

NEW YORK STATE
Services to Cuban/Haitian Entrants Program

**REQUEST FOR PROPOSALS
AND APPLICATION**

December 2012

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



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

BIDDERS' TELEPHONE CONFERENCE

Participation during the bidders' telephone conference at 11:00am on Thursday, December 12, 2012 is voluntary. BRIA staff will entertain questions about the RFP and its process during the teleconference. The following information is necessary to participate in the bidders' telephone conference:

Conference Call Date and Time	<ul style="list-style-type: none">• Thursday, December 12, 2012• 11:00am to 12:30pm
Conference Call-In Number	1-866-394-2346
Conference Code	8628018684

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PART A - SUMMARY INFORMATION

I. INTRODUCTION

The New York State Office of Temporary and Disability Assistance (OTDA) Bureau of Refugee and Immigrant Assistance (BRIA) issues this Request for Proposals (RFP) to award two 36-month contracts to provide services to Cuban and Haitian entrants and refugees.

All program funds are received from the federal Office of Refugee Resettlement (ORR). OTDA/BRIA anticipates distributing approximately \$646,701 in Services to Cuban and Haitian Entrants discretionary grant funds under this procurement. All program funds are subject to continued availability and State appropriation thereof. OTDA/BRIA intends to award one contract in each of the following eligible counties: Monroe and Onondaga. These are the two counties with the highest concentration of Cuban and Haitian refugees and entrants in New York State.

Use of these funds must relate to service provision to Cuban and Haitian entrants and refugees and be designed to maximize service potential in specific geographical regions to increase positive outcomes in:

- Obtaining immigration status documentation
- Filing for adjustment of status
- Accessing immigration legal services
- Addressing language barriers in understanding related information.

The deadline for receipt of proposals is Thursday, January 3, 2013 @ 3p.m. in the Bureau's Albany Office. See page 2 for additional information.

Eligible applicants must complete and submit all forms and narratives and relevant attachments required by this RFP and all relevant attachments (see "Application Submission Checklist" on page 56). Please pay particular attention to the Minority and Women-Owned Business Enterprise (M/WBE) participation requirements.

- Only proposals submitted by Eligible Grant Applicants, as defined on page 4 of this RFP, will be accepted for review.

If it is determined that the application fails to meet the minimum requirements for Eligible Grant Applicants the proposal will not be accepted for review.

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

II. PROCUREMENT SCHEDULE/SUBMISSION GUIDELINES

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

Release Date of the Request for Proposals	December 5, 2012
Bidder's Telephone Conference	December 12, 2012
Deadline for Written Questions	December 17, 2012
Response to Questions	December 21, 2012
Due Date and Time for Proposals	January 3, 2013 @3:00pm
Anticipated Notification of Award	January 24, 2013
Anticipated Contract Start Date	February 1, 2013

QUESTIONS AND ANSWERS REGARDING THIS RFP

Prospective applicants may submit questions via fax, email or written correspondence to the individual and address below. Questions must be submitted no later than 5:00 pm on December 17, 2012.

Julie Atwood
New York State Office of Temporary and Disability Assistance
Bureau of Refugee and Immigrant Assistance
40 North Pearl Street, 10th Floor, Section C
Albany, New York 12243-0001
Phone: (518) 473-8698
Fax: (518) 402-3029
Email: julie.atwood@otda.ny.gov

OTDA/BRIA will respond in writing to questions by December 21, 2012. A written copy of the questions and answers will be either mailed or e-mailed to applicants who request one. Questions and answers also will be posted on the *Contracts and Grants* web page, located at <http://www.otda.ny.gov>.

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

PROPOSAL SUBMITTAL

One original and three copies or one original and three CDs (CDs must be labeled clearly with the agency name) of the entire application submission package (not stapled, bound or paper clipped) (see page 21) must be sent to the Bureau of Contract Management at the address below. All proposals ***must*** be received by mail, hand delivery, courier service, FEDEX or UPS delivery by 3:00 pm on January 3, 2013. Any proposal received after the deadline may be reviewed at the discretion of OTDA/BRIA. OTDA/BRIA will not accept faxed proposals, or proposals sent via electronic mail.

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

III. FEDERAL AUTHORITY

The Office of Refugee Resettlement (ORR) is authorized to fund the Discretionary Cuban/Haitian Program pursuant to §412(c)(1)(A) of the Immigration and Nationality Act (INA), 8 U.S.C. §1522(c)(1)(A). The Discretionary Cuban/Haitian Program is found under Catalog of Federal Domestic Assistance (CFDA), No. 93.576, of the Department of Health and Human Services (DHHS) program title, *Refugee and Entrant Assistance Discretionary Grants*. Under §412(c)(1)(A) of the INA, Cuban/Haitian funding should primarily be used for the purpose of facilitating refugee employment and promoting the achievement of self-sufficiency.

More information can be found at the following websites:

<https://www.cfda.gov>

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

<http://www.gpoaccess.gov/cfr/index.html>

IV. PROGRAM DESCRIPTION

A. Purpose

The New York State (NYS) Office of Temporary & Disability Assistance (OTDA), Bureau of Refugee and Immigrant Assistance (BRIA) is proposing a 36-month program to assist eligible Cuban/Haitians to navigate through the immigration status adjustment process in order to ensure a path to self sufficiency.

The Cuban/Haitian program has the following key objectives:

- Improve access to accredited immigration services;
- Access to appropriate English language training;
- Increase community education; and
- Increase the capacity of local service providers.

To accomplish these specific objectives, the Cuban/Haitian Entrant program:

1. Provides outreach to eligible Cuban/Haitians as potential participants in the program;
2. Addresses service issues facing eligible Cuban/Haitians, given their lack of immigration documents, limited English proficiency, native language literacy and limited work history; and
3. Assists with the process by which eligible Cuban/Haitian obtain necessary immigration and work documents as well as helping with legal processes.

