



EXTRA DUTY SOLUTIONS



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1 Waterview Drive
Suite 101
Shelton CT 06484

March 25, 2021

Mr. Erik. J. Larson
Purchasing Department
City of Stamford
888 Washington Blvd
Stamford, CT 06904-2152

LETTER OF TRANSMITTAL

Dear Mr. Larson:

Extra Duty Solutions thanks the City of Stamford for their consideration of our proposal. Our understanding of the needs being met with this RFP is:

- Daily downloading of worked extra duty details from Stamford's Telestaff system to EDS' financial system.
- Segregation of certain or all City jobs from the payrolling process.
- Weekly input and reporting for extra duty paychecks in required formats.
- Creation and disbursement of extra duty customer invoices, including administrative fees and appropriate late fees.
- Collections efforts on customer invoices.
- Various recurring and as-needed reports and file uploads as detailed in the RFP.
- One individual point-of-contact for Stamford who will administer the above. This individual may be co-located at the Stamford Police Department and will clearly be located in Stamford if they will be receiving cash payments from extra duty customers.

Extra Duty Solutions would be happy to provide the above services to the City of Stamford. Our annual fee associated with this work will be \$215,000 per year.

I will be your single point of contact during the solicitation process. Please do not hesitate to reach out to me directly at 203-216-9742 or RMilliman@ExtraDutySolutions.com.

Thank you in advance for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Milliman', with a stylized flourish at the end.

Rich Milliman
CEO
Extra Duty Solutions

Profile of Proposer

1. *Affirm that proposer meets standards of independence to be engaged by the City of Stamford.*

Yes, Extra Duty Solutions has no conflicts and meets the standards of independence.

2. *Indicate whether you are local, regional, national or international in the scope of your practice.*

Our practice is national. We currently operate in 17 U.S. states including Connecticut.

3. *Indicate the address of your home office.*

1 Waterview Dr, Suite 101, Shelton CT 06484

4. *Indicate your experience in providing administrative services, including billing, maintaining and updating a database for payroll and billing functions, administrative services management.*

We provide full extra duty program administration for 107 law enforcement agencies ranging from 20 to 750 sworn. In the past 12 months we have invoiced and collected upon approximately \$52M of extra duty officer pay, city admin fees and cruiser fees. For nearly all of our clients we provide full program administration: handling all customer interaction, communicating and scheduling details, paying officers, either directly or through the municipality, reporting, feedback and invoicing/collections.

5. *Provide samples of the reports that are required by the City and a description of the hardware and software that will be used for this engagement.*

There is no additional hardware required beyond what we current use to administer extra duty programs. The City of Stamford will not need to purchase or utilize and outside hardware. Extra Duty Solutions will use our internal financial software to upload officer work details, create and tracking invoices, track collections efforts and generate reporting. There is no software the City of Stamford needs to purchase or download.

Extra Duty Solutions routinely customizes recurring and ad-hoc reporting for our client agencies. Potential templates of the specific reports asked for in the RFP can be found in Appendix A. These are just templates based on the information available in the RFP. We can customize and edit these reports in any way the City of Stamford desires.

6. *Identify the key individuals who will be assigned to the City of Stamford engagement. Describe their roles and provide a brief description of their professional experience in administrative services management.*



Ambit Tawah. Ambit has been with Extra Duty Solutions for nearly 3 years. In her tenure with us she has been in charge of officer payrolling and is now on the collections team. Ambit will be the single point of contact for the City of Stamford. If the City of Stamford would prefer to have an Extra Duty Solution representative onsite at the Stamford Police Department, we will accommodate that request and that individual will report to Ambit.



Keith McTigue. Keith heads infrastructure at Extra Duty Solutions. Keith was formerly a Captain in the Coast Guard and responsible for disaster preparedness and recovery for all operations in the Hawaiian Islands. Keith will ensure uploads and file transfers are created correctly and engage if any problems arise in that area. Keith has been with Extra Duty Solutions for 2.5 years.

Both Ambit and Keith work out of our Shelton CT office.

7. Describe your experience in providing administrative services management for municipal governments.

We began administering extra duty programs in January 2016 with Delray Beach FL and now administer the programs of 107 agencies in 17 U.S. states. Most of the agencies we serve our municipal police departments, but we also serve a number of municipal fire departments and county sheriff offices.

Please note, we only enter into contracts with government agencies. We are not a security company who enters into supplier agreements with Stamford's extra duty customers directly. Such supplier agreements entail indemnifications and other risk-mitigating clauses which would bring meaningful legal risk to the City of Stamford and Stamford officers. We are also not owned by a parent security company and no owners of Extra Duty Solutions have any ownership or management affiliation with any such security companies.

