

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE BIDDER APPLICATION FORM

Firm Information (* Required entry)

*Federal Tax
ID # (EIN): _____ Municipal Code: _____

*Business
Name: _____

*Street
Address: _____

*City: _____ *State: _____ *Zipcode: _____ - _____

County: _____
(If New York State)

Organization's
Web Site (URL): _____

Person(s) to Contact on Matters Concerning Bids or Contracts (* Required entry)

*Contact
Person: _____
(Salutation) (First Name) (Last Name)

Title: _____ Email: _____

*Telephone: (____) _____ - _____ Extension: _____ Fax: (____) _____ - _____

~~Alternate Contact~~.....

Person: _____
(Salutation) (First Name) (Last Name)

Title: _____ Email: _____

*Telephone: (____) _____ - _____ Extension: _____ Fax: (____) _____ - _____

Organization Type (Check One)

- For Profit
- Not for Profit - If checked, enter your Charities Registration Number: ____ - ____ - ____

New York State Business (Check all that apply)

- Small Business
- Minority Owned and registered with the New York State Empire State Development Corporation
- Woman Owned and registered with the New York State Empire State Development Corporation

Minority Business Enterprise (MBE) or Minority Community Based Organization (MCBO):

If MBE or MCBO, please check one of the following:

- Black Hispanic Asian/Pacific American/Alaskan Indian

This information is requested for reporting purposes and to assure equal opportunity to bid.

Areas of Interest (Check all that apply)

Community, Families and Children's Services

- A&V Access and Visitation
 DV Services to Victims of Domestic Violence
 DPP Delinquency Prevention Programs
 PARE Parent Education and Support Services
 PCOU Professional Counseling Services
 RAP Refugee & Immigration Services
 INCM Temporary Assistance Services

Housing Assistance and Related Services

- ADS Adult Services
 CODE Code Enforcement Services
 COS Construction Services
 HOUS Housing Improvement & Rehabilitation Services
 HSS Homelessness/Homeless Support Services
 RPSA Residential Placement Services
 ARC Architectural Services

Financial Management and Consultant Services

- CON Consultant Services
 CONA Academic & Research Consultants
 CONC Communication Consultant Services
 CONF Financial Consultant Services
 CONM Management Consultant Services
 EVAL Program Evaluation & Assessment Services
 TA Technical Assistance Services
 ACC Accounting/Auditing Services
 COLL Collection Services
 FSAG Fiscal Agent Services

Facilities & Operations and Support Services

- COU Courier & Transportation Services
 ELEC Code Electrical Supplies and Service
 FML Facility Management & Leasing
 INTC Internet Communications / Providers
 JAN Janitorial Services
 MOVE Movers
 PARK Parking Services
 MAIL Mail Equipment Sale & Maintenance
 COPM Copier Equipment Sale & Maintenance
 TRCK Trucking Services

EDP Services, Office Automation, Telecommunications Technology and Related Equipment Lease Services

- EDPD Electronic Data Processing-System Designers & Consultants
 EDPH Electronic Data Processing-Hardware
 EDPM Electronic Data Processing-Maintenance & Support
 EDPS Electronic Data Processing-Services
 EDPT Electronic Data Processing-Training Services
 EDPW Electronic Data Processing-Software Support & Services

Medical Assistance, Long Term Health, Disabilities Assessments and Related Services

- CEXS Consultative Examination Services
 HOSP Hospitals
 MEDT Medical Transcription – Secretarial Services
 PREV Peer Review Services Medical

Other Services (Legal, Public Information, Specialized Administrative, Employment, etc.)

- ADVL Advocacy – Legal
 FP Finger Imaging Technology
 PEDC Public Education Campaign Services
 PRIS Private Investigator Services
 WPS Stenographic/Transcription/Word Processing Services
 ADVD Disability Advocacy
 LEG Legal Counsel and Representative Services
 PROM Advertising Services
 TRAN Translation Services
 EMPS Employment Services

New York State Office of Temporary and Disability Assistance

BIDDER APPLICATION FORM INSTRUCTIONS

GENERAL PURPOSE: To identify those qualified, potential offerors of services and goods who may be interested in responding to related, competitively bid, Request for Proposals (RFP's), as issued by the Office.

By completing and submitting this form, you become eligible to receive notice of funding opportunities provided by the OTDA. You are responsible for the accuracy of the information provided. For information about statewide funding opportunities, you may contact the NYS Office of General Services at www.ogs.state.ny.us, the New York State Contract Reporter at www.nyscr.com or the NYS Department of State, the State Register at www.dos.state.us.

FEDERAL TAX ID / Employer Identification Number (EIN): Federal Tax ID number or Social Security number used for Federal income tax reporting.