B. Background

Historically, Cuban and Haitian entrants arrive in the U.S. in two ways. Many arrive through the US Department of State (USDOS), Reception and Placement (R&P) program under the Diversity Visa (DV) lottery and are admitted to the U.S. as public interest parolees. These individuals are subject to pre-arrival processing and receive their Employment Authorization Documents (EADs) upon arrival (usually in Florida) and an I-94 Arrival/Departure record. These newly arriving individuals are then assigned to a local voluntary affiliate in the country. If destined for New York State, most arrive in Rochester and Syracuse, and to a much lesser extent, Buffalo and New York City. Others,

referred to as “rafters”, arrive on their own by boat from Cuba or enter through the U.S./Mexico border and therefore do not go through pre-arrival processing. However, currently there are several instances where Cuban individuals have entered the U.S. under a visitor visa and then sought to adjust their immigration status after a year’s presence. In New York State, Haitians also arrived as medical evacuees due to the earthquake in Haiti in 2010. As a result, some were given humanitarian parole status or applied for Temporary Protected Status (TPS).

Certain local voluntary affiliate agencies are equipped to serve a wide range of Cubans and Haitians including rafters, any Cuban or Haitian referred from their national office in Miami, Diversity Visa lottery parolees, southwest border crossers, family reunification cases, and Cuban Medical Personnel (CMPs). Most Cubans and Haitians referred have begun the documentation process. However, there are also many who have yet to begin.

The population of Cuban and Haitian entrants not officially processed for resettlement through a local voluntary affiliate agency is often not able to obtain an EAD at the time of arrival and often is not provided an I-94. This population of entrants without documentation needs help navigating the complicated documentation and legal processes to move toward citizenship. This process requires an attorney or representative with accreditation from the Board of Immigration Appeals (BIA). BIA accreditation is one of the key ingredients needed to deliver these specialized services.

Difficulty obtaining documentation is a problem that needs to be addressed early in the process so it does not prevent entrants from working and/or eventually seeking naturalization. Preparation for naturalization provides an individual with a greater sense of connection to the larger community. Furthermore, this population of Cuban and Haitian entrants has English language barriers within the larger community. Many entrants have limited English proficiency and typically require intensive ESL preparation in order to prepare for their interviews and for future employment.

V. ELIGIBLE GRANT APPLICANTS

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

- Have an attorney OR
- Be a Board of Immigration Appeals(BIA) recognized agency with accredited representative on staff, OR
- Be in the process of receiving BIA recognition/accreditation.

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

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

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

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

<http://otda.ny.gov/contracts/lbidder/>.

OTDA/BRIA recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at http://www.osc.state.ny.us/vendrep/vendor_index.htm or go directly to the VendRep System online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website www.osc.state.ny.us/vendrep or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form. Please call the OSC Help Desk with any questions at 518-408-4672 or 1-866-370-4672.

VI. SERVICE STRATEGY

Cuban and Haitian communities may not be aware of the services available to assist them with the immigration process. The language barriers they face also impede their ability to become naturalized citizens. Therefore, culturally and linguistically appropriate outreach services are necessary to educate these communities and to empower them to seek out services of which they may not otherwise be aware.

Cuban and Haitian communities benefit from an educational program with an overview of the immigration process. Services to facilitate the immigration process through the removal of barriers associated with the lack of English skills are strongly urged. The proposed program should provide information about the immigration process coupled with access to immigration assistance either through an attorney, a BIA accredited representative, or other agency staff in order to encourage Cubans and Haitians to seek out adjustment in their immigration status.

Through this RFP, OTDA/BRIA intends to provide services to eligible Cubans and Haitians in the two most heavily impacted counties, Monroe and Onondaga. OTDA/BRIA seeks to award one contractor in each of the counties.

Program staff will outreach to the affected communities by hosting informational workshops/seminars, mass mailing and one time print media advertisements or articles such as flyers and brochures that detail the program's available services. Information shared about the program must be accurate and easily understandable. Therefore, program information must be translated into Spanish and/or Haitian Creole to accommodate existing language barriers.

Project Staff will conduct community education sessions explaining the program and the benefits of pursuing status adjustment. These sessions will be interactive, using culturally appropriate materials translated into Spanish and/or Haitian Creole.

The program will deliver immigration assistance appropriate for the major needs of the population, including adjustment of status, documentation, parole issues, court proceedings, naturalization and EAD concerns. It will also try to help participants who have unique issues as they

arise. Immigration Assistance will be provided by either an attorney trained in immigration law or a BIA Accredited Representative.

ESL, civics and literacy instruction will be offered in traditional classroom settings, but must be flexible enough to accommodate the needs of participants. For example, a community education model which may include distance learning, workplace instruction or small group settings at community centers, may be used. Classes will have an open enrollment policy which allows working members of the communities or those with busy family schedules an opportunity to participate as their schedule will allow thus ensuring flexibility towards achieving 75% completion rate. An ancillary goal of this program offering is to increase the current English language ability of participants by one level. All ESL classes must be taught by New York State Certified ESL instructors.

VII. ELIGIBLE CLIENTS

Program Funds must be used for services to an individual from Cuba or Haiti who meet the following requirements:

- A *refugee*, admitted under Section 207 of Immigration Naturalization Act (INA);
- A Cuban or Haitian *Entrant* (as defined in subdivision (e) of Section 501 of the Refugee Education Assistance Act of 1980); and
- A *Parolee* admitted as a refugee under section 212(d) (5) of the Immigration and Nationality Act (INA)

VIII. FUNDING LIMITATIONS AND PROVISIONS

AVAILABLE FUNDS

Anticipated allocations and continuations of contracts are subject to continued availability of federal funds and state appropriation of the funds thereof. Only federal funds designated for the Cuban/Haitian Entrant program are available through this RFP. It is estimated that approximately \$646,701 will be available through this procurement for the 36-month contract term. Approximately \$301,567 will be available for the first 12-month budget period, beginning January 1, 2013. Subsequently, it is estimated that approximately \$172,567 will be available annually in each of the remaining 12-month budget periods.

DISTRIBUTION OF FUNDS

Through this RFP, OTDA/BRIA intends to select two service providers or entities to operate under this program model. Only one applicant will be awarded from each of the eligible counties, Monroe and Onondaga.

OTDA/BRIA will award all of the available funds to the highest scoring proposals from each eligible county.

If the two highest scoring proposals' award request is less than the total available funds, OTDA/BRIA reserves the right to distribute the remaining funds between the top bidders from each eligible county. In the event there is only one top bidder from only one county, any remaining funds would be distributed to the sole top bidder in that county.

