

New York State Appendices

Appendix 4

SECTION 4.2 - Host and Transaction Processing, Communications Facilities, and Hot Backup

4.2.2.1.3 Bandwidth

The contractor must plan for and provide sufficient network capacity on their backup and primary network to accommodate the bandwidth needs, based on transaction volume levels, on-line database access, and proposed ad hoc reporting functionality.

Batch file volumes are provided in the [Batch File Transmission Schedule](#).

4.2.2.2 Transaction Processing

The following benefit hierarchy tables detail the order in which transactions are to be applied to the state's benefit records within the cash and SNAP EBT accounts, respectively. The contractor must allow New York State to add, change, or delete cash and SNAP programs, as needed, including their priority, at no additional cost to the state.

New York Benefit Hierarchy (Cash)

Program	Mnemonic	Priority
Special Use	FS-CC	1
Home Energy Assistance Program	HEAP	2
Federal Charge Refugees	REFUGE	3
Day Care	DAY-CR	4
State Charge Family Assistance	SCTANF	5
SNAP Administration	ADM-FS	6
Medical Assistance Administration	ADM-MA	7
Emergency Assistance to Families	EAF	8
Family Assistance	FA	9
Medical Assistance	MA	10
Safety Net Federally Participating Funds	SN-FP	11
State Charge Safety Net MOE	SCSNMO	12
State Charge Safety Net	SC-SN	13

FAP Conversion	FAP-CC	14
Safety Net MOE	SNMO	15
Safety Net Cash	SNCASH	16
Safety Net Non-Cash	SNNC '	17
Emergency Assistance to Adults	EAA	18
Child Support Pass-Thru	CSD	19
Cash Benefit Undetermined	CSUNDE	20
Non-Reimbursable	NR	21

New York Benefit Hierarchy (Food) SNAP

Program	Mnemonic	Priority
Food Stamps/Public Assistance	FS/PA	1
Food Stamps/Non-Public Assistance	FS/NPA	2
Food Assistance Program	FAP	3
Food Stamp Benefit Undetermined	FSUNDE	4

4.2.3.2 Card Authentication Value Validation

NY State requires that the EBT system must determine whether the Card Authentication Value (CAV) is valid.

SECTION 4.3.1 - Account Setup, Account Maintenance and Benefit Authorization

Accounts are established and maintained in EBT through a series of “real time” records sent to the vendor from the NYS OTDA CBIC system. These records are sent 24/7, 365 days per year. SOAP protocol is used for these transmissions. (See record descriptions below.) In addition, records may be sent in emergency situations in batch mode (see *Emergency Batch* file).

A new account is established in the EBT System via the receipt of a D05-Add Client Card record and an AA05-Store Client Demographics and Address. The account is established only if the recipient (CIN or Applicant Number) named on the Demographic record is not currently known to EBT. If the recipient is already known then the records are considered updates. All further records are used for account maintenance. Note that D05 and AA05 records are also used for account maintenance.

In NY, cardholders may change from a Temporary ID to a Permanent ID as part of normal case maintenance. This process is commonly referred to as the “Temp to Perm” process and typically occurs when an applicant (temporary ID) becomes a recipient (permanent ID). In these circumstances, the State card system will send a record to the EBT Contractor directing the Contractor to transfer account balances for all programs from the applicant account to the recipient account. If the recipient account is already known and has a balance then the applicant balance will be added to the recipient

balance. (See also Cards and PINs section.) A transaction is recorded in the Contractor’s EBT system, and the account balance transfer is displayed on the Administrative system. A transaction is present in both the old and new accounts. The client's account history for the old (original) account is also accessible for viewing.

NYS Outbound Records to EBT Vendor

EBT Vendor Number= 05

The OTDA sends two streams of related records to the EBT contractor. The NYS OTDA separately sends two simultaneous real-time exchanges of CBIC (Card related) data 24/7 to the EBT contractor. One line transmitting/exchanging data is dedicated to recipients processed by the New York City WMS database. The other line transmitting/exchanging data is dedicated to recipients processed by the “Upstate” WMS database. Currently each of these lines uses web services with SOAP protocol allowing host-to-host communication across the Internet using the current Web infrastructure. This requirement must be supported by common protocols such as TCP/IP and software supporting open distributed transaction processing

D05—Add Card for Client, E05—Update Card for Client, F05—Delete Card for Client

Field	Length	Type Field	Field Composition/Comments
Function to be performed	04	Alpha	
Return message (error) code	04	Alpha	
Transmission Date and Time	16	Numeric	CCYYMMDDHHMMSSHD
Transmission sequence number	05	Numeric	Incremented by 1. After 99999, revert back to 1.
Filler	30	Alpha	
Client ID	10	Alpha	CIN/Temp CIN/App Reg Line Number
Card Number	19	Numeric	The CBIC card number.
Void Date	08	Alpha	CCYYMMDD
Host ID	01	Numeric	“1” – NY Upstate “2” – NY City
Transfer PIN	01	Alpha	“Y” or “N”

Note: These are different records that possess the same record format.

G05- Delete All Cards for Client

Field	Length	Type Field	Field Composition/Comments
Function to be performed	04	Alpha	

Return message (error) code	04	Alpha	
Transmission Date and Time	16	Numeric	CCYYMMDDHHMMSSHD
Transmission sequence number	05	Numeric	Incremented by 1. After 99999, revert back to 1.
Filler	30	Alpha	
Client ID	10	Alpha	CIN/Temp CIN/App Reg Line Number

H05- Add Case, J05- Delete Case

Field	Length	Type Field	Field Composition/Comments
Function to be performed	04	Alpha	
Return message (error) code	04	Alpha	
Transmission Date and Time	16	Numeric	CCYYMMDDHHMMSSHD
Transmission sequence number	05	Numeric	Incremented by 1. After 99999, revert back to 1.
Filler	30	Alpha	
Client ID	10	Alpha	CIN/Temp CIN/App Reg Line Number
Case Number	14	Alpha	

K05- Delete All Client Id's for Case

Field	Length	Type Field	Field Composition/Comments
Function to be performed	04	Alpha	
Return message (error) code	04	Alpha	
Transmission Date and Time	16	Numeric	CCYYMMDDHHMMSSHD
Transmission sequence number	05	Numeric	Incremented by 1. After 99999, revert back to 1.
Filler	30	Alpha	
Case Number	14	Alpha	

M05- Transfer Temporary ID to Permanent ID

Field	Length	Type Field	Field Composition/Comments
Function to be performed	04	Alpha	

Return message (error) code	04	Alpha	
Transmission Date and Time	16	Numeric	CCYYMMDDHHMMSSHD
Transmission sequence number	05	Numeric	Incremented by 1. After 99999, revert back to 1.
Filler	30	Alpha	
Client ID	10	Alpha	CIN/Temp CIN/App Reg Line Number
Perm ID	10	Alpha	Permanent CIN

AA05- Store Client Demographics and Address

Field	Length	Type Field	Field Composition/Comments
Function to be performed	04	Alpha	
Return message (error) code	04	Alpha	
Transmission Date and Time	16	Numeric	CCYYMMDDHHMMSSHD
Transmission sequence number	05	Numeric	Incremented by 1. After 99999, revert back to 1.
Filler	30	Alpha	
Client ID	10	Alpha	CIN/Temp CIN/App Reg Line Number
Name	28	Alpha	Last (17) First (10) MI (1)
DOB	08	Numeric	CCYYMMDD
Sex	01	Alpha	M, F, U (Unborn)
Mailing Address	89	Alpha	C/O (28) Street (35) City (15) State (2) Zip (9)
Apartment	05	Alpha	
Case Number	14	Alpha	
Local Office	03	Alpha	
Telephone Number	10	Numeric	
Social Security Number	09	Numeric	
Restaurant Indicator	01	Alpha	
Mail PIN Indicator	01	Alpha	0- No action 1- Client 2 Auth Rep 3- Both
Authorized Representative Name	28	Alpha	Last (17) First (10) MI (1)

NYS Inbound Records Received from EBT Vendor

N05- Send Next Sequence Number

Field	Length	Type Field	Field Composition/Comments
Function to be performed	04	Alpha	
Return message (error) code	04	Alpha	
Transmission Date and Time	16	Numeric	CCYYMMDDHHMMSSHD
Transmission sequence number	05	Numeric	Incremented by 1. After 99999, revert back to 1.
Filler	30	Alpha	
Sequence Number	05	Numeric	

U05- Referral

Field	Length	Type Field	Field Composition/Comments
Function to be performed	04	Alpha	
Return message (error) code	04	Alpha	
Transmission Date and Time	16	Numeric	CCYYMMDDHHMMSSHD
Transmission sequence number	05	Numeric	Incremented by 1. After 99999, revert back to 1.
Filler	30	Alpha	
Client ID	10	Alpha	CIN/Temp CIN/App Reg Line Number
Card Number	19	Numeric	The CBIC card number.
Void Date	08	Alpha	CCYYMMDD

Return Message Error Code List

- Transaction Successful
- Function Unknown
- Return Message Code Must Be Blank
- Transmission Date/Time Required or Invalid
- Transmission Sequence Number Required or Invalid
- CIN Required or Invalid
- PIN Offset Required or Invalid

Card Number Required or Invalid
Case Number Required or Invalid
Name Required
Local Office Required
Card Code Required or Invalid
Date of Birth Required or Invalid
Sex Code Required or Invalid
Referral Number Cannot Be Spaces or Zero
Card Delivery Code Required or Invalid
District Code Required or Invalid
Void Date Required or Invalid
Card Create Reason Required or Invalid
Case RID Required or Invalid
Benefit End Date Required or Invalid
Next Sequence Number Cannot Be Spaces or Zero
Card Auth Type Required or Invalid
Temp CIN or App/Reg/Line Number Required or Invalid
Card Produced Date Required or Invalid
Card Produced Time Required or Invalid
Transmission sequence error
Add Request Failed—Record already exist
Update Request Failed—Record Does not Exist
Delete Request Failed—Record Does not Exist
Transfer Request Rejected—Temp CIN Does not Exist
CIN Does Not Exist
Card Does Not Exist
Case Does Not Exist
PIN Does Not Exist
Card Limit Exceeded
Case Limit Exceeded
Unexpected Hardware Error
Unexpected Software Error
Inquire Request Failed—Record Does not Exist
Delete All Request Failed—Record Does not Exist
Card Numbers Must Be Blank
LU 6.2 Transmission Length Invalid
LU 6.2 Transmission Line Invalid
File Transfer Already In Progress, Try Again Later
File Transfer Type Missing Or Invalid
File Transfer ID Missing
File Transfer Create Date/Time Missing
File Transfer Record Count Missing Or Invalid
File Transfer Sender ID Missing
File Transfer Contact Name Missing

File Transfer Contact Telephone Missing
File Transfer Receive User ID Missing Or Invalid
File Transfer Receive Distribution List Missing Or Invalid
File Transfer Header Record Missing
File Transfer Trailer Record Missing
Card Cannot Be Attached To Two CINs
CBIC System Is Unavailable
Card State Invalid (Add Card)
Invalid Current State (Delete Card)
Client Already Payee On Case
Case Exists With Different Payee
No Active Cards on File for Client
Serious System Failure
Function Code has Invalid Vendor ID for Communication Line
Transfer PIN Field Required or Invalid
Mailing Address Field Required or Invalid
Restaurant Indicator Field Required or Invalid
RTC Indicator Field Required or Invalid
Mail PIN Field Required or Invalid

4.3.1.2 Use of Existing File Formats

New York State is currently planning to consolidate statewide database and processing methodology for benefit issuance and reconciliation. Offerors should be aware that this may result in changes to the current interface as described in this section. Potential changes may include, but are not limited to, some or all of the following:

- Larger numbers of records in benefit files, and fewer files;
- Revisions to benefit posting schedules;
- Modifications to reporting;
- Consolidation of the daily activity files;

4.3.1.4 Batch Processing

The following is a description of benefit files currently in use. Every file sent and received by NYS for EBT consists of three parts, a header record, detail record(s), and a trailer record. NY anticipates transmitting these files using FTP.

