

**NEW YORK STATE
REFUGEE SOCIAL SERVICES PROGRAM
(RSSP)**

**REQUEST FOR PROPOSALS
AND
APPLICATION**

2013

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



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

BIDDERS' TELEPHONE CONFERENCE

Participation during the bidders' telephone conference is voluntary. BRIA staff will entertain questions about the RFP and its process during the teleconference. The following information is necessary to participate in the bidders' telephone conference:

Conference Call Date and Time	<ul style="list-style-type: none">• Friday, November 1, 2013• 11:00am to 12:30pm
Conference Call-In Number	1-866-394-2346
Conference Code	2418397694

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PART A - SUMMARY INFORMATION

I. INTRODUCTION

The New York State Office of Temporary and Disability Assistance (OTDA), Bureau of Refugee and Immigrant Assistance (BRIA), issues this Request for Proposals (RFP) to award successful applicants a 60 month multi-year contract to provide employability and other needed services to assist refugees and other eligible persons and their families in achieving economic and social self-sufficiency as soon as possible after their arrival into the United States.

OTDA/BRIA anticipates distributing approximately \$19 million in Refugee Social Services Program funds under this procurement. All program funds are subject to continued availability and State appropriation thereof. All funds allocated for the administration of this program are received from the federal Office of Refugee Resettlement (ORR).

Eligible applicants must complete and submit all forms, narratives and relevant attachments required by this RFP (see "Application Submission Checklist" on page 65). Please pay particular attention to the Minority and Women-Owned Business Enterprise (M/WBE) participation requirements.

Only proposals submitted by Eligible Grant Applicants, as defined on page 4 of this RFP, will be accepted for review.

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

Prior to submitting an application in response to this RFP all not-for-profits are required to pre-qualify with the New York State Grants Gateway at <http://www.grantsreform.ny.gov/Grantees> by December 6, 2013.

II. PROCUREMENT SCHEDULE/SUBMISSION GUIDELINES

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

Release Date of the Request for Proposals	October 22, 2013
Bidders' Telephone Conference	November 1, 2013
Deadline for Written Questions	November 4, 2013
Response to Questions	November 13, 2013
Due Date and Time for Proposals	December 6, 2013 @3:00pm
Anticipated Notification of Award	February 1, 2014
Anticipated Contract Start Date	April 1, 2014

QUESTIONS AND ANSWERS REGARDING THIS RFP

Prospective applicants may submit questions via fax, email or written correspondence to the individual and address below. Questions must be submitted no later than 5:00 pm on November 4, 2013.

Marilyn Chillis
New York State Office of Temporary and Disability Assistance
Bureau of Refugee and Immigrant Assistance
40 North Pearl Street, 10th Floor, Section C
Albany, New York 12243-0001
Phone: (518) 473-6303
Fax: (518) 402-3029
Email: Marilyn.Chillis@otda.ny.gov

OTDA/BRIA will respond in writing to questions by November 13, 2013. A written copy of the questions and answers will be either mailed or e-mailed to applicants who request one. Questions and answers also will be posted on the *Contracts and Grants* web page, located at <http://www.otda.ny.gov/contracts>.

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

PROPOSAL SUBMITTAL

One original and three copies or one original and three CDs (CDs must be labeled clearly with the agency name) of the entire application submission package (not stapled, bound or paper clipped) must be sent to the Bureau of Contract Management at the address below. All proposals ***must*** be received by mail, hand delivery, courier service, FEDEX or UPS delivery by 3:00 pm on December 6, 2013. Any proposal received after the deadline may be reviewed at the discretion of OTDA/BRIA. OTDA/BRIA will not accept faxed proposals, or proposals sent via electronic mail.

NYS OTDA
Bureau of Contract Management
Attn: Sal Pamadora
40 North Pearl Street 10th Floor, Section A
Albany, New York 12243-0001
Phone: (518) 486-6352 (For Delivery Questions Only)

III. FEDERAL AUTHORITY

The federal Office of Refugee Resettlement (ORR) is authorized to grant funds to states for the Refugee Social Services Program (RSSP) pursuant to the Refugee Act of 1980, under the authority of Sections 412(c) (1) (B) of the Immigration and Nationality Act (INA) (8 U.S.C. 1522(c) (1) (B)), as amended (Public Law 96-212) and further amended by the Refugee Assistance Amendments of 1982 (Public Law 97-363) and Title 45 of the Code of Federal Regulations, parts 400 and 401. The Refugee Social Services Program is found under Catalog of Federal Domestic Assistance (CFDA), No. 93.566, of the Department of Health and Human Services (DHHS) program title, *Refugee and Entrant Assistance - State Administered Programs*. Refugee Social Services Program funding must be primarily used for the purpose of providing employment services and other needed services to enable refugees and other eligible persons and their families in achieving economic and social self-sufficiency.

More information can be found at the following websites:

<https://www.cfda.gov>

<https://www.acf.hhs.gov/programs/orr/policy#legislative.html>

<http://www.gpoaccess.gov/cfr/index.html>

IV. PROGRAM DESCRIPTION

A. Purpose

The New York State (NYS) Office of Temporary & Disability Assistance (OTDA), Bureau of Refugee and Immigrant Assistance (BRIA) is proposing a 60 month employment services program to support employability services and other services that will address barriers to employment such as social and cultural adjustment, job search skills, work experience, and English proficiency. The services provided under this program will assist refugees and other eligible persons and their families in achieving economic and social-self sufficiency as soon as possible after their arrival into the United States (U.S.).

NOTE: For the purpose of this RFP, eligible persons will hereafter be referred to as “refugees” unless special circumstances apply. In the event of federal regulation changes that affect the type of immigration status eligible for these services, contractors will be notified of the change and required to comply with the new criteria for participant eligibility.

The Refugee Social Services Program has the following key objectives:

- Assist refugees and their families in obtaining employment within one year of enrollment into the program in order to achieve economic self-sufficiency as soon as possible; and
- Assist refugees in retaining employment or obtaining better employment.

To accomplish these specific objectives, the Refugee Social Services Program:

1. Provides employment preparation services to assist refugees and their families in obtaining employment;
2. Provides employment support to ensure job retention; and
3. Provides transitional services that will address barriers to obtaining and maintaining employment *and/or* to promote progress towards self-sufficiency.

B. Background

RSSP assists refugees and their families in their transition to life in a new country. The program provides job preparation, job placement, employment services and other needed services during their first five years after their arrival into the U.S. or from the date the eligible immigration status is granted. However, service providers under contract through this program will be expected to promote employment and self-sufficiency within a much shorter period than five years. Transitional services are also provided to ensure continued employment, and to enhance opportunities for advancement.

In accordance with 45 CFR 400.147, awardees must plan its social service program and allocate its social service funds in such a manner that services are provided to refugees in the following order of priority, except in certain individual extreme circumstances:

1. All newly arriving refugees during their first year in the U.S. who apply for services;
2. Refugees who are receiving cash assistance;
3. Unemployed refugees who are not receiving cash assistance; and
4. Employed refugees in need of services to retain employment or to attain economic independence.

V. ELIGIBLE GRANT APPLICANTS

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

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

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

In order to be notified of future requests for proposals, agencies must be registered on the Grants Reform website. Complete instructions on how to register can be found at the following website: <http://www.grantsreform.ny.gov/Grantees>.

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

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

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

VI. SERVICE STRATEGY

1. Program Intent

OTDA will fund local agencies that demonstrate the ability to provide a comprehensive program to provide employment services to assist program participants and their families in achieving economic and social self-sufficiency as soon as possible after their arrival in the United States. The services listed under this RFP are aimed at strengthening and supporting the ability of a refugee individual and family to achieve and maintain economic self-sufficiency and family stability, and to effectively integrate into the community. OTDA believes that these services address both employment needs and the barriers to employment that refugees typically face. Effective delivery of these services will result in a more substantial integration of refugees into the community.

Furthermore, OTDA believes the program design is sufficiently flexible to allow contractors to tailor their services to the needs of the local populations they plan to serve. Contractors will be expected to provide a comprehensive RSSP program which: screens participants to ensure that they are eligible; assesses their employability; prepares employment plans; assists participants to find appropriate jobs through outreach and employer contacts; supports the participants on the job so that they can remain employed; and continues to work with participants to achieve self-sufficiency.

2. Required RSSP Program Elements

a. Assessment and Enrollment

The initial enrollment of a participant follows a complete assessment, which includes:

1. Obtaining intake information;
2. Reviewing immigration documentation to determine eligibility; and
3. Preparing a Family Self-Sufficiency Plan in conjunction with the participant and family members. The Family Self-Sufficiency Plan serves as the foundation and outline for all proposed services. The plan compares the household's current monthly income to expenses and determines a projected income goal to attain self-sufficiency. It also identifies the participant's educational background, employment history, strengths, skills, barriers to employment, immediate steps and long term goals to obtain employment.

b. Job Development

Contractors will be expected to incorporate job development strategies into the services they provide. Through outreach and employer research, job development results in the identification and/or creation of job openings suitable for refugees after they are referred to those openings. A major factor in achieving program success is recruiting the prospective employers who are willing to invest the time, effort and resources to integrate refugees into the workforce. To ensure long-term job retention for refugee participants, care must be taken in identifying such suitable employment placements in organizations that can accommodate the refugee's particular needs and match his/her career goals and interests. An integral part of job development is to maintain contact with the employers to assess their satisfaction with refugee employees and determine if additional assistance is needed to improve employer satisfaction.

c. Employment Preparation

Employment Preparation includes pre-employment services such as:

- Introduction to U.S. workplace expectations and norms;
- Development of job search and interviewing skills;
- Development of participant resumes;
- Assistance with job applications;
- Orientation to public transportation; and
- Assistance with obtaining a driver's license to look for or engage in employment.

