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**Release Date: March 18, 2016**

## **Request for Proposals**

# Disability Advocacy Program

**Submission Deadline: May 2, 2016**

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## IMPORTANT INFORMATION

This page contains information regarding the Disability Advocacy Program (DAP) Request for Proposals (RFP) that is essential for any prospective applicant. Since the RFP is released through the New York State Grants Gateway system, the customary manner of submitting hard copy applications to OTDA is no longer permitted. As a result, OTDA has tailored the design of this RFP to assist applicants in navigating and submitting proposals through the Grants Gateway system correctly. The RFP is categorized into four sections listed below:

- PART A: RFP Summary Information
- PART B: Application Instructions
- PART C: Required Uploaded Documents
- PART D: Printed Version of Gateway Application; and,

### Part A: RFP Summary Information:

This section of the RFP is the customary 20 to 30 pages explaining the requirements of the RFP. This section details the timelines, summary, program and contract information, proposal requirements and other aspects of the procurement.

### Part B: Application Instructions:

All agencies submitting a proposal for this procurement must use the New York State Grants Gateway system at [www.grantsgateway.ny.gov](http://www.grantsgateway.ny.gov). Because this is a new system and many agencies may not have experience navigating and using the system, we have included this section to assist applicants in utilizing the system efficiently.

It is important to note that while any employee who has access may work on the application, only someone with a Grantee Signatory or a System Administrator role can submit the application to the State. Please develop and submit your application as early as possible to avoid last-minute problems.

Applications will not be accepted outside of the Grants Gateway System.

### Part C: Required Uploaded Documents:

This section will list all documents and forms that must be submitted with the application. Where there is a document requested, a link is provided so the applicant can download the form, complete, and upload it as required.

### Part D: Printed Version of Gateway Application:

This section will contain a complete copy of the application questions contained in the Grants Gateway system.

## OTHER IMPORTANT INFORMATION

### 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 nonprofits to register in the Grants Gateway System and complete the Vendor Prequalification process for proposals to be evaluated. Information on these initiatives can be found on the [Reform Website](#).

Below is a summary of the steps that must be completed to meet the registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Reform Website, which details the requirements, and an [online tutorial](#) are available to walk users through the process.

Register for the Grants Gateway.

On the Grants Reform Website, download a copy of the [Registration Form for Administrator](#). 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](mailto:grantsreform@budget.ny.gov) If you do not know your Password please click the [Forgot Password](#) link from the main log in page and follow the prompts.

Complete your Prequalification Application.

Log in to the [Grants Gateway](#). 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](mailto:grantsreform@budget.ny.gov).

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.

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](mailto:helpdesk@agatesoftware.com)

## **I. Timelines and Proposal Submission**

### **A. Questions Concerning this Request for Proposals (RFP)**

Bidders may submit typed questions via electronic mail, fax, or by mail to the address provided below. Questions regarding the RFP will be accepted until 5:00 p.m. March 28, 2016. No telephone inquiries will be accepted. Answers to all questions received by this date will be posted on the New York State Office of Temporary and Disability Assistance's website at [www.otda.state.ny.us](http://www.otda.state.ny.us) no later than April 11, 2016. Prospective bidders may obtain a hard copy of the questions and answers upon request.

New York State Office of Temporary and Disability Assistance  
Center for Employment and Economic Supports

Attn: Patricia Stefanik  
40 North Pearl Street, 11<sup>th</sup> Floor  
Albany, New York 12243  
Fax: (518) 486-7650  
[PatriciaM.Stefanik@otda.ny.gov](mailto:PatriciaM.Stefanik@otda.ny.gov)

### **B. Notice of Intent to Bid**

Organizations intending to submit a proposal in response to this RFP are asked to use the "Notice of Intent to Bid" form. This form, completion and forwarding instructions are included in Attachment B1. The bid form is not a requirement.

### **C. Proposal Due Date**

All proposals must be submitted via the Grants Gateway at [www.grantsgateway.ny.gov](http://www.grantsgateway.ny.gov) and be received no later than 2:00 p.m., May 2, 2016. Once the deadline has passed, the Grants Gateway system will no longer accept applications. Eligible applicants should complete and submit all answers to questions and submit any forms required by this RFP. Failure to submit all required forms and answer all required questions may adversely affect the proposal's competitive score or make the proposal ineligible.

### **D. RFP Timetable**

- RFP Release Date – March 18, 2016
- Deadline Date for Questions – March 28, 2016
- Deadline Date for Responses to Questions – April 11, 2016
- Notice of Intent to Bid – March 28, 2016
- Proposal Due Date – May 2, 2016
- Date of Notification of Award – June 1, 2016
- Project Start Date – July 1, 2016

## II. Summary of the RFP

### A. Introduction/Purpose

The Disability Advocacy Program (DAP) was established in 1983 pursuant to Chapter 627, Section 35 of the Social Services Law to provide legal representation of individuals whose federal disability benefits have been denied or may be discontinued.

The purpose of this RFP is two-fold. The Office of Temporary and Disability Assistance (OTDA) seeks bidders to provide legal representation services to help eligible persons obtain or retain federal disability benefits. We will award **multiple** contracts for the direct services component of DAP.

In addition, we are seeking proposals for **one** entity to provide statewide legal support and administrative services to OTDA for its DAP.

**IMPORTANT NOTE:** Applicant organizations may choose to bid on one or both components of this RFP; however, a separate and complete application must be submitted for each. If applying for both components, one application must be submitted for Direct Services and one application for Administrative Services. Do not combine the two applications into one, or reference one bid from the other.

### B. Available Funds/Award Amount

A total of \$5,260,000 in funding is available to support selected DAP projects for a 12 month period beginning July 1, 2016. The Administrative contract will be limited to no more than 15% of the total funding (no more than \$789,000).

Funding for program periods beyond the initial 12 months is contingent upon subsequent budget appropriations. Funds will be earned on a cost basis, as expenses are incurred.

Should additional funds be made available to support this RFP, OTDA reserves the right to make awards in excess of the amount listed above to extend program services and/or fund additional applicants. Unless good cause can be shown for not achieving the performance goals outlined in this RFP, OTDA may, in its discretion, adjust the allocation of funds and/or terminate the contract for poor performance.

In the event the amount requested by the selected organizations exceeds the amount available, OTDA will reduce the award amounts to stay within the overall funding limit. OTDA seeks to provide services statewide. OTDA will determine final award amounts for any one entity taking into consideration the population residing in the geographic area served.

For the DAP Direct Services Program:

- OTDA anticipates awarding approximately 50% of DAP funds to New York City-area providers and 50% for the rest of the state. More information is available in the Description of Services section.

- If there are other viable proposals, no one applicant outside of New York City will be awarded more than 25% of the total available rest of state funds. In New York City, no one applicant will be awarded more than 75% of the total funding available if there are two other viable proposals.
- OTDA may elect not to fund an applicant based on the proposal score and based on the availability of funds. Awards may be proportionately reduced to ensure the availability of DAP funds statewide.
- The highest scoring proposals for each geographic region will be awarded funds prior to awards being made to bidders that intend to provide services in the same geographic region. In general, regions are defined as the ten Regional Economic Development Councils.

For the Administrative Services Contract, the award is limited to no more than 15% of the total funding (no more than \$789,000).

For both components, the requested amount may be reduced by all ineligible expenses.

#### **C. Contract Period**

The successful applicants will receive a multi-year contract with 12 month contract periods beginning July 1, 2016, and ending on June 30, 2021. Funding for this project is contingent on the continued availability of funding and satisfactory performance of the contractor.

Notwithstanding any other provision herein, upon expiration of the contract term, OTDA may elect to extend the term of the Contract Agreement for up to four additional years.

#### **D. Eligible Applicant Organizations**

Section 35 of the Social Services Law stipulates that entities that are eligible to apply for the RFP are as follows:

1. Eligible applicant organizations are not-for-profit legal services corporations, not-for-profit agencies serving individuals with disabilities, and social services districts.
2. OTDA encourages applications from social services districts to provide such legal representation to persons residing in the district whose federal disability benefits have been denied or may be discontinued. When OTDA has contracted with a social services district to provide such representation, the legislative body of such district may authorize and make provision for the Commissioner of Social Services of the district to obtain necessary legal services on a fee for services basis or other appropriate basis, which OTDA may approve. Not-for-profit legal services corporations, not-for-profit agencies serving individuals with disabilities or private attorneys, may provide such legal services. All eligible applicants who respond to this RFP **may bid on either or both contracts.**
3. In addition to being eligible under the provisions of Section 35 of the Social Services Law to participate in this procurement, applicant organizations must clearly demonstrate the capacity through past experience to perform the number and types

of services specified in this RFP. Past experience may include demonstrated knowledge of Social Security Law, the ability to provide legal representation, statewide legal support and other administrative services to individuals with disabilities and prior participation as a DAP contractor.

4. Proposals from organizations without demonstrated substantial experience in the delivery of legal services to low income persons may be rejected. OTDA reserves the right to disqualify from consideration any organization that it has reason to believe is not capable of performing the services as specified in this RFP.
5. All applicants must be prequalified on the Grants Gateway as described on pages 4 and 5 of this RFP.
6. Nonprofit applicants must be registered and in good standing with the Charities Bureau of the Attorney General's Office.

### **III. Program and Contract Information**

#### **A. Program Background**

OTDA is authorized by Section 35 of the Social Services Law to award grants for the provision of legal representation and related services for individuals whose federal disability benefits have been denied or may be discontinued. DAP services reduce the economic impact of denials and discontinuances of federal disability benefits on taxpayers of the social services district and the State of New York, who otherwise bear the cost of providing public assistance programs and services for persons found ineligible for federal disability benefits. The Commissioner of OTDA will make grants, within the amounts appropriated by the New York State Legislature to provide for such representation. OTDA determines annual grant awards for each DAP provider selected through the initial procurement process consistent with the annual State Budget appropriations. DAP providers are required to submit case closing information on a monthly basis using a statistical collection report form prescribed by OTDA. The amount of the actual award DAP providers can claim is determined after vouchers are submitted for all the quarters in the applicable program year, but is limited to their annual award. The DAP meets the purpose of Section 35 of the Social Service Law and has been a successful and cost-effective component of New York State's efforts to help individuals with disabilities secure appropriate income supports.

#### **B. Description of Services Sought**

The purpose of DAP is to provide State and local financial participation to help eligible organizations provide legal representation to persons whose benefits, when sought or provided under either the Disability Insurance Program (Title II of the Social Security Act) or the Supplemental Security Income Program (Title XVI), have been denied or may be discontinued. It is the expectation of OTDA, based on past experience with the program, that such legal services will result in a higher rate of successful outcomes as a result of challenges to these determinations of the Social Security Administration and thereby reduce the burden such determinations place upon the State and its localities to provide public assistance and other support and services to affected individuals. Additionally, permitting individuals to obtain or retain disability benefits generally provides a more appropriate benefit for these individuals who are limited in their ability to supplement benefits with paid employment. OTDA seeks to continue DAP services in all areas of the State.

OTDA currently operates the DAP program through designated providers which provide legal representation services in all counties in the State. Additionally, OTDA has one contract to provide administrative support for the program. This RFP encourages proposals for the continued provision of legal representation services statewide. Organizations are encouraged to propose the provision of legal services in all counties within their respective jurisdiction, either directly or by way of subcontractors. Furthermore, OTDA encourages proposals from those eligible organizations which have the administrative capacity to deliver or coordinate the delivery of services on a multiple county basis, and which possess expertise in the administration of grant programs to assure that the services provided under the terms of the grant will be provided in an efficient and cost-effective manner.

**C. Client Eligibility**

DAP service providers represent eligible clients at appeal stages of the Social Security disability determinations process. Clients must have incomes at or below 200% of the federal poverty level to be eligible for representation by DAP contractors and/or be in receipt of public assistance (Safety Net Assistance or Family Assistance).