New York State Outbound File Formats

Benefit File Header Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"HD"
Transaction Type	8	Alpha	NSCSBENU— NYC Cash Single Issues NSFSBENU— NYC Food Single Issues NSCRBENU— NYC Cash Recurring Benefits NSFRBENU— NYC Food Recurring Benefits NSCEBENU— NYC Emergency Cash NSFEBENU— NYC Emergency Food NSFTBENU— NYC RTC Benefits NYCSBENU— Upstate Cash Single Issues NYFSBENU— Upstate Food Single Issues NYCRBENU— Upstate Cash Recurring Benefits NYFRBENU— Upstate Food Recurring Benefits NYCEBENU— Upstate Emergency Cash NYFEBENU— Upstate Emergency Food
Date	8	Numeric	CCYYMMDD
Time	8	Numeric	HHMMSSSS
Control Number	6	Numeric	Incremented by 1
State ID	2	Alpha	"NY" for NYC; "NS" for Upstate
Filler	25	Alpha	
Profile Number	9	Numeric	
Filler	8	Alpha	
Response Code	4	Alpha	

Benefit File Detail Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"DT"
Action Code	2	Numeric	1- Add 3-Pending 4-Cash Pull Recovery
Benefit Type	6	Alpha	
Credit/Debit Indicator	2	Alpha	
Case Number	14	Alpha	
Amount	7	Numeric	99999.99
Available Date	8	Numeric	CCYYMMDD
Benefit Period Date	8	Numeric	CCYYMMDD
Unique Benefit Number	16	Alpha	
Issuance Type	1	Alpha	NYC Only, Filler for UPS

Payment Type	2	Alpha	NYC Only, Filler for UPS
Center Number	3	Alpha	NYC Only, Filler for UPS
Filler	5	Alpha	
Response Code	4	Alpha	

Benefit File Trailer Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"TR"
Transaction Type	8	Alpha	Must match header
Date	8	Numeric	Must match header
Time	8	Numeric	Must match header
Credit Count	6	Numeric	
Debit Count	6	Numeric	
Credit Amount	10	Numeric	
Debit Amount	10	Numeric	
Total Detail Records	6	Numeric	
Filler	12	Alpha	
Response Code	4	Alpha	

Emergency Batch Header Record

In extraordinary circumstances, when the normal real-time process is unavailable for account set-up and maintenance, the state may send account set-up and maintenance information as an emergency batch file.

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"HD"
Transaction Type	8	Alpha	NSSNABTH = NYC; NYSNABTH = Upstate
Date	8	Numeric	CCYYMMDD
Time	8	Numeric	HHMMSSSS
Control Number	6	Numeric	Incremented by 1
State ID	2	Alpha	NY
Filler	257	Alpha	
Response Code	4	Alpha	

Emergency Batch Detail Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"DT"
Message	266	Alpha	
Filler	25	Alpha	

Emergency Batch Trailer Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"TR"
Transaction Type	8	Alpha	Must match header
Date	8	Numeric	Must match header
Time	8	Numeric	Must match header
Total Records	10	Numeric	
Filler	253	Alpha	
Response Code	4	Alpha	

New York State Inbound File Formats

Benefit File Response File Header Record

Same as (Outbound) Benefit File Header Record

Benefit File Response Detail Record

Same as (Outbound) Benefit File Detail Record

Benefit File Response Trailer Record

Same as (Outbound) Benefit File Trailer Record

Pending Deletes/Uncashable Header Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"HD"
Transaction Type	8	Alpha	"NSDELETE"—NYC "NYDELETE"—UPS

Date	8	Numeric	CCYYMMDD
Time	8	Numeric	HHMMSSSS
Control Number	6	Numeric	Incremented by 1
State ID	2	Alpha	
Filler	42	Alpha	
Response Code	4	Alpha	

Pending Deletes/Uncashable Detail Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"DT"
Transaction type	2	Alpha	01–Uncashables - identifies unavailable benefits 02–Delete Uncashables- deletes after 30 days
Benefit Type	6	Alpha	
Credit/Debit Indicator	2	Alpha	
Case Number	14	Alpha	
Amount	7	Numeric	99999.99
Available Date	8	Numeric	CCYYMMDD
Benefit Period Date	8	Numeric	CCYYMMDD
Benefit Number	16	Alpha	
Issuance type	1	Alpha	NYC
Payment Type	2	Alpha	NYC
Center Number	3	Alpha	NYC
Filler	5	Alpha	
Response Code	4	Alpha	

Pending Deletes/Uncashable Trailer Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"TR"
Transaction Type	8	Alpha	Must match header
Date	8	Numeric	Must match header
Time	8	Numeric	Must match header
Credit Count	6	Numeric	
Debit Count	6	Numeric	
Credit Amount	10	Numeric	99999999.99

Debit Amount	10	Numeric	99999999.99
Total Detail Records	6	Numeric	
Filler	12	Alpha	
Response Code	4	Alpha	

NYC Daily Activity Header Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"HD"
Transaction Type	8	Alpha	"NYACTDET"
Date	8	Numeric	CCYYMMDD
Time	8	Numeric	HHMMSSSS
Control Number	6	Numeric	Incremented by 1
State ID	2	Alpha	
Filler	105	Alpha	

NYC Daily Activity Detail Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"DT"
Transaction type	3	Alpha	
Credit/Debit Indicator	2	Alpha	
Tran Log Date	8	Numeric	Date on client receipt/ date logged to host
Tran Log Time	8	Numeric	
Originator Date	8	Numeric	Settlement date
Card Number	19	Numeric	
Completed Amount	8	Numeric	999999.99
Benefit Balance	8	Numeric	999999.99
Program Type	2	Numeric	
County Code	3	Alpha?	
Issuance Type	1	Alpha	
Payment Type	2	Alpha	
Case Number	14	Alpha	
Benefit Number	20	Alpha	

Benefit Type	6	Alpha	
Benefit Available Date	8	Alpha?	CCYYMMDD
Filler	17	Alpha	

NYC Daily Activity Trailer Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"TR"
Transaction Type	8	Alpha	Must match header
Date	8	Numeric	Must match header
Time	8	Numeric	Must match header
Total Detail Records	6	Numeric	
Filler	103	Alpha	

Upstate Daily Activity Header Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"HD"
Transaction Type	8	Alpha	"NYACTDET"
Date	8	Numeric	CCYYMMDD
Time	8	Numeric	HHMMSSSS
Control Number	6	Numeric	Incremented by 1
State ID	2	Alpha	
Filler	14	Alpha	
Sort Key	28	Alpha	Spaces
Filler	41	Alpha	

Upstate Daily Activity Detail Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"DT"
Transaction type	3	Alpha	
Originator Date	8	Alpha?	Settlement date
Card Number	19	Alpha?	

Completed Amount	8	Numeric	999999.99
Benefit Balance	8	Numeric	999999.99
Benefit Number	12	Alpha	
Tran Log Date	8	Alpha?	Date on client receipt/ date logged to host
Tran Log Time	8	Alpha?	
Case Number	14	Alpha	
Credit/Debit Indicator	2	Alpha	
Benefit Available Date	8	Alpha?	CCYYMMDD
Benefit Type	6	Alpha	
Filler	9	Alpha	

Upstate Daily Activity Trailer Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"TR"
Transaction Type	8	Alpha	Must match header
Date	8	Numeric	Must match header
Time	8	Numeric	Must match header
Total Detail Records	10	Numeric	
Filler	12	Alpha	
Sort Key	28	Alpha	All 9's
Filler	39	Alpha	

State Fraud and Abuse Reporting System (SFARS) Header Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"HD"
Transaction Type	8	Alpha	"NYSFARFL"
Date	8	Numeric	CCYYMMDD
Time	8	Numeric	HHMMSSSS
Control Number	6	Numeric	Incremented by 1
State ID	2	Alpha	
Settlement Date	8	Numeric	
Filler	283	Alpha	

State Fraud and Abuse Reporting System (SFARS) Detail Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"DT"
FNS Number	7	Numeric	
Transaction Type	3	Numeric	
Debit/Credit Indicator	2	Alpha	
Reply Code	2	Numeric	
Reversal Date	8	Numeric	
Reversal Code	2	Numeric	
Auth Number	6	Alpha	
Transaction Local Date	8	Numeric	
Transaction Local Time	8	Numeric	
Transaction Log Date	8	Numeric	
Transaction Log Time	8	Numeric	
Card Number	19	Alpha	
Card Entry Type	1	Alpha	
Primary/Alt Indicator	1	Alpha	
Requested Amount	8	Numeric	999999.99
Completed Amount	8	Numeric	999999.99
Account Balance	6	Numeric	999999.99
Terminal ID	10	Alpha	
Trace Number	8	Alpha	

Program Type	2	Numeric	
Cash Back Amount	6	Numeric	9999.99
Merchant Name	15	Alpha	
Merchant Address	25	Alpha	
Merchant City	25	Alpha	
Merchant State	2	Alpha	
Merchant Zip	9	Alpha	
County Code	3	Alpha	
Center Number	3	Alpha	
Case Number	14	Alpha	
Client Number	10	Alpha	
SSN	9	Alpha	
EDA Number	12	Numeric	
Surcharge Indicator	1	Alpha	
Surcharge Amount	4	Numeric	99.99
ATM Fee Indicator	1	Alpha	
Cardholder Name	28	Alpha	
Cardholder DOB	8	Numeric	
Restaurant Indicator	1	Alpha	
Settlement Date	8	Numeric	
Case Number Count	1	Numeric	
Profile	9	Numeric	

State Fraud and Abuse Reporting System (SFARS) Trailer Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"TR"
Transaction Type	8	Alpha	Must match header
Date	8	Numeric	Must match header
Time	8	Numeric	Must match header
Total Detail Records	10	Numeric	
Total Debit \$ Amount	10	Numeric	99999999.99
Total Credit \$ Amount	10	Numeric	99999999.99
Filler	177	Alpha	
Response Code	4	Alpha	

State Law Enforcement Bureau (SLEB) Header Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"HD"
Transaction Type	8	Alpha	"NYSLEBFL"
Date	8	Numeric	CCYYMMDD
Time	8	Numeric	HHMMSSSS
Control Number	6	Numeric	Incremented by 1
State ID	2	Alpha	
Filler	263	Alpha	

