

**RESPONSE TO HUMAN TRAFFICKING PROGRAM
(RHTP)**

Direct Services

**REQUEST FOR PROPOSALS
AND APPLICATION**

**STATE OF NEW YORK
ANDREW M. CUOMO
GOVERNOR**



**NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE**

BIDDERS' CONFERENCE

Participation at the bidders' conference is voluntary. BRIA staff will entertain questions about the RFP and its process at the conferences. The conferences will be held at the following locations:

Albany: November 14, 2011
2:30pm – 4:00pm
Castleton Comfort Inn & Suites
99 Miller Road
Castleton, NY 12033

New York City: November 15, 2011
1:00pm -2:30pm
Harlem Center Office
317 Lenox Avenue (between 125th and 126th)
Room 901
New York, New York 10027

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PART A - SUMMARY INFORMATION

I. INTRODUCTION

The New York State Office of Temporary and Disability Assistance (OTDA) Bureau of Refugee and Immigrant Assistance (BRIA) issues this Request for Proposals (RFP) to solicit services for New York State confirmed Human Trafficking Victims under the NYS Response to Human Trafficking Program (RHTP).

OTDA/BRIA anticipates distributing \$397,000 in RHTP funds per year for three year contracts under this procurement. All program funds are State funds from the New York State budget specifically appropriated for combating human trafficking and which are subject to continued availability. Use of these funds must relate to service provision to foreign-born human trafficking victims who are unable to obtain assistance elsewhere because of their lack of eligible immigration status. Other costs, such as construction and renovation costs, are not allowable under this program. OTDA/BRIA expects that all other funding options will be used before using State dollars through this project.

BRIA may fund agencies to provide services in some or all of the following counties within these three regions:

New York City:	Bronx, Kings, Queens, New York, Richmond
Metro Area:	Nassau, Suffolk, Westchester and Rockland
Rest of State:	All other counties

The deadline for receipt of proposals is December 7, 2011 @ 4:00 p.m. in the Bureau's Albany Office. See page 2 for additional information.

Eligible applicants must complete and submit all forms and narratives and relevant attachments required by this RFP and all relevant attachments (see "Application Submission Checklist" on page 66). Please pay particular attention to the Minority and Women Owned Business (M/WBE) participation requirements.

- Only proposals submitted by Eligible Grant Applicants, as defined on page 4 of this RFP, will be accepted for review.
- Only proposals that serve a Eligible Clients, as defined on page 8 of this RFP, will be accepted for review.

If it is determined that the application fails to meet the minimum requirements for Eligible Grant Applicants or for Eligible Target Populations, the proposal will be disqualified.

If selected, the proposal and all portions of it submitted in response to this RFP may become part of a contract with OTDA/BRIA, subject to approval by the New York State Attorney General and the Office of the State Comptroller. At the time of contract development, awardees will be required to submit additional payment schedules, program information and any revised M/WBE forms and documents for the final contract. Successful grantees will be required to submit all final contract documents, narratives and payment schedules electronically, with the exception of documents requiring an original signature. OTDA/BRIA reserves the right to negotiate any aspect of a proposal in order to ensure that the final agreement meets OTDA/BRIA objectives and requirements.

II. PROCUREMENT SCHEDULE/ SUBMISSION GUIDELINES

(OTDA/BRIA reserves the right to modify the dates)

Release Date of the Request for Proposals.....	November 7, 2011
Bidder's Conference in Albany.....	November 14, 2011
Bidder's Conference in New York City	November 15, 2011
Deadline for written Questions.....	November 16, 2011
Response to Questions.....	November 23, 2011
Due Date and Time for Proposals.....	December 7, 2011 @ 4:00 p.m.
Anticipated Notification of Awards.....	December 31, 2011
Anticipated Contract Start Date.....	January 1, 2012

QUESTIONS AND ANSWERS REGARDING THIS RFP

Prospective applicants may submit questions via fax, email or written correspondence to the individual and address below. Questions must be submitted no later than November 16, 2011:

Julia Parnas
New York State Office of Temporary and Disability Assistance
Bureau of Refugee and Immigrant Assistance
40 North Pearl Street, 10th Floor, Section C
Albany, New York 12243-0001
Fax: (212) 961-8274
Email: Julia.parnas@otda.state.ny.us

OTDA/BRIA will respond in writing to questions by November 23, 2011. A written copy of the questions and answers will be either mailed or e-mailed to applicants who request one. Questions and answers also will be posted on the *Contracts and Grants* web page, located at <http://www.otda.state.ny.us>.

OTDA/BRIA reserves the right to respond to questions submitted after the deadline.

PROPOSAL SUBMITTAL

One original and three copies or one original and three CDs (CDs must be labeled clearly with the agency name) of the entire application submission package (not stapled, bound or paper clipped) (see page 21) must be sent to the Bureau of Contract Management at the address below. All proposals *must* be received by mail, hand delivery, courier service, FEDEX or UPS delivery by 4pm on December 7, 2011. Any proposal received after the deadline may be reviewed at the discretion of OTDA/BRIA. OTDA/BRIA will not accept faxed proposals, or proposals sent via electronic mail.

OTDA/BRIA reserves the right to reject any and all offers.

NYS OTDA
Bureau of Contract Management
Attn: Sal Pamadora
40 North Pearl Street 13th Floor, Section B
Albany, New York 12243-0001
Phone: (518) 486-6352 (For Delivery Questions Only)

III. STATE AUTHORITY

The New York State Response to Human Trafficking Program (RHTP) was established by OTDA under Social Services Law when the New York State Human Trafficking Law was signed into law on June 6, 2007 (Chapter 74 of the Laws of 2007). The anti-human trafficking law establishes state crimes of sex trafficking and labor trafficking, provides a mechanism to allow confirmed victims of human trafficking who would be otherwise ineligible to receive social services to qualify for certain services, and creates an Interagency Task Force on Human Trafficking. The law requires the Division of Criminal Justice Services (DCJS) and OTDA to review referrals submitted by law enforcement agents or district attorneys and “confirm” persons determined to be victims of trafficking under the law. The New York State Human Trafficking Law also amends the Social Services Law, adding Article 10-8 D entitled “Services for Victims of Human Trafficking” to ensure that confirmed victims who are otherwise ineligible for mainstream services are served. Section 483-BB provides a non-exhaustive list of services that can be provided, including, but not limited to: case management, emergency temporary housing, health care, mental health counseling, drug addiction screening and treatment, language interpretation and translation services, English language instruction, job training and placement assistance, post-employment services for job retention, and services to assist the individual and any of his or her family members to establish a permanent residence in New York or in the United States. Such activities are also supported by the SFY 2011-2012 budget appropriation language.

IV. PROGRAM DESCRIPTION

A. Purpose

Effective implementation of the New York State Human Trafficking Law has four key objectives, which are to:

1. Increase prosecution of perpetrators of human trafficking;
2. Increase prevention of and protection against trafficking for vulnerable populations;
3. Improve the capacity of the human services sector to address human trafficking; and
4. Increase access to quality services for survivors of human trafficking.

To accomplish these specific objectives, the RHTP:

1. Addresses the serious and wide-ranging service issues facing trafficked persons given their lack of access to mainstream services;
2. Eases the transition of trafficked persons into the State’s assistance programs and bridges needs until federal certification occurs;
3. Empowers trafficked persons to be effective partners in the approach of their case management;
4. Provides outreach to engage other providers and stakeholders to identify victims of human trafficking; and
5. Supports local systems such as the Domestic Violence Task Force, or other Trafficking Task Forces, working to identify and serve trafficked persons and create Task Forces in particular areas.

B. Background

Human Trafficking was largely unrecognized by either federal or state governments until Congress enacted the Trafficking Victims Protection Act of 2000 (TVPA). The TVPA was the first comprehensive national effort to address human trafficking. It provided for enhanced penalties for human trafficking crimes and special service programs to provide assistance to victims. Despite shortcomings, the TVPA was a watershed development in addressing trafficking on a national level. Meanwhile, the State of New York lacked specific statutory authority to go after traffickers directly and had no state funded victim-service programs to fill in the gaps left by TVPA.

New York took steps to address this when the State Legislature unanimously passed the Human Trafficking law that went in to effect November 1, 2007. The law represents a multi-faceted and multi-disciplinary approach to fighting human trafficking. The law authorizes services to foreign-born human trafficking victims who are unable to obtain assistance (hereinafter “eligible clients”) elsewhere because of their lack of an eligible immigration status. The services provided include access to case management services; emergency temporary housing assistance; health care; mental health counseling; legal services; drug addiction screening and treatment; language interpretation and translation services; English language instruction; and job training and placement services. Through contracts with regional providers as part of its Response to Human Trafficking Program, OTDA makes these services available to adult human trafficking victims and family members.

V. ELIGIBLE GRANT APPLICANTS

Eligible applicants include public agencies, county or municipal governments, or any subdivision thereof; not-for-profit corporations, including charitable organizations incorporated, registered and in good standing with the Charities Bureau of the Attorney General in the State of New York; faith based organizations and educational institutions.

Prospective applicants who want to verify their status as a charitable organization should contact the Office of New York State Attorney General, Charities Bureau at 1(800)771-7755 or on the internet at: <http://www.oag.state.ny.us>.

Eligible applicants must be located in and do business in New York State.

In order to be notified of future requests for proposals, agencies must be registered on the bidders list. Complete instructions on how to register can be found at the following website: http://otda.state.nyenet/psqi/bcm/Bidder_Form_Instructions.asp.

OTDA/BRIA recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at http://www.osc.state.ny.us/vendrep/vendor_index.htm or go directly to the VendRep System online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller’s Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website www.osc.state.ny.us/vendrep or may contact the Office of the State Comptroller’s Help Desk for a copy of the paper form. Please call the OSC Help Desk with any questions at 518-408-4672 or 1-866-370-4672.

VI. SERVICE STRATEGY

The Response to Human Trafficking Program (RHTP) services strategy consists of the following three components:

I. Community Education

The New York State Interagency Task Force on Human Trafficking Report (2008) recommended that the State increase outreach efforts to identify persons who have been trafficked. This mirrors the findings in reports written by the Florida and Texas Taskforces, among others, that outreach and awareness is critical at the local level to dispel the myth that trafficking only happens in developing countries. To further this goal, this proposal invites applicants to propose community education activities intended to educate the public and train stakeholders to identify and assist trafficked persons. Each candidate must demonstrate that it has the expertise and organizational capacity to successfully train and/or outreach to their local and state law enforcement (i.e., precinct, sheriff's office, troop or barrack), victim service and faith-based organizations, local medical providers, and other community services providers to develop, expand, or enhance services to victims. A Community Education plan must consider the needs of "front line" workers and services that need to be accessible where and when trafficked persons are identified. Information about trafficking can be incorporated into regular outreach activities or other programming so that people can learn about trafficking, including how to help those who might be trafficked. Applicants must include a detailed discussion of how they will develop and deliver substantive training on human trafficking for those entities listed above. Basic training on trafficking indicators, cultural considerations, safety concerns, the needs of trafficking victims and the New York State confirmation process should be covered. OTDA/BRIA retains the right to review and approve all training materials developed by the candidate prior to dissemination.