To be eligible to receive DAP services, individuals must:

- Be a resident of New York State;
- Have gross family income that does not exceed 200% of the federal poverty as listed in the table below. These amounts are adjusted annually. Selected organizations will be provided with updated income guidelines yearly.

**200% of Federal Poverty Guidelines Chart  
June 1, 2016 through May 31, 2017**

(Updated Annually)

<b>Family Size</b>	<b>Annual Income</b>	<b>Monthly Income</b>	<b>Bi-Weekly Income</b>	<b>Weekly Income</b>
<b>1</b>	\$23,760	\$1,980	\$990	\$457
<b>2</b>	\$32,040	\$2,670	\$1,335	\$616
<b>3</b>	\$40,320	\$3,360	\$1,680	\$775
<b>4</b>	\$48,600	\$4,050	\$2,025	\$935
<b>5</b>	\$56,880	\$4,740	\$2,370	\$1,094
<b>6</b>	\$65,160	\$5,430	\$2,715	\$1,253
<b>7</b>	\$73,460	\$6,122	\$3,061	\$1,413
<b>8</b>	\$81,780	\$6,815	\$3,408	\$1,573

**For Family units with more than eight members, add**

\$8,320	\$693	\$312	\$160
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\*For family units with more than eight members, add \$693 monthly or \$8,320 annually, for each additional family member.

#### D. Legal Representation (Direct) Services

##### **Programmatic Considerations:**

The applicant organization must have the ability to develop a working relationship with other human services agencies, including social services districts, and the private legal profession within its area of operations to permit the exchange of referrals of persons in need of DAP services. Priority for DAP services must be given to referrals received from a social services district.

The applicant must be capable of providing a full range of quality legal services, including, but not limited to, intake, analysis, evidence and record collection, presentation of the client's case at all levels of administrative and judicial review (including complex multi-district litigation in the courts of the United States), and post-determination services. These services may be provided, when appropriate by paralegals, law students and others in similar positions acting under the supervision of an attorney.

The applicant agrees not to enter into any subcontracts for the performance of the obligations contained herein without the prior written approval of OTDA. If an applicant organization does enter into a subcontract, the applicant assumes all responsibility for the performance monitoring of its subcontractors and must have a detailed monitoring plan in place and available for review by OTDA. The applicant must have the capability to timely collect and accurately report its performance (and that of subcontractors, if any) as measured against the goals, which are to be attained by the applicant. Performance, as measured by both individual goals and comparative performance, may be considered in determining award amounts. A critical measure will be the number of persons eligible for public assistance who are able to secure federal disability benefits following DAP services. OTDA will review the applicant's performance against contract requirements in six-month intervals and require justification and corrective action plans from those contractors not meeting contract requirements.

Each applicant must indicate which services are to be provided in each year of the contract and the levels of such services, including the number of cases to be opened and closed. A client who has withdrawn their case without receiving any service beyond basic intake or information is not counted as a unit of service, although the time spent with such a client is a reimbursable expense. Expenditures associated with the initial application forms for Social Security Disability are not a reimbursable expense nor should they be counted as a unit of service. **For reporting purposes, applicant organizations must be able to differentiate outcomes resulting from DAP contract funds as opposed to other funding sources that may be used for similar services.**

The applicant organization will specify income eligibility standards for clients and the process to ascertain that those served meet those standards and to assure that a priority for services is given to impoverished and low income persons who are otherwise likely to become in need of public assistance. **Under no**

**circumstances are services to be provided to individuals with income over 200% of the federal poverty level.** Eligibility guidelines are outlined in section III C of this RFP.

The applicant must have the capacity to be substituted as attorney of record in the cases currently being represented by the present providers at the time of contract start-up, if necessary. Any substitution of attorneys is subject to client and court approval.

The applicant must have the capacity to adequately document each DAP case closed, submit case closing information in a timely manner, and to maintain adequate documentation to support closed cases for inspection and financial audit.

The applicant must have the capacity to assume DAP contract services immediately upon contract commencement.

### **Organizational Requirements:**

In general, applicants must have the capacity to provide legal representation services and to be capable of evaluating the merits and likelihood of success of cases undertaken at intake and throughout the administrative and judicial review process. More specifically, the applicant must have the capability or capacity:

- To appear on behalf of and provide legal representation to claimants at all stages of the administrative and judicial review process;
- To work collaboratively with social services districts to obtain and prioritize referrals for DAP services;
- To research and prepare all necessary legal work product for these cases;
- To develop sources for securing medical evidence of record and medical opinions to support the claims of the clients whose representation they undertake;
- To compile and analyze data concerning the outcome of cases of clients whose representation they undertake;
- To compile and transmit data into an electronic database that contains case closing and monthly activities information that DAP providers submit on a monthly basis using a statistical collection report form prescribed by contract. The electronic database will be the property of New York State; and,
- To provide reports and other documentation on a quarterly basis, or other periods as determined necessary by OTDA, following contract execution regarding achievement of performance goals for the legal representation services provided by the contractor and any subcontractors under this contract.

## **E. Statewide Legal Support and Administrative Services**

OTDA requests proposals from not-for-profit legal services corporations and not-for-profit agencies serving individuals with disabilities and social services districts for one entity to provide statewide legal support and administrative services for the DAP. The entity selected must have the administrative capacities to coordinate the delivery of statewide legal support and administrative services for individuals seeking to obtain or retain federal disability benefits. The entity selected must have extensive expertise in Social Security Law, including the capacity to provide training, information, consultation, electronic database administration and reporting, and legal services to DAP contractors. On a monthly basis, DAP contractors will transmit case opening and closing data to the selected administrative services organization. The selected administrative services organization will have responsibility for maintaining monthly case closing data in a computer program, as required by OTDA. OTDA retrieves the data for reporting purposes, assessment of provider outcomes, computation of county chargeback amounts and general program oversight.

### **DAP Administrative Contract Program Description**

Applicants must have the capacity to provide an array of training events and activities, including the capacity to provide comprehensive training on the federal disability application and appeals process to contract providers and district staff, as approved by OTDA. A certification to provide continuing legal education for attorneys is preferred. Applicants must have the capability or capacity to provide:

- A periodic disability law newsletter, which highlights statewide and national litigation, legislation and advocacy strategy to assist DAP advocates in providing legal representation in Social Security cases;
- Legal advice to disability advocates representing individuals seeking disability benefits;
- Legal research for DAP advocates, including computer assisted legal research;
- Co-counsel representation of clients in individual cases, and in all cases involving systemic issues in the SSI/SSD disability programs;
- Drafting and review of legal documents, briefs and memoranda for DAP advocates;
- Informational clearinghouse functions regarding matters such as disability litigation, laws, regulations, policies and hearing decisions;
- Liaison with OTDA on substantive legal issues concerning the disability determination process and the administration and operation of the DAP;
- Maintain and monitor the accuracy of an electronic database that contains case closing and monthly activities information that DAP providers submit electronically on a monthly basis using a data collection

report form prescribed by contract. The electronic database will be the property of New York State;

- Retrieve and transmit to OTDA designated staff, at least quarterly, or otherwise upon request, case closing data to be used for reporting purposes, computation of county charge-back amounts, periodic review of contractors' outcomes and general oversight of the Program;
- Assist OTDA in the provision of technical assistance to improve contractor outcomes;
- Provide assistance to contractors regarding problems with data collection and case reporting, including having a mechanism to inform contractors on a quarterly basis of the information reflected in the case-closing database and to reconcile resolved cases;
- Provide reports on a quarterly basis, or otherwise as determined necessary by OTDA regarding the win/loss rate of each contractor and subcontractor, and to provide consultation and assistance to OTDA in obtaining improvements in win/loss rates. Reports must include statistics regarding the number of Safety Net and Family Assistance cases and their associated win/loss rate;
- Provide assistance, pursuant to the direction of OTDA, in the preparation of the biennial DAP Report to the Legislature required by Section 35 of the Social Services Law, which describes the Disability Advocacy Program activities, including the number of cases appealed by social services district and the disposition of such appeals;
- Provide periodic reports, and other documentation, as determined necessary by OTDA regarding the statewide legal support services provided under this contract; and,
- Identify, when applicable, the funding sources an entity uses to administer DAP. An applicant must be able, for reporting purposes, to separate out case closing information and other data that funding from this contract made possible.

#### **IV. Proposal Requirements – Format and Content**

##### **A. Evaluation of Proposals**

Proposals will consist of two parts – a narrative section and a budget section. The specific details are outlined in the evaluation criteria. OTDA's Center for Employment and Economic Supports will establish Review Committees to evaluate the proposals. Each DAP component has its own separate set of questions. Only complete one. All applicants must answer questions 1 through 5. Direct Services applicants must also answer questions number 6 through 9 in the Grants Gateway. Administrative Services applicants must also answer questions number 10 through 14 in the Grants Gateway. If you are applying for both components, you must complete two separate proposals.

## **B. Evaluation Process**

The evaluation process will abide by the following rules:

- All bidders that are determined not to be responsive or responsible will be disqualified after completing a review.
- Proposals that fail to meet the requirement to respond to all RFP questions or complete the budget may be disqualified after completing a full review.
- Applicant organizations must meet the prequalification requirements set forth on pages 4 and 5 of this RFP.

## **C. Evaluation Criteria**

OTDA will evaluate proposals based on the criteria outlined below. The points assigned are reflective of the importance of each item as it relates to the total narrative score. Specific information regarding the evaluation criteria is included below and in Part D, which contains a printed version of the Gateway Application and the points associated with each question.

Organization Qualifications and Documentation of Need (25 points): Describe the program to be funded by the proposal. Include supporting information regarding the magnitude of the need for services in the county or counties in which the program is proposed to operate.

Describe your organization and why your organization is uniquely qualified to provide the services sought through the RFP. OTDA seeks organizations with significant experience providing legal representation in the appeals process for low or no-income individuals seeking federal disability benefits and an organization with significant experience providing statewide support services for organizations providing such legal representation. OTDA seeks the services of organizations with past experience serving recipients of public assistance and other low-income populations. Priority will be given to organizations with significant experience and with positive outcomes for clients. Describe and provide evidence (i.e., letter from funding agency that includes performance information) of the applicant organization's experience and accomplishments.

The applicant should provide documentation of the operational readiness to begin the program on the proposed start date.

**Direct Services:** Describe the proposed program's operation. Include a discussion of how the programmatic considerations and program requirements will be met. If other eligible entities are to be involved in the program, the application should set forth the relationship contemplated between the various organizations. This section also should contain the strategy for providing services to persons with a variety of disabling conditions within the coverage area, and should identify how the organization has or will establish strong working relationships with social services districts to prioritize services for recipients of public assistance. Provide evidence of prior services and client outcome statistics.

**Administrative Services:** Briefly describe the history of your agency and provide a general description of your agency's structure. Describe the resources and

skills your organization will specifically commit to carry out the proposed DAP-funded activities. Provide evidence that your organization has the ability to administer all aspects of this initiative. Provide evidence of your agency's experience in providing administrative oversight and technical assistance for legal representation services or similar programs.

Program Operation and Services Plan (55 points):

**Direct Services:** OTDA seeks programs that provide quality services and strong case-management as needed to attain positive program outcomes. Describe the areas of the State to be served. Priority will be given to organizations that serve larger areas. Describe the services to be offered, including the expected numbers and types of cases for which legal representation will be undertaken during the contract period. Include a description of service delivery for each step, from referral to case closing, detailing the steps in the process. Describe the mechanism to engage and provide quality services to individuals in the coverage area and the ability to provide services to individuals with both physical and mental disabilities. Describe how referrals of individuals in receipt of public assistance from social services districts will be given priority of service. How are services prioritized? Is there an appropriate cross-referral option for individuals who are unable to be served, due to funding limitations? Describe expected measurable and quantifiable results of the program and the strategies to be employed to achieve and maintain the required performance goals, including the strategies to be employed by any subcontractors. Describe how you would expect to meet or exceed a goal of a 65% win rate with at least 30% of cases served being recipients of Safety Net Assistance for which a win rate of at least 50% is attained.

