



2025

SUFFOLK COUNTY

CONTRACT PROCESS

OMNIBUS AWARD

ANNETTE BROWNELL



Purpose of Grants is to support the mission of the Department of Economic Development in the area of Cultural Tourism and Film

OUR MISSION

Supporting community arts organizations, including collectives, that embody high artistry, artistic vibrancy and foster cultural participation in order to build vibrant communities, amplify the voice of underrepresented communities, and celebrate the diversity of Suffolk County.



WHERE DOES THE FUNDING COME FROM?

Fund 192 | Hotel / Motel Tax

Section §327-14 of the Suffolk County Code: 10% of all revenues collected shall be utilized by the County of Suffolk in **support of CULTURAL PROGRAMS** and activities relevant to the continuation and **enhancement of the tourism industry**, and not more than 5.5% of all revenues collected shall be utilized for the **promotion of Suffolk County as a FILM-FRIENDLY location**.

Requires that these funds be directed to “cultural programs and activities relevant to the enhancement of the tourism industry.” Cultural programs and activities are defined as programs of any and all cultural disciplines, which include but are not limited to: music, dance, theatre, creative writing, literature, architecture, painting, sculpture, folk arts, photography, video and film, public media, history, museums; and the execution and promotion of other allied major cultural forms.



- Approximately 30% of organizations experience some difficulty in receiving their full grant award due to:
 - > ineligible projects
 - > missing paperwork
 - > insufficient documentation of expenses
 - > failure to file financial disclosure form with Comptroller's Office prior to Sept 15th



Pre-Contract Checklist

- IRS Determination Letter (Non-Profit Status)
- E-mail address
- Mailing Address
- Voided Check
- Physical Address
- Electronic Funds Transfer (EFT) Form
- Contact Name
- Certificate of Insurance
- Signatory Name
- Completed W-9
- Phone Number



REQUIRED DOCUMENTS



DOCUMENTS REQUIRED IMMEDIATELY

Project Summary

- This is a narrative explanation. Just the facts of the project. Organization mission statements are not required.
- Project due date is **March 31, 2025 – must be typed.**

Explanation of Budget

- This is a financial explanation that tells the County how you will be using the funds.

Please remember:

- Street address is required, P.O. Box addresses will be rejected.
- Do not include attachments.
- Include the date, location and time of the event(s). Please use separate page if needed.



EXHIBIT 2
PROJECT SUMMARY

SUFFOLK COUNTY

Department of Economic Development and Planning
2025 Omnibus Form for Fund 192

ALL APPLICATIONS ARE REQUIRED TO BE TYPED USING A COMPUTER, TYPEWRITER OR OTHER FONT-DRIVEN TOOL.
HANDWRITTEN APPLICATIONS ARE NOT ACCEPTED.

Legislative Sponsor: _____ Federal ID #: _____
Applicant: _____ Date Submitted: _____ Award Amount: \$ _____
(Use Legal Name)
Staff are individuals hired and receive an IRS w2 form from your organization: YES NO
Street Address (REQUIRED): _____
Town: _____ State: _____ Zip Code: _____
Mailing Address (if different): _____
Town: _____ State: _____ Zip Code: _____
Contact Person: _____
Phone: _____ Fax: _____ Email: _____
Project Name: _____

Project date(s), time(s) and location(s):
(Use additional paper if necessary.)
Description of Project: (Please make sure this Cultural Tourism project reflects project description as awarded.)

DETAILED BUDGET

Program Staff (Staff are individuals hired and receive an IRS w2 form from your organization) Subtotal: \$ _____

Contracted Services (Artists, Technical, Marketing, Equipment Rental) Subtotal: \$ _____

Supplies Pertaining to Program (includes small equipment purchases up to \$1,000) Subtotal: \$ _____

Total must equal grant award, not the grant request.
All change requests must be approved by EDP Staff prior to expenditure
TOTAL: \$ 0.00

AB/01/01/21/25



PROGRAM BUDGET
EXPLANATION OF COSTS

SUFFOLK COUNTY
Department of Economic Development and Planning
2025 Omnibus Form for Fund 192

SUFFOLK COUNTY MUST VERIFY THAT ALL EXPENSES ARE BEING CHARGED TO THE PROJECT

- Check box to indicate Applicant understanding of the following:
Public Good/Municipal Purpose
The Contractor understands that Appropriation of funds for (Cultural Grants through the Hotel/Motel Tax) must have a municipal purpose.
Applicant has read the Conflict of Interest exhibits.
Applicant has read and understands the ineligible expenses.