II. Task Force Development

A multidisciplinary anti-human trafficking Task Force is a collaborative effort among local law enforcement and victim service providers who together work to combat human trafficking and protect victims. Research shows that the most effective task forces are administered at a local level, where the participants have working knowledge of their communities and are able to regularly interact with each other. Please see Farrell & McDevitt, *Understanding and Improving Law Enforcement Responses to Human Trafficking*, Northeastern University Institute on Race and Justice (June 2008). In New York State, four counties (New York, Erie, Nassau and Suffolk) have federally funded Bureau of Justice Assistance (BJA) Task Forces and these areas will not be eligible for Task Force development funds. Other regions have local domestic violence task forces or other collaborative efforts that could integrate human trafficking issues. OTDA/BRIA expects Task Force development to mirror successful human trafficking task forces in which local law enforcement and victim service efforts are partnered with federal and state investigative, enforcement, and regulatory agencies and resources in pursuit of the most comprehensive response to the crime and to victims. Success factors are elaborated in the *Anti-Human Trafficking Task Force Strategy and Operations e-Guide* produced by the Department of Justice's Office for Victims of Crime (OVC) and the Bureau of Justice Assistance (BJA) (www.ovcttac.gov/TaskForceGuide). Essential to the successful Task Force is a strategic, well-planned, and continuously fostered collaborative relationship among law enforcement, victim service providers, and other stakeholders. This requires an analysis of baseline knowledge among key stakeholders, an assessment of the specific nature of human trafficking in the area, and the establishment of a Task force structure. Regularly scheduled meetings that focus on determining and addressing victim needs are also part of a successful Task Force effort. BRIA/OTDA strongly encourages applicants to create such Task Forces where no BJA funded Task Force currently exists.

III. Comprehensive Services

Once trafficked persons have been identified, service providers must meet their immediate needs for safety and basic survival. Providers also encourage victims to report to law enforcement so that a referral may be submitted to OTDA and DCJS. Once the referral is subsequently confirmed by the State, funding is triggered under the Response to Human Trafficking Program. Throughout this process, providers inform clients of their rights and responsibilities, describe the roles of the various parties involved and assesses needs. These needs range from emergency assistance, such as food and clothing, to longer-term needs, such as English language education, acculturation and job preparation. This RFP funds providers to deliver direct services to eligible clients and be reimbursed at specific stages of service delivery. Responders to the RFP will submit an estimate (the “rate per unit” in Section IX) of the anticipated costs associated with comprehensive services per eligible client.

Each phase of service delivery requires the development of a case management plan and the assessment of whether the plan needs to be adapted. This allows for service delivery that is built upon objective presenting needs, input from the recipient, and adaptation to changing circumstances. The RHTP also acknowledges the wide diversity of client needs and working with the eligible client to determine which services are most appropriate and the timeframe for their delivery.

Service delivery currently operates in the following areas and OTDA/BRIA expects successful applicants to provide:

1. Case Management
2. Shelter/Rental Assistance
3. Health Assessment
4. Medical Care (including prescriptions)
5. Mental Health Counseling
6. Legal Services
7. Food
8. Other Identified Service Needs

1. Case Management

The RHTP contractor must provide comprehensive case management to all eligible clients. Case management includes, but is not limited to: assessing the scope of needs, developing a plan of action to meet those needs, preparing a work plan which will include all the services provided by the RHTP or by the agencies/organizations that the eligible client will be referred to for these services, and a plan to interact with law enforcement as necessary.

2. Shelter/Rental Assistance

Most human trafficking victims lack safe and secure housing, which is a crucial component of their recovery. Thus, the Contractor must demonstrate the experience and ability to provide safe and secure emergency temporary housing, and then, when appropriate, more stable long term housing and rental assistance to the eligible clients. Facilities providing shelter for trafficked persons and receiving funds under the Response to Human Trafficking Program must be operated in accordance with all applicable State and Local laws,

regulations, codes, and ordinances. Where shelter costs are reimbursable by the State through other avenues, shelter will not be covered by these funds.

3. Health Assessment

Human trafficking victims require a thorough medical screening as soon as possible after rescue. To provide this service, the RHTP provider must demonstrate their relationship with a recognized medical provider that has experience and resources to identify communicable diseases of potential public health importance, and to identify personal health conditions that adversely impact recovery goals, such as job placement or school attendance. It is OTDA/BRIA's intent that the RHTP provider will use the US Office of Refugee Resettlement-approved Health Screening protocol. However, justification may be provided to use another, comparable assessment tool.

4. Medical Care (including Prescriptions)

The RHTP provider must demonstrate experience and ability in providing and/or facilitating necessary medical care and treatment services. The agency providing this service must be a New York State Department of Health licensed health care provider. Reimbursable costs and services are limited to those that are allowable under Medicaid.

5. Mental Health Counseling

Human trafficking victims often present with mental health issues and are at risk of experiencing lifelong trauma due to physical, emotional and/or sexual abuse by the persons that trafficked them. Therefore it is critical that these issues are addressed as soon as possible. The RHTP provider must demonstrate experience and the ability to provide necessary mental health counseling, or demonstrate a relationship with a recognized medical provider that has experience and resources to provide mental health counseling. Various modalities such as group counseling, art therapy or other therapies will be considered.

6. Legal Services

The RHTP provider must demonstrate experience and ability to provide immigration application and other legal services to assist the non-citizen victim and any of his/her family members to establish legal status in the United States. If the provider partners with another organization to provide legal services, the provider must demonstrate their experience and capacity to provide such services. Legal Services includes legal intake, assessment, advice and counsel, immigration application and other legal services to assist the non-citizen human trafficking victim and any of his/her family members to establish legal status in the United States. BRIA expects contractors to comply with all applicable statutes, regulations and ethics opinions governing immigrant consultants and the authorized practice of law.

7. Food

The RHTP provider must demonstrate experience and the ability to provide access to food and food preparation to assist the trafficked person. This category can include utensils and items needed in the kitchen to prepare food as well as pre-prepared foods or restaurant meals.

8. Other Identified Service Needs

The RHTP Provider may suggest the need for any other specific services not listed, including, but not limited to: drug addiction screening and treatment, interpretation and translation, English language training, employment preparation, clothing and transportation.

VII. ELIGIBLE CLIENTS

The focus of this RFP is on those foreign-born, State confirmed trafficked persons who, by virtue of the lack of an eligible immigration status are therefore not otherwise eligible for any benefits and/or services. The focus is on those who would otherwise have no access to needed services: those who have not yet been certified by the federal government and those that are beginning to work in coordination with an investigation or prosecution and have been confirmed as a victim by OTDA/BRIA and DCJS. Therefore, RHTP funds may be used only for services provided to and in support of confirmed victims who are otherwise ineligible for mainstream services and, where appropriate their families. Assistance to family members will be rendered within the proposed unit rate of the eligible client. Those persons who are otherwise eligible for federal, state, or local benefits and services, and therefore *not eligible* clients under this RFP, include¹:

- United States Citizens;
- Legal permanent residents;
- Asylees;
- Refugees;
- Aliens paroled into the US for at least one year;
- Aliens whose deportation or removal is being withheld by US Citizenship and Immigration Services (USCIS) under certain circumstances;
- Aliens granted conditional entry into the US (a status granted to refugees prior to 1980);
- Cuban/Haitian entrants;
- North American Indians born in Canada;
- Members of federally recognized tribes born outside of the US;
- Lawfully residing active duty service members or honorably discharged veterans, their lawfully residing spouses, surviving spouses, or unmarried children;
- Amerasian immigrants;
- Certain Hmong or Highland Laotians;
- Battered immigrant spouses or children, as defined in Section 1641(c) of Title 8 of the United States Code;
- Federally certified victims of human trafficking;
- T visa recipients and aliens granted “continued presence” status by USCIS; and
- Aliens “permanently residing under color of law” (PRUCOL), who include the following:
 - Aliens paroled into the US for less than one year;
 - Aliens residing in the US pursuant to an Order of Supervision under Section 241(a)(3) of the Immigration and Nationality Act (INA);
 - Aliens granted cancellation of removal pursuant to Section 240A of the INA;
 - Aliens granted “deferred action” status, deferring their departure from the US;
 - Aliens granted K3, K4, S, or V visas under the Legal Immigration Family Equity Act (“Life Act”);
 - Aliens granted deferred action interim U visa relief; and

¹ Contact OTDA Legal Affairs with questions regarding whether a subject of referral qualifies as an alien otherwise eligible for federal, state, or local benefits and services.

- Aliens who demonstrate their entry into the US on or before January 1, 1972 and their continuous residence in the US since January 1, 1972 pursuant to Section 249 of the INA.

VIII. FUNDING LIMITATIONS AND PROVISIONS

AVAILABLE FUNDS

Anticipated allocations and continuation of contracts are subject to continued availability of State funds and appropriation of the funds thereof. It is estimated that approximately \$397,000 will be available through this procurement for the first budget period, beginning January 1, 2012. These funds may not be used to supplant other federal resources.

DISTRIBUTION OF FUNDS

Funding will be distributed in three regions as follows:

1. New York City (Kings, Queens, New York, Bronx and Richmond counties): approximately 33.3%;
2. Metropolitan region (Nassau, Suffolk, Westchester and Rockland Counties): approximately 33.3%; and
3. Rest of State (all other counties): approximately 33.3%.

More than one applicant may potentially be funded per region (See Selection Process on p. 14).

Through this RFP, OTDA/BRIA intends to select multiple service providers and/or entities to operate under this program model. Within the geographic areas described, OTDA/BRIA seeks to ensure that the awardee or awardees provides RHTP services to the greatest number of eligible victims.

Contractors providing services in the New York City area will receive funds only from the New York City area funding pool and the same is true for the other areas as well. The allocation for each funding pool was based on several factors:

- Each area's percentage of the state's total confirmed population;
- Each area's estimated total available non-RHTP resources for services to these populations during the relevant contract term; and
- Identification of unmet need.

OTDA/BRIA, however, reserves the right to distribute funds as OTDA/BRIA deems necessary to meet the goals of this RFP and to cover all areas of New York State in need of services.

Initial contract awards to successful applicants are the result of this competitive procurement. During the contract term, however, *subsequent* budget period awards (see budget period explanation in the section below) will be based on available funding; continuing need; satisfactory contractor performance, as evidenced by voucher claims and program monitoring; meeting the goals of the RFP; and the needs of the State.

CONTRACT TERM and BUDGET PERIODS

This RFP governs the provision of funds for the anticipated three year contract term starting on January 1, 2012 and ending on December 31, 2014. A Work Plan will be required for the three year contract term. Each

contract will initially require two payment schedules; one for the contract’s full three year term and one for the first twelve-month budget period.

During the course of the contract, funds will be made available to contractors for each pre-established budget period. A twelve-month payment schedule will be required from the contractor for each budget period. BRIA anticipates that there will be three budget periods within the contract term:

- Budget Period I: January 1, 2012 to December 31, 2012
- Budget Period II: January 1, 2013 to December 31, 2013
- Budget Period III: January 1, 2014 to December 31, 2014

IX. PROGRAM INFORMATION

PERFORMANCE BASED CONTRACTS

Contracts resulting from this procurement will be performance-based. Under this contract, contractors are not reimbursed for line-item expenses. Compensation is directly tied to the completion of service outcomes or “payment points.” Some payment points are *client-specific*. Documentation of the provision of an allowable service or a number of services *to a client* allows a contractor to claim an achieved payment point. The contractor is paid for the payment point at the established rate, as defined in the contract. Other payment points are *non-client specific*. Documentation of an allowable *activity* allows a contractor to be paid for the payment point at the established rate, as defined in the contract.

Payment points are derived from unit rates proposed in each application. The applicant’s award request is calculated by multiplying the rates for each payment point by the units to be achieved per payment point. A worksheet to calculate these costs is included in Part B, Section III.

Contractors' performance data, along with allocation data such as award amounts, contract periods, program sites, service locations, and spending information may be posted on OTDA’s web site as required.

PAYMENT POINTS: Definitions, Allowable Services, and Documentation

The parameters and documentation requirements of each payment point are provided on the following charts. The applicant should use this information to project service levels and allocate funds to each payment point.

