



# Homes and Community Renewal

ANDREW M. CUOMO  
Governor

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Commissioner/CEO

## **Request for Bids (“RFB”) for 36-Month Lease – 2018 Chevrolet Traverse** *Issue Date: March 23, 2018*

The New York State Housing Finance Agency and the State of New York Mortgage Agency (collectively, the “Agencies”) seek competitive bids from responsive and responsible authorized dealers of Chevrolet (“Bidders”) for a 36-month closed-end lease for one (1) newly manufactured **2018 Chevrolet Traverse All Wheel Drive (AWD)** in accordance with the below bid specifications:

### **MODEL SPECIFICATIONS:**

Model Year	2018
Model Description	Chevrolet Traverse AWD 4DR, LT Cloth w/1LT
Model Color	Silver
Seating	Seats, front bucket, 7-passenger seating with a 2-2-3 seating configuration
Seat Trim	Jet Black Premium Cloth
Additional	LT Cloth Preferred Equipment Group, Audio system, Chevrolet MyLink Radio with
Transmission	9-Speed Automatic
Axle	3.49 Final Drive Ratio
Tires	P255/65R all-season blackwall
Wheels	18" Bright Silver machined face painted in aluminum
Entertainment system	Sun, Entertainment and Destinations Package which includes additional 9 months of SiriusXM radio and NavTraffic Service, power sunroof, rear seat, DVD entertainment system and Chevrolet MyLink radio with navigation
	Entertainment system, rear seat, Blu-Ray/DVD with remote control, overhead display, Wi-Fi wireless projection capability, two-channel wireless digital headphones, auxiliary HDMI/MHL audio/video input and 2 USB PORTS (included with PCJ Sun, Entertainment and Destinations Package, Replaces single-slot CD/MP3 player.

Mats	All-weather mats (dealer-installed included with interior protection package)
Emission Standards	Emission standards shall be in accordance with federal requirements

**BID DEVIATIONS**

If your bid differs from the specifications explain such deviation(s) or qualification(s); and if necessary, attach a separate sheet. If offering an “equivalent” model year 2018 vehicle please include an explanation.

**BID SUBMISSION INSTRUCTIONS:**

Prospective Bidders must respond with a formal bid on their letterhead with detailed pricing for the Monthly Lease Amount, including the Base Price, Destination Charges, Applicable Discounts for NYS governmental agencies and contact information for the authorized salesperson. Bidders must also cite the expected Delivery Date of the 2018 model referenced herein.

Prospective Bidders must also complete and return the attached forms (also hyperlinked) with their Bid Submission: [Non-Collusive Bidding Certification](#) and [Vendor Information Form](#) and return it with your Submission. Your Bid Submission must be submitted before 3:00 p.m. EDT on **Thursday, March 29, 2018** (“**Submission Deadline**”) to Berniesha Coleman, Assistant Contract Administrator via e-mail at [Berniesha.coleman@nyshcr.org](mailto:Berniesha.coleman@nyshcr.org) and [Nyhomes.Proposal@nyshcr.org](mailto:Nyhomes.Proposal@nyshcr.org).

Any questions regarding this RFB shall be submitted to Ms. Berniesha Coleman in writing to the email address indicated above no later than 3:00 pm EDT on **Tuesday, March 27, 2018**. All questions should be submitted in writing by the aforementioned date with the following subject line: “Questions – Traverse.”

Bidders are cautioned to read this document thoroughly to become familiar with all aspects of the bid. Prospective Bidders should note that all clarifications and exceptions including those relating to the terms and conditions of the contract are to be resolved prior to the submission of a bid.