Contractors may provide employment preparation services to participants on an individual basis or in groups. The provision of employment preparation services must be based on individual participant needs as identified and documented during initial assessment for employment services or during ongoing contact with the participant. Employment preparation services should be provided concurrently with job placement activities.

d. Follow-up/Retention

To ensure job retention, the contractor must follow-up with the employer and/or participant who has been placed in employment. Follow-up may be conducted at any time during the first 90 days of employment to determine if the participant is still employed, identify any potential problems or needs, and provide services to the employer and/or the refugee to resolve the problems or need. Participants are considered to have retained employment once the 90th day has been reached.

e. Transitional Supports

Transitional support services are designed to help the refugee obtain and retain his/her job and/or obtain and maintain self-sufficiency. Examples include assisting the participant in obtaining child care, transportation to the job, and information about and referral to other services that will help the refugee maintain employment/self-sufficiency including translation and interpretation. All services provided must address needs documented in the participant file and must be directly related to addressing barriers in obtaining or retaining employment and/or self-sufficiency.

3. Program Administration

- Program directors, case managers, and job developers will meet regularly to review refugee needs, employer needs and employment opportunities so that service delivery remains current and effective;
- Staff, including program directors, will use BRIA Information Network (BIN)-generated reports to review quarterly, annual and overall program performance;
- Program directors will be vigilant about submission of quarterly vouchers; and
- Program directors will regularly review files.

VII. ELIGIBLE REFUGEES

RSSP funds must be used for services for persons who are eligible based on their immigration status, age and their length of stay in the United States or length of time in status, as follows:

Eligible Immigration Status

- A *refugee*, admitted under Section 207 of Immigration Naturalization Act (INA);
- An *asylee*, granted asylum status under Section 208 of the INA;
- A Cuban or Haitian *Entrant* (as defined in subdivision (e) of Section 501 of the Refugee Education Assistance Act of 1980);
- An alien admitted into the United States as an *Amerasian Immigrant* as described in Section 402(a) 2 (A) (I) (V) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (8 USC. 1612 (a) 2 (A));
- A *Parolee* admitted as a refugee under section 212(d) (5) of the Immigration and Nationality Act (INA);
- A *Certified Trafficking Victim* who has received a certification or eligibility letter from the federal Office of Refugee Resettlement (ORR);
- Certain *family members of a certified trafficking victim* as described in Section 101 (A) (15) (T) (ii) of the INA;
- *Iraqis and Afghans Granted Special Immigration Status* as described in Section 101 (a) (27) of the Immigration and Nationality Act (INA); and
- A *Lawfully Permanent Resident* admitted for permanent residence, provided that the individual previously held one of the aforementioned statuses above.

Age

Refugees must be 16 years of age or older and not full-time students in elementary or secondary school.

Length of time in the United States

Services may be provided to eligible persons who have been in the country up to 60 months (five years) from the date of arrival or from the date the eligible immigration status is granted. Eligibility for services will expire on the last day of the 60th month following the refugee's date of arrival into the United States or the date that asylum status is granted to an asylee or the date that a trafficking victim is certified by the Office of Refugee Resettlement or the date that status is granted to the certain family members of the certified trafficking victim or the date that a parolee was granted parole.

VIII. MATCH GRANT LIMITATIONS

In order to prevent duplication of services and reimbursement from two federally-funded programs (Match Grant and RSSP), the RSSP program cannot provide employment services to Match Grant participants.

IX. FUNDING LIMITATIONS AND PROVISIONS

AVAILABLE FUNDS

Anticipated allocations and continuations of contracts are subject to continued availability of federal funds and State appropriation of the funds thereof. Only federal funds designated for the Refugee

Social Services Program are available through this RFP. It is estimated that \$3 million in Refugee Social Services funding will be available for the first budget period, beginning April 1, 2014.

DISTRIBUTION OF FUNDS

Based on our analysis of population trends in New York State, BRIA intends to fund agencies to provide services in some or all of the following areas:

New York City:	Bronx, Kings, Queens, New York, Richmond
Metro Area:	Nassau, Suffolk, Westchester, and Rockland
Rest of State:	Albany, Oneida, Onondaga, Monroe, Erie, and Broome

Applicants *may* propose to provide services in other areas not listed above, with justification, i.e., an analysis of population trends.

The federal allocation to the state will be initially divided into three funding pools, one for each area indicated above. Contractors providing services in the New York City area will receive funds only from the New York City area funding pool and the same is true for the other areas as well.

The allocation for each funding pool is based on each area's percentage of the State's refugee resettlement population plus the other eligible immigration statuses served for FFY 11 and FFY 12:

- New York City 42%
- Metro Area 2%
- Rest of State 56%

The allocation for the Rest of State funding pool is further divided by resettlement areas based on each resettlement area's percentage of the Rest of State total refugees resettled plus the other eligible immigration populations served for FFY 11 and FFY 12:

- Albany 8%
- Oneida 10%
- Onondaga 28%
- Monroe 23%
- Erie 30%
- Broome 1%

OTDA/BRIA reserves the right to re-distribute the funds based on emergent need, as well as on demographic data, and/or to increase an applicant's initial award. These decisions will be made in order to serve the greatest number of eligible refugees in an area.

OTDA/BRIA intends to award funds based on viable proposals with a competitive score resulting from the proposal review process. Awards will be made in the order of the highest scoring proposals within each resettlement area until all available funds are exhausted. In the event there is more than one viable proposal, no one applicant will be awarded more than 50% of the total available funds for that area.

Initial contract awards to successful applicants and the corresponding award for the first budget period are the result of this competitive procurement. During the contract term, however, *subsequent* budget period awards (see budget period explanation below) will be based on available funding, continuing need, and satisfactory contractor performance, as evidenced by voucher claims and program monitoring.

When making subsequent budget period awards, OTDA reserves the right to do any of the following:

- Reallocate funds from one area funding pool to another area funding pool
- Reallocate funding within each pool from area to area
- Reallocate funding from contractor to contractor
- Suspend a budget period award to an underperforming contractor
- Award a lesser budget period award than was awarded in a previous budget period(s) to an underperforming contractor
- Award a higher budget period award than was awarded in a previous budget period(s) to an over-performing contractor, due to an increased need for services.

CONTRACT TERM and BUDGET PERIODS

This RFP governs the provision of funds for the anticipated 60 month contract term starting on April 1, 2014 and ending on March 31, 2019. A Work Plan will be required for each contract's 60 month term. Each contract will initially require two payment schedules; one for the contract's full 60 month term and one for the first 9 month budget period.

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

- Budget Period I: April 1, 2014 to December 31, 2014
- Budget Period II: January 1, 2015 to December 31, 2015
- Budget Period III: January 1, 2016 to December 31, 2016
- Budget Period IV: January 1, 2017 to December 31, 2017
- Budget Period V: January 1, 2018 to December 31, 2018

Note: The contract expires on March 31, 2019, making the total contract period 60 months. However, service delivery is expected for only the first 57 months. The last three months of the contract term are only for recording and claiming the specific contract outcomes (90-day Job Retention and Self-Sufficiency) that occur as a result of contractor activities during the first 57 months.

The contract term and funds are subject to change based on the continued availability of federal funds and is contingent upon sufficient appropriation authority in the enacted State Budget. OTDA/BRIA reserves the right to terminate contracts at any time if the funding is not available.

X. PROGRAM INFORMATION

PERFORMANCE BASED CONTRACTS

The RSSP contracts are performance-based, with a focus on results achieved through delivery of allowable services. Compensation is directly tied to the completion of service outcomes or payment points. Documentation of the completion of an allowable service or a number of services allows a contractor to claim an achieved payment point. The contractor is paid for the payment point at the established rate, as defined in the contract.

The applicant's award request is calculated by multiplying the rates for each payment point by the units to be achieved per payment point.

The contractor's performance data, along with allocation data such as award amount, contract period, program sites, service locations, and spending information may be posted on OTDA's web site as required.

PAYMENT POINTS: Definitions, Allowable Services, and Documentation

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

With the exception of Job Placement 2 and Job Placement Bonus, all payment points are required.

In the event of federal regulation or rule changes that affect the definitions and/or allowable services in the chart below, contractors will be notified of the changes (s) and required to comply with the new definitions and/or allowable services.