**Administrative Services:** OTDA seeks the services of an organization with significant experience providing legal services for low or no-income individuals and with significant administrative experience in managing services provided by a number of entities over a large geographic region, preferably statewide. Describe the strategies and methods to provide training and technical assistance on the federal disability benefits application and appeals process to DAP contractors and social services district staff. Organizations credentialed in providing continuing legal education for attorneys are preferred. Describe your capability to provide legal services, including but not limited to providing legal research for DAP advocates, providing co-counsel representation of disability clients, and drafting and review of legal documents. Describe the strategies you will employ to timely collect, maintain and monitor the accuracy of a database that contains case monthly services and closing activities information from DAP providers and the ability to provide periodic reports to OTDA in a timely manner. Describe your capacity to help OTDA in the preparation of the biennial DAP Report to the New York State Legislature as required by section 35 of Social Services Law.

The application must describe how the program will be staffed to operate a viable program. Describe the qualifications and number of staff to be dedicated to deliver the services requested. Describe whether funds will be allocated in your budget to support these staff or if services will be provided in part or full from other resources.

Budget (20 points): The operating budget will be examined to determine the extent to which expense projections are reasonable, necessary and allowable.

Priority will be given to budgets that minimize administrative costs in favor of direct program costs.

The budget proposal will be developed within the Grants Gateway and will outline the amounts and types of budget items that the applicant requires to operate the program for the one-year period beginning July 1, 2016.

**Method of Selection**

The method of selection will be based on a point system. OTDA will select bidders that provide the best value taking into consideration the most beneficial combination of factors including qualifications, experience, and goals. Selections will be based on the highest total points earned.

**Funding Guidelines**

OTDA requires a program applicant to ensure that administrative costs do not exceed 15% of their total award. In order to adhere to this restriction, OTDA is requiring that no more than 15% of the total operating budget (i.e., final expenditures) be expended on administrative expenses. No indirect cost rates will be allowed.

The following table may be used as a tool to assist in distinguishing program from administrative costs, and is intended to provide guidance in the preparation of the DAP project budget:

Administrative Costs	Program Costs
<p>Costs for the general administration and coordination of this program, including contract costs for administrative functions. Examples of administrative costs include:</p> <ul style="list-style-type: none"> <li>• The salaries and benefits of staff performing administrative and coordination functions;</li> <li>• Costs associated with the preparation of program plans, budgets, and schedules;</li> <li>• Costs involved in the monitoring or tracking of programs and projects;</li> <li>• Procurement activities;</li> <li>• Services related to accounting, audits, management of property, payroll and personnel. Costs for the goods or services required for the delivery of the administrative functions, such as the costs for supplies, equipment, travel, postage, utilities, rental and maintenance of office space.</li> </ul>	<p>Examples of program costs include:</p> <ul style="list-style-type: none"> <li>• Salary and benefit costs for staff providing program services and direct costs associated with providing direct services, such as costs for supplies, equipment, travel, postage, utilities, rental and maintenance of office space;</li> <li>• Work supports and case management, including the costs of contracts devoted entirely (including incidental administrative costs) to these activities.</li> </ul>

**Restrictions on the Use of Funds**

The following are illustrative of the types of items that **are not** allowable costs:

- supplanting other federal, State or locally funded programs or duplicating existing resources for transportation service(s) from the local social services district;
- paying for fines;
- planning and coordination studies;
- constructing or purchasing facilities or building;
- advertising costs, except for recruitment of personnel or procurement of scarce items; or those specifically relating to the RFP;
- capital expenditures for improvement or acquisition of facilities;
- interest costs incurred by provider agencies;
- costs of organized fund raising;
- medical costs;
- costs for attendance at conferences or meetings of professional organizations, unless attendance is necessary in connection with the project; and
- costs for preparation of continuation agreements and other proposal development costs.

#### **D. Required Documents**

- 1) **DSS Partnership Form** (Attachment B2) - This form must be completed and signed by each district you intend to partner with.
- 2) **Contractor Information Form** (Attachment B3)
- 3) **Contractor/Subcontractor Background Questionnaire (Attachment B4)**  
This form must be completed by the Bidder, and any proposed subcontractor if the value of the subcontract is in excess of \$10,000. The Contractor/Subcontractor Background Questionnaire requires an original signature. The bidder is *required* to be up to date with the online version, and should only use this hardcopy form if they are unable to complete and certify the online version. The online version is preferred and is available through OTDA of the State Comptroller's Vend Rep System at: [http://www.osc.state.ny.us/vendrep/vendor\\_index.htm](http://www.osc.state.ny.us/vendrep/vendor_index.htm).
- 4) **Equal Employment Opportunity Staffing Plan (Attachment B5):**  
This staffing plan is used to determine applicant's ability to meet the EEO workforce participation goals. All applicants must submit an Equal Employment Opportunity Staffing Plan with their proposals.
- 5) **M/WBE-EEO Policy Statements (Attachment B6)** - This is an acknowledgement that New York State is an Equal Employment Opportunity employer, and by extension it expects all vendors, contractors, and subcontractors that hold contracts with New York State to ensure the same standard of equal opportunity in their employment practices. Applicants must sign and return the M/WBE – EEO Policy Statement with their proposals.
- 6) **Subcontractor and Supplier Identification Form (Attachment B7):**  
This new form for OTDA For Profit and Nonprofit procurements (IFB/RFP/Contract Reporter \$50k or more) was created for Applicants to complete as part of the bid solicitation. The form requires Applicants, for each new procurement (IFB/RFP/Contract Reporter Purchases \$50k or more), to list All subcontracts and the requested information for each that is in place to provide the goods and services required by that contract. This

form was created to provide OTDA with a list of all subcontracts and key information including dollar value of the subcontracts over the contract term to assist OTDA in assessing the discretionary portion of each contract and overall compliance with NYS/OTDA MWBE requirements.

New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the State and the nation. In recognition of their economic activity and leadership in doing business in New York State, Applicants for this contract for 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 partnering may be as subcontractors, suppliers, protégés or other supporting roles.

The Contractor will be strongly encouraged, to the maximum extent practical and consistent with legal requirements, to use responsible and responsive New York State businesses in purchasing commodities that are of equal quality and functionality and in utilizing services and technology. Furthermore, Applicants are reminded that they must continue to utilize small, minority and women-owned businesses, consistent with current State law.

Utilizing New York State businesses in State contracts will help create more private sector jobs, rebuild New York's infrastructure, and maximize economic activity to the mutual benefit of the Contractor and its New York State business partners. New York State businesses will promote the Contractor's optimal performance under the Contract, thereby fully benefiting the public sector programs that are supported by associated procurements.

Public Procurements can drive and improve the State's economic engine through promotion of the use of New York businesses. The State therefore expects Applicants to provide maximum assistance to New York businesses in their use of the contract. The potential participation by all kinds of New York businesses will deliver great value to the State and its taxpayers.

To demonstrate their commitment to the use of New York State Businesses, Applicants are required to submit the Subcontractor and Supplier Identification form located in Attachment B7 of this RFP and submit it with their Proposal.

- 7) Offerors will complete Appendix B8, Service-Disabled Veteran-Owned Businesses (SDVOBs ) Utilization Plan, to demonstrate their proposed utilization of NYS certified SDVOBs as part of their bid/proposal. OTDA has set a goal for SDVOB utilization for this procurement of 6%. The successful Offeror/Contractor will report on *actual* participation by each SDVOB during the term of the contract to the OTDA on a quarterly basis according to policies and procedures to be set by the OTDA.

## **V. General Information for Successful Bidders**

### **A. Contracting Terms/State Payment**

If the applicant organization is awarded a contract, the organization will be required to submit certain forms and comply with the following information.

## **1. Cost of Proposal Preparation**

The Office of Temporary and Disability Assistance (OTDA) will not be liable for any costs of work performed in the preparation and production of a proposal, or for any work performed prior to the formal execution of a contract. By submitting a proposal, the bidder agrees not to make any claims for, or have any right to, damages because of any misunderstanding or misrepresentation of the specifications, or because of any misinformation or lack of information. The proposals shall become the property of the State of New York.

## **2. Assurances**

The bidder warrants that it has carefully reviewed the needs of the State as described in the RFP, its attachments and other communications related to the RFP and that it has familiarized itself with the specifications and requirements of the RFP and warrants that it can provide such services as represented in bidder's proposal. The bidder agrees that it will perform all of its obligations in the resultant contract in accordance with all applicable federal, State, and local laws, regulations and policies now or hereafter in effect.

The bidder affirms that the terms of the RFP and the attachments do not violate any contracts or agreements to which it is a party, and that its other contractual obligations will not adversely influence its capabilities to perform under the contract.

## **3. Electronic Files or Data**

If electronic files are to be exchanged as a part of this proposal or as a product of the contract, they must conform to agency policy and guidelines.

## **4. Conflict of Interest**

Bidders may be requested to provide evidence that the award of the contract from this RFP will not result in a conflict of interest with regard either to other work performed by the contractor, or to potential conflict of interest among specific contractor staff or subcontractors.

## **5. Ownership of Materials**

All materials developed with funding provided by the State and all proposals, work plans and budget become the property of New York State. All materials produced, either in whole or in part, through funding provided by New York State shall belong exclusively to OTDA and to the State of New York. OTDA may use any of the materials developed with project funds for any OTDA or other State purpose.

## **6. Equal Employment Opportunity**

By submission of its bid, the successful bidder warrants that it is an Equal Opportunity Employer and that it does not discriminate in its employment and business practices on any of the bases provided in the New York State Human Rights law or any applicable federal laws.

## **7. Prompt Payment Provisions**

The payment of interest on certain payments due and owed by the State may be made in accordance with the criteria established in Article XI-A of the State Finance Law.

## **8. Contract Award**

Upon receipt of necessary State approvals an award letter will be issued by OTDA to the successful bidder advising them of a contract award. A contract defining all deliverables and the responsibilities of the contractor and OTDA will then be developed for signature by both parties and for approval and processing in accordance with State policy and practice.

NOTE: The contract does not become legally binding upon the State of New York until it is executed by the Office of the New York State Comptroller.

## **9. Advances**

OTDA may grant advances up to 25% of the total annual contract value, if requested and with sufficient justification. Any unexpended advance balance at the end of the contract period will be immediately refunded by the Contractor to OTDA. In the event that either party terminates the contract prior to its expiration, the Contractor agrees to refund any outstanding advance balance to OTDA immediately. The repayment schedule is part of the Master Contract, Attachment D, Payment and Reporting Schedule.

## **10. Publicity**

Publicity includes, but is not limited to, news conferences, news releases, advertising, brochures, reports, discussions and/or presentations at conferences or meetings. The inclusion of our materials, our agency name, or other such reference to New York State and/or OTDA in any document or forum is considered publicity. News releases or any other public announcements regarding this project may not be released without prior approval from OTDA.

## **11. Freedom of Information Law and Bidder's Proposals**

The purpose of New York State's Freedom of Information Law (FOIL), which is contained in Public Officers Law Sections 84-90, is to promote the public's right to know the process of governmental decision making and to grant maximum public access to governmental records. Thus, a member of the public may submit a FOIL request for contracts awarded by the State or for the proposals submitted to the State in response to Requests for Proposals. After formal contract award, the proposal of the successful bidder and the proposals of non-successful bidders are subject to disclosure under FOIL. However, pursuant to Section 87(2)(d) of FOIL, a State agency may deny access to those portions of proposals or portions of a successful bidder's contract which "are trade secrets or submitted to an agency by a commercial enterprise or derived from information obtained from a commercial enterprise and which if disclosed would cause substantial injury to the competitive position of the subject enterprise." Please note that information which you may claim as proprietary, copyrighted or rights reserved is not necessarily protected from disclosure under FOIL.

If there is information in your proposal which you claim meets the definition set forth in Section 87(2)(d), you must so inform us in a letter accompanying your proposal.

