

Access and Visitation

(AV)

***REQUEST FOR PROPOSALS
AND
APPLICATION INSTRUCTIONS
2014-2019***

**State of New York
Governor Andrew M. Cuomo**



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

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PART A: SUMMARY INFORMATION

I. INTRODUCTION

Both custodial (CP) and noncustodial (NCP) parents have a duty to expend all reasonable efforts to provide the support systems needed for their children to mature to self-sufficiency. The New York State Office of Temporary and Disability Assistance (OTDA), is committed to facilitating services that strengthen the parenting foundation of families in order to improve lifetime opportunities for all children.

Annually, households are growing in number wherein one parent does not reside with his/her children. Statistics today show that, in New York State, over 40% of children are born out-of-wedlock with most being raised in single parent households. The ongoing emotional and financial needs of children in separated families can become stressed or overlooked. This outcome is particularly common if the parties are in conflict over parental access to, and visitation with, their children and over decisions regarding parenting roles including the payment of child support. Furthermore, in a significant number of these families in conflict, domestic violence, child abuse, substance abuse, and/or mental health issues may also compromise the quality of the child's environment and impair his/her development.

It is widely recognized that children benefit significantly from the outcomes of shared parenting roles where both parents contribute consistent emotional and financial support. Evidence suggests that children, when raised in healthy two-parent families, develop better life coping skills and have a greater chance of success in becoming self-sufficient adults. On the contrary, children raised in single parent homes are more likely to be poor, become involved in drug and alcohol abuse, drop out of school, and suffer from health and emotional problems. In addition, boys are more likely to become involved in the criminal justice system, and girls are more likely to become pregnant as teens. The positive influence a noncustodial parent can have on a child's well-being and development is invaluable. Living arrangements that separate one parent from another do not rescind parental responsibility. With diligence and care, parents that live separately can and should achieve the same nurturing environment for their children as parents living together.

OTDA supports Access and Visitation Program efforts, through approved services delivered in safe settings, to help separated and divorced families of all income levels achieve improved parenting opportunities and develop abilities that enable both custodial and noncustodial parents to fulfill their responsibility to raise their children.

Toward that end, OTDA has an Access and Visitation Program that is funded by the federal grant known as the "Grants to States for Access and Visitation Program," (Access and Visitation Program) as set forth in the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 at section 391 (codified at 42 U.S.C. §669b). The availability of Access and Visitation Program funding (AV funding) is subject to receipt of notification of a successful federal grant application by New York State. Federal legislation stipulates that such

programs shall “support and facilitate noncustodial parents’ access to and visitation of their children.”

Federal legislation specifies that the types of activities that may be utilized under AV grant activities are limited to counseling, education, mediation, development of parenting plans, and visitation enforcement (including monitoring, supervision and neutral drop off and pick up). Under the New York State Access and Visitation Program other activities may not be funded with the AV funding.

In order to assure a consistent source of appropriate referrals and acceptance of program outcomes, each proposal is strongly encouraged to include a Letter of Participation from the local court system and a Letter of Participation from the local district department of social services or its New York City equivalent. Such letters shall not merely be supportive of the agency, its service record, and its past performance, but shall also indicate the signor has been apprised of the proposed program; finds the program to have potential value to the family wherein the parents are conflicted or at risk of conflict over child access and visitation; will refer appropriate families consistent with the signor’s respective position; and in future family proceedings the signor will take into consideration the value added by the outcomes of the Access and Visitation Program. Local social service district Letters of Participation shall also indicate that the local child support enforcement program director has been informed of the proposed program and whether any program liaison with that individual is anticipated.

The program performance target must be the support and facilitation of noncustodial parents’ increased parenting time with their children. The desired long term outcomes for families are: improvement of parents’ individual and cooperative parenting (co-parenting) skills; improved opportunity for both parents to apply parenting skills to their child-raising responsibilities through safe, meaningful parent-child time (access and visitation); establishment of the understanding by parents that children require consistent emotional and financial support from both parents regardless of the status of the interpersonal relationship between the parents; and how to access child support enforcement services when necessary.

The proposal should be structured to result in transition of the family to self-managed access and visitation whenever possible. Proposals must include a detailed implementation plan for the performance target that shall identify the baseline negative behaviors that will be addressed along with progress measurements, and may include milestones for reaching the performance target consistent with the RFP. All proposals must address safeguards that ensure the safety of parents and children. Provider safety should also be addressed. In addition to reviewing the written proposal, the Agency may use telephone inquiry and/or pre-selection site visits to determine viability of a proposal or for verification of any representations made in a proposal.

Applications must be submitted in Grants Gateway at www.grantsgateway.ny.gov. OTDA will conduct a thorough review of each application submitted in the system. Eligible applicants should complete and submit all answers to questions and forms required by this RFP. Failure to submit all required forms and answer all required questions will adversely affect the overall competitive score. Proposals cannot be submitted in Grants Gateway after the deadline. Any

proposal received after the deadline or outside of Grants Gateway will be reviewed solely at the discretion of OTDA.

OTDA will award available funds statewide for AV projects on a competitive basis. This funding will be for a five (5) year contract cycle, 10/01/14– 9/30/19, to be funded annually for one (1) year periods depending upon the availability of continued federal funding and State budget authority, satisfactory performance, and the discretion of OTDA. Proposals must be submitted by established not-for-profit community-based organizations. Complete with safety-assurance measures, the program must support and facilitate noncustodial parents' increased parenting time with their children. In addition, proposals should reflect projections, needs and budgeted items for one year grant periods. If selected, the proposal and all parts of it submitted in response to this RFP may become part of a contract with OTDA, subject to approval by the New York State Attorney General and the Office of the State Comptroller. At the time of contract development, awardees will be required to submit additional budget and program information for the final contract. OTDA reserves the right to negotiate any aspect of a proposal in order to ensure that the final agreement meets OTDA objectives.

All applications must meet the two following minimum requirements:

- Proposals must be submitted by Eligible Applicants, as defined in Section III of this RFP.
- Proposals must serve an Eligible Service Population, as defined in Section V of this RFP.

Should an application fail to meet these two minimum requirements it will be disqualified.

THE DEADLINE FOR SUBMISSION OF PROPOSALS IS: SEPTEMBER 9, 2014

NO FURTHER ENTRIES ON THIS PAGE

II. PROCUREMENT SCHEDULE

RFP Released..... August 12, 2014
Questions and Answers Due..... August 19, 2014
Proposals Due.....September 9, 2014
Notification of Awards..... September 24, 2014
Contract Start Date:..... October 1, 2014

QUESTIONS AND ANSWERS ABOUT THIS RFP

Any questions about this RFP must be submitted in writing by 2pm on August 19, 2014 to the attention of Iwona Ostrowska-Sheedy at the New York State Office of Temporary and Disability Assistance, Division of Child Support Enforcement, 40 North Pearl Street Floor 13, Albany, New York 12243, or FAX (518) 486-3127 or e-mail to Iwona.Ostrowska-Sheedy@otda.ny.gov .