OTDA/BRIA, however, reserves the right to distribute funds as OTDA/BRIA deems necessary to meet the goals of this RFP.

CONTRACT TERM and BUDGET PERIODS

This RFP governs the provision of funds for the anticipated 36-month contract term, February 1, 2013 to January 31, 2016. A Work Plan will be required for the 36-month term. The contract will initially require two payment schedules; one for the contract’s full 36-month term and one for the first twelve-month budget period. A payment schedule includes the number of contract outcomes to be achieved through delivery of allowable services and the rate of payment for each outcome.

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

- Budget Period I: February 1, 2013 to January 31, 2014
- Budget Period II: February 1, 2014 to January 31, 2015
- Budget Period III: February 1, 2015 to January 31, 2016

The contract term and funds are subject to change based on the continued availability of Federal funds and is contingent upon sufficient appropriation authority in the enacted State Budget. OTDA reserves the right to terminate contracts at any time if the funding is not available.

IX. PROGRAM INFORMATION

PERFORMANCE BASED CONTRACTS

Contracts resulting from this procurement will be performance-based. Under this contract, contractors are not reimbursed for line-item expenses. Compensation is directly tied to the completion of service outcomes or “payment points.” Documentation of the completion of an allowable service or a number of services to an eligible client allows a contractor to claim an achieved payment point. The contractor is paid for the payment point at the established rate, as defined in the contract.

The applicant’s award request is calculated by multiplying the rates for each payment point by the units to be achieved per payment point.

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

PAYMENT RATES

The following chart provides information regarding the payment rates for the contract payment points. The rates have been established using historical data and cannot be changed during the term of the contract except as explained below:

Payment Points	Rate
Outreach	\$350
Orientation/Community Education	\$1,050
Immigration Assistance	\$325
ESL/Civics/Literacy	\$375

Note: At the discretion of OTDA, at the beginning of each new budget period, all rates may be increased by 100 percent of the Consumer Price Index for the previous calendar year(s) for Urban Wage Earners and Clerical Workers, All-Cities Average (1967=00 percent) as published by the Bureau of Labor Statistics, United States Department of Labor. There is a 5 percent cap on an annual escalation. In the event that the Bureau of Labor Statistics stops publishing the CPI or substantially changes the content or format thereof, the OTDA shall substitute another comparable measure published by a recognizable authoritative source.

PAYMENT POINTS: Definitions, Allowable Services, and Documentation

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

Payment Point Definitions	Allowable Services	Documentation Required
<p>Outreach</p> <p>Organized events/activities to inform, educate, and assist the target population to access program services.</p> <p><i>The total dollars allocated may not exceed 5% of the total award requested.</i></p> <p><i>Outreach is a non-client specific payment point.</i></p>	<p>The completion of one organized event or activity allows the contractor to claim one Outreach payment point.</p> <p>Allowable services:</p> <ul style="list-style-type: none"> • Information workshop/seminar • Mass mailing • Targeted one-time print media advertisement/article 	<ul style="list-style-type: none"> • Copy of the agenda of the information workshop/seminar including the date, time, location and staff person conducting the workshop/seminar <p>Or</p> <ul style="list-style-type: none"> • Copy of the letter sent in mass mailing and the mailing list <p>Or</p> <ul style="list-style-type: none"> • Copy of the published advertisement/article
<p>Orientation/Community Education</p> <p>An organized group event to familiarize clients with documentation requirements, the immigration process, and/or other services available to them. Orientation/Community Education will include the following topics:</p> <ul style="list-style-type: none"> • Immigration Documentation • Adjustment of Status • Employment Authorization • Temporary Protected Status (Haitians Only) • Naturalization • Deferred Action <p><i>A minimum of four orientations per budget period is suggested.</i></p> <p><i>Orientation is a non-client specific payment point.</i></p>	<p>The completion of one orientation allows the contractor to claim one Orientation/Community Education payment point.</p>	<ul style="list-style-type: none"> • The sign in sheet from the orientation which includes the date, time, location and staff person conducting the orientation.

<p>ESL/Civics/Literacy</p> <p>Completion of ESL and/or Civics and/or Literacy course by an enrolled client.</p> <p><i>ESL/Civics/Literacy is a client specific payment point.</i></p>	<p>Individual's attendance of at least 75% of one of the following allows the contractor to claim one ESL/Civics/Literacy payment point.</p> <p>Allowable services:</p> <ul style="list-style-type: none"> • ESL Course • Civics Course • Combined ESL/Civics Course • Literacy Course <p>Payment limit: Six (6) payment points per individual per contract term may be claimed.</p>	<ul style="list-style-type: none"> • Application for Services signed and dated by both the client and agency representative once the application is complete and prior to services being provided. The agency supervisor must sign and date the application within 30 days of the client and agency representative signatures, or prior to submission of a voucher – whichever date is earlier. • Proof of immigration status* • A copy of the class attendance sheet which includes the date, time, location and staff person conducting the class for each date that the enrolled client attended. • A case note documenting the 75% attendance.
<p>Immigration Assistance</p> <p>Immigration Assistance must be provided by one of the following:</p> <ul style="list-style-type: none"> • Attorney • BIA Accredited Representative • Other appropriate staff <p><i>Immigration Assistance is a client specific payment point</i></p>	<p>The completion of one allowable service to an individual to address legal or immigration status issues allows the contractor to claim one Immigration Assistance payment point.</p> <p>Allowable services:</p> <ul style="list-style-type: none"> • Consultation about an individual's immigration status or any other immigration related issues requiring services. • Intervention on behalf of the individual regarding their immigration status or any other immigration related issues requiring some type of communication with USCIS 	<ul style="list-style-type: none"> • Application for Services signed and dated by both the client and agency representative once the application is complete and prior to services being provided. The agency supervisor must sign and date the application within 30 days of the client and agency representative signatures, or prior to submission of a voucher – whichever date is earlier. • Proof of immigration status* • A detailed case note entry documenting completion of services provided to the individual.

* Proof of immigration status is required prior to vouchering.