Payment Point Definitions	Allowable Services	Documentation Required
<p>Employment Preparation</p> <p>The contractor provides job preparation services to enrolled participants.</p>	<p>The contractor provides one allowable service to the participant.</p> <p>Allowable Services</p> <ul style="list-style-type: none"> • Employment skills preparation • Interviewing skills preparation • Job application assistance • Job club • Job coaching • Job counseling • Job orientation • Job readiness • Job search • Job workshop • Resume preparation • World of work orientation <p>Other services or activities that have been approved by OTDA in writing</p>	<ul style="list-style-type: none"> • Proof of Immigration status; • Application for Services – signed and dated by both the participant and agency representative once the application is complete and prior to services being provided. The agency supervisor must sign and date the application within 30 days of the participant and agency representative signatures or prior to the submission of a voucher, whichever date is earlier; • Family Self Sufficiency Plan (FSSP) – signed and dated by both the participant and agency representative once the FSSP is complete and prior to services being provided. The agency supervisor must sign and date the FSSP within 30 days of the participant and agency representative signatures or prior to the submission of a voucher, whichever date is earlier; • Detailed case note entry of services provided to the participant and any other such documentation as required by OTDA
<p>Job Placement 1</p> <p>Through a documented direct written referral from the contractor to the participant for a job placement with an employer, the</p>	<p>The contractor must complete the required services listed below:</p> <ul style="list-style-type: none"> • Provide the participant with a documented direct written referral to an employer for the related job placement 	<ul style="list-style-type: none"> • Proof of Immigration status; • Application for Services - signed and dated by both the participant and agency representative once the application is complete and

<p>participant obtains unsubsidized employment.</p> <p>The gross starting wages for the job must be equal to or greater than the equivalent of 30 hours per week @ minimum wage.</p> <p><u>Unsubsidized Employment</u> means a paid position in which the employer is responsible for payment of wages and standard payroll deduction.</p>	<ul style="list-style-type: none"> • Verify that the participant reported to work including the start date, hourly wage and number of hours per week expected to work 	<p>prior to services being provided. The agency supervisor must sign and date the application within 30 days of the participant and agency representative signatures or prior to the submission of a voucher, whichever date is earlier;</p> <ul style="list-style-type: none"> • Family Self Sufficiency Plan - signed and dated by both the participant and agency representative once the FSSP is complete and prior to services being provided. The agency supervisor must sign and date the FSSP within 30 days of the participant and agency representative signatures or prior to the submission of a voucher, whichever date is earlier; • Job referral letter or form • Case note documentation of contact with the employer via phone, fax, email or site visit verifying that participant reported to work including start date, hourly wage and number of hours per week expected to work OR copy of a paystub containing all of the aforementioned information
<p>Job Placement 2</p> <p>A participant obtains unsubsidized employment after receiving Employment Preparation services from the contractor.</p> <p>The gross starting wages for the job must be equal to or greater than the equivalent of 30 hours per week @ minimum wage.</p> <p><u>Unsubsidized Employment</u> Means a paid position in which the employer is responsible for payment of wages and standard payroll deduction.</p>	<p>The contractor must complete the required service listed below:</p> <ul style="list-style-type: none"> • Verify that the participant reported to work including the start date, hourly wage and number of hours per week expected to work <p>Prerequisite: One Employment Preparation payment point</p>	<ul style="list-style-type: none"> • Proof of Immigration status; • Application for Services - signed and dated by both the participant and agency representative once the application is complete and prior to services being provided. The agency supervisor must sign and date the application within 30 days of the participant and agency representative signatures or prior to the submission of a voucher, whichever date is earlier; • Family Self Sufficiency Plan - signed and dated by both the participant and agency representative once the FSSP is complete and prior

		<p>to services being provided. The agency supervisor must sign and date the FSSP within 30 days of the participant and agency representative signatures or prior to the submission of a voucher, whichever date is earlier;</p> <ul style="list-style-type: none"> • Case note documentation of contact with the employer via phone, fax, email or site visit verifying that participant reported to work including start date, hourly wage and number of hours per week expected to work OR copy of a paystub containing all of the aforementioned information
<p>Job Placement Bonus</p> <p>The contractor may claim a bonus when Job Placement 1 or 2 meets one of the two bonus criteria.</p>	<p>Allowable Services</p> <p>A Job Placement Bonus is:</p> <ol style="list-style-type: none"> 1. For a participant who has resided in the US for 36 months or more from the date of status and is receiving Public Assistance at the time of application 2. For a higher-level job placement with earnings equal to or greater than the equivalent of 30 hours per week at double minimum wage or earnings equal to or greater than the equivalent of minimum wage at 30 hours per week with health benefits available 	<ul style="list-style-type: none"> • Proof of Immigration status; • Application for Services – signed and dated by both the participant and agency representative once the application is complete and prior to services being provided. The agency supervisor must sign and date the application within 30 days of the participant and agency representative signatures or prior to the submission of a voucher, whichever date is earlier; • Family Self Sufficiency Plan – signed and dated by both the participant and agency representative once the FSSP is complete and prior to services being provided. The agency supervisor must sign and date the FSSP within 30 days of the participant and agency representative signatures or prior to the submission of a voucher, whichever date is earlier; • Case note documentation of contact with the employer via phone, fax, email or site visit verifying that participant reported to work including start date, hourly wage and

		<p>number of hours per week expected to work (and, when claiming Job Placement Bonus criteria # 2, availability of health benefits) OR copy of a paystub containing all of the aforementioned information</p>
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<p>90 Day Job Retention</p> <p>The participant obtains unsubsidized employment and has continued employment for 90 consecutive days from the start date.</p> <p>The wages for the job at 90 days must be equal to or greater than the equivalent of 30 hours per week @ minimum wage.</p> <p><u>Unsubsidized Employment</u> Means a paid position in which the employer is responsible for payment of wages and standard payroll deduction.</p>	<p>The contractor must complete the required services listed below:</p> <ul style="list-style-type: none"> • Employment support to follow up with the participant and/or employer during the 90 day period to ensure retention • Verify participant’s continued employment for 90 consecutive days 	<ul style="list-style-type: none"> • Proof of Immigration status; • Application for Services – signed and dated by both the participant and agency representative once the application is complete and prior to services being provided. The agency supervisor must sign and date the application within 30 days of the participant and agency representative signatures or prior to the submission of a voucher, whichever date is earlier; • Family Self Sufficiency Plan – signed and dated by both the participant and agency representative once the FSSP is complete and prior to services being provided. The agency supervisor must sign and date the FSSP within 30 days of the participant and agency representative signatures or prior to the submission of a voucher, whichever date is earlier; • Case note documentation of Employment Support • Case note documentation of contact with the employer via phone, fax, email or site visit verifying start date, continued employment for 90 consecutive days, hourly wage and number of hours per week expected to work OR copies of paystubs containing all of the aforementioned information
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<p>Transitional Supports</p> <p>The contractor provides or refers to one allowable service for an enrolled participant to address barriers to obtaining and maintaining employment <i>and/or</i> to promote progress towards self-sufficiency.</p> <p><i>A Transitional Support service may be claimed only when the participant has completed the service. Completion is defined as provision of the service consistent with the participant's Family Self Sufficiency Plan.</i></p> <p><i>A Transitional Support referral to an outside agency other than your own (for services or activities as approved by OTDA) may be claimed only when the participant has engaged in the referral. Engagement is defined as individual acceptance and commencement of the services.</i></p>	<p>Allowable Services</p> <p>Note: References below to the number of days "post" an event refers to the number of days from arrival and/or status change.</p> <ul style="list-style-type: none"> • Adjustment to legal permanent resident status application (I-485) assistance • Child care services • Change of address form (AR-11) assistance • Citizenship assistance services for post-48 month residents • Clothing assistance • Completion and submission of an application for public benefits/services • Crisis intervention • DMV/New York State ID assistance • Domestic violence services • Drug and alcohol abuse services • Educational support services for children and families • Employer-employee problem solving/mediation services • Employment Authorization Document (EAD) application (I-765) assistance • ESL services • Family and marital counseling services (non-domestic violence) • Food assistance • Furniture assistance • Health care services • Housing assistance • Interpretation • Mental health services • Mentorship • Personal budgeting/Financial management services • Referral • Social adjustment/Acculturation services • Transportation • Translation • Other services or activities that have been approved by OTDA in writing 	<ul style="list-style-type: none"> • Proof of Immigration Status; • Application for Services - signed and dated by both the participant and agency representative once the application is complete and prior to services being provided. The agency supervisor must sign and date the application within 30 days of the participant and agency representative signatures or prior to the submission of a voucher, whichever date is earlier; • Family Self Sufficiency Plan – signed and dated by both the participant and agency representative once the FSSP is complete and prior to services being provided. The agency supervisor must sign and date the FSSP within 30 days of the participant and agency representative signatures or prior to the submission of a voucher, whichever date is earlier; • Detailed case note entry of services and/or referrals provided to the participant and any other such documentation as required by OTDA • Service referral letters or forms and Service engagement letters or forms (for referrals only)
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<p>Self-Sufficiency</p> <p>The cash assistance or cash assistance eligible participant obtains unsubsidized employment and has been employed 90 consecutive days or more and the total monthly earnings from the job(s) and other household income, excluding cash grants from local social service districts and SSI, are equal to or greater than 125% of the poverty guidelines chart for that household size at that time.</p>	<p>The contractor must complete the required services listed below:</p> <ul style="list-style-type: none"> • Gather proof of income once the participant has been employed for 90 consecutive days • Show calculation of household income to be at or above the 125% poverty level for the household size 	<ul style="list-style-type: none"> • Proof of Immigration Status; • Application for Services - signed and dated by both the participant and agency representative once the application is complete and prior to services being provided. The agency supervisor must sign and date the application within 30 days of the participant and agency representative signatures or prior to the submission of a voucher, whichever date is earlier; • Family Self Sufficiency Plan- signed and dated by both the participant and agency representative once the FSSP is complete and prior to services being provided. The agency supervisor must sign and date the FSSP within 30 days of the participant and agency representative signatures or prior to the submission of a voucher, whichever date is earlier; • Case note documentation of contact with the employer via phone, fax, email or site visit verifying start date, continued employment for 90 consecutive days, hourly wage and number of hours per week expected to work OR copies of paystubs containing all of the aforementioned information • Calculation to demonstrate household income to be at or above the 125% poverty level for the household size.
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Additional Important Payment Point Information

All references to “the contractor” in the Payment Point Definitions refer to the contractor or subcontractor.

