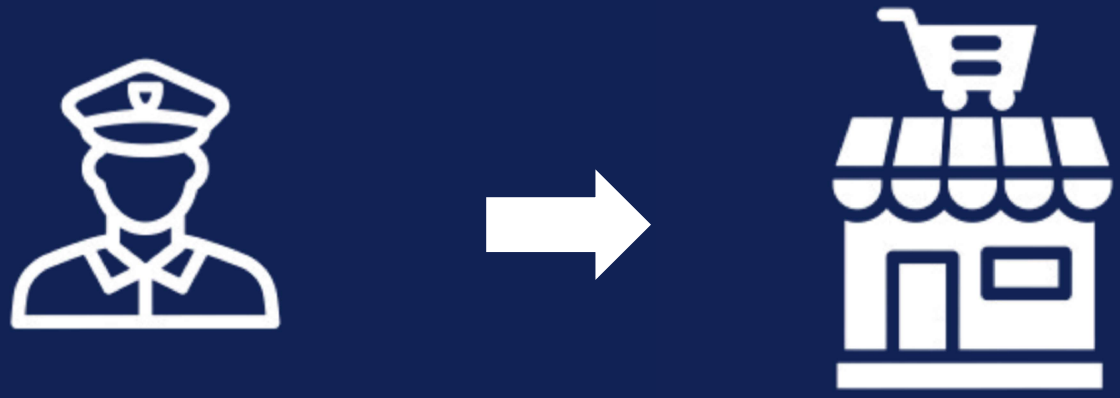
Welcome to the NYPD Paid Detail Pre-Proposal Conference

Upon joining, please enter your full name and company into the chat.

Procurement Overview

- **What is the Paid Detail Program?**
- **Uniformed members of service can perform off-duty security work within New York City with clients such as retail chains, department stores, supermarkets, banks, etc. All assigned officers are active, armed, full-duty NYC Police Officers.**



What are we looking for?

- **The NYPD seeks a qualified vendor to provide an electronic platform and application capable of supporting scheduling paid details, assignment, billing, and reporting for uniformed members of service.**

- **Proposed Payment Timeline:** Contractor shall remit payment to UMOS no later than Friday of the week following completion of the paid detail.

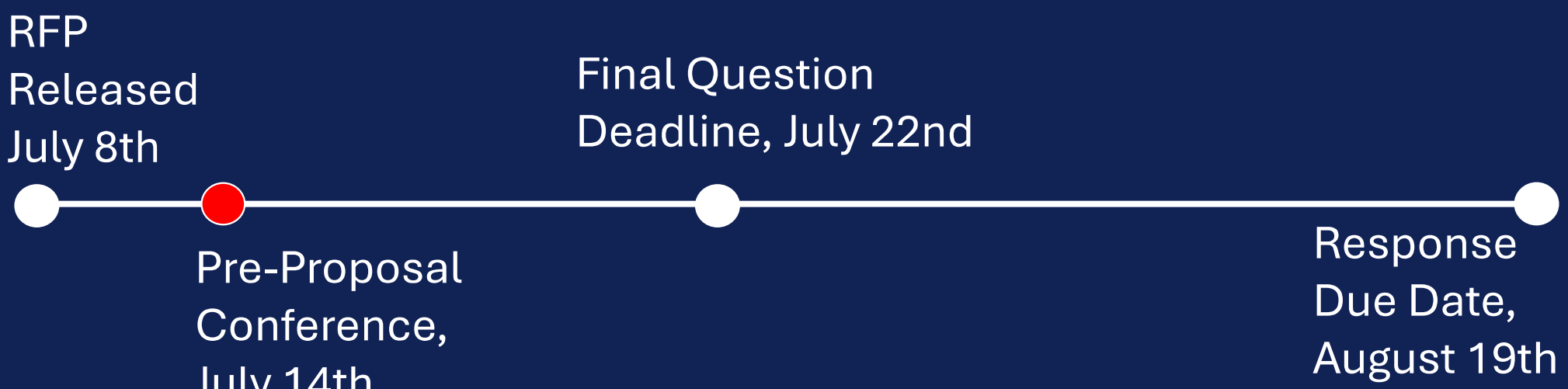
- **Financial Liability:** Contractor shall assume full financial liability for all payments related to the paid detail, including officer compensation and any applicable fees.

- **Uniformed Members of Service (UMOS) Compensation:** Contractor shall not charge UMOS any fees for their services. Hourly compensation rates for participating UMOS are set by NYPD.