I. PROGRAM STAFF: Describe the duties of the staff (employee of the contract agency) with respect to this project activity.

II. CONTRACTED SERVICES: Describe the activity or service along with the costs and its relevance to the approved project. In the case of ongoing costs (e.g., rent and utilities), funds may only be used to cover that portion directly attributable to the program.

III. SUPPLIES: Identify supplies to be purchased, itemize costs and explain relevance to the project.



Suffolk County Omnibus Cultural Tourism Funding Eligibility

Eligible Organizations

- IRS Designated 501(c)3, 4, 6
- Mission statement should include aspects of cultural tourism.

Ineligible Organizations

- For profit organizations
- Religious organizations
- Organizations nested in a larger organization with a broader mission scope

Eligible Expenses

<p>Project Personnel:</p> <ul style="list-style-type: none"> • Administrative • Artist/Talent Fees • Technical • Other • Event Security • Parking Support 	<p>Outside Professional Services:</p> <ul style="list-style-type: none"> • Administrative • Artistic • Technical • Space Rental • Permit Fees • Equipment Rental • Technology Improvements • Travel/Transportation • Advertising/Promotion • Photography • Videography • Event Signage • Event Marketing • Social Media Advertising
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Ineligible Expenses

- Programs currently in-contract or proposed to be funded with a Suffolk County Omnibus or Member Item Grant.
 - Arts programs of public school districts, universities, or performing activities for/by students. Affiliates or components of such public institutions providing services not presently available and/or programs of broad community impact in Suffolk may be considered at the discretion of the Legislative Committee for Economic Development.
 - Programs or organizations whose primary purpose are not secular and programs where the primary effect of funding would be to support a religion. (E.g. Christmas tree lighting, menorah lighting, Halloween parades, etc.)
 - Programs that are restricted to private participation, including those programs which would restrict public access on the basis of age, disability, habitat, race, color, religion, sex, sexual orientation, gender identity or national origin.
 - Expenses incurred or obligated outside the grant contract period
 - Capital Construction
 - Real property
 - Purchase of hard costs/equipment/supplies that can be used for other events.
 - Non-program specific management and general expenses (administration salaries, office, utilities, insurance, etc.).
 - Arts programs of social service agencies where the programs are essentially recreational, rehabilitative, or therapeutic.
 - Prize money, Scholarships, Awards, Plaques, Certificates, Charitable Contributions
 - Galas, benefits and programs planned primarily for fundraising purposes.
 - Arts programs of social service agencies where the programs are essentially recreational, rehabilitative, or therapeutic.
 - Entertainment and promotions including related expenses such as reception, food, beverages, flowers, and T-shirts.
 - Face Painting
 - Any print material where the organization is collecting paid advertising from businesses and sponsors, such as Playbills.
 - Programs that are tuition based with a public performance
- Outside professional services that are non-program specific such as:
- Legal
 - Accounting
 - Public relations
 - Fundraiser



Sample Email Sent To Applicants

Use for contracts that do not have employees –attach appropriate exhibits

Attached is your contract, labor forms, EFT form and voucher.

Please print out 3 signature pages. Sign each in 2 places. Sign at the first “By” and complete that section with name, title, date.

Write your name on the line preceding “hereby”, sign at the bottom of that paragraph where indicated by “Signature” and date.

All of the exhibits are fillable and must be submitted typed.

Download each form, complete it, print it and sign in the appropriate place. **(Union Organizing is 2 pages- complete both.)**

For Union Organizing, check #2 and write “Contract is less than \$50,000.

“Description of project” is the project name.

Print out voucher, fill in the address section and sign at the bottom right.

DOCUMENTS MUST BE COMPLETED AND RETURNED WITHIN 15 DAYS

Return all signed documents with “wet signatures” in **BALL POINT** pen, to our department via regular mail, at the address below.

PLEASE NOTE THAT CONTRACTS MUST BE FULLY EXECUTED OR IN PROCESS WITHIN THE COUNTY SYSTEM PRIOR TO EVENT(S).

If you have not already done so, please include your insurance Certificate of Liability, naming Suffolk County as additionally insured and your IRS Determination Letter.