All questions must be typed. Along with your question(s), provide your name, organization, mailing address and fax number. Questions may be submitted prior to the August 18th deadline.

The written response to all questions will be posted in the Grants Gateway website at www.grantsgateway.ny.gov and at www.otda.ny.gov on or by August 25, 2014. The NYS Office of Temporary and Disability Assistance will not entertain questions via telephone. Any question received after the specified deadline will be answered at the discretion of OTDA and will be published in the Question and Answer document.

III. ELIGIBLE APPLICANTS

Only not-for-profit corporations are eligible to apply for these funds. All not-for-profits are subject to the Prequalification Requirement in Grants Gateway as described in Section III. A. of this RFP.

Prequalification Requirement*

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for proposals to be evaluated. Information on these initiatives can be found on the [Grants Reform Website](#).

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

1. Register for the Grants Gateway.

- On the Grants Reform Website, under the ‘grantees tab’, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username please email grantsreform@budget.ny.gov . If you do not know your Password please click the [Forgot Password](#) link from the main log in page and follow the prompts.

2. Complete your Prequalification Application.

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

3. Submit Your Prequalification Application

- After completing your Prequalification Application, click the *Submit Document Vault Link* located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.

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- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

***Due to the statutory changes that take effect on July 1, 2014 as a result of the Not For Profit Revitalization Act State agencies will suspend the prequalification requirement for any not-for-profit responding to an RFP from July 1, 2014 to September 30, 2014.** During that time, not-for-profits will have the ability to access their document vaults in order to update their files without losing the ability to apply for any grant offered by a State agency. All not-for-profit organizations may apply for any State funding during this period regardless of their prequalification status. However, award of funds will be contingent on the ability of a not-for-profit successfully completing the prequalification prior to the execution of the contract. **After September 30, 2014 prequalification will once again be required for any not-for-profit applying for State funds, excepting categories of not-for-profits currently exempted.**

Effective July 1, 2014, not-for-profit vendors wishing to prequalify to apply for State grant funding must:

- Formally adopt a Conflict of Interest Policy regarding its directors, officers and key employees
- Formally adopt a Whistleblower Policy to protect employees from retaliation if they report suspected improper conduct. This requirement applies only to not-for-profits with 20 or more employees and an annual budget of more than one million dollars
- Provide audit and fiscal documentation based on the following thresholds:

Gross Revenue and Support	Requirement
Up to \$250,000	Board reviewed Internal Financial Statement
At least \$250,000 but not more than \$500,000	CPA Review
More than \$500,000	CPA Audit

State Prequalification Specialists will apply the new standard as of the effective date.

IV. FUNDING

The funding available through the State for the Access and Visitation Program will be referred to as the “Grant Share” and all other support will be supplied by the offeror and be referred to as the “Local Share.” The Grant Share for the 2014-2019 Access and Visitation Program can be used to create new, or expand upon existing, access and visitation programs and the money cannot replace any existing funding for similar types of program services. Grant Share added to Local Share is the Total Program Cost.

Local Share

For this program a Local Share equal but not limited to 10% of the Total Program Cost **must** be reflected on the Financial Projection Summary submitted with the proposal. Local Share may include in-kind, and/or program donations. The calculated value and source of all Local Share, including program income shall be included in the Financial Projections Summary and be itemized in the Financial Projections Narrative.

Program Income

Program income is any amount received by the Program generated directly from any activity supported by and allocable to the Access and Visitation program. Where any provider elects to charge fees* for services provided or to earn any other type of program income, the entire amount earned must be expended by the provider for the purposes of providing services under

the Access and Visitation program and in accordance with the applicable Terms and Conditions and as stated in Attachment A-2 of this RFP.

*The charging of fees is optional in the Access and Visitation Program. Under the Addition Alternative treatment of program income, any program that charges fees will have three separate funding sources for program expenditure: federal funds, local share funds and fees. Program income will increase the total amount of funds available to the program during the project period. The program will continue to receive its full allocation of grant funds and must provide its full share of local match. Program income must be expended during the annual project period in addition to grant and local shares. Program income must be used for the purpose set forth in this Request for Proposal and will be subject to the conditions of the contract. If the program offeror elects to charge fees, the protocol for informing clients, collecting the fees and the fee schedule must be set forth in the proposal. All program income shall be reported quarterly. Any fees charged to participants in this program shall be reasonable to the family's circumstances and shall not inhibit parent-child access.

Proposals should project the anticipated number of families and estimate the number of children that will be served in each program. A Financial Projection Summary should be structured according to the actual service delivery costs. The following ranges are intended to serve as a guide to program design:

- \$100,000 - \$125,000 serving 100 -150 families with approximately 130 - 180 or more children
- \$75,000 - \$100,000 serving 70 - 100 families with approximately 100 - 130 or more children
- \$50,000 - \$ 75,000 serving 40 - 70 families with approximately 60 - 100 or more children

V. PROGRAM DESCRIPTION

Eligible Service Population

The program targets noncustodial parents and their relationship with their children. However, custodial parents are integral to the establishment/restoration of satisfactory co-parenting environments and shall be provided with services as appropriate to accomplish the performance target. The customers to be served are parents not living together either through separation, divorce, or other absence of co-residence and their children who are already experiencing conflict, or are at-risk of experiencing conflict, over parent-child access. Funding provided through this RFP may not include services for visitation with children in foster care placements. Only grandparents who at one time have been custodial or who can be verified as being in the application process to become the custodial caregiver of the child may be enrolled for services and then only by referral from the court.

Applicants (sometimes also referred to herein as “Contractor” or “Offeror”) for the Access and Visitation Program funding may only choose from services A – E listed in this section, and must complete post-program follow-up. Creative program proposals are encouraged.

If the program will involve use of a pre-services evaluation by tests or other evaluative instruments the proposal shall include description and copy thereof. As mentioned earlier, the

program outcome must be the support and facilitation of noncustodial parents' increased parenting time with their children.

Noncustodial parents served under this program may not be mandated to pay child support as part of the services of the program however they should be made aware of their financial obligations as a parent.