MUNICIPAL CODE: This code is to be used by Municipalities/Governments only.

CONTACTS: please provide the names and the requested information for both the primary and a secondary organization/business contact.

ORGANIZATION TYPE: please check either **PROFIT** or **NOT-FOR-PROFIT***, if selecting **NOT-FOR-PROFIT**, please enter your organizations **CHARITIES REGISTRATION NUMBER** in the space provided. If your organization is a government, an educational institution or an exempt religious organization, please check **NOT-FOR-PROFIT** and leave the **CHARITIES REGISTRATION NUMBER** *blank*.

***CONTRACTOR TYPES** are payment categories established by the New York State Comptroller. A **NOT-FOR-PROFIT** Corporation is defined as an incorporated organization chartered for other than profit-making activities. Most such organizations are engaged in charitable, educational, civic or other humanitarian activities, although they are not restricted to such activities.

MINORITY BUSINESS ENTERPRISE (MBE) or MINORITY COMMUNITY BASED ORGANIZATION (MCBO): A **Minority Community Based Organization (MCBO)** is defined as a Not-for-Profit, local human service organization that has its origins in the geographic area comprised of one or more neighborhoods that it serves. A representative MCBO is therefore keenly aware of the community needs as well as local resources to meet those needs. Generally, the governing bodies and personnel of community based organizations reflect the racial, ethnic and cultural make-up of the community being served. A MCBO is characterized by majority representation of American Indians, Asian Americans, African Americans/Blacks and/or Hispanics in both policy formulation and decision-making regarding management, service delivery and staffing reflective of the community it serves.

NEW YORK STATE BUSINESS TYPE, read the description below to determine which category applies to your business. Please note that more than one category may apply.

For businesses located in New York State:

1. To be considered a **Small Business**, a business must meet all the following four criteria:
 - The company is resident in New York State. It may have its home office or a branch office located in the State;
 - The business is independently owned and operated;
 - The business does not dominate in its field;
 - The business employs one hundred or less persons; or,
 - A Not-for-Profit organization may be considered a Small Business Concern if it meets the preceding criteria.

2. Department of Economic Development, Division of Minority and Woman's Business Development. Certification information is available by contacting the Department of Economic Development, Division of Minority and Women Business Development at (212) 383-1718 or (518) 474-6346.

A **Minority Business Enterprise (MBE)** is defined as any business which is at least fifty-one percentum owned by, or in the case of a publicly owned business, at least fifty-one percentum of the stock of which is owned by, United States (U.S.) citizens or permanent residents aliens who are member of the following groups and who's ownership interest is real, substantial and continuing. The minority ownership must have and exercise the authority to independently control the business decisions of the entity.

- a) Black persons having origins in any of the black African racial groups; and/or,
- b) Persons of Mexican, Puerto Rican, Dominican, Cuban, other Caribbean Island, Central or South American origin and/or national or community identification, whether of indigenous, Hispanic, Portuguese, French, Dutch, or other descent, and regardless of race; and/or,
- c) Asian and Pacific Islander persons having origins in any of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands; and/or,
- d) American Indian or Alaskan Native persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification;

A **Women-owned Business Enterprise (WBE)** is defined as any business enterprise which is at least fifty-one percentum owned by, or in the case of a publicly owned business, at least fifty-one percentum of the stock of which is owned by citizens or permanent resident aliens who are women. Such ownership interest must be real, substantial and continuing. The women-owned ownership must have and exercise the authority to independently control the business decisions of the entity.

(To meet the definition of an MBE or WBE, a non-profit organization must be controlled by a Board of Directors, which consists of at least fifty-one percentum minority individuals or women, respectively.)

NEW YORK STATE CERTIFIED MINORITY or WOMEN OWNED BUSINESS – Organizations which have been certified by the New York State Department of Economic Development as meeting the criteria for a Minority or Women Owned Business. Contact the Department of Economic Development, Division of Minority and Women Business Development at (212) 383-1718 or (518) 474-6346 for certification assistance.

OUT OF STATE BUSINESS – An out of State Business is a business which does not have its corporate headquarters located within New York State. These businesses are required to register with the New York State, Secretary of State. For further information, please contact the New York State, Department of State at (518) 473-2492 or (900) 835-2677, or write to:

NYS Department of State
Division of Corporations
41 State Street
Albany, NY 12231
www.dos.state.ny.us

RETURN THE COMPLETED FORM TO:

NYS Office of Temporary and Disability Assistance
Attention: Ms. Dawn Neddo
40 North Pearl Street, Section 13B
Albany, NY 12243
tdabcm@dfa.state.ny.us