

**NEW YORK STATE  
Services to Older Refugees**

**REQUEST FOR PROPOSALS  
AND APPLICATION**

**January 2013**

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



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

**BIDDERS' CONFERENCE CALL**

**Participation at the bidders' conference call is voluntary. BRIA staff will entertain questions about the RFP and its process during the call. The call in number is 1-866-394-2346. The conference code is 7426898304. The call will occur at 10:30am on January 14, 2013**

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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 one 36-month contract to provide services for older refugees age 60 and above under the NYS Services to Older Refugees Program.

OTDA/BRIA anticipates distributing \$300,000 in Services to Older Refugee funds under this procurement. All program funds are federal funds and are subject to continued availability and State appropriation thereof. Use of these funds must relate to the provision of social and supportive services to older refugees. Other costs, such as construction and renovation costs, are not allowable under this program.

OTDA/BRIA intends to award only one contract through this RFP. Eligible counties that can apply are: Bronx, Kings, Queens, New York, Richmond, Erie, Nassau, Monroe, Onondaga, Albany, Broome and Oneida.

**The deadline for receipt of proposals is February 1, 2013 @ 3:00 p.m. in the Bureau of Contract Management Albany Office.** See page 2 for additional information.

**Eligible applicants must complete and submit all forms, narratives and relevant attachments required by this RFP and all relevant attachments** (see “Application Submission Checklist” on page 60). 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 6 and 7 of this RFP, will be accepted for review.

***If it is determined that the application fails to meet the minimum requirements for Eligible Grant Applicants (refer to page 6), the proposal will not 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 award recipient will 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.

## **II. PROCUREMENT SCHEDULE/SUBMISSION GUIDELINES**

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

Release Date of the Request for Proposals	January 7, 2013
Bidder's Conference Call	January 14, 2013
Deadline for Written Questions	January 16, 2013
Response to Questions	January 24, 2013
Due Date and Time for Proposals	February 1, 2013 at 4pm
Anticipated Notification of Award	February 25, 2013
Anticipated Contract Start Date	March 1, 2013

### **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 4pm on January 16, 2013

Wanda Byrd  
New York State Office of Temporary and Disability Assistance  
Bureau of Refugee and Immigrant Assistance  
40 North Pearl Street, 10<sup>th</sup> Floor, Section C  
Albany, New York 12243-0001  
Phone: (518) 473-1178  
Fax: (518) 402-3029  
Email: wanda.byrd@otda.ny.gov

OTDA/BRIA will respond in writing to questions by January 24, 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>.

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

### **PROPOSAL SUBMITTAL**

**One original and three copies *or* one original and three CDs (CDs must be labeled clearly with the agency name) of the entire application submission package (not stapled, bound or paper clipped) (see page 21) must be sent to the Bureau of Contract Management at the address below. All proposals *must* be received by mail, hand delivery, courier service, FEDEX or UPS delivery by 3pm on February 1, 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. OTDA/BRIA reserves the right to reject any and all offers that do not confirm to the requests in this RFP.**

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

### **III. FEDERAL AUTHORITY**

The Office of Refugee Resettlement (ORR) is authorized to fund the Services to Older Refugees opportunity pursuant to §412(c)(1)(A) of the Immigration and Nationality Act (INA), 8 U.S.C. §1522(c)(1)(A), as amended. The Services to Older Refugees Program is found under Catalog of Federal Domestic Assistance (CFDA), No. 93.576, of the Department of Health and Human Services (DHHS) program title, *Refugee and Entrant Assistance Discretionary Grants*. Under §412(c)(1)(a) of the INA, Services to Older Refugees funding is to be used primarily to ensure the provision of social and supportive services to older refugees and other ORR-eligible populations age 60 and above.

\*Note: The term “older refugees” will be used throughout this RFP to represent “refugees and other ORR-eligible populations age 60 and as found in VII of this RFP.

More information can be found at the following websites:

<https://www.cfda.gov>

<http://www.acf.hhs.gov/programs/orr/policy/legislative.htm>

<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) issues this RFP to select one agency that will provide social and supportive services that assist older refugees in gaining access to services within their respective community so that they may live independently for as long as possible. Awardees under this program will be required to implement a comprehensive program that pursues the following four objectives:

1. Assist older refugees in understanding what mainstream services are made available to them by the NYS Aging Services Network;
2. Facilitate older refugees’ ability to access the mainstream services available within their communities and navigate the enrollment process;
3. Build capacity within and between the Statewide Aging Services Network and refugee service provider network to bridge the information gap and effectively provide services to older refugees; and
4. Provide opportunities for domestic seniors to learn about, meet, and welcome the older refugees into the community.

#### **B. Background**

##### **Bureau of Refugee and Immigrant Assistance**

The Bureau of Refugee and Immigrant Assistance (BRIA) is a State level entity located in the Center for Specialized Services within the Office of Temporary and Disability Assistance (OTDA) and is responsible for the implementation of services to refugees.

The federal Refugee Act of 1980 incorporated a co-existing array of private refugee resettlement agencies and public agencies serving refugees into a national Refugee Resettlement Program under the shared jurisdiction of

the Department of State and the Office of Refugee Resettlement within the Department of Health and Human Services. Under the Act, each state participating in the program is represented by a State Refugee Coordinator appointed by the governor. In New York State, the position of State Refugee Coordinator is synonymous with the position of BRIA Director.

BRIA's mission is to direct resources to local entities that assist refugees and their families in achieving early economic and social self-sufficiency, help repatriated citizens arrive home safely, assist victims of human trafficking, and assure proper foster care for unaccompanied refugee and entrant minors. BRIA administers several federally funded programs to achieve this mission.

#### New York State Office for the Aging

The New York State Office for the Aging (NYSOFA) is a state agency that administers programs and services statewide that help older adults maintain their independence with programs such as personal care, home and congregate meals, transportation assistance, caregiver assistance and health promotion and prevention programs. It also administers programs that help older New Yorkers navigate the long term services and supports system, understand their Medicare benefits and other important benefits and assist them by providing objective information that enables informed choices to be made. NYSOFA administers programs that help to identify fraud and abuse in the health care system, work with nursing home residents and administrators to solve problems and advocate strongly for opportunities for older adults to volunteer and be more civically engaged and to live healthier lifestyles.

Within each New York county, NYSOFA oversees the delivery of services through designated area agencies on aging (AAA - also known as local offices for the aging) which are county-based agencies. Many AAA, in addition to providing direct services, also contract with community-based not-for-profits for the provision of services. The total of these agencies is known as the Aging Services Network. Within each county, there is a local network of senior services and many also have relationships that are regional.

#### New York's Aging Refugee Population

There is a very sizable population of older persons in New York State of which refugees make up only a small percentage. It is difficult for the Statewide Aging Services Network to effectively serve this small, but important group.

According to data provided by ORR and supported by our BRIA Information Network (BIN) System and refugee provider network, there are over 2,400 older refugees that have resettled in New York State during Federal Fiscal Years 2008-2011 alone. Older refugees reside throughout New York State. However, counties with higher concentrations of older refugees include Albany, Broome, Erie, Monroe, Oneida, Onondaga, and Nassau counties, as well as the five boroughs of New York City. The chart below details the number of older refugees in the counties most heavily impacted.

<b>County</b>	<b>Total of Refugees Resettled from FFY 02 – FFY 11 age 60 and above</b>	<b>Total of Refugees Resettled from FFY 97 – FFY 11 age 60 and above</b>
Albany	70	131
Broome	32	126
Erie	318	576
Oneida	198	527
Onondaga	323	521
New York City (all five counties)	1,296	9,188
Nassau	46	170
Monroe	226	546
<b>Total</b>	<b>2,509</b>	<b>11,785</b>

The majority of the older refugees are from Bosnia, Burma, Belarus, Bhutan, Burundi, Cuba, Iran, Iraq, Liberia, Russia, Sierra Leone and Somalia. Although the refugees have resettled from many countries, they all experience similar obstacles in their constant fight for independence. Many of these older refugees are unfamiliar with services that are available to promote a healthy lifestyle. They often find themselves trying to navigate a system that they cannot understand in a language that they do not speak.