Employment Preparation

All allowable services of Employment Preparation are specifically defined in a contractor’s approved work plan. If an Employment Preparation allowable service is not described in the work plan of the executed contract, a contractor cannot claim the service. All Employment Preparation allowable services as described in the executed contract must be made available throughout the contract term or until a modification of the contract is executed.

Job Placement 1

The contractor must provide a written referral to the participant for the specific job placement. The document must contain the name, address and phone number of the employer, the name of the contact person, the date and time of the interview coordinated by the contractor, and the name of the available position. In some instances, directions to the employer’s location are also included. Even if contractor staff accompanies a participant to the interview, the participant must be given the documentation for their own records. The contractor maintains a copy of the direct written referral.

Note: The Job Referral services completion date entered into BIN should be the date the participant is referred to the interview, not the date of the interview.

Job Placement 2

Job Placement 2 may be claimed when the participant finds his or her own employment. However, an Employment Preparation payment point is a prerequisite. For example, after a contractor assists the participant in completing employment applications on the Internet, the participant secures employment on his own.

Job Placement 1 and 2

The employment must be unsubsidized with at least minimum wage plus the usual payroll deductions. Gross starting wages must be in accordance with the Fair Labor Standards Act and must be equal to or greater than the equivalent of 30 hours per week at minimum wage.

Work based on commissions is allowed only if the participant receives a base salary paid by the employer that is equal to or greater than the equivalent of 30 hours per week at minimum wage, and the base salary is in addition to any commission.

A Job Placement may be claimed for a participant who obtains two part-time jobs. The combined gross starting wages for the jobs must be equal to or greater than the equivalent of 30 hours per week at minimum wage.

Job Placements with temporary employment agencies may occur when there is no other means of placing a participant directly with a particular employer. The temporary employment agency is considered the participant’s employer.

Job Placement Bonus

A contractor may claim two Job Placement Bonuses for the same Job Placement if both criteria are met by that Job Placement. Also, subsequent Job Placement Bonuses may be claimed for subsequent Job Placements.

90-Day Job Retention

A 90-Day Job retention must be related to a Job Placement 1 or 2 (regardless of whether or not the contractor received or requested reimbursement for the Job Placement, or reported the Job Placement in BIN).

In the event that the participant has more than one job during the 90-day period, as long as the participant remains employed and there is no gap in employment, the 90-day period starts with the transition or hiring date of the first job.

If there is a gap in employment, the 90-day period will start with the hiring date of the subsequent job. If a participant works Monday – Friday, loses his job on a Friday and begins a new job on Monday, this is not considered a gap in employment.

If a participant is temporarily laid off, the 90-day period will be interrupted by the lay off period, but may resume the day the participant returns to the same job.

Self-Sufficiency

Self-Sufficiency is based on receipt of or eligibility for cash assistance. (Not Food Stamp or Medicaid receipt or eligibility).

Per 45 CFR Section 400.2, cash assistance is defined as financial assistance to refugees, including TANF, SSI, refugee cash assistance, and general assistance.

For Self-Sufficiency calculations, household size is defined as follows, as per ORR:

A household is a family unit. A family unit consists of an individual adult, married individuals without children, or parents, or custodial relatives, with minor children who are not eligible for TANF, who live in the same household.

Based on the family unit definition, ORR accepts the use of the following Public Assistance household definition to determine who must be included in the household as part of the family unit.

Public Assistance household definition

18 NYCRR 352.30 reads as follows:

352.30 Persons included in the budget.

- (a) For budgetary purposes, the number of persons in the public assistance household are those persons who the applicant, recipient or a representative indicates wish to receive public assistance and who reside together in the same dwelling unit. The applicant or recipient must include his or her minor dependent children in the application. When a minor dependent child is named as an applicant for public assistance, his or her natural or adoptive parents and blood-related or adoptive brothers and sisters (who are also minor dependent children) must also apply for public assistance and have their income and resources applied toward the public assistance household if they reside in the same dwelling unit as the applying minor dependent child. A person required to be added to the public assistance household is deemed to be included in the application already on file as of the date the person joins the household, either by birth, adoption, or by moving into the dwelling unit of the existing public assistance household. For the purposes of this subdivision, a minor dependent child is a child who is under 18 years of age. Subject to section 352.2(b) of this Part, parents and siblings who are SSI recipients, stepbrothers and stepsisters, ineligible sponsored aliens, aliens who fail to meet the citizenship and alienage

requirements in section 349.3(a) of this Title, individuals ineligible due to the lump sum provision of section 352.29(h) of this Part, or children who are receiving adoption subsidies which are exempt under section 352.22(p) of this Part are not required to apply in accordance with this subdivision. The public assistance household may also include persons who are temporarily absent from such household, such as children or minors attending school away from home whose full needs are not otherwise met.

Based on the household size definition above, an SSI recipient in the household must be included on the applicant's Application for Services and Family Self-Sufficiency Plan.

When the SSI recipient is a family member, the SSI recipient is not counted and his or her income is disregarded when determining self-sufficiency.

Likewise, if the SSI recipient is the applicant, the recipient's SSI income is disregarded when determining self-sufficiency.

BRIA understands that a county's PA income standards may be lower than other counties' and participants are thus terminated from cash assistance earlier than those in other counties. If your county's standard of need is less than 125% of the Federal Poverty Level, based on the submitted proof from your county's department of social services (DSS) of its lower standard of need, OTDA/BRIA will pay contractors for self-sufficiency payment points when the participant's earnings exceed the county's standard of need.

BRIA intends to notify contractors of the new Poverty Guidelines in April of each year.

Transitional Supports

All allowable services under Transitional Supports are specifically defined in a contractor's approved work plan. If a Transitional Support allowable service is not described in the work plan of the executed contract, a contractor cannot claim the service. If the Transitional Supports allowable service is described in the work plan of the executed contract, a contractor must continue to provide the service until a modification of the executed contract is requested and completed.

Case notes documenting Transitional Support services must contain enough detail to demonstrate how the services are related to the participant's progress toward self-sufficiency which may or may not be related to employment or employment goals.

Translation and Interpretation services may be claimed when the service is provided at the intake/application interview. Furthermore, translation and interpretation services may be claimed when another in-house staff person interprets or translates because the participant's case manager (or staff person assisting the participant) does not speak the participant's language.

Referral to an outside agency other than your own for services or activities as approved by OTDA will be allowed.

Adjustment to legal permanent resident, change of address form (AR-11), and Employment Authorization Document (EAD) application assistance services must be provided by an attorney, a BIA Accredited Representative, or other appropriate immigrant services provider as referenced in Article 28-C of the New York General Business Law.

PAYMENT RATES

The following chart provides information regarding the payment rates for the contract payment points. The rates have been established using historical data and cannot be changed during the term of the contract except as explained below:

Payment Points	NYC & Metro Area Rate	Rest of State Rate
Employment Preparation	\$880	\$440
Job Placement 1	\$2,620	\$1,770
Job Placement 2	\$1,320	\$880
Job Placement Bonus	\$100	\$100
90 Day Retention	\$1,970	\$980
Transitional Supports	\$650	\$530
Self-Sufficiency	\$3,210	\$2,190

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

PAYMENT LIMITATIONS

RSSP limits the number of payments per participant for Employment Preparation and Transitional Supports **for the contract term** because the objectives of RSSP are job placement and economic self sufficiency. This section will become part of an executed RSSP contract.

Payment Limitations per participant per contract term

Employment Preparation	10
Job Placement 1	No limit
Job Placement 2	No limit
Job Placement Bonus	No limit
90-Day Job Retention	No limit
Transitional Supports	10
Self-Sufficiency	No limit

XI. SELECTION PROCESS

Proposals should contain **all** items as listed on the Application Submission Checklist, located in the Application Package (see page 65). Pay particular attention to the Minority and Woman-Owned Business Enterprise (M/WBE) requirements. Failure to provide any items will result in decrease of the total score. Factors considered in arriving at a total score include:

- The content of the applicant’s proposal that demonstrates the applicant’s ability to perform under a contract;
- The applicant’s demonstrated ability and proposed employment process leading to participant self-sufficiency;
- The applicant’s established relationship with other local agencies in relation to services that are provided to refugees;
- The applicant’s experience with, and knowledge of, specific cultural and linguistic needs of the eligible service population and the quality of the proposal in addressing those needs;
- Sufficient proposed project staff, in numbers and qualifications;
- The applicant’s distribution of outcomes in the payment schedules;
- The applicant’s payment point summaries that reflect the overall intent of the program;
- The applicant’s ratio of assets to liabilities as indicated in the audited financial statements provided; and
- The applicant’s fiscal viability as reflected in the audited financial statements.