Programs may provide services for preventive purposes and/or in response to chronic or acute conflict prior to or after custody and visitation are adjudicated. Program offerors will determine the length/duration of family enrollment in their program consistent with community need and local court requirements. Proposals should be structured to result in transition of the family to self-managed noncustodial parent/child parenting time whenever possible.

Each proposal must contain safeguards to insure the safety of children, parents and staff and must be confined to a combination of the following services:

A. Counseling:

Could include, but is not limited to, professional advice or guidance provided to parents by a licensed or certified mental health professional. This provision of service is intended to help parents work through their interpersonal conflicts by focusing on the best interests of the child. Counseling services must support and facilitate noncustodial parents' increased parenting time with their children.

B. Parent Education:

Could include, but is not limited to, an educational workshop, class or seminar that provides noncustodial and custodial parents with information on a range of issues, such as: the effects of separation and divorce on children and families; impact of parental conflict on children; improving parenting skills; how to put a parenting agreement into effect; court procedures for filing a motion for visitation; and custody and visitation compliance issues. Educational services must be delivered by qualified trainers and support and facilitate noncustodial parents' increased parenting time with their children.

C. Mediation:

Could include but is not limited to, court connected or community-based services involving professionals (certified and trained as family mediators) who meet with both parents to: resolve parenting disputes; develop a parenting plan and visitation agreement; and increase noncustodial parenting time with children. Under the AV grant program, mediation may be voluntary or mandatory.

D. Development of Parenting Plan:

Could include, but is not limited to, the development of formal or informal parenting plans or parenting agreements through services other than mediation which increase noncustodial

parenting time with children. These plans may or may not be filed with the court dependent upon the wishes of the parents.

E. Visitation Enforcement (Supervised Visitation, Monitored Visitation, Monitored Child Exchange, Neutral Site Unobserved Child Transfer):

Could include but is not limited to:

Monitored and Supervised Visitation services for noncustodial parents/clients, usually ordered by the court, who would otherwise be denied access to their children. These services are provided by trained, licensed and certified mental health professionals in safe and secure settings.

Neutral Drop-Off/Pick-Up services for high-conflict parents and their children in a neutral environment for the safe exchange of a child from a custodial parent to a noncustodial parent or vice versa.

Court ordered visitation enforcement must ensure the safety and welfare of children, parents and provider, and services appropriate to the age of the child and the family's history must be delivered by qualified, experienced personnel at a specified location. This service should be structured as an interim solution to the family's conflict with the need for visitation enforcement ultimately being resolved whenever possible. The proposal should thoroughly describe: 1) the types of visitation enforcement that will be provided; 2) under what circumstances the supervision of the family visit will transition from immediate direct supervision to indirect supervision; and 3) specify whether it will be delivered in group or individual settings. The parameters of monitored child exchange or neutral site unobserved child transfer must be set forth. The respective roles of provider and parents throughout visitation enforcement should be thoroughly detailed and made known to all parties in advance of service. The expectation with regard to referrals, post-program reporting to the referring agent, and follow-up should be outlined.

For the purpose of this program Supervised Visitation shall provide the most regulated form of noncustodial parent/child interaction and involves direct visit observation that may progress to diminishing stages of direct/indirect observation. This activity does not involve contact between parents. Monitored Exchange and Visitation shall offer families a transitional stage wherein child exchange is observed, visits may become self-managed, may occur onsite with indirect observation or offsite without immediate observation, and always includes post-visit follow-up, which may be by telephone with both parents, to assess results. During Monitored Visitation parent-to-parent interaction and contact can evolve as circumstances permit. Neutral Site Unobserved Child Transfer (parent-to-parent exchange) presents an option that may facilitate achieving self-managed co-parenting in the separated family.

Visitation enforcement services must support and facilitate noncustodial parents' increased parenting time with their children.

F. Post Program Follow-Up:

For the purpose of measuring “increased noncustodial parenting time with children,” each program will be required to conduct post-service surveys at one and four month periods after the last date of noncustodial parent program participation. The survey will measure whether the noncustodial parent has experienced an “increase in the number of hours, days, and/or holidays they spend with their child(ren) as compared to parenting time prior to the provision of the access and visitation services.”

VI. PERFORMANCE TARGET/RESULTS

The Agency requires the Access and Visitation proposals to identify the program deliverables as related to supporting the program outcome of increasing the noncustodial parents’ access to and visitation (parenting time) with their child(ren). The baseline measure will be the level of visitation and access to their child(ren) prior to participation and upon completion of the program - as measured by a pre-services survey administered by the program. The program results will be measured by two post-program noncustodial parent surveys administered one and four months after completion of the program.

It is anticipated that 100% of the noncustodial parents who complete the post-program surveys will report on one of the following:

- Regular access to and visitation (parenting time) with their child(ren) has been established and can continue unassisted; or
- Regular access to and visitation (parenting time) with their child(ren) has been established but continues to require supervision; or
- The court has decreed that noncustodial parent access to and visitation (parenting time) with their child(ren) is not in the best interest of the child at the present time.

Programs may, and in fact are encouraged to, include additional outcomes provided they are consistent with the performance target of this RFP.

VII. SELECTION PROCESS

All proposals will be reviewed by OTDA staff assisted by such other State personnel as is deemed appropriate. Following the desk review of applications, several other steps may take place to further evaluate proposals. These steps may include a telephone interview with the designated contact person in the organization; a request for additional written information or documentation, if necessary; a site visit; and/or a face-to-face meeting with agency representatives; and/or communication with references.

Proposals will be evaluated on a comparative analysis among proposals received. Proposals will be reviewed and assigned an overall competitive score. Proposals will be funded based upon the application’s score and will be subject to the availability of funds. In addition:

- Awards may be reduced during the application process or contract term if another source of funding for the activities becomes available, and is deemed appropriate, in which case OTDA may choose to dedicate those funds to other activities at its discretion.
- Awards may be proportionately reduced to ensure the availability of funds statewide.
- Requested amount of funding may be reduced by ineligible expenses.
- Requested amount of funding may be reduced based on past AV spending practices.

OTDA reserves the right to award funds by geographic region to reach underserved areas. The geographic distribution of funds will be considered in the event that an underserved region is identified by OTDA.

The following is provided as the relative weight for each section of the application:

- Up to 50 points may be earned for: meeting the performance target objectives; documentation of community needs assessment; correlation of program with needs, well-defined baseline customer behaviors; realistic program design and delivery; inclusion of outcome validation procedures; and provision of relevant and appropriate services including safeguards to insure the safety of parents, children and staff.
- Up to 25 points may be earned for: overall program cost-effectiveness; consistency of project with funding guidelines and program priorities; a realistic plan for continued funding; additional resources and local match beyond the required amount where required.
- Up to 25 points may be earned for: appropriate staffing patterns; staff qualifications and responsibilities consistent with services and performance targets; staff recruitment/retention plans; agency experience, capacity and ability to deliver proposed program; coordination with other community services if such exist; and overall creativity.