- **NYPD Administrative Fee (10%):** Contractor shall charge a separate 10% administrative fee to Clients, which Contractor will collect and pass through to NYPD.

Timelines

Estimated Contract Start Date: April 1, 2027
Contract Term: 5 years with two renewal options of 3 years each



Evaluation Criteria

• Relevant experience and expertise with law enforcement entities or other comparable large entities	30%
• Financial stability and ability to support long-term operations	20%
• Functionality and scalability of the proposed platform and mobile app development	25%
• Overall approach and implementation	25%

Payment Options

- **Pre-Services Payment Option:**
  - Clients pay the contractor **before** services are rendered by UMOS
  - Contractor would advance payment for both (1) the full compensation due to UMOS and (2) the NYPD administrative fee
  - Contractor invoices the clients who use the Paid Detail Program which would include (1) full compensation due to UMOS, (2) the NYPD administrative fee, and (3) the contractor's hourly Platform Management fees

- **Post-Services Payment Option:**
  - Clients pay the contractor **after** services are rendered by UMOS
  - Contractor would advance payment for both (1) the full compensation due to UMOS and (2) the NYPD administrative fee
  - Contractor would then invoice and collect payment from clients including (1) full compensation due to UMOS, (2) the NYPD administrative fee, and (3) the contractor's hourly Platform Management fees

Price Proposal

- **Provide your hourly rates by title and year for**
  - Pre-payment model
  - Post-payment model
  - Or, optionally, your own creative payment model!

NYPD Paid Detail Application and Software Platform

Pricing Proposal Form

INSTRUCTIONS: Only fill out highlighted fields.

SECTION 1 - PROPOSER INFORMATION

Company Name:
Contact Person:
Email / Phone:

SECTION 2 - REQUIRED PAYMENT OPTIONS

*Proposer must provide pricing for **both** required payment models below.*

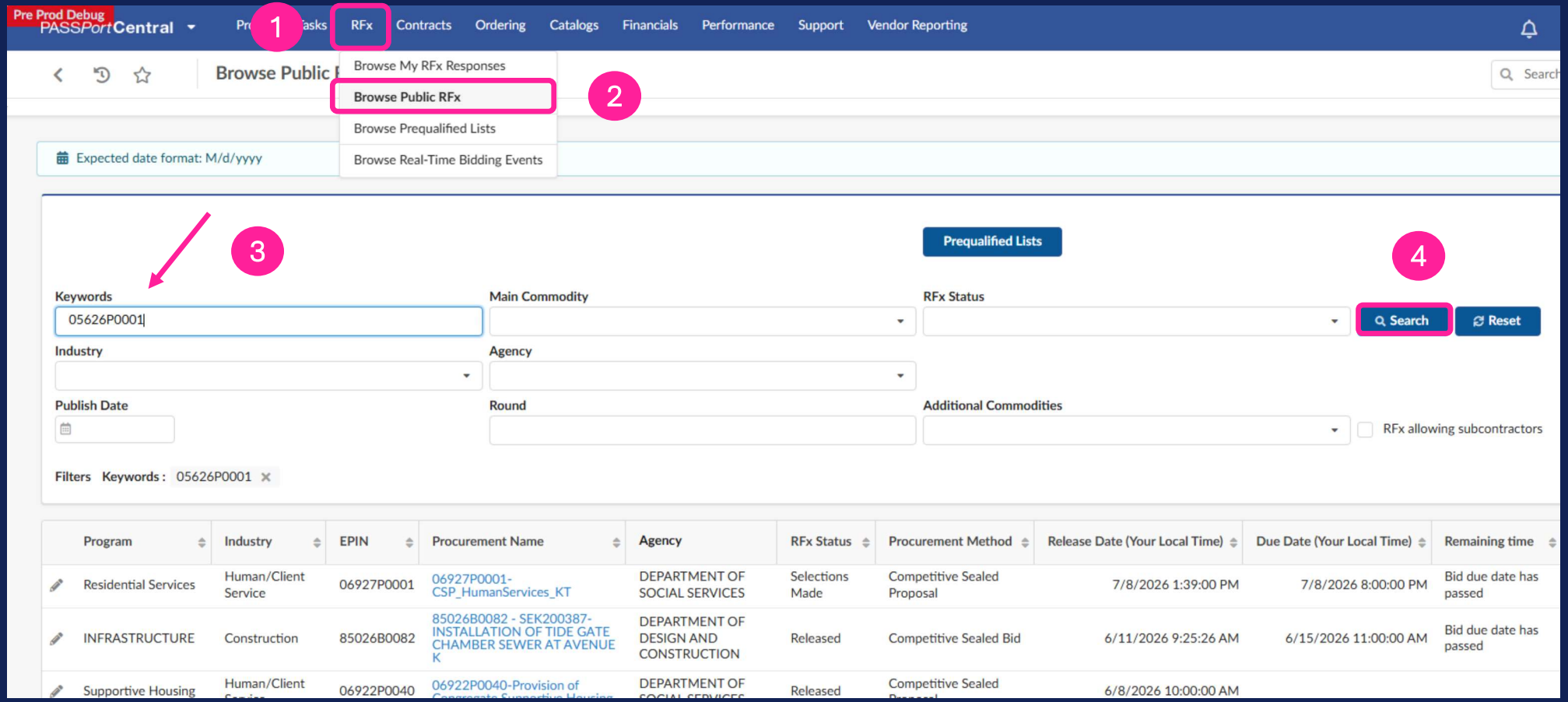
Option 1 - Pre-Services Payment Model (Clients pays in advance and Contractor does not advance funds)