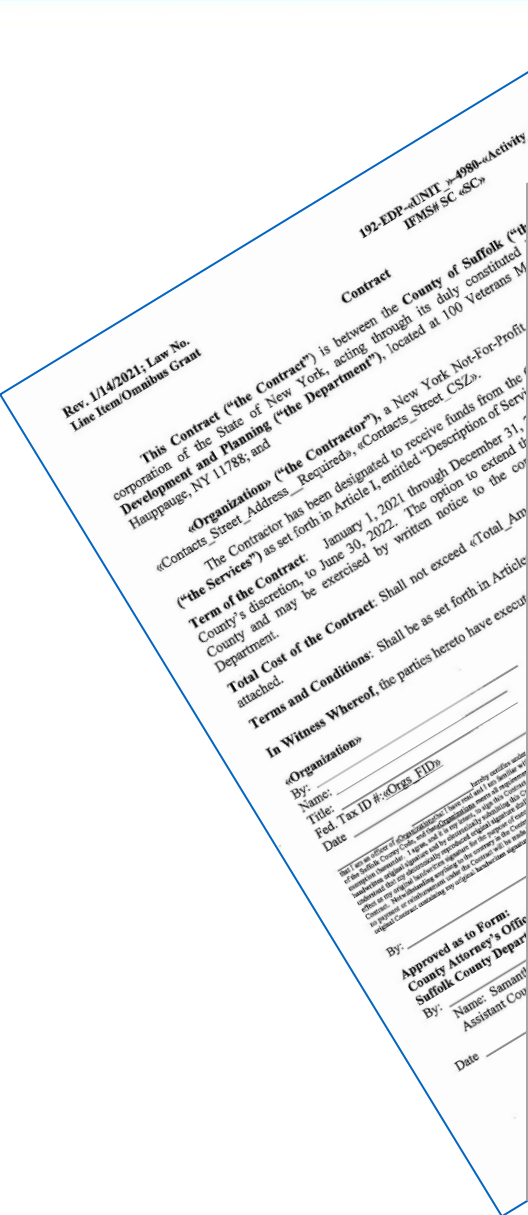
If you wish to received payment electronically, and have not already done so, complete the EFT form and submit to the email address indicating, along with a voided check.

Please let me know if you have any questions.



PLEASE SIGN:

- Contract Signature Pages with Public Disclosure Statement
- Statement of Other Contracts
- Living Wage/Lawful Hiring Forms
- Union Organizing Certification – 2 pages
- Suffolk County Payment Voucher



In Witness Whereof, the parties hereto have executed the Contract as of the latest date written below.

«Organization»

By: _____
Name: _____
Title: _____
Fed. Tax ID #: «Orgs_FID»
Date _____

_____ hereby certifies under penalties of perjury that I am an officer of «Organization» that I have read and I am familiar with §A5-8 of Article V of the Suffolk County Code, and that «Organization» meets all requirements to qualify for exemption thereunder. I agree, and it is my intent, to sign this Contract and affirmation by a handwritten original signature and by electronically submitting this Contract to the County. I understand that my electronically reproduced original signature shall have the same force and effect as my original handwritten signature for the purpose of executing this Contract. Notwithstanding anything to the contrary in the Contract, I understand and agree that no payment or reimbursement under the Contract will be made by the County until I provide the original Contract containing my original handwritten signature to the County.

By: _____ Date _____

Approved as to Form:
County Attorney's Office
Suffolk County Department of Law

By: _____
Name: _____
Assistant County Attorney

Date _____

COUNTY OF SUFFOLK

By: _____
Chief Deputy County Executive

Date: _____

Reviewed and Approved: Economic Development and Planning

By: _____
Name: Sarah Lansdale
Commissioner

Date _____

Barcode: «Barcode»



STATEMENT OF OTHER CONTRACTS

CONTRACTOR NAME: _____ CONTACT: _____

ADDRESS: _____ PHONE NUMBER: _____

PROGRAM DESCRIPTION: _____

PROGRAM	AGREEMENT NUMBER	CONTRACT WITH*	TERM OF AGREEMENT	AMOUNT

* Indicate (a) type of organization – County, State, Federal or Other and (b) name of Department, Agency or Organization. Write "NONE" if you have no other contracts



Edward P. Romaine
Suffolk County Executive



Wayne T. Rogers
Commissioner

SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

UNION ORGANIZING CERTIFICATION/DECLARATION – SUBJECT TO AUDIT

If the following definition of "County Contractor" ([Union Organizing Law Chapter 803](#)) applies to the contractor's/beneficiary's business or transaction with Suffolk County, the contractor/beneficiary must complete Sections I, III, and IV below. If the following definitions do not apply, the contractor/beneficiary must complete Sections II, III and IV below. Completed forms must be submitted to the awarding agency.