State Law Enforcement Bureau (SLEB) Detail Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"DT"
FNS Number	7	Numeric	
Transaction Type	3	Numeric	
Auth Number	6	Alpha	
Debit/Credit Indicator	2	Alpha	
Reply Code	2	Numeric	
Reversal Date	8	Numeric	
Reversal Code	2	Alpha	
Transaction Local Time	8	Numeric	
Transaction Local Date	8	Numeric	
Transaction Log Date	8	Numeric	
Transaction Log Time	8	Numeric	
Card Number	19	Alpha	
Card Entry Type	1	Alpha	
Requested Amount	8	Numeric	999999.99
Completed Amount	8	Numeric	999999.99
Account Balance	6	Numeric	999999.99
Terminal ID	10	Alpha	
Trace Number	8	Alpha	
Program Type	2	Numeric	

Merchant Name	15	Alpha	
Merchant Address	25	Alpha	
Merchant City	25	Alpha	
Merchant State	2	Alpha	
Merchant Zip	9	Alpha	
County Code	3	Alpha	
Case Number	14	Alpha	
Benefit Type	6	Alpha	
Cardholder Name	28	Alpha	
Client Number	10	Alpha	
Card Termination Date	8	Alpha	
Card Issuance Date	8	Alpha	
Recipient's Zip Code	9	Numeric	
Filler	7	Alpha	

State Law Enforcement Bureau (SLEB) Trailer Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"TR"
Transaction Type	8	Alpha	Must match header
Date	8	Numeric	Must match header
Time	8	Numeric	Must match header
Total Detail Records	10	Numeric	
Filler	261	Alpha	

Batch File Transmission Schedule

Record	Sent From	Frequency	Time	Current Volume
NSCSBENU- NYC Cash Single Issues	NYS	5 days a week	8:00 PM-10:00PM	25,000 records
NSFSBENU- NYC Food Single Issues	NYS	5 days a week	8:00 PM-10:00PM	5,000 records
NSCRBENU- NYC Cash Recurring Benefits	NYS	5 days a week	8:00PM-10:00PM	30,000 records
NSFRBENU- NYC Food Recurring Benefits	NYS	5 days a week	8:00PM-10:00PM	100,000 records
NSCEBENU- NYC Emergency Cash	NYS	5 days a	1:00PM, 3:30 PM	100 records

		week	and 8:00PM	
NSFEBENU- NYC Emergency Food	NYS	5 days a week	1:00PM, 3:30PM and 8:00PM	2,000 records
NSFTBENU- NYC RTC Benefits	NYS	Once a month	2 nd Monday of month	50 records
NYCSBENU- Upstate Cash Single Issues	NYS	5 days a week	8:00PM-10:00PM	15,000 records
NYFSBENU- Upstate Food Single Issues	NYS	7days a week	8:00PM-10:00PM	15,000 records
NYCRBENU- Upstate Cash Recurring Benefits	NYS	7 days a week	8:00PM-10:00PM	75,000 records
NYFRBENU- Upstate Food Recurring Benefit	NYS	7 days a week	8:00PM-10:00PM	250,000 records
NYCEBENU- Upstate Emergency Cash	NYS	7 days a week (twice daily)	5:00 PM	300 records
NYFEBENU- Upstate Emergency Food	NYS	5 days a week (twice daily)	5:00 PM	500 records
Benefit <u>File</u> Response Files	EBT Vendor	5 days a week	1 for each benefit file	Same as corresponding benefit file
NYC Pending Deletes/Uncashables	EBT Vendor	7 days a week	6:00AM-8:00AM	2,000 records
Upstate Pending Deletes/Uncashables	EBT Vendor	7 days a week	6:00AM-8:00AM	1,000 records
NYC Daily Account Activity File	EBT Vendor	7 days a week	6:00AM-8:00AM	1,000,000 records
Upstate Daily Account Activity File	EBT Vendor	7 days a week	6:00AM-8:00AM	500,000 records
SFARS Daily Account Activity File	EBT Vendor	7 days a week	6:00AM-12:00PM-	1,500,000 records
SLEB Activity File	EBT Vendor	7 days a week	6:00AM-12:00PM-	100 records
Message System Interface File	NYS	5 days a week	Various times	35,000 records

4.3.1.6 Authorized Representatives and Authorized Payees

Each client may have one current Authorized Representative (AR). The AR is assigned a card number separate from the client but is able to access the client's account with such card. The AR's PIN is

separate from the client's PIN and should be carried forward to subsequent cards unless the AR's name has changed. The assignment of an AR should not affect the client's card or ability to access his/her account.

4.3.1.8 Benefit Availability

File Type	Availability Date*	
NSCSBENU- NYC Cash Single Issues	1 day after receipt of file	
NSFSBENU- NYC Food Single Issues	1 day after receipt of file	
NSCRBENU- NYC Cash Recurring Benefits	8 business days after receipt of file	
NSFRBENU- NYC Food Recurring Benefits	7 business days after receipt of file	
NSCEBENU- NYC Emergency Cash	Immediate	
NSFEBENU- NYC Emergency Food	Immediate	
NSFTBENU- NYC RTC Benefits	5 days after receipt of file	
NYCSBENU- Upstate Cash Single Issues	2 days after receipt of file	
NYFSBENU- Upstate Food Single Issues	1 day after receipt of file	
NYCRBENU- Upstate Cash Recurring Benefits	Up to 2 weeks after receipt of file	
NYFRBENU- Upstate Food Recurring Benefits	Up to 2 weeks after receipt of file	
NYCEBENU- Upstate Emergency Cash	Immediate	
NYFEBENU- Upstate Emergency Food	Immediate	

*All benefit records include an availability date, which is the date that the funds must be available to the recipient. Emergency benefits are available immediately. Single and recurring benefits have various availability dates which can be as much as two week after the benefit file has been received by the contractor.

**It is possible that future development may result in the production of benefits from a single source. If this occurs there may be fewer file types but the maximum file sizes will increase (See also "Use of Existing File Formats).

4.3.1.11 Additional Programs – SSI State Supplement

The Supplemental Security Income (SSI) program is a national program administered by the Social Security Administration (SSA). It provides cash assistance to needy elderly, blind or disabled persons whose income and assets fall below statutorily established standards. New York State has chosen to provide additional State money – SSI State Supplementation – to SSI recipients in NYS, and since 1974 has contracted with SSA to administer the SSI State Supplementation Program (SSP) on its behalf. Due to the increasing amount of administrative fees NYS must pay SSA, legislation was passed to effectuate the NYS takeover of SSP. Beginning in October 2014, NYS will be responsible for authorizing monthly State Supplemental Payments to approximately 665,000 individuals. While most SSP recipients will have bank accounts established and be receiving their monthly benefits by the time this transition occurs, there will be a small numbers of recipients who are un-bankable. Further, since SSI recipients are all elderly, blind, or disabled, many are unable to manage their own money. As a result, approximately 30% of all current SSI recipients in NYS have been assigned representative payees - individuals or agencies formally given the responsibility by SSA to manage a recipient's money on behalf of that recipient. To accommodate such situations, processes will need to be used to issue cards to both SSI recipients and their representative payees. Accounts will need to be structured so as to limit access to the State supplement monies to representative payees.

The State of New York may need the ability make SSI State Supplement payments through the EBT system. If New York were to exercise this option, New York would require the EBT Contractor to accept and process a new program type for SSI State Supplement payments which would be deposited into the EBT cash account on a monthly basis. The benefit authorization file would sent by the State of New York's OTDA and would be a separate cash authorization file from the financial assistance payments file for other benefits. The authorization file must be processed within the same timeframes as specified for the normal cash authorization files.

The EBT Contractor must accept this additional cash program type as part of the New York EBT system and must consider this payment as any other cash program type. Normal cash account reporting provisions shall apply. However, New York State reserves the right to modify expungement and other rules for SSI State Supplement payments. Such modifications would be specified during detailed design.

The EBT Contractor must work with the existing NYS card that is then in place, with separate payments and card issuance functions for New York City and the remainder of the State. All functionality and connectivity must be supported and processing records both inbound and outbound must be supported 24 hours a day, seven days a week.

All transactions on the system must be self-auditing, with further auditing functions being utilized by the CSA's audit agency, as deemed appropriate by the CSA. All transactions accessing the system must create a perpetual audit trail available for CSA inspections.

The Contractor is required to design and implement the EBT Account to ensure that:

- Account and benefit balances are accurately maintained;
- Benefits accessed by cardholders are drawn from the correct account;

- Benefits are drawn on a first in, first out basis utilizing the CSA's Primary Program Designation hierarchy and available date as defined by the CSA;
- Benefits within the account are drawn from the correct program and benefit type;
- Benefit accounts are not overdrawn at the account level or the individual benefit issuance level; and
- Billable case month units are properly accumulated and accounted for.
- The Contractor must be liable for any of the following error conditions caused by the Contractor:
 - Funds drawn from an incorrect account;
 - Overdraws of benefit accounts;
 - Incorrect debits and credits, including adjustments and reversals;
 - Failure to apply requested benefit cancellations; and
 - Incorrect postings of benefits to cardholder EBT accounts.

For Account Set-up and Benefit Authorization records sent in batch mode, the Contractor must process the records, perform all edits, set-up and benefit posting processes, and make benefits available by times required in the NCS performance standards.

The CSA may send batch files to the Contractor for both daily and monthly updates to cardholder accounts. The number of files transmitted daily and monthly is expected to increase with the addition of these program benefits and services.

The Contractor must support the full range of functionality required by the CSA, including, but not limited to the following:

- EBT Account Set-up
- EBT Account Maintenance
- Benefit Authorization
- Benefit Cancellation
- Card Status Change
- Card Issuance and Replacement
- Collection of card fees
- Repayment Functionality
- Account Adjustment Processing
- Account Status Change
- ARU and Customer Service Support

To authorize benefits, the CSA will generate benefit authorization records, containing, at a minimum, a unique benefit authorization number, benefit type, benefit amount and availability date information. The Contractor must receive and process these benefit authorization and cancellation records

transmitted by the CSA. The Contractor is required to accurately apply such authorizations or cancellations to their database and post/deposit benefits to cardholder accounts according to the CSA's instructions.

4.3.1.10 Benefit Aging and Expungement/Dormant

For individual SNAP benefits that have been available for 365 days and 90 days for cash benefits, cash benefits will be expunged after 90 days of account inactivity. SNAP expungement processing must be consistent with core requirements described in *Section 4.3.1.10.1* of the RFP.

For Cash accounts, New York State requires expungement on a benefit-by-benefit basis. The contractor must set the expungement timing to the correct period for each benefit record based on the date that record is made available to the cardholder. When the time period has expired, benefits should be expunged from the system the following day and no longer be available to the cardholder.

It is expected that benefits made available by the prior contractor will be expunged by the new contractor based on these rules.

SECTION 4.4 - Cards and PINS – Core Requirements

4.4.1. Cards and PINS

Introduction

This section describes the mechanism that NY State will use to implement the card/PIN requirements of EBT.