Any proposal received after the deadline will be reviewed at the discretion of OTDA/BRIA.

Each proposal will be read and scored by a team of two reviewers. Proposals will be reviewed in accordance with the scoring criteria referenced below. Those scores will be averaged and the averaged scores will be ranked from highest to lowest.

OTDA/BRIA will select an array of contractors that will best establish comprehensive services for the achievement of self-sufficiency for eligible refugees within New York State. OTDA/BRIA has not pre-determined the number of contracts to be awarded.

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

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

Technical Evaluation	Maximum Points
Application Required Documentation	5
Program Narrative	
• Organizational Experience & Capacity	10
• Target Population	10
• Program Description, Implementation and Payment Point Summaries	50
Financial Evaluation	
Payment Schedules and Audited Financial Statements	25
TOTAL	100

Note: If additional funding becomes available or if circumstances otherwise allow OTDA/BRIA to fund additional contractors, OTDA/BRIA reserves the right to subsequently reconsider eligible proposals

submitted in response to this RFP using the same scoring criteria and award methodology. Updated information may be requested as deemed necessary by OTDA/BRIA. OTDA/BRIA also reserves the right to issue a new RFP at any time during the contract term to solicit new proposals.

MAINTENANCE OF EFFORT

Funds awarded through RSSP must be used by an applicant for a new service or a quantifiable increase in the level of service above that provided during the immediate previous 12 month period. This provision prohibits using RSSP funds to replace existing government or non-profit funding of services. However, once a new or increased level of service meets the above standards, then RSSP funds may be used to continue funding that service in subsequent years.

XII. AWARD PROCEDURES

CONTRACT DEVELOPMENT PROCESS

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

The contracts will have a term of 60 months and will contain work plans and payment schedules reflecting goals for a 60 month time period and a payment schedule for each 9 month budget period.

PAYMENT

The contractor will not be reimbursed for line item expenses. Under performance-based contracts, the contractor will be paid for achieving specified payment points described herein. Payment will be made only for payment points for which outcomes are documented and for which vouchers are submitted by the required due date.

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

XIII. REPORTS AND RECORD KEEPING

RECORD KEEPING

The Contractor must maintain current and accurate fiscal and accounting controls to support the claims for payment points claimed under the contract. Records must adequately identify revenue sources and expense items for all contract activities. Accounting records must be supported by clear documentation for all funds received and disbursed. Records must be retained and be accessible for a period of six years from the end of the contract or last payment or last contract transaction.

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

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

REPORTING AND VOUCHERING REQUIREMENTS

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

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

- The WEB browser Microsoft Internet Explorer (version 5.5 or greater). This is free and can be downloaded from the Microsoft website
- Internet service (via DSL, Cable Modem, Dial-up, etc.)
- Desktop computer(s) or laptop computer(s) with internet access
- Laser Printer

Reports and vouchers must be submitted by the contractor on a quarterly basis during the contract term, unless otherwise specified. Payments will be based on vouchers and any necessary documents that support the payment points in the Payment Schedule. Additional reporting, as may be determined by OTDA/BRIA, may also be required. Participant-specific payment points require a Social Security Number (SSN) to be entered into BIN to claim payment points for allowable services provided to a participant.

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

BIN provides contractors and subcontractors access to individual participant application for services, family self-sufficiency, and individual service plan screens for the purposes of screening and enrolling applicants, establishing financial targets for employment outcomes (if applicable), and developing service plans. A participant’s service history with any OTDA/BRIA contractor will be made available to contractor/subcontractor intake staff to assist in data collection and in determining the potential for payment for service outcomes for the participant.

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

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

After the end of a contract quarter, the contractor generates from BIN voucher forms with the payment claims amount for contractor review and subsequent submission to BRIA for payment. In addition to BIN generated reports, backup documentation must be maintained on site by the contractor and must be accessible for review by OTDA/BRIA at any time.

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

CASE RECORDS

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

MONITORING

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

AMENDMENTS TO THE CONTRACT

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

XIV. GENERAL TERMS AND CONDITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 Minority and Woman-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. 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:

- A. 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.
- B. 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.
- C. 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.
- D. 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.
- E. 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 sub-contractors 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.

PART B APPLICATION PACKET

Please read Pages 1-27 of the Request for Proposals carefully before completing this Application Packet

Completing the Application

Section A - APPLICANT DOCUMENTATION

Executive Summary

Provide a one-paragraph summary of your organization's proposed Refugee Social Services Program. Include the following information:

- Amount of grant funds requested;
- The communities/counties to be served;
- Estimated number of refugees and others in eligible immigration statuses to be served;
- What the grant funds will pay for (describe the type(s) of services that will be provided);
- Timeframe for implementation of the proposed project; and
- Anticipated benefit(s) of the project.

Suggested format:

ABC, Inc. is requesting **\$dollars** to serve **area(s) that will benefit from proposed project – counties, municipalities, etc.** ABC, Inc. estimates that **(X) number** refugees and others in eligible immigration statuses will be served. Requested funds will assist with employment services that include **employment assistance and case management.** ABC, Inc. can **immediately** commence the project upon notification of funding. An anticipated benefit of the RSSP project is to assist **as many refugees and/or other eligible people as possible to become self-sufficient through services provided directly in a culturally and linguistically appropriate manner.**

GENERAL INFORMATION

REFUGEE SOCIAL SERVICES PROGRAM APPLICANT PROJECT INFORMATION
INDICATE TYPE OF ORGANIZATION CARRYING OUT THE ACTIVITY:

PUBLIC AGENCY FAITH BASED NON-PROFIT OTHER NON-PROFIT

APPLICANT NAME: _____

EXECUTIVE DIRECTOR: _____

BUSINESS ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

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

Email Address: _____

PROJECT ADDRESS (if other than business address):

PROGRAM CONTACT: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

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

Email Address: _____

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

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

Please provide the following identifying information regarding the project:

Community District(s) *NYC only*: _____

Federal Congressional District(s): _____

State Assembly District(s): _____

State Senate District(s): _____

What is your organization's 6 **digit** State Registered Charitable Organization number? _____

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

If not, why? _____

COUNTY/ COUNTIES WHERE SERVICES ARE TO BE PROVIDED _____

ACCESSIBILITY DETERMINATION

Is project site: wheelchair accessible? Yes No

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

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

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

No further entries on this page.

Section B – PROGRAM NARRATIVE (10 PAGE LIMIT EXCLUDING SUMMARIES)

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

ORGANIZATIONAL EXPERIENCE & CAPACITY

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

- Describe your agency's experience in providing services to refugee and/or other eligible populations.
- Describe the agency's experience in providing services that lead to self-sufficiency to persons with limited income.
- Describe how your agency will utilize your current expertise and capacity to implement services under this program. Describe other programs or services that your agency operates and how they will be used to enhance the effectiveness of your proposed program.
- Describe your agency's established relationships with other community service providers. What specific resources will your RSSP participants gain through these relationships?
- Describe your agency's relationship with its local Social Services District (SSD). Describe how your agency and the local SSD maintain communication regarding a participant's RCA, Safety Net, TANF or Match Grant status. Include the name and phone number of your SSD contact(s).
- Please attach a detailed agency organizational chart that reflects where your proposed program will be located.
- Describe the role of your organization's Board of Directors in the operation of this program.
- Describe the operation and management of the project. Specifically address how management will accomplish the following:
 - ✓ Assure that there is no duplication of services;
 - ✓ Monitor progress towards goals;
 - ✓ Maintain agency and staff accountability;
 - ✓ Supervise cash flow;
 - ✓ Assure timely submission of reports and vouchers; and
 - ✓ Maintain appropriate case records for each participant served; indicating how the required documentation will be obtained and maintained, and how case records will be secured.
- Key Personnel Profile:
 - ✓ Attach a chart that depicts the staff involved with the project. For each staff member listed, please include the person's name and position or job title, the qualifications of the staff member, the responsibilities of the position or job title, the languages spoken by the staff member, the percent of time the staff member will spend on the proposed project, and the name and title of the supervisor.
 - ✓ In narrative form, please explain how the proposed positions are sufficient to successfully implement the proposed project.

Suggested format:

Name and Position or Job Title	Qualifications	Responsibilities	Languages	Percent of Time to be Spent on Project	Supervisor

TARGET POPULATION

- Describe the eligible target populations in your community(ies)/county(ies) to whom services will be provided.
- Describe in detail the special needs or unique circumstances of the target populations.

PROGRAM DESCRIPTION & IMPLEMENTATION

- Describe the physical location(s) of the project and the hours and days of operation.
- Describe the specific methods of outreach and recruitment to prospective participants of the program. In particular, describe how your agency plans to recruit and serve participants that have been on cash assistance for 36 months or more.
- Include a participant flow chart that depicts your program’s service delivery sequence from intake to discharge of the program.
- Describe your agency’s language accessibility procedures when assisting refugees in your community(ies)/county(ies).
- If applicable, describe the rationale and process for job placements with temporary employment agencies.
- Describe any barriers and issues that may affect participant employment and self-sufficiency and how they will be addressed.
- Identify and describe any potential barriers that may affect service delivery and how they will be addressed.
- If applicable, please include a list of proposed subcontractors, including agency name, contact person, address, phone number and the specific payment points that you propose each subcontractor to provide.
- Describe in detail your process for monitoring your subcontractors.
- Describe how your agency will obtain and incorporate input from the target population in the development/implementation of the program.
- You may require a start-up period to hire personnel, recruit participants, obtain bids for equipment, purchase equipment and/or supplies, or train personnel. If a start-up period is required, please describe these tasks, as well as time frames for accomplishing them. Identify staff that will oversee these activities.
- Describe how staff will receive regular training and updates on the latest immigration issues.