8. Please provide any additional information that you believe will assist the City in making its selection.

This current RFP requests only a small portion of Extra Duty Solutions full capabilities. If, in the future, the City of Stamford would like to consider full administration of their extra duty program or at least other aspects of full administration, Extra Duty Solutions is happy to become that partner to the City.

Likewise, Extra Duty Solutions, through their 2019 acquisition of software firm, Jivasoft, offers active-duty scheduling software which fully and real-time integrates into extra duty administration software. We can also API-connect to Telestaff with our extra duty administration infrastructure.

The above offerings are both available to Stamford if desired.

Regarding the current RFP ask, please consider the following:

- a. Extra Duty Solutions has invoiced extra duty customers for approximately \$52M in the past 12 months. The week of 3/22/21 our outgoing invoices totaled \$1.2M. We are very accustomed to handling weekly batches of hundreds of invoices. We have an existing invoice process which has proven to be efficient and effective.
- b. Of the \$52M stated above, our bad debts were less than \$50k, or less than .1%. Stamford will benefit from the same effectiveness.
- c. Our long-term average percentage of invoice amounts aging to over 90 days is only 1.7%. Again, Stamford will benefit from the invoicing and collections effectiveness we already have in place.

Finally, if you would like to speak with other firms utilizing our services we are happy to provide you with our entire customer list. Below are a few nearby references:

Stratford Police Dept (CT) Chief Joseph McNeil jmneil@townofstratford.com 203-385-4100

South Brunswick Police Dept (NJ) Chief Ray Hayducka rhayducka@sbtnj.net 732-329-4646

Westerly Police Dept (RI) Capt. Steven Johnson sjohnson@westerlypolice.org 401-596-2022

APPENDIX A: EXAMPLE REPORTS

Payroll Input/ Output and Reconciliation Report										
<u>Officer Name</u>	<u>Employee ID</u>	<u>Detail Employer</u>	<u>Detail Date</u>	<u>Detail Start</u>	<u>Detail End</u>	<u>Hours Worked</u>	<u>Rate</u>	<u>Earnings</u>	<u>payroll input</u>	<u>difference</u>
Wilkens, Ted	12256	Paramic Events	2/1/2021	18:00:00	0:00:00	6.00	\$65	\$390.00		
		Stamford Library	2/4/2021	8:00:00	17:00:00	9.00	\$65	\$585.00		
		Courtyard Hotel	2/6/2021	20:00:00	2:00:00	6.00	\$65	\$390.00	\$1,365.00	\$ -
Sims, Mark	12268	Paramic Events	2/1/2021	18:00:00	0:00:00	6.00	\$65	\$390.00		
		Metro North	2/2/2021	9:00:00	16:00:00	7.00	\$65	\$455.00	\$845.00	\$ -

Amounts Bill Report						
week = 2/8/21						
<u>Customer Name</u>	<u>Dates</u>	<u>Hours</u>	<u>Officer Pay</u>	<u>Administrative Fee</u>	<u>Late Fee</u>	<u>Invoice Number</u>
Pentatonix Auto	2/1 - 2/7	26	\$ 1,690.00	\$270.40		233541
Stamford Marriot	2/5	18	\$ 1,170.00	\$187.20		233542
UBS	2/6	16	\$ 1,040.00	\$166.40		233543

Amounts Collected Report										
Period: 2/1/21 - 2/7/21										
<u>Customer Name</u>	<u>Invoice Number</u>	<u>Invoice Date</u>	<u>Invoice Amount</u>	<u>Remittance Amount</u>	<u>Check No</u>	<u>Credit Card</u>	<u>ACH No</u>	<u>Remittance Date</u>		
Evertt Construction	112544	1/3/2021	\$ 1,208.33	\$ 1,208.33	1212			2/1/2021		
Hobbs Drilling	112687	1/25/2021	\$ 778.80	\$ 778.80	3644			2/1/2021		
Stamford Library	112440	12/21/2020	\$ 2,087.20	\$ 2,078.20			16455	2/2/2021		
Stamford Mall	12444	12/21/2020	\$ 5,059.20	\$ 5,059.20			22302	2/2/2021		