Older refugees often present the following issues:

- Inability to advocate for themselves due to language and cultural barriers;
- Loneliness and depression because of family and friends left behind or who have passed away;
- Extended families no longer able to care for the elder leaving the elder to live on their own and counter to many cultural beliefs;
- Poor nutrition due to the inability to purchase or prepare appropriate meals;
- Lack of transportation which limits their ability to go to health care appointments, the supermarket, or participate in activities within their local community;
- Medical needs that have gone untreated prior to, during, or after their flight to the U.S.;
- Planning for long term health care as their health deteriorates which requires assistance making the appropriate long term health care choices;
- Lack of understanding on how to access resources that help plan for end of life issues;
- Inability to perform daily living activities such as laundry, basic housecleaning, and other basic chores.; and
- Lack of awareness of mainstream services that are available. Cultural norms and practices as well as language barriers can limit access to entitlements and/or public benefits.

Many of the issues that the older refugees face are very similar those experienced by domestic individuals 60 years of age that may be receiving services through the local Office for Aging (OFA). However, the local OFAs

cannot easily connect with the refugee population because of cultural and linguistic barriers, and thus the needs of the older refugee population sometimes go unmet. For example, written mainstream aging services information is not always available in languages spoken by the older refugees making it difficult for them to know what exists in their communities.

Having the third largest number of arriving refugees and asylees in the nation, New York has long provided person-centered, family-focused, need-driven services including acculturation services, housing, employment and health and education referrals. Refugee service providers act as the bridge between the refugee family and the rest of the mainstream providers, including schools, employers and health care providers. As a result of this RFP, refugee service providers are afforded the opportunity for a more concentrated joint effort with the local OFAs to connect the older refugees to mainstream services as well. Currently, many refugee service providers have little working knowledge of the expansive program offered at its local OFA.

This program will bring together the NYS Aging Services and Refugee Services Networks to address the needs of older refugees.

## **V. ELIGIBLE GRANT APPLICANTS**

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

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

<http://www.oag.state.ny.us>.

Eligible applicants must be located in and do business in the impacted county that they propose to serve. The targeted counties are Albany, Broome, Erie, Oneida, Onondaga, Kings, Bronx, Manhattan, Queens, Richmond, Nassau and Monroe.

Eligible applicants must comply with the M/WBE requirements described on page 18-19 of this RFP

In order to be notified of requests for proposals, agencies must be registered on the bidders list. Complete instructions on how to register can be found at the following website:

[http://otda.state.nyenet/psqi/bcm/Bidder\\_Form\\_Instructions.asp](http://otda.state.nyenet/psqi/bcm/Bidder_Form_Instructions.asp).

OTDA/BRIA recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at [http://www.osc.state.ny.us/vendrep/vendor\\_index.htm](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](mailto: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](http://www.osc.state.ny.us/vendrep) or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form. Please call the OSC Help Desk with any questions at 518-408-4672 or 1-866-370-4672.

## **VI. SERVICE STRATEGY**

The collaboration between the refugee service provider and local OFA will ensure that older refugee participants are receiving the services needed to live independently in their homes and community.

Applicants will be required to describe in detail how the refugee service provider and the local OFA will work together cooperatively to achieve all goals and objectives. These collaborating agencies will be known as *partner agencies*.

The primary partner agency (the refugee service provider entering into the contract with OTDA) must also demonstrate that they will retain bilingual member(s) of the target refugee community(ies) for this project. This requirement will ensure entree into those refugee communities most in need of services. That staff person(s) will be critical to ensure the required activities under Community Education Workshops and Navigation Services are completed.

The Services to Older Refugee program will consist of the following required outcomes:

- Cross Training
- Community Education Workshops
- Navigation Services

### **Cross Training**

Cross Training is the collaboration between the partner agencies whereby capacity building between the local OFA and the refugee service provider occurs in order to effectively serve this small but important group of older persons in New York State.

Training each other will encourage and provide a structure for regular and frequent collaboration between the local OFA and refugee service provider within the county. The ongoing communication between the partner agencies will result in the identification of older refugees in the community who are in need of existing services offered by the local OFA or their subcontractors. Efficient referral methods will be established as a result of the Cross Trainings. Ultimately, the older refugee will be linked with the appropriate services, in his or her own language which will result in the enrollment in, participation in or receipt of the program or service. In addition, these meetings will create an avenue to, for example, review local OFA materials that can be translated to better serve the community. Other agencies may participate in the Cross Trainings at the discretion of the partner agencies.

BRIA intends that the Cross Training will occur *monthly* between the partner agencies.

### **Community Education Workshops**

It is expected that Community Education Workshops will be hosted collaboratively by the partner agencies, in the primary languages of the target community for this project, to educate the older refugees about the local resources offered by the local OFA. The workshops will also be an avenue to disseminate informational resources that have been translated. The workshops may be the first step in identifying the older refugees who are not currently receiving services.

Likewise, the partner agencies will facilitate workshops for domestic senior groups that explain newly arriving refugee groups: their countries of origin or resettlement camps, what language they speak, their dietary preferences, health issues, etc. It is through these workshops that neighbors will meet and welcome their new neigh-

bors. These workshops will break down barriers of misunderstanding or lack of trust that is prevalent whenever there is a lack of knowledge about something or someone new.

Community Education Workshops will be hosted at venues convenient to the target population. For example, they may be hosted at a refugee service provider site, the local OFA, ESL classes, senior nutrition sites or public libraries.

BRIA intends that Community Education Workshops will occur at least quarterly and will result in older refugees being enrolled in mainstream senior services.

### **Navigation Services**

The established linkages between the partner agencies resulting from Cross Training, and the older refugees' awareness of valuable resources resulting from the Community Education Workshops, will facilitate older refugees' access to mainstream senior services, the key objective under this program. It is during this process that the partner agencies assist the older refugee to access services and navigate the sometimes extensive intake, assessment, and application processes. This process is not simply making a referral to a senior center or refugee service provider for identified service needs, but facilitating the engagement of the refugee.

The project requires bilingual staff to assist with navigation of services needed. *Examples of services that may be required to be available in various counties* that can be accessed using a navigator are as follows:

- NY Connects: *Choices for Long Term Care* - NY Connects is a locally based no wrong door system that provides one stop access to free, objective and comprehensive information and assistance on long-term care options.
- Case Management - Case management is at the center of wellness and autonomy for older adults.
- Adult Day Services Programs – Social and/or medical assistance in a supervised environment. These programs include planned therapeutic and recreational activities, meals, and transportation for functionally impaired individuals.
- Energy Assistance – Older refugees often have a difficult time handling the costs of their energy bills.
- Elder Abuse –It is important that older refugees know how to recognize signs of elder abuse and seek help if they become emotionally, financially, or physically victimized and or neglected.
- Legal Assistance - Older refugees are confronted with many legal problems and issues including immigration status issues, eligibility for federal/state programs, replacement of vital documents, etc. Both the breadth of issues and the need to file legal documents make navigation assistance critical.
- Nutrition Programs/ Home Delivered and Congregate Meals - The nutritional needs of older adults become more critical with advancing age, especially for those recuperating from acute and chronic health problems.
- Disease Prevention and Health Promotion Services - The Affordable Care Act provides opportunities to improve the overall health of older New Yorkers by expanding coverage for many prevention benefits. However, it is a complex system with many nuances that are important to understand on an individual basis.
- Support for Caregivers - In the refugee communities across New York these support services have been identified as a critical need for refugee families struggling to hold on to traditions of caring for elderly relatives. The navigator can explore ways to support the family and assist the older refugee to understand what it means and why it is important.
- Transportation – Access to public transportation may not be feasible at times. Transportation can be provided to medical appointments, senior centers, grocery shopping, and group recreational activities.