County Contractor: "Any employer that receives more than \$50,000 in County funds for supplying goods or services pursuant to a written contract with the County of Suffolk or any of its agencies; pursuant to a Suffolk County grant; pursuant to a Suffolk County program; pursuant to a Suffolk County reimbursement for services provided in any calendar year; or pursuant to a subcontract with any of the above."

Section I

Check if
Applicable

The Union Organizing Law applies to this contract. I/we hereby agree to comply with all the provisions of Suffolk County Local Law No. 26-2003, the Suffolk County Union Organizing Law (the law) and, as to the goods and/or services that are the subject of the contract with the County of Suffolk shall not use County funds to assist, promote, or deter union organizing ([Chapter 803-3](#)), nor seek reimbursement from the County for costs incurred to assist, promote, or deter union organizing.

I/we further agree to take all action necessary to ensure that County funds are not used to assist, promote, or deter union organizing.

I/we further agree that I/we will not use County property to hold meetings to assist, promote, or deter union organizing.

I/we further agree that if any expenditures or costs incurred to assist, promote, or deter union organizing are made,

I/we shall maintain records sufficient to show that no County funds were used for those expenditures and, as applicable, that no reimbursement from County funds has been sought for such costs. I/we agree that such records shall be made available to the pertinent County agency or authority, the County Comptroller, or the County Department of Law upon request.

I/we further affirm to the following as to the goods and/or services that are the subject of the contract with the County of Suffolk:

- I/we will not express to employees any false or misleading information that is intended to influence the determination of employee preferences regarding union representation;
- I/we will not coerce or intimidate employees, explicitly or implicitly, in selecting or not selecting a bargaining representative;
- I/we will not require an employee, individually or in a group, to attend a meeting or an event that is intended to influence his or her decision in selecting or not selecting a bargaining representative;
- I/we understand my/our obligation to limit disruptions caused by pre-recognition labor disputes through the adoption of non-confrontational procedures for the resolution of pre-recognition labor disputes with employees engaged in the production of goods or the rendering of services for the County; and
- I/we have or will adopt any or all of the above-referenced procedures, or their functional equivalent, to ensure the efficient, timely, and quality provision of goods and services to the County. I/we shall include a list of said procedures in such certification.

Section II

Check if
Applicable

The Union Organizing Law does not apply to this contract for the following reason(s): _____



Section III

Contractor Name:

Federal Employer ID#:

Contractor Address:

Amount of Assistance:

Vendor #:

Contractor Phone #:

Description of project or service:

Section IV

In the event any part of the Union Organizing Law, Chapter 803 of the Laws of Suffolk County, is found by a court of competent jurisdiction to be preempted by federal and/or state law, this certification/declaration shall be void *ab initio*.

Section V

I declare under penalty of perjury under the Laws of the State of New York that the undersigned is authorized to provide this certification, and that the above is true and correct.

Authorized Signature

Date

Print Name and Title of Authorized Representative



Edward P. Romaine
Suffolk County Executive



Wayne T. Rogers
Commissioner

SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

**VOLUNTEER NOT-FOR-PROFIT
PAPERWORK REDUCTION REQUIREMENTS
WITH RESPECT TO LAWFUL HIRING OF EMPLOYEES**
Suffolk County Code, Chapter 353(2006)

Name of Organization/Corporation

Address

Federal ID #

Contact

Telephone #

Brief description of contract, project or service:

_____ hereby certifies under penalties of perjury that I am an officer of
_____ organization/corporation authorized to provide this certification, that the
organization/corporation is not-for-profit and that it has no paid employees. If an employee is hired for
compensation during the current calendar year, the Department of Labor, Licensing & Consumer Affairs or the
Awarding Agency will be immediately notified and the not-for-profit organization/corporation shall comply
with all the applicable provisions of the Lawful Hiring of Employees Law.

Authorized Signature

Date

Print Name and Title of Authorized Representative

DOL: LHE 10 Revised 1/24



Edward P. Romaine
Suffolk County Executive

Wayne T. Rogers
Commissioner

SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

**VOLUNTEER NOT-FOR-PROFIT
PAPERWORK REDUCTION REQUIREMENTS
WITH RESPECT TO LIVING WAGE LAW**

Living Wage Law, Suffolk County Code, Chapter 575 (2001)

NAME OF ORGANIZATION/CORPORATION: _____

ADDRESS: _____

FEDERAL ID #: _____

CONTACT: _____ TELEPHONE #: _____

BRIEF DESCRIPTION OF CONTRACT, PROJECT OR SERVICE:

_____ hereby certifies under penalties of perjury that I am an officer of _____ organization/corporation authorized to provide this certification, that the organization/corporation is not-for-profit and that it has no paid employees. If an employee is hired for compensation during the current calendar year, the Department of Labor, Licensing & Consumer Affairs or the Awarding Agency will be immediately notified and the not-for-profit organization/corporation shall comply with all the applicable provisions of the Living Wage Law.

