

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

Direct Services

**REQUEST FOR PROPOSALS
AND APPLICATION**

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

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

BIDDERS' TELEPHONE CONFERENCE

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

<u>Conference Call Date and Time</u>	12/22/2014 at 1:00 pm EST
<u>Conference Call-In Number</u>	(866) 394-2346
<u>Conference Code</u>	7722932505

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PART A - SUMMARY INFORMATION

I. INTRODUCTION

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

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

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

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

The deadline for receipt of proposals is January 22, 2015 @ 2:00 p.m. See page 5 for additional information.

Eligible applicants must complete and submit all forms and narratives and relevant attachments required by this RFP and all required/applicable attachments (see Part B on page 30). Please pay particular attention to the Minority and Women Owned Business (M/WBE) participation requirements.

- Only proposals submitted by Eligible Grant Applicants, as defined on page 7 of this RFP, will be accepted for review.
- Only proposals that serve Eligible Clients, as defined on page 10 of this RFP, will be accepted for review.

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

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

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

PREQUALIFICATION REQUIREMENT

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for proposals to be evaluated. Information on these initiatives can be found on the Grants Reform Website: <http://www.grantsreform.ny.gov/>.

Proposals received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the proposal due date of 2:00 PM on January 22, 2015 cannot be evaluated. Such proposals will be disqualified from further consideration.

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The Vendor Prequalification Manual (http://www.grantsreform.ny.gov/sites/default/files/docs/VENDOR_POLICY_MANUAL_V.2_10.10.13.pdf) on the Grants Reform Website details the requirements and an online tutorial (<http://grantsreform.ny.gov/youtube>) is available to walk users through the process.

1) Register for the Grants Gateway.

- On the Grants Reform Website, download a copy of the Registration Form for Administrator (<http://grantsreform.ny.gov/sites/default/files/RegistrationFormforAdministratorfillable.pdf>). A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username please email grantsreform@budget.ny.gov . If you do not know your Password please click the Forgot Password link (https://grantsgateway.ny.gov/IntelliGrants_NYSSGG/PersonPassword2.aspx?Mode=Forgot) from the main log in page and follow the prompts.

2) Complete your Prequalification Application.

- Log in to the Grants Gateway (https://grantsgateway.ny.gov/IntelliGrants_NYSSGG/login2.aspx). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Proposal.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at grantsreform@budget.ny.gov.

3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the **Submit Document Vault** link located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity

II. PROCUREMENT SCHEDULE/ SUBMISSION GUIDELINES

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

Release Date of the Request for Proposals _____	December 16, 2014
Bidder's Conference Call _____	December 22, 2014
Deadline for Written Questions _____	December 29, 2014
Response to Questions _____	January 6, 2015
Due Date and Time for Proposals _____	January 22, 2015 @ 2:00 pm EST
Anticipated Notification of Awards _____	February 27, 2015
Anticipated Contract Start Date _____	April 1, 2015

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 December 29, 2014 to:

Erika S. Hague
New York State Office of Temporary and Disability Assistance
Bureau of Refugee and Immigrant Assistance
40 North Pearl Street, 10C
Albany, NY 12243
Fax: (518)402-3029
Email: erika.hague@otda.ny.gov

OTDA/BRIA will respond in writing to questions by January 6, 2015. 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 OTDA's website on the *Contracts and Grants* web page, located at <http://www.otda.state.ny.us>.

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

PROPOSAL SUBMITTAL

Applications must be submitted electronically via Grants Gateway at <https://grantsgateway.ny.gov> by 2:00pm on January 22, 2015. Applicants are strongly encouraged to complete the electronic application submission

process several days before the application due date to ensure the application is successfully accepted by <https://grantsgateway.ny.gov>. Applicants should consider that the application due date will have a high volume of submissions, which may slow down State systems and increase the time needed for applications to be received by <https://grantsgateway.ny.gov>. Applications must be received on or before the deadline. Applicants must take this processing time into consideration by allowing enough time to enter submissions so that the application is submitted error-free by the deadline. **Any proposal received after the deadline may be reviewed at the discretion of OTDA/BRIA. OTDA/BRIA will not accept mailed proposals, faxed proposals, or proposals sent via electronic mail.**

III. STATE AUTHORITY

The New York State Response to Human Trafficking Program (RHTP) was established by OTDA under Social Services Law when the New York State Human Trafficking Law was signed into law on June 6, 2007 (Chapter 74 of the Laws of 2007). The anti-human trafficking law establishes state crimes of sex trafficking and labor trafficking, provides a mechanism to allow confirmed victims of human trafficking who would be otherwise ineligible to receive social services to qualify for certain services. The New York State Human Trafficking Law also amends the Social Services Law, adding Article 10-8 D entitled "Services for Victims of Human Trafficking" to ensure that confirmed victims who are otherwise ineligible for mainstream services are served. Section 483-BB provides a non-exhaustive list of services that can be provided, including, but not limited to: case management, emergency temporary housing, health care, mental health counseling, drug addiction screening and treatment, language interpretation and translation services, English language instruction, job training and placement assistance, post-employment services for job retention, and services to assist the individual and any of his or her family members to establish a permanent residence in New York or in the United States. Such activities are also supported by the SFY 2014-2015 budget appropriation language.

IV. PROGRAM DESCRIPTION

A. Purpose

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

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

To accomplish these specific objectives, the RHTP:

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

B. Background

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

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

V. ELIGIBLE GRANT APPLICANTS

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

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

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

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

New York State vendors are required to file a Vendor Responsibility Questionnaire available through the New York State VendRep System. Instructions on how to complete and file the questionnaire can be found on the VendRep website www.osc.state.ny.us/vendrep. Vendors may contact the Office of the State Comptroller's (OSC) Help Desk with any questions at 518-408-4672, 1-866-370-4672 or ciohelpdesk@osc.state.ny.us.

VI. SERVICE STRATEGY

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

I. Community Education

The New York State Interagency Task Force on Human Trafficking Report (2008) recommended that the State increase outreach efforts to identify persons who have been trafficked. This mirrors the findings in the Federal Strategic Action Plan for Victims of Human Trafficking, among others, that outreach and awareness are critical at the local level to dispel the myth that trafficking only happens in developing countries. To further this goal, this proposal invites applicants to propose community education activities intended to educate the public and

train stakeholders to identify and assist trafficked persons. Each candidate must demonstrate that it has the expertise and organizational capacity to successfully train and/or outreach to their local and state law enforcement (i.e., precinct, sheriff's office, troop or barrack), victim service and faith-based organizations, local medical providers, and other community services providers to develop, expand, or enhance services to victims. A Community Education plan must consider the needs of "front line" workers and services that need to be accessible where and when trafficked persons are identified. Information about trafficking can be incorporated into regular outreach activities or other programming so that people can learn about trafficking, including how to help those who might be trafficked. Applicants must include a detailed plan of how they will develop and deliver substantive training on human trafficking for those entities listed above. Basic training on trafficking indicators, cultural considerations, safety concerns, the needs of trafficking victims and the New York State confirmation process should be covered. OTDA/BRIA retains the right to review and approve all training materials developed by the candidate prior to dissemination. Applicants are **not required** to include the Community Education Component as part of their proposals.

II. Task Force

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

III. Comprehensive Services

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

Each phase of service delivery requires the development of a case management plan and the assessment of whether the plan needs to be adapted. This allows for service delivery that is built upon objective presenting needs, input from the recipient, and adaptation to changing circumstances. The RHTP also acknowledges the wide diversity of client needs, obtaining client input, and the timeframe for their delivery. Applicants are **required** to include the Comprehensive Services Component in their proposals.

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

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

1. Case Management

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

2. Shelter/Rental Assistance

Most human trafficking victims lack safe and secure housing, which is a crucial component of their recovery. Thus, the Contractor must demonstrate the experience and ability to provide safe and secure emergency temporary housing, and then, when appropriate, more stable long term housing and rental assistance to the eligible clients. Facilities providing shelter for trafficked persons and receiving funds under the Response to Human Trafficking Program must be operated in accordance with all applicable State and Local laws, regulations, codes, and ordinances. Where shelter costs are reimbursable by the State through other avenues, shelter will not be covered by these funds.

3. Health Assessment

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

4. Medical Care (including Prescriptions)

The RHTP provider must demonstrate experience and ability in providing and/or facilitating necessary medical care and treatment services. The agency providing this service must be a New York State Department of

Health-licensed health care provider. Reimbursable costs and services are limited to those that are allowable under Medicaid.