## **12. Americans with Disabilities Act (ADA)**

The successful bidder shall comply with all applicable requirements of the Americans with Disabilities Act (ADA), codified at Title 42 of the United States Code, section 12101 et seq. and associated regulations, including, but not limited to, those located in 28 C.F.R. Part 36. The successful bidder shall comply with all applicable requirements of the New York State Human Rights Law, codified in the Executive Law sections 290 - 301 and applicable regulations implemented pursuant to that law. The successful bidder shall warrant to OTDA that the successful bidder is in compliance with both the ADA and its regulations and the New York State Human Rights Law and its regulations.

Any products developed as a result of this RFP must be in a format that can be converted for use by individuals with disabilities to meet the reasonable accommodation standards established by the American with Disabilities Act.

## **13. Responsibility Determination**

Article 11 of the New York State Finance Law requires that competitive bids be awarded to responsive and responsible bidders. In order to fulfill this requirement, an applicant must complete the "Contractor/Subcontractor Background Questionnaire" (Attachment B5) or complete the online version which is available through the NYS Office of the State Comptroller's Vend Rep System at [http://www.osc.state.ny.us/vendrep/vendor\\_index.htm](http://www.osc.state.ny.us/vendrep/vendor_index.htm). By signing the bid proposal, the applicant hereby authorizes OTDA to review any records in its possession concerning your organization including, but not limited to, wage records, unemployment insurance records, public works records, labor standards and safety and health records. Based on the responses you provide, OTDA will determine whether your organization is a responsible bidder. If you are disqualified based on a determination of non-responsibility, you will be notified in writing and may appeal the determination in writing within 10 days to the Commissioner. If you fail to identify a violation and OTDA discovers the failure to disclose such violation, your contract may be terminated immediately upon written notice.

## **14. Contract Modification**

The contract budget can be modified, upon mutual agreement of the parties, during any term by written amendment. Modifications exceeding 10% will require formal contract amendment and approval by both the NYS Office of the Attorney General and the NYS Office of the State Comptroller.

## **15. Contract Cancellation**

OTDA reserves the right to cancel the contract or any part thereof, at any time, upon thirty (30) days written notice. If, in the judgment of OTDA, the Contractor fails to perform the work in accordance with the contract, OTDA may terminate the contract immediately by written notice for cause. OTDA may elect to suspend contract performance or provide a cure period prior to termination.

## **16. Iran Divestment Act**

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Bidder/Contractor (or any assignee) certifies that

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

During the term of the Contract, should OTDA receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, OTDA will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then OTDA shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, seeking compliance, recovering damages, or declaring the Contractor in default. OTDA reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

## **17. OTDA Bid Protest Procedure (12/01/2014)**

### **Procedure for Handling of Protests/Appeals of Bid Specification(s) and Proposed Awards**

It is the policy of the OTDA to provide all Applicants with an opportunity to resolve complaints or inquiries related to bid solicitations or pending contract awards administratively. The OTDA encourages all Applicants to seek resolution of complaints concerning the contract award process through consultation with the OTDA. All such matters will be accorded impartial and timely consideration. Detailed procedures are as follows:

**Formal Written Protests** - Final agency decisions or recommendations for award generally may be reconsidered only in the context of a formal written protest as described below. Any Applicant or prospective Applicant who believes that there are errors or omissions in the procurement process or who otherwise has been aggrieved in the drafting or issuance of this RFP, Proposal evaluation, award, or Contract award phases of the procurement, may present a formal complaint to the OTDA and request administrative relief concerning such action ("formal protest"). A formal protest must be submitted in writing to the OTDA, by ground mail, except where alternate arrangements have been made, to the Director of the OTDA Bureau of Contract Management (BCM), 40 North Pearl Street, 12th Floor, Section D, Albany, NY 12243. A formal protest must include a statement of all legal and/or factual grounds for disagreement with an OTDA specification or purchasing decision; a description of all remedies or relief requested; and copies of any and all applicable supporting documentation.

**Deadline for Submission of Formal Protests for Errors or Omissions in the Procurement Process** – The OTDA must receive formal protests concerning errors, omissions or prejudice, including patently obvious errors in this RFP

specifications or documents, at least ten (10) calendar days before the Bid Submission Date.

**Deadline for Submission of Formal Protests of Contract Award** – The OTDA must receive a formal protest concerning a contract award within ten (10) business days of the issuance of notice of contract award.

**Review and Final Determination of Protests** - Protests will be resolved through written correspondence. However, the protester may request a meeting to discuss a formal protest or the OTDA may initiate a meeting on its own accord, at which time the participants may present their concerns. Either the protester or the OTDA may decline such a meeting. Where further formal resolution is required, the Director of BCM may designate an OTDA employee ("designee") to determine and undertake the initial resolution or settlement of any protest. The designee will conduct a review of the records involved in the protest and provide a memorandum to the Director of BCM summarizing the facts as determined by the designee, an analysis of the substance of the protest, and a preliminary recommendation. The Director of BCM shall: (a) evaluate the designee's findings and recommendations, the evaluation team's reports and recommendations; (b) review the materials presented by the protesting party and/or any materials required of or submitted by other Applicants; (c) if necessary, consult with the OTDA Counsel's Office; and, (d) prepare a response to the protest. A copy of the protest decision, stating the reason(s) upon which it is based and informing the protester of the right to appeal an unfavorable decision to the OSC shall be sent to the protester or its agent within forty-five (45) calendar days of receipt of the protest, except that upon notice to the protester such period may be extended. The protest decision will be recorded and included in the procurement record, or otherwise forwarded to the OSC upon issuance.

**Appeals** - Upon receipt of the OTDA's determination of a protest, a protester has ten (10) business days to file an appeal of the determination with the OSC, Bureau of Contracts. The appeal must be filed with Ms. Charlotte Breeyear, Director, Bureau of Contracts, New York State Office of the State Comptroller, 110 State Street, 11th Floor, Albany, NY 12236. The protester's appeal must contain an affirmation in writing that a copy of the appeal has been served on the OTDA, the successful bidder (except where the contracting agency upholds the protest and the successful bidder is the appealing party), and any other party that participated in the protest. In its appeal, the interested party shall set forth the basis on which it challenges the OTDA's determination. The OSC Bureau of Contracts will conduct a formal review and issue its determination of the appeal in accordance with its established policy and procedures.

**Reservation of Rights and Responsibilities of the OTDA** - The OTDA reserves the right to waive or extend the time requirements for protest submissions, decisions, and appeals herein prescribed when, in its sole judgment, circumstances so warrant to serve the best interests of the State and the OTDA. If the OTDA determines that there are compelling circumstances, including the need to proceed immediately with the Contract award in the best interest of the State, then these protest procedures may be suspended and such decision shall be documented in the procurement record. The OTDA will consider all information relevant to the protest, and may, at its discretion, suspend, modify, or cancel the protested procurement action including solicitation of bids or withdraw the recommendation of Contract award prior to issuance of a formal protest decision.

**Procurement Activity Prior to Final Protest Determination** - Receipt of a formal bid protest shall not stay action on a procurement unless otherwise determined by the OTDA. If a formal protest or appeal is received by the OTDA on a recommended award prior to the underlying Contract being forwarded to the OSC, notice of receipt of the protest and appeal must be included in the procurement record forwarded to the OSC. If a final protest decision or final decision on appeal has been reached prior to transmittal to the OSC, a copy of the final decision must be included in the procurement record and forwarded with the recommendation for award. If a final protest decision is made after the transmittal of a bid package to the OSC, but prior to the OSC approval under State Finance Law § 112, a copy of the final OTDA decision shall be forwarded to the OSC when issued, along with a letter either: a) confirming the original OTDA recommendation for award and supporting the request for final § 112 approval, b) modifying the proposed award recommendation in part and supporting a request for final § 112 approval as modified; or c) withdrawing the original award recommendation.

**Record Retention of Bid Protests** - All records related to formal Applicant protests and appeals shall be retained for at least one (1) year following resolution of the protest. All other records concerning the procurement shall be retained according to the statutory requirements for records retention.

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

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

### **NEW YORK STATE LAW**

Pursuant to New York State Executive Law Article 15-A and 5 NYCRR 140-145 OTDA recognizes its obligation under the law to promote opportunities for maximum feasible participation of certified minority and women owned business enterprises and the employment of minority group members and women in the performance of OTDA contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority and women owned business enterprises in state procurement contracting versus the number of minority and women owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that OTDA establishes goals for maximum feasible participation of New York State Certified minority and women

owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

### **Business Participation Opportunities for MWBEs**

For purposes of this solicitation, OTDA hereby establishes an overall goal of 30% for MWBE participation, 15% for New York State certified minority-owned business enterprises (“MBE”) participation and 15% for New York State certified women-owned business enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs). A contractor (“Contractor”) on the subject contract (“Contract”) must document its good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and the Contractor agrees that OTDA may withhold payment pending receipt of the required MWBE documentation. The directory of MWBEs can be viewed at: <https://ny.newnycontracts.com>. For guidance on how OTDA will determine a Contractor’s “good faith efforts,” refer to 5 NYCRR §142.8.

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

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

By submitting a bid or proposal, a bidder on the Contract (“Bidder”) agrees to demonstrate its good faith efforts to achieve its goals for the utilization of MWBEs by submitting evidence thereof through the New York State Contract System (“NYSCS”), which can be viewed at <https://ny.newnycontracts.com>, provided, however, that a Bidder may arrange to provide such evidence via a non-electronic method by contacting their contract manager. Please note that the NYSCS is a one stop solution for all of your MWBE and Article 15-A contract requirements. For additional information on the use of the NYSCS to meet Bidder’s MWBE requirements please see the attached MWBE guidance, “Your MWBE Utilization and Reporting Responsibilities Under Article 15-A.”

Additionally, a Bidder will be required to submit the following documents and information as evidence of compliance with the foregoing:

- A. An MWBE Utilization Plan with their bid or proposal. Any modifications or changes to the MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to OTDA.

OTDA will review the submitted MWBE Utilization Plan and advise the Bidder of OTDA acceptance or issue a notice of deficiency within 30 days of receipt.

- B. If a notice of deficiency is issued, the Bidder will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to the OTDA, [address phone and fax information], a written remedy in response to

the notice of deficiency. If the written remedy that is submitted is not timely or is found by OTDA to be inadequate, OTDA shall notify the Bidder and direct the Bidder to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

OTDA may disqualify a Bidder as being non-responsive under the following circumstances:

- a. If a Bidder fails to submit a MWBE Utilization Plan;
- b. If a Bidder fails to submit a written remedy to a notice of deficiency;
- c. If a Bidder fails to submit a request for waiver; or
- d. If OTDA determines that the Bidder has failed to document good faith efforts.

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

The Contractor will be required to submit a Contractor's Quarterly M/WBE Contractor Compliance & Payment Report to the OTDA, by the 5<sup>th</sup> day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

### **Equal Employment Opportunity Requirements**

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

The Bidder will be required to submit a Minority and Women Owned Business Enterprises and Equal Employment Opportunity Policy Statement, Form OTDA 4970, to OTDA with their bid or proposal.

For purposes of this solicitation, OTDA hereby establishes an Equal Employment Opportunity participation goal of 20%. To ensure compliance with this Section, the Bidder will be required to submit with the bid or proposal an Equal Employment Opportunity Staffing Plan (Form OTDA 4934

- Staffing Plan) identifying the anticipated work force to be utilized on the Contract and if awarded a Contract, will, on a quarterly basis or upon request, submit an Equal Employment Opportunity Workforce Employment Utilization Compliance Report identifying the workforce actually utilized on the Contract, if known, through the New York State Contract System; provided, however, that a Bidder may arrange to provide such report via a non-electronic method by contacting their contract manager.

