

Common Benefit Identification Card (CBIC)

Request for Proposal

Appendix B-1

Standard Proposal Response Forms

**Prepared By: Office of Temporary and Disability Assistance
Division of Operations and Program Support
Bureau of Information Technology**

B.1 Standard Response Forms to be included in the Offeror's Administrative Proposal per Section 4.4.7 of the RFP

Form 1	MacBride Fair Employment Principles
Form 2	Non-Collusive Bidding
Form 3	Offeror's ID Form
Form 4	See RFP Appendix H – EEO Staffing Plan
Form 5	See Appendix H-1 – MWBE-EEO Policy Statement
Form 6	See RFP Appendix H-2 – MWBE Letter of Intent
Form 7	See RFP Appendix H-3 – MWBE Subcontractor Utilization Form
Form 8	See RFP Appendix H-4 – MWBE Subcontractor Request for Waiver
Form 9	Offeror's Certification & Affirmation
Form 10	Offeror Disclosure of Prior Non-Responsibility Determinations

Form 1

MacBride Fair Employment Principles

NONDISCRIMINATION IN EMPLOYMENT IN NORTHERN IRELAND:

In accordance with section 165 of the State Finance Law, the bidder, by submission of this bid certifies that it or any individual or legal entity in which the bidder holds a 10% or greater ownership interest, or any individual or legal entity that holds a 10% or greater ownership in the bidder, either: (answer yes or no to one or both of the following, as applicable),

(1) has business operations in Northern Ireland;

Yes _____ or No _____

if yes:

(2) shall take lawful steps in good faith to conduct any business operations that it has in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of their compliance with such Principles.

Yes _____ or No _____

Signature

Form 2

Non-Collusive Bidding

NON-COLLUSIVE BIDDING CERTIFICATION REQUIRED BY SECTION 139-D OF THE STATE FINANCE LAW

SECTION 139-D. Statement of Non-Collusion in bids to the State:

BY SUBMISSION OF THIS BID, BIDDER AND EACH PERSON SIGNING ON BEHALF OF BIDDER CERTIFIES, AND IN THE CASE OF JOINT BID, EACH PARTY THERETO CERTIFIES AS TO ITS OWN ORGANIZATION, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:

[1] The prices of this bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such prices with any other Bidder or with any competitor,

[2] Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly, to any other Bidder or to any competitor, and

[3] No attempt has been made or will be made by the Bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A BID SHALL NOT BE CONSIDERED FOR AWARD NOR SHALL ANY AWARD BE MADE WHERE [1], [2], AND [3] ABOVE HAVE NOT BEEN COMPLIED WITH; PROVIDED HOWEVER, THAT IF IN ANY CASE THE; BIDDER(S) CANNOT MAKE THE FOREGOING CERTIFICATION. THE BIDDER SHALL SO STATE AND SHALL FURNISH BELOW A SIGNED STATEMENT WHICH SETS FORTH IN DETAIL THE REASONS THEREFORE:

Subscribed to under penalty of perjury under the laws of the State of New York, this _____ day of _____, 20__ as the act and deed of said corporation or partnership.

(Non-Collusive Bidding Certification, cont'd.)

Identifying Data

Potential Contractor: _____

Address: _____

Street

City, Town, etc.

Telephone: _____ Title: _____

If applicable, Responsible Corporate Officer

Name: _____ Title: _____

Signature: _____

Joint or combined bids by companies or firms must be certified on behalf of each participant.

Legal name of person, firm or corporation

Legal name of person, firm or corporation

By _____

Name

Name

Title

Title

Address _____

Street

Street

City

State

City

State

Form 3

Offeror's ID Form

COMPANY PROFILE INFORMATION

**COMPANY NAME/ HEADQUARTERS ADDRESS
RESPONSIBLE FOR SUBMITTING INVOICES AND
RECEIVING PAYMENTS:**

**FEDERAL IDENTIFICATION
NUMBER:**

TELEPHONE:

() _____

FAX NUMBER:

() _____

E-MAIL ADDRESS:

**PRIMARY CONTACT NAME
RESPONSIBLE FOR RECEIVING
BID REQUESTS**

TITLE:

ADDRESS:

TYPE OF FIRM (Check one only)

CORPORATION PARTNERSHIP PROPRIETORSHIP JOINT VENTURE

PREFERRED METHOD OF MINI-BID TRANSMISSION FROM OTDA: (Check one only)

FAX E-MAIL

Note: Vendors are solely responsible for notifying OTDA of changes to Fax or e-mail addresses.