Proposals will be evaluated on a comparative analysis among proposals received. Proposals will be reviewed and assigned an overall competitive score. Proposals will be funded based upon the application's score and will be subject to the availability of funds.

VIII. AWARD PROCEDURE

The contracts resulting from this RFP will start on or about October 1, 2014. It is anticipated that successful applicants will receive multi-year contracts for five (5) years with an allowance for termination at any time. Contracts submitted to the NYS Office of State Comptroller (OSC) and the NYS Office of the Attorney General (OAG) will include the maximum amount of the award for the entire five (5) year period. Upon approval of funding recommendations by OTDA and award notices, contract development instructions will be issued to awardees. OTDA reserves the right to negotiate any aspect of a proposal in order to ensure that the final agreement meets the Access and Visitation program objectives. Awardees will be asked to develop and provide electronically a detailed implementation plan that sets forth the program goals. Successful applicants are encouraged to register with the OSC Vendor Responsibility System at <http://www.osc.state.ny.us/vendrep>

OTDA encourages Access and Visitation applicants to use other funding resources and programs in concert with Access and Visitation funds. These resources should be fully integrated in a comprehensive service plan for the target population. Successful applicants must present explicit information on these other resources and demonstrate how the program will be enhanced by these resources, and how duplication of services within the applicant's community will be prevented. Program money cannot supplant (replace) any existing funding for similar types of program services.

Contractors will be required to develop a comprehensive assessment and work plan. Contractors will also be required to provide quarterly reporting data to the Agency and federal survey data consistent with federal regulations and requirements.

Should additional AV funds become available, the Agency reserves the right to consider other proposals in response to this RFP, but not funded at this time, and/or to amend an existing contract in the event additional funding becomes available. Updated information will be requested as deemed necessary by the Agency. The Agency also reserves the right to solicit and accept new proposals as or if funding becomes available.

Should available funds be decreased in future years, OTDA also reserves the right to reduce awards on a pro-rated basis.

IX. REPORTS AND RECORDKEEPING

Reports will be required on at least a quarterly basis, which describe the progress of Access and Visitation activities and participants served. Contractors must ensure that books, records, documents and other evidence pertaining to cost and expenses of the contract are maintained in such detail as will reflect all costs of materials, equipment, supplies, services, building costs and all other costs and expenses for which reimbursement is claimed or payment is made under the contract. All expenditures shall be reported on a quarterly basis.

All records pertaining to awards made under this funding opportunity including financial audits, budget, plans/drafts, supporting documents, statistical records, etc., must be retained for a period of at least six (6) years following submission of the final expenditure report.

In the event that any claim, audit, litigation or State/federal investigation is started 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 resolved.

OTDA shall have access to any records relevant to the project, including documents, correspondence, and records to make audit, examinations, transcripts, and excerpts. If OTDA determines that such records possess long term or historic value, they must be transferred to OTDA.

Projects will be monitored by OTDA on a regular basis throughout the term of the contract. Monitoring may include site visits as well as regular telephone contact. The goal of monitoring is to ensure that the terms of the contract are being met. In addition, monitoring enables OTDA

to provide technical assistance, where necessary, in order to assist the contractor in meeting the terms of the contract. It is the responsibility of the contractor to monitor any and all sub contracts.

X. GENERAL TERMS AND CONDITIONS

OTDA will conduct a review of all prospective contractors to provide reasonable assurances that the vendor is responsible. Vendor Responsibility will be determined regarding each bidder or offeror's authority to do business in New York, their business integrity, as well as financial and organizational capacity, and performance history.

Successful contractors will be required to submit all final contract documents, narratives and budgets electronically. The following will be incorporated into any contracts resulting from this Request for Proposals:

- ✓ The Master Contract
- ✓ Attachment A-1, (OTDA and Access and Visitation Program terms and conditions)
- ✓ Attachment A-2, (Federally funded terms)
- ✓ Attachment B-1 (line item budget)
- ✓ Attachment C (workplan)
- ✓ Attachment D (payment and reporting schedule)

As referenced in Sections IV J-K of the master contract and Attachment A-1, Equal Opportunities for minorities and women apply as do Minority and Women-Owned Business Enterprise goals on discretionary expenses.

The terms and conditions specified in a detailed contract must be signed by OTDA and approved by New York State's Attorney General's Office and the Office of the State Comptroller before any work is begun or payments made. Please note that no services may be reimbursed until a contract has been fully executed.

No further entries this page

PART B: INSTRUCTIONS FOR COMPLETING APPLICATION

The entire Access and Visitation Program Application must be submitted in Grants Gateway. Applications submitted outside of the Grants Gateway system will not be reviewed.

Eligible entities are not-for-profits with available document vaults. Applicants should submit one application per agency. Read and apply all instructions while completing the screens in Grants Gateway. A printed version of the application appears in Section D.

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

- **Log into Grants Gateway as a Grantee, Grantee Contract Signatory or Grantee System Administrator.**
- **Click the “Available Opportunities” button.**
- **From the “search by funding agency” drop-down menu, select Office of Temporary and Disability Assistance. Click “search”.**
- **Locate Access and Visitation Program and click on the blue link.**
- **Click the “Apply for Opportunity” button.**
- **From the FORMS MENU, complete the forms described on pages 12-16 in these instructions. Sections from the Forms Menu do not have to be completed in any particular order. Certain forms may be left blank if they do not apply to your application such as budget items not requested. There will be a “global warning” error if you try to submit an application without completing required forms.**
- **You must SAVE YOUR WORK before moving onto a new screen.**
- **If you do not complete the application in one session, it will be in your “tasks” box labeled “application in process”. Another way to find that an application is in process is to click the “applications” tab at the top of the screen.**
- **Please note; though those logged in as Grantees may work on the application, only someone logged in as a Grantee Signatory or a Grantee System Administrator can submit the application to the State. When you are ready, click the Status Changes tab, click the “apply status” button under “application submitted”.**

Other helpful information:

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

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

Project Site Address Screen. Enter all site addresses, one site per screen. Save.

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

Budget Screens - Complete one overall budget. Complete budget screens for ANNUAL grant funds requested and matching funds. Only use whole dollar amounts for funds requested. You also must complete the Match Worksheet from the forms menu. Matching funds worth 10% of the requested amount must be contributed towards the program as described in Part A, Section III. Allocated Administrative Overhead is limited to 15% of the grant award. If administrative expenses are included, they must appear on the **Other** line. The Expenditure Summary form may be used to review budget development. Any required budget uploads will get uploaded in the Pre-Submission Upload section and will count towards a complete application.