A. CARDS - Background

In New York State a card system exists for generating and activating cards for EBT usage. That card generation portion of that system is currently separately procured outside of the EBT contract and interfaces directly with State OTDA systems, but does not directly interface with the EBT Contractor's system. That contract provides for the issuance of cards over the counter as well as through the mail. Over the counter cards are issued within 1 hour of client arrival at the issuance location. Mailed cards are required to be in the postal stream within 2-3 calendar days of the receipt of the card request record. The New York State Specific section of this RFP clearly defines the requirements of the State's card issuance system.

The OTDA card system is called the Common Benefit Identification Card (CBIC) system, and that system is responsible for requesting cards from the card Contractor and sending card records to the EBT system.

The CBIC system was developed in order to bring together the needs of the State's Medicaid system and its SNAP and cash issuance systems. The current CBIC card is used in both the NY

State Department of Health Medicaid system (EMEDNY), and the OTDA EBT system. New York State issues approximately 9,000 CBIC cards each business day. Approximately 40% of those cards are for use in EBT. The remaining 60% are used only in the Medicaid system, and will not be loaded to the EBT Contractor's database.

B. CARDS - Overview

New York's cards are compatible with ISO Financial Standards 7810, 7811, 7812, and 7813. The BIN number on each card is 600486.

The CBIC card is usable in two separate and unlinked systems; EMEDNY and EBT. The OTDA's approach to keeping card data in these systems accurate and in synch is to place State systems at the center, around which are three Contractors. These are the EBT Contractor, the EMEDNY Contractor, and the card Contractor. The State CBIC system maintains the database of record, and communicates in real time with each contractor in order to keep each database current. The EBT Contractor must agree to accept ID card update records as described below via a real time process as described elsewhere in this section.

The following describes the roles of each of the parties in maintaining the card databases.

a. State CBIC:

- Assign permanent and temporary card numbers to all individuals needing cards
- Pass permanent card request records to the card Contractor
- Pass card activation/inactivation records to the EBT Contractor
- Pass card-case link/unlink records to the EBT Contractor
- Pass card activation/inactivation records to the EMEDNY Contractor
- Accept and process card inactivation records from the EBT. Accept and process card inactivation records from EMEDNY originating from that system.

b. EBT Contractor:

- Support a state-specific ID card database
- Accept and post to that database card activation/inactivation records from the State CBIC system
- Accept and process client-case link/unlink records from the State CBIC system.
- Accept and process "temporary to permanent" records from the State CBIC system.
- Accept and process card inactivation records created by the EBT contractor. – and return to the state card inactivation records.

- Generate and send to the state card system ID Card “first use” transactions.

c. CBIC Contractor:

Accept card print records from the State CBIC system.

Generate and issue cards.

d. EMEDNY Contractor:

Accept and process card activation/inactivation records from the State CBIC system

C. CARDS and EBT - Business Rules

a. Case and individual data

The State CBIC system sends records to the EBT Contractor system, which establishes a relationship between an individual and the case(s) on which he/she receives benefits.

- 1) Cards are issued to individuals. EBT benefits are issued to cases. Since individuals come in and out of many cases, and can receive benefits on several cases simultaneously, the card number does not contain the case number.
- 2) A case can be comprised of many individuals, all of whom may have a card (because of the need to access Medicaid-EMEDNY). Only one case member (at any given time) will have a card or cards activated for EBT access. That individual will be known as the payee for the case. The OTDA will only transmit card data to the EBT Contractor for those individuals who are either “payees” or “authorized representatives” for payees.
- 3) Cases are assigned Case Numbers by state systems. EBT benefits are all issued to cases. (Each benefit record transmitted from the OTDA to the EBT Contractor will have a case number on the record.)
- 4) When a new case is created the OTDA-CBIC system will send the EBT Contractor a record linking the payee to the case. If the payee is previously unknown to the EBT Contractor then the Contractor will create an account for that payee. Any funds transmitted to the EBT Contractor for that case will be posted to that payee’s account.

- 5) When the payee for a case changes the state CBIC system will send a delete case record for the current payee and an “add case” record for the new payee. Any new benefits posted for that case will be posted to the account of the new payee. Any existing benefits in the old payees account will remain in that account.
- 6) Individuals are assigned Client Identification Numbers (CINs) or Applicant Registration numbers (also known as Application-Registration Line Numbers) by State systems. Either CINs or Applicants can be issued cards.
- 7) When an applicant becomes a recipient State CBIC-OTDA will send a record to the EBT Contractor directing the Contractor to shift account balances from the applicant account to the recipient account. If the recipient account is already known and has an existing balance then the applicant balance will be added to the recipient balance. (See “*Temporary to Permanent*” processing described in the Account Set-up and Maintenance section above.)

D. Individual card data

The State CBIC system is responsible for keeping the database of record for cards. That system will update the EBT Contractor with all card data.

- a. An EBT account can have up to five cards active at a time. This may include two-three permanent plastic CBICs, a vault card and authorized representative card.
- b. A void date may be associated with any card. Cards become invalid on the void date. Void dates may be in the future or may be the current date.
- c. Cards will remain active on the Contractor’s database until deleted by a transaction from the CBIC – OTDA system or the contractor’s system initiates a card kill request.
- d. The Contractor will generate and send to the state ID Card “first use” transactions. Whenever a PERMANENT CBIC card is used in the EBT system for the first time, a record of that use will be sent back to the state CBIC system. The State CBIC system will then invalidate any temporary card(s) in that recipient’s possession and pass card invalidation records back to the EBT Contractor. All records will be sent real time.
- e. When an applicant becomes a recipient State CBIC-OTDA will send a record to the EBT Contractor directing Contractor to shift card and PIN records from the applicant account

to the recipient account. If the recipient is already to EBT then all card, PIN, and balance will be moved to the existing client account.

- f. The first 19 digits (“Primary Account Number”) of each New York State card is composed of the BIN + 13 digits. The 13 digits for permanent CBICs are numeric and are generated by the State CBIC system. The 13 digits of vault cards are unique and random. New York State uses all the fields on the magnetic stripe as described in “Magnetic Stripe Track 2 Format,” in section 4.4 of this RFP.
- g. Each New York State card has the Quest mark printed on the back. Many cards have the client’s photo and electronic signature on the front. All cards have signature stripe(s) on the back. All permanent cards are customized with client data on the front. All vault cards are un-customized. On request, the OTDA will provide samples of the CBIC to Offerors.
- h. The contractor will be responsible for purging deleted card records from it’s database on criteria agreed upon by the contractor and NY State.

E. Records processing

a. The OTDA CBIC process sends records to the EBT Contractor for the following purposes:

- To add a card for a client
- To update a card for a client. (Modify the void date)
- To delete a card for a client
- To delete all cards for a client
- To add a case for a client
- To delete a case for a client
- To delete all client IDs for a case
- To Transfer a temporary ID to Permanent ID (EBT transfers account balances from the clients temporary identifier to their permanent identifier. If the permanent identifier is already known EBT adds the balance from the temporary account to the permanent account.)
- To add demographic data which includes:
 - client name
 - address and phone data
 - authorized representative name to EBT
 - PIN request

Client date-of-birth and social security number

b. The EBT Contractor process will send records to the OTDA for the following purposes:

- Send next sequence number. (Logically resets the next transmission sequence number)
- Card kill transaction.
- First use. When a permanent CBIC is used in a card swipe transaction for the first time in order to obtain either cash or SNAP benefits an inbound record to the State will allow the state to inactivate any temporary card owned by the client.

c. Record Transmission. The OTDA uses SOAP protocol for transmission of data described above.

SOAP (Simple Object Access Protocol) is a protocol that allows program-to-program communication across the Internet using the current Web infrastructure. SOAP is a type of remote procedure call (RPC) that works over HTTP and uses XML to encode requests and responses. The EBT Contractor must support this protocol.

F. PINs - Background, Current Processing

With the exception of a small minority of transactions, all access to EBT benefits requires the use of the PIN in combination with the card. The EBT Contractor is responsible for carrying forward (and applying backward) existing PINs to new cards when recipients receive replacement cards.

a. Currently PINs are generated or selected in the following ways.

PINs are generated and mailed to recipients by the EBT Contractor when a request for a PIN is received from the OTDA CBIC system on the Demographic record. If the effected recipient already has a PIN then the PIN mailing request results in the existing PIN being mailed. (A new PIN is not generated.) The generated PIN is automatically associated with any and all active client cards.

PINs can be selected by recipients after inserting the card in a Contractor supplied device located at several hundred locations (SSD sites) around the State. The devices connect to the EBT Contractor's database and transmit the encrypted PIN and associated card number. Using this mechanism PINs can be selected and stored for clients either known or not yet known to EBT. If the client is not yet known, the EBT Contractor stores the PIN in a pending area and applies it when CBIC sends associated client data to the EBT Contractor.

PINs can be selected by recipients over the phone. The EBT Contractor provides an automated mechanism to allow a client to change their PIN.

PINs may be changed via the Contractor's customer service web portal.

b. PINs - Proposed processing in the EBT reprocurement

As in the current system, the vast majority of access to benefits via EBT will require the use of the PIN in combination with the card.

PINs will be generated or selected in the following ways.

1) PINs will be generated and mailed to recipients by the EBT Contractor when a request for a PIN is received from the OTDA CBIC system on the Demographic record. The EBT Contractor can expect to receive PIN mailer request records from Monday through Saturday for the life of the contract. Each year the OTDA will provide the EBT Contractor with a list of State holidays (see below) on which PIN mailers will not be generated. Separate values in the PIN request field on the demographic record will instruct the EBT Contractor to either generate and mail a NEW client random PIN or to generate and mail the existing PIN. Likewise, separate values in the PIN request filed on the demographic record will instruct the EBT Contractor to either generate and mail a NEW authorized representative random PIN or to generate and mail the existing PIN. The generated PIN will be automatically associated with any and all client cards in the clients or authorized representative possession. The detailed design of the text on the PIN mailer will be determined in the design phase of the project. At a minimum Contractor will support English and Spanish text on the PIN mailer document. Envelope data will be customized with recipient name, care of name (when appropriate) , authorized representative name (when appropriate) and mailing address for either the client or authorized representative to be defined during the design phase of the project.

a. The following are defined as Legal State Holidays;

- New Year's Day (January)
- Martin Luther King's Birthday (January)
- President's Day (February)
- Memorial Day (May)
- July 4th – Independence Day (July)
- Labor Day (September)
- Columbus Day (October)
- Veteran's Day (November)
- Thanksgiving Day (November)

- Christmas Day (December)

- 2) PINs will be selected by recipients after swiping their card in any of several hundred Contractor supplied devices located at DSS sites. Each location must be supplied with a minimum of 2 devices. The devices will directly access the EBT Contractor's database and transmit the encrypted PIN and associated card number.

Using this mechanism PINs will be selected and stored for clients/cards either known or not yet known to EBT.

If the card is not yet known to the EBT Contractor, the contractor will store the PIN and associated card in a pending area and apply the PIN to the clients record when CBIC sends the associated client data to the EBT contractor.