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

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

## **19. Service-Disabled Veteran-Owned Business Enterprises (SDVOBs) Utilization**

### **Service-Disabled Veteran-Owned Business Enterprises in State Contracting**

1. The OTDA is in full accord with the aims and efforts of the State of New York to promote Service-Disabled Veteran-Owned Businesses (SDVOBs), as enacted in 2014 by Article 17-B of the Executive Law. This Law acknowledges that Service-Disabled Veteran-Owned Businesses (SDVOBs) strongly contribute to the economies of the State and the nation. As defenders of our nation and in recognition of their economic activity in doing business in New York State, Offerors to this RFP are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the resulting contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles. SDVOBs can be readily identified on the directory of certified businesses at: [http://ogs.ny.gov/Core/docs/CertifiedNYS\\_SDVOB.pdf](http://ogs.ny.gov/Core/docs/CertifiedNYS_SDVOB.pdf)
2. Offerors are strongly encouraged, to the maximum extent practical and consistent with legal requirements of the State Finance Law, the Executive Law and any implementing regulations, to use responsible and responsive NYS certified SDVOBs in purchasing and utilizing commodities, services and technology that are of equal quality and functionality to those that may be obtained from non-SDVOBs. Prospective awardees to this RFP are subject to the provisions of Executive Law Article 17-B and the regulations (9 NYCRR Part 252) issued thereunder. Bidders/proposers are reminded that they must continue to utilize small, and minority and women-owned businesses (M/WBEs), consistent with current State law (Executive Law Article 15-A).
3. Offerors **will complete Appendix B8, Service-Disabled Veteran-Owned Businesses (SDVOBs ) Utilization Plan, to demonstrate their proposed**

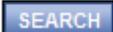
**utilization of NYS certified SDVOBs as part of their bid/proposal. OTDA has set a goal for SDVOB utilization for this procurement of 6%.**

4. The successful Offeror/Contractor will report on **actual** participation by each SDVOB during the term of the contract to the OTDA on a quarterly basis according to policies and procedures to be set by the OTDA.
5. **NOTE:** Information about set asides for SDVOB participation in public procurement can be found at: <http://www.ogs.ny.gov/Core/SDVOBA.asp>, which provides guidance for State agencies in making determinations and administering set asides for procurements from SDVOBs.

## PART B

### Instructions for Completing the Application:

The Disability Advocacy Program proposal must be submitted in Grants Gateway. Eligible entities are not-for-profit community-based organizations. Applicants should submit one application per agency. Read and apply all instructions while completing the screens in Grants Gateway. A printed version of the application appears in Section D. Please note; though others may work on the application, only someone with a Grantee Signatory or a System Administrator role can submit the application to the State. Applications may not be accepted outside of the Grants Gateway system.

1. Find . Enter your search criteria then click .
2. Click the link for your opportunity.
3. From the  [Forms Menu](#), complete the following Forms/Screens listed below. Sections from the  [Forms Menu](#) do not have to be completed in any particular order. You must save your work before moving onto a new screen. If you do not complete it all in one session, search for the application in progress from the application link at the top of the screen when you return. After each section is completed and , return to the  [Forms Menu](#) and click on the next section to be completed.

### Forms/Screens

Project Site Address Screen: Enter all site addresses, one site per screen. Click . Click  for additional screens.

Program Specific Questions Screen: Follow instructions at top of screen. Answer all questions in this section. Note that most narrative answer spaces allow unlimited text; however, OTDA expects answers to be concise. Upload forms when required. Click .

### Expenditure Budget:

Personal Services – Salary screen: List all positions that provide direct services and will be supported with grant funds. Each position should be entered on a separate screen. Briefly describe the role/responsibility of the position in relation to the DAP program. Click . Click  to open a new screen for listing the next position.

Personal Services – Salary Narrative screen: This screen should be used only if needed to describe or explain things out of the ordinary, exceptions in staffing patterns, unusual staffing costs, justification of staff funded by more than one funding source and explanation of the percent of time allocated to this program, including the percentage of time allocated to administrative and program activities where necessary.

Personal Services – Fringe screen: Provide a brief explanation of the percentage and composition of your fringe benefit structure. Fringe should not exceed the Office of the State Comptroller's rate, currently set at 56.86%. If fringe is not applicable, leave this section blank.

Personal Services – Fringe Narrative screen: This screen should be used only if needed to describe or explain things out of the ordinary, and/or unusual costs.

Contractual Services screen: List services that are provided under a formal or written agreement and will be supported with grant funds. Provide both a description of the services and justification for the services. Each type of contractual cost must be listed on its own screen and the cost justified. Only the pro-rated portion of the entire expenditure that is related to the DAP program is allowed. This line includes institutions, individuals or organizations external to the contractor which have entered into an agreement with the contractor to provide any services outlined in or associated with the DAP contract and whose services are to be funded under the DAP budget. This includes any other not-for-profits performing work under the proposed DAP contract. All such agreements are to be bona fide written contracts: NYS OTDA reserves the right to request these documents at any time in the future.

Travel screen: This category includes travel costs for personnel listed under Personal Services Costs, participant travel and other travel expenses. Mileage costs may be reimbursed up to the NY State rate (currently the maximum is \$0.54/mile). In the justification field, explain which staff will be traveling in relation to the project, the destination, purpose and frequency of the travel.

Equipment screen: This category includes the purchase, rental and leasing of equipment. Equipment is any non-consumable, tangible property having a useful life of more than one year. Substantial equipment purchases (costing more than \$5,000) should be avoided. Acquisition costs must be in accordance with NYS requirements and may be evaluated to determine if leasing is a practical and cost-effective alternative. If the only alternative is to purchase equipment using contract funds, an applicant organization is required to obtain 3 competitive bids and must receive OTDA prior approval. All things being equal, the contractor must purchase equipment from the lowest bidder. Complete the Equipment form for requested equipment. Complete the Equipment Narrative form if there is any substantial equipment costing more than \$5,000 per item. Requests in support of this grant category, if not with another not-for-profit or unit of local government, are required to demonstrate how they will use these purchases to meet MWBE goals.

Equipment Narrative screen: Provide information on bids received and provide explanation/justification as required.

Other screen: This category should include grant-funded program items that do not fit in the other categories such as postage, copies, office supplies and administrative costs. Each cost must be listed on its own screen. Allowable administrative costs are those directly related to administering the DAP program, as detailed in Part A, Section IV-C of the RFP. The total combined administrative costs may not exceed 15% of the annual requested funds. Administrative costs must be itemized. Indirect Cost Rates are not allowed.

Other Narrative screen: Use this section to provide details for any staff/position listed as administrative under Other. List the title, annual salary, and the percentage of time spent on DAP administrative activities; also include a brief description of those activities.

Work Plan: Grant Opportunity Defined Screens: Section consists of the workplan overview form, objectives, tasks and performance measures.

Workplan Overview Screen: This section will be used to create the Work Plan portion of the contract. Some of the information requested will be duplicative of information provided earlier in the application. You may copy/paste previous responses where appropriate when developing your Project Summary and/or Organizational Capacity narratives. **Please ensure your responses to questions number 2 through 5 are copied and pasted into the Project Summary section. For Direct Services, also copy and paste your answers to questions 6 through 9. For Administrative Services, also copy and paste your answers to questions 10 through 14.** This

section should be completed from an annual perspective. Therefore, the first annual Work Plan should be July 1, 2016 – June 30, 2017.

In the Project Summary section, include a high level overview of the project as instructed. The narrative should also identify:

- Service area
- Target population and annual number of individuals to be served
- Client eligibility guidelines
- Services offered
- How the program operates and a description of what funds will pay for
- How the success of the program is determined/evaluated

In the Organizational Capacity section, include the information requested and a brief description of any other services/programs offered by the organization.

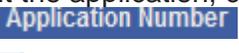
Objectives and Tasks: Complete Performance Measures for each of the tasks listed. For Participants Served, click [View/Add](#). Type the objective name again and in the narrative section,

enter the estimated enrollment goal. Click . For each task listed, repeat the process of clicking on the task name, then [View/Add](#). Type the objective name and enter the goal for that task.

Remember to click  after each task.

Pre-Submission Uploads Screen: Download all forms by following the links available on the Upload Screen, or print the forms from Part C of this application. 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: When you have completed your application, click . If you receive any error messages, all items must be addressed prior to submitting your application. The system will let you know when there are no outstanding items.

Remember only the Grantee Signatory or System Administrator may submit the application. To do so, the appropriate person must sign into the Gateway with their credentials. This likely is someone other than the person who created the application, so at this juncture, log out. Once the appropriate person logs in, to submit the application, click  and  for your application. When you find it, click . When you are ready to submit, click  [Status Changes](#) then . Prior to submission, you will need to certify the agreement as stated. You must click I Agree for your application to be submitted. You will know your application has been submitted successfully if you hover your mouse over  [Status Changes](#) and it shows “There are no available status options at this time.”

**Part C**  
**Forms to Upload**

**All required forms must be completed and uploaded where requested.**

Disability Advocacy Program (DAP) Proposal Forms

1. Notice of Intent to Bid (Attachment B1)
2. Local Department of Social Services Partnership Form (Attachment B2)
3. Contractor Information Form (Attachment B3)
4. Contractor/Subcontractor Background Questionnaire (Attachment B4)
5. Equal Employment Opportunity Staffing Plan (Attachment B5)
6. M/WBE—EEO Policy Statement (Attachment B6)
7. Subcontractor and Supplier Identification Form (Attachment B7)
8. SDVOB OTDA Form 4200 In-Contract Performance (Attachment B8)
9. M/WBE Goal Requirements Certification of Good Faith Efforts (Attachment B9)

## NOTICE OF INTENT TO BID

This form confirms our intent to respond to the Disability Advocacy Program (DAP) Request for Proposals issued by the New York State Office of Temporary and Disability Assistance, Center for Employment and Economic Supports.

Signed: \_\_\_\_\_  
(Name/Title/Organization/Bidder Name)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Phone # and E-Mail Address)

Please respond by March 28, 2016 by faxing, e-mailing or mailing this form to:

New York State Office of Temporary and Disability Assistance  
Center for Employment and Economic Supports  
Attn: Patricia Stefanik  
40 North Pearl Street, 11<sup>th</sup> Floor  
Albany, New York 12243

Fax: (518) 486-7650  
E-mail: [PatriciaM.Stefanik@otda.ny.gov](mailto:PatriciaM.Stefanik@otda.ny.gov)

## Local Department of Social Services Partnership Form

Agency: \_\_\_\_\_

The \_\_\_\_\_ County Department of Social Services has reviewed the proposal developed by the above referenced agency and agrees to identify and refer appropriate recipients of Family Assistance and/or of Safety Net Assistance for participation in the DAP program.

Describe the procedures for the identification and referral of eligible program participants.

Describe what services the district will contribute to the program.

Comments:

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### Local Social Services Department Representative

Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

**APPENDIX D  
CONTRACTOR INFORMATION**

Contractor Information

1. Incorporated Agency Name: _____
2. Street Address: _____ City, State, Zip Code: _____ County(ies) Served: _____
3. Agency Contact: _____ Title: _____ Phone #: _____ FAX #: _____ Email Address: _____ Mailing Address: _____  Program Contact: _____ Title: _____ Phone #: _____ FAX #: _____ Email Address: _____ Mailing Address: _____
4. Federal Employer Identification #: _____ State Registered Charitable Organization #: _____ Municipality #: _____ Community District(s): _____ Federal Congressional District(s): _____ State Senate District(s): _____ State Assembly District(s): _____

5. Award Amount: \_\_\_\_\_

Catalog of Federal Domestic Assistance (CFDA) title and number: 93.558; These funds are subject to requirements of Title IV-A of the Social Security Act as amended by Title IV-A of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PRWORA, P.L. 104-193.

Award Name: Temporary Assistance for Needy Families (TANF) program.

Awarding Agency: Department of Health and Human Services.

6. Organization Information

For statistical purposes, check yes or no for *each* of the following items as it relates to your organization. See the instructions for definitions. LEAVE NO BLANKS.