5. Mental Health Counseling

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

6. Legal Services

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

7. Food

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

8. Other Identified Service Needs

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

VII. ELIGIBLE CLIENTS

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

- United States Citizens;
- Legal permanent residents;
- Asylees;

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

- Refugees;
- Aliens paroled into the US for at least one year;
- Aliens whose deportation or removal is being withheld by US Citizenship and Immigration Services (USCIS) under certain circumstances;
- Aliens granted conditional entry into the US (a status granted to refugees prior to 1980);
- Cuban/Haitian entrants;
- North American Indians born in Canada;
- Members of federally recognized tribes born outside of the US;
- Lawfully residing active duty service members or honorably discharged veterans, their lawfully residing spouses, surviving spouses, or unmarried children;
- Amerasian immigrants;
- Certain Hmong or Highland Laotians;
- Battered immigrant spouses or children, as defined in Section 1641(c) of Title 8 of the United States Code;
- Federally certified victims of human trafficking;
- T visa recipients and aliens granted "continued presence" status by USCIS; and
- Aliens "permanently residing under color of law" (PRUCOL), who include the following:
 - Aliens paroled into the US for less than one year;
 - Aliens residing in the US pursuant to an Order of Supervision under Section 241(a)(3) of the Immigration and Nationality Act (INA);
 - Aliens granted cancellation of removal pursuant to Section 240A of the INA;
 - Aliens granted "deferred action" status, deferring their departure from the US;
 - Aliens granted K3, K4, S, or V visas under the Legal Immigration Family Equity Act ("Life Act");
 - Aliens granted deferred action interim U visa relief; and
 - Aliens who demonstrate their entry into the US on or before January 1, 1972 and their continuous residence in the US since January 1, 1972 pursuant to Section 249 of the INA.

VIII. FUNDING LIMITATIONS AND PROVISIONS

Available Funds

Anticipated allocations and continuation of contracts are subject to continued availability of State funds and appropriation of the funds thereof. It is estimated that approximately \$397,000 will be available through this procurement for the first budget period, beginning April 1, 2015. These funds may not be used to supplant other federal resources.

Distribution of Funds

Funding will be distributed in three regions as follows:

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

More than one applicant may potentially be funded per region (See Selection Process on page 17).

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

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

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

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

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

Contract Term and Budget Periods

This RFP governs the provision of funds for the anticipated three-year contract term starting on April 1, 2015 and ending on March 31, 2018. A Work Plan will be required for the three-year contract term. Each contract will initially require two payment schedules; one for the contract's full three-year term and one for the first twelve-month budget period.

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

- Budget Period I: April 1, 2015 to March 31, 2016
- Budget Period II: April 1, 2016 to March 31, 2017
- Budget Period III: April 1, 2017 to March 31, 2018

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 deliverables/service outcomes or "payment points." Some payment points are *client-specific*. Documentation of the provision of a "task" (allowable service) or a number of tasks to a *client* allows a contractor to claim an achieved payment point. The contractor is paid for the payment point at the established rate, as defined in the contract. Other payment points are *non-client specific*. Documentation of an allowable *task* allows a contractor to be paid for the payment point at the established rate, as defined in the contract.

Payment points are derived from unit rates proposed in each application. The applicant's award request is calculated by multiplying the rates for each payment point by the units to be achieved per payment point. An

example of the worksheet (Attachment B-2 Performance-based Budget) that will be used to calculate these costs is included in Part B, Section C. You will calculate the annual costs of your proposed program in the Budget Screens in Grants Gateway, and upload a completed Attachment B-2 to calculate the costs of your 36-month program.

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

Payment Points: Definitions, Tasks, and Documentation

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

Payment Point Definitions	Allowable Tasks	Documentation Required
<p>Community Education</p> <p>Conduct trainings to educate law enforcement, victim services and general public including vulnerable populations on human trafficking.</p> <p>Organize public awareness events or activities to inform, educate, and assist stakeholders and vulnerable populations about human trafficking.</p> <p><i>Community Education is a non-client specific payment point.</i></p>	<p><i>Completing one Community Education event or activity, or one recurring cycle* of events of activities, allows the contractor to claim one Community Education payment point.</i></p> <p><u>Allowable Task</u></p> <ol style="list-style-type: none"> 1. Information workshop/seminar 2. Training 3. Organized public awareness event 4. Other services or activities that have been approved by OTDA in writing <p>*The contractor must specify in the proposal the total number of sessions within a cycle as well as the cycle's specific start and end dates</p>	<p>Copy of the agenda of the training, information workshop/seminar or organized public awareness event which includes the date, time, location and staff person conducting the event,</p> <p><i>and</i></p> <p>OTDA/BRIA event/attendance form</p>
<p>Payment Point Definitions</p>	<p>Allowable Tasks</p>	<p>Documentation Required</p>
<p>Task Force</p> <p>A Task Force consists of a meeting or series of meetings to enhance interagency</p>	<p><i>Completing one Task Force meeting allows the contractor to claim one Task Force payment point.</i></p> <p><u>Allowable Task</u></p>	<p>BRIA approved task force plan</p> <p><i>and</i></p>

<p>collaboration and the coordinated community response to victims of human trafficking. Task Force activities are designed to increase willingness of members to collaborate on identification and protection of trafficked persons.</p> <p><i>Task Force is a non-client specific payment point.</i></p>	<p>Host Task Force meetings*</p> <p>*Prior to initial taskforce meeting, BRIA must approve the taskforce plan including invited agencies, objectives, tentative agenda for meeting, assessment of trafficking knowledge among participants and training needs.</p>	<p>Copy of the agenda of task force meeting which includes the date, time, location and staff person conducting the event</p> <p><i>and</i></p> <p>Copy of the invitation letter sent in mailing and the mailing list</p> <p><i>and</i></p> <p>Minutes taken at Task Force meeting, including who was in attendance</p> <p><i>Or</i></p> <p>Any MOUs, or written agreements or protocols developed</p>
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Payment Point Definitions	Required Tasks	Documentation Required
<p>Comprehensive Services: Completion of Assessment Phase</p> <p>The contractor is required to meet with the eligible client when appropriate and assess the client's needs. In conjunction with the client, the contractor creates a case management plan.</p>	<p><i>Providing the services below to the individual allows the contractor to claim one Completion of Assessment Phase payment point.</i></p> <ol style="list-style-type: none"> 1. Obtain from OTDA/BRIA the individual's confirmation letter 2. Inform individual of rights and responsibilities of confirmation and explain the role of parties in trafficking case (i.e. law enforcement, providers, etc.). 3. Inform individual of status, and enroll client in agency's program. 4. Assessment of needs 5. Case management plan 6. Completion of Application for Services 7. Correspond/communicate with 	<p>Application for Services signed and dated by both the client and agency representative.</p> <p>The agency supervisor must sign and date the application within 30 days of the client and agency representative signatures, or prior to submission of a voucher - whichever date is earlier.</p> <p><i>and</i></p> <p>Case management</p>

	OTDA/BRIA and/or other stakeholders for problem solving on behalf of the individual	plan <i>and</i> Detailed case note entry of services provided to the individual and any other such documentation as required by OTDA/BRIA.
<p>Comprehensive Services: Completion of Interim Phase</p> <p>Manage the individual's progress throughout the service provision process. Four weeks following enrollment, the contractor assesses services already provided within the first four weeks and adjusts the case management plan.</p>	<p><i>Providing the services below to the individual during the first four weeks following enrollment allows the contractor to claim one Completion of Interim Phase payment point.</i></p> <ol style="list-style-type: none"> 1. Update case management plan and adjust 2. Provide any and all services in the case management plan 	<p>Application for Services</p> <p><i>and</i></p> <p>Updated case management plan</p> <p><i>and</i></p> <p>Detailed case note entry of services provided to the individual and any other such documentation as required by OTDA/BRIA.</p>
<p>Comprehensive Services: Completion of Transition Phase</p> <p>Continue to manage the individual's progress throughout the service provision process. Twelve weeks following enrollment, the contractor assesses services already provided within the first twelve weeks and adjusts the case management plan.</p>	<p><i>Providing the services below to the individual between weeks four and twelve allows the contractor to claim one Completion of Transition Phase payment point.</i></p> <ol style="list-style-type: none"> 1. Update case management plan and adjust 2. Provide any and all services in the case management plan 	<p>Application for Services</p> <p><i>and</i></p> <p>Updated case management plan</p> <p><i>and</i></p> <p>Detailed case note entry of services provided to the individual and any other such documentation as required by OTDA/BRIA.</p>

Additional Payment Point Information

Community Education

- The intent of the Community Education training and information workshops/seminars is to outreach to *multiple* stakeholders at the same time. Training or information workshops/seminars in the form of site or office visits are not allowed.

Total dollars allocated to this payment point may not exceed 10% of the total award amount.

- A Community Education awareness event is an organized forum, usually in the form of a workshop that promotes greater community awareness and understanding of the nature and scope of human trafficking.
- A training is an organized event usually in the form of a workshop, seminar or class that provides information to service provider staff and other relevant stakeholders on the dynamics of human trafficking, indicators, and policies and procedures under the New York State Human Trafficking Law, including both current information and changes to the aforementioned topics. Special needs or issues related to providing services are inherent in these topics. Curriculum must be approved by OTDA/BRIA prior to use.
- "Non-client specific" refers to services and resulting deliverables/service outcomes or "payment points" that are provided to *groups* of individuals. These payment points are claimed not based on an individual, but rather a specified event.