## **VII. ELIGIBLE CLIENTS**

Funds may be used only for services to benefit persons age 60 and older in the following immigration statuses:

- A *refugee*, admitted under Section 207 of Immigration Naturalization Act (INA);
- An *asylee*, granted asylum status under Section 208 of 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 *Certified Trafficking Victim* who has received a certification or eligibility letter from the federal *Office of Refugee Resettlement* (ORR);
- Certain *family members of a victim of severe form of trafficking* who have been awarded a T-visa are also eligible to the same extent as refugees;
- A citizen or national of Iraq granted *special immigrant status* described in Section 101(a)(27) of the INA for a period of ninety days from the date of entry to the US;
- A citizen or national of Afghanistan granted *special immigrant status* described in Section 101 (a) (27) of the INA for a period of ninety days from the date of entry to the US; and

NOTE: For the purpose of this RFP, eligible persons will hereafter be referred to as “older 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 client eligibility.

### **Length of Time in the U.S.**

- There is no time limitation.

## **VIII. FUNDING LIMITATIONS AND PROVISIONS**

### ***AVAILABLE FUNDS***

Anticipated allocations and continuations of the contract are subject to continued availability of federal funds and state appropriation of the funds thereof. Only federal funds designated for the Services to Older Refugees program are available through this RFP. It is estimated that \$100,000 per year will be available through this procurement for the 36-month (3-year) contract term.

### ***DISTRIBUTION OF FUNDS***

Through this RFP, OTDA/BRIA intends to award one contract to either a refugee service provider, or local Office for the Aging located in one of the counties most heavily impacted (see chart on page 5). The highest scoring proposal from within any of the target counties will be recommended for funding. OTDA/BRIA intends to award \$100,000 of the available funds to the highest scoring proposal.

If the highest scoring proposal award request is less than the available funds, OTDA/BRIA reserves the right to distribute funds as OTDA/BRIA deems necessary to meet the goals of this RFP, including awarding any of the remaining funds to the top bidder.

### ***CONTRACT TERM and BUDGET PERIODS***

This RFP governs the provision of funds for the anticipated 36-month contract term, March 1, 2013 to February 29, 2016. A Work Plan will be required for the 36-month term. The contract will initially require two payment schedules; one for the contract's full 36-month term and one for the first twelve-month budget period. A payment schedule includes the number of contract outcomes to be achieved through delivery of allowable services and the rate of payment for each outcome.

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

- Budget Period I: March 1, 2013 to February 28, 2014
- Budget Period II: March 1, 2014 to February 28, 2015
- Budget Period III: March 1, 2015 to February 29, 2016

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 reserves the right to terminate contracts at any time if the funding is not available.

## **IX. PROGRAM INFORMATION**

### ***PERFORMANCE BASED CONTRACTS***

Contracts resulting from this procurement will be performance-based. Under this contract, contractors are not reimbursed for line-item expenses. Compensation is directly tied to the completion of 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 RATES***

Completing a line-item budget demonstrates how proposed program costs generate the proposed unit cost (rate) of each payment point of the program. The completion of an electronic budget (e-budget) for a **twelve month period** is required; please follow the instructions that begin on page 29. Please complete the Payment Schedules on pages 35 and 36 **after** completing the e-budget. The payment schedule summarizes the proposed unit costs as generated by your completed e-budget, and the number of payment points for 36-month contract term.

***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. OTDA/BRIA requires that all payment points be provided.

<b>Payment Point Definitions</b>	<b>Required or Allowable Services</b>	<b>Documentation Required</b>
<p><b>Cross Training</b></p> <p>Monthly meetings between the partner agencies to develop and increase capacity resulting in more collaboration to benefit older refugees.</p> <p><i>A minimum of twelve (12) Cross Trainings per budget period is required.</i></p> <p><i>Cross Training is a non-client specific payment point</i></p>	<p>Completing one meeting allows the contractor to claim one Cross Training payment point.</p> <p><b>Required Services</b></p> <ul style="list-style-type: none"> <li>• Prepare meeting agenda</li> <li>• Record summary of meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of the agenda</li> <li>• Sign-in sheet that includes date, time, location of the training, and the name (s) of the person (s) conducting the meeting.</li> <li>• Summary of meeting on file</li> </ul>
<p><b>Community Education Workshops</b></p> <p>The promotion of aging services awareness in refugee communities by the partner agencies</p> <p style="text-align: center;">AND</p> <p>The promotion of cultural awareness about refugee communities throughout the Aging Services Network</p> <p><i>A minimum of 4 Community Education Workshops per budget period is required.</i></p> <p><i>Community Education Workshops are a non-client specific payment point</i></p>	<p>Completing one Community Education Workshop allows the contractor to claim one Community Education Workshops payment point:</p> <p><b>Required Service</b></p> <ul style="list-style-type: none"> <li>• Prepare workshop agenda</li> <li>• Community Education Workshop</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of the agenda</li> <li>• Sign-in sheet that includes date, time, location of the workshop, and the name(s) of the person(s) conducting the workshop.</li> </ul>

<p><b>Navigation Services</b></p> <p>Assisting older refugees in accessing mainstream senior services through established linkages between the refugee service provider and local Office for the Aging.</p> <p><i>Navigation Services is a client-specific payment point.</i></p> <p><i>Up to 6 payment points per individual will be allowed per the contract period</i></p>	<p>Providing one allowable service to the individual allows the contractor to claim one Navigation Services payment point.</p> <p><b>Allowable Services:</b></p> <p><b>Access a Mainstream Service</b></p> <ul style="list-style-type: none"> <li>• Intake</li> <li>• Assessment</li> <li>• Enrollment</li> </ul>	<ul style="list-style-type: none"> <li>• Proof of Immigration status;</li> <li>• Application for Services – signed and dated by both the client 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 client and agency representative signatures or prior to the submission of a voucher, whichever date is earlier;</li> <li>• Case note documentation of Navigation Service</li> </ul>

## **X. SELECTION PROCESS**

Proposals should contain *all* required items as listed on the Application Submission Checklist, located in the Application Package (see page 60). Pay particular attention to the Minority and Women-Owned Business Enterprise (M/WBE) requirements. Failure to provide all required items will result in a decrease of the total score.

OTDA/BRIA will select contractors based on several considerations:

- The applicant’s demonstrated understanding of OTDA/BRIA and NYSOFA requirements;
- The applicant’s general organizational qualifications as documented in the proposal;
- The content of the applicant’s proposal that demonstrates the applicant’s ability to perform under a contract;
- The applicant’s experience with, and knowledge of, specific cultural and linguistic needs of the eligible population and the quality of the proposal in addressing those needs;
- The applicant’s experience with working with eligible refugees age 60 and older;
- The anticipated participant volume in their county and the applicant’s demonstration of their ability to effectively outreach to this older refugee population and provide services to them so that they may live independently in their community longer;
- The applicant’s established relationship with its partner (refugee service provider or local office for the aging);
- Proposed project staff that is sufficient in number and qualifications;
- The applicant’s fiscal viability as reflected in the audited financial statements;
- Appropriateness and reasonableness of costs reflected in payment points;
- The applicant’s unit cost per unduplicated participant served (generated from the completion of the e-budget);
- The applicant’s unit cost per payment point (generated from the completion of the e-budget).