Authorized Signature

Date

Print Name and Title of Authorized Representative

DOL-LW42 Revised 1/24



Edward P. Romaine
Suffolk County Executive

Wayne T. Rogers
Commissioner

SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING, & CONSUMER AFFAIRS

NOTICE OF APPLICATION TO CERTIFY COMPLIANCE WITH FEDERAL LAW (8 U.S.C. SECTION 1324A) WITH RESPECT TO LAWFUL HIRING OF EMPLOYEES, Suffolk County Code, Chapter 353 (2006)

To Be Completed By Applicant/Covered Employer/Owner
EMPLOYER/CORP/BUSINESS/COMPANY NAME: _____

ADDRESS: _____

CONTACT NAME: _____ TELEPHONE #: _____ AWARDING AGENCY: _____

VENDOR, FEDERAL ID OR SOCIAL SECURITY #: _____ CONTRACT ID: _____

NOT-FOR-PROFIT: YES _____ NO _____ (Submit Proof of IRS Not-for-Profit Status)

TERM OF CONTRACT OR EXTENSION (PROVIDE DATES): _____

BRIEF DESCRIPTION OF COMPENSATION, PROJECT OR SERVICE: _____

SUBCONTRACTOR NAME: _____

ADDRESS: _____

VENDOR, FEDERAL ID OR SOCIAL SECURITY #: _____ TELEPHONE #: _____

CONTACT NAME: _____ DESCRIPTION OF COMPENSATION, PROJECT OR SERVICE: _____

EVIDENCE OF COMPLIANCE:
Copies of the following must be maintained by covered employers or the owners thereof for each employee for the time periods set forth in Suffolk County Code, Section 353-14 (A):

- A. United States passport; *or*
- B. Resident alien card or alien registration card; *or*
- C. Birth certificate indicating that person was born in the United States; *or*
- D. (1) A driver's license, if it contains a photograph of the individual; *and*
(2) A social security account number card (other than such a card which specifies on its face that the issuance of the card does not authorize employment in the United States); *or*
- E. Employment authorization documents such as an H-1B visa, H-2B visa, and L-1 visa, or other work visa as may be authorized by the United States Government at the time the County contract is awarded for all covered employees.

AFFIDAVIT OF COMPLIANCE WITH THE REQUIREMENTS OF 8 U.S.C. SECTION 1324a WITH RESPECT TO LAWFUL HIRING OF EMPLOYEES

State of New York)

County of _____) ss:

_____, being duly sworn, deposes and says:
(Print Name of Deponent)

1. I am owner/authorized representative of _____
(Circle one) (Name of Corp., Business, Company)

2. I certify that I have complied, in good faith, with the requirements of Title 8 of the United States Code (U.S.C.) section 1324a (Aliens and Nationality) with respect to the hiring of covered employees and with respect to the alien and nationality status of the owners thereof, as set forth in Suffolk County Code Chapter 353 (2006).

Sworn to before me this _____ day _____ (Signature of Deponent)

of _____, 20 _____

(Notary Public)

DOL-LHE1-2 Revised 1/24



Edward P. Romaine
Suffolk County Executive



Wayne T. Rogers
Commissioner

SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

NOTICE OF APPLICATION FOR COUNTY COMPENSATION LIVING WAGE CERTIFICATION/DECLARATION – SUBJECT TO AUDIT

If either of the following definitions of "compensation" (*Living Wage Law Chapter 575-2*) applies to the contractor's business or transaction with Suffolk County, the contractor/recipient must complete Sections 1, 3, 4 below. If the following definitions do not apply, the contractor/recipient must complete Sections 2, 3 and 4 below. Completed forms must be submitted to the awarding agency.

"Any grant, loan, tax incentive or abatement, bond financing subsidy or other form of compensation of more than \$50,000 which is realized by or provided to an employer of at least ten (10) employees by or through the authority or approval of the County of Suffolk," or
 "Any service contract or subcontract let to a contractor with ten (10) or more employees by the County of Suffolk for the furnishing of services to or for the County of Suffolk, (except contracts whose services are incidental to the delivery of products, equipment or commodities) which involve an expenditure equal to or greater than \$10,000. For the purposes of this definition, the amount of expenditure for more than one contract for the same service shall be aggregated. A contract for the purchase or lease of goods, products, equipment, supplies or other property is not "compensation" for the purposes of this definition."