Extra Duty Solutions
A/R Aging Summary

As of March 25, 2021

	Current	1 - 30	31 - 60	61 - 90	91 and over	Total
Buckley Cable Construction	\$ 888.80					\$ 888.80
Communications Construction Group	\$ 1,499.85					\$ 1,499.85
Stamford Board of Education	\$ 15,181.73					\$ 15,181.73
Stamford Vocational and Technical High School	\$ 5,033.28					\$ 5,033.28
Esposito Construction		\$ 6,777.10				\$ 6,777.10
GH Construction Management LLC	\$ 2,476.94					\$ 2,476.94
Kemsco Construction	\$ 32,830.05					\$ 32,830.05
PSEG Delivery Projects and Construction AV	\$ 32,137.41	\$ 41,995.80	\$ 7,332.60			\$ 81,465.81
PSEG Electric Central HB	\$ 2,666.40		\$ 1,341.20		\$ 2,632.62	\$ 6,640.22
PSEG Gas Central	\$ 28,497.15					\$ 28,497.15
PSEG Gas GR	\$ 24,608.65	\$ 10,387.85				\$ 34,996.50
ShopRite East Brunswick	\$ 3,413.88					\$ 3,413.88
Telecable	\$ 888.80					\$ 888.80
Verizon EB	\$ 5,666.10					\$ 5,666.10
Young Israel	\$ 948.60					\$ 948.60
Z Brothers	\$ 5,277.25					\$ 5,277.25
Total	\$ 162,014.89	\$ 59,160.75	\$ 8,673.80	\$ -	\$ 2,632.62	\$ 232,482.06

Clipboard

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General

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Conditional Formatting

Format as Table

C21

	A	B	C	D	E	F
1	Monthly Reconciliation Report					
2	Month = 2/2021					
3						
4	Summaries:					
5						
6	Total Officer Pay	Total Admin Fee	Total Cruiser Fee	Total Invoiced	Payments Received	Outstandings (as of 2/28/21)
7						
8	\$ 944,983.00	\$ 151,197.28	\$ 53,970.00	\$ 1,150,150.28	\$ 920,290.10	\$ 830,980.23
9						
10	Line item Detail:					
11						
12	Officer pay tab	Admin fee tab	Cruiser fee tab	Invoiced tab	Payments in tab	AR tab
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APPENDIX B: CITY REQUIRED DOCUMENTS

Contractor's Statement

Pursuant to Section 103.1 of the Stamford Code of Ordinances, I hereby provide the following:

If a joint venture, trustee, partnership, limited liability company or partnership, the names and addresses of all joint ventures, beneficiaries, partners or members:

RICH MILLIMAN 2 LYONS PLAIN RD WESTON CT 06893
ADAM BRYAN 25 GLENBROOK RD, APT 325, STAMFORD CT 06901
DAN PHAN 12717 HUNTERS CHASE ST SAN ANTONIO TX 78230
MIMI WILSON 105 AMERICAN FLAG CIBOLO TX 78108

If a corporation, the names and addresses of all officers, and the names and addresses of all parties owning over 10% of its common stock or over 10% of its preferred stocks. If any of said stockholders is a holding corporation, the names and addresses of all persons owning a beneficial interest in over 10% if the common or preferred stock of said holding company.

N/A

The names and positions of all persons listed hereinabove who are elected or appointed officers or employees of the City of Stamford.

N/A

Name of Bidder/Proposer: RICH MILLIMAN

Signature of Bidder/Proposer: 

Title: CEO

Company Name: HART WALSH LLC DBA EXTRA DUTY SOLUTIONS

Address: 1 WATERVIEW DR, SUITE 101, STAMFORD CT 06484

Indicate if company submitting this proposal is: _____ MBE _____ WBE _____ DBE

CERTIFICATE OF CORPORATE RESOLUTION
RFQ/RFP

I, Rich Milliman, SECRETARY OF HART HALSEY LLC DBA EXTRA DUTY SOLUTIONS
A CORPORATION EXISTING UNDER THE LAWS OF THE STATE OF CONNECTICUT, DO
HEREBY CERTIFY THAT THE FOLLOWING IS A TRUE COPY OF CERTAIN RESOLUTIONS
ADOPTED BY THE BOARD OF DIRECTORS OF SAID COMPANY, AT A MEETING THEREOF
DULY CALLED AND HELD ON THE 19 DAY OF MARCH, 2024.

“RESOLVED, THAT THE Rich Milliman
OF THE CORPORATION BE AND IS HEREBY AUTHORIZED TO SIGN
A CONTRACT WITH THE CITY OF STAMFORD, CONNECTICUT FOR
ADMINISTRATIVE SERVICES FOR THE POLICE DEPARTMENT, RFP/RFQ No. 891
EXTRA DUTY EMPLOYMENT”.