Payment Point Definitions	Allowable Services	Documentation Required
<p>Community Education</p> <p>Conduct trainings to educate law enforcement, victim services and general public including vulnerable populations on human trafficking.</p> <p>Organize public awareness events or activities to inform, educate, and</p>	<p><i>Completing one Community Education event or activity, or one recurring cycle* of events of activities, allows the contractor to claim one Community Education payment point.</i></p> <p><u>Allowable Services</u></p> <ol style="list-style-type: none"> 1. Information workshop/seminar 2. Training 3. Organized public awareness event 	<p>Copy of the agenda of the training, information workshop/seminar or organized public awareness event which includes the date, time, location and staff person conducting the event,</p>

<p>assist stakeholders and vulnerable populations about human trafficking.</p> <p><i>Community Education is a non-client specific payment point.</i></p>	<p>4. Other services or activities that have been approved by OTDA in writing</p> <p><i>*The contractor must specify in the proposal the total number of sessions within a cycle as well as the cycle's specific start and end dates</i></p>	<p><i>and</i></p> <p>OTDA/BRIA event/attendance form</p>
<p>Payment Point Definitions</p>	<p>Allowable Services</p>	<p>Documentation Required</p>
<p>Task Force Development</p> <p>A Task Force consists of a meeting or series of meetings to enhance interagency collaboration and the coordinated community response to victims of human trafficking. Task Force activities are designed to increase willingness of members to collaborate on identification and protection of trafficked persons.</p> <p><i>Task Force Development is a non-client specific payment point.</i></p> <p><i>A maximum of 4 per year may be claimed.</i></p>	<p><i>Completing one Task Force meeting allows the contractor to claim one Task Force Development payment point.</i></p> <p><u>Allowable Service</u> Host Task Force meetings*</p> <p><i>*Prior to initial taskforce meeting, BRIA must approve the taskforce plan including invited agencies, objectives, tentative agenda for meeting, assessment of trafficking knowledge among participants and training needs.</i></p>	<p>BRIA approved task force plan</p> <p><i>and</i></p> <p>Copy of the agenda of task force meeting which includes the date, time, location and staff person conducting the event</p> <p><i>and</i></p> <p>Copy of the invitation letter sent in mailing and the mailing list</p> <p><i>and</i></p> <p>Minutes taken at Task Force meeting, including who was in attendance</p>

Payment Point Definitions	Required Services	Documentation Required
<p>Comprehensive Services: Completion of Assessment Phase</p> <p>The contractor is required to meet with the eligible client when appropriate and assess the client's needs. In conjunction with the client, the contractor creates a case management plan.</p>	<p><i>Providing the services below to the individual allows the contractor to claim one Completion of Assessment Phase payment point.</i></p> <ol style="list-style-type: none"> 1. Obtain from OTDA/BRIA the individual's confirmation letter 2. Inform individual of rights and responsibilities of confirmation and explain the role of parties in trafficking case (i.e. law 	<p>Application for Services signed and dated by both the client and agency representative.</p> <p>The agency supervisor must sign and date the application within 30 days of the client and agency representative signatures, or prior to submission of a voucher - whichever date</p>

	<p>enforcement, providers, etc.).</p> <ol style="list-style-type: none"> 3. Inform individual of status, and enroll client in agency's program. 4. Assessment of needs 5. Case management plan 6. Completion of Application for Services 7. Correspond/communicate with OTDA/BRIA and/or other stakeholders for problem solving on behalf of the individual 	<p>is earlier.</p> <p><i>and</i></p> <p>Case management plan</p> <p><i>and</i></p> <p>Detailed case note entry of services provided to the individual and any other such documentation as required by OTDA/BRIA.</p>
<p>Comprehensive Services: Completion of Interim Phase</p> <p>Manage the individual's progress throughout the service provision process. Four weeks following enrollment, the contractor assesses services already provided within the first four weeks and adjusts the case management plan.</p>	<p><i>Providing the services below to the individual during the first four weeks after confirmation allows the contractor to claim one Completion of Interim Phase payment point.</i></p> <ol style="list-style-type: none"> 1. Update case management plan and adjust 2. Provide any and all services in the case management plan 	<p>Application for Services</p> <p><i>and</i></p> <p>Updated case management plan</p> <p><i>and</i></p> <p>Detailed case note entry of services provided to the individual and any other such documentation as required by OTDA/BRIA. For legal services, this may also include copies of applications submitted to USCIS or DHS, receipts from those entities, and/or proof of immigration status in the form of an I-94 or an EAD.</p>
<p>Comprehensive Services: Completion of Transition Phase</p> <p>Continue to manage the individual's progress throughout the service provision process. Twelve weeks following enrollment, the contractor assesses services already provided within the first twelve weeks and adjusts the case management plan.</p>	<p><i>Providing the services below to the individual between weeks four and twelve allows the contractor to claim one Completion of Transition Phase payment point.</i></p> <ol style="list-style-type: none"> 1. Update case management plan and adjust 2. Provide any and all services in the case management plan 	<p>Application for Services</p> <p><i>and</i></p> <p>Updated case management plan</p> <p><i>and</i></p> <p>Detailed case note entry of services provided to the individual and any other such documentation as required by OTDA/BRIA. For legal services, this may also include copies of applications submitted to USCIS or DHS, receipts from those entities, and/or proof of immigration status in the form of an I-94 or an EAD.</p>

Additional Payment Point Information

COMMUNITY EDUCATION

- The intent of the Community Education training and information workshops/seminars is to outreach to *multiple* stakeholders at the same time. Training or information workshops/seminars in the form of site or office visits are not allowed.
- Total dollars allocated to this payment point may not exceed 5% of the total award amount.
- A Community Education awareness event is an organized forum, usually in the form of a workshop that promotes greater community awareness and understanding of the nature and scope of human trafficking.
- A training is an organized event usually in the form of a workshop, seminar or class that provides information to service provider staff and other relevant stakeholders on the dynamics of human trafficking, indicators, and policies and procedures under the New York State Human Trafficking Law, including both current information and changes to the aforementioned topics. Special needs or issues related to providing services are inherent in these topics. Curriculum must be approved by OTDA/BRIA prior to use.
- “Non-client specific” refers to services and resulting payment points that are provided to *groups* of individuals. These payment points are claimed not based on an individual, but rather a specified event.

TASK FORCE DEVELOPMENT

- This payment point is **ONLY** available in areas where local/regional task forces funded by BJA do not currently exist.
- Total dollars allocated to this payment point may not exceed 10% of the total award amount. If the contractor also proposes Community Education, the 10% total can be split between Task Force (5%) and Community Education (5%). The combination of the two payment points may not exceed 10%.
- An approved plan must include evaluation of proposed taskforce participants and their commitment as well as their trafficking knowledge, factors specific to community response, and expected roles on the Task Force. Describe initial discussions.
- “Non-client specific” refers to services and resulting payment points that are provided to *groups* of individuals. These payment points are claimed not based on an individual, but rather a specified event.

COMPREHENSIVE SERVICES (Assessment, Interim and Transition Phases)

- These payment points are client-specific.
- Eligible clients may enroll in an agency’s RHTP program for services upon the date of State confirmation.

- Family members of eligible clients may receive services within the unit rate allotted to the eligible client. There is no separate or additional allocation for family members of eligible clients who are not eligible clients themselves.
- OTDA/BRIA recognizes that not all services are of the same duration, or require the same level of involvement by the contractor to accomplish the task. Higher value is not attributed among the specific services that an eligible client might need (e.g., grocery shopping versus providing mental health counseling). OTDA/BRIA designed the phased payment system to accommodate providers' need for flexibility.

PAYMENT RATES

The following chart provides information regarding the payment caps for the payment points that your agency will provide. These are the maximum rates per payment point that OTDA will reimburse for services under this RFP. The maximum rates have been determined using historical data.

PAYMENT POINTS	Maximum Rate
Community Education	\$500
Task Force Development	\$1,500
Comprehensive Services I – Assessment Phase	\$3,600
Comprehensive Services II - Interim Phase	\$2,700
Comprehensive Services III – Transition Phase	\$2,700

The applicant will propose rates for the payment points that do not exceed the maximum rate.

PAYMENT

As previously stated, a contractor may claim an achieved payment point and is paid for the payment point at the established rate, as defined in the contract.

X. SELECTION PROCESS

Proposals should contain *all* required items as listed on the Application Submission Checklist, located in the Application Package (see page 54). Pay particular attention to the Minority and Women Owned Business (M/WBE) requirements. Failure to provide all required items will result in the decrease of the total score.

OTDA/BRIA will select contractors based on several considerations:

Cost effectiveness, determined by a comparison of the proposed payment point rates to competitors' proposed rates and to the maximum rates within the same region as well as experience serving like populations.

The applicant's demonstrated understanding of OTDA/BRIA requirements;

The applicant's general organizational qualifications as documented in the proposal;

The content of the applicant's proposal that demonstrates the applicant's ability to perform under a contract;

The applicant's experience with, and knowledge of, specific cultural and linguistic needs of the eligible population and the quality of the proposal in addressing those needs;

The applicant's experience with working with confirmed victims and the confirmation rates in the particular region as well as experience working with certified victims and correlating statistics of certifications in the region;

The suspected caseload in each region and the applicant's rationale for reaching trafficked persons and the ability to effectively engage this population;

The applicant's established relationship with critical partners including local and state law enforcement, victim service providers, and others;

Proposed project staff that is sufficient in number and qualifications;

The applicant's fiscal viability as reflected in the audited financial statements;

Appropriateness and reasonableness of costs reflected in payment points; and

Every proposal must provide a detailed, narrative description of the services to be provided. Marketing material may be included in your submission, but should not be construed as being responsive to this RFP. The narrative should include experience with victim services, and/or labor and sex trafficking victim services, and/or supportive services for crime victims such as domestic violence victims, or ability to acquire such experience.

Each proposal will be read and scored by two reviewers from OTDA/BRIA. Proposals will be reviewed in accordance with the scoring criteria referenced below. Proposals will be reviewed competitively within its region. For example, NYC applications will be compared only with other NYC applications. Those scores will be averaged and the averaged scores will be ranked from highest to lowest per region.

As described above, OTDA/BRIA intends to award approximately one third of the available funds to each of the three regions respectively. More than one award may be made per impacted region. For instance, if OTDA/BRIA receives applications from all regions, the highest scoring applicant will be selected and the next

highest scoring applicant may also be selected. OTDA/BRIA may award less than the applicant requests if it is deemed necessary to ensure that the entire region is served.

OTDA/BRIA reserves the right to conduct site visits and solicit the opinion of applicants' other funding sources prior to making a funding decision.

Each proposal will be scored on an established evaluation form. Points will be awarded as shown.

Technical Evaluation	Maximum Points
Application Documentation/Agency Information	10
Program Narrative	25
Payment Point Summaries	40
Financial Evaluation	
Proposed Rates, Payment Schedules and Audited Financial Statements	25
TOTAL	100

If additional funding becomes available or if circumstances otherwise allow OTDA/BRIA to fund additional contractors, OTDA/BRIA reserves the right to subsequently reconsider eligible proposals submitted in response to this RFP using the same scoring criteria and award methodology. Updated information may be requested as deemed necessary by OTDA/BRIA. OTDA/BRIA also reserves the right to issue a new RFP at any time during the contract term to solicit new proposals.

XI. AWARD PROCEDURES

CONTRACT DEVELOPMENT PROCESS

OTDA/BRIA will begin the contract development process with successful applicants when the awards are announced. The successful applicants may be asked to provide updated work plans and payment schedules that specify the services to be delivered, project goals, payment points, claiming process, and other information. The contract will include standard terms and conditions such as confidentiality of records, publications, and contract termination. The contract will constitute a legal agreement between the selected applicant and OTDA/BRIA and will be in effect for the full period of the contract term.

PAYMENT

No payments will be made until the contract is fully executed and signed by the State Comptroller and the State Attorney General. Once the contract has been fully executed by OTDA/BRIA (signed and approved by OTDA/BRIA, the State Attorney General and the Office of the State Comptroller), OTDA may, at its discretion, advance up to 25 percent of the first budget period amount, if requested and if deemed appropriate by OTDA/BRIA. There will be no advances for subsequent budget periods. Contractors will work at their own risk if they conduct program activities before the contract is executed.

XII. REPORTS AND RECORD KEEPING

RECORD KEEPING

The Contractor must maintain current and accurate fiscal and accounting controls to support the claims for payment points claimed under the contract. Records must adequately identify revenue sources and expense items for all contract activities. Accounting records must be supported by clear documentation for all funds

received and disbursed. Records must be retained and be accessible for a period of six years from the end of the contract or last payment or last contract transaction.