Section I
 The *Living Wage Law* applies to this contract. I/we hereby agree to comply with all the provisions of Suffolk County Local Law No. 12-2001, the Suffolk County *Living Wage Law* (the Law) and, as such, will provide to all full, part-time or temporary employed persons who perform work or render services on or for a project, matter, contract or subcontract where this company has received compensation, from the County of Suffolk as defined in the Law (compensation) a wage rate of no less than \$16.63 per hour worked with health benefits, as described in the Law, or otherwise \$16.77 per hour or the rates as may be adjusted annually in accordance with the Law. (**Chapter 575-3 B**)
 I/we further agree that any tenant or landlord of this company that employs at least ten (10) persons and occupies property or uses equipment or property that is improved or developed as a result of compensation or any contractor or subcontractor of this company that employs at least ten (10) persons in producing or providing goods or services to this company that are used in the project or matter for which this company has received compensation shall comply with all the provisions of the Law, including those specified above. (**Chapter 575-2**)
 I/we further agree to permit access to work sites and relevant payroll records by authorized County representatives for the purpose of monitoring compliance with regulations under this Chapter of the Suffolk County Code, investigating employee complaints of noncompliance and evaluating the operation and effects of this Chapter, including the production for inspection & copying of payroll records for any or all employees for the term of the contract or for five (5) years, whichever period of compliance is longer. All payroll and benefit records required by the County will be maintained for inspection for a similar period of time. (**Chapter 575-7 D**)
 The Suffolk County Department of Labor, Licensing & Consumer Affairs shall review the records of any Covered Employer at least once every three years to verify compliance with the provisions of the Law. (**Chapter 575-4 C**)

IMPORTANT! IF SECTION I IS CHECKED, APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION:

Projected Wage Levels:
 Complete the chart below listing hourly wage rates, number of hours worked per week, compensated days off received yearly and indicate if medical benefits are received for each employee dedicated to fulfilling the terms of this contract.

Note: Complete the following chart only if the Living Wage Law applies and if Section I above is checked.

Employee Name and Title	Hourly Wage Rate	Works less than 20 hours per week (Yes or No)	Works 20 hours or more per week (Yes or No)	Employee actually receives health benefits (Yes or No)	Full-time employees receive at least 12 compensated days off per year. Part-time employees receive prorated compensated time off in increments proportional to full-time employees. (Yes or No)

Section II The *Living Wage Law* does not apply to this contract for the following reason(s): (Please check all that apply to this contract.)
 I 1 Employ less than 10 employees
 I 1 Do not have any employees working in Suffolk or Nassau Counties
 I 1 Not used in Suffolk County
 I 1 Grant, loan, tax incentive or abatement, bond subsidy or other form of compensation is \$50,000 or less.
 I 1 Pay prevailing wage rates
 I 1 Amount of Compensation is less than \$10,000 for the furnishing of services
 I 1 Other: _____

Section III Contractor Name: _____ Federal Employer ID or SSN: _____
 Contractor Address: _____ Amount of Compensation: _____
 _____ Term of Contract: _____
 Contact Name: _____ Contractor Phone #: _____ Awarding Agency: _____
 Contract ID #: _____ Description of project or service: _____

Section IV
 I declare under penalty of perjury under the Laws of the State of New York that the undersigned is authorized to provide this certification, and that the above is true and correct.
 Authorized Signature: _____ Date: _____
 Print Name and Title of Authorized Representative: _____

DOL-LW138 Revised 1/24



INSURANCE REQUIREMENTS

Must Submit:

Certificate of Insurance and Policy Declaration Page.

Declaration Page:

1. Two million dollars liability insurance (each occurrence) is required. (Waivers may be requested in writing.)
2. Suffolk County MUST be named as additionally insured and as the Certificate Holder.
3. Written notice of cancellation.
4. Must show proof of Workers Comp Insurance, if you have any employees.