Task Force

This payment point is ONLY available in areas where local/regional task forces are NOT funded by BJA.

Total dollars allocated to this payment point may not exceed 20% of the total award amount. If the contractor also proposes Community Education, the combination of the two payment points may not exceed 20%.

- An approved plan must include evaluation of proposed taskforce participants and their commitment as well as their trafficking knowledge, factors specific to community response, and expected roles on the Task Force. Describe initial discussions. For continuing taskforce efforts, include any written protocols, agreements or MOUs.
- "Non-client specific" refers to services and resulting deliverables/services outcomes or "payment points" that are provided to *groups* of individuals. These payment points are claimed not based on an individual, but rather a specified event.

Comprehensive Services (Assessment, Interim and Transition Phases)

- These payment points are client-specific.
- Eligible clients may enroll in an agency's RHTP program for services upon the date of State confirmation.
- Family members of eligible clients may receive services within the unit rate allotted to the eligible client. There is no separate or additional allocation for family members of eligible clients who are not eligible clients themselves.
- OTDA/BRIA recognizes that not all services are of the same duration, or require the same level of involvement by the contractor to accomplish the task. Higher value is not attributed among the specific

services that an eligible client might need (e.g., grocery shopping versus providing mental health counseling). OTDA/BRIA designed the phased payment system to accommodate providers' need for flexibility.

Payment Rates

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

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

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

Payment

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

X. SELECTION PROCESS

Proposals should contain *all* required items as listed in Part B: Instructions for Completing Application, (see page 30). Pay particular attention to the Minority and Women Owned Business (M/WBE) requirements. Failure to provide all required items will result in the decrease of the total score.

OTDA/BRIA will select contractors based on several considerations:

- Cost effectiveness, determined by a comparison of the proposed payment point rates to competitors' proposed rates and to the maximum rates within the same region as well as experience serving like populations.
- The applicant's demonstrated understanding of OTDA/BRIA requirements;
- The applicant's general organizational qualifications as documented in the proposal;
- The content of the applicant's proposal that demonstrates the applicant's ability to perform under a contract;
- The applicant's experience with, and knowledge of, specific cultural and linguistic needs of the eligible population and the quality of the proposal in addressing those needs;
- The applicant's experience with working with confirmed victims and the confirmation rates in the particular region as well as experience working with certified victims and correlating statistics of certifications in the region;
- The suspected caseload in each region and the applicant's rationale for reaching trafficked persons and the ability to effectively engage this population;
- The applicant's established relationship with critical partners including local and state law enforcement, victim service providers, and others;
- Proposed project staff that is sufficient in number and qualifications;
- The applicant's fiscal viability as reflected in the audited financial statements; and
- Appropriateness and reasonableness of costs reflected in payment points.

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

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

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

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

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

Technical Evaluation	Maximum Points
Application Documentation/Agency Information Uploads	10
Work Plan	70
Financial Evaluation	Maximum Points
Budget	20
TOTAL	100

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

XI. AWARD PROCEDURES

Contract Development Process

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

The contracts will have a term of 36 months and will contain work plans and payment schedules reflecting goals for a 36-month time period and a payment schedule for each 12-month budget period.

Payment

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

XII. REPORTS AND RECORD KEEPING

Record Keeping

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

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

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

Reporting and Vouchering Requirements

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

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

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

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

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

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

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

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

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

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

Case Records

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

Monitoring

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

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

Amendments to the Contract

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

XIII. GENERAL TERMS AND CONDITIONS

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

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

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

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

The contractor will be required to comply with all applicable federal and state laws and regulations.

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

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

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

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

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

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

The proposal of the successful applicant will serve as the basis for the contract, the terms of which will be modified within the context of this RFP. The following will be incorporated into any contracts resulting from this RFP:

- NYS Master Contract Terms & Conditions
- Attachment A-1, (OTDA and RHTP terms and conditions)
- Attachment B-2, (Performance-based Budget)
- Attachment C (Work Plan)
- Attachment D (payment and reporting schedule)

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

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

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

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

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

New York State Executive Law §§ 310–318, (Article 15-A: Participation By Minority Group Members and Women With Respect To State Contracts -- hereinafter "the Statute"), was enacted to promote equality of employment and economic opportunities for minority group members and women in State contracting

activities. The New York State Office of Temporary and Disability Assistance (OTDA) fully supports the efforts of the State of New York to promote Equal Employment Opportunity (EEO) for all persons, and to promote equality of economic opportunity for minority group members and women who own business enterprises.

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

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

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

I. General Provisions

- A.** New York State Executive Law § 310–318, (Article 15-A: Participation by Minority Group Members and Women with Respect To State Contracts -- hereinafter "the Statute"), was enacted to promote equality of employment and economic opportunities for minority group members and women in State contracting activities. In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority and women-owned business enterprises in state procurement contracting versus the number of minority and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority and women-owned business enterprise program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that the New York State Office of Temporary and Disability Assistance (OTDA) establish goals for maximum feasible participation of New York State Certified minority and women –

owned business enterprises ("MWBE") and the employment of minority group members and women in the performance of New York State contracts. OTDA fully supports the efforts of the State of New York to promote Equal Employment Opportunity (EEO) for all persons, and to promote equality of economic opportunity for minority group members and women who own business enterprises.

- B.** OTDA is required to implement the provisions of New York State Executive Law Article 15-A and 5 NYCRR Parts 142-144 ("MWBE Regulations") for all State contracts as defined therein, with a value (1) in excess of \$25,000 for labor, services, equipment, materials, or any combination of the foregoing or (2) in excess of \$100,000 for real property renovations and construction. Where deemed appropriate, OTDA will implement the provisions of New York State Executive Law Article 15-A and the MWBE Regulations for all other OTDA contracts. These requirements include equal employment opportunities for minority group members and women ("EEO") and contracting opportunities for certified minority and women-owned business enterprises ("MWBEs"). Contractor's demonstration of "good faith efforts" pursuant to 5 NYCRR § 142.8 shall be a part of these requirements. These provisions shall be deemed supplementary to, and not in lieu of, the nondiscrimination provisions required by New York State Executive Law Article 15 (the "Human Rights Law") or other applicable federal, state or local laws. Contractors participating in and/or selected for procurement opportunities with OTDA shall fulfill their obligations to comply with applicable Federal, State and Local requirements concerning Equal Employment Opportunity and opportunities for MWBEs, including but not limited to the Statute and its implementing regulations as promulgated by New York State's Empire State Development (ESD) Division of Minority and Women's Business Development (DMWBD) and set forth at 5 NYCRR Parts 140-144).
- C.** Copies of the required OTDA Forms are identified in this Appendix and available on OTDA's Internet site at <http://www.otda.ny.gov>. The Contractor agrees to complete and submit these forms without change in response to goals specified in the RFP or contract. An electronic link to the current list of certified minority- and women-owned business enterprises also is available on OTDA's Internet site.
- D.** Failure to comply with all of the requirements herein may result in a finding of non-responsiveness, non-responsibility and/or breach of contract, leading to the withholding of funds or such other actions, liquidated damages pursuant to Section VII of this Appendix or enforcement proceedings allowed by the Contract.
- E.** Further information regarding Article 15-A of the New York State Executive Law and the New York State Minority and Women's Business Enterprise Program is available on the DMWBD Internet site at <http://www.esd.ny.gov/ContactUs.asp>

II. Contract Goals

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

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

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

III. EEO Requirements

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

opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

- c. The Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union, or representative will not discriminate on the basis of race, creed, color, national origin, sex age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
- d. The Contractor will include the provisions of Subdivisions (a) through (c) of this Subsection 4 which provides for relevant provisions of the Human Rights Law, in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the Contract.

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

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

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

1. Once a contract has been awarded and during the term of the Contract, Contractor is responsible for updating and providing notice to the OTDA of any changes to the previously submitted Staffing Plan. This information is to be submitted on a quarterly basis during the term of the contract to report the actual workforce utilized in the performance of the contract by the specified categories listed including ethnic background, gender, and Federal occupational categories. The Workforce Report must be submitted to report this information.
2. Separate forms shall be completed by Contractor and any subcontractor performing work on the Contract.
3. In limited instances, Contractor may not be able to separate out the workforce utilized in the performance of the Contract from Contractor's and/or subcontractor's total workforce. When a separation can be made, Contractor shall submit the Workforce Report and indicate that the information provided related to the actual workforce utilized on the Contract. When the workforce to be utilized on the contract cannot be separated out from Contractor's and/or subcontractor's total workforce, Contractor shall submit the Workforce Report and indicate that the information provided is Contractor's total workforce during the subject time frame, not limited to work specifically under the contract.
4. In the case where the Contractor's and/or subcontractor's work force does not change within the quarterly period, the Contractor shall so notify OTDA in writing.
5. All forms and reports will be submitted to the OTDA program manager for this contract and forwarded to NYS OTDA, MWBE Program Management Unit, Harlem Center, 317 Lenox Avenue, NYC, NY 10027; (212) 961-8214; e-mail to:
otda.sm.co.quarterly.compliance.eeo.staffing.reports@otda.ny.gov.