**NON-COLLUSIVE BIDDING CERTIFICATION**  
**Required by Section 2878 of the Public Authorities Law**

By submission of this bid, bidder and each person signing on behalf of bidder certifies, and in the case of joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his/her knowledge and belief:

[1] The prices of this bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;

[2] Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and

[3] No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A BID SHALL NOT BE CONSIDERED FOR AWARD NOR SHALL ANY AWARD BE MADE WHERE [1], [2], [3] ABOVE HAVE NOT BEEN COMPLIED WITH; PROVIDED HOWEVER, THAT IF IN ANY CASE THE BIDDER(S) CANNOT MAKE THE FORGOING CERTIFICATION, THE BIDDER SHALL SO STATE AND SHALL FURNISH BELOW A SIGNED STATEMENT WHICH SETS FORTH IN DETAIL THE REASONS THEREFORE:

**[AFFIX ADDENDUM TO THIS PAGE IF SPACE IS REQUIRED FOR STATEMENT.]**

**Subscribed to under penalty of perjury under the laws of the State of New York, this \_\_\_ day of \_\_\_\_\_, 20\_\_ as the act and deed of said corporation of partnership.**

IF BIDDER(S) (ARE) A PARTNERSHIP, COMPLETE THE FOLLOWING:

NAMES OF PARTNERS OR PRINCIPALS LEGAL RESIDENCE

_____	_____
_____	_____
_____	_____
_____	_____

IF BIDDER(S) (ARE) A CORPORATION, COMPLETE THE FOLLOWING:

NAMES      LEGAL RESIDENCE

\_\_\_\_\_  
**President**

\_\_\_\_\_  
**Secretary**

\_\_\_\_\_  
**Treasurer**

\_\_\_\_\_  
**President**

\_\_\_\_\_  
**Secretary**

\_\_\_\_\_  
**Treasurer**

Identifying Data:

**Potential Contractor:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, Town, etc.** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Title:** \_\_\_\_\_

\_\_\_\_\_  
If applicable, Responsible Corporate Officer Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

**Joint or combined bids by companies or firms must be certified on behalf of each participant:**

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Legal name of person, firm or corporation	Legal name of person, firm or corporation
By _____	By _____
(Name)	(Name)
_____	_____
Title	
_____	_____
Street Address	Street Address
_____	_____
City and State	City and State



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**NEW YORK STATE HOUSING FINANCE AGENCY  
HOUSING TRUST FUND CORPORATION  
NEW YORK STATE AFFORDABLE HOUSING CORPORATION  
STATE OF NEW YORK MORTGAGE AGENCY  
STATE OF NEW YORK MUNICIPAL BOND BANK AGENCY  
TOBACCO SETTLEMENT FINANCING CORPORATION  
DIVISION OF HOUSING AND COMMUNITY RENEWAL**

**(individually, “Agency” and collectively, “Agencies”)**

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**Vendor Information Form**

**Vendor Name:** \_\_\_\_\_

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

**Telephone Number:** (\_\_\_\_\_) \_\_\_\_\_

**Fax Number:** (\_\_\_\_\_) \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Primary Contact Email Address:** \_\_\_\_\_

**Billing Contact Email Address:** \_\_\_\_\_

**Name & Title of Principal(s):** \_\_\_\_\_  
\_\_\_\_\_

**Name & Title of Authorized Signer(s):** \_\_\_\_\_

**Federal Employer Identification Number:** \_\_\_\_\_

**Charities Bureau Registration #:** \_\_\_\_\_  
(Only applies to not-for-profits.)

**Legal Status:** \_\_\_\_\_ **Corporation** \_\_\_\_\_ **Partnership**  
\_\_\_\_\_ **Not-for-Profit** \_\_\_\_\_ **Other** \_\_\_\_\_

**(Note: If conducting business under an assumed name (d/b/a), please include evidence of filing of certificate.)**

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## New York State Business Enterprises

1. Is your business a New York State Business Enterprise as defined below pursuant to Section 2879 of the Public Authorities Law?