A. Contractor's Platform Management Fee (Hourly Rates by UMOS Titles & Years)

Proposers must list their Platform Management Fee for services related to the operation and management of the Paid Detail Application and Software Platform. The Platform Management Fee is an hourly amount, applied per hour worked by UMOS, and will be collectd from Clients.

Uniform Member of Service (UMOS) Rank	Rate per Hour	10% NYPD Admin Fee	Estimated Annual Hours	Annual Estimated UMOS Compensation + NYPD Admin Fee	Year 1 - Hourly Management Fee	Year 2 - Hourly Management Fee	Year 3 - Hourly Management Fee	Year 4 - Hourly Management Fee	Year 5 - Hourly Management Fee	Total Management Fee
Police Officer / Detective	$49.00	$4.90	794,184	$42,806,517.60	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Sergeant	$61.00	$6.10	120,852	$8,109,169.20	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Lieutenant	$68.00	$6.80	42,632	$3,188,873.60	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Find the RFP in PASSPort



PASSPort Overview

Sourcing EPIN: 05626P0001



Community Hiring Presentation



Q & A

- All questions asked during the pre-proposal conference are informal and must be followed up in writing to tiana.urey@nypd.org and jordan.glickstein@nypd.org and contracts@nypd.org
- Official answers will be provided in the addendum

First Name	Last Name	Company
Susan	Danielsen	Extra Duty Solutions
Hart	Halsey	Extra Duty Solutions
Mathewe	Varghese	Hubspire
Shawn	Giewont	Naviant LLC
Greg	Doran	Off Duty Management
Derek	Beckman	RollKall Technologies, LLC
John	Zebrowski	Extra Duty Solutions
Tom	Pappalardo	Hyland Software
Gregrian	Vassell	Lothian Ave LLC
Brian	Manley	Off Duty Management
Madison	Moore	Off Duty Management
Scott	DeLuca	Salesforce
Becky	Newman	Off Duty Management
David	Jochim	SoundThinking
Michael	Babulski	VCS/Jobs4Blue
Jason	Cobb	RollKall Technologies, LLC
Diana	Herring	Autocene Government Solutions, Inc.
Dain	Massey	Raj Technologies Inc.
Fernando	Diaz	Metriqz.com
Kirk	Deininger	Autocene Government Solutions
Benedek	Farkas	Lombiq Technologies Ltd.
Sam	Okpara	Paramint LLC
Scott	Walter	VCS
Glenn	Mintz	Mulesoft
Guy	DiMemmo	VCS HR/Jobs4Blue

NYC Mayor's Office of Contract Services

Doing Business Data Form
Update Form

A Doing Business Data Form must be completed by an entity when an individual who is or was affiliated with that entity requests to be removed from the Doing Business Database, or when an entity wants to update its information. Please either type responses directly into this fillable form, or print answers by hand in black ink. For all submissions, please be sure to fill out the certification box on the last page, and return the completed Data Form (along with the Request for Removal) to Doing Business Accountability, Mayor's Office of Contract Services, 255 Greenwich Street, 9th floor, New York, NY 10007 or via email to DoingBusiness@mocs.nyc.gov. **This Data Form is separate from that used to collect information from entities receiving, applying for or proposing on an award, agreement or solicitation.**

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

Please contact Doing Business Accountability at DoingBusiness@mocs.nyc.gov or 212-298-0600 with any questions regarding this Data Form. Thank you for your cooperation.