Non-Profit Organization	Yes <input type="checkbox"/> No <input type="checkbox"/>	Women-Owned Business	Yes <input type="checkbox"/> No <input type="checkbox"/>
Minority Business	Yes <input type="checkbox"/> No <input type="checkbox"/>	Municipality	Yes <input type="checkbox"/> No <input type="checkbox"/>
Small Business	Yes <input type="checkbox"/> No <input type="checkbox"/>		

7. Non-Discrimination/Sectarian Organization Compliance Justification

a. According to your Certificate of Incorporation, are your organization's purposes sectarian? (For example, are you a corporation organized under the religious corporation law or a corporation that has a corporate purpose to serve a particular religious group or promoting the doctrine of a particular religion in general?)	Yes	No
b. Are any of the proposed services in your project sectarian in nature?		
c. Does your organization have as its goal the furthering of any sectarian purpose?		
d. Are the services to be provided by sectarian staff?		
e. Are services being delivered in a building owned by a sectarian organization?		
If no, proceed to letter (f.). If yes, are services educational in nature?		
f. Will the proposed services be provided on the basis of race, religion, color or national origin?		
g. If the contract is with a sectarian organization, is the amount and comprehensiveness of the surveillance necessary to insure the contract does not foster or inhibit religion greater than the contract necessary to administer a similar contract with a non-sectarian agency?		

**If any of the above answers are Yes, please justify the recommendation for funding below:**

8. LIST OF AUTHORIZED SIGNATORIES

List all individuals who are authorized by the Board of Directors to sign this contract and related documents on behalf of the organization. *Should any individual be added to or removed from the list, inform the Bureau in writing immediately.*

Name _____ Title _____ (Printed) <b>Signature</b> _____ Restrictions _____
Name _____ Title _____ (Printed) <b>Signature</b> _____ Restrictions _____
Name _____ Title _____ (Printed) <b>Signature</b> _____ Restrictions _____

The individuals listed above are authorized to sign on behalf of the Contractor in all matters regarding the Agreement with the NYS Office of Temporary and Disability Assistance except where restrictions are shown. The recipient certifies that to the best of his/her knowledge and belief the information in the contract is true and correct. The recipient certifies that he/she has reviewed the contract, understands the terms, and agrees to be bound by the same.

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(Signature of Official Authorized to Sign for Applicant)      (Printed Name)      (Date)

**NEW YORK STATE  
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
CONTRACTOR/SUBCONTRACTOR BACKGROUND QUESTIONNAIRE**

**General Information**

**Federal Identification Number:** \_\_\_\_\_

**Name of Firm:** \_\_\_\_\_

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

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

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

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

**Background Questionnaire**

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

1a. If you, the bidder, are a natural person, are you a New York State resident?	_____ NO _____ YES
1b. If you are a corporation, are you a New York State corporation?	_____ NO _____ YES
1c. Are you registered with the New York State Department of State (DOS) to do business in New York State? If no, you will be required to comply with the New York State Department of State guidelines for doing business in New York State before you will be eligible for a Contract award. Do you agree to these conditions?	_____ NO _____ YES _____ NO _____ YES
2. How many years has the bidder been in business?	_____ Years
3a. Are you a certified minority owned business enterprise, certified by the NYS Department of Economic Development? (Your company is eligible to be certified if it is at least 51% owned and controlled by minority group members (i.e. Black, Hispanic, Asian, Pacific Islander, American Indian or Alaskan Native)?)	_____ NO _____ YES
3b. Are you a woman owned business enterprise, certified by the NYS Department of Economic Development? (Your company is eligible to be certified if it is at least 51% owned and controlled by women.)	_____ NO _____ YES
4. How many people are employed by the bidder?	_____ Employees
5. Total number of people employed by the bidder: * Within New York State? * Outside of New York State? * Outside of United States?	_____ _____ _____
6. Is the bidder independently owned and operated?	_____ NO _____ YES (If no, provide details.)
7. List and describe any liquidated damages assessed, and/or liens or claims over \$25,000 filed against the bidder and remaining undischarged or unsatisfied for more than 90 days, on any contracts within the past five years.	_____ NO _____ YES



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

## CERTIFICATION

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

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

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

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

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

**STAFFING PLAN**

Submit with Bid or Proposal – Instructions on page 2

<b>Solicitation No.:</b>	<b>Reporting Entity:</b>
<p><b>Report includes Contractor's/Subcontractor's:</b></p> <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Total work force	
<p><b>Applicant's Name:</b></p> <input type="checkbox"/> Applicant <input type="checkbox"/> Subcontractor	
<p><b>Applicant's Address:</b></p> <p>Subcontractor's name _____</p>	

Enter the total number of employees for 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	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										
Sales Workers										
Office/Clerical										
Craft Workers										
Laborers										
Service Workers										
Temporary /Apprentices										
Totals										

**PREPARED BY (Signature):** \_\_\_\_\_ **TELEPHONE NO.:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_

**NAME AND TITLE OF PREPARER (Print or Type):** \_\_\_\_\_ **Submit completed with bid or proposal**

**General instructions:** All Applicants and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (OTDA – 4934.1) 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 and/or subcontractor's total work force, the Applicant 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 and/or subcontractor's total work force, the Applicant shall complete this form for the contractor's and/or subcontractor's total work force.

**Instructions for completing:**

1. Enter the Solicitation number that this report applies to along with the name and address of the Applicant.
2. Check off the appropriate box to indicate if the Applicant completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate work force to be utilized on the contract or the Applicants' total work force.
4. Enter the total work force by EEO job category.
5. Break down the anticipated total work force by gender and enter under the heading 'Work force by Gender'.
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the OMM/WE Permissible contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the anticipated 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 form, 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 Male or Female**

**M/WBE 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) under the contract. Note – A dually certified firm cannot be counted toward both the MBE and WBE participation goals. Attach additional sheets if necessary.

Offeror's Name:  
 Address:  
 City, State, Zip Code:  
 Telephone No.:  
 Region/Location of Work:

Federal Identification No.:  
 Solicitation Name/Contract No.:  
 MWBE Certified Y/N  
 MWBE Goals in the Contract: MBE % WBE %

1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary)	5. Dollar Value of Subcontracts/Supplies/Services and intended performance dates of each component of the contract.
A.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
B.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
<p><b>6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFEROR MUST SUBMIT A REQUEST FOR WAIVER FORM - OTDA - 4969.</b></p>				
<p><b>PREPARED BY (Signature):</b> DATE:</p>		<p>TELEPHONE NO.: EMAIL ADDRESS: FOR M/WBE USE ONLY</p>		
<p><b>NAME AND TITLE OF PREPARER (Print or Type):</b></p>		<p>REVIEWED BY: DATE:</p>		
<p>SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.</p>				
<p>UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____                      Contract No.: _____                      Contract Award Date: _____                      Estimated Date of Completion: _____                      Amount Obligated Under the Contract: _____                      Description of Work: _____</p>				
<p>NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____                      NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p>				

**Failure to submit this form will result in non-compliance**

**M/WBE Quarterly Compliance Report**

Is this a final report? Check One  
 Yes \_\_\_\_\_ No \_\_\_\_\_

NYS OTDA Contract No. \_\_\_\_\_ Project No. \_\_\_\_\_

The following information indicates the payment amounts made by the grantee/contractor to the NYS Certified M/WBE subcontractor on this project. The payments as shown made are in compliance with contract documents for the above referenced project.

Contractors Name and Address		Federal ID#	Goals/\$ Amt.		Contract Type	
			MBE _____ % = _____	Paid to Contractor This Quarter _____		
			WBE _____ % = _____	Total Paid to Contractor To Date _____		
Expenditure Code		Project Completion Date	Work Location	REPORTING PERIOD (BEGINNING 10 DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER):		
				_____ 1 <sup>st</sup> Quarter (4/1-6/30)	_____ 3 <sup>rd</sup> Quarter (10/1-12/31)	
				_____ 2 <sup>nd</sup> Quarter (7/1-9/30)	_____ 4 <sup>th</sup> Quarter (1/1-3/31)	
M/WBE Subcontractor/Vendor	Product Code*	Work Status This Report	Total Subcontractor Contract Amount	Payments this Quarter		Total Payment Made to Date
			MBE	WBE	MBE	WBE
Name: FED ID#		___ Active ___ Inactive ___ Complete				
Name: FED ID#		___ Active ___ Inactive ___ Complete				
Name: FED ID#		___ Active ___ Inactive ___ Complete				
Name: FED ID#		___ Active ___ Inactive ___ Complete				
<b>Total</b>						

**QUARTERLY REPORTS MUST BE SUBMITTED TO OTDA'S PROGRAM/CONTRACT MANAGER**

Date \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

**\* EXPENDITURE CODE:**

**C** – Commodities, **SC** – Services/Consultants, **CC** – Construction Consultants, **CN** – Construction

**\*PRODUCT KEY CODE**

A	=	Agriculture/ Landscaping (e.g., all forms of landscaping services)
B	=	Mining (e.g., geological investigations)
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
E	=	Transportation, Communication and Sanitary Services (e.g., delivery services, warehousing, broadcasting and cable systems)
F/G	=	Wholesale/Retail Goods (e.g. hospital supplies and equipment, food stores, computer stores, office supplies)
G52	=	Construction Materials (e.g., lumber, paint, law 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)
I81	=	Legal Services
I82	=	Education Services (e.g., AIDS education, automobile safety, tutoring, public speaking)
I83	=	Social Services (Counselors, vocational training, child care)
I87	=	Engineering, architectural, accounting, research, management and related services

### MWBE EEO WORKFORCE EMPLOYMENT UTILIZATION REPORT

<b>Contract No.:</b>	Reporting Entity: <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor
<b>Contractor's Name:</b>	Reporting Period: <input type="checkbox"/> January 1, 20____ <input type="checkbox"/> April 1, 20____ <input type="checkbox"/> July 1, 20____ <input type="checkbox"/> October 1, 20____ <input type="checkbox"/> March 31, 20____ <input type="checkbox"/> June 30, 20____ <input type="checkbox"/> September 30, 20____ <input type="checkbox"/> December 31, 20____
<b>Contractor's Address:</b>	Report includes: <input type="checkbox"/> Workforce to be utilized on this contract <input type="checkbox"/> Contractor/Subcontractor's total workforce

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

EEO-Job Category	Workforce by Gender		Workforce by Race/Ethnic Identification						Disabled (M) (F)	Veteran (M) (F)
	Total Workforce	Male (M)	Female (F)	White (M) (F)	Black (M) (F)	Hispanic (M) (F)	Asian (M) (F)	Native American (M) (F)		
Officials/Administrators										
Professionals										
Technicians										
Sales Workers										
Office/Clerical										
Craft Workers										
Laborers										
Service Workers										
Temporary /Apprentices										
Totals										

<b>PREPARED BY (Signature):</b>	<b>DATE:</b>
<b>TELEPHONE NO.:</b>	<b>EMAIL ADDRESS:</b>
<b>Submit completed form to:</b>	
Office of Temporary and Disability Assistance 40 North Pearl Street, Albany, NY 12243-0001 Contract Manager's Name   Email <a href="http://www.otda.ny.gov">www.otda.ny.gov</a>	

**General Instructions:** The Workforce Employment Utilization Report (OTDA – 4971) is to be submitted on a quarterly basis during the life of the contract to report the actual workforce utilized in the performance of the contract broken down by the specified categories. When the workforce utilized in the performance of the contract can be separated out from the contractor's and/or subcontractor's total workforce, the contractor and/or subcontractor shall submit a Utilization Report of the workforce utilized on the contract. When the workforce to be utilized on the contract cannot be separated out from the contractor's and/or subcontractor's total workforce, information on the total workforce shall be included in the Utilization Report. Utilization reports are to be completed for the quarters ended 3/31, 6/30, 9/30 and 12/31 and submitted to the MWBE Program Management Unit within 10 days of the end of each quarter. If there are no changes to the workforce utilized on the contract during the reporting period, the contractor can submit a copy of the previously submitted report indicating no change with the date and reporting period updated.