Consult Part A, Section IV for Eligible Service Expenses. Use the following as a guideline for where expenses should appear in the budget.

Personal Service – Include employees that will be paid in full or in part from contract funds, and those used as match. Each title must be listed on a separate screen. In the role/responsibility field, please describe the title’s role in relation to Access and Visitation. The Personal Services - Salary Narrative screen should only be used to describe exceptions in staffing patterns and/or annual salary costs. Save.

Fringe Benefit - Fringe Benefits should be budgeted in line with your organization’s Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements and should not exceed the current NYS rate. Provide a brief explanation of the percentage and composition of the fringe benefit structure in the Fringe Type/Description field. If fringe is not applicable, leave this section blank. For all employees listed in the Personnel Service Expense Detail, the following mandatory employer payroll taxes must be paid: Social Security (FICA), NYS Unemployment Insurance (SUI), NYS Disability Insurance and Workers’ Compensation. Additional fringe benefits such as pension, health, life and/or dental insurance may be provided. If AV funds are being requested to cover these expenses, the total fringe benefit and payroll taxes chargeable to this program cannot exceed the Office of the State Comptroller’s rate, currently at 53.48%. No exceptions are granted to the maximum rate of 53.48%. You may allocate a lower percentage. These amounts should carry to the “Budget Statement” under Fringe Benefits. You must explain all costs associated with this budget line in the Justification/Explanation section of this worksheet. The Fringe Narrative screen should not be used since all explanations should appear on the Fringe screen. Save.

Contractual Services – Costs for services rendered to the project under a formal or written agreement such as direct provision of services by contractual arrangement. Each type of contractual cost must be listed on its own screen and the cost justified. Only the pro-rated portion of the entire expenditure that is related to the AV is allowed. This line includes institutions, individuals or organizations external to the contractor which have entered into an agreement with the contractor to provide any services outlined in or associated with the contract and whose services are to be funded under the contract budget. This includes any other not-for-profits performing work under the proposed AV contract. All such agreements are to be bona fide written contract: NYS OTDA reserves the right to request these documents at any time in the future. Save.

Travel Costs - These costs may be reimbursed up to the NY State rate (currently the maximum rate is \$.56 per mile). Only travel costs for personnel listed under Personal Services Costs and participant travel costs are acceptable. In the justification field, explain which staff will be traveling in relation to the project, the destination, purpose and frequency of the travel. Out-of-state travel is discouraged, although a contractor may pursue such travel with justification and pre-approval from OTDA. Save.

Equipment - This category includes purchase, rental and leasing of equipment. Equipment is any non-consumable, tangible property having a useful life of more than one year. Substantial equipment purchases (costing more than \$5,000) should be avoided. Acquisition costs must be in accordance with NYS requirements and may be evaluated to determine if leasing is a practical and cost effective alternative. If the only alternative is to purchase such equipment using contract funds, an applicant is required to obtain 3 competitive bids and must receive OTDA prior approval. All things being equal, contractor must purchase equipment from the lowest bidder. Complete the Equipment form for requested equipment. Complete the Equipment Narrative form in addition if there is any substantial equipment costing more than \$5,000 per item. The Equipment Narrative form includes fields for bids received and explanations for justification. Save.

Space/Property – Rent - This section is used to itemize costs associated with Space/Property Rent that the applicant uses to conduct business. Include justification of expenses in the field provided. Only the pro-rated portion of the entire expenditure that is related to the AV Program is allowed. Save.

Space/Property – Own- AV expenses should not appear in this screen as mortgage payments are not allowable under AV. Save.

Utilities – Expenses related to utilities needed to operate an agency facility such as phone, water, electricity, heating etc. Only the pro-rated portion of the entire expenditure that is related to the AV Program is allowed. **Do not** include utility assistance for participants to third parties in this screen. Costs must be justified in the justification field. The Utilities Narrative form should only be used to explain extraordinary costs. Save.

Operating Expenses – Items necessary to operate your program such as, insurance, postage, copies, supplies. Describe expenses fully in field provided. The Operating Expenses Narrative should only be used to explain extraordinary costs. Save.

Other- Administration up to 15% of the requested amount (applies to federal grant funds only) – Administrative costs are allowed up to 15% of the requested amount. Costs must be itemized. Allowable administrative costs are those costs directly related to administering the AV program. Any personnel that provide both direct services and administrative duties may be split accordingly between the personnel and administrative cost categories. Funds requested in support of administrative personnel are subject to Executive Order #38. Pursuant to this order, grant funds may not be used to support the salaries of administrative personnel that receive compensation in excess of \$199,000 without an approved waiver. OTDA may adjust the compensation cap annually based on appropriate factors and with the approval of the Director of the Division of Budget. Indirect Cost Rate is not allowed. Save.

Other- Other Items- eligible items or services necessary to run the program which do not fall into any of the preceding lines in the budget. All costs must be described/justified in the field provided. The Other Narrative form should only be used to describe extraordinary costs. Save.

Workplan and Objectives Screens - Section consists of the workplan overview form, objectives, tasks and performance measures. Save.

Workplan Overview Screen -This section should be completed from an ANNUAL perspective, therefore The Work Plan Period should be October 1, 2014 – September 30, 2015.

In the Project Summary section, provide a detailed description of the target population you intend to serve and services to be provided. Describe service delivery method, hours of operation and where services will be provided.

In the Organizational Capacity section, describe the staff needed for each category of programming for which you are applying, their responsibilities and qualifications. Describe staff development and training activities. Describe your organization’s relevant experience in conducting all aspects of programming. Save.

Objectives and Tasks Screen - List and describe a total of 4 (four) objectives that the AV program will work to accomplish. Each objective will appear on its own screen. To start, find First Additional Outcome. Click View/Add under performance measure. In the Performance Measure Name field, enter your first outcome or objective. This particular field allows very few characters. Example: Objective – “Improve Co-Parenting”. Note: The objectives listed should be different from the Performance Target of “Increased Noncustodial Parenting Time” OTDA asked about in the Program Specific Questions section. Repetition of the same information provided in that section may lead to loss of points. In the Narrative field, describe the significance of the objective, task(s) used to accomplish the objective and identify performance measures that will show if the objective is accomplished. A 1,000 character limit is set on performance measure narrative section. You may upload performance measure documentation, such as the test in the example, charts, surveys etc. Save.