If the card is known to the EBT Contractor, the Contractor will store the PIN and immediately associate it with any other active client cards.

- 3) PINs will be selected by recipients over the phone via an automated mechanism. That process will be available 24/7. That process will include identity verification using such items as:

SSN

DOB

Card number

Zipcode

- 4.) PINs may be changed via the Contractor's customer service web portal.

c.) PIN Audit Trail The EBT Contractor must maintain, for the life of the contract, a complete audit trail of all PIN selection and PIN assignment transactions for every individual having an EBT account. Access to the audit trail will be by recipient identifier (CIN or Applicant number). Although the PIN itself is not to appear on the audit trail, at a minimum the following data must be retained.

Cardholder name

Cardholder CIN or cardholder applicant number

Transfer of PINs from applicant to CIN

Card number used in the PIN selection transaction

Mechanism of PIN issuance. (Mailed, selected via device, selected over the phone, or web portal)

Date time of transaction

Phone number of inbound caller if phone selected PIN

SECTION 5 - Administrative Functionality

5.1.5 Update Functionality

New York requires the Contractor to support the Administrative System Repayment Function for the purpose of processing voluntary repayment transactions debited from SNAP or Cash EBT accounts. This functionality updates the EBT account with the debited amount authorized by the cardholder. DSS accounting staff will be individually trained on this functionality.

5.1.11 Fraud Investigator Accounts

New York requires the Contractor to support the authorizing of SNAP and Cash benefits using the account set-up and maintenance functionality on the administrative system. State investigators who randomly investigate retailer and client fraud activity require access to the on-line functionality for authorizing SNAP benefits on EBT. Cards and PINs for these accounts will be centrally processed and provided by the State.

SECTION 6 – Settlement and Reconciliation

6.1 Settlement and Reconciliation Procedures – New York State

A. Draw Down Options and Cash Draw Processes

Electronic Funds Transfer (EFT) is an integral part of the New York EBT system. Cash benefits distributed by merchants participating in the EBT program must be reimbursed through an electronic funds transfer initiated by the Contractor. The Contractor will credit the retailers' accounts and debit the local district (County) bank accounts.

EBT cash assistance benefits are available from participating merchants throughout New York State. Transactions are processed electronically through Point of Sale (POS) terminals at merchant locations and Automated Teller Machine (ATM) locations. Eligible clients access benefits using their Common Benefit Identification Card (CBIC) with a Personal Identification Number (PIN). The POS terminals receive authorization instructions from the EBT database. The EBT Contractor's database must be updated each business day through an electronic interface with the New York State Welfare Management System (WMS) and Benefit Issuance and Control Subsystem (BICS).

In most cases, the EBT Contractor will need to initiate a process of crediting local merchants and debiting County bank accounts for cash assistance benefits redeemed. Some Counties will be initiating their own electronic funds transfer (Fedwire, ACH). Each County office will be responsible for maintaining adequate funds in the bank account used for electronic funds transfers. The Counties should have funds in place by 11:00 a.m. ET each business day. The Contractor must have a process in place to accommodate a change in bank account by any of the Counties.

The Contractor must draw from the Federal Letter of Credit and make payments to merchants for SNAP benefits.

Once each business day the EBT Contractor must initiate an electronic funds transfer to the bank account that has been designated by the County (some Counties may initiate the electronic funds transfer). The amount of the draw must be equal to the total of cash transactions for the previous day, plus or minus any adjustments.

Accounts not adequately funded will be subject to the Emergency Reimbursement Plan. The Office of Temporary and Disability Assistance (OTDA) makes every reasonable effort to avert instituting the emergency procedure by contacting the County to attempt to resolve the issue.

B. Emergency Reimbursement Plan Procedures

To safeguard the program flow of reimbursement funds to issuance agents under the Electronic Benefit Transfer (EBT) system, the NYS Office of Temporary and Disability Assistance (OTDA) will coordinate emergency procedures with the Office of the State Comptroller (OSC) to direct any local district funds, otherwise payable by the State to the local district including but not limited to advances, for welfare related programs to a specific account established by the Contractor to receive such funds. The intent of these procedures is to maintain program integrity in the event that a local district experiences an unexpected short-term problem in funding its program obligations. In this situation the Emergency Reimbursement Plan will provide a fail safe to debit monies owed to EBT issuers .

The OSC's approval and participation in the plan is based upon the understanding and belief that the number of emergency occurrences will be infrequent. Because of the extensive manual effort required of OSC, should the frequency of occurrences become excessive (as determined solely by OSC), OSC reserves the right to discontinue its participation in the plan upon 30 days written notice to both the Office of Temporary and Disability Assistance and the Contractor. Should this discontinuation occur, then OSC will continue to assist OTDA in expediting payments via the normal payment process.

The EBT contract between the State and the Contractor will warrant that adequate funds will be available for daily settlement. The State's contractual obligations to the EBT Contractor under the Emergency Reimbursement Plan are a direct result of a local district's failure to adequately fund its program obligations and, therefore represent a county debt to the State.

The EBT Contractor will notify OTDA that it is unable to obtain reimbursement from a local district. OTDA will notify the local district of any shortfall and the local district will be expected to fund the shortfall either that day or the next day. In the event that the local district does not fund the shortfall, OTDA will notify OSC and request that OSC take immediate steps to intercept state aid payments due to that local district in the amount of the draw down and remit the same to the EBT Contractor. OTDA sent letters to the local districts advising them of the EBT Emergency Reimbursement Plan and requested that an authorized county fiscal officer indicate their understanding of and agreement to such procedures by signing and returning the letter of agreement to OTDA. All local districts returned the signed letter and are subject to the emergency reimbursement procedure. In the event that funds are not made available through the Emergency Reimbursement Plan, the EBT Contractor may suspend benefit authorization until such time as the State transfers funds to the EBT Contractor to cover such unfunded settlements. Any interest charges incurred by the State from the EBT Contractor for insufficient funds will be passed on to the local districts.

a. Timing of Funds Transfer

At the end of each day (by 6:00 p.m. ET) the settlement day ends at the established cut-off. The Contractor must prepare the daily settlement activity file containing all merchant transaction records and the dollar value needed to be deposited to the Contractor's settlement account. The Contractor must process and distribute the credits to the merchants' banks.

The settlement amount must be available to each respective County each morning via the Contractor's reporting and/or administrative system screens. This is the amount that will be debited through Fedwire or ACH process to each individual County's designated settlement account.

b. Banking Day 1

The Contractor must initiate settlement entries to each County for cash benefit transactions processed. The settlement entry must represent the net of all EBT activity for the County for that day. Each County must pre-fund settlement drawdowns according to the following schedule:

<u>Weekday</u>	<u>Settlement for Activity of</u>
Monday	Friday, Saturday, and Sunday
Tuesday	Monday
Wednesday	Tuesday
Thursday	Wednesday
Friday	Thursday

c. Banking Day 2

If the settlement debit against the County funding account is processed successfully, the transaction is complete. In the event that a debit fails (e.g. NSF, closed account, invalid account data, etc.) the Emergency Reimbursement Plan will be activated. The Contractor will notify the NYS OTDA and the NYS Bureau of Financial Services (BFS) via phone and fax by 9:00 a.m. ET. This notification process will initiate the following activities concurrently:

- The Contractor will automatically re-submit the debit for a second presentation in that day's file submission.
- BFS will contact the County Department of Social Services Finance Office via phone and fax.
- County Department of Social Services Finance Office will notify the County Comptroller.
- The NYS OTDA/BFS will initiate the emergency voucher process that will allow a payment normally sent to the County to be settled by OSC to a Contractor designated account. The Contractor must provide OTDA/BFS with the following data:

Dollar Amount
Settlement Date
Date of Presentation
Name of County (and District Code)
Reason for Return

As soon as possible, OTDA/BFS will advise OSC Bureau of State Expenditures (BSE) by telephone that an emergency reimbursement transaction may need to be processed and settled to the Contractor. OTDA/BFS will provide OSC/BSE with the following information:

Batch Number
Voucher Number
Payment Amount (see note)
Fund Source
County or Counties

OTDA/BFS will suspend the voucher into the State's central accounting system and have the voucher, along with a copy of the fax notification, delivered to OSC/BSE by noon of this day.

Upon receipt of the voucher, OSC/BSE will audit the transaction and immediately notify OSC Division of the Investment and Cash Management (ICM) that an emergency transaction may need to be processed.

OSC/ICM will immediately advise OSC/BSE if there is any cash problem that might affect the completion of the proposed transaction. In the event that OTDA does not have a County reimbursement claim or voucher pending, then OSC/BSE will be notified of the County deficiency that will be "offset" against any other state aid payment to the County.

NOTE: OSC will process a single payment representing the cumulative deficiencies for all counties on a given banking day.

d. Banking Day 3

On day 3 the debit advice for day 1 is again made available to the County's bank. If the transaction is successfully processed, the Contractor will notify OTDA by 9:00 a.m. ET. via phone and fax of the successful transaction. OSC/BSE will be notified by OTDA/BFS by 10:00 a.m. ET that the emergency reimbursement plan is canceled. If the Contractor

receives a second rejection, the Contractor will notify OTDA/BFS by 9:00 a.m. ET by phone and fax.

OTDA/BFS will notify OSC/BSE that the Contractor has confirmed a second rejection and that the emergency transaction must be settled to the Contractor designated account.

NOTE: In order for OSC/BSE to complete the process, OTDA/BFS must advise OSC/BSE by 10:00 a.m. ET on the day the settlement is to be processed. Any notification after this time may result in the settlement being completed on the next banking day.

The original settlement amount will be posted to the Contractor's designated account.

SECTION 9.1.2 – Retailer Management – Core Optional Requirements

Section 9.1.2.2 - Funds Transfer Support for Certain Facilities

NY State currently supports a Direct Deposit process for 36 Residential Treatment Centers (RTCs), although Direct Deposit services are not otherwise available to EBT recipients. Approximate amounts between \$500,000 - \$900,000 are transferred each month to these RTCs. NY will continue to support this functionality in the context of the Contractor’s regular Direct Deposit processing offer, regardless of whether or not Direct Deposit services are purchased to be made available to the entire population of EBT recipients.

The steps outlined in this section provide a background description of our current mechanism for delivering SNAP only benefits to RTCs on behalf of their residents. (Note: RTC residents are allowed their own individual EBT cash accounts for TANF benefits, which are not impacted by RTC Direct Deposit processing.)

The current process involves creating a pseudo case number and an ordinary EBT account for each RTC. Once benefits are posted to these accounts, an immediate movement of payments to each RTC bank account is initiated. Movement of funds is via an electronic payment transaction, drawing funds using the normal USDA funding mechanism. Each participating RTC is on record with USDA as an authorized retailer.

The Contractor’s Direct Deposit functionality must be able to support these RTC EBT accounts in the same way as all other EBT accounts that are enrolled for Direct Deposit processing without need for extra accommodation. This background description of our current process is informational only and is not meant to be prescriptive.