**A. Instructions for completing:**

1. Enter the number of the contract that this report applies to along with the name and address of the Contractor preparing the report.
2. Check off the appropriate box to indicate if the entity completing the report is the contractor or a subcontractor.
3. Check off the box that corresponds to the reporting period for this report.
4. Check off the appropriate box to indicate if the workforce being reported is just for the contract or the Contractor's total workforce.
5. Enter the total workforce by EEO job category.
6. Break down the total workforce by gender and enter under the heading 'Workforce by Gender'.
7. Break down the total workforce by race/ethnic background and enter under the heading 'Workforce by Race/Ethnic Identification'. If you have any questions, please contact the MWBE Program Management Unit at (212) 961-8217.
8. Enter information on any disabled or veteran employees included in the workforce under the appropriate heading.
9. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

**B. 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** Male or Female

### Use of Service-Disabled Veteran-Owned Business Enterprises in Contract Performance

Article 17-B of the Executive Law enacted in 2014 acknowledges that Service-Disabled Veteran-Owned Businesses (SDVOBs) strongly contribute to the economies of the State and the nation. As defenders of our nation and in recognition of their economic activity in doing business in New York State, bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles. SDVOBs can be readily identified on the directory of certified businesses at:

[http://ogs.ny.gov/Core/docs/CertifiedNYS\\_SDVOB.pdf](http://ogs.ny.gov/Core/docs/CertifiedNYS_SDVOB.pdf)

Bidders/proposers need to be aware that all authorized users of this contract will be strongly encouraged to the maximum extent practical and consistent with legal requirements of the State Finance Law and the Executive Law to use responsible and responsive SDVOBs in purchasing and utilizing commodities, services and technology that are of equal quality and functionality to

those that may be obtained from non-SDVOBs. Furthermore, bidders/proposers are reminded that they must continue to utilize small, minority and women-owned businesses consistent with current State law.

Utilizing SDVOBs in State contracts will help create more private sector jobs, rebuild New York State's infrastructure, and maximize economic activity to the mutual benefit of the contractor and its SDVOB partners. SDVOBs will promote the contractor's optimal performance under the contract, thereby fully benefiting the public sector programs that are supported by associated public procurements.

Public procurements can drive and improve the State's economic engine through promotion of the use of SDVOBs by its contractors. The State, therefore, expects bidders/proposers to provide maximum assistance to SDVOBs in their contract performance. The potential participation by all kinds of SDVOBs will deliver great value to the State and its taxpayers.

**Bidders/proposers can demonstrate their commitment to the use of SDVOBs by responding to the questions below and including the responses with their bid/proposal:**

Are you a bidder/proposer that is a NYS-certified SDVOB?  Yes.  No. If yes, what is your DSDVBD Control #? \_\_\_\_\_

Will NYS-certified SDVOBs be used in the performance of this contract?  Yes.  No.

If yes, identify the NYS-certified SDVOBs that will be used below (if more than 4 identified, please attach an additional form):

**NYS - Certified SDVOB 1:**

Name

Address

Control #	Contract #	Total % Work Performed	\$ Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Nature of Participation

**NYS - Certified SDVOB 2:**

Name

Address

Control #	Contract #	Total % Work Performed	\$ Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Nature of Participation

**NYS - Certified SDVOB 3:**

Name

Address

Control #	Contract #	Total % Work Performed	\$ Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Nature of Participation

**NYS - Certified SDVOB 4:**

Name

Address

Control #	Contract #	Total % Work Performed	\$ Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Nature of Participation

Contractor will report on actual participation by each SDVOB during the term of the contract to the contracting agency/authority on a quarterly basis according to policies and procedures set by the contracting agency/authority.

NOTE: Information about set asides for SDVOB participation in public procurement can be found at: <http://www.ogs.ny.gov/Core/SDVOBA.asp>, which provides guidance for State agencies in making determinations and administering set asides for procurements from SDVOBs.

## **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 MWBE 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		

Organization	Grant Opportunity	Document #	Document Role	Current Status
	Disability Advocacy Program (DAP)			

### 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

All applicants must answer questions 1 through 5. Direct Services applicants must also answer questions 6 through 9. Administrative Services applicants must also answer questions 10 through 14. If applying for both components, a separate application must be submitted for each.

#### 1 All Applicants:

Upload an Excel version of your budget. Priority will be given to budgets that minimize administrative costs in favor of direct program costs.

Upload \*

#### 2 All Applicants:

Describe the program to be funded by the proposal. Include information regarding the need for services in the area proposed to be served.

#### 3 All Applicants:

Describe your organization and why your organization is uniquely qualified to provide the services sought to provide legal representation in the appeals process for low-income individuals seeking federal disability benefits (Direct Services) or statewide support services for organizations providing legal representation (Administrative Services). Describe your organization's experience providing services to low-income individuals and individuals with varying disabilities. If other organizations are to be involved, including subcontractors and social services districts, describe the relationship between the organizations in providing services.

#### 4 All Applicants:

Describe and provide evidence of your organization's experience and accomplishments relevant to the services sought under this RFP. Indicate if you would be able to begin service delivery on July 1, 2016. Direct Services applicants should include evidence of prior services and client outcome statistics.

#### 5 All Applicants:

Describe how the program will be staffed to operate a viable program. Include the qualifications and number of staff to deliver the requested services. If staff are supported from funds other than those awarded through the RFP, please identify the source.

**6 Direct Services:**

Describe the areas of the State to be served. Priority will be given to organizations that serve larger areas. Describe the services to be offered through DAP including the services delivery method for each step from referral to case closing. Describe the mechanism to engage and provide quality services to individuals in the coverage area with varying disabilities. Include a description of case-management services necessary to support positive program outcomes.

**7 Direct Services:**

Describe how referrals of individuals in receipt of public assistance will be given priority of service. Describe how services are prioritized. Are there any referral options for those unable to be served due to funding limitations?

**8 Direct Services:**

Describe the number and type of cases for which legal representation will be undertaken during the contract period. Describe the strategies to be employed to achieve and maintain program goals, including strategies used by subcontractors. Describe how you would expect to meet or exceed a goal of 65% win rate, with at least 30% of cases served being recipients of Safety Net Assistance for which a win rate of at least 50% is attained.

**9 Direct Services:**

Describe how your agency will meet program reporting requirements including reporting numbers served, demographic information and case outcome information.

**10 Administrative Services:**

Describe your organization's experience in managing services provided by a number of entities over a large geographic region.

**11 Administrative Services:**

Describe the strategies and methods your organization will employ to provide training and technical assistance on the federal disability benefits application and appeals process to DAP contractors and social services district staff. Describe your organization's expertise and experience in providing legal advice to disability advocates representing low or no-income individuals seeking disability benefits.

**12 Administrative Services:**

Describe how your organization will provide informational materials to DAP contractors on matters such as disability related litigation, laws, regulations, policies and hearing decisions. Provide examples of your experience supporting this function. Describe your capacity to provide DAP contractors a periodic newsletter highlighting disability legislation, legislation and advocacy strategies in providing legal representation on matters related to federal disability benefits.

**13 Administrative Services:**

Describe your ability to maintain, monitor the accuracy of and analyze information from a database including data on cases receiving legal representation and case outcomes on a monthly basis. Describe your experience and ability to secure contractor reporting and provide technical assistance to facilitate accurate reporting. Describe your ability to generate program reports and transmit this information to OTDA on a monthly basis or as needed.

**14 Administrative Services:**

Describe your capacity to help OTDA in the preparation of the biennial DAP Report to the New York State Legislature as required by section 35 of Social Services Law. Describe any relevant experience and the strategy to be used to support completion of a DAP Report.

**PERSONAL SERVICES - SALARY****Instructions:**

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once a Salary position has been saved successfully, select the **Add** button above to add additional Salary position.
4. Click Forms Menu to return to the navigation links.

### Salary Detail

In the Salary section only include staff positions related to the implementation and administration of the program. If Salary is not applicable leave this section blank.

#### Details

**Position/Title**

**Role/Responsibility**

**# in Title**

#### Financial

**Annualized Salary Per Position**

**STD Work Week (hrs)**

**% Funded** %

**# Months Funded**

**Total Grant Funds**

**Total Match Funds**

**Match %** %

**Total Other Funds**

<b>Line Total</b>	<b>\$0</b>
<b>Category Total</b>	<b>\$0.00</b>

[Click here to see a summary of the detail entered for this category.](#)

| CATEGORY TOTAL SUMMARY |

### PERSONAL SERVICES - SALARY NARRATIVE

#### Instructions:

1. Please complete narrative field.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

### Salary Narrative

Provide an explanation of any exceptions in staffing patterns and/or annual salary costs.

### PERSONAL SERVICES - FRINGE

#### Instructions:

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

### Fringe Detail

Fringe Benefits should be budgeted in line with your organization's Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements and should not exceed the current NYS rate. Provide a brief explanation of the percentage and composition of the fringe benefit structure. If fringe is not applicable, leave this section blank.

#### Details

**Fringe -**

**Type/Description**

**Justification**

#### Financial

**Total Grant Funds**

**Total Match funds**

**Match %** %

**Total Other funds**

<b>Line Total</b>	<b>\$0</b>
<b>Category Total</b>	<b>\$0.00</b>

[Click here to see a summary of the detail entered for this category.](#)

| CATEGORY TOTAL SUMMARY |

**PERSONAL SERVICES - FRINGE NARRATIVE****Instructions:**

1. Please complete narrative field.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

**Fringe Narrative**

Fringe Benefits should be budgeted in line with your organization's Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements and should not exceed the current NYS rate. Provide a brief explanation of the percentage and composition of the fringe benefit structure. If the budgeted fringe benefits represent an exception of the current NYS rate, please explain the difference.

**CONTRACTUAL****Instructions:**

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

**Contractual Detail**

In the Contractual Services section should include costs for services rendered to the project under a format or written agreement such as direct provision of services by contractual arrangement. If Contractual is not applicable leave this section blank.

[Details](#)
**Contractual -  
Type/Description  
Justification**
[Financial](#)**Total Grant Funds****Total Match Funds**

Match % %

**Total Other Funds**

<b>Line Total</b>	<b>\$0</b>
<b>Category Total</b>	<b>\$0.00</b>

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

[CATEGORY TOTAL  
SUMMARY](#)

**TRAVEL****Instructions:**

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

**Travel Detail**

This section is used to itemize travel costs. If Travel is not applicable leave this section blank.

[Details](#)
**Travel - Type/Description  
Justification**
[Financial](#)**Total Grant Funds****Total Match Funds**

Match % %

**Total Other Funds**

<b>Line Total</b>	<b>\$0</b>
<b>Category Total</b>	<b>\$0.00</b>

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

[CATEGORY TOTAL SUMMARY](#)

**EQUIPMENT****Instructions:**

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

**Equipment Detail**

This section is used to itemize both purchased and rental equipment costs. If Equipment is not applicable leave this section blank.

[Details](#)**Equipment - Type/Description****Justification****Purchase/Rent?**

\*

[Financial](#)**Total Grant Funds****Total Match Funds****Match %**

%

**Total Other Funds**

<b>Line Total</b>	<b>\$0</b>
<b>Category Total</b>	<b>\$0.00</b>

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

| [CATEGORY TOTAL SUMMARY](#) |

**EQUIPMENT NARRATIVE****Instructions:**

1. Please complete narrative field.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

**Equipment Narrative**

Provide documentation regarding bids received for equipment purchases. This field can be used to reference additional documents that are submitted with the application/contract.

Provide a justification for any exceptional equipment purchase/rental costs as related to the program needs. For example, a program may have a dollar threshold whereby equipment purchases of a certain amount must be justified. For ongoing or multiyear contract, justification is required for new items of equipment only.

**SPACE/PROPERTY RENT****Instructions:**

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once a Space/Property: Rent item has been saved successfully, select the **Add** button above to add additional Space/Property: Rent items.
4. Click Forms Menu to return to the navigation links.