However, if any claim, audit, litigation, or State/Federal investigation is commenced before the expiration of the aforementioned record retention period, the records must be retained by the contractor until all claims or findings regarding the records are finally resolved. OTDA/BRIA or its designee shall have access to any records relevant to the project (including but not limited to books, documents, photographs, correspondence, and records), for audits, examinations, transcripts, and excerpts. If OTDA/BRIA determines that such records possess long-term or historic value, they must be transferred, upon request, to OTDA/BRIA.

If a selected contractor expends \$500,000 or more in Federal funds during any one fiscal year, the contractor will be subject to the audit requirements and provisions of OMB Circulars: A-110; A-122; A-133; and all other audit requirements determined applicable by the OTDA/BRIA. Appendix A1 of the Contract document reviews specific audit requirements.

REPORTING AND VOUCHERING REQUIREMENTS

The Bureau of Refugee and Immigrant Assistance (BRIA) Information Network (BIN) is the required method to be used by contractors to report individual client data and contract performance, and to prepare claims for payment.

The contractor must have sufficient equipment and a system environment to use the BIN system, as follows:

- The WEB browser Microsoft Internet Explorer (version 6.0 or greater). This is free and can be downloaded from the Microsoft website
- Internet service (via DSL, Cable Modem, Dial-up, etc.)
- Desktop computer(s) or laptop computer(s) with internet access
- Laser Printer

Reports and vouchers must be submitted by the contractor on a quarterly basis during the contract term, unless otherwise specified. Payments will be based on vouchers and any necessary documents that support the payment points in the Payment Schedule. Additional reporting, as may be determined by OTDA/BRIA, may also be required.

Final reports and vouchers, known as “close-out” vouchers, are due within 60 days after the completion of, or termination of, the contract.

BIN provides contractors and subcontractors access to individual client application for services, family self-sufficiency plans, and individual service plans. A client’s service history with any OTDA/BRIA contractor will be made available to contractor/subcontractor intake staff to assist in data collection and in determining the potential for payment for service outcomes for the client.

Dates of Service in BIN should be consistent with the actual service dates, as noted in the detailed case notes, as required.

The contractor must enter performance information into BIN as client outcomes are achieved. The contractor may review and approve subcontractor’s performance information in the BIN system.

After the end of a contract quarter, the contractor generates from BIN voucher forms with the payment claims amount for contractor review and subsequent submission to BRIA for payment. In addition to BIN generated

reports, backup documentation must be maintained on site by the contractor and must be accessible for review by OTDA/BRIA at any time.

BIN generates the Standard Voucher, Program Service Report, and Comprehensive Program Report, all of which must be submitted to OTDA/BRIA on a quarterly basis.

CASE RECORDS

The contractor must adhere to OTDA/BRIA instructions regarding case records as stated in the contract and in related OTDA/BRIA manuals, directives, and other forms of notification. The dates of service recorded in BIN must be consistent with the actual service dates recorded in the case record.

MONITORING

OTDA/BRIA will monitor projects on a regular basis throughout the life of the contract. Monitoring may include site visits, regular telephone contact and/or discussions of monthly progress reports. The goals of project monitoring are to ensure that the terms of the contract are being met and to provide technical assistance, where necessary, to help the contractor meet these terms. OTDA/BRIA reserves the right to conduct site visits and make telephone contact to subcontractors as a means of monitoring the prime contractor's performance.

Monitoring activities will concentrate on proper documentation of claims in the contractor's case records for each client or service claimed.

AMENDMENTS TO THE CONTRACT

Amendments and modifications of executed contracts are sometimes necessary to accommodate the needs of both the contractor and OTDA/BRIA. These changes, which must be by mutual written agreement, may include modification to reimbursement schedules, time and money amendments, or no-cost extensions as necessary. Contract modifications, including amendments and no-cost time extensions, will be made at the discretion of the OTDA/BRIA with the approval of the Attorney General and the Office of the State Comptroller. Rates cannot be changed, except for possible annual adjustments based on the consumer price index increase at the discretion of OTDA/BRIA.

XIII. GENERAL TERMS AND CONDITIONS

NYS OTDA/BRIA reserves the right to terminate in whole or in part, or modify the contract at its discretion or due to the unavailability of funds.

If additional funding becomes available, OTDA/BRIA reserves the right to redistribute among any or all of the contract awardees and/or subsequently reconsider eligible proposals submitted in response to this RFP at that time, using the same scoring criteria and award methodology. Updated information may be requested as deemed necessary by OTDA/BRIA. OTDA/BRIA also reserves the right to issue a new RFP to solicit new proposals.

The terms and conditions for all funded projects are specified in a detailed contract which must be signed by OTDA/BRIA and approved by the New York State Attorney General Office and the Office of the State Comptroller before any work has begun or payments are made. The successful applicant will be sent the complete standard contract for execution. The Applicant is encouraged to review sections of the contract that are attached before submitting an application.

It is the policy of OTDA/BRIA to encourage the employment of qualified applicants/recipients of public assistance by both public organizations and private enterprises that are under contractual agreement with OTDA/BRIA for the provision of goods and services. OTDA/BRIA may require the Contractor to demonstrate how the Contractor has complied or will comply with the aforesaid policy.

The contractor will be required to comply with all applicable Federal and State laws and regulations.

The contract award will be made to the applicant whose proposals are determined to best meet the criteria for proposal evaluation and selection set forth in this RFP.

Any contract awarded pursuant to this RFP will be subject to the Office's processing procedures for contracts of this type, including approval as to form by the State's Attorney General, and as to award by the NYS Division of Budget and by the NYS Office of the State Comptroller.

This RFP does not commit OTDA/BRIA to award any contracts to pay the costs incurred in the preparation of a response to this RFP, or to procure or contract for services.

OTDA/BRIA reserves the right to amend, modify or withdraw this RFP and to reject any proposals submitted, and may exercise such right at any time and without notice and without liability to any applicant or other parties for any expenses incurred in the preparation of a proposal.

This RFP and any contract resulting from this RFP is subject to all applicable laws, rules and regulations promulgated by any Federal and State authority having jurisdiction over the subject matter thereof.

OTDA/BRIA reserves the right to award contract(s) to as many or as few applicants as it may select, and reject all proposals which do not conform to the instructions given in the RFP.

The proposal of the successful applicant will serve as the basis for the contract, the terms of which will be modified within the context of this RFP.

All plans and working documents prepared by the applicant under the contract to be awarded will become the property of the State of New York.

Submission of a proposal will be deemed to be the consent of the applicant to any inquiry made by OTDA/BRIA of third parties with regard to applicant's experience or other matters relevant to the proposal. OTDA/BRIA reserves the right to request and consider additional information from any applicant beyond that presented in the initial proposal. The award of the contract, if any, may be made in reliance on additional information requested. Such information may include budget justification, program information, operation details, personnel information, or other funding source information.

All products, deliverable items, and working papers resulting from this contract will be the sole property of OTDA/BRIA and the applicant is prohibited from releasing these documents to any persons other than the Commissioner of the Office of Temporary and Disability Assistance or his designee unless authorized by the Office to do so.

The proposal shall be signed by an official authorized to bind the applicant and shall contain a statement to the effect that the proposal is a firm offer for a 180-day period. The proposal shall also provide the name, title, address, telephone number, and area code of individuals with authority to negotiate and contractually bind the corporation or municipality and who may be contacted during the period of proposal evaluation.

Minority and Women-Owned Business Enterprise (M/WBE) and Equal Employment Opportunity (EEO) Participation

New York State Executive Law §§ 310–318, (Article 15-A: Participation By Minority Group Members and Women With Respect To State Contracts -- hereinafter “the Statute”), was enacted to promote equality of employment and economic opportunities for minority group members and women in State contracting activities. The New York State Office of Temporary and Disability Assistance (OTDA) fully supports the efforts of the State of New York to promote Equal Employment Opportunity (EEO) for all persons, and to promote equality of economic opportunity for minority group members and women who own business enterprises.

OTDA has developed compliance requirements, forms and procedures to ensure that (i) all contractors as defined under § 310 (3) (to include those who submit bids/proposals in an effort to be selected for contract award as well as those successful bidders/proposers with whom OTDA enters into State Contracts, as defined in § 310 (13) [hereinafter “Contractors”], as well as proposed or actual “Subcontractors”, as defined in § 310 (14) shall comply with requirements to ensure Equal Employment Opportunities for Minority Group Members and Women, and, (ii) there are meaningful participation opportunities for certified minority or women-owned business enterprises (M/WBEs) in the OTDA procurement process. Contractors participating in and/or selected for procurement opportunities with OTDA shall fulfill their obligations to comply with applicable Federal, State and Local requirements concerning Equal Employment Opportunity and opportunities for Minority and Women Business Enterprises, including but not limited to the Statute and its implementing regulations as promulgated by the New York State Division of Minority and Women's Business Development (DMWBD) and set forth at 5 NYCRR Parts 140-144). Please refer to Appendix Z in the sample contract, attached and incorporated by reference herein, for the specific EEO/MWBE requirements and associated forms required by this procurement. These forms are to be submitted without change to goals specified in the RFP or contract, unless otherwise authorized by OTDA. Copies of the required OTDA Forms are identified in this Appendix and available on OTDA’s Internet site at <http://otda.ny.gov/contracts/mwbe/forms.asp>.

It is important to note that in addition to direct sub-contracting on State contracts, contractors can also utilize a number of other vendors in support of their overall operations. Using NYS Certified MWBEs (link to Directory of NYS Certified MWBEs, <http://www.nylovesmwbe.ny.gov>) as providers of these second tier services can be counted in satisfaction of the goals. The following are examples of indirect services that you may want to consider for compliance with MWBE subcontracting participation requirements: Accounting Services, Advertising, Building Maintenance, Car Rental, Cleaning Supplies, Copying, Electrical Services, Furniture, Heating and Cooling, Janitorial Services, Office Supplies, Pest Control, Printing Services, Publishing, Rubbish Removal, Security, Shredding Services, Tax Preparation, Technical Writing, Training, Travel Services, etc.

PART B APPLICATION PACKET

Please read Pages 1-20 of the Request for Proposals carefully before completing this Application Packet

Completing the Application

The application should contain the following components.

Section I – APPLICANT DOCUMENTATION

- **Executive Proposal Narrative** – Provide concise summary of proposal.
- **General Information** - Complete all applicable sections.
- **Accessibility Determination Form**

Section II – PROGRAM NARRATIVE

- **Program Description** - Describe your proposed program including target population.
- **Program Implementation** - Provide detailed description of the anticipated operation of the program.

Section III – PAYMENT POINT SUMMARIES, RATES AND PAYMENT SCHEDULES

- **Payment Point Summaries** - Complete one summary for each payment point.
- **Payment Point Rates and Payment Schedules**
Using payment rates based on your proposed budget complete both the first budget period (12 month) and 36-month contract term payment schedules.

Section IV – AGENCY INFORMATION

- **Agency Organizational Chart**
- **Client Flow Chart**
- **Key Personnel Profile**
- **Board of Directors Profile**
- **Funding Agency Contact Information Form** - Complete all applicable sections
- **Agency Agreement Form** - Sign, complete and return with the application.
- **M/WBE Subcontracting Utilization Plan**
Completed by the applicant and submitted with the application form, for projects proposing to utilize subcontractors/suppliers/vendors.
- **M/WBE Letter of Intent to Participate**
Completed all applicable sections and return with the application.
- **EEO Project Staffing Plan**
Completed all applicable sections and return with the application.
- **Equal Employment Opportunity Workforce Employment Utilization/Compliance Report**
- **Contractor/Subcontractor Background Questionnaire**
Completed this form and submit it as part of the application packet. Any proposed subcontractor also must complete this form if the value of the subcontract will be in excess of \$10,000.
- **Equal Employment Opportunity Workforce Employment Utilization/Compliance Report**
- **M/WBE/EEO Policy Statement** – Complete all applicable sections and return with the application.
- **M/WBE Subcontractor Request for Waiver Form** – Complete (if applicable), all applicable sections and return with application.
- **M/WBE Subcontractor Quarterly Compliance Report**
- **M/WBE Goal Requirements Certification of Good Faith Efforts** – Complete this form and submit it as part of the application packet.
- **Attachment Q**
- **Attach your agency’s most recent Audited Financial Report** (should not be older than one year from date of RFP application submission)

- **Attach your agency's Certificate of Incorporation**
- **APPLICATION CHECK LIST**
Complete check list to verify that all forms have been submitted. Send the completed checklist with your proposal.