Each proposal will be read and scored by two reviewers from OTDA and/or NYSOFA. 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.

Only one award will be made to the highest scoring applicant.

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 below.

<b>Technical Evaluation</b>	<b>Maximum Points</b>
Application Required Documentation	5
Organizational Experience & Capacity	20
Program Description & Implementation	50
<b>Financial Evaluation</b>	
Proposed Rates, Payment Schedule and Audited Financial Statements	17
Unit cost per unduplicated participant	8
<b>TOTAL</b>	<b>100</b>

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

## **XI. AWARD PROCEDURES**

### ***CONTRACT DEVELOPMENT PROCESS***

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

### ***PAYMENT***

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

## **XII. REPORTS AND RECORD KEEPING**

### ***RECORD KEEPING***

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

However, if any claim, audit, litigation, or State/Federal investigation is commenced before the expiration of the aforementioned record retention period, the records must be retained by the contractor until all claims or findings regarding the records are finally resolved. OTDA 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 determines that such records possess long-term or historic value, they must be transferred, upon request, to OTDA.

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. Appendix A1 of the Contract document reviews specific audit requirements.

## ***REPORTING AND VOUCHERING REQUIREMENTS***

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

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

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

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

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

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

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

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

After the end of a contract quarter, the contractor generates from BIN voucher forms with the payment claims amount for contractor review and subsequent submission to BRIA for payment. In addition to BIN generated reports, backup documentation must be maintained on site by the contractor and must be accessible for review by OTDA at any time. Client-Specific payment points require a Social Security Number (SSN) to be entered into BIN to claim payment points for allowable services provided to a client.

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

## ***MONITORING***

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

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

## ***AMENDMENTS TO THE CONTRACT***

Amendments and modifications of executed contracts are sometimes necessary to accommodate the needs of both the contractor and OTDA. 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 OTDA with the approval of the Attorney General and the Office of the State Comptroller.

## **XIII. GENERAL TERMS AND CONDITIONS**

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

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

The terms and conditions for all funded projects are specified in a detailed contract which must be signed by OTDA 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 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 for the provision of goods and services. OTDA 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 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 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 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 of third parties with regard to applicant's experience or other matters relevant to the proposal. OTDA 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 and deliverable items resulting from this contract will be the sole property of OTDA and the applicant is prohibited from releasing these documents to any persons other than the Commissioner of the Office of Temporary and Disability Assistance or his designee unless authorized by the Office to do so.

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

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

### **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 10<sup>th</sup> 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 1-20 of the Request for Proposals carefully before completing this Application Packet*

## Completing the Application

An application checklist is provided on page 59 of this RFP. Please complete and to verify that all required forms and items are submitted.

The application should contain the following components.

### Section A – APPLICANT DOCUMENTATION

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

### Section B – PROGRAM NARRATIVE

- **Organizational Experience & Capacity** - Describe your agency's experience and capacity and what your agency will bring to serving the targeted population.

If the application is received from the local OFA or its contracted not-for-profit, a letter of intent to participate as a partner in the project from a refugee service provider must be included in the package.

If the application is from a refugee service provider, a letter of intent to participate as a partner from the local OFA or its contracted not-for-profit must be included in the package.

The partner agency which submits the application and is ultimately awarded will be the *primary partner agency*.

- **Program Description & Implementation** - Provide detailed description of the anticipated operation of the program.

### Section C– E-BUDGET, RATES & PAYMENT SCHEDULES

- **E-Budget & Payment Schedules**- Follow the instructions for completion of the E-Budget and Payment Schedules. Using payment rates based on your proposed budget complete the 12-month budget period and 24-month contract term payment schedules.

### Section D – AGENCY INFORMATION

- **Funding Agency Contact Information Form** - Complete all applicable sections
- **Agency Agreement Form** - Sign, complete and return with the application.
- **M/WBE Subcontracting Utilization Plan**  
Completed by the applicant and submitted with the application form, for projects proposing to utilize subcontractors/suppliers/vendors.
- **M/WBE Letter of Intent to Participate**  
Completed by the applicant with all applicable sections completed and return with the application.
- **EEO Project Staffing Plan**  
Completed by the applicant with all applicable sections completed and returned with the application.
- **Equal Employment Opportunity Workforce Employment Utilization/Compliance Report**
- **Contractor/Subcontractor Background Questionnaire**  
Completed by the applicant and, if applicable, the subcontractor and submitted as part of the application packet. Any proposed subcontractor also must complete this form if the value of the subcontract will be in excess of \$10,000.

- **Equal Employment Opportunity Workforce Employment Utilization/Compliance Report**
- **M/WBE/EEO Policy Statement** – Completed by the applicant with all applicable sections completed and returned with the application.
- **M/WBE Subcontractor Request for Waiver Form**
- **M/WBE Subcontractor Quarterly Compliance Report**
- **M/WBE Goal Requirements Certification of Good Faith Efforts** – Completed by the applicant and submitted as part of the application packet.
- **Attachment Q**
- **Attach your agency's most recent Audited Financial Report** (should not be older than one year from date of RFP application submission)
- **Attach your agency's Certificate of Incorporation**

Failure to provide these items will decrease the total score.

## **Section A - APPLICANT DOCUMENTATION**

### **Executive Summary**

Provide a one-paragraph summary of your organization's NYS Services to Older Refugees program proposal. Include the following information:

- Amount of grant funds requested;
- The county 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.

GENERAL INFORMATION

SERVICES TO OLDER REFUGEES 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 **six digit** State Registered Charitable Organization number? \_\_\_\_\_

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

If not, why? \_\_\_\_\_

COUNTY/ COUNTIES WHERE SERVICES ARE TO BE PROVIDED \_\_\_\_\_

**ACCESSIBILITY DETERMINATION**

Is project site: wheelchair accessible?  Yes  No

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

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

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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 (20 PAGE LIMIT EXCLUDING CHARTS)**

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

### **ORGANIZATIONAL EXPERIENCE & CAPACITY**

Describe both partner agencies' experience and capacity and what each agency will bring to serving the targeted population. Your description **must** address the following whether applicable or not. If not applicable, please state that the information is not applicable:

- Please attach a detailed agency organizational chart that reflects where your proposed program will be housed.
- Please list your partner agency and its contact information, attach the partner agency's letter of intent to participate and include a workplan that details how both agencies will collaborate.
- Please describe your agency's experience in providing services to older refugees and/or domestic seniors.
- Please describe other programs or services that your agency operates that will enhance the effectiveness of your proposed program.
- Please describe your agency's working relationships with refugee providers, the aging services network, other local agencies and community partners. What specific resources will your participants gain through these relationships?
- Please describe the operation and management within your agency. 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;
  - ✓ assure program information is communicated to program staff;
  - ✓ supervise cash flow;
  - ✓ assure timely submission of reports and vouchers; and
  - ✓ maintain appropriate case records.
- Please detail how your agency:
  - ✓ Will address any potential barriers that older refugees and domestic seniors face that may affect the delivery of services;
  - ✓ Will increase awareness of the needs of the older refugee population to partners in the community

### **PROGRAM DESCRIPTION & IMPLEMENTATION**

#### **Cross Training**

- Please describe what information will flow between the partner agencies. Include possible topics that will be discussed at each monthly meeting.
- Please describe how your agency will maintain flexibility, communication, and collaboration with your partner agency.
- Please describe how your agency will incorporate input from partner agency on what topics will be discussed.
- Please list other agencies you *may* wish to include in your Cross Trainings and why.

- Please tell us the venue these monthly meetings will be held and who will facilitate them.