Additional Important Payment Point Information

Outreach

- Outreach is measured by the number of instances of outreach rather than the number of persons reached.
- Information workshops/seminars in the form of home or office visits are not allowed.

Orientation/Community Education

- Orientation/Community Education is defined as holding organized group events to familiarize clients with documentation requirements, the immigration process, and/or other services available to them. Orientation/Community Education cannot be a home or office visit with the client.

ESL/Civics/Literacy

- Referrals are not considered an achievement of the payment point.
- The course must be provided directly by funds awarded under this contract.
- The proposal must specify the total number of sessions within a course as well as the course start and end dates.
- Payment for this payment point is limited to individuals 18 years of age and over.

Immigration Assistance

- Making a referral is not considered an achievement of the payment point. You must directly provide one allowable service to claim one payment point.

X. SELECTION PROCESS

Proposals should contain all items as listed on the Application Submission Checklist, located on page 56 in the Application Package. Pay particular attention to the Minority and Woman-Owned Business Enterprise (M/WBE) requirements. Failure to provide any items will result in decrease of the total score. Factors considered in arriving at a total score include:

- The content of the applicant's proposal that demonstrates the applicant's ability to perform under a contract;
- The applicant's experience with, and knowledge of, specific cultural and linguistic needs of the eligible service population;
- Sufficient proposed project staff, in numbers and qualifications; and
- The applicant's demonstrated ability to provide effective service programming in New York State.
- The applicant's distribution of outcomes in the payment schedules.
- The applicant's payment point summaries that reflect the overall intent of the program.
- The applicant's ratio of assets to liabilities as indicated in the financial statements provided.

Each proposal will be read and scored by two reviewers from OTDA. Proposals will be reviewed in accordance with the scoring criteria referenced below. Those scores will be averaged and the averaged scores will be ranked from highest to lowest.

OTDA/BRIA will award all of the available funds to the proposals ranked with the highest score in each of the eligible counties.

If the two higher scoring proposals award request is less than the available funds, OTDA/BRIA reserves the right to award any of the remaining funds divided equally between the two higher scoring proposals.

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

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

Technical Evaluation	Maximum Points
Application Required Documentation	5
Agency Experience & Capacity	10
Target Population & Need for Assistance	15
Program Description & Implementation	45
Financial Evaluation	
Payment Schedules and Audited Financial Statements	25
TOTAL	100

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

XI. AWARD PROCEDURES

CONTRACT DEVELOPMENT PROCESS

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

PAYMENT

No payments will be made until the contract is fully executed and signed by the State Comptroller and the State Attorney General. Once the contract has been fully executed (signed and approved by OTDA, the State Attorney General and the Office of the State Comptroller), OTDA may,

at its discretion, advance up to 25 percent of the first budget period amount, if requested and if deemed appropriate by OTDA. There will be no advances for subsequent budget periods. Contractors will work at their own risk if they conduct program activities before the contract is executed.

XII. REPORTS AND RECORD KEEPING

RECORD KEEPING

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

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

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

REPORTING AND VOUCHERING REQUIREMENTS

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

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

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

Reports and vouchers must be submitted by the contractor on a quarterly basis during the contract term, unless otherwise specified. Payments will be based on vouchers and any documents required supporting the payment points in the Payment Schedule. Additional reporting, as may be determined by OTDA/BRIA, may also be required. Client-specific payment points require a Social Security number (SSN) to be entered into BIN to claim payment points for allowable services provided to a client.

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

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

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

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

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

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

CASE RECORDS

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

MONITORING

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

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

AMENDMENTS TO THE CONTRACT

Amendments and modifications of executed contracts are sometimes necessary to accommodate the needs of both the contractor and OTDA/BRIA. These changes, which must be by mutual written agreement, may include modification to reimbursement schedules, time and money amendments, or no-cost extensions as necessary. Contract modifications, including amendments and no-cost time extensions, will be made at the discretion of OTDA/BRIA with the approval of the Attorney General and the Office of the State Comptroller.

XIII. GENERAL TERMS AND CONDITIONS

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

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

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

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

The contractor will be required to comply with all applicable Federal and State laws and regulations.

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

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

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

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

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

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

The proposal of the successful applicant will serve as the basis for the contract, the terms of which will be modified within the context of this RFP.

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

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

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

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

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

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

NEW YORK STATE LAW

Pursuant to New York State Executive Law Article 15-A, the New York State Office of Temporary and Disability Assistance (OTDA) recognizes its obligation under the law to promote opportunities for maximum feasible participation of certified minority-and women-owned business enterprises and the employment of minority group members and women in the performance of OTDA contracts.

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

Business Participation Opportunities for MWBEs

For purposes of this solicitation, OTDA hereby establishes an overall goal of 20% for MWBE participation, 10% for Minority-Owned Business Enterprises (“MBE”) participation and 10% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that OTDA may withhold payment pending receipt of the required MWBE documentation. The directory of New York State Certified MWBEs can be viewed at: <http://www.esd.ny.gov/ContactUs.asp>. For guidance on how OTDA will determine a Contractor’s “good faith efforts,” refer to 5 NYCRR §142.8.

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

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

By submitting a bid or proposal, a bidder on the Contract (“Bidder”) agrees to submit the following documents and information as evidence of compliance with the foregoing:

- A. Bidders are required to submit a Certification of Good Faith Efforts on form OTDA - 4976 to achieve the overall prescribed MWBE participation percentage (0%) goals set forth in the procurement.
- B. Bidders are required to submit a MWBE Subcontractor’s and/or Suppliers’ Letter of Intent to Participate on form OTDA - 4938 which should document the names and signatures of certified MBEs and/or WBEs which have agreed to participate as subcontractors on the Contract.
- C. Bidders are required to submit a MWBE Subcontractor Utilization Plan on form OTDA - 4937 with their bid or proposal. Any modifications or changes to the MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to OTDA.
- D. OTDA will review the submitted MWBE Subcontractor Utilization Plan and advise the Bidder of OTDA’s acceptance or issue a notice of deficiency within 30 days of receipt by the OTDA/MWBE Program Management Unit.
- E. If a notice of deficiency is issued, Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt by submitting to NYS Office of Temporary and Disability Assistance M/WBE Program Management Unit at 317 Lenox Avenue, N.Y. N.Y 10027, telephone # 212-961-8214 and fax # 212-961-8275, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OTDA to be inadequate, OTDA shall notify the Bidder and direct the Bidder to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals on OTDA form OTDA – 4969 Minority/Women Business Enterprise (MWBE) Subcontractor Request for Waiver. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal. **ALL REQUEST FOR WAIVERS ARE SUBJECT TO APPROVAL BY THE GOVERNOR’S OFFICE.**
- F. OTDA may disqualify a Bidder as being non-responsive under the following circumstances:

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

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

Contractors are required to submit a Contractor's Quarterly M/WBE Contractor Compliance & Payment Report on OTDA form OTDA – 4968, Minority/Women Business Enterprise (MWBE) Subcontractor Quarterly Compliance Report, to the NYS Office of Temporary and Disability Assistance M/WBE Program Management Unit at 317 Lenox Avenue, N.Y. N.Y 10027, telephone # 212-961-8214 and fax # 212-961-8275, by the 10th day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

Equal Employment Opportunity Requirements

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

Bidder further agrees, where applicable, to submit with the bid a staffing plan on OTDA form OTDA – 4934.1, Equal Employment Opportunity (EEO) Staffing Plan, identifying the anticipated work force to be utilized on the Contract and if awarded a Contract, will, upon request, submit to the OTDA, a workforce utilization report identifying the workforce actually utilized on the Contract if known.

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

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding

of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

PART B APPLICATION PACKET

Please read Pages 1-18 of the Request for Proposals carefully before completing this Application Packet

Completing the Application

An application checklist is provided on page 56 of this RFP. Please complete and to verify that all required forms and items are submitted.

The application should contain the following components.

Section A – APPLICANT DOCUMENTATION

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

Section B – PROGRAM NARRATIVE

- **Agency Experience & Capacity** - Describe your agency's experience and capacity and what your agency will bring to the targeted population.
- **Target Population and Need For Assistance** – Describe the target populations in your community and the special needs or unique circumstances of the target population. Describe why the project is needed and how it will meet the special needs or unique circumstances of the target population.
- **Program Description & Implementation** - Provide detailed description of the anticipated operation of the program.
- **Key Personnel Profile** - Attach a chart that depicts the staff involved with the project.
- **Payment Point Plans** – Complete the payment point summary form for each payment point.

Section C– PAYMENT SCHEDULES

- **Payment Schedules-** Follow the instructions for completion of the Payment Schedules. Using payment rates provided on page 7 of the Request for Proposals complete the 12-month budget period and 36-month contract term payment schedules.

Section D – AGENCY INFORMATION

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

- **M/WBE/EEO Policy Statement** – Complete all applicable sections and return with the application.
 - **M/WBE Subcontractor Request for Waiver Form**
 - **M/WBE Subcontractor Quarterly Compliance Report**
 - **M/WBE Goal Requirements Certification of Good Faith Efforts** – Complete this form and submit it as part of the application packet.
 - **Attachment Q**
 - **Attach your agency’s most recent Audited Financial Report** (It should be dated within the last 12 months. If not, please attach a letter explaining why)
 - **Attach your agency’s Certificate of Incorporation**
- Failure to provide these items will decrease the total score.

One original and three copies or one original and 3 CDs (CDs must be labeled clearly with agency name) of the entire application submission package not stapled, bound or paper clipped, must be sent to the Bureau of Contract Management at the address below. All proposals *must* be received by mail, hand delivery, courier service, FEDEX or UPS delivery by **3:00 PM on January 3, 2013. Any proposal received after the deadline will be reviewed at the discretion of OTDA/BRIA. OTDA/BRIA will not accept faxed proposals, or proposals sent via electronic mail.**

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

Section A - APPLICANT DOCUMENTATION

Executive Summary

Provide a one-paragraph summary of your organization's Services to Cuban and Haitian Entrants program proposal. Include the following information:

- Amount of grant funds requested;
- The region(s) to be served;
- What the grant funds will pay for (describe the type(s) of services that will be provided);
- Timeframe for implementation of the proposed project; and
- Anticipated benefit(s) of the project.

Suggested format:

ABC, Inc. is requesting **\$dollars** to serve **region(s) that will benefit from proposed project.** Requested funds will assist with **outreach, orientation/community education, ESL/Civics/Literacy classes and immigration assistance tailored to eligible Cubans and Haitians.** ABC, Inc. can **immediately** commence the project upon notification of funding. An anticipated benefit of the Services to Cuban and Haitian Entrants program project is **to assist as many eligible Cubans and Haitians with immigration issues in a culturally and linguistically appropriate manner as possible.**

GENERAL INFORMATION

SERVICES TO CUBAN AND HAITIAN ENTRANTS PROGRAM APPLICANT PROJECT INFORMATION

INDICATE TYPE OF ORGANIZATION CARRYING OUT THE ACTIVITY:

PUBLIC AGENCY FAITH BASED NON-PROFIT OTHER NON-PROFIT

APPLICANT NAME: _____

EXECUTIVE DIRECTOR: _____

BUSINESS ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: (____) _____ FAX :(____) _____

Email Address: _____

PROJECT ADDRESS (if other than business address):

PROGRAM CONTACT: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: (____) _____ FAX : (____) _____

Email Address: _____

What is your organization's Federal Employer Identification number? _____

Applicant Fiscal Year: (Example: July 1 - June 30)? _____

Please provide the following identifying information regarding the project:

Community District(s) *NYC only*: _____

Federal Congressional District(s): _____

State Assembly District(s): _____

State Senate District(s): _____

What is your organization's 6 **digit** State Registered Charitable Organization number? _____

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

If not, why? _____

COUNTY/ COUNTIES WHERE SERVICES ARE TO BE PROVIDED _____

ACCESSIBILITY DETERMINATION

Is project site: wheelchair accessible? Yes No

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

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

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

No further entries on this page.