Failure to provide these items will decrease the total score.

One original and three copies or one original and 3 CDs (CDs must be labeled clearly with agency name) of the entire application submission package not stapled, bound or paper clipped, must be sent to the Bureau of Contract Management at the address below. All proposals *must* be received by mail, hand delivery, courier service, FEDEX or UPS delivery by 4pm on **December 7, 2011**. Any proposal received after the deadline will be reviewed at the discretion of OTDA/BRIA. OTDA/BRIA will not accept faxed proposals, or proposals sent via electronic mail.

NYS OTDA
Bureau of Contract Management
Attn: Sal Pamadora
40 North Pearl Street 13th Floor, Section B
Albany, NY 12243-0001
Phone: (518) 486-6352 (For Delivery Questions Only)

Section A - APPLICANT DOCUMENTATION

EXECUTIVE PROPOSAL NARRATIVE

Provide a one-paragraph summary of your organization's Response to Human Trafficking Program (RHTP) Grant proposal. Include the following information:

- Amount of grant funds requested;
- The region(s) to be served;
- What the grant funds will pay for (describe the type(s) of community education, task force development, and/or comprehensive services);
- Timeframe for implementation of the proposed project; and
- Anticipated benefit(s) of the Response to Human Trafficking Program Grant project.

Suggested format:

ABC, Inc. is requesting **\$dollars** to serve **region(s) that will benefit from proposed project – counties, municipalities, etc.** Requested funds will assist with **community education, task force development and comprehensive services.** ABC, Inc. can **immediately** commence the project upon notification of funding. An anticipated benefit of the RHTP project is **to increase identification and assist as many recently confirmed trafficking victims and their families to become stabilized through comprehensive services provided directly to the victim and their family in as culturally and linguistically appropriate manner as possible.**

GENERAL INFORMATION

RSIG APPLICANT PROJECT INFORMATION

INDICATE TYPE OF ORGANIZATION CARRYING OUT THE ACTIVITY:

PUBLIC AGENCY FAITH BASED NON-PROFIT OTHER NON-PROFIT

APPLICANT NAME: _____

EXECUTIVE DIRECTOR: _____

BUSINESS ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: (____) _____ FAX :(____) _____

Email Address: _____

PROJECT ADDRESS (if other than business address):

PROGRAM CONTACT: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: (____) _____ FAX :(____) _____

Email Address: _____

What is your organization's Federal Employer Identification number? _____

Applicant Fiscal Year: (Example: July 1 - June 30)? _____

Please provide the following identifying information regarding the project:

Community District(s) *NYC only*:

Federal Congressional District(s):

State Assembly District(s):

State Senate District(s):

What is your organization's **six digit** State Registered Charitable Organization number? _____

Is your organization current with the NYS Office of the Attorney General Charities registration filing requirements? _____ YES _____ NO

If not, why? _____

COUNTY/ COUNTIES (WHERE SERVICES ARE TO BE PROVIDED) _____

ACCESSIBILITY DETERMINATION

Is project site: wheelchair accessible? Yes No

Does your agency conform with Title III ADA requirements? Yes No

If facilities are not accessible to persons with disabilities, state what physical changes will be made to conform to the Americans with Disabilities Act of 1990 and the regulations promulgated thereunder, and the expected completion date for any such physical changes.

Are materials available in alternative formats for persons with disabilities? (i.e. Braille, Audio Recording etc.)
 Yes No

No further entries on this page.

Section B – PROGRAM NARRATIVE (8 PAGE LIMIT EXCLUDING CHARTS)

Please provide us with a comprehensive narrative explanation of your proposed program. This narrative is NOT limited to the questions asked. If there are other points that are pertinent to your application and will serve to strengthen or explain statements, they should be included.

Program Description

Describe your agency, how the proposed program will be operated within your agency and what your agency will bring to the targeted population. Your description **must** address the following whether applicable or not. If not applicable, please state that the information is not applicable:

- Please attach a detailed agency organizational chart.
- Describe your agency's experience in providing services to immigrant, refugee and other populations such as crime victims. If your agency has specific expertise working with trafficked persons, please elaborate and state the type of training provided to staff and frequency of training. If your agency has no formal experience with the issue, please state a plan to obtain training and a timetable for such.
- Describe your agency's knowledge of or involvement with either federal or State trafficking cases in your region. If no cases have been uncovered in your proposed catchment area, please explain why your agency believes trafficking is a problem and the agency's ability to engage vulnerable populations to help identify trafficked persons.
- Describe your agency's knowledge of the availability of federal trafficking funds in your target area. Describe how those funds will be used first before NYS RHTP funds.
- Describe the agency's experience in providing services to trafficked persons. Please denote whether the victim was ever identified as such, obtained State confirmation, or Federal certification.
- Please detail how your agency will address the serious short and long-term service issues facing trafficking victims in New York State; empower trafficked persons to be effective partners in the case management process; and support local systems that can help identify trafficked persons.
- Describe other programs or services that your agency operates that will enhance the effectiveness of your proposed program.
- Indicate whether your region hosts a BJA funded task force and indicate whether you are a BJA funded task force member. If no BJA funded task force exists in your immediate locale, indicate whether there are other networks that could enhance the response to human trafficking program. Please elaborate on your plan to strengthen this network or develop a local task force.
- Describe in detail your agency's relationship or planned collaborative agreement with other provider agencies to enhance Comprehensive Services. Please describe partner agencies' experience and capacity to provide such services. If proposing Task Force activities, please indicate which local and state law enforcement entities you will engage and include a Letter(s) of Intent from these agencies, indicating support for your proposal and willingness to participate in a task force.
- Describe your agency's working relationships with other local agencies. What specific resources will your Response to Human Trafficking Program Grant clients gain through these relationships?
- Describe in detail the special needs or unique circumstances of the target population that you may encounter (i.e, migrant farm workers, those in servile marriages, etc.).
- Describe any barriers and issues that may affect the confirmed victim's successful integration into the mainstream services system and how they will be addressed.
- Describe the physical location(s) of the project.
- If applicable, include a list of proposed subcontractors, including agency name, contact person, address, phone number and the specific payment points that you propose each subcontractor to provide.
- State the hours and days of operation.

Program Implementation

- Include a client flow chart depicting your agency’s service delivery sequence.
- Describe how your agency will obtain and incorporate input from the trafficked person in the development/implementation of the comprehensive services component.
- You may require a start-up period to hire personnel, recruit participants, purchase supplies, or train personnel. If a start-up period is required, describe these tasks, as well as time frames for accomplishing them. Identify staff that will oversee these activities.
- Describe the operation and management of the project. State how management will 1) ensure no duplication of services; 2) monitor progress towards goals; 3) maintain agency and staff accountability; 4) relay information to front line staff; 5) supervise cash flow; 6) assure timely submission of reports and vouchers; and 7) maintain appropriate case records.
- Describe in detail your process for monitoring your subcontractors, if any.
- Identify and describe any potential barriers that may affect service delivery and how they will be addressed.
- Describe how staff will assist members of the target population for whom the agency has no language capacity.
- Describe how staff will receive regular training and updates on the latest immigration issues, trafficking developments and victim services.

KEY PERSONNEL PROFILE: The purpose of this section is to demonstrate the staffing levels for the project as well as the amount of time the organization’s key personnel will spend on the project. Attach a chart that depicts the staff involved with the project. For each staff member listed, include the person’s name and job title, the responsibilities of the position, the required qualifications for the position, the name and title of the supervisor, and the full time equivalent (FTE) of the person’s position.

In narrative form, explain how the proposed positions are sufficient to successfully implement the proposed services. Describe staff qualifications (including language capacity and how that addresses clients need). If appropriate, include staff caseloads.

Suggested format:

Position	Qualifications	Responsibilities	Percent of Time to be Spent on Project	Supervisor

After reading the above section, a reviewer should have a clear and specific picture of how your project will function.

Section C – PAYMENT POINT SUMMARIES AND PAYMENT SCHEDULES*

*Be sure to follow the Payment Schedules instructions on page 29.

OTDA requires a Payment Point summary for all Payment Points.

Each summary must define in sufficient detail (who, what, when, where, how) the method of service delivery providing the required and/or allowable services to achieve the payment point.

Include the number of staff and each staff person’s role and responsibilities in providing required and/or allowable services, how the staff will provide the services in a linguistically and culturally appropriate manner, and how documentation requirements will be obtained and maintained. Include the languages spoken by the assigned staff. If partnering with another organization to provide certain services, please indicate this information for their agency and how you will monitor this activity.

Do not state here the number of units you plan to achieve (show that number on the Payment Schedule).

- For Community Education, describe and define *each activity* that you will provide and how each will be delivered. Please include descriptions on how the agency will implement the Community Education component and activities that will take place on a regular basis.
- For Task Force Development, describe and define *each activity* that you will provide and how each will be delivered. Please include descriptions on how the agency will implement the Task Force component and activities that will take place on a regular basis.
- Separately describe the Assessment, Interim and Transition Phases of the Comprehensive Services payment point. For each phase, describe and define *each service* that your agency will provide and how each will be delivered. If partnering with another agency, please include what services they will administer and how they deliver services. Please include descriptions of how the agency will implement the Comprehensive Services that will take place and on what basis (weekly, monthly, etc.).

Payment Schedules

Using the payment rates you have generated, please complete both the first budget period (12-months) and 36-month contract term payment schedules on pages 29 and 30. The payment schedules summarize the rates of payment for each payment point and the number of contract payment points achieved through delivery of allowable services that you plan to provide for both the contract’s term and first budget period.

RESPONSE TO HUMAN TRAFFICKING PROGRAM PAYMENT SCHEDULE Budget Period 1 (12 months)

PAYMENT POINTS	TOTAL DOLLARS	% OF TOTAL AWARD AMOUNT	NUMBER OF UNITS	RATE PER UNIT
Community Education	\$0	#DIV/0!		
Task Force Development	\$0	#DIV/0!		
Assesment Phase	\$0	#DIV/0!		
Interim Phase	\$0	#DIV/0!		
Transition Phase	\$0	#DIV/0!		
Total Amount	\$0	#DIV/0!		
Total Program Plan Amount				

To complete Payment Schedule, use your mouse to double click on any cell in the NUMBER OF UNITS or RATE PER UNIT columns. A new screen will appear. Once you are finished entering the NUMBER OF UNITS and RATE PER UNIT, press the Escape (Esc) key on your keyboard. This will bring you back to the Word file and save any changes that you made.

DEFINITIONS/INSTRUCTIONS

TOTAL DOLLARS The total dollars allocated to each payment point for the 12-month budget period, the sum of which is the 12-month AWARD AMOUNT. This amount will be calculated automatically once the RATE PER UNIT and NUMBER OF UNITS are entered.

% OF TOTAL AWARD The percentage of the 12-month AWARD AMOUNT allocated to each payment point. This percentage will also be calculated automatically once the RATE PER UNIT and NUMBER OF UNITS are entered.

NUMBER OF UNITS The number of outcome units to be achieved for each payment point. Enter the NUMBER OF UNITS for each payment point for the 12-month budget period.

RATE PER UNIT The cost of one unit of service. Enter the RATE PER UNIT for each payment point.