### **Community Education Workshops**

- Please describe the specific methods of outreach to the older refugee population in your county.
- Please describe how your program staff will present information to the older refugee population in their native language.
- Please describe how your program staff will remove barriers that prevent the older refugee population from accessing services through the aging service network.
- Please describe what information will be provided to the older refugee population that would remove some of the challenges the older refugee population face.
- Please indicate the possible sites the workshops will be held and how the older refugee will be able to travel to the site.

### **Navigation Services**

- Please describe how the refugee service provider and the local aging service provider (partner agencies) will assist with the coordination of services for the older refugee.
- Please tell us what services you anticipate helping older refugees access. Include who will provide the service (refugee service provider or the local aging service provider)

For the program components above, include the number of staff and each staff person's role and responsibilities in providing required and/or allowable services, how the staff will provide the services in a linguistically and culturally appropriate manner, and how documentation requirements will be obtained and maintained. Include the languages spoken by the assigned staff. Please include the same information for the partner agency and how you will monitor their activity.

### ***Additionally:***

- Please describe the physical location(s) of the project.
- Please include a list of proposed partners, including agency name, contact person, address, phone number and the specific payment points or services they provide.
- Please describe in detail your process for ensuring that services will be delivered in accordance to the contract.
- Please describe in detail the special needs or unique circumstances of the older refugee population that you may encounter.
- Please describe any barriers and issues that would prevent the older refugee from integrating into the mainstream services system and how they will be addressed.
- Please include a client flow chart that depicts how the program will connect and help the older refugee access needed services
- You may require a start-up period to hire personnel, recruit participants, purchase 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.
- Please identify and describe any potential barriers that may affect service delivery and how they will be addressed.
- Please describe the agency's language accessibility procedures when assisting members of the target population for whom the agency has insufficient language capacity.
- Please describe how staff will receive regular training and updates on the latest issues related to older refugees.

- **KEY PERSONNEL PROFILE:** The purpose of this section is to demonstrate the staffing levels for the project as well as the amount of time the organization’s key personnel will spend on the project. Attach a chart that depicts the staff involved with the project. For each staff member listed, 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 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 Spoken	Percent of Time to be Spent on Project	Supervisor

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

**Section C – E-BUDGET, RATES & PAYMENT SCHEDULES**

**E-Budget**

These instructions should be used to complete the electronic budget (e-budget) for the Services to Older Refugees Program. Although contracts awarded will be performance based, a line item budget is required to establish rates for units of service and unduplicated cost per participant.

The e-budget is an Excel spreadsheet that contains preset formulas to perform calculations and transfer data to summary matrices. You may obtain the e-budget by emailing Wanda Byrd at [wanda.byrd@otda.ny.gov](mailto:wanda.byrd@otda.ny.gov). It is also located on the OTDA *Contracts and Grants* web page, located at [www.otda.ny.gov/cgo](http://www.otda.ny.gov/cgo). (Click *Procurement/Bid Opportunities* and then the link announcing the *NYS Services to Older Refugees RFP*).

When developing the budget, you must include all expenses necessary for running the project as described in the Workplan. **The budget should show all expenses associated with running the project for a 12-month period.**

**Instructions for Completion of the E-Budget**

**On the e-budget, you will note that data entry is only permitted in the yellow cells.** Although this is a template, it works like any other spreadsheet (e.g., to move among worksheets, click on the tabs containing the worksheet names on the bottom of the screen, entries need to be saved, etc).

The section where a narrative is required is slightly different. Click on the cell where you want to display narrative information and type.

As sheet one is the Summary sheet, check this sheet last. Work on the budget subcomponent sheets first. Information from these sheets will be electronically transferred to the Summary sheet.

To print out a copy of the template for the budget, select File, Print, and Entire Workbook. If you wish to print only one budget or just the Summary select: File, Print, and Active Sheet(s).

## Summary Sheet

Enter name of applicant organization, contact name and telephone number.

### 1. Budget Expense Summary

All projected expenses will be listed here. Each of the dollar amounts entered on this summary are first determined by completing the individual Expense Details on the following sheets. Complete the Expense Details sheets first. The Expense Details totals are electronically transferred to this section.

After completing the Expense Details sheets first, enter the number of unduplicated participants to be served for a 12 month period into the yellow cell. After doing so, the Unit Cost per Unduplicated Participant is generated (*Total project expenses divided by the number of unduplicated participants to be served equals the unit cost per unduplicated participant*).

### 2. Anticipated Revenue

This value should be the same as “Total Project Expenses” in section 1: Budget Expense Summary.

### 3. Payment Points

As noted on page 10 of the RFP, the contracts are performance based. Compensation is directly tied to the completion of service outcomes or “payment points”. Enter the number of units (number of service outcomes) to be completed for each payment points for a 12 month period. After doing so, the rate of reimbursement of each Payment Point is generated.

## Budget Sections 1-A through 1-J

Enter the data noted in yellow. Data from these sections will be electronically totaled and transferred to the summary page.

### 1-A Through 1-J Overview

Sections 1-A through 1-J are also referred to as “Expense Details.” The total amount of each Expense Detail should be shown in the appropriate budget line in Section 1: Budget Expense Summary.

The first two Expense Details are personnel-related (Salaried Employees/Hourly Employees and Fringe Benefits Expense). They require certain calculations and that each employee be listed. The remaining seven Expense Details: Consultants, Travel, Equipment, Supplies, Contractual, Space/Other and Indirect Charges, can all be completed in the same manner since the forms have identical components. Computations and hourly wages may have cents in them, however round figures to the nearest dollar.

In Expense Details 1A-1J, you will have to complete the yellow Explanation sections. Explanation is the section for a description of what the individual costs is the category of expense and how these costs relate to the project. Please provide the formula to compute expenses and the methodology used to allocate individual costs to this project.

## **1-A Personnel Expense Detail:**

Employees who should be included on this form are those who will be paid in full or in part from this contract.

For the purpose of this contract:

- Salaried Employee – a person whose pay is determined on a basis other than hourly, e.g., weekly, biweekly, monthly or annually.
- Hourly Employee – a person whose pay is determined on an hourly basis.

To complete the form:

List the “Titles” of the appropriate salaried personnel.

Enter in “Total Annual Salary” column the employee’s total annual salary from the organization.

Once you have computed each line item, add down the columns. Transfer “Total Personnel Expenses” (Salary Total + Hourly Employee Total) to Section 1: Budget Expense Summary. (E-budget will electronically complete this exercise).

In the explanation section, please provide the formula to compute expenses and the methodology used to allocate individual costs to this project.

## **1-B Fringe Benefits Expense Detail:**

For all employees, both salaried and hourly, you are required to pay mandatory employer payroll taxes: Social Security (FICA), NYS Unemployment Insurance (SUI), NYS Disability Insurance and Workers’ Compensation. You may provide additional fringe benefits such as pension, health, life or dental insurance.

Please provide a list of all fringe benefit categories and percentage value in the “Explanation” section.

Enter employees’ Titles and Fringe Percentage. The total fringe benefits per employee should be noted in the “Total Fringe” column. (E-budget will electronically complete this exercise).

Transfer “Total Fringe Benefits Expenses” to Section 1: Budget Expense Summary. (E-budget will electronically complete this exercise).

In the explanation section, please provide the formula to compute expenses and the methodology used to allocate individual costs to this project.

## **1-C Consultant Expense Detail:**

Consultants are self-employed individuals who are not supervised by your organization. They perform their jobs according to general descriptions provided in written agreements. Since they are not employees, they are responsible for their own mandatory fringe benefits, i.e., employer share of Social Security, Workers’ Compensation and SUI, and are responsible for remitting their own State and Federal Income Taxes. Other consultant expenses, such as travel, should be included in the consultant rate.