I, FURTHER CERTIFY THAT, Rich Milliman IS THE DULY
ELECTED CEO OF HART HALSEY LLC
AND THE FOREGOING RESOLUTION HAS NOT BEEN MODIFIED OR REPEALED AND IS
IN FULL FORCE AND EFFECT.

IN WITNESS WHEREOF, I HAVE, HEREUNTO, SUBSCRIBED BY NAME AND AFFIXED
THE SEAL OF SAID CORPORATION THE 24 DAY OF MARCH, 2024.


SECRETARY

City of Stamford
State of Connecticut Contractor Verification (in accordance with Public Act 16-67)

Compliance Affidavit

I, the undersigned, personally and on behalf of HART WALSON LLC, having
(Contractor)
been duly sworn, affirm and say that I have read, understand and am in compliance with Public Act 16-67 Concerning the Disclosure of Certain Education Personnel Records, Criminal Penalties for Threatening in Educational Settings and the Exclusion of a Minor's Name from Summary Process Complaints, and that neither I nor said Contractor, to the best of my knowledge, is in possession of any information indicating a finding of abuse or neglect or sexual misconduct, or otherwise have knowledge of such a condition(s) for any employees working on the project identified in RFQ/RFP or Bid S- 831. Further, if I or said Contractor (RFQ/RFP or Bid Number) become aware of any information indicating such a finding, or otherwise gain knowledge of such a condition, I and/or said Contractor will immediately forward such information to the City of Stamford.

Contractor Name: HART WALSON LLC DBA EXTRA DUTY SOLUTIONS
Street Address: 1 WATSON RD, SUITE 101
City, State, Zip: SHERMAN CT 06484
Title of person completing this form: CEO
Signature: [Signature]
Printed Name: RICH MILLIMAN
Date: 3/24/21

ACKNOWLEDGMENT

STATE OF Connecticut
COUNTY OF Fairfield ss. _____
Date: 3/24/2021

Personally appeared Rich Milliman, as CEO of the above named Contractor, and attested that the foregoing statements are true and accurate to the best of his/her knowledge and belief on behalf of himself and said Contractor.

[Signature]
Signature of Notary Public
My Commission Expires: _____



Non-Collusion Affidavit

The undersigned, having been duly sworn, affirms and says that to the best of his/her knowledge and belief:

1. The prices in this Proposal have been arrived at independently without collusion, consultation, communication, or agreement with any other Proposer or with any competitor for the purpose of restricting competition.
2. Unless otherwise required by law, the prices, which have been quoted in this Proposal, have not been knowingly disclosed by the Proposer and will not knowingly be disclosed by the Proposer prior to opening, directly or indirectly, to any other Proposer or to any competitor.
3. No attempt has been made or will be made by the Proposer to induce any other person, partnership or corporation to submit or not to submit a Proposal for the purpose of restricting competition.

Name of Proposer: HANT HALSEY LLC DBA EXTRA WAY SOLUTIONS

By: [Signature]

Print Name: RICH MILLIMAN

Title: CEO

ACKNOWLEDGMENT

STATE OF Connecticut

COUNTY OF Fairfield ss. _____

Date: 3/24/2021

Personally appeared Rich Milliman, as CEO of the above named firm, and attested that the foregoing statements are true and accurate to the best of his/her knowledge and belief.

[Signature]
Signature of Notary Public
My Commission Expires: _____

EFFECTIVE: 2/24/09

SHERIF ABOUHASHEM
NOTARY PUBLIC
State of Connecticut
My Commission Expires 7/31/2025



PROPOSER'S INFORMATION AND ACKNOWLEDGEMENT FORM

RFP No: 851

Date: 3/24/21

Proposer's Name: HART WALSBY LLC DBA EXTRA DUTY SOLUTIONS

Street Address: 1 WATERVIEW DR , STE 101

SHELTON CT 06484
City State Zip

Business Telephone: 203 216 9742

Email: RMILLIMAN@EXTRADUTYSOLUTIONS.COM

DUNS Number: 058029879 Tax Id. No.: 47-3058816

Indicate (Yes/No) if company submitting this proposal is:

NO MBE NO WBE NO DBE
(If yes, attach relevant certification)