NOTE (Only for those without Microsoft Office): If you do not have access to Microsoft Office, please replicate the above chart and include the replication in your application. Follow the same instructions for the NUMBER OF UNITS and RATE PER UNIT. You must calculate TOTAL DOLLARS by multiplying the NUMBER OF UNITS by the RATE PER UNIT for each payment point. The 9-month AWARD AMOUNT is the sum of the TOTAL AWARD. You must also calculate the % TOTAL BUDGET AMOUNT by dividing the TOTAL DOLLARS for each payment point by the 12-month AWARD AMOUNT.

RESPONSE TO HUMAN TRAFFICKING PROGRAM				
PAYMENT SCHEDULE				
36-month Contract Term				
PAYMENT POINTS	TOTAL DOLLARS	% OF TOTAL AWARD AMOUNT	NUMBER OF UNITS	RATE PER UNIT
Community Education	\$0	#DIV/0!		
Task Force Development	\$0	#DIV/0!		
Assesment Phase	\$0	#DIV/0!		
Interim Phase	\$0	#DIV/0!		
Transition Phase	\$0	#DIV/0!		
Total Award Amount	\$0	#DIV/0!		
Note: Upon completion of performance under the Agreement by the Contractor, any monetary difference due to rounding off between the actual total dollar column on the Payment Schedule for all of the payment points and the total contract value will be added to or subtracted from the last voucher submitted by the contractor. Provided that the contractor has satisfactorily fulfilled all payment points in the contract, the difference will be added to or subtracted from the rate(s) for the appropriate payment points(s).				

To complete Payment Schedule, use your mouse to double click on any cell in the NUMBER OF UNITS or RATE PER UNIT columns. A new screen will appear. Once you are finished entering the NUMBER OF UNITS and RATE PER UNIT, press the Escape (Esc) key on your keyboard. This will bring you back to the Word file and save any changes that you made.

DEFINITIONS/INSTRUCTIONS

TOTAL DOLLARS The total dollars allocated to each payment point, the sum of which is the TOTAL AWARD AMOUNT. This amount will be calculated automatically once the RATE PER UNIT and NUMBER OF UNITS are entered.

% OF TOTAL AWARD The percentage of the TOTAL AWARD AMOUNT allocated to each payment point. This percentage will also be calculated automatically once the RATE PER UNIT and NUMBER OF UNITS are entered.

NUMBER OF UNITS The number of outcome units to be achieved for each payment point. Enter the NUMBER OF UNITS for each payment point for the 36-month contract term.

RATE PER UNIT The cost of one unit of service. Enter the RATE PER UNIT for each payment point.

NOTE (Only for those without Microsoft Office): If you do not have access to Microsoft Office, please replicate the above chart and include the replication in your application. Follow the same instructions for the NUMBER OF UNITS and RATE PER UNIT. You must calculate TOTAL DOLLARS by multiplying the NUMBER OF UNITS by the RATE PER UNIT for each payment point. The TOTAL AWARD AMOUNT is the sum of the TOTAL DOLLARS. You must also calculate the % TOTAL BUDGET AMOUNT by dividing the TOTAL DOLLARS for each payment point by the TOTAL AWARD AMOUNT.

Section D – AGENCY INFORMATION

BOARD OF DIRECTORS PROFILE

List the names, addresses, phone numbers, places of employment and number of years as a board member of each member of your agency’s Board of Directors. Also indicate if any Board of Directors member is on your agency’s payroll. It is the contractor’s responsibility to ensure there are no conflicts of interest.

FUNDING AGENCY CONTACT INFORMATION FORM

List all sources of agency funding received during the last three-year period from Federal, State, county or other local government. Please include the applicable contract manager(s) as a reference(s).

Name of Funding Source	Funding Source Representative (Individual Name and Phone Number)	Purpose of Funding	Time Period of Funding	Funding Amount

AGENCY AGREEMENT

It is understood and agreed to by the applicant that (1) This RFP does not commit the New York State Office of Temporary and Disability Assistance (OTDA) to award any contracts, pay the costs incurred in the preparation of response to this RFP, or to procure or contract services. (2) OTDA reserves the right to amend, modify or withdraw this RFP and to reject any proposals submitted, and may exercise such right at any time and without notice and without liability to any Offeror or other parties for their expenses incurred in the preparation of a proposal or otherwise. Proposals will be prepared at the sole cost and expense of the Offeror. (3) OTDA reserves the right to accept or reject any or all proposals that do not completely conform to the instructions given in the RFP, including time frames for submission thereof. (4) Submission of a proposal will be deemed to be the consent of the applicant to any inquiry made by OTDA of third parties with regard to the applicant's experience or other matters deemed by OTDA relevant to the proposal. (5) Funds granted for this project will be used only for the conduct of the project as approved. (6) The contract may be terminated in whole, or in part, by OTDA. Such termination shall not affect obligations incurred under the contract prior to the effective date of such termination. (7) When funds are advanced any unexpended balance or funds unaccounted for at the end of the approved period must be returned. (8) Any significant revision of the approved project proposal must be requested in writing by the contractor prior to enactment of the change. (9) Progress reports must be submitted as required by OTDA. The final program and financial reports must be submitted within a specified time period after the project terminates. Necessary records and accounts including financial and property controls will be maintained and made available to OTDA for audit purposes. (10) All reports of investigations, studies, and publications made as a result of this proposal must acknowledge the support provided by OTDA. (11) All personal information concerning individuals served or studies conducted under the project are confidential and such information may not be disclosed to unauthorized persons, corporations, or agencies. (12) OTDA reserves a royalty free non-exclusive license to use and to authorize others to use all copyrighted material resulting from this project. (13) Successful applicants will be subject to the State's prompt contracting law. (14) Selected contractors agree to be bound by the Minority and Women-Owned Business Enterprises/Equal Employment Opportunity anti-discrimination provisions as more fully set forth in this RFP. Minority/Women-Owned Business Enterprises/Equal Employment Opportunity.

OTDA reserves the right, if funds become available, to reconsider additional proposals submitted in response to this RFP at that time, using the same scoring criteria and award methodology, in lieu of releasing a new RFP, if deemed to be in the best interest of the State.

OTDA anticipates making an award to administer projects for thirty-six (36) months. Projects may be renewed for additional periods depending on continued need for the services, achievement of anticipated outcomes, continued availability of funding and at the sole discretion of OTDA. For those applicants selected as a result of this Request for Proposals (RFP), subsequent year's funding may be at a decreased level.

The applicant certifies that to the best of his/her knowledge and belief the information in this application is true and correct, that he/she will comply with the above agreement if the grant is received, and that this constitutes a firm offer for 180 days.

(Signature of official authorized to sign for applicant)

(Date)

(Type name and title)

M/WBE SUBCONTRACTOR UTILIZATION EXAMPLES

It is important to note that in addition to direct sub-contracting on State contracts, contractors can also utilize a number of other vendors in support of their overall operations. Using NYS Certified MWBEs (link to Directory of NYS Certified MWBEs, <http://www.nylovesmwbe.ny.gov>) as providers of these second tier services can be counted in satisfaction of the goals. The following are examples of indirect services that you may want to consider for compliance with MWBE subcontracting participation requirements: Accounting Services, Advertising, Building Maintenance, Car Rental, Cleaning Supplies, Copying, Electrical Services, Furniture, Heating and Cooling, Janitorial Services, Office Supplies, Pest Control, Printing Services, Publishing, Rubbish Removal, Security, Shredding Services, Tax Preparation, Technical Writing, Training, Travel Services, etc.

M/WBE SUBCONTRACTOR UTILIZATION PLAN

INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) subcontractor under the contract. Attach additional sheets if necessary.

Offeror's Name:

Federal Identification Number:

Address:

Solicitation Number:

City, State, Zip Code:

Telephone Number:

Region/Location of Work:

M/WBE Goals in the Contract: MBE % WBE %

1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary)	5. Dollar Value of Subcontracts / Supplies/Services and intended performance dates of each component of the contract.
A.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
B.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			

<p>PREPARED and APPROVED BY:</p> <p>NAME AND TITLE OF PREPARER (Print or Type):</p> <p>Signature: _____ Authorized Signature</p> <p>DATE:</p> <p>TELEPHONE NO:</p> <p>EMAIL ADDRESS:</p> <p>SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. M/WBE 100 (Revised 1</p>	<p style="text-align: center;">FOR AGENCY USE ONLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">REVIEWED BY:</td> <td style="width: 30%;">DATE:</td> </tr> </table> <p>UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date:</p> <p>Contract No:</p> <p>Contract Award Date:</p> <p>Estimated Date of Completion:</p> <p>Amount Obligated Under the Contract:</p> <p>NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p> <p>NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date:</p>	REVIEWED BY:	DATE:
REVIEWED BY:	DATE:		

**MINORITY/WOMEN OWNED BUSINESS ENTERPRISE (M/WBE)
 MWBE SUBCONTRACTORS AND /or SUPPLIERS
 LETTER OF INTENT TO PARTICIPATE**

To: _____ Federal ID Number: _____
 (Name of Contractor)

Proposal / Contract number: _____

Contract Scope of Work: _____

The undersigned intends to perform services or provide material, supplies or equipment as follows:

At the following price: \$ _____

Name of MWBE: _____

Address: _____

Federal ID Number: _____

Telephone Number: _____

Designation:

- MBE - Subcontractor
- WBE – Subcontractor
- MBE – Supplier
- WBE - Supplier

Joint venture with:

Name: _____

Address _____

Fed ID Number: _____

MBE

WBE

Are you a New York State Certified M/WBE?

Yes

No

The contractor proposes, and the undersigned agrees to, the following beginning and completion dates for such work.

Date Proposal/ Contract to be started: _____

Date Proposal/ Contract to be completed: _____

Date Supplies ordered: _____

Delivery date: _____

The above work will not be further subcontracted without the express written permission of the contractor and notification of the Office. The undersigned will enter into a formal agreement for the above work with the contractor ONLY upon the Contractor's execution of a contract with the Office.

Date: _____

Signature of M/WBE Contractor: _____

Printed/Typed Name of M/WBE Contractor: _____

INSTRUCTIONS FOR M/WBE SUBCONTRACTORS AND SUPPLIERS' LETTER

This form is to be submitted with bid attached to the Subcontractor's Information Form in a sealed envelope for each certified Minority or Women-Owned Business enterprise the Bidder/Awardee/Contractor proposes to utilize as subcontractors, service providers or suppliers.

If the MBE or WBE proposed for portion of this proposal/contract is part of a joint or other temporarily-formed business entity of independent business entities, the name and address of the joint venture or temporarily-formed business should be indicated.

Contact: Wilma Brown Phillips, M/WBE Director
Wilma.BrownPhillips@otda.state.ny.us

**EQUAL EMPLOYMENT OPPORTUNITY
STAFFING PLAN**
Submit with Bid or Proposal – Instructions on page 2

Solicitation/Program Name:	Report includes: <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Contractor/Subcontractor's total work force
Offeror's Name:	Reporting Entity: <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor Subcontractor's name _____
Offeror's Address:	

Enter the total number of employees for each classification in each of the EEO-Job Categories identified

EEO-Job Category	Total Work force	Work force by Gender		Work force by Race/Ethnic Identification														
		Total Male (M)	Total Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		Native American (M) (F)		Disabled (M) (F)		Veteran (M) (F)		
Officials/Administrators																		
Professionals																		
Technicians																		
Service Maintenance Workers																		
Office/Clerical																		
Skilled Craft Workers																		
Paraprofessionals																		
Protective Service Workers																		
Totals																		

PREPARED BY (Signature):	TELEPHONE NO.:	DATE:
	EMAIL ADDRESS:	
NAME AND TITLE OF PREPARER (Print or Type):		SUBMIT COMPLETED WITH BID OR PROPOSAL

General instructions: All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (04-10) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's or subcontractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's or subcontractor's total work force, the Offeror shall complete this form for the contractor's or subcontractor's total work force.