CHECK ONE ANSWER AS IT PERTAINS TO YOUR COMPANY FOR EACH QUESTION:

(see following page for definitions)

For-Profit: Not-For-Profit Provider

Meets definition of "Small Business Concern" Yes No

MBE or MCBO * Women-Owned Business * Neither

IF MBE or MCBO: Please check one of the following:

Black: Hispanic: Asian/Pacific: American/Alaskan Indian:

* If checked, is your organization certified as a For Profit Minority
or Women-Owned business by New York State ? (Yes/No)

Bidders are hereby notified that if their principal place of business is located in a state that penalizes New York vendors, and if the goods or services they offer will be substantially

produced or performed outside New York State, the Omnibus Procurement Act of 1994 (Chapter 684, Laws of 1994) requires that they be denied placement on bidders mailing lists.

Instructions:

A **Not for Profit Corporation** is defined as an incorporated organization chartered for other than Profit-making activities. Most such organizations are engaged in charitable, educational, or other civic or humanitarian activities although they are not restricted to such activities.

A **Small Business Concern** is defined as a business which is resident in New York State, Independently owned and operated, not dominant in its field, and employs one hundred or less persons. A Not for profit organization may considered a Small Business Concern if it meets the preceding criteria.

A **Minority Business Enterprise (MBE)** is defined as any business which is at least fifty-one percent owned by, or in the case of a publicly owned business, at least fifty-one percent of the stock of which is owned by, **United States (U.S.)** citizens or permanent residents aliens who are:

- a) Black persons having origins in any of the black African racial groups; and/or
- b) Persons of Mexican, Puerto Rican, Dominican, Cuban, other Caribbean island, Central or South American origin and/or national or community identification, whether of indigenous, Hispanic, Portuguese, French, Dutch, or other descent, and regardless of race; and/or
- c) Asian and Pacific Islander persons having origins in any of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands; and/or
- d) American Indian or Alaskan Native persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification; and such ownership interest is real, substantial and continuing. The minority ownership must have and exercise the authority to independently control the business decisions of the entity.

A **Minority Community Based Organization (MCBO)** is defined as a Not-for-Profit, local human service organization that has its origins in the geographic area comprised of one or more neighborhoods that it serves. A representative MCBO is therefore keenly aware of community needs as well as local resources to meet those needs. Generally, the governing bodies and personnel of community-based organizations reflect the racial, ethnic and cultural make-up of the community being served. A MCBO is characterized by majority representation of American Indians, Asian Americans, Blacks and/or Hispanics in both policy formulation and decision-making regarding management, service delivery and staffing reflective of the area that it serves.

A **Women-owned Business Enterprise (WBE)** is defined as any business enterprise which is at least fifty-one percent owned by, or in the case of publicly owned business, at least fifty-one percent of the stock of which is owned by citizens or permanent aliens who are women. Such ownership interest must be real, substantial and continuing. The women-owned ownership must have and exercise the authority to independently control the business decisions of the entity.

(To meet the definition of an MBE or WBE, a non-profit organization must be controlled by a Board of Directors consisting of at least fifty-one percent minority individuals or women, respectively.)

NEW YORK STATE CERTIFIED MINORITY or WOMEN OWNED BUSINESS - Limited to for Profit organizations which have been certified by the New York State Department of Economic Development as meeting the criteria for a Minority or Women Owned Business. Contact the Department of Economic Development, Division of Minority and Women Business Development at 212-383-1718 or 518-474-6346 for certification assistance.

- Form 4: Please see RFP Appendix H – EEO Staffing Plan
- Form 5: Please see RFP Appendix H-1 – MWBE-EEO Policy Statement
- Form 6: Please see RFP Appendix H-2 – MWBE Certification of Good Faith Efforts
- Form 7: Please see RFP Appendix H-3 – MWBE Subcontractor Utilization Form
- Form 8: Please see RFP Appendix H-4 – MWBE Subcontractor Request for Waiver

****Forms 4 through 8 are separately attached.**

Form 9
Procurement Lobbying Act
Offeror's Certification and Affirmation of Understanding of and Agreement
pursuant to State Finance Law §139-j and k

Offeror affirms that it understands and agrees to comply with the New York State procedures relative to permissible contacts as required by State Finance Law §139-j.

By: Date:

Name:

Title:

Contractor Name:

Contractor Address:

I. Offeror Certification:

I certify that all information provided to the Governmental Entity with respect to State Finance Law §139-k is complete, true and accurate.

Authorized Signature

Date of Termination or Withholding of Contract: _____

Basis of Termination or Withholding: _____

(Add additional pages as necessary)

Offerer certifies that all information provided to the Governmental Entity with respect to State Finance Law §139-k is complete, true and accurate.

By: _____ Date: _____

Signature

Name: _____

Title: _____