATE OR LOCAL GOVERNMENT ENFORCEMENT DETERMINATION INVOLVING A VIOLATION OF FEDERAL, STATE OR LOCAL LAWS?

YES NO

(m) A CITATION, NOTICE, VIOLATION ORDER, PENDING ADMINISTRATIVE HEARING OR PROCEEDING OR DETERMINATION FOR VIOLATIONS OF:

- FEDERAL, STATE OR LOCAL HEALTH LAWS, RULES OR REGULATIONS YES NO

- UNEMPLOYMENT INSURANCE OR WORKERS' COMPENSATION YES NO

- COVERAGE OR CLAIM REQUIREMENTS YES NO

- ERISA (EMPLOYEE RETIREMENT INCOME SECURITY ACT) YES NO

- FEDERAL, STATE OR LOCAL HUMAN RIGHTS LAWS YES NO

- FEDERAL INS (IMMIGRATION AND NATURALIZATION SERVICE) AND ALIENAGE LAWS, SHERMAN ACT OR OTHER FEDERAL ANTI-TRUST LAWS YES NO

- A FEDERAL, STATE, OR LOCAL DETERMINATION OF A WILLFUL VIOLATION OF ANY PUBLIC WORKS OR LABOR LAW OR REGULATION? YES NO

- AN OCCUPATIONAL SAFETY AND HEALTH ACT CITATION AND NOTIFICATION OF PENALTY CONTAINING A VIOLATION CLASSIFIED AS SERIOUS OR WILLFUL?

YES NO

FOR EACH YES ANSWER TO QUESTIONS 3 A-M, PROVIDE DETAILS ON ADDITIONAL SHEETS REGARDING THE FINDING, INCLUDING BUT NOT LIMITED TO CAUSE, CURRENT STATUS, RESOLUTION, ETC.

5. DURING THE PAST THREE (3) YEARS, HAS THE BUSINESS FAILED TO:

(a-1) FILE ANY RETURNS, INCLUDING, IF APPLICABLE, FEDERAL FORM 990, WITH ANY FEDERAL, STATE OR LOCAL GOVERNMENT ENTITY ?

YES NO

IF YES, IDENTIFY THE RETURN THAT WAS NOT FILED, THE TYPE OF FORM, THE YEAR(S) IN WHICH THE REQUIRED RETURN WAS NOT FILED, AND THE REASON WHY THE RETURN WAS NOT FILED: _____

(a-2) PAY ANY APPLICABLE FEDERAL, STATE, OR LOCAL GOVERNMENT TAXES?

YES NO

(b) FILE RETURNS OR PAY NEW YORK STATE UNEMPLOYMENT INSURANCE?

YES NO

IF YES, INDICATE THE YEARS THE BUSINESS FAILED TO FILE/PAY THE INSURANCE AND THE CURRENT STATUS OF THE LIABILITY:

(c) FILE DOCUMENTATION REQUESTED BY ANY REGULATING ENTITY SET FORTH IN SECTION II, QUESTION 1 ABOVE, WITH THE ATTORNEY GENERAL OF THE STATE OF NEW YORK, OR WITH ANY OTHER LOCAL, STATE, OR FEDERAL ENTITY THAT HAS MADE A FORMAL REQUEST FOR INFORMATION?

YES NO

IF YES, INDICATE THE YEARS THE BUSINESS FAILED TO FILE THE REQUESTED INFORMATION AND THE CURRENT STATUS OF THE MATTER:

6. HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE BUSINESS, RELATED ORGANIZATIONS, ENTITIES OR ITS AFFILIATES WITHIN THE PAST SEVEN (7) YEARS (WHETHER OR NOT CLOSED) OR IS ANY BANKRUPTCY PROCEEDING PENDING BY OR AGAINST THE BUSINESS, RELATED ORGANIZATIONS, ENTITIES OR ITS AFFILIATES, REGARDLESS OF THE DATE OF FILING?

YES NO

IF YES, INDICATE IF THIS IS APPLICABLE TO THE SUBMITTING BUSINESS OR ONE OF ITS AFFILIATES:

IF IT IS AN AFFILIATE, RELATED ORGANIZATION OR ENTITY, INCLUDE THE AFFILIATE'S NAME AND FEIN: _____

PROVIDE THE COURT NAME, ADDRESS AND DOCKET NUMBER: _____

INDICATE IF THE PROCEEDINGS HAVE BEEN INITIATED, REMAIN PENDING OR HAVE BEEN CLOSED: _____

IF CLOSED, PROVIDE THE DATE CLOSED: _____

7. DOES BUSINESS HAVE THE FINANCIAL RESOURCES TO FULFILL THE REQUIREMENTS OF THE PROPOSAL/PROJECT DESCRIBED?

YES NO

CERTIFICATION

THE UNDERSIGNED RECOGNIZES THAT THIS QUESTIONNAIRE IS SUBMITTED FOR THE EXPRESS PURPOSE OF INDUCING THE TOWN OF OYSTER BAY AWARD A CONTRACT/AGREEMENT TO THE BUSINESS FOR SERVICES RENDERED BY THE UNDERSIGNED AND THAT THE TOWN OF OYSTER BAY MAY IN ITS DISCRETION, BY MEANS WHICH IT MAY CHOOSE, DETERMINE THE TRUTH AND ACCURACY OF ALL STATEMENTS MADE HEREIN. THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT INTENTIONAL SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY CONSTITUTE A CRIME; AND STATES THAT THE INFORMATION SUBMITTED IN THIS QUESTIONNAIRE AND ANY ATTACHED PAGES IS TRUE, ACCURATE AND COMPLETE.

THE UNDERSIGNED ALSO CERTIFIES THAT S/HE HAS NOT ALTERED THE CONTENT OF THE QUESTIONS IN THE QUESTIONNAIRE IN ANY MANNER; HAS READ AND UNDERSTANDS ALL OF THE ITEMS CONTAINED IN THE QUESTIONNAIRE AND ANY ATTACHED PAGES; HAS SUPPLIED FULL AND COMPLETE RESPONSES TO EACH ITEM THEREIN TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF; IS KNOWLEDGEABLE ABOUT THE SUBMITTING BUSINESS'S BUSINESS AND OPERATIONS; UNDERSTANDS THAT THE TOWN OF OYSTER BAY WILL RELY ON THE INFORMATION SUPPLIED IN THIS QUESTIONNAIRE WHEN ENTERING INTO A CONTRACT WITH THE BUSINESS; AND IS UNDER DUTY TO NOTIFY THE TOWN OF OYSTER BAY OF ANY MATERIAL CHANGES TO THE BUSINESS'S RESPONSES HEREIN

Signature of Authorized Officer

Printed Name of Authorized Officer

Title of Authorized Officer

Sworn to before me this
__ day of _____, 201__,

Notary Public