PAYMENT POINT SUMMARIES

For the program components below (with the exception of Job Placement 2 and Job Placement Bonus, all payment points are required), fully describe your agency’s plan to implement the **required and/or allowable services of each payment point**. Please fully describe and define the services that will be delivered under each payment point. In addition, include the number of staff and each staff person’s roles and responsibilities in providing the required and/or allowable services, how staff will provide each service in a linguistically and culturally appropriate manner. Include the languages

spoken by the assigned staff. Do not state the number of units that you plan to achieve in the Summaries (show that number on the Payment Schedule).

EMPLOYMENT PREPARATION PAYMENT POINT SUMMARY

- Define the allowable Employment Preparation services that your agency proposes to provide and how each will be delivered (group, workshop or individually).

JOB PLACEMENT 1 PAYMENT POINT SUMMARY

- Describe your agency's plan for job development including employer outreach and research.
- Submit a list of current employers and/or potential employers and the kinds of jobs your agency will identify and/or target.

JOB PLACEMENT 2 PAYMENT POINT SUMMARY

- Describe your agency's plan to maintain relationships with participants, leading to self-placement.

90- DAY RETENTION PAYMENT POINT SUMMARY

- Describe your agency's plan to provide support to participants and employers within participants' first 90 days of employment.

TRANSITIONAL SUPPORTS PAYMENT POINT SUMMARY

- Define the allowable Transitional Support services that your agency proposes to provide and how each will be delivered (group, workshop or individually).

SELF-SUFFICIENCY PAYMENT POINT SUMMARY

- Describe your agency's strategy to assist participants in achieving self-sufficiency.
- Submit your agency's worksheet that demonstrates the calculation of household income to be or above the 125% poverty level.

SECTION C – PAYMENT SCHEDULES

Using the Payment Rates chart on page 19, please complete both the first budget period 9month and 60 month contract term payment schedules on pages 35 and 36. The payment schedules summarize the rates of payment for each payment point and the number of contract payment points achieved through delivery of allowable services that you plan to provide for both the contract's term and first budget period.

PLEASE NOTE:

- You should take into consideration the number of payment points that you can reasonably achieve, thereby ensuring that you would complete sufficient payment points to earn the contract value. Discuss each Payment Point Summary with your fiscal office to jointly develop a realistic view of your organization's financial capacity (projected program operating costs).
- When preparing the 60 month payment schedule, use costs for a 57 month term that includes the five budget periods. While the contract term is written for 60 months, the last three (3) months of the contract term are only for recording and claiming the specific contract outcomes that occur as a result of contractor activities during the first 57 months (90-Day Job Retention and Self-Sufficiency).

PAYMENT SCHEDULE Budget Period 1 (9 months)

PAYMENT POINTS	TOTAL DOLLARS	% OF TOTAL AWARD AMOUNT	NUMBER OF UNITS	RATE PER UNIT
Employment Preparation	\$0	#DIV/0!		
Job Placement 1	\$0	#DIV/0!		
Job Placement 2	\$0	#DIV/0!		
Job Placement Bonus	\$0	#DIV/0!		
90 Day Job Retention	\$0	#DIV/0!		
Transitional Supports	\$0	#DIV/0!		
Self-Sufficiency	\$0	#DIV/0!		
Total Amount	\$0	#DIV/0!		
Total Program Plan Amount				

Note: Please note that the amount in the "total amount" line is the maximum amount you may earn during this budget period. The "program plan amount" has been added to this document to enable internal OTDA tracking of the total funds awarded over the full term of the contract. The difference in these two amounts, if any, will be reconciled only at the end of the full contract term and only if all payment points are earned.

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

DEFINITIONS/INSTRUCTIONS

- TOTAL DOLLARS** The total dollars allocated to each payment point for the 9-month budget period, the sum of which is the 9-month AWARD AMOUNT. This amount will be calculated automatically once the RATE PER UNIT and NUMBER OF UNITS are entered.
- % OF TOTAL AWARD** The percentage of the 9-month AWARD AMOUNT allocated to each payment point. This percentage will also be calculated automatically once the RATE PER UNIT and NUMBER OF UNITS are entered.
- NUMBER OF UNITS** The number of outcome units to be achieved for each payment point. Enter the NUMBER OF UNITS for each payment point for the 9-month budget period.
- RATE PER UNIT** The cost of one unit of service. Enter the RATE PER UNIT for each payment point.

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

PAYMENT SCHEDULE
60 month Contract Term

PAYMENT POINTS	TOTAL DOLLARS	% OF TOTAL AWARD AMOUNT	NUMBER OF UNITS	RATE PER UNIT
Employment Preparation	\$0	#DIV/0!		
Job Placement 1	\$0	#DIV/0!		
Job Placement 2	\$0	#DIV/0!		
Job Placement Bonus	\$0	#DIV/0!		
90 Day Job Retention	\$0	#DIV/0!		
Transitional Supports	\$0	#DIV/0!		
Self-Sufficiency	\$0	#DIV/0!		
Total Award Amount	\$0	#DIV/0!		

Note: Upon completion of performance under the Agreement by the Contractor, any monetary difference due to rounding off between the actual total dollar column on the Payment Schedule for all of the payment points and the total contract value will be added to or subtracted from the last voucher submitted by the contractor. Provided that the contractor has satisfactorily fulfilled all payment points in the contract, the difference will be added to or subtracted from the rate(s) for the appropriate payment points(s).

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

DEFINITIONS/INSTRUCTIONS

TOTAL DOLLARS	The total dollars allocated to each payment point, the sum of which is the TOTAL AWARD AMOUNT. This amount will be calculated automatically once the RATE PER UNIT and NUMBER OF UNITS are entered.
% OF TOTAL AWARD	The percentage of the TOTAL AWARD AMOUNT allocated to each payment point. This percentage will also be calculated automatically once the RATE PER UNIT and NUMBER OF UNITS are entered.
NUMBER OF UNITS	The number of outcome units to be achieved for each payment point. Enter the NUMBER OF UNITS for each payment point for the 60 month contract term.
RATE PER UNIT	The cost of one unit of service. Enter the RATE PER UNIT for each payment point.

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

SECTION D – AGENCY INFORMATION

BOARD OF DIRECTORS PROFILE (for other than not for profits)

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

FUNDING AGENCY CONTACT INFORMATION FORM

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

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

AGENCY AGREEMENT

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

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

OTDA anticipates making an award to administer projects for sixty (60) months. Projects may be renewed for additional periods depending on continued need for the services, achievement of anticipated outcomes, continued availability of funding and at the sole discretion of OTDA. For those applicants selected as a result of this Request for Proposals (RFP), subsequent year's funding may be at a decreased level.

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

(Signature of official authorized to sign for applicant)

(Date)

(Type name and title)

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
NOT-FOR-PROFIT BUSINESS ENTITY**

BUSINESS ENTITY INFORMATION					
Legal Business Name			EIN <i>(Enter 9 digits, without hyphen)</i>		
Address of the Principal Place of Business/Executive Office			New York State Vendor Identification Number		
			Telephone ext.	Fax	
Email		Website			
Authorized Contact for this Questionnaire					
Name:			ext.		Fax
Title			Email		
Type	Name	Type	EIN	State or County where filed	Status

I. BUSINESS CHARACTERISTICS	
1.0 Business Entity Type – Please check appropriate box and provide additional information:	
a) <input type="checkbox"/> Corporation (including PC)	Date of Incorporation
b) <input type="checkbox"/> Limited Liability Co. (LLC or PLLC)	Date Organized
c) <input type="checkbox"/> Limited Liability Partnership	Date of Registration
d) <input type="checkbox"/> Limited Partnership	Date Established
e) <input type="checkbox"/> General Partnership	Date Established County (if formed in NYS)
f) <input type="checkbox"/> Sole Proprietor	How many years in business?
g) <input type="checkbox"/> Other	Date Established
If Other, explain:	
1.1 Was the Business Entity formed in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If “No,” indicate jurisdiction where Business Entity was formed: <input type="checkbox"/> United States State _____ <input type="checkbox"/> Other Country _____	
1.2 Is the Business Entity currently registered to do business in New York State with the Department of State? <i>Note: Select ‘not required’ if the Business Entity is a General Partnership.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required	
If “No,” explain why the Business Entity is not required to be registered in New York State.	
1.3 Is the Business Entity registered as a Sales Tax vendor with the New York State Department of Tax and Finance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain and provide detail, such as ‘not required,’ ‘application in process,’ or other reasons for not being registered.	