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

IV. MWBE Requirements

The Contractor acknowledges that it is the policy of the State of New York and of OTDA that MWBEs shall be given the opportunity for meaningful participation in the performance of State Contracts. Therefore, Contractors agree to make good faith efforts to solicit active participation to meet established goals under this procurement by MWBEs identified in the ESD directory of certified businesses², which can be viewed at:
<https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=4687>

1. For the purposes of this Appendix Z, the question of whether a Contractor has engaged in and documented "Good Faith Efforts" to solicit active participation to meet established goals under this procurement by MWBEs in the performance of State Contracts shall be determined by the OTDA Commissioner or his/her designee, after a thorough consideration of the factors listed in 5 NYCRR § 142.8.
 2. The separate MBE and WBE participation goals established by OTDA for this procurement are based on the overall availability of MWBEs that have been certified to perform the specific scope of work identified under this procurement. For compliance purposes, these goals should not be construed as rigid and inflexible quotas which must be met, but must be targets reasonably attainable by means of applying every good faith effort to make all aspects of the entire Minority and Women-owned Business Program work.
- A. The Contractor represents and warrants that Contractor has submitted the following OTDA forms either prior to, or at the time of, the execution of the contract:
1. MWBE Utilization Plan (OTDA Form 4937)
 - a. Contractor agrees to use such MWBE Utilization Plan for the performance of MWBEs on the Contract pursuant to the prescribed MWBE goals set forth in Section II-A of this Appendix.
 - b. If a Contractor seeks modification to its previously approved MWBE Subcontractor Utilization Plan, the Contractor shall first notify OTDA in writing of such change and obtain approval from OTDA.
 - c. Contractor further agrees that a failure to submit and/or use such MWBE Utilization Plan shall constitute a material breach of the terms of the Contract. Upon the occurrence of such a

² All MWBE firms are required to be certified by Empire State Development (ESD) or must be in the process of obtaining certification from ESD. Should the Contractor identify a minority-owned or woman-owned firm that is not currently certified as an MWBE, the Contractor should request that the firm submit a certification application to ESD for an eligibility determination, with a copy to the OTDA MWBE Program Management Unit. OTDA's MWBE Program Management Unit will work with ESD to expedite the application; however, it is the responsibility of the Contractor to ensure that a sufficient number of certified MWBE firms have been identified in response to this procurement, in order to facilitate full MWBE participation.

material breach, the OTDA shall be entitled to any remedy provided herein, including but not limited to, a finding of Contractor non-responsiveness.

2. Certification of Good Faith Efforts (OTDA Form 4976) to achieve the overall prescribed MWBE participation percentage (0%) goals set forth in the procurement.
3. A MWBE Subcontractor's and/or Suppliers' Letter of Intent to Participate (OTDA Form 4938), which should document the names and signatures of certified MBEs and/or WBEs which have agreed to participate as subcontractors on the Contract.

V. Waivers

- A. For Waiver Requests Contractor should use OTDA Form 4969 Minority/Women Business Enterprise (MWBE) Subcontractor Request for Waiver Form.
- B. If the Contractor, after making good faith efforts, is unable to comply with MWBE goals, the Contractor may submit a request for waiver form documenting good faith efforts by the Contractor to meet such goals. If the documentation included with the waiver request is complete, the OTDA shall evaluate the request and issue a written notice of acceptance or denial within twenty (20) days of receipt.
- C. If the OTDA, upon review of the MWBE Utilization Plan and updated Quarterly MWBE Contractor Compliance Reports, determines that Contractor is failing or refusing to comply with the Contract goals and no waiver has been issued in regards to such non-compliance, the OTDA may issue a notice of deficiency to the Contractor. The Contractor must respond to the notice of deficiency within seven (7) business days of receipt. Such response may include a request for partial or total waiver of MWBE Contract Goals.

VI. Quarterly MWBE Contractor Compliance Reports

- A. Contractor is required to submit the Minority/Women Business Enterprise (MWBE) Subcontractor Quarterly Compliance Report (OTDA Form 4968) to the OTDA by the 10th day following each end of quarter over the term of the Contract documenting the progress made towards achievement of the MWBE goals of the Contract.
- B. All reports will be submitted to the OTDA program manager for this contract and forwarded to NYS OTDA, MWBE Program Management Unit, Harlem Center, 317 Lenox Avenue, NYC, NY 10027; (212) 961-8214; e-mail to: otda.sm.co.quarterly.compliance.eeo.staffing.reports@otda.ny.gov
- C. Failure to timely submit a Contractor's MWBE Subcontractor Quarterly Compliance Report and/or other reports or information as requested by OTDA may result in payments under the contract being delayed until such reports or other information have been received by OTDA.³ OTDA may also deem other noncompliance with requirements under the Statute as a breach of contract and commence any other means of enforcement permitted under the contract and/or by law.

VII. Liquidated Damages – MWBE Participation

- A. Where OTDA determines that Contractor is not in compliance with the requirements of the Contract and Contractor refuses to comply with such requirements, or if Contractor is found to have willfully

³ Contractors may be requested to provide additional Compliance Reports and information (i) to verify payments made to MWBEs, (ii) to verify MWBE utilization and/or, (iii) as needed to evaluate any other aspect of Contractor compliance with the requirements set forth herein.

and intentionally failed to comply with the MWBE participation goals, Contractor shall be obligated to pay to the OTDA liquidated damages.

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

VIII. Sanctions

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

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

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

No further entries on this page.

PART B - Instructions for Completing the Application

Please read Pages 1-29 of the Request for Proposals carefully before completing the application. The entire NYS Response to Human Trafficking Program Application should be submitted in Grants Gateway. Applications submitted outside of the Grants Gateway system may not be reviewed. Read and follow all instructions while completing the screens in Grants Gateway. A printed version of the application appears in Part D of this RFP.

Completing the Application

Here are some general guidelines for navigating the Grants Gateway System:

- Log into Grants Gateway as a Grantee, Grantee Signatory or Grantee System Administrator.
- Click the “Available Opportunities” button.
- From the “search by funding agency” drop-down menu, select Office of Temporary and Disability Assistance. Click “search”.
- Locate New York State Response to Human Trafficking Program and click on the blue link.
- Click the “Apply for Opportunity” button.
- From the FORMS MENU, complete the forms described in these instructions. Screens from the Forms Menu do not have to be completed in any particular order. Certain forms may be left blank if they do not apply to your application, such as the budget items not requested. There will be a “global warning” error if you try to submit an application without completing required forms.
- You must SAVE YOUR WORK before moving onto a new screen.
- If you do not complete the application in one session, it will be in your “tasks” box labeled “application in process”. Another way to find an application in process is to click the “applications” tab at the top of the screen. Do not start a new application
- Please note: though those logged in as Grantee may work on the application, only those logged in as a Grantee Signatory or a Grantee System Administrator can submit the application to the State. When the application is ready for submission, click the Status Changes tab, then click the “apply status” button under “application submitted”.

Other helpful information:

- There is a Grantee Application Tutorial Video available. After logging into Grants Gateway, click the “training materials” tab at the top of the screen.
- Helpdesk information: Monday thru Friday 8am to 8pm
 - Phone: 1-800-820-1890 Email: helpdesk@agatesoftware.com

Screens to complete the Forms Menu in Grants Gateway are as follows:

Project Site Address Screen- Enter all the site addresses, one site per screen, including agency specific regional information. Regional council is n/a.

Program Specific Questions- Follow the instructions at the top of the screen. There are no Program Specific Questions to answer in this section.

Performance Budget Screens- Complete the Performance Budget screen for 12-month grant funds requested for the first budget period. Consult Section IX in this RFP for Objective Definitions and maximum payment rates. To complete the Performance Budget, under “Details” in the textbox next to “Deliverable/Outcome” type the objective (ex. Taskforce Development) that your agency will provide. Based on the maximum payment rates listed on page 17 of this RFP, under “Financial”, complete “Total Amount Per Unit” and “Grant Amount Per Unit”. The same number should be in both boxes. Under “Number of Units” include the number of units of the objective your agency is proposing for the first 12-month budget period. Under “Total Grant Funds”, multiply the amount per unit by the number of units to get the total amount being requested for the objective. Click **SAVE** to update category total. To add another objective, click the “ADD” box in the top right corner of the screen and repeat the process for each objective your agency will provide in your proposed Work Plan. Only use whole dollar amounts for funds requested.

In the Pre-submission uploads section of the forms menu, there is a PDF of Attachment B-2 Performance-based Budget form on which the applicant must indicate the funds requested for the 36-month contract term. This form should correlate with the budget developed on the Performance Budget screens.