Section B – PROGRAM NARRATIVE (10 PAGE LIMIT EXCLUDING CHARTS)

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

AGENCY EXPERIENCE & CAPACITY

AGENCY INFORMATION: Describe your agency, how the proposed program will be operated within your organization, and what your organization will bring to the targeted population. Your description should address the following:

- Your agency's experience in providing services to Cuban/Haitian populations.
- How you will utilize your current expertise and capacity to implement services under this program.
- Other programs or services that your organization operates. How will these other programs be used to enhance the effectiveness of your proposed program?
- Your organization's working relationships with other local agencies. What specific resources will participants gain through these relationships?
- Does your agency employ an attorney and/or accredited representative with the Board of Immigration Appeals (BIA)?
- Is your agency a BIA recognized organization? If your agency is not BIA recognized, then discuss your plan to become a recognized agency including the timeline wherein you expect to be recognized by the BIA.
- Feasibility and cost effectiveness of your agency's work plan.
- The role of your organization's Board of Directors in the operation of this program.
- Please attach a detailed agency organizational chart.

TARGET POPULATION & NEED FOR ASSISTANCE

- Describe the Cuban/Haitian Target Populations in your community.
- Are there special needs or unique circumstances of the target population?
- Describe why the project is needed and how it will address the special needs or unique circumstances of the target population.

PROGRAM DESCRIPTION & IMPLEMENTATION

- Please describe the physical location(s) of the project.
- If applicable, please include a list of proposed subcontractors, including agency name, contact person, address, phone number and the specific payment points that you propose each subcontractor to provide.
- Please describe in detail your process for monitoring your subcontractors, if any.
- Please describe the specific methods of outreach and recruitment to prospective participants of the Services to Cuban and Haitian Entrants Program.
- Please include a client flow chart that depicts your program's service delivery sequence from intake to discharge of the program.

- Please describe how your program staff will obtain and incorporate input from the target population in the development/implementation of the Services to Cuban and Haitian Entrants Program.
- You may require a start-up period to hire personnel, recruit participants, purchase supplies, or train personnel. If a start-up period is required, please describe these tasks, as well as time frames for accomplishing them. Identify staff that will oversee these activities.
- Please identify and describe any potential barriers that may affect service delivery and how they will be addressed.
- Please describe the agency’s language accessibility procedures when assisting members of the target population for whom the agency has insufficient language capacity.
- Please describe how staff will receive regular training and updates on the latest immigration issues related to Cuban and Haitian entrants.

KEY PERSONNEL PROFILE

The purpose of this section is to demonstrate the staffing levels for the project as well as the amount of time the organization’s key personnel will spend on the project. Attach a chart that depicts the staff involved with the project. For each staff member listed, please include the person’s name and position or job title, the qualifications of the staff member, the responsibilities of the position or job title, the languages spoken by the staff member, the percent of time staff member will spend on the proposed project, and the name and title of the supervisor.

In narrative form, please explain how the proposed positions are sufficient to successfully implement the proposed project.

Suggested format:

Name and Position or Job Title	Qualifications	Responsibilities	Languages	Percent of Time to be Spent on Project	Supervisor

PAYMENT POINT SUMMARIES

Using the following Payment Point Summary Forms (one for each payment point) fully describe your plan to implement the agency process needed to achieve each payment point, employing the required and/or allowable services of each payment point. Use additional pages as necessary.

It is necessary to submit a Payment Point Summary Form for each payment point. Describe the roles and responsibilities of the personnel who will provide the required and/or allowable services of each payment point.

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

OUTREACH PAYMENT POINT SUMMARY FORM

- Fully describe your Outreach strategy for organized events or activities to inform, educate and assist the target population to access program services.
- Describe your agency's previous experience with Outreach.
- Describe how your agency will provide Outreach to the Cuban / Haitian Communities.
- List the methods of Outreach that will be used, including their target audience and why you have decided to target that particular audience.
- Include the frequencies of the various methods of Outreach.
- Describe the roles and responsibilities of staff and the number of staff who will provide the Outreach services.
- Describe how the Outreach documentation requirements will be obtained and maintained.
- Do not state here the number of units that you plan to achieve (show that number on the Payment Schedule).

ORIENTATION/COMMUNITY EDUCATION PAYMENT POINT SUMMARY FORM

- Fully describe your Orientation/Community Education strategy which will result in organized group events to familiarize enrolled clients with documentation requirements, the immigration process, and services available to them.
- Describe the activities or tasks provided during Orientation/Community Education and how they will include the following topics: immigration documentation, adjustment of status, employment authorization, naturalization, temporary protected status (Haitians only), deferred action.
- Describe how staff will provide the activities or tasks in a linguistically and culturally appropriate manner.
- Describe the roles and responsibilities of staff and the number of staff who will conduct the Orientation/Community Education. Include the languages that assigned staff can speak.
- Describe how the Orientation/Community Education documentation requirements will be obtained and maintained.
- Do not state here the number of units that you plan to achieve (show that number on the Payment Schedule).

ESL/CIVICS/LITERACY PAYMENT POINT SUMMARY FORM

- Fully describe your plan for direct provision of ESL/Civics/Literacy classes including course outlines and how many classes will be provided.
- Describe the roles and responsibilities of staff and the number of staff who will provide the services. Include the languages that assigned staff can speak.
- Provide the location and number of hours per class cycle, including the class start and end dates.
- Describe the activities or tasks that will occur and how staff will provide these in a linguistically and culturally appropriate manner.
- Describe how the ESL/Civics/Literacy documentation requirements will be obtained and maintained.
- Do not state here the number of units that you plan to achieve (show that number on the Payment Schedule).

IMMIGRATION ASSISTANCE PAYMENT POINT SUMMARY FORM

- Fully describe your plan to implement the agency process to achieve the Immigration Assistance payment point, employing the allowable services of this payment point.
- Describe what allowable Immigration Assistance Services will be provided to meet the payment point and how they will be delivered.
- Describe the roles and responsibilities of staff and the number of staff who will provide the services. Include the languages that assigned staff can speak and the staff's credentials.
- Discuss the location where the services will be provided and the office hours.
- Describe how the Immigration Assistance documentation requirements will be obtained and maintained.
- Do not state here the number of units that you plan to achieve (show that number on the Payment Schedule).