1. Create an EBT account for an RTC.

The OTDA CBIC system sends the EBT Contractor a single pseudo card, case and demographic record (D05, H05 and AA05) as described in section 4.3 of this appendix for each RTC. The EBT Contractor creates an ordinary EBT account, links the pseudo case number to the account and links the pseudo card to the account as appropriate.

Since NY does not currently support Direct Deposit for the general population of individual EBT recipients, OTDA then sends a “delete card” record (F05) to EBT in order to ensure that the EBT account balance cannot be retrieved via a card based transaction.

2. Create a Direct Deposit account via the EBT Administrative Terminal

State Staff accesses the EBT Contractor's administrative system and enrolls (or makes changes to enrollment information for) the RTC (using case number as the key) in the Contractor's direct deposit system. Enrollment data include:

Case Number, RTC Name, RTC address, ACH Account Number, ACH Account Type, Check Only indicator, ACH Bank Number, AP Status, ACH Consolidated, and ACH Consolidated ID.

3. State eligibility systems consolidate SNAP benefit authorization data for individual recipients who reside in the RTCs and transmit separate RTC benefit authorization files to the EBT Contractor as described this appendix. (See NYC RTC Benefits in the Transaction type "NSFTBENU" in the Benefit Header Record field descriptions.) All processing and reporting of RTC participation at the individual recipient level is handled by state systems outside EBT.

4. The EBT Contractor, upon receipt of the RTC benefit authorization file, posts the benefits to the RTC EBT accounts created in step "1" above.

5. The EBT Contractor immediately processes the RTC benefits via ACH by moving from them from the EBT account created in step "1" above to its internal direct deposit process as guided by data entered in step "2" above.

6. Since RTC benefits are SNAP benefits, they are settled to the federal Letter of Credit.

Section 9.1.2.2 - Funds Transfer Support for Certain Facilities

Activities described in item 2 (above) constitute the Direct Deposit maintenance processing currently supported in NY State.

9.1.3 Retailer Management - Core Reports/Files/Inquiries

See the EBT Reporting Requirements Appendix for a complete listing and detail descriptions of the required core and core optional reports/files/inquiries. Specific details and data elements for all reports/files/inquiries will be determined by the CSA during the detail design phase.

SECTION 9.2 – Cardholder and Retailer Customer Service

9.2.7.3 ARU PIN Selection Change

New York cardholders require PIN selection/change functionality from a Customer Service Representative via the ARU. Callers must have positive identification established by Customer

Service Representatives (CSR) prior to selecting or changing their PIN. State provided data items for positive identification will be defined during detail design with the Contractor. Data items requested for identification must be rotated on a regular periodic basis by the CSR. The CSR is required to support alternative methods for callers having trouble with any automated PIN selection process.

9.5.1 New York City Message System

New York City Messaging Process

New York City maintains an interface to post 20 predefined messages with some variables to the client’s account and to be read via the Customer Service ARU system. Also, one line of freeform text is processed for a case worker/client personalized message.

Once a message from NYC is sent to the contractor, a flag will be set for that cardholder. Once the flag is set, a host message containing the phone number will be sent to the EBT-only terminal that processed the cardholder transaction. A toll-free telephone number is formatted for printing in the message transmitted to the POS terminal and printed on the receipt containing the transaction information data. The POS terminal should process as follows.

Transactions are accepted/rejected. If the transaction is returned from the contractor host a message should be printed on the POS receipt. For example the message should say, “Call The NYC Message Center For Your Messages at <the toll-free number>.” The toll free number will be defined during detail design. Messages must also be made available to access from the Customer Service Representative toll-free number and the cardholder account web site.

Messaging Host Posting Interface Requirement

EBT Message Record Layout

HEADER

Element	Length	Type	Comment
Record type	2	X	“HD”
Transaction	8	X	“NYMESSAGE” CITY
Date	8	X	CCYYMMDD
Time	8	X	
Control Number	6	9	Incremented by 1 each time sent
Filler	268	X	

Header errors

** HD01 Invalid record type.

- ** HD02 Invalid transaction type.
- * HD03 Invalid date.
- * HD04 Invalid time.
- * HD05 Invalid control number.
- * HD06 Duplicate file.
- * HD07 File out of sequence.

DETAIL RECORD

Field Name	Position	Description
Transaction Type	1	Always equal to "3"
Case Number	2-8	
Case Suffix	9	
Message 1 Indicator	10	Re-certification appointment
Message 2 Indicator	11	Employment Interview
Message 3 Indicator	12	Child Support court appearance
Message 4 Indicator	13	Direct Rent
Message 5 Indicator	14	Case Closing
Message 6 Indicator	15	Worker Message
PA Recert Date	16-19	MMYY
Filler	20-23	
NPA Recert Date	24-27	MMDD
NPA Recert Time	28-31	HHMM
OES Appt. Date	32-35	MMDD
OCSE Appt. Date	36-39	MMDD
Filler	40-68	
Direct Rent Amount	69-73	999v99
Worker Message	74-212	
NPA Manual Recert	213-214	MM
Message 9 Indicator	215	McCain Vs Dinkins Penalty Issuance
Message 10 Indicator	216	Worker Phone Number
Message 11 Indicator	217	Finger Imaging Appointment

Field Name	Position	Description
Message 12 Indicator	218	New Center Phone Number
Message 13 Indicator	219	Case Transfer
Message 14 Indicator	220	Utilities Turnoff
Message 15 Indicator	221	
Message 16 Indicator	222	
Message 17 Indicator	223	
Message 18 Indicator	224	
Message 19 Indicator	225	
Message 20 Indicator	226	
Worker Phone number	227-236	NNNNNNNNNN
Center Transferred to	237-239	XXX
Finger Imaging Appt. Date	240-243	MMDD
Finger Imag Appt. Center	244-246	XXX
Finger Imag Appt. Time	247-250	HHMM
Change of Phone # Center	XXX	
Phone # Changed to	254-263	XXXXXXXXXX
Filler	264-300	

TRAILER

Element	Length	Type	Comment
Record type	2	X	“TR”
Transaction	8	X	Same as header
Date	8	X	Same as header
Time	8	X	Same as header
Total Records	10	9	Detail record count
Filler	264	X	

Trailer errors

- TR01 Missing trailer record.
- TR02 Mismatch on transaction type.
- TR03 Mismatch on header date.
- TR04 Mismatch on header time.
- TR05 Mismatch on total detail records.

Rules for Message Posting

No edits will be performed on the detail record itself. The file is delivered by NYC and with a “no change” requirement.

Edits will apply to the file itself.

Dates do not have century in them. The processing must be Y2K compliant and place the system century and year.

BYTE LOCATION AND VALUE FOR EACH EBT MESSAGE INDICATOR AND THE BYTE LOCATION OF THE VARIABLE TEXT ASSOCIATED WITH THAT MESSAGE.

Each message is listed by number and content. To the right are the value and the byte location for that particular message on the EBT Message Record. Underneath the message will be listed any variable text for that message and byte location of that text on EBT Message record.

Message	EBT Message Record Value	Position
PA Recert Recert Date (MM\YY)	1	10 16-19
Employment Interview Appointment Date (MM\DD)	2	11 32-35
Family Court Appointment Appointment Date (MM\DD)	3	11 36-39
Direct Rent Dollar Amount (\$\$.CC)	4	13 74-212
Case Closing	5	14
Worker Message Worker Message Text	6	15 74-212

Message	EBT Message Record Value	Position
Automated FS Recert Recert Date (MM\DD) Recert Time (HHMM)	7	10 24-27 28-31
Manual FS Recert Recert Month (MM)	8	10 213-214
McCain Vs Dinkins Lawsuit	X	215
Clients Workers Phone # Actual Phone #	X	216 227-236
Finger Imaging Appointment Appointment Date (MM\DD) Appointment Center # Appointment Time (HHMM)	X	217 240-243 244-246 247-250
Center Phone Number Change Center Number New Phone Number	X	218 251-253 254-263
Case Transfer Center Transferred To	X	219 237-239
14. Utilities Turnoff	X	220
15-20. Future Messages Future Variable Text		221-226 264-300

NYC Message System Reporting –Message Detail Summary Report

Name	Description
Records Read Deleted	Number of messages which were read and then deleted.
Records Not Read Deleted	Number of messages which were not read before they were deleted.

NYC Message System Reporting –Message Process Summary Report

Name	Description
Records Read	Number of records read.

Records Accepted	Number of records accepted.
Records Updated	Number of records updated to existing cases/messages.
Records Rejected	Number of records rejected for cases closed or not found.
Net Record Count	Number of records accepted as new messages to known cases.

Section 10 Cash Access Services

Adequate Cash Access

The contractor must provide *adequate* cash access for cardholders through ATMs and retailers providing commercial cash services. Adequate cash access is defined as sufficient cash availability within a zip code to accommodate for the first \$5,000 of daily cash benefits issued to cardholders residing in the same zip code. The contractor must provide three (3) bank or independently owned ATM locations in the same zip code or within the borders of an adjacent zip code. For each \$5,000 over the first \$5,000 the contractor must provide one (1) additional bank or independently owned ATM location. If no ATM location exists within the zip code then the contractor must provide adequate cash access utilizing POS or POB cash withdrawal locations.

The amount of *minimum* adequate cash access allowable is sufficient cash availability within a zip code to accommodate for the first \$5,000 of daily cash benefits issued to cardholders residing in the same zip code. The contractor must provide one (1) bank or independently owned ATM location. If no ATM location exists within the zip code then the contractor must provide cash access utilizing POS or POB cash withdrawal locations.

The contractor must maintain a database of ATMs, POS, and POB terminals including location name and address that provide cash access services to EBT cardholders.

Please note, Appendix-4A-NYS Zip Code Details Cash Issuance contains the reporting required to response to this requirement.

SECTION 11 – Project Planning and Phases

11.5.1.4 Transaction History Conversion

NY State requires the contractor to convert the 180 days of on-line history currently supported.

Omnibus Procurement Act

It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority and women-owned business enterprises as bidders, subcontractors, and suppliers on its procurement contracts.

Information on the availability of New York State subcontractors and suppliers is available from:

NYS Department of Economic Development
Division for Small Business
30 South Pearl Street, 7th Floor
Albany, NY 12245
Phone: (518) 292-5220 Fax: (518) 292-5884

A directory of minority and women owned business enterprises is available from:

NYS Department of Economic Development
Minority and Women's Business Development Division
30 South Pearl Street, 2nd Floor
Albany, NY 12245
Phone: (518) 292-5250 Fax: (518) 292-5803

Offerors are hereby notified that if their principal place of business is located in a state that penalizes New York State vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act 1994 amendments (Chapter 684, Laws of 1994) require that they be denied placement on Offerors mailing lists and contracts for which they would otherwise obtain. Offerors of construction services must be denied the award of a contract if their principal place of business is located in a state that discriminates or imposes a preference against New York State firms listed jurisdiction.