Signature: [Signature] Date: 3/24/21

Printed Name: RICH MILLIMAN

Title: CEO

Addenda Acknowledgement – check and note date of addendum

<input checked="" type="checkbox"/> Addenda No. 1	<input type="checkbox"/> Addenda No. 2
<input type="checkbox"/> Addenda No. 3	<input type="checkbox"/> Addenda No. 4
<input type="checkbox"/> Addenda No. 5	<input type="checkbox"/> Addenda No. 6
<input type="checkbox"/> Addenda No. 7	<input type="checkbox"/> Addenda No. 8
<input type="checkbox"/> Addenda No. 9	<input type="checkbox"/> Addenda No. 10
<input type="checkbox"/> Addenda No. 11	<input type="checkbox"/> Addenda No. 12

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
HART HALSOY

2 Business name/disregarded entity name, if different from above
EXTRA DUTY SOLUTIONS

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ C

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
1 WATKINSON DR STE 101

6 City, state, and ZIP code
SHELTON CT 06484

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-					
or									
Employer identification number									
4	7	-	3	0	5	8	8	1	6

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person [Signature] Date ▶ 3/24/21

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

3) Definition of Racial and Ethnic Terms (as used in Part IV Bidder Employment Information) (Page 3)

White (not of Hispanic Origin)-All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (not of Hispanic Origin)-All persons having origins in any of the Black racial groups of Africa.

Hispanic- All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander- All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native- All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

BIDDER CONTRACT COMPLIANCE MONITORING REPORT

PART 1 – Bidder Information

Company Name: <i>HANT HALSBY INC PER EXTRA DUTY SOLUTIONS</i> Street Address: <i>1 WATERVIEW DR STE 101</i> City & State: <i>STRETON CT 06484</i> Chief Executive: <i>REU MILLMAN</i>	Bidder Federal Employer Identification Number: <i>47-3058816</i> Or Social Security Number:
Major Business Activity: (brief description) <i>ADMINISTRATION OF EXTRA DUTY PROGRAMS</i>	Bidder Identification (response optional/definitions on page 1) -Bidder is a small contractor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> -Bidder is a minority business enterprise? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, check ownership category) Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Iberian Peninsula <input type="checkbox"/> Individual(s) with a Physical Disability <input type="checkbox"/> Female <input type="checkbox"/> -Bidder is certified as above by State of CT? Yes <input type="checkbox"/> No <input type="checkbox"/>
Bidder Parent Company: (If any)	
Other Locations in CT: (If any)	

PART II - Bidder Nondiscrimination Policies and Procedures

1. Does your company have a written Affirmative Action/Equal Employment Opportunity statement posted on company bulletin boards? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	7. Do all of your company contracts and purchase orders contain non-discrimination statements as required by Sections 4a-60 & 4a-60a Conn. Gen. Stat.? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. Does your company have the state-mandated sexual harassment prevention in the workplace policy posted on company bulletin boards? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	8. Do you, upon request, provide reasonable accommodation to employees, or applicants for employment, who have physical or mental disability? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. Do you notify all recruitment sources in writing of your company's Affirmative Action/Equal Employment Opportunity employment policy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	9. Does your company have a mandatory retirement age for all employees? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4. Do your company advertisements contain a written statement that you are an Affirmative Action/Equal Opportunity Employer? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	10. If your company has 50 or more employees, have you provided at least two (2) hours of sexual harassment training to all of your supervisors? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5. Do you notify the Ct. State Employment Service of all employment openings with your company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	11. If your company has apprenticeship programs, do they meet the Affirmative Action/Equal Employment Opportunity requirements of the apprenticeship standards of the Ct. Dept. of Labor? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
6. Does your company have a collective bargaining agreement with workers? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 6a. If yes, do the collective bargaining agreements contain non-discrimination clauses covering all workers? Yes <input type="checkbox"/> No <input type="checkbox"/> 6b. Have you notified each union in writing of your commitments under the nondiscrimination requirements of contracts with the state of CT? Yes <input type="checkbox"/> No <input type="checkbox"/>	12. Does your company have a written affirmative action Plan? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, please explain.
	13. Is there a person in your company who is responsible for equal employment opportunity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, give name and phone number:

1. Will the work of this contract include subcontractors or suppliers? Yes No

1a. If yes, please list all subcontractors and suppliers and report if they are a small contractor and/or a minority business enterprise. (defined on page 1 / use additional sheet if necessary)

1b. Will the work of this contract require additional subcontractors or suppliers other than those identified in 1a. above? Yes No