Section C – PAYMENT SCHEDULES

Payment Schedules

Using the payment rates provided on page 7 of the RFP, please complete the 12-month budget period and 36-month contract term payment schedules on pages 32 and 33. The payment schedules summarize the rates of payment for each payment point and the number of contract payment points achieved through delivery of allowable services that you plan to provide for both the contract's term and first budget period. **The 12-month budget period total should be based on the approximate available funds of \$301,567 for the first budget period. The 36-month contract term payment schedule should be based on the total approximate available funds of \$646,701.**

PLEASE NOTE:

You should take into consideration the number of payment points that you can reasonably achieve, thereby ensuring that you would complete sufficient payment points to earn the contract value. Discuss the Payment Schedules with your fiscal office staff to jointly develop a realistic view of your organization's financial needs (projected program operating costs).

SERVICES TO CUBAN HAITIAN ENTRANTS PROGRAM				
PAYMENT SCHEDULE				
12-Month Budget Period				
PAYMENT POINTS	TOTAL DOLLARS	% OF TOTAL AWARD AMOUNT	NUMBER OF UNITS	RATE PER UNIT
OUTREACH	\$0	#DIV/0!		
ORIENTATION/COMMUNITY EDUCATION	\$0	#DIV/0!		
ESL/CIVICS/LITERACY	\$0	#DIV/0!		
IMMIGRATION ASSISTANCE	\$0	#DIV/0!		
Total Award Amount	\$0			
Total Program Plan Amount				

Note: Please note that the amount in the "total amount" line is the maximum amount you may

To complete Payment Schedule, use your mouse to double click on any cell in the NUMBER OF UNITS or RATE PER UNIT columns. A new screen will appear. Once you are finished entering the NUMBER OF UNITS and RATE PER UNIT, press the Escape (Esc) key on your keyboard. This will bring you back to the Word file and save any changes that you made.

DEFINITIONS/INSTRUCTIONS

TOTAL DOLLARS The total dollars allocated to each payment point for the 12-month budget period, the sum of which is the TOTAL BUDGET PERIOD AMOUNT. This amount will be calculated automatically once the RATE PER UNIT and NUMBER OF UNITS are entered.

% OF TOTAL AWARD The percentage of the TOTAL BUDGET AMOUNT allocated to each payment point. This percentage will also be calculated automatically once the RATE PER UNIT and NUMBER OF UNITS are entered.

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

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

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

SERVICES TO CUBAN HAITIAN ENTRANTS PROGRAM

PAYMENT SCHEDULE

36-Month Contract Term

PAYMENT POINTS	TOTAL DOLLARS	% OF TOTAL AWARD AMOUNT	NUMBER OF UNITS	RATE PER UNIT
OUTREACH	\$0	#DIV/0!		
ORIENTATION/COMMUNITY EDUCATION	\$0	#DIV/0!		
ESL/CIVICS/LITERACY	\$0	#DIV/0!		
IMMIGRATION ASSISTANCE	\$0	#DIV/0!		
Total Award Amount	\$0			

Note: Please note that the amount in the "total amount" line is the maximum amount you may

To complete Payment Schedule, use your mouse to double click on any cell in the NUMBER OF UNITS or RATE PER UNIT columns. A new screen will appear. Once you are finished entering the NUMBER OF UNITS and RATE PER UNIT, press the Escape (Esc) key on your keyboard. This will bring you back to the Word file and save any changes that you made.

DEFINITIONS/INSTRUCTIONS

TOTAL DOLLARS The total dollars allocated to each payment point for the 36-month Contract Term, the sum of which is the TOTAL AWARD AMOUNT. This amount will be calculated automatically once the RATE PER UNIT and NUMBER OF UNITS are entered.

% OF TOTAL AWARD The percentage of the 36-month AWARD AMOUNT allocated to each payment point. This percentage will also be calculated automatically once the RATE PER UNIT and NUMBER OF UNITS are entered.

NUMBER OF UNITS The number of outcome units to be achieved for each payment point. Enter the NUMBER OF UNITS for each payment point for the 36-month Contract Term.

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

NOTE (Only for those without Microsoft Office): If you do not have access to Microsoft Office, please replicate the above chart and include the replication in your application. Follow the same instructions for the NUMBER OF UNITS and RATE PER UNIT. You must calculate TOTAL DOLLARS by multiplying the NUMBER OF UNITS by the RATE PER UNIT for each payment point. The 36-month AWARD AMOUNT is the sum of the TOTAL AWARD. You must also calculate the % TOTAL BUDGET AMOUNT by dividing the TOTAL DOLLARS for each payment point by the 36-month AWARD AMOUNT.

AGENCY AGREEMENT

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

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

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

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

(Signature of official authorized to sign for applicant)

(Date)

(Type name and title)

M/WBE SUBCONTRACTOR UTILIZATION EXAMPLES

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

M/WBE SUBCONTRACTOR UTILIZATION PLAN

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

Offeror's Name:

Federal Identification Number:

Address:

Solicitation Number:

City, State, Zip Code:

Telephone Number:

Region/Location of Work:

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

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

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

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

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

Proposal / Contract number: _____

Contract Scope of Work: _____

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

At the following price: \$ _____

Name of MWBE: _____

Address: _____

Federal ID Number: _____

Telephone Number: _____

Designation:

MBE - Subcontractor

WBE – Subcontractor

MBE – Supplier

WBE - Supplier

Joint venture with:

Name:

Address

Fed ID Number: _____

MBE

WBE

Are you a New York State Certified M/WBE?

Yes

No

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

Date Proposal/ Contract to be started: _____

Date Proposal/ Contract to be completed: _____

Date Supplies ordered: _____

Delivery date: _____

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

Date: _____

Signature of M/WBE Contractor: _____

Printed/Typed Name of M/WBE Contractor: _____

INSTRUCTIONS FOR M/WBE SUBCONTRACTORS AND SUPPLIERS' LETTER

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

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

Contact: Wilma Brown Phillips, M/WBE Director
Wilma.BrownPhillips@otda.state.ny.us

**EQUAL EMPLOYMENT OPPORTUNITY
STAFFING PLAN**
Submit with Bid or Proposal – Instructions on page 2

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

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

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

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

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

Instructions for completing:

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

RACE/ETHNIC IDENTIFICATION

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

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

OTHER CATEGORIES

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

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

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

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

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

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

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

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

Instructions for completing:

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

RACE/ETHNIC IDENTIFICATION

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

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

OTHER CATEGORIES

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

CONTRACTOR/SUBCONTRACTOR BACKGROUND QUESTIONNAIRE

Name of Agency: _____ Federal Identification# _____

Mailing Address: _____

Actual Location: _____

City: _____ State: _____ Zip code: _____

Telephone Number: () _____ Fax Number: () _____

Background Questionnaire

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

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

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

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

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

_____ NO _____ YES

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

_____ NO _____ YES

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

_____ NO _____ YES

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

_____ NO _____ YES

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

_____ NO _____ YES

f) Any bankruptcy proceeding?