Repeat the same process for Second, Third and Fourth Objective. You can find them by hovering over the Objectives and Tasks on the forms menu. There is also a “Go” button on the top right of the Objectives screen will allow you to switch between First, Second, Third and Fourth Objective.

Pre-Submission Uploads Screen - Download all forms by following the links available on the Upload Screen, or you may print the forms in Part C of this application. Upload all required forms. If you are unable to produce required information, you must upload an explanation in its place. Complete MWBE forms and upload them if requesting AV funds for supplies, contractual relationships and equipment. If a contractual relationship is with another not-for-profit, that expense is not subject to MWBE goals. Save.

AV REQUEST FOR PROPOSAL 2014-2019 PARTS B, C and D

No Further Entries This Page

PART C: FORMS TO UPLOAD

ALL REQUIRED FORMS MUST BE COMPLETED AND UPLOADED WHERE REQUESTED

REQUIRED FORM – APPLICATION AND SUMMARY SHEET

**2014-2019 ACCESS & VISITATION PROGRAM
REQUEST FOR PROPOSALS**

APPLICATION and Summary Sheet

COMPLETE THE SECTIONS BELOW

-
1. Please provide the following information about your organization:

Name of the organization authorized to contract with OTDA

Mailing Address-Street/P.O. Box

City, State, Zip Code

County

2. Title of the project:
-

AV REQUEST FOR PROPOSAL 2014-2019 PARTS B, C and D

3. Check which service activities will be provided:

- Mediation
- Counseling
- Education
- Development of Parenting Plans
- Visitation Enforcement:
 - Supervised Visitation
 - Monitored Child Exchange
 - Monitored Visitation
 - Neutral Site Child Transfer

4. Total number of families to be served: _____

5. Total number of children to be served: _____

6. Total amount of Grant requested: \$ _____

7. Applicant Organization's Federal Employer Identification Number:

8. Applicant Organization's State Registered Charitable Organization Number:

9. Applicant Organization/Project contact person

_____ Name

_____ Title

_____ Email

Tel #: (_____) _____

FAX #: (_____) _____

AV REQUEST FOR PROPOSAL 2014-2019 PARTS B, C and D

10. Please provide the names and telephone numbers of three (3) references that can attest to your organization's ability to implement the proposed project. For each organization, please include their relationship to your organization.

Reference Name	Telephone Number
Relationship to your Organization	
Agency (if applicable)	

Do you have grant from this Agency? YES NO

Reference Name	Telephone Number
Relationship to your Organization	
Agency (if applicable)	

Do you have grant from this Agency? YES NO

Reference Name	Telephone Number
Relationship to your Organization	
Agency (if applicable)	

Do you have grant from this Agency? YES NO

AV REQUEST FOR PROPOSAL 2014-2019 PARTS B, C and D

11. If you presently have grant(s) from the federal, state, county or other local government, please include the grantor's contract manager(s) as a reference(s).

1)

Contract Manager Name

Telephone Number

Project Title

2)

Contract Manager Name

Telephone Number

Project Title

3)

Contract Manager Name

Telephone Number

Project Title

12. In the space below provide a 100-200 word summary of the proposed program that clearly states the number of children anticipated to be served.

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 (the Agency) to award any contracts, pay the costs incurred in the preparation of response to this RFP, or to procure or contract services. (2) The Agency 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) The Agency reserves the right to accept or reject any or all proposals which 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 the Agency of third parties with regard to the applicant's experience or other matters deemed by the Agency relevant to the proposal. (5) Funds granted for this project will be used only for the conduct of the project as approved. (6) The grant may be terminated in whole, or in part, by the Agency. Such termination shall not affect obligations incurred under the grant 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 grantee prior to enactment of the change. (9) Progress reports must be submitted as required by the Agency. 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 the Agency for audit purposes. (10) All reports of investigations, studies, and publications made as a result of this proposal must acknowledge the support provided by the Agency. (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) The Agency 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 Affirmative Action/Equal Opportunities anti-discrimination provisions as more fully set forth in the General Terms and Conditions of this RFP.

The Agency reserves the right, if funds become available, to amend an existing contract or to make additional awards based on the remaining proposals submitted to this RFP, in lieu of releasing a new RFP, if deemed to be in the best interest of the State.

The Agency will award available funds statewide for AV projects on a competitive basis. This funding will be for a five (5) year contract cycle, 10/01/14– 9/30/19, to be funded annually for one (1) year periods depending upon the availability of continued federal funding and State budget authority, satisfactory performance, and the discretion of OTDA. For those applicants selected as a result of this Request for Proposals (RFP), subsequent year's funding may be at an increased or decreased level depending on funds available.

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

AV REQUEST FOR PROPOSAL 2014-2019 PARTS B, C and D

The applicant certifies that he/she has reviewed the contract, understands its terms, and agrees to be bound by the same if selected for an award.

(Signature of official authorized to sign for applicant)

(Date)

(Typed name and title)

FINANCIAL PROJECTION SUMMARY
ACCESS AND VISITATION PROGRAM

Access and Visitation EXPENSE CATEGORY	LOCAL SHARE **		GRANT FUNDS	TOTAL COST
	Other/ In-kind	Projected Program Income***		
A. Personnel Services				
1. Personnel				
2. Fringe Benefits				
3. Total (Lines 1+2)				
B. Non-Personnel Services				
4. Contractual/Consultant				
5. Staff Travel / Per Diem				
6. Equipment				
7. Supplies				
8. Program Specific Other Expenses				
9. Allocated Administrative Overhead*				
10. Total (Lines 4 thru 9)				
C. Component Total (Line 3+10)				

* Allocated Administrative Overhead is limited to 15% of the grant award.

** Must be at least 10% of Total Cost.

*** Charging of fees is an option not a requirement.

OTDA-4976 ELW (Rev. 7/13)

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

AV REQUEST FOR PROPOSAL 2014-2019 PARTS B, C and D

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

AV REQUEST FOR PROPOSAL 2014-2019 PARTS B, C and D

OTDA -- 4938 ELW (Rev. 7/13)

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

To: _____ Federal ID Number: _____ (Name of Contractor)	
Proposal / Contract number: _____	
Contract Scope of Work: _____	
The undersigned intends to perform services or provide material, supplies or equipment as follows: _____ _____	
At the following price: \$ _____	
Name of MWBE: _____	
Address: _____	
Federal ID Number: _____	
Telephone Number: _____	
Ethnicity (see page 2 for definition) _____	
Gender (Male or Female): _____	
Designation: _____	
<input type="checkbox"/> MBE - Subcontractor <input type="checkbox"/> WBE - Subcontractor <input type="checkbox"/> MBE - Supplier <input type="checkbox"/> WBE - Supplier	Joint venture with: Name: _____ Address: _____ Fed ID Number: _____ MBE <input type="checkbox"/> WBE <input type="checkbox"/>
Are you a New York State Certified M/WBE?	<input type="checkbox"/> Yes <input type="checkbox"/> No