In the Explanation Section, explain why you need to use a consultant. Attach a copy of the Consultant Agreement(s) with the application. If the consultant has not been selected and/or no Agreement is attached, you must indicate how the consultant costs were estimated and include a statement that an Agreement will be

submitted prior to vouchering and will be subject to prior approval. **Paid consultants may not be members of the Agency's Board of Directors.**

In the Computation, indicate how each consultant will be paid, e.g., \$20/hour x 80 hours, or 6 days at \$75/day.

Total cost of each consultant should be noted in the "Total Contract" column. (E-budget will electronically complete this exercise).

After you have computed each line item, add down the column "Total Contract." Transfer the total to Section 1: Budget Expense Summary. (E-budget will electronically complete this exercise).

In the explanation section, please provide the formula to compute expenses and the methodology used to allocate individual costs to this project.

#### **1-D Travel/Per Diem Expense Detail:**

Travel may be used in several different ways, e.g., to transport project participants to the project location(s), to send employees to different organization locations, for outreach purposes, etc.

In the Explanation Section, describe who is traveling, to where they are traveling, and how it is necessary to the project. Consultant travel should not be included here but should be included in the consultant rate. In the explanation section, also provide the formula to compute expenses and the methodology used to allocate individual costs to this project.

In the computation for each item of travel, show the calculation used to determine the cost, i.e., \$0.555 x 100 miles = \$55.50, or 100 bus tokens at \$1.00 = \$100.00.

Calculate the total for each type of travel expense and note this value in the "Total Contract" column. (E-budget will electronically complete this exercise).

After you have computed each line item, add down the "Total Contract" column. Transfer the total to Section 1: Budget Expense Summary. (E-budget will electronically complete this exercise).

New York State has travel rates established for its employees. The rates you charge may not exceed the current approved NYS rates. The mileage rate is currently \$0.555 per mile for personal car. Hotel and per diem vary upon the destination. Should you spend more than the established NYS rates, you will be reimbursed only up to the NYS rates. A guide is available upon request for both in-state and out-of-state travel. Out-of-state travel expenses must be approved prior to claiming.

#### **1-E Equipment Expense Detail:**

Equipment is any non-consumable, tangible property having a useful life of more than one year. Three written bids in response to written specifications are required for items costing \$5,000 and over. Three telephone bids are required for items costing between \$501 and \$5,000. Items costing \$500 or less per item are considered supplies and should be listed in the Supply Expense Detail (1F). The bids must be attached to the contract. The amount of the bid you have selected should be in the budget. If you have not yet sought bids or decided which bid to select, include a statement that bids will be provided prior to vouchering.

In the Explanation, describe the equipment and how it relates to service delivery. If other than the lowest bidder is selected, provide a statement indicating why that vendor was selected. Factors that may influence selection

are free delivery and installation, special features, better warranty or maintenance agreement, etc. Also include the methodology used to allocate costs to the Program.

In the computation, indicate the cost for each item of equipment. The total cost of each type of equipment should be noted in the “Total Contract” column. (E-budget will electronically complete this exercise).

After you have computed each line item, add down the column: “Total Contract.” Transfer the total to Section 1: Budget Expense Summary. (E-budget will electronically complete this exercise).

### **1-F Supply Expense Detail:**

Supplies are those items that will be consumed during the life of the project. They may include office supplies, program supplies, janitorial supplies, etc.

In the Explanation Section, describe how the purchase of supplies relates to service delivery and the methodology for allocating supply costs to the program.

In the Computation, provide costs for each type of item. If you are buying large ticket items that do not qualify as equipment (less than \$500 per item; for example, a copier or office furniture) please provide per item prices. If you are purchasing consumable supplies, you need not provide as much detail (for example, file folders, copy paper, pens, etc. may be grouped together and listed as Consumable Office Supplies, without the need for a per item cost). Enter the total amount for each.

The total cost of each supply listed should be noted in the “Total Contract” column. (E-budget will electronically complete this exercise).

After you have computed each line item, add down the column: “Total Contract.” Transfer the total to Section 1: Budget Expense Summary. (E-budget will electronically complete this exercise).

### **1-G Contractual Expense Detail:**

This section should include any costs that have a formal (written) or informal (oral) contract, other than consultant agreements. Examples include rental/lease of equipment, rental of real estate, insurance, printing, photocopying, payroll services, janitorial services, etc.

If contractual services are to be paid for by this contract, you must include documentation for contracts, such as the real estate lease or insurance policy. If documentation is not available, include a reasonable estimate along with the basis for the calculation used to determine the cost.

In the Explanation Section, describe why the contractual services are needed for service delivery and methodology used to allocate costs to the program. If the costs to be paid for by this contract are estimated (there is no contractual agreement as of yet), include a statement that documentation will be submitted prior to vouchering and will be subject to prior approval.

In the Computation, list each contract. The total for each contract should be noted in the “Total Contract” column. (E-budget will electronically complete this exercise).

After you have computed each line item, add down the column: “Total Contract.” Transfer the total to Section 1: Budget Expense Summary. (E-budget will electronically complete this exercise).

## **1-H Space/Other Expense Detail:**

This section should include any costs that do not fit into the other expense categories. Examples include postage, telephone, office space, utilities, conference fees, advertising and stipends.

In the Explanation Section, describe how Other Expenses relate to service delivery and the methodology used to allocate these costs to this contract. Also list each type of cost, the total cost, and any calculation (40 percent of total utility, costs, etc.) used to allocate costs.

Totals for each entry should be noted in the “Total Contract” column. (E-budget will electronically complete this exercise).

After you have computed each line item, add down the column “Total Contract.” Transfer the total to Section 1: Budget Expense Summary. (E-budget will electronically complete this exercise).

## **1-I Indirect Cost Detail:**

Indirect costs are those costs that benefit common activities and, therefore, cannot be readily assigned to a specific direct cost objective or project and therefore are not charged under any of the budget lines described previously.

**If the agency does not have an approved federal Indirect Cost Letter, then this item must show “0.” In this instance, all Administrative Costs must be shown as direct charges in the appropriate line items.**

**If the agency has an Indirect Cost Letter and desires to charge indirect costs to this contract, the agency must provide a copy of the Indirect Cost Letter to OTDA/BRIA.** Subject to the 15 percent administrative cost limit, indirect costs may be entered on this line, in an amount equal to or less than the specifications in the Indirect Cost Letter.

After you have completed this line item, transfer either “0” or the Indirect Cost total to 1: Budget Expense Summary. (E-budget will electronically complete this exercise).

## **1-J Administrative Costs**

Allowable administrative costs are those costs charged to each pertinent budget item for administering the program, and which are directly related to the service provided by the program. Allowable administrative costs are delineated in federal Office of Management and Budget (OMB) Circulars A-87, A-110, A-122, and A-133.

- Clearly identify the types of Administrative Costs that are directly charged to this contract so that they can be easily found and compared with the line item expenses.
- Calculate Subtotal. (E-budget will electronically complete this exercise).
- Calculate Total Administrative Costs. (E-budget will electronically complete this exercise).
- Add this amount to the Indirect Cost amount, if any.
- The total should not exceed 15 percent of the budget total.

## Payment Schedules

Using the payment rates you have generated for a 12-month budget period, please complete the 12-month budget period and 36-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 the E-Budget and Payment Schedules with your fiscal office staff to jointly develop a realistic view of your organization's financial needs (projected program operating costs).

