

Common Benefit Identification Card (CBIC)

Request for Proposal

Appendix B-2

Selected Contractor Forms

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

**B.2 Selected Contractor Required Forms to be completed by the
Winning Offeror upon contract signing**

Form 11	Certification of Drug Free Workplace
Form 12	Contractor Non-Disclosure Form
Form 13	Contractor's Annual Employment Report (Form B)
Appendix H-5	MWBE Quarterly Compliance Report (Separately Attached)
Appendix H-6	EEO Workforce Utilization and Compliance Report (Separately Attached)
Appendix B.2.1	ST-220-CA (Separately Attached)
Appendix B.2.2	ST-220-TD (Separately Attached)

Form 11
CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS
ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
New York Office of Temporary and Disability Assistance
40 N. Pearl St.
Albany, NY 12243.

- (A) The grantee certifies that it will or will continue to provide a drug-free workplace by:
- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about—
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—
 - (1) Abide by the terms of the statement; and

- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
 - (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
- (B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, State, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

From: _____
 Contractor Name _____ Period Covered by this
 Certification _____

 Name and Title of Authorized Contractor Representative

 Contractor Representative Signature _____ Date

Form 12

Office of Temporary & Disability Assistance

Non-Disclosure Agreement

I understand that as part of performing my duties I may see or hear information that is confidential. I understand that because my specific job responsibilities cannot be accomplished without access to individual identifiable information, such information may be available to me due to access that I will have to client information, information systems or any data that the State considers confidential. I understand that the use of any information obtained in the performance of my duties shall be limited to purposes directly connected with such duties, unless otherwise provided in writing by my supervisor and/or State program manager. I understand the law forbids disclosing such information to anyone unless specifically directed to do so by my supervisor and/or State program manager. I further understand that if I am unsure as to what information is confidential, I will immediately consult with my supervisor and/or State program manager. I understand that I am authorized to disclose any information when such disclosure is required by law or legal process. Finally, I understand that failure to comply with these requirements may result in my termination and criminal prosecution.

Signature of Individual Contractor Staff

Name of Prime Contractor and/or Subcontractor

Date

Form 13

Contractor's Annual Employment Report

Instructions for Completing Form B

Form B should be completed for contracts for consulting services in accordance with the following:

Scope of Contract: a general classification of the single category that best fits the predominate nature of the services provided under the contract.

Employment Category: the specific occupation(s), as listed in the O*NET occupational classification system, which best describe the employees providing services under the contract.

(Note: Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at online.onetcenter.org to find a list of occupations.)

Number of Employees: the total number of employees in the employment category employed to provide services under the contract during the Report Period, including part time employees and employees of subcontractors.

Number of hours (to be) worked: the total number of hours worked during the Report Period by the employees in the employment category.

Amount Payable under the Contract: the total amount paid or payable by the State to the State contractor under the contract, for work by the employees in the employment category, for services provided during the Report Period.

The State Consultant Services Contractor's Annual Employment Report will be due May 15, 2013, and will include information for the period ending March 31, 2013. Thereafter, the State Consultant Services Contractor's Annual Employment Reports will be due no later than May 15th of each succeeding year.

Reports that are to be submitted to OSC may be transmitted as follows:

By mail:

NYS Office of the State Comptroller
Bureau of Contracts
110 State Street, 11 th Floor
Albany, NY 12236
Attn: Consultant Reporting

By fax: (518) 474-8030 or (518) 473-8808

Reports that are to be submitted to DCS may be transmitted as follows:

By mail:

NYS Department of Civil Service
Alfred E. Smith Office Building
Albany, NY 12239