Please save your work before going to a new screen!

Performance Summary- The Performance Budget Summary is a summarization of all Performance Budget Detail items for the first proposed budget period. You do not make any changes to the budget here.

Work Plan: Grant Opportunity Defined Screens- Section consists of the Work Plan Overview Form and Objectives and Tasks.

Work Plan Overview Screen- This section should be completed based on the 36-month project period. Therefore, the Work Plan period should cover 04/01/2015 to 03/31/2018.

In the Project Summary section, please provide us with a comprehensive narrative explanation of your proposed program. Describe your agency, how the proposed program will be operated within your agency and what your agency will bring to the targeted population. This narrative is NOT limited to the points listed below. If there are other points that are pertinent to your application and will serve to strengthen or explain statements, they should be included. Your description **must** address the following whether applicable or not. If not applicable, please state that the information is not applicable:

1. Describe your agency's experience in providing services to immigrant, refugee and other populations such as crime victims. If your agency has specific expertise working with trafficked persons, please elaborate and state the type of training provided to staff and frequency of training. If your agency has no formal experience with the issue, please state a plan to obtain training and a timetable for such.
2. Describe your agency's knowledge of or involvement with either federal or State trafficking cases in your region. If no cases have been uncovered in your proposed catchment area, please explain why your agency believes trafficking is a problem and the agency's ability to engage vulnerable populations to help identify trafficked persons.
3. Describe your agency's knowledge of the availability of federal trafficking funds in your target area. Describe how those funds will be used first before NYS RHTP funds.
4. Describe the agency's experience in providing services to trafficked persons. Please denote whether the victim was ever identified as such, obtained State confirmation, or Federal certification.
5. Please detail how your agency will address the serious short and long-term service issues facing trafficking victims in New York State; empower trafficked persons to be effective partners in the case management process; and support local systems that can help identify trafficked persons.
6. Describe other programs or services that your agency operates that will enhance the effectiveness of your proposed program.
7. Indicate whether your region hosts a BJA-funded task force and indicate whether you are a BJA-funded task force member. If no BJA-funded task force exists in your immediate locale, indicate whether there are other networks that could enhance the response to human trafficking program. Please elaborate on your plan to strengthen this network or develop a local task force.
8. Describe in detail your agency's relationship or planned collaborative agreement with other provider agencies to enhance Comprehensive Services. Please describe partner agencies' experience and capacity to provide such services. If proposing Task Force activities, please indicate which local and state law enforcement entities you will engage and include a Letter(s) of Intent from these agencies (when indicated on the Pre-submission Uploads Screen), indicating support for your proposal and willingness to participate in a task force.
9. Describe your agency's working relationships with other local agencies. What specific resources will your Response to Human Trafficking Program Grant clients gain through these relationships?

10. Describe in detail the special needs or unique circumstances of the target population that you may encounter (i.e, migrant farm workers, those in servile marriages, etc.).
11. Describe any barriers and issues that may affect the confirmed victim's successful integration into the mainstream services system and how they will be addressed.
12. Describe the physical location(s) of the project.
13. If applicable, include a list of proposed subcontractors, including agency name, contact person, address, phone number and the specific deliverable outcomes that you propose each subcontractor to provide.
14. State the hours and days of operation.
15. Describe how your agency will obtain and incorporate input from the trafficked person in the development/implementation of the comprehensive services component.
16. You may require a start-up period to hire personnel, recruit participants, purchase supplies, or train personnel. If a start-up period is required, describe these tasks, as well as time frames for accomplishing them. Identify staff that will oversee these activities.
17. Describe the operation and management of the project. State how management will 1) ensure no duplication of services; 2) monitor progress towards goals; 3) maintain agency and staff accountability; 4) relay information to front line staff; 5) supervise agency finances; 6) assure timely submission of reports and vouchers; and 7) maintain appropriate case records.
18. Describe in detail your process for monitoring your subcontractors, if any.
19. Identify and describe any potential barriers that may affect service delivery and how they will be addressed.
20. Describe how staff will assist members of the target population for whom the agency has no language capacity.

Please save your work before going to a new screen!

In the Organizational Capacity section, describe the staff needed for the proposed program. For each staff member listed, include the person's name and job title, the responsibilities of the position, the required qualifications for the position, the name and title of the supervisor, and the full time equivalent (FTE) of the person's position. Explain how the proposed positions are sufficient to successfully implement the proposed services. Describe staff qualifications (including language capacity and how that addresses clients need). If appropriate, include staff caseloads. Describe how staff will receive regular training and updates on the latest trauma informed care principles and practices, immigration trends and issues, trafficking developments, and victim services. *After reading this section, a reviewer should have a clear and specific picture of how your project will function.*

Objectives and Tasks Screen- List and describe all of the payment points or "objectives" that the proposed program will work to accomplish. Refer to page 13 of this RFP for a complete list of payment points and definitions. Each objective will appear on its own screen. To start, select the payment point/objective you want to work on from the drop down and click GO (Example: Community Education). Next to the required and/or allowable task you want to work on, click View/Add under Performance Measure (Example: Information Workshop/seminar). In the Performance Measure Name field, enter your first task, for example, Lunchtime Seminar for Front-line Workers (this field allows for very few characters). In the Narrative field define in sufficient detail (who, what, when, where, how) the method of service delivery providing the required and/or allowable tasks to achieve the objective. **SAVE**. Using Community Education as an example, if you have more than one workshop/seminar, click ADD, and enter a different performance measure (Example: Lunchtime Seminar for Senior Staff), and complete the Narrative field. **SAVE**. There is a 1,000 character limit on the performance measure narrative section.

Performance measure documentation, such as assessment tools; sample case management plans; outreach materials; training agendas etc. may be uploaded.

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

- For Community Education, describe and define each task that you will provide and how each will be delivered. Please include descriptions on how the agency will implement the Community Education component and activities that will take place on a regular basis. Community Education is **not** a required payment point.
- For Task Force Development, describe and define each task that you will provide and how each will be delivered. Please include descriptions on how the agency will implement the Task Force component and activities that will take place on a regular basis. Task Force Development is **not** a required payment point.
- Separately describe the Assessment, Interim and Transition Phases of the Comprehensive Services objective. For each phase, describe and define each service that your agency will provide and how each will be delivered. If partnering with another agency, please include what services they will administer and how they deliver services. Please include descriptions of how the agency will implement the Comprehensive Services that will take place and on what basis (weekly, monthly, etc.). **All Comprehensive Services payment points are required.**

Please save your work before going to a new screen!

Pre-Submission Upload Screen- Download all forms by following the links available on the Pre-Submission Uploads Screen, or print the forms from Section B of this RFP. Upload all required forms in the places designated throughout the application. If required information is not available or cannot be produced, an explanation must be uploaded.

Application Submission- Only agency staff assigned the Grantee Contract Signatory role in Grants Gateway may submit the application.

PART C – Forms to Upload

Upload all required forms in the places designated throughout the application:

- **Agency Organizational Chart**
- **Client Flow Chart**
- **Key Personnel Profile**
- **Letter(s) of Intent from Task Force partners, if applicable**
- **General Information**
- **Attachment B-2 Performance Based Budget for 36-Month Contract Term**
- **Funding Agency Contact Information Form - Complete all applicable sections**
- **Agency Agreement Form - Sign, complete and return with the application.**
- **Certification**
Subcontractor and Supplier Identification Form - Complete all applicable sections and return with the application.
- **M/WBE Subcontracting Utilization Plan**
Completed by the applicant and submitted with the application form, for projects proposing to utilize subcontractors/suppliers/vendors.
- **M/WBE Letter of Intent to Participate**

- Completed all applicable sections and return with the application.
- **EEO Project Staffing Plan**
Completed all applicable sections and return with the application.
 - **Equal Employment Opportunity Workforce Employment Utilization/Compliance Report**
 - **M/WBE/EEO Policy Statement** – Complete all applicable sections and return with the application.
 - **M/WBE Subcontractor Request for Waiver Form** – Complete (if applicable), all applicable sections and return with application.
 - **M/WBE Subcontractor Quarterly Compliance Report**
 - **M/WBE Goal Requirements Certification of Good Faith Efforts** – Complete this form and submit it as part of the application packet.

The **New York State Vendor Responsibility Questionnaire Not-For-Profit Business Entity** attached below on pages 41-46 of this RFP, but will not be a required upload in Grants Gateway. Instructions on how to complete and file the questionnaire can be found on the VendRep website www.osc.state.ny.us/vendrep.

No further entries on this page.

GENERAL INFORMATION

RHTP 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) <i>NYC only</i> : _____	Federal Congressional District(s): _____
State Assembly District(s): _____	State Senate District(s): _____

What is your organization's **six digit** State Registered Charitable Organization number? _____
Is your organization current with the NYS Office of the Attorney General Charities registration filing requirements? _____ YES _____ NO
If not, why? _____

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

ACCESSIBILITY DETERMINATION

Is project site: wheelchair accessible? Yes No

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

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

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

No further entries on this page.