AV REQUEST FOR PROPOSAL 2014-2019 PARTS B, C and D

OTDA – 4938 (Rev. 7/13)

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

Date Proposal/ Contract to be started: _____

Date Proposal/ Contract to be completed: _____

Date Supplies ordered: _____

Delivery date: _____

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

Date: _____

Signature of M/WBE Contractor: _____

Printed/Typed Name of M/WBE Contractor: _____

INSTRUCTIONS FOR M/WBE SUBCONTRACTORS AND SUPPLIERS' LETTER

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

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

ETHNICITY MINORITY GROUP DEFINITION

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

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

OTDA - 4937 ELW (Rev. 7/13)

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 Business Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Ethnicity Group. (See Below)	5. Dollar Value of Subcontracts /Supplies/Services and intended performance dates of each component of the contract.
A. Primary Sub Contractor Owner's Name <input type="checkbox"/> MBE <input type="checkbox"/> WBE	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
B. Primary Sub Contractor Owner's Name	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
PREPARED and APPROVED BY: NAME AND TITLE OF PREPARER (Print or Type): _____ Signature: _____ Authorized Signature DATE: _____ TELEPHONE NO: _____ EMAIL ADDRESS: _____				
SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION.				
ETHNICITY MINORITY GROUP DEFINITION				
Black Persons having origins from any of the Black African racial groups. Hispanic Persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of Either Indian or Hispanic origin, regardless of race. Asian-Pacific Persons having origins from the Far East, Southeast Asia or the Pacific Islands. Asian-Indian Subcontinent Persons having origins from the Indian subcontinent. Native American Persons having origins in any of the original peoples of North America				
UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Contract No: _____ Contract Award Date: _____ Estimated Date of Completion: _____ Amount Obligated Under the Contract: _____ NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____				

OTDA – 4970 ELW (Rev. 7/13)

**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

EEO

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

Agreed to this _____ day of _____, 2_____

By _____

Print: _____ Title: _____

Minority/ Women Business Enterprise Liaison

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

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

(Authorized Representative)

Title: _____

Date: _____

Contact:

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

OTDA - 4934.1 ELW (Rev. 7/13)

EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

Submit with Bid or Proposal - Instructions on page 2

Solicitation/Program Name: _____

Report includes:
 Work force to be utilized on this contract
 Contractor/Subcontractor's total work force

Reporting Entity:
 Contractor
 Subcontractor
 Subcontractor's name _____

Offeror'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	Work force by Gender		Work force by Race/Ethnic Identification						
	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:** _____

EMAIL ADDRESS: _____

NAME AND TITLE OF PREPARER (Print or Type): _____ **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**

PART D: PRINTED VERSION OF GRANTS GATEWAY APPLICATION

A blank printed version of the application starts on page 36. Screen titles from the forms menu have a bordered box around them. These screen titles correlate with instructions in Section B of this RFP. You may use the preview button on screens to view the answers to questions as the application is being developed. You may also print your application at any time during the process for your reference. Only the application answers and items in the Grants Gateway system will be evaluated. Do not send a printed copy to OTDA.

No further entries this page

Organization	Grant Opportunity	Document #	Document Role	Current Status
Kristen's Test NFP	2014 Access and Visitation Grant Publish Test #2	TDA01-AV2014-2014-00001	Grantee	Application in Process

PROJECT/SITE ADDRESSES

Instructions:

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

Name/Description:

Project Statewide

Address 1

Address 2

City

County

State

NY

Zip

Regional Council:

Agency Specific Region:

PROGRAM SPECIFIC QUESTIONS

Instructions:

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

Project Title

Community Related Factors

This section is designed to capture information about the community that you plan to serve and how the proposed project relates to the overall need of the community.

1 Describe the targeted service area including number of parents and children to be served.

2 Describe the local needs assessment used to develop your proposal.

3 Describe any existing community linkages. Include any Letters of Participation from the local court system and from the local social services district or it's New York City equivalent.

Upload

4 Identify agencies (if any) with which you will need to establish linkage in order to ensure success of this project.

Proposed Project

- 1 Identify the elements of the proposed project, including the specific services to be provided.
- 2 Describe the delivery strategy, including any outreach, and community collaboration.
- 3 Describe the physical layout of the area(s) in which services will be delivered. Include ingress and egress.
- 4 Describe safeguards to insure safety of parents, children and providers.
- 5 Describe your record storage and retention plans.

Performance Target

A Performance Target is the specific result that the project is intended to achieve. It should be verifiable. As stated in section V., the agency has identified the following required performance target for the program proposed: support and faciliation of noncustodial parents' increased parenting time with their children.

- 1 Describe the customer behavior(s) you want to cause to change and how you will determine the baseline presence for each behavior.
- 2 Describe the desired behavior (outcome) your program will produce to replace the negative behavior.
- 3 Identify how you plan to verify that each customer has reached the performance target and has achieved a benefit.

Project Staff

- 1 Describe the credentials you will require of each staff.

2 Describe the process that will be utilized to ensure staff development is consistent with the program.

3 Describe the process that will be utilized to ensure staff development is consistent with the program.

4 List by title, or work function, the key staff that will work on this project.

5 Describe the roles and responsibilities of the identified staff.

Organizational Information

1 Describe your organization's previous experience, if any, with the activities in this program area.

2 If your organization has not had previous experience with the activities in this program area, please describe the training efforts that will be implemented to ensure staff competency.

3 Describe the resources your organization intends to provide to support the project. Identify local share including any program fees if opted or in-kind services that may be part of your proposal.

4 Describe your plans for continuation of funding beyond the first contract period.

5 Include a list of your agency's Board of Directors with names, addresses and phone numbers.

Upload

6 Include a list of the names and/or titles of the members of an Advisory Committee you have developed or intend to incorporate into this program.