Instructions for completing:

1. Enter the Solicitation number or RFP number that this report applies to along with the name and address of the Offeror.
2. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Offerors' total work force.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the total work force by race/ethnic background and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the Designated Contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the work force under the appropriate headings.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE INDIAN (NATIVE AMERICAN/ ALASKAN NATIVE)** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

OTHER CATEGORIES

- **DISABLED INDIVIDUAL** any person who:
 - has a physical or mental impairment that substantially limits one or more major life activity(ies)
 - has a record of such an impairment; or
 - is regarded as having such an impairment.
- **VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.
- **GENDER**

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**EQUAL EMPLOYMENT OPPORTUNITY
WORK FORCE EMPLOYMENT UTILIZATION/COMPLIANCE REPORT**

Contract No.:	Reporting Entity: <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor	Reporting Period: <input type="checkbox"/> January 1, 20__ - March 31, 20__ <input type="checkbox"/> April 1, 20__ - June 30, 20__ <input type="checkbox"/> July 1, 20__ - September 30, 20__ <input type="checkbox"/> October 1, 20__ - December 31, 20__
Offeror's Name:		Report includes: <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Contractor/Subcontractor's total work force
Offeror's Address:		

Enter the total number of employees in each classification in each of the EEO-Job Categories identified.

EEO-Job Category	Total Work force	Work force by Gender		Work force by Race/Ethnic Identification								Disabled		Veteran	
		Male (M)	Female (F)	White (M) (F)	Black (M) (F)	Hispanic (M) (F)	Asian (M) (F)	Native American (M) (F)	(M) (F)	(M) (F)					
Officials/Administrators															
Professionals															
Technicians															
Service Maintenance Workers															
Office/Clerical															
Skilled Craft Workers															
Paraprofessionals															
Protective Service Workers															
Totals															

PREPARED BY (Signature):	TELEPHONE NO.: EMAIL ADDRESS:	DATE:
NAME AND TITLE OF PREPARER (Print or Type):	Submit completed form to M/WBE Program Unit: NYS OTDA ATTN: Ms. Wilma BrownPhillips, M/WBE Director M/WBE Program Management Unit Harlem Center 317 Lenox Avenue New York, NY 10027	

General Instructions: The work force utilization/compliance report (**EEO Workforce Utilization report04-10**) is to be submitted on a quarterly basis during the life of the contract to report the actual work force utilized in the performance of the contract broken down by the specified categories. When the work force utilized in the performance of the contract can be separated out from the contractor's or subcontractor's total work force, the contractor or subcontractor shall submit a Utilization Report of the work force utilized on the contract. When the work force to be utilized on the contract cannot be separated out from the contractor's or subcontractor's total work force, information on the contractor's total work force shall be included in the Utilization Report. Utilization reports are to be completed each quarter and submitted to OTDA within 15 days of the end of each quarter. If there are no changes to the work force utilized on the contract during the reporting period, the contractor can submit a written statement of no change or submit a copy of the previously submitted report with the date and reporting period updated.

Instructions for completing:

9. Enter the number of the contract that this report applies to along with the name and address of the Contractor preparing the report.
10. Check off the appropriate box to indicate if the entity completing the report is the contractor or a subcontractor.
11. Check off the box that corresponds to the reporting period for this report.
12. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Contractor's total work force.
13. Enter the total work force by EEO job category.
14. Break down the total work force by gender and enter under the heading 'Work force by Gender'
15. Break down the total work force by race/ethnic background and enter under the heading 'Work force by Race/Ethnic Identification'.
16. Enter information on any disabled or veteran employees included in the work force under the appropriate heading.
17. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE INDIAN (NATIVE AMERICAN/ ALASKAN NATIVE)** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

OTHER CATEGORIES

- **DISABLED INDIVIDUAL** any person who:
 - has a physical or mental impairment that substantially limits one or more major life activity(ies)
 - has a record of such an impairment; or
 - is regarded as having such an impairment.
- **VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.
- **GENDER**

CONTRACTOR/SUBCONTRACTOR BACKGROUND QUESTIONNAIRE

Name of Agency: _____ Federal Identification# _____

Mailing Address: _____

Actual Location: _____

City: _____ State: _____ Zip code: _____

Telephone Number: () _____ Fax Number: () _____

Background Questionnaire

The following section must be fully completed by the Bidder or bid will be deemed non-responsive. Where appropriate, provide additional details using space provided or by inserting additional sheets following this part. Any proposed subcontractor must also complete this form if the value of that subcontract will be in excess of \$10,000.

<p>1a. If you, the bidder, are a natural person, are you a New York State resident?</p> <p>1b. If you are a corporation, are you a New York State corporation?</p> <p>1c. Are you registered with the New York State Department of State (DOS) to do business in New York State?</p> <p>If no, you will be required to comply with the New York State Department of State guidelines for doing business in New York State before you will be eligible for a Contract award. Do you agree to these conditions?</p>	<p>_____ NO _____ YES</p> <p>_____ NO _____ YES</p> <p>_____ NO _____ YES</p> <p>_____ NO _____ YES</p>
<p>2. How many years has the bidder been in business?</p>	<p>_____ # of Years</p>
<p>3a. Are you a certified minority owned business enterprise, certified by the NYS Department of Economic Development? (Your company is eligible to be certified if it is at least 51% owned and controlled by minority group members (i.e. Black, Hispanic, Asian, Pacific Islander, American Indian or Alaskan Native)?)</p> <p>3b. Are you a woman owned business enterprise, certified by the NYS Department of Economic Development? (Your company is eligible to be certified if it is at least 51% owned and controlled by women)</p>	<p>_____ NO _____ YES</p> <p>_____ NO _____ YES</p>
<p>4. How many people are employed by the bidder?</p>	<p>_____ Employees</p>
<p>5. Total number of people employed by the bidder:</p> <ul style="list-style-type: none"> * Within New York State? * Outside of New York State? * Outside of United States? 	<p>_____</p> <p>_____</p> <p>_____</p>
<p>6. Is the bidder independently owned and operated?</p>	<p>_____ NO _____ YES</p> <p>(If no, provide details)</p>
<p>7. List and describe any liquidated damages assessed, and/or liens or claims over \$25,000 filed against the bidder and remaining undischarged or unsatisfied for more than 90 days, on any contracts within the past five years.</p>	<p>_____ NO _____ YES _____ N/A</p>

8. Within the past five years has the bidder, any affiliate, any predecessor company or entity, any owner of 5.0% or more of the bidder's equity, or any director, officer, partner, or employee, or other agent of the bidder who either routinely or frequently acts for the bidder, or has acted for the bidder at any time in conjunction with the pending contract, or any similar contract with New York State, been the subject of:

Check any that apply. If "yes", describe using additional pages if necessary)

a) A judgment of conviction for any business-related conducts constituting a crime under state or federal law?

_____ NO _____ YES

b) A currently pending indictment for any business-related conducts constituting a crime under state or federal law?

_____ NO _____ YES

c) A grant of immunity for any business-related conducts constituting a crime under a state or federal law?

_____ NO _____ YES

d) A federal suspension or debarment, New York rejection of any bid or disapproval of any proposed subcontract for lack of responsibility, denial or revocation of pre-qualification in any state, or a voluntary exclusion agreement?

_____ NO _____ YES

e) A civil or criminal investigation of the New York State Ethics Commission involving a violation(s) of Section 73 and/or Section 74 of the Public Officer's Law?

_____ NO _____ YES

f) Any bankruptcy proceeding?

_____ NO _____ YES

g) Any suspension or revocation of any business or professional license?

_____ NO _____ YES

h) Anyone whose license to provide health care services under investigation, citation, suspension (including suspension stayed on compliance with compulsory terms) and/or conviction by any State licensing authority for reasons bearing on professional competence, professional conduct, or financial integrity?

_____ NO _____ YES

i) Any failure to notify the OTDA of any investigation, citation, suspension (including suspension stayed on compliance with compulsory terms) and/or conviction by a State agency of a matter within its jurisdiction?

_____ NO _____ YES

j) Any citations, Notices, violation orders, pending administrative hearings or proceedings or determinations for violations of:

* federal, state or local health laws, rules or regulations;

* unemployment insurance or workers compensation coverage or claim requirements;

* ERISA (Employee Retirement Income Security ACT);

* federal, state or local human rights laws; or,

* federal, state security laws?

_____ NO _____ YES

k)

l) A grant of immunity for any business-related conducts constituting a crime under a state or federal law?

m) Any federal determination of a violation of any labor law or regulation, or any OSHA serious violation?

Was violation willful?

n) Any state determination of a violation of any labor law or regulation?

_____ NO _____ YES

o) Any state determination of a Public work violation?

Was violation deemed willful?

_____ NO _____ YES

_____ NO _____ YES

p) A revocation of MBE or WBE certification?

_____ NO _____ YES

q) A rejection of a low bid on a state contract for failure to meet statutory affirmative action or MWBE requirements?

_____ NO _____ YES

r) A consent order with the NYS Department of Environmental Conservation, or a federal or state enforcement determination involving a construction-related violation of federal or state environmental laws?

_____ NO _____ YES

_____ NO _____ YES

_____ NO _____ YES

_____ NO _____ YES

9. Does your company retain partnership or reciprocal agreements with hardware and/or software companies, or with associated manufacturers in this industry?	_____ NO _____ YES
10. Does the bidder hold any current contracts with the State of New York, its departments or political subdivisions, valued in excess of \$100,000?	_____ NO _____ YES (If yes, provide details)
11. Does the bidder hold any current contracts with governmental entities outside of New York State, valued in excess of \$100,000:	_____ NO _____ YES (If yes, provide details)
12. Your firm is responsible for providing worker's compensation insurance pursuant to state law. The State has the option to require proof of current worker's compensation insurance or proof of exemption if applicable. Do you comply with this requirement?	_____ NO _____ YES
13. Your firm is responsible for providing disability insurance pursuant to state law. The State has the option to require proof of current worker's compensation insurance or proof of exemption if applicable. Do you comply with this requirement?	_____ NO _____ YES
14. Does your firm employ any non-U.S. citizens or resident legal aliens?	_____ NO _____ YES
15. If yes, are the forms on file and available for inspection?	_____ NO _____ YES

CERTIFICATION

The undersigned: 1) recognizes that this questionnaire is submitted for the express purpose of inducing the New York State Office of Temporary of Disability Assistance to award a contract or approve a subcontract; 2) acknowledges that the Office may in its discretion, by means which it may choose, determine the truth and accuracy of all statements made herein; 3) acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law 210.40 or a misdemeanor under Penal Law 210.35 or 210.45, and may also be punishable by a fine of up to \$10,000 or imprisonment of up to five years under 18 U.S.C. 1001; 4) states that the information submitted in this questionnaire and any attached pages is true, accurate and complete; and, 5) acknowledges that submission of false or misleading information will constitute grounds for the Office to terminate its contract (or revoke its approval of a subcontract) with the undersigned or the organization of which s/he is an officer.

Authorized Signature: _____

Name: _____

Title _____

Date _____

MINORITY/WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

M/WBE AND EEO POLICY STATEMENT

I, _____, the (awardee/contractor) _____ agree to adopt the following policies with respect to the project being developed or services rendered at _____

This organization will require its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participation goals and provide Equal Employment Opportunities set by NYS OTDA for the State-funded project by taking the following steps:

M/WBE

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
- (2) Request a list of State-certified M/WBEs from NYS-OTDA and solicit bids from them directly.
- (3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
- (4) Where feasible, divide the work into smaller portions to increase participation by M/WBEs and encourage the formation of joint ventures and other partnerships among M/WBE contractors to encourage their participation.
- (5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. The Contractor will also maintain, or, where appropriate, require its subcontractors to maintain and submit, as required by OTDA, records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
- (6) Ensure that project payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and/or other credit requirements may, in the sole discretion of OTDA, be waived and/or appropriate alternatives are developed to encourage M/WBE participation.
- (7) This organization will include the provisions of sections (1) through (6) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

(a) This organization will not discriminate against any employee or applicant for employment because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status, or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.