Attachment B-2 Performance-Based Budget

**ATTACHMENT B-2 - PERFORMANCE BASED BUDGET
SUMMARY**

PROJECT NAME: [REDACTED]

CONTRACTOR SFS PAYEE NAME: [REDACTED]

CONTRACT PERIOD: From: [REDACTED]

To: [REDACTED]

#	DELIVERABLE/OUTCOME	TOTAL AMOUNT PER UNIT	GRANT AMOUNT PER UNIT	NUMBER OF UNITS	GRANT FUNDS	MATCH FUNDS	MATCH %	OTHER FUNDS	TOTAL
1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$0.00	[REDACTED]	% [REDACTED]	[REDACTED]	\$0.00
2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$0.00	[REDACTED]	% [REDACTED]	[REDACTED]	\$0.00
3	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$0.00	[REDACTED]	% [REDACTED]	[REDACTED]	\$0.00
4	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$0.00	[REDACTED]	% [REDACTED]	[REDACTED]	\$0.00
5	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$0.00	[REDACTED]	% [REDACTED]	[REDACTED]	\$0.00
Subtotal					\$0.00	\$0.00		\$0.00	\$0.00
Available Bonus					[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
TOTAL					\$0.00	\$0.00		\$0.00	\$0.00

Contract Number: # [REDACTED]
Page 1 of 1, Attachment B-2 - Performance Based Budget

AGENCY AGREEMENT

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

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

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

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

(Signature of official authorized to sign for applicant) (Date)

(Type name and title)

New York State Vendor Responsibility Questionnaire Not-For-Profit Business Entity

BUSINESS ENTITY INFORMATION				
Legal Business Name			EIN	
Address of the Principal Place of Business/Executive Office			New York State Vendor Identification Number	
			Telephone	ext. Fax
Email		Website		
Authorized Contact for this Questionnaire				
Name:			Telephone	ext. Fax
Title			Email	
List any other DBA, Trade Name, Other Identity, or EIN used in the last five (5) years, the state or county where filed, and the status (active or inactive): (if applicable)				
Type	Name	EIN	State or County where filed	Status

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

I. BUSINESS CHARACTERISTICS

Explain and provide detail, such as 'not required,' 'application in process,' or other reasons for not being registered.

1.4 Is the Business Entity a Joint Venture? <i>Note: If the submitting Business Entity is a Joint Venture, also submit a separate questionnaire for the Business Entity comprising the Joint Venture.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

1.5 Does the Business Entity have an active Charities Registration Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Enter Number: _____
 If exempt, explain: _____
 If an application is pending, enter date of application: _____ Attach a copy of the application

1.6 Does the Business Entity have a DUNS Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Enter DUNS Number _____

1.7 Is the Business Entity's principal place of business/Executive Office in New York State? If "No," does the Business Entity maintain an office in New York State?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Provide the address and telephone number for one New York Office.

1.8 Is the Business Entity's principal place of business/executive office:

Owned
 Rented Landlord Name (if 'rented') _____
 Other Provide explanation (if 'other') _____

Is space shared with another Business Entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Name of other Business Entity _____
 Address _____
 City _____ State _____ Zip Code _____ Country _____

1.9 Is the Business Entity a Minority Community Based Organization (MCBO)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

1.10 Identify current Key Employees of the Business Entity. Attach additional pages if necessary.

Name	Title

1.11 Identify current Trustees/Board Members of the Business Entity. Attach additional pages if necessary.

Name	Title

II. AFFILIATES AND JOINT VENTURE RELATIONSHIPS

2.0 Does the Business Entity have any Affiliates? Attach additional pages if necessary (If no, proceed to Section III)	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Affiliate Name	Affiliate EIN (If available)	Affiliate's Primary Business Activity
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Explain relationship with the Affiliate and indicate percent ownership, if applicable (enter N/A, if not applicable):

II. AFFILIATES AND JOINT VENTURE RELATIONSHIPS

Are there any Business Entity Officials or Principal Owners that the Business Entity has in common with this Affiliate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individual's Name	Position/Title with Affiliate		

III. CONTRACT HISTORY

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

IV. INTEGRITY – CONTRACT BIDDING
Within the past five (5) years, has the Business Entity or any Affiliate

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

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

V. INTEGRITY – CONTRACT AWARD
Within the past five (5) years, has the Business Entity or any Affiliate

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

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

VI. CERTIFICATIONS/LICENSES

6.0 Within the past five (5) years, has the Business Entity or any Affiliate had a revocation, suspension or disbarment of any business or professional permit and/or license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

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

7.0 Been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1 Been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2 Received any OSHA citation and Notification of Penalty containing a violation classified as serious or willful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3 Had any New York State Labor Law violation deemed willful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of federal, state or local environmental laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5 Other than the previously disclosed: (i) Been subject to the imposition of a fine or penalty in excess of \$1,000, imposed by any government entity as a result of the issuance of citation, summons or notice of violation, or pursuant to any administrative, regulatory, or judicial determination; or (ii) Been charged or convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

8.0 A sanction imposed relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.1 An investigation, whether open or closed, by any government entity for a civil or criminal violation for any business related conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.2 An indictment, grant of immunity, judgment, or conviction of any business related conduct constituting a crime including, but not limited to, fraud, extortion, bribery, racketeering, price fixing, bid collusion or any crime related to truthfulness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.3 Misdemeanor or felony charge, indictment or conviction for: (i) any business-related activity including but not limited to fraud, coercion, extortion, bribe or bribe-receiving, giving or accepting unlawful gratuities, immigration or tax fraud, racketeering, mail fraud, wire fraud, price fixing or collusive bidding; or (ii) any crime, whether or not business related, the underlying conduct of which related to truthfulness, including but not limited to the filing of false documents or false sworn statements, perjury or larceny?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.4 A debarment from any government contracting process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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

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

X. FREEDOM OF INFORMATION LAW (FOIL)	
10.0 Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL). Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate the question number(s) and explain the basis for your claim.	

Certification

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

The undersigned certifies that he/she:

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

Signature of
Owner/Official
Printed Name of
Signatory

Title

Name of Business

Address

City, State, Zip

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

_____ Notary Public

SUBCONTRACTOR AND SUPPLIER IDENTIFICATION FORM

INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract. This identification form must contain a detailed description of the supplies and/or services to be provided by each subcontractor or supplier under the contract. Officers must indicate by checking the box(es) below which business designation(s) each federal Subcontractor/Supplier meets. Attach additional sheets if necessary.

Officer's Name: _____ Federal Identification Number: _____
 Address: _____ Telephone Number: _____
 City, State, Zip Code: _____ E-mail: _____
 Regular Location of Work: _____ WFR New York State businesses be used in the performance of this contract? YES NO

1. Subcontractor/Supplier Business Name, Address, Email Address, Telephone No.	2. Service/Product Provided	3. Federal ID No.	4. Business Designation Check all that apply: MBE WBE NTS Business** NTS Small Business**	5. Dollar Value of Subcontract/Supplier/Services over the term of the contract.
A.			MBE WBE NTS Business** NTS Small Business**	
B.			MBE WBE NTS Business** NTS Small Business**	
C.			MBE WBE NTS Business** NTS Small Business**	
D.			MBE WBE NTS Business** NTS Small Business**	
E.			MBE WBE NTS Business** NTS Small Business**	
<p>PLEASE PRINT ALL subcontracting and supplier purchasing opportunities. NOTE: Any Subcontractor/Supplier purchase in excess of \$100,000 must comply with NYS Vendor Responsibility Requirements. **New York State businesses have a substantial presence in State contracts and thereby contribute to the economic health of the state and the nation. In recognition of their economic activity and technology in doing business in New York State, Military programs for the contractor's commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such purchasing may be in subcontracting, supplies, purchase or other supporting role. Bidders/proposers need to be aware that if authorized users of this contract will be strongly encouraged, to the maximum extent practical and consistent with legal requirements, to use responsible and responsible New York State businesses in purchasing commodities that are of equal quality and functionality and in acquiring services and technology. Performance. Military programs are required that they must continue to either small, minority and women-owned businesses, consistent with current State law. Utilizing New York State businesses in State contracts will help create more jobs and income, support New York's infrastructure, and maximize economic activity in the smallest benefit of the contractor and the New York State business partners. New York State businesses will provide the contractor's required performance under the contract. Military programs benefiting the public sector, programmatic and operational by associated procurement. Public Procurement candidate and improve the State's economic engine through promotion of the use of New York businesses by its contractors. The State therefore expects Military programs to provide maximum assistance to New York businesses in their use of the contract. The Federal purchasing by all kinds of New York businesses will deliver great value to the State and its citizens.</p>				<p align="center">NAME AND TITLE OF PREPARER (Print or Type)</p> <p>Signature: _____ Authorized Signature Date: _____ Telephone Number: _____ EMAIL Address: _____</p>

M/WBE SUBCONTRACTOR UTILIZATION EXAMPLES

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

M/WBE SUBCONTRACTOR UTILIZATION PLAN

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

Offeror's Name:
Address:
City, State, Zip Code:
Region/Location of Work:

Federal Identification Number:
Solicitation Number:
Telephone Number:
M/WBE Goals in the Contract: MBE % WBE %

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

PREPARED and APPROVED BY:
NAME AND TITLE OF PREPARER (Print or Type):

Signature: _____
 Authorized Signature
 DATE: _____

TELEPHONE NO:
EMAIL ADDRESS:

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.