ACORD **CERTIFICATE OF LIABILITY INSURANCE**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Sample insurance		CONTACT NAME: PHONE (AC No. Ext): () FAX (AC No.): E-MAIL ADDRESS:	
INSURED		INSURER A:	INSURER B:
		INSURER C:	INSURER D:
		INSURER E:	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 570062030589 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. *Limits shown are as requested*

INS LTR	TYPE OF INSURANCE	ADRI (SUBR/INSD/ WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Insurance Requirements 2 million for each occurrence or 1 million each occurrence and 1 million excess liability			EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		Also required is an insurance policy Declaration Page. Please ask your insurance company			COMBINED SINGLE LIMIT (Ea. accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION		for a copy to send along with Certificate of insurance.			EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E L EACH ACCIDENT E L DISEASE-EA EMPLOYEE E L DISEASE-POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER County of Suffolk H. Lee Dennison Bldg., 11th Floor 100 Veterans Highway Hauppauge NY 11780 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--



POLICY NUMBER:

COMMERCIAL
GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
County of Suffolk 100 Veterans Memorial Hwy Hauppauge, NY 11788
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf.

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

RE:
Name of Production Company



IRS Designation Letter is Required



Internal Revenue Service

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Date: 12-14-2000 10:48 AM

Person to Contact:
Name of Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
Phone number
Fax Number:
000-00-0000
Federal Identification Number:
00-000000

Organization name
Address

Dear Sir or Madam:

This is in response to your request of December 0, 2000, regarding your organization's tax-exempt status.

In October 1979 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.



Once you have received your Contracts:

Review, Complete, Sign and Return to our Office:

- 3 signed copies of the Contract Signature page
- 1 completed and signed packet of Exhibits
- Suffolk County Payment Voucher
- Statement of Other Contracts
- ACH/EFT Enrollment form plus cancelled Check



COUNTY OF SUFFOLK
OFFICE OF THE COUNTY COMPTROLLER **JOHN M. KENNEDY, JR.**
Comptroller

EFT ENROLLMENT FORM

SECTION 1: TO BE COMPLETED BY SUBMITTING VENDOR (PLEASE PRINT OR TYPE LEGIBLY) INSTRUCTIONS ON PAGE 2

ACTION
 NEW CHANGE CANCEL

TAXPAYER ID TYPE (CHECK ONE)
 FEIN SSN

TAXPAYER ID NUMBER **VENDOR NUMBER (if known)**

LEGAL NAME OF ENTITY OR INDIVIDUAL **VENDOR dba/PAYEE NAME**

VENDOR MAILING ADDRESS **DAYTIME TELEPHONE NUMBER WITH AREA CODE**

CITY **STATE** **ZIP CODE**

VENDOR CONTACT NAME AND TITLE **FAX NUMBER**

E-MAIL ADDRESS **PHONE NUMBER**

SECTION 2 BANK INFORMATION: TO BE COMPLETED BY SUBMITTING VENDOR

FINANCIAL INSTITUTION NAME **IF CHANGE - PLEASE INDICATE PREVIOUS FINANCIAL INSTITUTION NAME**

FINANCIAL INSTITUTION ADDRESS (Street, City, State and Zip code)

ABA ROUTING NUMBER **IF CHANGE - PLEASE INDICATE PREVIOUS ABA ROUTING NUMBER**

ACCOUNT NUMBER **IF CHANGE - PLEASE INDICATE PREVIOUS ACCOUNT NUMBER**

FINANCIAL INSTITUTION TELEPHONE NUMBER

ACCOUNT TYPE (SELECT ONE ONLY)
 CHECKING SAVINGS

INCLUDED WITH APPLICATION (CHECK ONE) REQUIRED
 VOIDED CHECK LETTER FROM YOUR BANK*
 * Bank letter must include the vendor/company name, complete bank account and routing number, bank representative's signature, name, and date signed.

SECTION 3: VENDOR AUTHORIZATION

I hereby authorize the County of Suffolk to initiate electronic funds transfer(EFT) to the checking/saving account named above.

I hereby cancel my EFT authorization.

I certify the I am an authorized signer of the above named account with authority to issue the following instructions: I hereby authorize the County of Suffolk, on or after the date below, to make payments by direct deposit to the above- named Financial Institution and to initiate (if necessary) debit entries or adjustments for any credit that is made in error, duplicative, or otherwise incorrect. This authority will remain in full force until the Office of the County Comptroller receives, at the address listed below, a written notice properly executed by an authorized singer of the above-named account which clearly terminates the authorization granted herein.