(Please circle)                      Yes                      No

***“New York State Business Enterprise”*** is any business enterprise, including a sole proprietorship, partnership or corporation, which offers for sale, lease or other form of exchange, goods sought by any Agency and substantially manufactured, produced or assembled in New York State, or services, other than construction services, which are sought by any Agency and which are substantially performed within New York State. For purposes of construction services, a New York state business enterprise shall mean a business enterprise, including a sole proprietorship, partnership, or corporation, which has its principal place of business in New York State.

### Encouraging Use of New York State Businesses in Contract Performance

New York State businesses have a substantial presence in State contracts and strongly contribute to the economics of the State and the nation. In recognition of their economic activity and leadership in doing business in New York State, bidders/proposers for this Agency procurement are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the Agency awarded contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles.

Bidders/proposers need to be aware that all authorized users of the awarded contract will be strongly encouraged, to the maximum extent practical and consistent with legal requirements, to use responsive New York State businesses in purchasing commodities that are of equal quality and functionality and in utilizing services and technology. Furthermore, bidders/proposers are reminded that they must continue to utilize small, minority and women-owned businesses, consistent with current State law.

Utilizing New York State businesses in Agency contracts will help create more private sector jobs, rebuild New York’s infrastructure, and maximize economic activity to the mutual benefit of the contractor and its New York State business partners. New York State businesses will promote the contractor’s optimal performance under the contract award, thereby benefiting the public sector programs that are supported by associated procurements.

Public procurements can drive and improve the State’s economic engine through promotion of the use of New York businesses by its contractors. The Agency therefore expects proposers to provide maximum assistance to New York businesses in their use of the awarded contract. The potential participation of all kinds of New York businesses will deliver great value to the State and its taxpayers.

Bidders/proposers can demonstrate their commitment to the use of New York State businesses by responding to the question below:

1. Will New York State Businesses be used in the performance of this contract award?

(Please circle)                      Yes                      No

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**Minority Owned Business Enterprises**

1. Is your company a Minority-Owned Business Enterprise as defined below pursuant to Section 2879 of the Public Authorities Law?

(Please circle)                      Yes                      No

2. If yes, has your company been certified as a Minority-Owned Business Enterprise?

(Please circle)                      Yes                      No

3. Is your company certified with New York State's Empire State Development Corporation (ESD)?

(Please circle)                      Yes                      No

If yes, please submit a copy of your company's most recent certification letter from ESD.

**Minority-Owned Business Enterprise:** Any business enterprise, including a sole proprietorship, a partnership, or a corporation that is:

- (i) At least 51% percent owned by one or more minority group members;
- (ii) An enterprise in which the minority ownership is real, substantial and continuing;
- (iii) An enterprise in which the minority ownership has and exercises the authority to control independently the day-to-day business decisions of the enterprise;
- (iv) An enterprise authorized to do business in New York State and is independently owned and operated;
- (v) An enterprise owned by an individual or individuals, whose ownership, control and operation are relied upon for certifications, with a person net worth that does not exceed three million five hundred thousand dollars, as adjusted annually on the first of January for inflation according to the consumer price index of the previous year; and
- (vi) An enterprise that is a small business<sup>1</sup>

**Minority Group Member:** Any person that is a United States citizen or permanent resident alien who is and can demonstrate membership in one of the following groups:

- (i) Black persons having origins in any of the Black African racial groups;
- (ii) Hispanic persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American of either Indian or Hispanic origin, regardless of race;
- (iii) Native American or Alaskan native persons having origins in any of the original peoples of North America.
- (iv) Asian and Pacific Islander persons having origins in any of the Far East countries, Southeast Asia, the Indian sub-continent or the Pacific Islands.

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<sup>1</sup>"Small Business" means, unless otherwise indicated, a business which has a significant business presence in the State of New York, is independently owned and operated, not dominant in its field and employs, based on its industry, a certain number of persons as determined by the Director of division of minority and women's business development in the department of economic development, but not to exceed 300, taking into consideration factors which include, but are not limited to, Federal small business administration standards pursuant to 13 CFR part 121 and any amendments thereto. The Director may issue regulations on the construction of the terms in this definition.