FOR AGENCY USE ONLY
 REVIEWED BY: _____ DATE: _____

UTILIZATION PLAN APPROVED: YES NO Date:

Contract No:

Contract Award Date:

Estimated Date of Completion:

Amount Obligated Under the Contract:

NOTICE OF DEFICIENCY ISSUED: YES NO Date:

NOTICE OF ACCEPTANCE ISSUED: YES NO Date

ETHNICITY MINORITY GROUP DEFINITION

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

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

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

Proposal / Contract number: _____

Contract Scope of Work: _____

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

At the following price: \$ _____

Name of MWBE: _____

Address: _____

Federal ID Number: _____

Telephone Number: _____

Ethnicity (see page 2 for definition) _____

Gender (Male or Female): _____

Designation:

<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?	<table style="width:100%; border: none;"> <tr> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;">Yes</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;">No</td> </tr> </table>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<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.

ETHNICITY MINORITY GROUP DEFINITION

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

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

EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

Submit with Bid or Proposal - Instructions on page 2

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

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

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

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

Instructions for completing:

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

RACE/ETHNIC IDENTIFICATION

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

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

- **NATIVE INDIAN (NATIVE AMERICAN/ ALASKAN NATIVE)** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

OTHER CATEGORIES

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

EQUAL EMPLOYMENT OPPORTUNITY WORK FORCE EMPLOYMENT UTILIZATION/COMPLIANCE REPORT

A.

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

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

PREPARED BY (Signature):	TELEPHONE NO.:
NAME AND TITLE OF PREPARER (Print or Type):	EMAIL ADDRESS:
Submit completed form to M/WBE Program Unit: NYS OTDA M/WBE Program Management Unit Harlem Center, 9 th Floor 317 Lenox Avenue New York, NY 10027	
DATE:	

General Instructions: The work force utilization/compliance report (EEO Workforce Utilization report 04-10) is to be submitted on a quarterly basis during the life of the contract to report the actual work force utilized in the performance of the contract broken down by the specified categories. When the work force utilized in the performance of the contract can be separated out from the contractor's or subcontractor's total work force, the contractor or subcontractor shall submit a Utilization Report of the work force utilized on the contract. When the work force to be utilized on the contract cannot be separated out from the contractor's or subcontractor's total work force, information on the contractor's total work force shall be included in the Utilization Report. Utilization reports are to be completed each quarter and submitted to OTDA within 10 days of the end of each quarter. If there are no changes to the work force utilized on the contract during the reporting period, the contractor can submit a written statement of no change or submit a copy of the previously submitted report with the date and reporting period updated.

Instructions for completing:

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**

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

M/WBE AND EEO POLICY STATEMENT

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

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

M/WBE

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

EEO

- (a) This organization will not discriminate against any employee or applicant for employment because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status, or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.
- (b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status,
- (c) At the request of the contracting agency, this organization shall request that each employment agency, labor union, or authorized representative will not discriminate on the basis of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status, and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.
- (d) This organization will include the provisions of sections (a) through (c) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

Agreed to this _____ day of _____, 2 _____

By _____

Print: _____

Title: _____

Minority/ Women Business Enterprise Liaison

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

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

(Authorized Representative)

Title: _____

Date: _____

Contact:

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

MWBE SUBCONTRACTOR REQUEST FOR WAIVER FORM

INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.		
Offeror/Contractor Name:	Federal Identification No.:	
Address:	Solicitation/Contract No.:	
City, State, Zip Code:	M/WBE Goals: MBE % WBE %	
<p align="center">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.</p>		
<p>Contractor is requesting a:</p> <p>1. <input type="checkbox"/> MBE Waiver – A waiver of the MBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial</p> <p>2. <input type="checkbox"/> WBE Waiver – A waiver of the WBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial</p> <p>3. <input type="checkbox"/> Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.) Date of such filing with Empire State Development: _____</p>		
PREPARED BY (Signature):	Date:	
<p><small>SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.</small></p>		
Name and Title of Preparer (Printed or Typed):	Telephone Number:	Email Address:
<p>Submit with the bid or proposal or if submitting after award, form must be submitted to the OTDA program manager. For questions regarding the form.</p> <p>Contact: NYS OTDA M/WBE Program Management Unit Harlem Center – 9th floor 317 Lenox Avenue New York, New York 10027 (212) 961-8214</p>	<p>***** FOR AGENCY USE ONLY *****</p>	
	REVIEWED BY:	DATE:
	<p>Waiver Granted: <input type="checkbox"/> YES MBE: <input type="checkbox"/> WBE: <input type="checkbox"/></p> <p><input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver <input type="checkbox"/> ESD Certification Waiver <input type="checkbox"/> *Conditional <input type="checkbox"/> Notice of Deficiency Issued _____</p>	
*Comments:		

REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

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

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

Note:

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

CONTRACTOR QUARTERLY COMPLIANCE REPORT

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

Contract Number: _____ Contractor: _____	REPORTING PERIOD: From: ____/____/____ To: ____/____/____	MWBE Goal MBE _____ % WBE _____ % M/WBE _____ %
---	--	---

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

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

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

Payee ID	Primary Owner's Name, Address, City, Zip	Ethnicity and Gender (Male or Female)	Service Location	MBE, WBE or Dual MWBE	Expenditure Code	Product Code	Amount	Date Paid

NAME AND TITLE OF PREPARER (Print or Type):	TELEPHONE NO.:	EMAIL ADDRESS:
QUARTERLY REPORTS SHOULD BE SUBMITTED TO THE OTDA PROGRAM/CONTRACT MANAGER	FOR AGENCY USE ONLY	
	REVIEWED BY:	DATE:

CREDIT WILL NOT BE GIVEN WITHOUT COMPLETE INFORMATION

INSTRUCTIONS:

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

TOTALS FOR REPORT PERIOD

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

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

PRODUCT CODE KEY:

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

ETHNICITY MINORITY GROUP DEFINITION

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

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

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

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

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

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

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

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

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

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

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

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

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

- (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.

Signature

Date

Print Name

Title

Company

Contract Number

Program/Solicitation Name

No further entries on this page.

Part D. Printed Version of Grants Gateway Application

The entire NYS Response to Human Trafficking Program Application should be submitted in Grants Gateway. Applications submitted outside of the Grants Gateway system may not be reviewed.

PROJECT/SITE ADDRESSES

Instructions:

- 1. Please complete all required fields.
- 2. If Project Statewide is "Yes", do not enter Address information. If Project Statewide is "No", Address information is required.
- 3. Select the Save button above to save your work frequently.
- 4. Click Forms Menu to return to the navigation links.

Name/Description: Project Statewide

Address 1

Address 2

City

County

State NY

Zip

Regional Council:

Agency Specific Region:

PROGRAM SPECIFIC QUESTIONS

Instructions:

- 1. Please complete all the required fields.
- 2. Select the Save button above to save your work frequently.

Project Title

The Program Specific Questions 1-20 can be found on pages 32-33 of the RFP. Please follow the instructions in the RFP, which indicate that these questions should be addressed on the Work Plan Overview screen under Project Summary.

- 1 Refer to pages 32-33 of the RFP for the Program Specific Questions and instructions on how to answer them.

PERFORMANCE BUDGET

Instructions:

- 1. Please complete all the required fields.
- 2. Select the Save button above to save your work frequently.
- 3. Once an deliverable/outcome item has been saved successfully, select the Add button above to add additional deliverable/outcome items.
- 4. Click Forms Menu to return to the navigation links.

When completing the Performance Based Budget columns Deliverable/Outcome, Total Amount Per Unit and Number of Units must be completed. Total Match Funds should be entered if there is a match/local share component to the program. Line Total and Category Total will populate automatically.

Details

Deliverable/Outcome

Financial

Total Amount Per Unit

Grant Amount Per Unit

Number of Units

Total Grant Funds

Total Match Funds

Match % %

Other Funds

Line Total	\$0
Category Total	\$0.00

Page ID

Click here to see a summary of the detail entered for this category.

| CATEGORY TOTAL SUMMARY |

PERFORMANCE SUMMARY

Instructions:

1. If an available bonus is applicable Available Bonus should be completed.
2. Select the Save button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

The Performance Budget Summary is a summarization of all Performance Budget Detail items. You may view the individual detail items by selecting the Performance Budget Detail Link in the Forms Menu or Navigation Links at the bottom of the page.