Upload

7 Describe your organization's relationship with the local court.

Upload

PERSONAL SERVICES - SALARY**Instructions:**

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

Salary Detail

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

[Details](#)**Position/Title****Role/Responsibility****# in Title**[Financial](#)**Annualized Salary Per Position****STD Work Week (hrs)**

% Funded %

Months Funded**Total Grant Funds****Total Match Funds**

Match % %

Total Other Funds

Line Total	
Category Total	\$0

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

[CATEGORY TOTAL SUMMARY](#)

PERSONAL SERVICES - SALARY NARRATIVE**Instructions:**

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

Salary Narrative

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

PERSONAL SERVICES - FRINGE**Instructions:**

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

Fringe Detail

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

Details

Fringe - Type/Description

Financial

Total Grant Funds

Total Match funds

Match % %

Total Other funds

Line Total	
Category Total	\$0

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

[CATEGORY TOTAL SUMMARY](#)

PERSONAL SERVICES - FRINGE NARRATIVE

Instructions:

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

Fringe Narrative

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

CONTRACTUAL

Instructions:

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

Contractual Detail

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

Details

Contractual - Type/Description

Justification

Financial

Total Grant Funds

Total Match Funds

Match % %

Total Other Funds

Line Total	
Category Total	\$0

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

[CATEGORY TOTAL SUMMARY](#)

TRAVEL**Instructions:**

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

Travel Detail

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

[Details](#)

Travel - Type/Description**Justification**

[Financial](#)

Total Grant Funds

Total Match Funds

Match % %

Total Other Funds

Line Total	
-------------------	--

Category Total	\$0
-----------------------	------------

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

[CATEGORY TOTAL SUMMARY](#)

EQUIPMENT**Instructions:**

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

Equipment Detail

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

[Details](#)

Equipment - Type/Description**Justification****Purchase/Rent?**

[Financial](#)

Total Grant Funds

Total Match Funds

Match % %

Total Other Funds

Line Total	
-------------------	--

Category Total	\$0
-----------------------	------------

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

[CATEGORY TOTAL SUMMARY](#)

EQUIPMENT NARRATIVE**Instructions:**

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

Equipment Narrative

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

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

SPACE/PROPERTY RENT

Instructions:

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

Space/Property: Rent Detail

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

Details

Space/Property: Rent - Type/Description

Justification

Financial

Total Grant Funds

Total Match Funds

Match % %

Total Other Funds

Line Total	
Category Total	\$0

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

[CATEGORY TOTAL SUMMARY](#)

SPACE/PROPERTY: RENT NARRATIVE

Instructions:

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

Space/Property: Rent Narrative

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

UTILITIES

Instructions:

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

Utility Detail

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

Details

Utilities - Type/Description

Justification

Financial

Total Grant Funds

Total Match Funds

Match % %

Total Other Funds

Line Total	<input type="text"/>
Category Total	\$0

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

[CATEGORY TOTAL SUMMARY](#)

UTILITIES NARRATIVE

Instructions:

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

Utilities Narrative

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

OPERATING EXPENSES

Instructions:

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

Operating Expenses Detail

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

Details

Operating Expenses - Type/Description

Financial

Total Grant Funds

Total Match funds

Match % %

Total Other funds

Line Total	<input type="text"/>
	<input type="text"/>

Category Total	\$0
-----------------------	------------

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

[CATEGORY TOTAL SUMMARY](#)

OPERATING EXPENSES NARRATIVE

Instructions:

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

Operating Expenses Narrative

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

OTHER EXPENSES DETAIL

Instructions:

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

Other Expenses Detail

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

[Details](#)

Other Expenses - Type/Description

[Financial](#)

Total Grant Funds

Total Match funds

Match % %

Total Other funds

Line Total	
-------------------	--

Category Total	\$0
-----------------------	------------

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

[CATEGORY TOTAL SUMMARY](#)

OTHER NARRATIVE

Instructions:

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

Other Expenses Narrative

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

EXPENDITURE SUMMARY**Instructions:**

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

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

WORK PLAN OVERVIEW FORM**Instructions:**

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

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

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

Work Plan Period From To

Project Summary

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

Organizational Capacity

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

OBJECTIVES AND TASKS**Instructions:**

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

Objective
Objective Name
First outcome or objective.
Objective Description

In support of the Access and Visitation Program's performance target of increased noncustodial parenting time, list an outcome or objective of your proposed Access and Visitation.

OBJECTIVES AND TASKS

Instructions:

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

Objective
Objective Name
Fourth Additional Outcome or Objective
Objective Description
Describe a fourth additional outcome or objective as it relates to your Access and Visitation Program.

OBJECTIVES AND TASKS

Instructions:

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

Objective
Objective Name
Second Additional Outcome or Objective
Objective Description
Describe a second additional outcome or objective of your Access and Visitation Program.

OBJECTIVES AND TASKS

Instructions:

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

Objective
Objective Name
Third Additional Outcome or Objective
Objective Description
Describe a third additional outcome or objective of your Access and Visitation Program

DEFINE TASKS

Objective: First outcome or objective.

Task

List a task and describe it as it relates to your first outcome or objective.

DEFINE TASKS

Objective: Second Additional Outcome or Objective

Task

List a task and describe it as it relates to the second outcome or objective.

DEFINE TASKS

Objective: Third Additional Outcome or Objective

Task

List a task and describe it as it relates to the third outcome or objective.

DEFINE TASKS

Objective: Fourth Additional Outcome or Objective

Task

List a task and describe it as it relates to the fourth outcome or objective.

PERFORMANCE MEASURE

Instructions:

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

Objective:

Task:

Performance Measure Name

Narrative

Upload

PERFORMANCE MEASURE

Instructions:

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

Objective:

Task:

Performance Measure Name

Narrative

Upload

PRE-SUBMISSION UPLOADS

Instructions:

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

All required forms below must be completed and uploaded.

Access and Visitation Application Summary Document*

Application Summary Document and Agency Agreement

Document Template: [GO 5000099_AV_Application_Summary_Document.docx](#)

Financial Projections Summary*

Required Budget Form

Document Template: [GO 5000099_Fin_Proj_Summary.doc](#)

M/WBE Goal Requirements Certification of Good Faith Efforts*

Required M/WBE Form

Document Template: [GO 5000099_MWBE_Certification_of_Good_Faith_Efforts_Form_OTDA_4976_ELW.doc](#)

M/WBE Subcontractors Letter of Intent to Participate *

Required M/WBE Form

Document Template: [GO 5000099_OTDA_4938_MWBE_Letter_of_Intent_to_Subcontract.doc](#)

M/WBE Subcontractor Utilization Plan*

Required M/WBE Form

Document Template: [GO 5000099_OTDA_4937_MWBE_Subcontractor_Utilization_Plan.doc](#)

M/WBE EEO Policy Statement*

Required M/WBE Form

Document Template: [GO 5000099_OTDA_4970_MWBE_EEO_Policy_Statement.doc](#)

M/WBE EEO Staffing Plan *

Required M/WBE Form

Document Template: [GO 5000099_OTDA_4934_1_EEOStaffingPlan.doc](#)