### **Services to Older Refugee Program PAYMENT SCHEDULE 12-Month Budget Period**

PAYMENT POINTS	TOTAL DOLLARS	% OF TOTAL AWARD AMOUNT	NUMBER OF UNITS	RATE PER UNIT
Cross Trainings	\$0	#DIV/0!		
Community Education Workshops	\$0	#DIV/0!		
Navigation Services	\$0	#DIV/0!		
Total Award Amount	\$0			
Total Program Plan Amount				

**Note:** Please note that the amount in the "total award amount" line is the maximum amount you may earn during this budget period. The "total 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 12-month budget period, the sum of which is the TOTAL BUDGET PERIOD 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 BUDGET AMOUNT allocated to each payment point. This percentage will also be calculated automatically once the RATE PER UNIT and NUMBER OF UNITS are entered.

#### **NUMBER OF UNITS**

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

#### **RATE PER UNIT**

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

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

**36-Month Contract Term**

<b>PAYMENT POINTS</b>	<b>TOTAL DOLLARS</b>	<b>% OF TOTAL AWARD AMOUNT</b>	<b>NUMBER OF UNITS</b>	<b>RATE PER UNIT</b>
Cross Trainings	\$0	#DIV/0!		
Community Education Workshops	\$0	#DIV/0!		
Navigation Services	\$0	#DIV/0!		
<b>Total Award Amount</b>	\$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 point(s).

**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 36-month AWARD AMOUNT is the sum of the TOTAL AWARD. You must also calculate the % TOTAL BUDGET AMOUNT by dividing the TOTAL DOLLARS for each payment point by the 36-month AWARD AMOUNT.

**Section D – AGENCY INFORMATION**

**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).

<b>Name of Funding Source</b>	<b>Funding Source Representative (Individual Name and Phone Number)</b>	<b>Purpose of Funding</b>	<b>Time Period of Funding</b>	<b>Funding Amount</b>



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

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

---

(Signature of official authorized to sign for applicant)

(Date)

---

(Type name and title)

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## **M/WBE SUBCONTRACTOR UTILIZATION EXAMPLES**

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

### M/WBE SUBCONTRACTOR UTILIZATION PLAN

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

**Offeror's Name:**

**Federal Identification Number:**

**Address:**

**Solicitation Number:**

**City, State, Zip Code:**

**Telephone Number:**

**Region/Location of Work:**

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

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

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

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

To: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_  
 (Name of Contractor)

Proposal / Contract number: \_\_\_\_\_

Contract Scope of Work: \_\_\_\_\_

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

\_\_\_\_\_

At the following price: \$ \_\_\_\_\_

Name of MWBE: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Designation: \_\_\_\_\_

<input type="checkbox"/> MBE - Subcontractor <input type="checkbox"/> WBE – Subcontractor  <input type="checkbox"/> MBE – Supplier <input type="checkbox"/> WBE - Supplier	Joint venture with:	
	Name: _____	
	Address _____	
	Fed ID Number: _____	
	MBE	<input type="checkbox"/>
	WBE	<input type="checkbox"/>

Are you a New York State Certified M/WBE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

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

Date Proposal/ Contract to be started: \_\_\_\_\_

Date Proposal/ Contract to be completed: \_\_\_\_\_

Date Supplies ordered: \_\_\_\_\_

Delivery date: \_\_\_\_\_

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

Date: \_\_\_\_\_

Signature of M/WBE Contractor: \_\_\_\_\_

Printed/Typed Name of M/WBE Contractor: \_\_\_\_\_

**INSTRUCTIONS FOR M/WBE SUBCONTRACTORS AND SUPPLIERS' LETTER**

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

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

Contact: Wilma Brown Phillips, M/WBE Director  
[Wilma.BrownPhillips@otda.state.ny.us](mailto:Wilma.BrownPhillips@otda.state.ny.us)

## EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

Submit with Bid or Proposal – Instructions on page 2

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

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)
Officials/Administrators																		
Professionals																		
Technicians																		
Service Maintenance Workers																		
Office/Clerical																		
Skilled Craft Workers																		
Paraprofessionals																		
Protective Service Workers																		
Totals																		

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

**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**
- OTDA - 4971 ELW (Rev. 4/10)

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

<b>Contract No.:</b>	<b>Reporting Entity:</b> <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor	<b>Reporting Period:</b> <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__
<b>Offeror's Name:</b>		<b>Report includes:</b> <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Contractor/Subcontractor's total work force
<b>Offeror's Address:</b>		

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)	White (F)	Black (M)	Black (F)	Hispanic (M)	Hispanic (F)	Asian (M)	Asian (F)	Native American (M)	Native American (F)	(M)	(F)	(M)	(F)
Officials/Administrators																	
Professionals																	
Technicians																	
Service Maintenance Workers																	
Office/Clerical																	
Skilled Craft Workers																	
Paraprofessionals																	
Protective Service Workers																	
Totals																	

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

**General Instructions:** The work force utilization/compliance report (EEO Workforce Utilization report04-10) is to be submitted on a quarterly basis during the life of the contract to report the actual work force utilized in the performance of the contract broken down by the specified categories. When the work force utilized in the performance of the

contract can be separated out from the contractor's or subcontractor's total work force, the contractor or subcontractor shall submit a Utilization Report of the work force utilized on the contract. When the work force to be utilized on the contract cannot be separated out from the contractor's or subcontractor's total work force, information on the contractor's total work force shall be included in the Utilization Report. Utilization reports are to be completed each quarter and submitted to OTDA within 15 days of the end of each quarter. If there are no changes to the work force utilized on the contract during the reporting period, the contractor can submit a written statement of no change or submit a copy of the previously submitted report with the date and reporting period updated.

#### Instructions for completing:

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

#### RACE/ETHNIC IDENTIFICATION

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

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

#### OTHER CATEGORIES

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

# CONTRACTOR/SUBCONTRACTOR BACKGROUND QUESTIONNAIRE

Name of Agency: \_\_\_\_\_ Federal Identification# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Actual Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

## Background Questionnaire

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

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

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

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

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

\_\_\_\_\_ NO \_\_\_\_\_ YES

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

\_\_\_\_\_ NO \_\_\_\_\_ YES

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

\_\_\_\_\_ NO \_\_\_\_\_ YES

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

\_\_\_\_\_ NO \_\_\_\_\_ YES

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

\_\_\_\_\_ NO \_\_\_\_\_ YES

f) Any bankruptcy proceeding?

\_\_\_\_\_ NO \_\_\_\_\_ YES

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

\_\_\_\_\_ NO \_\_\_\_\_ YES

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

\_\_\_\_\_ NO \_\_\_\_\_ YES

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

\_\_\_\_\_ NO \_\_\_\_\_ YES

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

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

\* unemployment insurance or workers compensation coverage or claim requirements;

\* ERISA (Employee Retirement Income Security ACT);

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

\* federal, state security laws?

\_\_\_\_\_ NO \_\_\_\_\_ YES

k)

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

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

Was violation willful?

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

\_\_\_\_\_ NO \_\_\_\_\_ YES

o) Any state determination of a Public work violation?

Was violation deemed willful?

\_\_\_\_\_ NO \_\_\_\_\_ YES

\_\_\_\_\_ NO \_\_\_\_\_ YES

p) A revocation of MBE or WBE certification?

\_\_\_\_\_ NO \_\_\_\_\_ YES

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

\_\_\_\_\_ NO \_\_\_\_\_ YES

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

\_\_\_\_\_ NO \_\_\_\_\_ YES

\_\_\_\_\_ NO \_\_\_\_\_ YES

\_\_\_\_\_ NO \_\_\_\_\_ YES

\_\_\_\_\_ NO \_\_\_\_\_ YES

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

**CERTIFICATION**

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

**Authorized Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

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

### M/WBE AND EEO POLICY STATEMENT

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

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

#### **M/WBE**

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

#### **EEO**

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.