	Grant Funds	Match Funds	Match Funds Calculated	Match % Calculated	Match % Required	Other Funds	Total
Subtotal	\$0	\$0	\$0	%	%	\$0	\$0
Available Bonus							\$0
TOTAL	\$0	\$0	\$0	%	%	\$0	\$0
Period Total	\$0.00						

WORK PLAN OVERVIEW FORM

Instructions:

The purpose of this form is to capture organizational information necessary for application processing, as well as a detailed accounting of the proposed or funded project. It is made up of three sections:

1. Project Summary
2. Organizational Capacity
3. Project Details - Objectives, Tasks and Performance Measures

If applicable, specific instructions/requirements for completing these sections may be found in the Grant Opportunity under which you are applying. Click Forms Menu to return to the navigation links.

Work Plan Period From To

Project Summary

Provide a high-level overview of the project, including the overall goal and desired outcomes. Include information such as location, target population, overall number of persons to be served, service delivery method and hours of operation.

Organizational Capacity

Describe the staffing, qualifications and ongoing staff development/training activities, and relevant experience of the provider organization to support the project.

OBJECTIVES AND TASKS

Instructions:

1. Select the View/Add link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective
Objective Name
Community Education
Objective Description
Conduct trainings to educate law enforcement, victim services and general public including vulnerable populations on human trafficking.
Please refer to pages 13-17 of the RFP for the complete definitions and required and allowable tasks for each objective.

OBJECTIVES AND TASKS

Instructions:

1. Select the View/Add link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective
Objective Name
Comprehensive Services: Completion of Assessment Phase
Objective Description
The contractor is required to meet with the eligible client when appropriate and assess the client's needs. In conjunction with the client, the contractor creates a case management plan.
Please refer to pages 13-17 of the RFP for the complete definitions and required and allowable tasks for each objective.

OBJECTIVES AND TASKS

Instructions:

1. Select the **View/Add** link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective
Objective Name
Comprehensive Services: Completion of Interim Phase
Objective Description
Manage the individual's progress throughout the service provision process. Four weeks following enrollment, the contractor assesses services already provided within the first four weeks and adjusts the case management plan. Please refer to pages 13-17 of the RFP for the complete definitions and required and allowable tasks for each objective.

OBJECTIVES AND TASKS

Instructions:

1. Select the **View/Add** link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective
Objective Name
Comprehensive Services: Completion of Transition Phase
Objective Description
Continue to manage the individual's progress throughout the service provision process. Twelve weeks following enrollment, the contractor assesses services already provided within the first twelve weeks and adjusts the case management plan. Please refer to pages 13-17 of the RFP for the complete definitions and required and allowable tasks for each objective.

OBJECTIVES AND TASKS

Instructions:

1. Select the **View/Add** link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective
Objective Name
Task Force Development
Objective Description
A Task Force consists of a meeting or series of meetings to enhance interagency collaboration and the coordinated community response to victims of human trafficking. Task Force activities are designed to increase willingness of members to collaborate on identification and protection of trafficked persons. Please refer to pages 13-17 of the RFP for the complete definitions and required and allowable tasks for each objective.

DEFINE TASKS

Objective: Task Force Development
Task
 Host Task Force meetings

DEFINE TASKS

Objective: Comprehensive Services: Completion of Assessment Phase
Task
 Obtain from OTDA/BRIA the individual's confirmation letter

DEFINE TASKS

Objective: Community Education
Task
 Information workshop/seminar

DEFINE TASKS

Objective: Comprehensive Services: Completion of Interim Phase
Task
 Update case management plan and adjust

DEFINE TASKS

Objective: Comprehensive Services: Completion of Transition Phase
Task
 Update case management plan and adjust

DEFINE TASKS

Objective: Comprehensive Services: Completion of Transition Phase
Task
 Provide any and all services in the case management plan

DEFINE TASKS

Objective: Comprehensive Services: Completion of Interim Phase
Task
 Provide any and all services in the case management plan

DEFINE TASKS

Objective: Community Education
Task
 Training

DEFINE TASKS

Objective: Comprehensive Services: Completion of Assessment Phase
Task
 Inform individual of rights and responsibilities of confirmation and explain the role of parties in trafficking case (i.e. law enforcement, providers, etc.)

DEFINE TASKS

Objective: Comprehensive Services: Completion of Assessment Phase
Task
 Inform individual of status, and enroll client in agency's program

DEFINE TASKS

Objective: Community Education
Task
 Organized public awareness event

DEFINE TASKS

Objective: Community Education
Task
 Other services or activities that have been approved by OTDA

DEFINE TASKS

Objective: Comprehensive Services: Completion of Assessment Phase

Task
Assessment of needs

DEFINE TASKS

Objective: Comprehensive Services: Completion of Assessment Phase

Task
Case management plan

DEFINE TASKS

Objective: Comprehensive Services: Completion of Assessment Phase

Task
Completion of Application for Services

DEFINE TASKS

Objective: Comprehensive Services: Completion of Assessment Phase

Task
Correspond/communicate with OTOA/BRIA and/or other stakeholders for problem solving on behalf of the individual

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the Save button.
3. To add another *Performance Measure*, when applicable, select the Add button above.
4. Click Forms Menu to return to the navigation links.

Objective:
Task:
Performance Measure Name
Narrative
Upload

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the Save button.
3. To add another *Performance Measure*, when applicable, select the Add button above.
4. Click Forms Menu to return to the navigation links.

Objective:
Task:
Performance Measure Name
Narrative
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PRE-SUBMISSION UPLOADS

Instructions:

1. Select the **Browse** button to locate an upload.
2. Select the **Save** button above to load it into the system.
3. If the Grant Opportunity you are applying for requires that a specific document to be uploaded, a link to the Document Template will appear under the upload row. Click the link to download and save the Document Template to your computer. Once you have filled out the Document Template you can use the associated **Upload** row to upload the document as part of your application.

Agency Organizational Chart *

Upload your agency's organizational chart.

Client Flow Chart*

Upload a client flow chart depicting your agency's service delivery sequence.

Key Personnel Profile *

Attach a chart that depicts the staff involved with the project. For each staff member listed, include the person's name and job title, the responsibilities of the position, the required qualifications for the position, the name and title of the supervisor, and the full time equivalent (FTE) of the person's position.

Letter(s) of Intent from Task Force partners, if applicable

If proposing Task Force Development activities, please indicate which local and state law enforcement entities you will engage and include a Letter(s) of Intent from these agencies, indicating support for your proposal and willingness to participate.

General Information *

Complete all applicable sections and upload with the application.

Document Template: [Click here](#)**Attachment B-2 Performance Based Budget for 36-Month Contract Term***

Using payment rates based on your proposed budget, complete the performance budget for the 36-month contract term and upload with the application.

Document Template: [Click here](#)**Funding Agency Contact Information Form**

Complete all applicable sections and upload with the application.

Document Template: [Click here](#)**Agency Agreement Form ***

Sign, complete and upload with application.

Document Template: [Click here](#)**Certification***

Sign, complete and upload with application.

Document Template: [Click here](#)**Subcontractor and Supplier Identification Form ***

Complete all applicable sections and upload with the application.

Document Template: [Click here](#)**M/WBE Subcontracting Utilization Plan (OTDA 4937)***

Complete and upload with the application, for projects proposing to utilize subcontractors/suppliers/vendors.

Document Template: [Click here](#)**M/WBE Letter of Intent to Participate (OTDA 4938)***

Complete all applicable sections and upload with the application.

Document Template: [Click here](#)**EEO Project Staffing Plan (OTDA 4934.1)***

Complete all applicable sections and upload with the application.

Document Template: [Click here](#)**Equal Employment Opportunity Workforce Employment Utilization/Compliance Report (OTDA 4971)**

The work force utilization/compliance report (OTDA 4971) is to be submitted on a quarterly basis during the life of the contract.

Document Template: [Click here](#)**M/WBE Subcontractor Request for Waiver Form (OTDA 4969)**

Complete (if applicable) all applicable sections and upload with the application.

Document Template: [Click here](#)**M/WBE Subcontractor Quarterly Compliance Report (OTDA 4968)**

The M/WBE Subcontractor Quarterly Compliance Report (OTDA 4968) is to be submitted on a quarterly basis during the life of the contract.

Document Template: [Click here](#)**M/WBE Goal Requirements Certification of Good Faith Efforts (OTDA 4976) ***

Complete all applicable sections and upload with the application.

Document Template: [Click here](#)**M/WBE/EEO Policy Statement (OTDA 4970)***

Complete all applicable sections and upload with the application.

Document Template: [Click here](#)**New York State Grants Gateway Vendor's Quick Start Guide**

Please review prior to submitting application in Grants Gateway.

Document Template: [Click here](#)