I. BUSINESS CHARACTERISTICS

1.4 Is the Business Entity a Joint Venture? <i>Note: If the submitting Business Entity is a Joint Venture, also submit a separate questionnaire for the Business Entity comprising the Joint Venture.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.5 Does the Business Entity have an active Charities Registration Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter Number: _____ If exempt, explain: _____ If an application is pending, enter date of application: _____ Attach a copy of the application	
1.6 Does the Business Entity have a DUNS Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter DUNS Number _____	
1.7 Is the Business Entity’s principal place of business/Executive Office in New York State? If “No,” does the Business Entity maintain an office in New York State?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Provide the address and telephone number for one New York Office.	
1.8 Is the Business Entity’s principal place of business/executive office:	
<input type="checkbox"/> Owned <input type="checkbox"/> Rented Landlord Name (if ‘rented’) _____ <input type="checkbox"/> Other Provide explanation (if ‘other’) _____	
Is space shared with another Business Entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of other Business Entity _____ Address _____ City _____ State _____ Zip Code _____ Country _____	
1.9 Is the Business Entity a Minority Community Based Organization (MCBO)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.10 Identify current Key Employees of the Business Entity. Attach additional pages if necessary.	
Name	Title
1.11 Identify current Trustees/Board Members of the Business Entity. Attach additional pages if necessary.	
Name	Title

II. AFFILIATES AND JOINT VENTURE RELATIONSHIPS

2.0 Does the Business Entity have any Affiliates? Attach additional pages if necessary (If no, proceed to Section III)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Affiliate’s Primary Business Activity
Are there any Business Entity Officials or Principal Owners that the Business Entity has in common with this Affiliate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual’s Name	Position/Title with Affiliate

III. CONTRACT HISTORY

3.0 Has the Business Entity held any contracts with New York State government entities in the last three (3) years? If "Yes," attach a list including the Contract Number, Agency Name, Contract Amount, Contract Start Date, Contract End Date, and the Contract Description.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

IV. INTEGRITY – CONTRACT BIDDING

Within the past five (5) years, has the Business Entity or any Affiliate

4.0 Been suspended or debarred from any government contracting process or been disqualified on any government procurement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1 Been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Been denied a contract or had a bid rejected based upon a finding of non-responsibility by a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 Agreed to a voluntary exclusion from bidding/contracting with a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4 Initiated a request to withdraw a bid submitted to a government entity or made any claim of an error on a bid submitted to a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes" answer, provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

V. INTEGRITY – CONTRACT AWARD

Within the past five (5) years, has the Business Entity or any Affiliate

5.0 Been suspended, cancelled or terminated for cause on any government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.1 Been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2 Entered into a formal monitoring agreement as a condition of a contract award from a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes" answer, provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

VI. CERTIFICATIONS/LICENSES

6.0 Within the past five (5) years, has the Business Entity or any Affiliate had a revocation, suspension or disbarment of any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

VII. LEGAL PROCEEDINGS

Within the past five (5) years, has the Business Entity or any Affiliate

7.0 Been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1 Been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2 Received any OSHA citation and Notification of Penalty containing a violation classified as serious or willful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3 Had any New York State Labor Law violation deemed willful?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VII. LEGAL PROCEEDINGS*Within the past five (5) years, has the Business Entity or any Affiliate*

7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of federal, state or local environmental laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5 Other than the previously disclosed: (i) Been subject to the imposition of a fine or penalty in excess of \$1,000, imposed by any government entity as a result of the issuance of citation, summons or notice of violation, or pursuant to any administrative, regulatory, or judicial determination; or (ii) Been charged or convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes" answer, provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

VIII. LEADERSHIP INTEGRITY*Note: If the Business Entity is a Joint Venture, answer 'N/A- Not Applicable' to questions 8.0 through 8.4.**Within the past five (5) years, has any individual previously identified, any other Key Employees not previously identified or any individual having the authority to sign execute or approve bids, proposals, contracts or supporting documentation with New York State been subject to*

8.0 A sanction imposed relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.1 An investigation, whether open or closed, by any government entity for a civil or criminal violation for any business related conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.2 An indictment, grant of immunity, judgment, or conviction of any business related conduct constituting a crime including, but not limited to, fraud, extortion, bribery, racketeering, price fixing, bid collusion or any crime related to truthfulness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.3 Misdemeanor or felony charge, indictment or conviction for: (i) any business-related activity including but not limited to fraud, coercion, extortion, bribe or bribe-receiving, giving or accepting unlawful gratuities, immigration or tax fraud, racketeering, mail fraud, wire fraud, price fixing or collusive bidding; or (ii) any crime, whether or not business related, the underlying conduct of which related to truthfulness, including but not limited to the filing of false documents or false sworn statements, perjury or larceny?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.4 A debarment from any government contracting process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
For each "Yes" answer, provide an explanation of the issue(s), the individual involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

IX. FINANCIAL AND ORGANIZATIONAL CAPACITY	
9.0 Within the past five (5) years, has the Business Entity or any Affiliates received any formal unsatisfactory performance assessment(s) from any government entity on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.1 Within the past five (5) years, has the Business Entity or any Affiliates had any liquidated damages assessed over \$25,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.2 Within the past five (5) years, has the Business Entity or any Affiliates had any liens, claims or judgments over \$15,000 filed against the Business Entity which remain undischarged or were unsatisfied for more than 120 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, relevant dates, the lien holder or claimant's name(s), the amount of the lien(s), claim(s), or judgments(s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.3 Within the last seven (7) years, has the Business Entity or any Affiliate initiated or been the subject of any bankruptcy proceedings, whether or not closed, regardless of the date of filing, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the Business Entity involved, the relationship to the submitting Business Entity, the Bankruptcy Chapter Number, the Court name, the Docket Number. Indicate the current status of the proceedings as "Initiated," "Pending" or "Closed." Provide answer below or attach additional sheets with numbered responses.	
9.4 During the past three (3) years, has the Business Entity and any Affiliates failed to file or pay any tax returns required by federal, state or local tax laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the Business Entity involved, the relationship to the submitting Business Entity, the taxing jurisdiction (federal, state or other), the type of tax, the liability year(s), the Tax Liability amount the Business Entity failed to file/pay, and the current status of the Tax Liability. Provide answer below or attach additional sheets with numbered responses.	
9.5 During the past three (3) years, has the Business Entity and any Affiliates failed to file or pay any New York State unemployment insurance returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the Business Entity involved, the relationship to the submitting Business Entity, the year(s) the Business Entity failed to file/pay the insurance, explain the situation, and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.6 During the past three (3) years, has the Business Entity or any Affiliates had any government audits? If "Yes," did any audit reveal material weaknesses in the Business Entity's system of internal controls If "Yes," did any audit reveal non-compliance with contractual agreements or any material disallowance (if not previously disclosed in 9.6)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes" answer, provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

X. FREEDOM OF INFORMATION LAW (FOIL)

10.0 Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL). Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.

Yes No

Certification

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State contracting entities in making responsibility determinations regarding an award of a contract or approval of a subcontract; (2) recognizes that the Office of the State Comptroller (OSC) will rely on information disclosed in the questionnaire in making responsibility determinations and in approving a contract or subcontract; (3) acknowledges that the New York State contracting entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (4) acknowledges that intentional submission of false or misleading information may constitute a misdemeanor or felony under New York State Penal Law, may be punishable by a fine and/or imprisonment under Federal Law, and may result in a finding of non-responsibility, contract suspension or contract termination.

The undersigned certifies that he/she:

- is knowledgeable about the submitting Business Entity’s business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity’s responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under obligation to update the information provided herein to include any material changes to the Business Entity’s responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State contracting entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature of Owner/Officer _____

Printed Name of Signatory _____

Title _____

Name of Business _____

Address _____

City, State, Zip _____

Sworn to before me this _____ day of _____, 20____;

_____ Notary Public

M/WBE SUBCONTRACTOR UTILIZATION EXAMPLES

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

M/WBE SUBCONTRACTOR UTILIZATION PLAN

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

Offeror's Name:

Federal Identification Number:

Address:

Solicitation Number:

City, State, Zip Code:

Telephone Number:

Region/Location of Work:

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

1. Certified M/WBE Subcontractors/Suppliers Business Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Ethnicity Group. (See Below)	5. Dollar Value of Subcontracts /Supplies/Services and intended performance dates of each component of the contract.
A.	Primary Sub Contractor Owner's Name <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
B.	Primary Sub Contractor Owner's Name <input type="checkbox"/> MBE <input type="checkbox"/> WBE			

<p>PREPARED and APPROVED BY: NAME AND TITLE OF PREPARER (Print or Type):</p> <p>Signature: _____ Authorized Signature</p> <p>DATE:</p> <p>TELEPHONE NO:</p> <p>EMAIL ADDRESS:</p> <p>SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION.</p>	<p style="text-align: center;">FOR AGENCY USE ONLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">REVIEWED BY:</td> <td style="width: 30%;">DATE:</td> </tr> </table> <p>UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date:</p> <p>Contract No:</p> <p>Contract Award Date:</p> <p>Estimated Date of Completion:</p> <p>Amount Obligated Under the Contract:</p> <p>NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p> <p>NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p>	REVIEWED BY:	DATE:
REVIEWED BY:	DATE:		
<p><u>ETHNICITY MINORITY GROUP DEFINITION</u></p> <p><u>Black</u> Persons having origins from any of the Black African racial groups.</p> <p><u>Hispanic</u> Persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of Either Indian or Hispanic origin, regardless of race.</p> <p><u>Asian-Pacific</u> Persons having origins from the Far East, Southeast Asia or the Pacific Islands.</p> <p><u>Asian-Indian Subcontinent</u> Persons having origins from the Indian subcontinent.</p> <p><u>Native American</u> Persons having origins in any of the original peoples of North America</p>			

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

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

Proposal / Contract number: _____

Contract Scope of Work: _____

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

At the following price: \$ _____

Name of MWBE: _____

Address: _____ Federal ID Number: _____

Telephone Number: _____

Ethnicity (see page 2 for definition) _____

Gender (Male or Female): _____

Designation:

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

Joint venture with:

Name:

Address

Fed ID Number: _____

MBE

WBE

Are you a New York State Certified M/WBE?