A current list of states which penalize New York State firms is available from:

Empire State Development
Procurement Assistance Unit
30 South Pearl St.
Albany, NY 12245

Phone: (518) 292-5220

The Omnibus Procurement Act of 1992 requires that by signing an offer proposal, contractors certify that whenever the total offer amount is greater than \$1,000,000:

1. The contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors on this project, and has retained the documentation of these efforts to be provided upon request to the State;
2. The contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-261), as amended;
3. The contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the **Job Service Division** of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The contractor agrees to document these efforts and to provide said documentation to the State upon request;
4. The contractor acknowledges notice that New York State may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with the State in these efforts.

**CONTRACTOR REQUIREMENTS AND PROCEDURES FOR BUSINESS PARTICIPATION
OPPORTUNITIES FOR NEW YORK STATE CERTIFIED MINORITY- AND WOMEN-
OWNED BUSINESS ENTERPRISES AND EQUAL EMPLOYMENT OPPORTUNITIES FOR
MINORITY GROUP MEMBERS AND WOMEN**

NEW YORK STATE LAW

Pursuant to New York State Executive Law Article 15-A, the New York State Office of Temporary and Disability Assistance (OTDA) recognizes its obligation under the law to promote opportunities for maximum feasible participation of certified minority-and women-owned business enterprises and the employment of minority group members and women in the performance of OTDA contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report

found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that OTDA establish goals for maximum feasible participation of New York State Certified minority- and women – owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, OTDA hereby establishes an overall goal of 20% for MWBE participation, 10% for Minority-Owned Business Enterprises (“MBE”) participation and 10% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that OTDA may withhold payment pending receipt of the required MWBE documentation. The directory of New York State Certified MWBEs can be viewed at: <http://www.esd.ny.gov/mwbe.html>.

For guidance on how OTDA will determine a Contractor’s “good faith efforts,” refer to 5 NYCRR §142.8.

In accordance with 5 NYCRR §142.13, Contractor acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such finding constitutes a breach of Contract and OTDA may withhold payment from the Contractor as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

By submitting a bid or proposal, a bidder on the Contract (“Bidder”) agrees to submit the following documents and information as evidence of compliance with the foregoing:

- G. Bidders are required to submit a Certification of Good Faith Efforts on form OTDA - 4976 to achieve the overall prescribed MWBE participation percentage (20%) goals set forth in the procurement.

- H. Bidders are required to submit a MWBE Subcontractor's and/or Suppliers' Letter of Intent to Participate on form OTDA - 4938 which should document the names and signatures of certified MBEs and/or WBEs which have agreed to participate as subcontractors on the Contract.
 - I. Bidders are required to submit a MWBE Subcontractor Utilization Plan on form OTDA - 4937 with their bid or proposal. Any modifications or changes to the MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to OTDA.
 - J. OTDA will review the submitted MWBE Subcontractor Utilization Plan and advise the Bidder of OTDA's acceptance or issue a notice of deficiency within 30 days of receipt by the OTDA/MWBE Program Management Unit.
 - K. If a notice of deficiency is issued, Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt by submitting to NYS Office of Temporary and Disability Assistance M/WBE Program Management Unit at 317 Lenox Avenue, N.Y. N.Y 10027, telephone # 212-961-8214 and fax # 212-961-8275, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OTDA to be inadequate, OTDA shall notify the Bidder and direct the Bidder to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals on OTDA form OTDA – 4969 Minority/Women Business Enterprise (MWBE) Subcontractor Request for Waiver. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal. **ALL REQUEST FOR WAIVERS ARE SUBJECT TO APPROVAL BY THE GOVERNOR'S OFFICE.**
- F. OTDA may disqualify a Bidder as being non-responsive under the following circumstances:
- a) If a Bidder fails to submit a MWBE Utilization Plan;
 - b) If a Bidder fails to submit a written remedy to a notice of deficiency;
 - c) If a Bidder fails to submit a request for waiver; or
 - d) If OTDA determines that the Bidder has failed to document good faith efforts.

Contractors shall attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to OTDA, but must be made no later than prior to the submission of a request for final payment on the Contract.

Contractors are required to submit a Contractor's Quarterly M/WBE Contractor Compliance & Payment Report on OTDA form OTDA – 4968, Minority/Women Business Enterprise (MWBE) Subcontractor Quarterly Compliance Report, to the NYS Office of Temporary and Disability Assistance M/WBE Program Management Unit at 317 Lenox Avenue, N.Y. N.Y 10027, telephone #

212-961-8214 and fax # 212-961-8275, by the 10th day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

Equal Employment Opportunity Requirements

By submission of a bid or proposal in response to this solicitation, the Bidder/Contractor agrees with all of the terms and conditions of Appendix A including Clause 12 - Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor, shall undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

Bidder further agrees, where applicable, to submit with the bid a staffing plan on OTDA form OTDA – 4934.1, Equal Employment Opportunity (EEO) Staffing Plan, identifying the anticipated work force to be utilized on the Contract and if awarded a Contract, will, upon request, submit to the OTDA, a workforce utilization report identifying the workforce actually utilized on the Contract if known.

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and subcontractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

Offeror's must submit the above mentioned MWBE/EEO forms located in Appendix 14, Offeror Proposal Submission Forms and include them in the Offeror's Administrative Proposal

IRAN DIVESTMENT ACT

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Bidder/Contractor (or any assignee) certifies that it is not on the “Entities Determined To Be Non-Responsive Bidders/Offerers Pursuant to The New York State Iran Divestment Act of 2012” list (“Prohibited Entities List”) posted on the OGS website at: <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf> and further certifies that it will not utilize on such Contract any subcontractor that is identified on the Prohibited Entities List. Additionally, Bidder/Contractor is advised that should it seek to renew or extend a Contract awarded in response to the solicitation, it must provide the same certification at the time the Contract is renewed or extended.

During the term of the Contract, should OTDA receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, OTDA will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then OTDA shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, seeking compliance, recovering damages, or declaring the Contractor in default.

OTDA reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

Appendix 13 – Contract Standard Terms and Conditions

IRAN DIVESTMENT ACT

By entering into this Contract, Contractor certifies that it is not on the “Entities Determined To Be Non-Responsive Bidders/Offerers Pursuant to The New York State Iran Divestment Act of 2012” list (“Prohibited Entities List”) posted on the OGS website at: <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf> and further certifies that it will not utilize on such Contract any subcontractor that is identified on the Prohibited Entities List. Contractor agrees that should it seek to renew or extend this Contract, it must provide the same certification at the time the Contract is renewed or extended. Contractor also agrees that any proposed Assignee of the Contract will be required to certify that it is not on the Prohibited Entities List before OTDA may approve a request for Assignment of Contract.

During the term of the Contract, should OTDA receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, OTDA will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days

after the determination of such violation, then OTDA shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, seeking compliance, recovering damages, or declaring the Contractor in default.

OTDA reserves the right to reject any request for renewal, extension, or assignment for an entity that appears on the Prohibited Entities List prior to the renewal, extension, or assignment of the Contract, and to pursue a responsibility review with Contractor should it appear on the Prohibited Entities List hereafter.

APPENDIX Z

Minority and Women-Owned Business Enterprise (MWBE) and Equal Employment Opportunity (EEO) Participation Requirements For All NYS Office of Temporary and Disability Assistance Contracts and Grants

Authority: Article 15-A of the Executive Law, 5 NYCRR parts 140-144, Appendix A: Standard Clauses for All New York State Contracts and requirements of any federal law concerning opportunities for minority and women-owned business enterprises which effectuate the purposes of Article 15-A

I. General Provisions

- A.** 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. In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" (“Disparity Study”). The report found evidence of statistically significant disparities between the level of participation of minority and women-owned business enterprises in state procurement contracting versus the number of minority and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority and women-owned business enterprise program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that the New York State Office of Temporary and Disability Assistance (OTDA) establish goals for maximum feasible participation of New York State Certified minority and women – owned business enterprises (“MWBE”) and the employment of minority group members and women in the performance of New York State contracts. 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.
- B.** OTDA is required to implement the provisions of New York State Executive Law Article 15-A and 5 NYCRR Parts 142-144 (“MWBE Regulations”) for all State contracts as defined therein, with a value (1) in excess of \$25,000 for labor, services, equipment, materials, or any combination of the foregoing or (2) in excess of \$100,000 for real property renovations and construction. Where deemed appropriate, OTDA will implement the provisions of New York State Executive Law Article 15-A and the MWBE Regulations for all other OTDA contracts. These requirements include equal employment opportunities for minority group

members and women (“EEO”) and contracting opportunities for certified minority and women-owned business enterprises (“MWBEs”). Contractor’s demonstration of “good faith efforts” pursuant to 5 NYCRR § 142.8 shall be a part of these requirements. These provisions shall be deemed supplementary to, and not in lieu of, the nondiscrimination provisions required by New York State Executive Law Article 15 (the “Human Rights Law”) or other applicable federal, state or local laws. 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 MWBEs, including but not limited to the Statute and its implementing regulations as promulgated by New York State’s Empire State Development (ESD) Division of Minority and Women's Business Development (DMWBD) and set forth at 5 NYCRR Parts 140-144).

- C. Copies of the required OTDA Forms are identified in this Appendix and available on OTDA’s Internet site at <http://www.otda.ny.gov>. The Contractor agrees to complete and submit these forms without change in response to goals specified in the RFP or contract. An electronic link to the current list of certified minority- and women-owned business enterprises also is available on OTDA’s Internet site.
- D. Failure to comply with all of the requirements herein may result in a finding of non-responsiveness, non-responsibility and/or breach of contract, leading to the withholding of funds or such other actions, liquidated damages pursuant to Section VII of this Appendix or enforcement proceedings allowed by the Contract.
- E. Further information regarding Article 15-A of the New York State Executive Law and the New York State Minority and Women’s Business Enterprise Program is available on the DMWBD Internet site at <http://www.esd.ny.gov>.

II. Contract Goals

- A. For purposes of this procurement, the OTDA hereby establishes an overall goal of 20 % for Minority and Women-Owned Business Enterprises (“MWBE”) participation, 10% for Minority-Owned Business Enterprises (“MBE”) participation and 10% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs). Additionally, an overall goal of 10-20% is established for Equal Employment Opportunity (“EEO”) participation.
- B. For purposes of providing meaningful participation by MWBEs on the Contract and achieving the Contract Goals established in Section II-A hereof, Contractor should reference the directory of New York State Certified MBWEs found at the following internet address: <http://www.esd.ny.gov/mwbe.html>

Additionally, Contractor is encouraged to contact the Division of Minority and Woman Business Development ((518) 292-5250; (212) 803-2414; or (716) 846-8200) to discuss additional methods of maximizing participation by MWBEs on the Contract.

- C. Where MWBE goals have been established herein, pursuant to 5 NYCRR §142.8, Contractor must document “good faith efforts” to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract. In accordance with Section 316-a of Article 15-A and 5 NYCRR §142.13, the Contractor acknowledges that if Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such a finding constitutes a breach of contract and the Contractor shall be liable to the OTDA for liquidated or other appropriate damages, as set forth herein.
- D. As a condition of the Contract, the Contractor and OTDA agree to be bound by the provisions of §316 of Article 15-A of the New York State Executive Law regarding enforcement.
- E. OTDA reserves the right to establish separate and different goals on any State Contract, as identified in the specified procurement. For guidance on what factors OTDA will consider in determining what goals are appropriate in relation to a specific State Contract, refer to 5 NYCRR § 142.2(a)(1) - (6).