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**Women Owned Business Enterprises**

1. Is your company a Women-Owned Business Enterprise as defined below pursuant to Section 2879 of the Public Authorities Law?

(Please circle)                      Yes                      No

2. If yes, has your company been certified as a Women-Owned Business Enterprise?

(Please circle)                      Yes                      No

3. Is your company certified with New York State's Empire State Development Corporation (ESD)?

(Please circle)                      Yes                      No

If yes, please submit a copy of your company's most recent certification letter from ESD.

**Women-Owned Business Enterprise:** Any business enterprise, including a sole proprietorship, a partnership, or a corporation that is:

- (i) At least 51% percent owned by one or more United States citizens or permanent resident aliens who are women;
- (ii) An enterprise in which the ownership interest of such women is real, substantial and continuing;
- (iii) An enterprise in which such women ownership has and exercises the authority to control independently the day-to-day business decisions of the enterprise;
- (iv) An enterprise authorized to do business in the State of New York and is independently owned and operated;
- (v) an enterprise owned by an individual or individuals, whose ownership, control and operation are relied upon for certifications, with a personal net worth that does not exceed \$3.5 million dollars, as adjusted annually on the first of January for inflation according to the consumer price index of the previous year; and
- (vi) An enterprise that is a small business<sup>2</sup>

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**Small Business Enterprises**

1. Is your company a "Small Business Concern" in accordance with New York State Finance Law?

(Please circle)                      Yes                      No

2. If yes, has your company been certified by any municipal, NYS or Federal governmental agency?

(Please circle)                      Yes                      No

If yes, please submit a copy of your company's most recent certification letter from the governmental agency.

**"Small Business Concern"** means a business which is resident in the State of New York, independently owned and operated, not dominant in its field and employs one hundred or less persons.

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<sup>2</sup>"Small Business" means, unless otherwise indicated, a business which has a significant business presence in the State of New York, is independently owned and operated, not dominant in its field and employs, based on its industry, a certain number of persons as determined by the Director of division of minority and women's business development in the department of economic development, but not to exceed 300, taking into consideration factors which include, but are not limited to, Federal small business administration standards pursuant to 13 CFR part 121 and any amendments thereto. The Director may issue regulations on the construction of the terms in this definition.

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**Service-Disabled Veteran Owned Businesses**

1. Is your company certified as a Service-Disabled Veteran-Owned Business (SDVOB)?

(Please circle)                      Yes                      No

2. If yes, has your company been certified as a SDVOB by the New York State Office of General Services (OGS)?

(Please circle)                      Yes                      No

If yes, please submit a copy of your company's most recent certification letter from OGS and provide your SDVOB Control Number (issued by OGS) in the following space: \_\_\_\_\_

**"Certified Services-Disabled Veteran-Owned Business Enterprise"** means a business enterprise, including a sole proprietorship, partnership, limited liability company or corporation that is:

- (a) at least 51% owned by one or more service-disabled veterans;
- (b) an enterprise in which such service-disabled veteran ownership is real, substantial, and continuing;
- (c) an enterprise in which such service-disabled veteran ownership has and exercises the authority to control independently the day-to-day business decisions of the enterprise;
- (d) an enterprise authorized to do business in the State of New York and is independently-owned and operated;
- (e) an enterprise that is a small business which has a significant business presence in the State of New York, not dominant in its filed and employs, based on its industry, a certain number of persons as determined by the director, but not to exceed 300, taking into consideration factors which include, but are not limited to, federal small business administration standards pursuant to 13 CFR part 121 and any amendments thereto; and
- (f) certified by New York State's Office of General Services.

**Vendor Certification:**  
*Proposer/bidder certifies that to the best of his/her knowledge and belief, all information contained in this application is true and correct.*

**Name of Vendor:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Print Name and Title:** \_\_\_\_\_

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