EEO

- (b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status,
- (c) At the request of the contracting agency, this organization shall request that each employment agency, labor union, or authorized representative will not discriminate on the basis of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status, and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.
- (d) This organization will include the provisions of sections (a) through (c) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

Agreed to this _____ day of _____, 2_____

By _____

Print: _____ Title: _____

Minority/ Women Business Enterprise Liaison

_____ is designated as the Minority/Women Business Enterprise Liaison
(Name of Designated Liaison)

responsible for administering the Minority and Women-Owned Business Enterprises-Equal Employment Opportunity (M/WBE-EEO) program.

(Authorized Representative)

Title: _____

Date: _____

Contact:

NYS OTDA
ATTN: Ms. Wilma BrownPhillips, MWBE Director
M/WBE Program Management Unit
Harlem Center
317 Lenox Avenue
New York, NY 10027
Wilma.BrownPhillips@otda.state.ny.us

MWBE SUBCONTRACTOR REQUEST FOR WAIVER FORM

INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.	
Offeror/Contractor Name:	Federal Identification No.:
Address:	Solicitation/Contract No.:
City, State, Zip Code:	M/WBE Goals: MBE % WBE %
By submitting this form and the required information, the offeror/contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract.	
Contractor is requesting a:	
1. <input type="checkbox"/> MBE Waiver – A waiver of the MBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial 2. <input type="checkbox"/> WBE Waiver – A waiver of the WBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial 3. <input type="checkbox"/> Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.) Date of such filing with Empire State Development: _____	
PREPARED BY (Signature):	Date:
<small>SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.</small>	
Name and Title of Preparer (Printed or Typed):	Telephone Number:
	Email Address:
Submit with the bid or proposal or if submitting after award, submit to the MWBE Program Unit: NYS OTDA ATTN: Ms. Wilma BrownPhillips, MWBE Director M/WBE Program Management Unit Harlem Center 317 Lenox Avenue New York, New York 10027 Email to: Wilma.BrownPhillips@OTDA.State.NY.US	***** FOR AGENCY USE ONLY *****
	REVIEWED BY:
	DATE:
	Waiver Granted: <input type="checkbox"/> YES MBE: <input type="checkbox"/> WBE: <input type="checkbox"/> <input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver <input type="checkbox"/> ESD Certification Waiver <input type="checkbox"/> *Conditional <input type="checkbox"/> Notice of Deficiency Issued _____ *Comments:

REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS
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When completing the Request for Waiver Form please check all boxes that apply. To be considered, the Request for Waiver Form must be accompanied by documentation for items 1 – 11, as listed below. If box # 3 has been checked above, please see item 11. Copies of the following information and all relevant supporting documentation must be submitted along with the request:

1. A statement setting forth your basis for requesting a partial or total waiver.
2. The names of general circulation, trade association, and M/WBE-oriented publications in which you solicited certified M/WBEs for the purposes of complying with your participation goals.
3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.
4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE participation levels.
5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified M/WBEs.
6. Provide copies of responses made by certified M/WBEs to your solicitations.
7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.
8. Provide documentation of any negotiations between you, the Offeror/Contractor, and the M/WBEs undertaken for purposes of complying with the certified M/WBE participation goals.
9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.
10. Provide the name, title, address, telephone number, and email address of offeror/contractor's representative authorized to discuss and negotiate this waiver request.
11. Copy of notice of application receipt issued by Empire State Development (ESD).

Note:

Unless a Total Waiver has been granted, Offeror/Contractor will be required to submit all reports and documents pursuant to the provisions set forth in the Contract, as deemed appropriate by the contracting entity, to determine M/WBE compliance.

CONTRACTOR QUARTERLY COMPLIANCE REPORT

INSTRUCTIONS: BEGINNING TEN DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER (March 31st, June 30th, September 30th, and December 31st) AFTER A CONTRACT IS AWARDED, QUARTERLY COMPLIANCE REPORTS ARE DUE ON THE TENTH DAY OF THE FIRST MONTH OF EACH FOLLOWING QUARTER, FOR THE PRECEDING QUARTER'S ACTIVITY.

Expenditure Code: C – Commodities, SC – Services/Consultants, CC –Construction Consultants, CN – Construction, GM – Grants Material/Equipment, GC – Grants in Construction, GS – Grants In Services/Consultants

Contract Number: C _____ Contractor: _____	Expenditure Code: (See above for codes) _____	REPORTING PERIOD: From: ____/____/____ To: ____/____/____	MWBE Goal MBE ____ % WBE ____ % M/WBE ____ %
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A	B	C	D
Amount of Actual Expenditures in Reporting Period	Minority-Owned Business Enterprise (MBE) Subcontracting Expenditures in Reporting Period	Women-Owned Business Enterprise (WBE) Subcontracting Expenditures in Reporting Period	Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures in Reporting Period
\$ _____ (If none, enter 0)	\$ _____ (If none, enter 0)	\$ _____ (If none, enter 0)	\$ _____ (If none, enter 0)

SEE INSTRUCTIONS ON NEXT PAGE:

Payee ID	Payee Name, Address, City, Zip	Service Location	MBE or WBE or Dual MWBE	Product Code	Amount

CREDIT WILL NOT BE GIVEN WITHOUT COMPLETE INFORMATION

INSTRUCTIONS:

List all M/WBEs used during the quarter, providing all requested information in appropriate columns. In the event that an M/WBE is used more than one time during a quarter, list the M/WBE only once for each expenditure category. Use the **Expenditure Code** defined at the top of the form to indicate the category of expenditures for which the M/WBE was used.

TOTALS FOR REPORT PERIOD

Column A Total Amount of Actual Expenditures in Report Period: Enter the amount (\$) for each expenditure category made during report period under this contract.

Column B MBE Subcontracting Expenditures: Enter the amount for each expenditure category with registered Minority Owned Business Enterprises made during the report period under this contract.

Column C WBE Subcontracting Expenditures: Enter the amount of expenditures for each category with registered Women Owned Business Enterprises made during the report period under this contract.

Column D MWBE Dual Subcontracting Expenditures: Enter the amount of expenditures for each category with registered Minority and Women Owned Business Enterprises made during the report period under this contract.

Use the following codes in the Product Code column to indicate the category of work for which the M/WBE was utilized:

PRODUCT CODE KEY:

A	Agriculture/Landscaping (e.g., all forms of landscaping services)
B	Mining (e.g., Geological Investigation)
C	Construction
C15	Building Construction – General Contractors
C16	Heavy Construction (e.g., highway, pipe laying)
C17	Special Trade Contractors (e.g., plumbing, heating, electrical, carpentry)
D	Manufacturing (production of goods)
E	Transportation, Communication and Sanitary Services (e.g., Delivery services, warehousing, broadcasting and cable systems)
F/G	Wholesale/Retail Goods (e.g., gravel, hospital supplies and equipment, food stores, computer stores, office supplies)
G52	Construction Materials (e.g., lumber, paint, lawn supplies)
H	Financial, Insurance and Real Estate Services
I	Services
I73	Business Services (e.g., copying, advertising, secretarial, janitorial, rental services of equipment, computer programming, security services)
I80	Health Services
I81	Legal Services
I82	Educational Services (e.g., AIDS education, automobile safety, tutoring, public speaking)
I83	Social Services (e.g., counselors, vocational training, child care)
I87	Engineering, architectural, accounting, research, management and related services

M/WBE GOAL REQUIREMENTS CERTIFICATION OF GOOD FAITH EFFORTS

Contractors (to include those who submit bids/proposals in an effort to be selected for contract award as well as those successful bidders/proposers with whom OTDA enters into State contracts) must document “good faith efforts” to provide meaningful participation by New York State Certified M/WBE subcontractors or suppliers/vendors in the performance of this contract.

The undersigned hereby acknowledges that he/she took or may need to take the following actions on behalf of the Contractor to demonstrate, and upon request by OTDA, to provide written verification to document the aforesaid good faith efforts:

- (a) The Contractor attended any pre-bid, pre-award, or other meetings scheduled by the contracting agency or the NYS Department of Economic Development or its designee to inform certified minority- or women-owned business enterprises of contracting and subcontracting opportunities available on the project, for purposes of complying with contract participation goal requirements;
- (b) The Contractor identified economically feasible units of the project that could be contracted or subcontracted to certified minority- and women-owned business enterprises in order to increase the likelihood of participation by such enterprises on the contract;
- (c) The Contractor undertook efforts to reasonably structure the contract scope of work for purposes of subcontracting with certified minority- and- women-owned business enterprises;
- (d) The Contractor advertised in a timely fashion and in appropriate general circulation, trade and minority- and women-oriented publications, if any, concerning the contracting or subcontracting opportunity;
- (e) The Contractor made written solicitations in a timely fashion to a reasonable number of certified minority- and women- owned business enterprises identified from current certified lists of such business enterprises provided or maintained by the NYS Empire State Development’s Division of Minority and Women Owned Business Development, or its designee, of the contracting or subcontracting opportunity. The directory of certified businesses can be viewed at: <http://esd.ny.gov/index.html>
- (f) The Contractor can document if any timely responses to any such advertisements and solicitations were provided by certified minority- and women-owned business enterprises;
- (g) The Contractor followed-up initial solicitations by contacting the enterprises to determine whether the enterprises were interested in such contracting or subcontracting opportunity;
- (h) The Contractor provided interested certified minority- and women-owned business enterprises in a timely fashion with adequate information about the plans, specifications or terms and conditions of the State contract and requirements for the contracting or subcontracting opportunity so as to prepare an informed response to a contractor solicitation;
- (i) The Contractor submitted a completed, acceptable utilization plan in accordance with applicable requirements to meet goals for participation of certified minority-and women-owned business enterprises established in the State contract;

Attachment Q Notices

1. All notices permitted or required hereunder shall be in writing and shall be transmitted either:
 - (a) via certified or registered United States mail, return receipt requested;
 - (b) by facsimile transmission;
 - (c) by personal delivery;
 - (d) by expedited delivery service; or
 - (e) by e-mail.

Such notices shall be addressed as follows or to such different addresses as the parties may from time-to-time designate:

State of New York [Agency Name]

Name:

Title:

Address:

Telephone Number:

Facsimile Number:

E-Mail Address:

[Contractor Name]

Name:

Title:

Address:

Telephone Number:

Facsimile Number:

E-Mail Address:

2. any such notice shall be deemed to have been given either at the time of personal delivery or, in the case of expedited delivery service or certified or registered United States mail, as of the date of first attempted delivery at the address and in the manner provided herein, or in the case of facsimile transmission or email, upon receipt.
3. The parties may, from time to time, specify any new or different address in the United States as their address for purpose of receiving notice under this Agreement by giving fifteen (15) days written notice to the other party sent in accordance herewith. The parties agree to mutually designate individuals as their respective representatives for the purposes of receiving notices under this Agreement. Additional individuals may be designated in writing by the parties for purposes of implementation and administration/billing, resolving issues and problems and/or for dispute resolution.

Applicant: _____

APPLICATION CHECK LIST of Required Forms	Included	Not Included (Explain) Missing documents will adversely affect the overall competitive score of your proposal.
A – APPLICANT DOCUMENTATION		
Executive Proposal Summary		
General Information		
Accessibility Determination Form		
B – PROGRAM NARRATIVE		
Program Description		
Program Implementation		
C – PAYMENT POINT SUMMARIES, RATES AND PAYMENT SCHEDULES		
Payment Point Summaries		
Payment Schedules		
D – AGENCY INFORMATION		
Agency Organizational Chart		
Client Flow Chart		
Key Personnel Profile		
Board of Directors Profile		
M/WBE Subcontractor Utilization Plan		
M/WBE Letter of Intent to Participate		
EEO Staffing Plan		
M/WBE/EEO Policy Statement		
M/WBE Subcontractor Request For Waiver Form		
M/WBE Goal Requirements Certification of Good Faith Efforts		
Attachment Q		
Attach Copy of: Audited Financial Report. It should be within the last 12 months, if not attach letter explaining why.		
Attach Copy of: Certificate of Incorporation		
APPLICATION CHECKLIST		

END OF APPLICATION