**Space/Property: Rent Detail**

This section is used to itemize costs associated with Space/Property: Rent. If Space/Property: Rent is not applicable leave this section blank.

[Details](#)**Space/Property: Rent - Type/Description****Justification**[Financial](#)**Total Grant Funds****Total Match Funds****Match %**

%

**Total Other Funds**

<b>Line Total</b>	<b>\$0</b>
<b>Category Total</b>	<b>\$0.00</b>

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

| [CATEGORY TOTAL SUMMARY](#) |

**SPACE/PROPERTY: RENT NARRATIVE****Instructions:**

1. Please complete narrative field.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

**Space/Property: Rent Narrative**

Provide a detailed explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby space/property expenditures of a certain amount must be justified.

**SPACE/PROPERTY: OWN****Instructions:**

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once a Space/Property: Own item has been saved successfully, select the **Add** button above to add additional Space/Property: Own items.
4. Click Forms Menu to return to the navigation links.

**Space/Property: Own Detail**

This section is used to itemize costs associated with Space/Property: Own. If Space/Property: Own is not applicable leave this section blank.

[Details](#)**Space/Property: Own - Type/Description****Justification**[Financial](#)**Total Grant Funds****Total Match Funds**

Match % %

**Total Other Funds**

<b>Line Total</b>	<b>\$0</b>
<b>Category Total</b>	<b>\$0.00</b>

[Click here to see a summary of the detail entered for this category.](#)

| CATEGORY TOTAL SUMMARY |

**SPACE/PROPERTY: OWN NARRATIVE****Instructions:**

1. Please complete narrative field.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

**Space/Property: Own Narrative**

Provide a detailed explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby space/property expenditures of a certain amount must be justified.

**UTILITIES****Instructions:**

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

**Utility Detail**

This section is used to itemize costs associated with Utilities. If Utility is not applicable leave this section blank.

[Details](#)**Utilities - Type/Description****Justification**[Financial](#)

**Total Grant Funds****Total Match Funds**

Match % %

**Total Other Funds**

<b>Line Total</b>	<b>\$0</b>
<b>Category Total</b>	<b>\$0.00</b>

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

| CATEGORY TOTAL SUMMARY |

### UTILITIES NARRATIVE

#### Instructions:

1. Please complete narrative field.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

#### Utilities Narrative

Provide a detailed explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby space/property expenditures of a certain amount must be justified.

### OPERATING EXPENSES

#### Instructions:

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

#### Operating Expenses

##### Detail

This section is used to itemize costs associated with the operation of the program, including but not limited to insurance/bonding, photocopying, advertising, and supplies. If Operating Expenses are not applicable leave this section blank.

[Details](#)

**Operating Expenses -**

Type/Description

Justification

Financial

**Total Grant Funds****Total Match funds**

Match % %

**Total Other funds**

<b>Line Total</b>	<b>\$0</b>
<b>Category Total</b>	<b>\$0</b>

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

| CATEGORY TOTAL SUMMARY |

### OPERATING EXPENSES NARRATIVE

#### Instructions:

1. Please complete narrative field.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

#### Operating Expenses Narrative

If applicable, please provide an explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby operating expenses of a certain amount must be justified.

### OTHER EXPENSES DETAIL

**Instructions:**

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

**Other Expenses Detail**

If Other Expenses is not applicable, leave this section blank.

[Details](#)

**Other Expenses -  
Type/Description  
Justification**

[Financial](#)

**Total Grant Funds**

**Total Match funds**

**Match %** %

**Total Other funds**

<b>Line Total</b>	<b>\$0</b>
<b>Category Total</b>	<b>\$0</b>

[Click here to see a summary of the detail entered for this category.](#)

| CATEGORY TOTAL SUMMARY |

**OTHER NARRATIVE**

**Instructions:**

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

**Other Expenses Narrative**

If applicable, please provide an explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby the other cost category expenses of a certain amount must be justified.

**EXPENDITURE SUMMARY**

**Instructions:**

1. Save this form to display a roll-up of the category budget details.
2. Click Forms Menu to return to the navigation links.

Category of Expense	Grant Funds	Match Funds	Match % Calculated	Match % Required	Other Funds	Total
1. Personal Services						
a) Salary	\$0	\$0	%	%	\$0	\$0
b) Fringe	\$0	\$0	%	%	\$0	\$0
<b>Subtotal</b>	<b>\$0</b>	<b>\$0</b>	<b>%</b>		<b>\$0</b>	<b>\$0</b>
2. Non Personal Services						
a) Contractual	\$0	\$0	%	%	\$0	\$0
b) Travel	\$0	\$0	%	%	\$0	\$0
c) Equipment	\$0	\$0	%	%	\$0	\$0
d) Space/Property & Utilities	\$0	\$0	%	%	\$0	\$0
e) Operating Expenses	\$0	\$0	%	%	\$0	\$0
f) Other	\$0	\$0	%	%	\$0	\$0
<b>Subtotal</b>	<b>\$0</b>	<b>\$0</b>	<b>%</b>		<b>\$0</b>	<b>\$0</b>
<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>%</b>	<b>%</b>	<b>\$0</b>	<b>\$0</b>
<b>PERIOD TOTAL</b>	<b>\$0</b>					

**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
<b>Objective Name</b>
Direct Assistance or Representation to Individual Clients
<b>Objective Description</b>
includes advice and counsel, brief service, information, referral to another entity where appropriate, representation before the Social Security Administration or federal courts, and any other form of direct assistance to an individual disabled person.
The assistance shall be provided in connection with not only a formal "case" opened by the Contractor but also contacts as to any other inquiry or request for advice or assistance regarding a disability related legal problem (thus, e.g., issues of overpayments, calculations or benefits, SSA procedures, and applications for or denials of benefits are among the relevant problems).
The unit of measurement is the number of clients to whom the prime Contractor has provided such services during the performance period, as determined by case closing reports. A client who has withdrawn without receiving any service is not counted as a unit of service, although the time spent in dealing with such client is a reimbursable expense.

## 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
<b>Objective Name</b>
Class Action Representation
<b>Objective Description</b>
Litigation in which the Contractor, in their professional judgment, determines that suit on behalf of a plaintiff class, or against a defendant class, is appropriate.
Because such suits usually involve issues of significance to large numbers of disabled persons, they often take substantially greater resources and last considerably longer than individual cases. Therefore, the unit of measurement is the number of such lawsuits brought, or prosecuted, by the prime Contractor in the contract year. This type of case needs to be counted as a unit of service in each year it is pending, not just when closed.
The Contractor may want to express the unit of measurement in terms of the number of disabled persons benefited, if that can be at least approximately determined. However, this may not be possible as several years may elapse before any benefits accrue to the class members.
Note that it may be very difficult to project this type of service in advance of the contract year, because the necessity for the class action may rise from a pattern or practice of illegal conduct in a number of individual cases. Therefore, this service goal may need to be adjusted on the basis of case history.

## OBJECTIVES AND TASKS

**Instructions:**

1. Select the **View/Add** link next to a Task to add or edit the Performance Measures for that Task.
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Objective
<b>Objective Name</b>
Community Legal Education (CLE)
<b>Objective Description</b>
CLE teaches eligible clients their legal rights and how to effectively apply for and obtain disability benefits. There are many vehicles for doing this: e.g., clinics, meetings with groups of disabled people, radio and TV public service announcements (PSA's), literature, posters, bus placards, slide shows, local newspaper articles.
CLE can be conducted directly or through training of other human services staff and volunteers, such as social services departments. Vocational rehabilitation agencies, associations of disabled people, churches, and client assistance program agencies, etc. Those staff in turn can act as advocates or can provide self-help education to disabled clients.
Both ways expand the available resources by utilizing the time of Contractor staff that would ordinarily be spent on 1-to-1 representation to instead teach clusters of people to represent themselves or others.
The unit of measurement can be either the number of education projects (events held, items of literature distributed, PSA's made, etc.) or the number of persons reached.

### **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
<b>Objective Name</b>
Outreach
<b>Objective Description</b>
Differs from CLE by its goal, which is to encourage disabled persons to apply for benefits, to encourage them to seek the help of the Contractor or other community agencies, and to inform them as to how to do these things. The methods are similar to those used in CLE and the units of measurements are the same as for CLE.

### **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
<b>Objective Name</b>
Non-Legal Services Complementary to Legal Assistance
<b>Objective Description</b>
Non-legal service to supplement the assistance given on the legal problem. For example: identifying a community organization specializing in the given client's disability, advising the client of the availability of such services, and helping the client to obtain the services. Another example is counseling the client and her/his family concerning stresses caused by the disability.
It may not be practical to fragment the service by referring the client to another agency for such help, and there may be tragic consequences if the need is ignored. Those complementary services may be provided by legal or support staff, or by someone, such as a social worker, specifically trained for such purposes.
The unit of measurement is the number of clients to whom the services have been provided in the contract year, as determined by case closing reports.

### **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
<b>Objective Name</b>
Pro Bono Related Services
<b>Objective Description</b>
A contractor must recruit attorneys willing to accept referrals of disability cases pro bono and must train those attorneys in the handling of such cases.
The units of measurement are (a) the number of attorneys recruited or disability cases, and (b) the number of training events held or (c) the number of attorneys trained. Paralegals working for private firms may also be counted.
Given the establishment by the Contractor of a volunteer lawyer program, with the intake and referrals of cases done by the Contractor, it follows that the legal representation services described above should include services performed by volunteer lawyers for clients referred by the Contractor.

**DEFINE TASKS****Objective: Direct Assistance or Representation to Individual Clients****Task**

Estimated number of cases to be opened in contract year

**DEFINE TASKS****Objective: Class Action Representation****Task**

Estimated staff person hours

**DEFINE TASKS****Objective: Community Legal Education (CLE)****Task**

Estimated number of CLE products or events

**DEFINE TASKS****Objective: Outreach****Task**

Estimated number of outreach products or events

**DEFINE TASKS****Objective: Non-Legal Services Complementary to Legal Assistance****Task**

Estimated number of clients to be provided services

**DEFINE TASKS****Objective: Pro Bono Related Services****Task**

Estimated number of attorneys to be recruited

**DEFINE TASKS****Objective: Pro Bono Related Services****Task**

Estimated number of training events

**DEFINE TASKS****Objective: Outreach****Task**

Estimated number of persons reached

**DEFINE TASKS**

**Objective: Community Legal Education (CLE)**

**Task**

Estimated number of persons reached

**DEFINE TASKS**

**Objective: Class Action Representation**

**Task**

Estimated number of class actions

**DEFINE TASKS**

**Objective: Direct Assistance or Representation to Individual Clients**

**Task**

Estimated number of cases to be closed in contract year

**DEFINE TASKS**

**Objective: Pro Bono Related Services**

**Task**

Number of attorneys trained

**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

Integer

Upload

**PERFORMANCE MEASURE**

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**Objective:**

**Task:**

**Performance Measure Name**

Narrative

Integer

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**Objective:**

**Task:**

**Performance Measure Name**

Narrative  
Integer  
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Narrative  
Integer  
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Narrative  
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Narrative  
Integer  
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Narrative  
Integer  
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**Objective:****Task:****Performance Measure Name**

Narrative  
Integer  
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Narrative  
Integer  
Upload

**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 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.

**Notice of Intent to Bid**

Attachment B1

*Document Template:* [Click here](#)**LDSS Partnership Form\***

Attachment B2

*Document Template:* [Click here](#)**Contractor Information\***

Attachment B3

*Document Template:* [Click here](#)**Contractor/Subcontractor Background Questionnaire \***

Attachment B4

*Document Template:* [Click here](#)**Equal Employment Opportunity Staffing Plan\***

Attachment B5

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

Attachment B6

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

Attachment B7

*Document Template:* [Click here](#)**SDVOB OTDA Form 4200 In-Contract Performance \***

Attachment B8

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

Attachment B9

*Document Template:* [Click here](#)**Grantee Quick Start Guide**

Quick Start Guide

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