_____ NO _____ YES

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

_____ NO _____ YES

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

_____ NO _____ YES

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

_____ NO _____ YES

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

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

* unemployment insurance or workers compensation coverage or claim requirements;

* ERISA (Employee Retirement Income Security ACT);

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

* federal, state security laws?

_____ NO _____ YES

k)

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

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

Was violation willful?

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

_____ NO _____ YES

o) Any state determination of a Public work violation?

Was violation deemed willful?

_____ NO _____ YES

_____ NO _____ YES

p) A revocation of MBE or WBE certification?

_____ NO _____ YES

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

_____ NO _____ YES

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

_____ NO _____ YES

_____ NO _____ YES

_____ NO _____ YES

_____ NO _____ YES

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

CERTIFICATION

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

Authorized Signature: _____

Name: _____

Title _____

Date _____

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

M/WBE AND EEO POLICY STATEMENT

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

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

M/WBE

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

(a) This organization will not discriminate against any employee or applicant for employment because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status, or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.

EEO

- (b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status,
- (c) At the request of the contracting agency, this organization shall request that each employment agency, labor union, or authorized representative will not discriminate on the basis of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status, and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.
- (d) This organization will include the provisions of sections (a) through (c) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

Agreed to this _____ day of _____, 2_____

By _____

Print: _____ Title: _____

Minority/ Women Business Enterprise Liaison

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

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

(Authorized Representative)

Title: _____

Date: _____

Contact:

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

MWBE SUBCONTRACTOR REQUEST FOR WAIVER FORM

INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.	
Offeror/Contractor Name:	Federal Identification No.:
Address:	Solicitation/Contract No.:
City, State, Zip Code:	M/WBE Goals: MBE % WBE %
By submitting this form and the required information, the offeror/contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract.	
Contractor is requesting a:	
1. <input type="checkbox"/> MBE Waiver – A waiver of the MBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial 2. <input type="checkbox"/> WBE Waiver – A waiver of the WBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial 3. <input type="checkbox"/> Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.) Date of such filing with Empire State Development: _____	
PREPARED BY (Signature):	Date:
<small>SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.</small>	
Name and Title of Preparer (Printed or Typed):	Telephone Number:
	Email Address:
Submit with the bid or proposal or if submitting after award, submit to the MWBE Program Unit: NYS OTDA ATTN: Ms. Wilma BrownPhillips, MWBE Director M/WBE Program Management Unit Harlem Center 317 Lenox Avenue New York, New York 10027 Email to: Wilma.BrownPhillips@OTDA.State.NY.US	***** FOR AGENCY USE ONLY *****
	REVIEWED BY:
	DATE:
	Waiver Granted: <input type="checkbox"/> YES MBE: <input type="checkbox"/> WBE: <input type="checkbox"/> <input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver <input type="checkbox"/> ESD Certification Waiver <input type="checkbox"/> *Conditional <input type="checkbox"/> Notice of Deficiency Issued _____ *Comments:

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

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

Note:

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

CONTRACTOR QUARTERLY COMPLIANCE REPORT

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

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

Contract Number: C _____ Contractor: _____	Expenditure Code: (See above for codes) _____	REPORTING PERIOD: From: ____/____/____ To: ____/____/____	MWBE Goal MBE ____ % WBE ____ % M/WBE ____ %
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A	B	C	D
Amount of Actual Expenditures in Reporting Period	Minority-Owned Business Enterprise (MBE) Subcontracting Expenditures in Reporting Period	Women-Owned Business Enterprise (WBE) Subcontracting Expenditures in Reporting Period	Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures in Reporting Period
\$ _____ (If none, enter 0)	\$ _____ (If none, enter 0)	\$ _____ (If none, enter 0)	\$ _____ (If none, enter 0)

SEE INSTRUCTIONS ON NEXT PAGE:

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

CREDIT WILL NOT BE GIVEN WITHOUT COMPLETE INFORMATION

INSTRUCTIONS:

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

TOTALS FOR REPORT PERIOD

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

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

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

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

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

PRODUCT CODE KEY:

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

M/WBE GOAL REQUIREMENTS CERTIFICATION OF GOOD FAITH EFFORTS

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

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

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

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

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

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

Signature Date

Print Name

Title

Company

Contract Number

Program/Solicitation Name

Attachment Q Notices

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

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

State of New York [Agency Name]

Name:

Title:

Address:

Telephone Number:

Facsimile Number:

E-Mail Address:

[Contractor Name]

Name:

Title:

Address:

Telephone Number:

Facsimile Number:

E-Mail Address:

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

Applicant: _____

APPLICATION CHECK LIST of Required Forms	INCLUDED?
A – APPLICANT DOCUMENTATION	
Executive Proposal Narrative	
General Information	
Accessibility Determination Form	
B – PROGRAM NARRATIVE	
Agency Experience & Capacity	
Target Population & Need For Assistance	
Program Description & Implementation	
Key Personnel Profile	
Payment Point Summaries	
C –PAYMENT SCHEDULES	
Payment Schedules	
D – AGENCY INFORMATION	
Funding Agency Contact Information Form	
Agency Agreement	
M/WBE Subcontractor Utilization Plan	
M/WBE Letter of Intent to Participate	
EEO Staffing Plan	
M/WBE/EEO Policy Statement	
M/WBE Subcontractor Request For Waiver Form	
M/WBE Goal Requirements Certification of Good Faith Efforts	
Attachment Q	
Attach Copy of: Audited Financial Report. It should be within the last 12 months. If not, please attach a letter explaining why.	
Attach Copy of: Certificate of Incorporation	

END OF APPLICATION