(a) This organization will not discriminate against any employee or applicant for employment because of race,

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

By \_\_\_\_\_

Print: \_\_\_\_\_ Title: \_\_\_\_\_

**Minority/ Women Business Enterprise Liaison**

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

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

\_\_\_\_\_  
(Authorized Representative)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Contact:

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

**MWBE SUBCONTRACTOR REQUEST FOR WAIVER FORM**

**INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.**

<b>Offeror/Contractor Name:</b>	<b>Federal Identification No.:</b>
<b>Address:</b>	<b>Solicitation/Contract No.:</b>
<b>City, State, Zip Code:</b>	<b>M/WBE Goals: MBE    %    WBE    %</b>

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.  **MBE Waiver** – A waiver of the MBE Goal for this procurement is requested.  **Total**  **Partial**
2.  **WBE Waiver** – A waiver of the WBE Goal for this procurement is requested.  **Total**  **Partial**
3.  **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:** \_\_\_\_\_

<b>PREPARED BY (Signature):</b>	<b>Date:</b>
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.	

<b>Name and Title of Preparer (Printed or Typed):</b>	<b>Telephone Number:</b>	<b>Email Address:</b>
---	--------------------------	-----------------------

<p><b>Submit with the bid or proposal or if submitting after award, submit to the MWBE Program Unit:</b></p> <p style="margin-left: 40px;">                     NYS OTDA                      ATTN: Ms. Wilma BrownPhillips, MWBE Director                      M/WBE Program Management Unit                      Harlem Center                      317 Lenox Avenue                      New York, New York 10027                 </p> <p>Email to: <a href="mailto:Wilma.BrownPhillips@OTDA.State.NY.US">Wilma.BrownPhillips@OTDA.State.NY.US</a>.</p>	<p style="text-align: center; font-weight: bold; font-size: small;">***** FOR AGENCY USE ONLY *****</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"><b>REVIEWED BY:</b></td> <td style="width:50%; padding: 5px;"><b>DATE:</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <b>Waiver Granted:</b> <input type="checkbox"/> <b>YES</b>      <b>MBE:</b> <input type="checkbox"/>      <b>WBE:</b> <input type="checkbox"/> </td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> <b>Total Waiver</b></td> <td style="padding: 5px;"><input type="checkbox"/> <b>Partial Waiver</b></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> <b>ESD Certification Waiver</b></td> <td style="padding: 5px;"><input type="checkbox"/> <b>*Conditional</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> <b>Notice of Deficiency Issued</b> _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>*Comments:</b></td> </tr> </table>	<b>REVIEWED BY:</b>	<b>DATE:</b>	<b>Waiver Granted:</b> <input type="checkbox"/> <b>YES</b> <b>MBE:</b> <input type="checkbox"/> <b>WBE:</b> <input type="checkbox"/>		<input type="checkbox"/> <b>Total Waiver</b>	<input type="checkbox"/> <b>Partial Waiver</b>	<input type="checkbox"/> <b>ESD Certification Waiver</b>	<input type="checkbox"/> <b>*Conditional</b>	<input type="checkbox"/> <b>Notice of Deficiency Issued</b> _____		<b>*Comments:</b>	
<b>REVIEWED BY:</b>	<b>DATE:</b>												
<b>Waiver Granted:</b> <input type="checkbox"/> <b>YES</b> <b>MBE:</b> <input type="checkbox"/> <b>WBE:</b> <input type="checkbox"/>													
<input type="checkbox"/> <b>Total Waiver</b>	<input type="checkbox"/> <b>Partial Waiver</b>												
<input type="checkbox"/> <b>ESD Certification Waiver</b>	<input type="checkbox"/> <b>*Conditional</b>												
<input type="checkbox"/> <b>Notice of Deficiency Issued</b> _____													
<b>*Comments:</b>													

## 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.**

## CONTTRACTOR QUARTERLY COMPLIANCE REPORT

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

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

<b>Contract Number:</b> C _____  <b>Contractor:</b> _____	<b>Expenditure Code:</b> (See above for codes)	<b>REPORTING PERIOD:</b> From: ____/____/____ To: ____/____/____	<b>MWBE Goal</b> MBE ____ % WBE ____ % M/WBE ____ %
---	---	--	--

A	B	C	D
<b>Amount of Actual Expenditures in Reporting Period</b>	<b>Minority-Owned Business Enterprise (MBE) Subcontracting Expenditures in Reporting Period</b>	<b>Women-Owned Business Enterprise (WBE) Subcontracting Expenditures in Reporting Period</b>	<b>Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures in Reporting Period</b>
\$ _____ (If none, enter 0)	\$ _____ (If none, enter 0)	\$ _____ (If none, enter 0)	\$ _____ (If none, enter 0)

**SEE INSTRUCTIONS ON NEXT PAGE:**

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

**CREDIT WILL NOT BE GIVEN WITHOUT COMPLETE INFORMATION**

**INSTRUCTIONS:**

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

**TOTALS FOR REPORT PERIOD**

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

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

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

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

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

**PRODUCT CODE KEY:**

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

## **M/WBE GOAL REQUIREMENTS CERTIFICATION OF GOOD FAITH EFFORTS**

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

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

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

(j) The Contractor used the services of community organizations, contractor groups, state and federal business assistance offices and other organizations identified by the NYS Department of Economic Development or its designee that provide assistance in the recruitment and placement of minority and women business enterprises;

(k) The Contractor negotiated in good faith with certified minority- and women-owned business enterprises submitting bids, proposals, or quotations and did not, without justifiable reason, reject as unsatisfactory any bids, proposals or quotations prepared by any certified minority- or women-owned business enterprise. "Good faith" negotiating means engaging in good faith discussions with certified minority- or women-owned business enterprises about the nature of the work, scheduling, requirements for special equipment, opportunities for dividing of work among the bidders, proposers, and various subcontractors and the bids of the minority or women businesses, including sharing with them any cost estimates from the request for proposal or invitation to bid documents, if available; and,

(l) The Contractor undertook efforts to make payments for any work performed by certified minority- and women-owned business enterprises in a timely fashion so as to facilitate continued performance by certified minority- and women-owned business enterprises.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Print Name \_\_\_\_\_

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Title \_\_\_\_\_

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Company \_\_\_\_\_

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Contract Number \_\_\_\_\_

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Program/Solicitation Name \_\_\_\_\_

## Attachment Q Notices

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

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

**State of New York [Agency Name]**

**Name:**

**Title:**

**Address:**

**Telephone Number:**

**Facsimile Number:**

**E-Mail Address:**

**[Contractor Name]**

**Name:**

**Title:**

**Address:**

**Telephone Number:**

**Facsimile Number:**

**E-Mail Address:**

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

**Applicant:** \_\_\_\_\_

<b>APPLICATION CHECK LIST of Required Forms</b>	<b>Included</b>
<b>A – APPLICANT DOCUMENTATION</b>	
Executive Proposal Narrative	
General Information	
Accessibility Determination Form	
<b>B – PROGRAM NARRATIVE</b>	
Organization Experience & Capacity	
Program Description & Implementation	
<b>C – E-BUDGET, RATES AND PAYMENT SCHEDULES</b>	
E-Budget	
Payment Schedules	
<b>D – AGENCY INFORMATION</b>	
Funding Agency Contact Information Form	
Agency Agreement	
M/WBE Subcontractor Utilization Plan	
M/WBE Letter of Intent to Participate	
EEO Staffing Plan	
M/WBE/EEO Policy Statement	
M/WBE Subcontractor Request For Waiver Form	
M/WBE Goal Requirements Certification of Good Faith Efforts	
Attachment Q	
<b>Attach Copy of: Audited Financial Report.</b> It should be within the last 12 months, if not attach letter explaining why.	
<b>Attach Copy of: Certificate of Incorporation</b>	

**END OF APPLICATION**