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

Entity Information

Entity EIN/TIN _____ Entity Name _____

Filing Status	**(Select One)**
NEW: *Data Forms submitted now must include the listing of* ***organizations,*** *as well as individuals, with 10% or more ownership of the entity. Until such certification of ownership is submitted through a change, new or update form, a no change form will not be accepted.*	☐ Entity has never completed a Doing Business Data Form. Fill out the entire form. ☐ Change from previous Data Form dated _____. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.* ☐ No Change from previous Data Form dated _____. *Skip to the bottom of the last page.*

Entity is a Non-Profit ☐ Yes ☐ No

Entity Type ☐ Corporation (any type) ☐ Joint Venture ☐ LLC ☐ Partnership (any type) ☐ Sole Proprietor ☐ Other (specify) _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

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

Principal Officers

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

Chief Executive Officer (CEO) or equivalent officer ☐ This position does not exist

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

First Name _____ MI ___ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

☐ This person replaced former CEO _____ on date _____

Chief Financial Officer (CFO) or equivalent officer ☐ This position does not exist

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

First Name _____ MI ___ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

☐ This person replaced former CFO _____ on date _____

Chief Operating Officer (COO) or equivalent officer ☐ This position does not exist

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

First Name _____ MI ___ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

☐ This person replaced former COO _____ on date _____

Principal Owners

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

There are no owners listed because (select one):

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

Other (explain) _____

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

First Name _____ MI ___ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

First Name _____ MI ___ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

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

Organization Name _____

Organization Name _____

Organization Name _____

Remove the following previously-reported Principal Owners

Name _____ Removal Date _____

Name _____ Removal Date _____

Name _____ Removal Date _____

Senior Managers

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

Senior Managers

First Name _____ MI ___ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

First Name _____ MI ___ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

First Name _____ MI ___ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by entity) _____

Home Address _____

Remove the following previously-reported Senior Managers

Name _____ removal date _____

Name _____ removal date _____

Certification

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

Name _____ Title _____

Entity Name _____ Work Phone # _____

Signature _____ Date _____

Please return this form to Doing Business Accountability by email to DoingBusiness@mocs.nyc.gov. **Update**

SCHEDULE A FOR CLIENTS OF PAID DETAIL PROGRAM

Article 7 -- Insurance	
Types of Insurance (per Article 7 in its entirety, including listed paragraph)	**Minimum Limits and Special Conditions**
■ Commercial General Liability §7.03(A)	$1,000,000.00 per occurrence $2,000,000.00 aggregate - This may be a combination of Insurance and Umbrella/Excess Liability coverage. $ 0 products/completed operations Additional Insureds: 1. City of New York, including its officials and employees 2. _____ _____

SCHEDULE A FOR VENDORS

Article 7 -- Insurance	
Types of Insurance (per Article 7 in its entirety, including listed paragraph)	**Minimum Limits and Special Conditions**
■ Workers' Compensation §7.02 ■ Disability Benefits Insurance §7.02 ■ Employers' Liability §7.02	Statutory amounts.
■ Commercial General Liability §7.03(A)	$1,000,000.00 per occurrence $1,000,000.00 aggregate - This may be a combination of Insurance and Umbrella/Excess Liability coverage. $Q products/completed operations Additional Insureds: 1. City of New York, including its officials and employees, and 2. _____ 3. _____
X Commercial Auto Liability §7.03(8)	$1,000,000.00 per accident combined single limit
X Professional Liability/Errors & Omissions §7.03(C)	$1,000,000.00 per claim

D Crime Insurance §7.03(D)	$_____per occurrence $_____aggregate
E Cyber Liability Insurance §7.03(E)	$10,000,000.00 per occurrence $20,000,000.00 aggregate
Contractor's Pollution Liability	$_____per claim
☐ [OTHER]	
Section 10.07 - Liquidated Damages	
• Violation of Section 3.02(H), reporting subcontractors in the City's Payee Information Portal	• **$70 per day**
DAMAGES If the **Contractor** fails to substantially complete the **Work** within the time fixed for substantial completion plus authorized time extensions or if the **Contractor,** in the sole determination of the **Commissioner,** has abandoned the **Work,** the **Contractor** shall pay to the **City** the amount indicated to the right.	NYPD reserves the right to assess liquidated damages against the Contractor for failure, by the Contractor, to perform as per the Specifications document.
Section 14.04 -Notice	
SUB-CONTRACTOR The **Contractor** shall not make subcontracts totaling an amount more than the percentage of the total **Contract** price indicated to the right.	Not to exceed 49% of the **Contract** price
Contractor's Mailing Address and Email Address for Notices	