III. EEO Requirements

- A. Contractor agrees to be bound by the provisions of Article 15-A and the MWBE Regulations promulgated by the DMWBD. If any of these terms or provisions conflict with applicable law or regulations, such laws and regulations shall supersede these requirements.
- B. Contractor shall comply with the following provisions of Article 15-A:
 - 1. Contractor and Subcontractors shall undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, EEO shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation.
 - 2. The Contractor shall submit an EEO policy statement to the OTDA within seventy two (72) hours after the date of the notice by OTDA to award the Contract to the Contractor.
 - 3. If Contractor or Subcontractor does not have an existing EEO policy statement, the OTDA may provide the Contractor or Subcontractor a model statement (see OTDA 4970 – Minority/Women Business Enterprise (MWBE)/Equal Employment Opportunity (EEO) Policy Statement).
 - 4. The Contractor’s EEO policy statement shall include the following language:

- a. The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing EEO programs to ensure that minority group members and women 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.
- b. The Contractor shall state in all solicitations or advertisements for employees that, in the performance of the contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.
- c. The Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union, or representative will not discriminate on the basis of race, creed, color, national origin, sex age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
- d. The Contractor will include the provisions of Subdivisions (a) through (c) of this Subsection 4 which provides for relevant provisions of the Human Rights Law, 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 Contract.

C. OTDA Form 4934.1 Equal Employment Opportunity (EEO) Staffing Plan

To ensure compliance with this Section, the Contractor shall submit a staffing plan to document the composition of the proposed workforce to be utilized in the performance of the Contract by the specified categories listed, including ethnic background, gender, and Federal occupational categories. Contractors shall complete the Staffing plan form and submit it as part of their bid or proposal or within a reasonable time, but no later than the time of award of the contract.

D. OTDA Form 4971 Equal Employment Opportunity (EEO) Workforce Employment Utilization/Compliance Report (“Workforce Report”)

- 1. Once a contract has been awarded and during the term of the Contract, Contractor is responsible for updating and providing notice to the OTDA of any changes to the previously submitted Staffing Plan. This information is to be submitted on a quarterly basis during the term of the contract to report the actual workforce utilized in the performance of the contract by the specified categories listed including ethnic background, gender, and Federal occupational categories. The Workforce Report must be submitted to report this information.
- 2. Separate forms shall be completed by Contractor and any subcontractor performing work on the Contract.

3. In limited instances, Contractor may not be able to separate out the workforce utilized in the performance of the Contract from Contractor's and/or subcontractor's total workforce. When a separation can be made, Contractor shall submit the Workforce Report and indicate that the information provided related to the actual workforce utilized on the Contract. When the workforce to be utilized on the contract cannot be separated out from Contractor's and/or subcontractor's total workforce, Contractor shall submit the Workforce Report and indicate that the information provided is Contractor's total workforce during the subject time frame, not limited to work specifically under the contract.
 4. In the case where the Contractor's and/or subcontractor's work force does not change within the quarterly period, the Contractor shall so notify OTDA in writing.
 5. All forms and reports will be submitted to the OTDA program manager for this contract and forwarded to NYS OTDA, MWBE Program Management Unit, Harlem Center, 317 Lenox Avenue, NYC, NY 10027; (212) 961-8214; e-mail to: otda.sm.co.quarterly.compliance.eeo.staffing.reports@otda.ny.gov.
- E. Contractor shall comply with the provisions of the Human Rights Law, and all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

IV. MWBE Requirements

- A. The Contractor acknowledges that it is the policy of the State of New York and of OTDA that MWBEs shall be given the opportunity for meaningful participation in the performance of State Contracts. Therefore, Contractors agree to make good faith efforts to solicit active participation to meet established goals under this procurement by MWBEs identified in the ESD directory of certified businesses¹, which can be viewed at: http://www.empire.state.ny.us/Small_and_Growing_Businesses/mwbe.asp.
1. For the purposes of this Appendix Z, the question of whether a Contractor has engaged in and documented "Good Faith Efforts" to solicit active participation to meet established

¹ All MWBE firms are required to be certified by Empire State Development (ESD) or must be in the process of obtaining certification from ESD. Should the Contractor identify a minority-owned or woman-owned firm that is not currently certified as an MWBE, the Contractor should request that the firm submit a certification application to ESD for an eligibility determination, with a copy to the OTDA MWBE Program Management Unit. OTDA's MWBE Program Management Unit will work with ESD to expedite the application; however, it is the responsibility of the Contractor to ensure that a sufficient number of certified MWBE firms have been identified in response to this procurement, in order to facilitate full MWBE participation.

goals under this procurement by MWBEs in the performance of State Contracts shall be determined by the OTDA Commissioner or his/her designee, after a thorough consideration of the factors listed in 5 NYCRR § 142.8.

2. The separate MBE and WBE participation goals established by OTDA for this procurement are based on the overall availability of MWBEs that have been certified to perform the specific scope of work identified under this procurement. For compliance purposes, these goals should not be construed as rigid and inflexible quotas which must be met, but must be targets reasonably attainable by means of applying every good faith effort to make all aspects of the entire Minority and Women-owned Business Program work.

B. The Contractor represents and warrants that Contractor has submitted the following OTDA forms either prior to, or at the time of, the execution of the contract:

1. MWBE Utilization Plan (OTDA Form 4937)

- a. Contractor agrees to use such MWBE Utilization Plan for the performance of MWBEs on the Contract pursuant to the prescribed MWBE goals set forth in Section II-A of this Appendix.
- b. If a Contractor seeks modification to its previously approved MWBE Subcontractor Utilization Plan, the Contractor shall first notify OTDA in writing of such change and obtain approval from OTDA.
- c. Contractor further agrees that a failure to submit and/or use such MWBE Utilization Plan shall constitute a material breach of the terms of the Contract. Upon the occurrence of such a material breach, the OTDA shall be entitled to any remedy provided herein, including but not limited to, a finding of Contractor non-responsiveness.

2. Certification of Good Faith Efforts (OTDA Form 4976) to achieve the overall prescribed MWBE participation percentage (20%) goals set forth in the procurement.

3. A MWBE Subcontractor's and/or Suppliers' Letter of Intent to Participate (OTDA Form 4938), which should document the names and signatures of certified MBEs and/or WBEs which have agreed to participate as subcontractors on the Contract.

V. Waivers

- A. For Waiver Requests Contractor should use OTDA Form 4969 Minority/Women Business Enterprise (MWBE) Subcontractor Request for Waiver Form.

- B. If the Contractor, after making good faith efforts, is unable to comply with MWBE goals, the Contractor may submit a request for waiver form documenting good faith efforts by the Contractor to meet such goals. If the documentation included with the waiver request is complete, the OTDA shall evaluate the request and issue a written notice of acceptance or denial within twenty (20) days of receipt.
- C. If the OTDA, upon review of the MWBE Utilization Plan and updated Quarterly MWBE Contractor Compliance Reports, determines that Contractor is failing or refusing to comply with the Contract goals and no waiver has been issued in regards to such non-compliance, the OTDA may issue a notice of deficiency to the Contractor. The Contractor must respond to the notice of deficiency within seven (7) business days of receipt. Such response may include a request for partial or total waiver of MWBE Contract Goals.

VI. Quarterly MWBE Contractor Compliance Reports

- A. Contractor is required to submit the Minority/Women Business Enterprise (MWBE) Subcontractor Quarterly Compliance Report (OTDA Form 4968) to the OTDA by the 10th day following each end of quarter over the term of the Contract documenting the progress made towards achievement of the MWBE goals of the Contract.
- B. All reports will be submitted to the OTDA program manager for this contract and forwarded to NYS OTDA, MWBE Program Management Unit, Harlem Center, 317 Lenox Avenue, NYC, NY 10027; (212) 961-8214; e-mail to: otda.sm.co.quarterly.compliance.eeo.staffing.reports@otda.ny.gov
- C. Failure to timely submit a Contractor's MWBE Subcontractor Quarterly Compliance Report and/or other reports or information as requested by OTDA may result in payments under the contract being delayed until such reports or other information have been received by OTDA.² OTDA may also deem other noncompliance with requirements under the Statute as a breach of contract and commence any other means of enforcement permitted under the contract and/or by law.

VII. Liquidated Damages – MWBE Participation

- A. Where OTDA determines that Contractor is not in compliance with the requirements of the Contract and Contractor refuses to comply with such requirements, or if Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals, Contractor shall be obligated to pay to the OTDA liquidated damages.

² Contractors may be requested to provide additional Compliance Reports and information (i) to verify payments made to MWBEs, (ii) to verify MWBE utilization and/or, (iii) as needed to evaluate any other aspect of Contractor compliance with the requirements set forth herein.

- B.** Such liquidated damages shall be calculated as an amount equaling the difference between: (a) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (b) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.
- C.** Determinations of compliance or non-compliance with the Contract's MWBE participation requirements shall be based upon the Contractor's Utilization Plan, MWBE Sub-Contractor Quarterly Reports, and any relevant documentation related thereto. The determination of what constitutes the willful and intentional failure to comply with the MWBE participation requirements will be based upon the evaluation of the same criteria considered in evaluating an MWBE subcontractor waiver request.
- D.** Upon a determination that a willful and intentional failure to comply with the MWBE participation requirements has occurred, the OTDA shall withhold the amount established in paragraph B from any future payments otherwise required by this Contract. All funds being withheld pursuant to this provision shall be offset as liquidated damages upon the expiration or termination of the contract, unless the Contractor comes into compliance with the MWBE requirements at any time during the term of the Contract but prior to the submission of a request for final payment on the contract. All payments withheld pursuant to this provision shall be released upon OTDA's determination that the Contractor has come into compliance.
- E.** In the event a determination has been made which requires the payment of liquidated damages and such identified sums have not been withheld by the OTDA, Contractor shall pay such liquidated damages to the OTDA within sixty (60) days after they are assessed by the OTDA unless prior to the expiration of such sixtieth day, the Contractor has filed a complaint with the Director of the Division of Minority and Woman Business Development pursuant to Subdivision 8 of Section 313 of the Executive Law in which event the liquidated damages shall be payable if Director renders a decision in favor of the OTDA.

VIII. Sanctions

OTDA reserves the right to impose sanctions following a determination of non-compliance by a Contractor. Sanctions may be imposed upon the Contractor whenever EEO and/or MWBE program requirements have not been met in a timely and effective manner. Any/all of the following sanctions may be imposed:

- Disallowance of costs associated with such noncompliance;
- Initiation of procedures to suspend or terminate the grant or contract;
- Withholding of progress payments until such time as corrective actions have been undertaken by the Contractor to the satisfaction of OTDA;
- Deleting Contractor's name from bid lists for a specified period of time to be determined in the sole discretion of OTDA;
- Report Contractor as non-responsible to NYS OSC Vendor Responsibility System; and

- Other sanctions of which a Contractor has notice in writing prior to or during the performance of a contract.