Yes

No

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

Date Proposal/ Contract to be started: _____

Date Proposal/ Contract to be completed: _____

Date Supplies ordered: _____

Delivery date: _____

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

Date: _____

Signature of M/WBE Contractor: _____

Printed/Typed Name of M/WBE Contractor: _____

INSTRUCTIONS FOR M/WBE SUBCONTRACTORS AND SUPPLIERS’ LETTER

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

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

ETHNICITY MINORITY GROUP DEFINITION

Black	Persons having origins from any of the Black African racial groups.
Hispanic	Persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of Either Indian or Hispanic origin, regardless of race.
Asian-Pacific	Persons having origins from the Far East, Southeast Asia or the Pacific Islands.
Asian-Indian Subcontinent	Persons having origins from the Indian subcontinent.
Native American	Persons having origins in any of the original peoples of North America.

**Contact: NYS OTDA
M/WBE Program Management Unit
Harlem Center – 9TH Floor
317 Lenox Avenue
New York, New York 10027
(212) 961-8214**

INSTRUCTIONS FOR M/WBE SUBCONTRACTORS AND SUPPLIERS' LETTER

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

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

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

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

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

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

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

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

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

Instructions for completing:

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

RACE/ETHNIC IDENTIFICATION

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

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

OTHER CATEGORIES

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

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

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

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

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

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

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

Instructions for completing:

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

RACE/ETHNIC IDENTIFICATION

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

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

OTHER CATEGORIES

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

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

M/WBE AND EEO POLICY STATEMENT

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

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

M/WBE

(1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.

(2) Request a list of State-certified M/WBEs from NYS-OTDA and solicit bids from them directly.

(3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.

(4) Where feasible, divide the work into smaller portions to increase participation by M/WBEs and encourage the formation of joint ventures and other partnerships among M/WBE contractors to encourage their participation.

(5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. The Contractor will also maintain, or, where appropriate, require its subcontractors to maintain and submit, as required by OTDA, records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.

(6) Ensure that project payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and/or other credit requirements may, in the sole discretion of OTDA, be waived and/or appropriate alternatives are developed to encourage M/WBE participation.

(7) This organization will include the provisions of sections (1) through (6) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

EEO

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

(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status,

(c) At the request of the contracting agency, this organization shall request that each employment agency, labor union, or authorized representative will not discriminate on the basis of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status, and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.

(d) This organization will include the provisions of sections (a) through (c) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

Agreed to this _____ day of _____, 2 _____

BY _____

Print: _____

Title: _____

Minority/ Women Business Enterprise Liaison

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

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

(Authorized Representative)

Title: _____

Date: _____

Contact:

**NYS OTDA
M/WBE Program Management Unit
Harlem Center - 9th Floor
317 Lenox Avenue
New York, NY 10027
(212) 961-8214**

MWBE SUBCONTRACTOR REQUEST FOR WAIVER FORM

REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

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

REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

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

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

Note:

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

CONTRACTOR QUARTERLY COMPLIANCE REPORT

INSTRUCTIONS: BEGINNING TEN DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER (March 31st, June 30th, September 30th, and December 31st) AFTER A CONTRACT IS AWARDED; QUARTERLY COMPLIANCE REPORTS WILL BE DUE FOR THE PROCEEDING QUARTER'S ACTIVITY.

Expenditure Code: C – Commodities, SC – Services/Consultants, CC –Construction Consultants, CN – Construction

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

CERTIFIED M/WBE VENDOR(S) INFORMATION: ALL AREAS MUST BE FILLED IN, NOTHING SHOULD BE LEFT BLANK

Payee ID	Primary Owner's Name, Address, City, Zip	Ethnicity and Gender (Male or Female)	Service Location	MBE, WBE or Dual MWBE	Expenditure Code	Product Code	Amount	Date Paid
NAME AND TITLE OF PREPARER (Print or Type):			TELEPHONE NO.:	EMAIL ADDRESS:				

QUARTERLY REPORTS SHOULD BE SUBMITTED TO THE OTDA PROGRAM/CONTRACT MANAGER	FOR AGENCY USE ONLY REVIEWED BY: _____ DATE: _____
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CREDIT WILL NOT BE GIVEN WITHOUT COMPLETE INFORMATION

INSTRUCTIONS:

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

TOTALS FOR REPORT PERIOD

- Column A** Total Amount of Actual Expenditures in Report Period: Enter the amount (\$) for each Expenditure Code made during report period under this contract.
- Column B** MBE Subcontracting Expenditures: Enter the amount for each Expenditure Code with registered Minority Owned Business Enterprises made during the report period under this contract.
- Column C** WBE Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Women Owned Business Enterprises made during the report period under this contract.
- Column D** MWBE Dual Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Minority and Women Owned Business Enterprises made during the report period under this contract.

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

PRODUCT CODE KEY:

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

ETHNICITY MINORITY GROUP DEFINITION

Black	Persons having origins from any of the Black African racial groups.
Hispanic	Persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of Either Indian or Hispanic origin, regardless of race.
Asian-Pacific	Persons having origins from the Far East, Southeast Asia or the Pacific Islands.
Asian-Indian Subcontinent	Persons having origins from the Indian subcontinent.
Native American	Persons having origins in any of the original peoples of North America.

Expenditure: An expenditure is an actual payment which has been made by an agency, either through the Office of the State Comptroller or by the agency's finance office directly, including subcontractor/supplier payments made by a prime contractor and verified by the agency.

Grants: For the purposes of this report, grants are monies dispensed by a contracting governmental agency to a person or institution to accomplish a public purpose authorized by law. According to Article 15-A, grants are considered to be State contracts. For the purpose of compliance reporting, the recipient of the grant is considered to be the "contractor". These contracts are subject to MWBE goals and reported in the same fashion as any other contract. Grant dollars expended should be reported on the form most appropriate for the majority of the grant (e.g. if the grant dollars are generally spent for construction, the monies should be reported on the construction form; if for training, the monies should be reported on the services/consultant form).

Not-for-Profit: An entity organized as a not-for-profit corporation pursuant to State Law. According to Article 15-A, not-for-profit entities are considered to be "contractors". These contractors are subject to MWBE goals and should be treated and reported in the same fashion as any other contractor. The expenditure of dollars by a not-for-profit entity should be reported on the form most appropriate to the majority of the funding (e.g. if the dollars are generally spent to provide training and/or rehabilitation services, then the monies should be reported on the services/consultant form; if the expenditures are made on a contract for low-income housing, the dollars should be reported on the construction form).

Subcontract: a) For construction, a subcontract is any portion of the contract or any service performed or supplies provided relative to that contract by any party other than the prime contractor;

b) For commodities and consultant/services, a subcontract is that portion of the total value of a contract portioned out to another consultant/individual or vendor. This is also known as second tier spending;

c) For grants/not-for-profits contracts, a subcontract is that portion of funding expended for supplies, equipment, printing, consultants, trainers, services, etc.

d) It is important to provide all information as requested or credit may not be allowed.

e) It is critical that you provide the detailed information requested on the CONTRACTOR QUARTERLY COMPLIANCE REPORT. List each MWBE firm you have included in the MBE and WBE totals (for prime and subcontract expenditures) in each expenditure category. Missing information may result in the firm/dollars not counting toward agency MWBE participation goals.

M/WBE GOAL REQUIREMENTS CERTIFICATION OF GOOD FAITH EFFORTS

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

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

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

Applicant: _____

APPLICATION CHECKLIST of Required Documentation	INCLUDED?
Executive Proposal Narrative	
General Information	
Accessibility Determination Form	
Funding Agency Contact Information Form	
Agency Agreement	
Vendor Responsibility Questionnaire (Please complete the form at: http://www.osc.state.ny.us/vendrep/forms_vendor.htm).	
M/WBE Subcontractor Utilization Plan	
M/WBE Letter of Intent to Participate	
EEO Staffing Plan	
M/WBE/EEO Policy Statement	
M/WBE Subcontractor Request For Waiver Form	
M/WBE Goal Requirements Certification of Good Faith Efforts	
Attach Copy of: Audited Financial Report. It should be within the last 12 months. If not, please attach a letter explaining why. (for other than not for profit)	
Attach Copy of: Certificate of Incorporation (for other than not for profit)	
PROGRAM NARRATIVE (INCLUDES) <ul style="list-style-type: none"> • Organizational Experience & Capacity • Target Population • Program Description & Implementation • Payment Point Summaries 	
9 and 60 Month Payment Schedules	
Attach Copy of: Proof of New York State Disability Insurance or Exemption	
Attach Copy of: Proof of Workers' Compensation Insurance	

END OF APPLICATION