* Changes to account information for a vendor which are submitted using this form will immediately terminate the original authorization

PRINT OR TYPE NAME OF VENDOR/AUTHORIZED REPRESENTATIVE **PRINT TITLE OF VENDOR/AUTHORIZED REPRESENTATIVE**

AUTHORIZED VENDOR/ REPRESENTATIVE SIGNATURE **DATE**

SECTION 4: MAILING INSTRUCTIONS
SCAN AND RETURN COMPLETED FORM AND DOCUMENTATION (Voided check or Bank Letter) TO:
EMAIL: EFTEnrollment@suffolkcountyny.gov

SECTION 5: ADMINISTRATIVE USE ONLY

EFT Activation Date: _____ Authorized by (signature): _____
 Bank Test Date: _____ Vendor ID number: _____



Once Contracts are signed and submitted to the Contracts unit in Economic Development and Planning and are fully executed:

1. Receive advance payment
2. Implement Project or Program
3. Submit receipts and cancelled checks with Summary of Expenditures within 30 days of expenditure or when cancelled checks become available. **Budget Modifications must be requested no later than November 15, 2025.**
 - a. Receipts, invoices or signed contracts from Vendors with their cancelled checks. Submit copies of printed ads or flyers.
 - b. Payroll certification letter. For those contracts with approved Program Staff funding, we need payroll record of funded employee showing salary, hours worked, payroll record.
 - c. Summary of Expenditures - Expenditures as exactly noted in the Explanation of Costs. Any deviation will create a delay and potential repayment to Suffolk County.
 - d. Include a brief summary of your event(s) - how many people attended, financial benefit to the area, significant events (ex. Inclement weather).
 - e. Submit receipts. Each expense must be accompanied by an accurate and verifiable invoice from a contracted service or receipt clearly indicating the expense. Put front and back of canceled check on one page. Send only pertinent pages of bank or credit card statements. Please submit receipts in order listed on summary page. Email submission of receipts less than 20 pages. Mail receipts if more than 20 pages. All invoices are subject to verification. Receipts are due 30 days after event - with the exception of year-end events. All receipts are due **NO LATER THAN JANUARY 15** of the following year.



Summary 2025 Expenditures for Suffolk County Grant
Orgnaization Name

A) Payroll - Total - \$12,355.45		Title	Check No./CC	Date	Check Amount
1)	Mike Dunn	Manager	469	01/15/25	\$ 2,055.12
2)	Melissa Peters	Director	133	4/29/2025	\$ 10,000.00
3)	Kevin Li	Assistant	789	9/2/2025	\$ 300.33
					\$ 12,355.45

B) Contracted Services - Total - \$40,500.00		Service	Check No./CC	Date	Check Amount
	ABC Printing Company	advertising	CC	02/16/25	\$ 10,000.00
	Outback Porta Potties	toilets	456	5/29/2025	\$ 500.00
	Marketing	marketing	1345	12/2/2025	\$ 30,000.00
					\$ 40,500.00

C) Supplies - Total - \$973.92		Description	Check No./CC	Date	Check Amount
	Amazon	beeds	CC	02/16/25	\$ 123.68
	Home Depot	bolts, screws	222	5/29/2025	\$ 50.25
	Lowe's	wood	568	12/2/2025	\$ 799.99
					\$ 973.92

Total: \$ 53,829.37



PAYMENT INFORMATION:

- Contract must be fully executed before payment can be made on a contract.
- Grantee must have a signed Suffolk County Payment Voucher.
- Processing payment can take up to 4 weeks.



Contract Agency Disclosure Form from Suffolk County Comptroller's Office

Deadline is September 15, 2025.

This is an annual Form that must be completed. The Comptroller's Office will contact all awardees with a unique password and code to access the form.

If not completed by the deadline:

1. Potentially could lose the funds.
2. Legislative Resolution required for current year for the payment voucher to be accepted.
3. Legislative Resolution required for 2025 cycle.



NYS Nonprofit Revitalization Act of 2013

No employee of the nonprofit can serve as the Chair of the Board or hold any other title with similar responsibilities.

All nonprofits must have a Conflict of Interest Policy to ensure that its directors, officers, and key employees act in the nonprofit's best interest and comply with applicable legal requirements.

Whistleblower Policy required for nonprofits with over 20 or more employees and over \$1,000,000 in revenue.

NOTE: There are updates to these laws! Please check NYCON.org or check www.SuffolkArtsandFilm.com



Economic Development & Planning Contacts

Annette Brownell 631-853-4654
annette.brownell@suffolkcountyny.gov

Joann Dolan 631-853-3268
joann.dolan@suffolkcountyny.gov

Diana Cherryholmes 631-853-4834
diana.cherryholmes@suffolkcountyny.gov