PART IV - Bidder Employment Information


Date: 3/24/21

JOB CATEGORY *	OVERALL TOTALS	WHITE (not of Hispanic origin)		BLACK (not of Hispanic origin)		HISPANIC		ASIAN or PACIFIC ISLANDER		AMERICAN INDIAN or ALASKAN NATIVE	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Management		5						1			
Business & Financial Ops		1			3						
Marketing & Sales		3	2				1				
Legal Occupations											
Computer Specialists						4					
Architecture/Engineering											
Office & Admin Support											
Bldg/ Grounds Cleaning/Maintenance											
Construction & Extraction											
Installation, Maintenance & Repair											
Material Moving Workers											
Production Occupations		9	10		2	11	3				
TOTALS ABOVE		18	12		5	15	4	1			
Total One Year Ago		17	9		6	13	3	0			
FORMAL ON THE JOB TRAINEES (ENTER FIGURES FOR THE SAME CATEGORIES AS ARE SHOWN ABOVE)											
Apprentices											
Trainees											

*NOTE: JOB CATEGORIES CAN BE CHANGED OR ADDED TO (EX. SALES CAN BE ADDED OR REPLACE A CATEGORY NOT USED IN YOUR COMPANY)

1. Which of the following recruitment sources are used by you? (Check yes or no, and report percent used)				2. Check (X) any of the below listed requirements that you use as a hiring qualification (X)		3. Describe below any other practices or actions that you take which show that you hire, train, and promote employees without discrimination
SOURCE	YES	NO	% of applicants provided by source			
State Employment Service	<input type="checkbox"/>	<input checked="" type="checkbox"/>			X	Work Experience
Private Employment Agencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>			X	Ability to Speak or Write English
Schools and Colleges	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10		X	Written Tests
Newspaper Advertisement	<input type="checkbox"/>	<input checked="" type="checkbox"/>			X	High School Diploma
Walk Ins	<input type="checkbox"/>	<input checked="" type="checkbox"/>			X	College Degree
Present Employees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40			Union Membership
Labor Organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>			X	Personal Recommendation
Minority/Community Organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>				Height or Weight
Others (please identify)	<input type="checkbox"/>	<input type="checkbox"/>				Car Ownership
websites	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50			Arrest Record
	<input type="checkbox"/>	<input type="checkbox"/>				Wage Garnishments

Certification (Read this form and check your statements on it CAREFULLY before signing). I certify that the statements made by me on this BIDDER CONTRACT COMPLIANCE MONITORING REPORT are complete and true to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatements of facts, I am subject to be declared in non-compliance with Section 4a-60, 4a-60a, and related sections of the CONN. GEN. STAT.

(Signature) 	(Title) CEO	(Date Signed) 3/24/21	(Telephone) 203 216 9742
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/7/2020

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

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

PRODUCER ACBI Insurance 2 Corporate Drive Suite 335 Shelton CT 06484	CONTACT NAME: Maureen Lewis PHONE (A/C. No. Ext): 203-259-7580 E-MAIL ADDRESS: mlewis@acbi-ins.com		FAX (A/C. No): 203-254-4510
	INSURER(S) AFFORDING COVERAGE		
INSURED Hart Halsey, LLC dba Extra Duty Solutions 1 Waterview Dr. Suite 101 Shelton CT 06484	HARTH-1	INSURER A : Indian Harbor Ins. Co.	
		INSURER B : Accident Fund Insurance Co of America	
		INSURER C : Landmark American Ins. Co.	
		INSURER D : Hiscox Insurance Co.	
		INSURER E : INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 2103236309 **REVISION NUMBER:**

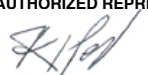
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ESG0056595	5/7/2020	5/7/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			MPL1604200.19	5/7/2020	5/7/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			SXS0056597	5/7/2020	5/7/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
B	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 <input checked="" type="checkbox"/> N	N/A	ARP12002097801	3/25/2020	3/25/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	Professional Liability			LCY782313	5/7/2020	5/7/2021	Per Occurrence/Agg	\$3MM/\$3MM
C	Data Breach & Privacy Security			LCY782313	5/7/2020	5/7/2021	Per Claim/Agg	\$1MM/\$1MM
D	Employee Theft (incl. 3rd Party)			UC22310713	3/23/2020	3/23/2021	Limit of Liability	\$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

*The Excess Liability Policy applies to General Liability and Hired & Non-Owned Auto Liability only.

CERTIFICATE HOLDER **CANCELLATION**

For Informational Purposes Only Hart Halsey LLC dba Extra Duty Solutions 1 Waterview Dr. Suite 101 Shelton CT 06484	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 
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