



**NEW YORK STATE**

**REQUEST FOR PROPOSAL**

**CENTRALIZED SUPPORT COLLECTION  
AND  
ENFORCEMENT**

Appendices A through K

**OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE**

## APPENDIX A

### STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS

The parties to the attached contract, license, lease, amendment or other agreement of any kind (hereinafter, "the contract" or "this contract") agree to be bound by the following clauses which are hereby made a part of the contract (the word "Contractor" herein refers to any party other than the State, whether a contractor, licensor, licensee, lessor, lessee or any other party):

- A.1 **EXECUTORY CLAUSE** In accordance with Section 41 of the State Finance Law, the State shall have no liability under this contract to the Contractor or to anyone else beyond funds appropriated and available for this contract.
- A.2 **NON-ASSIGNMENT CLAUSE** In accordance with Section 138 of the State Finance Law, this contract may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet or otherwise disposed of without the previous consent, in writing, of the State and any attempts to assign the contract without the State's written consent are null and void. The Contractor may, however, assign its right to receive payment without the State's prior written consent unless this contract concerns Certificates of Participation pursuant to Article 5-A of the State Finance Law.
- A.3 **COMPTROLLER'S APPROVAL** In accordance with Section 112 of the State Finance Law (or, if this contract is with the State University or City University of New York, Section 355 or Section 6218 of the Education Law), if this contract exceeds \$15,000 (or the minimum thresholds agreed to by the Office of the State Comptroller for certain S.U.N.Y. and C.U.N.Y. contracts), or if this is an amendment for any amount to a contract which, as so amended, exceeds said statutory amount, or if, by this contract, the State agrees to give something other than money when the value or reasonably estimated value of such consideration exceeds \$10,000, it shall not be valid, effective or binding upon the State until it has been approved by the State Comptroller and filed in his office. Comptroller's approval of contracts let by the Office of General Services is required when such contracts exceed \$30,000 (State Finance Law Section 163.6.a).
- A.4 **WORKERS' COMPENSATION BENEFITS** In accordance with Section 142 of the State Finance Law, this contract shall be void and of no force and effect unless the Contractor shall provide and maintain coverage during the life of this contract for the benefit of such employees as are required to be covered by the provisions of the Workers' Compensation Law.
- A.5 **NON-DISCRIMINATION REQUIREMENTS** To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, sexual orientation, age, disability, genetic predisposition or carrier status, or marital status. Furthermore, in accordance with Section 220-e of the Labor Law, if this is a contract for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies, and to the extent that this contract shall be performed within the State of New York, Contractor agrees that neither it nor its subcontractors

shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. If this is a building service contract as defined in Section 230 of the Labor Law, then, in accordance with Section 239 thereof, Contractor agrees that neither it nor its subcontractors shall by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. Contractor is subject to fines of \$50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this contract and forfeiture of all moneys due hereunder for a second or subsequent violation.

A.6 **WAGE AND HOURS PROVISIONS** If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law.

A.7 **NON-COLLUSIVE BIDDING CERTIFICATION** In accordance with Section 139-d of the State Finance Law, if this contract was awarded based upon the submission of bids, Contractor warrants, under penalty of perjury, that its bid was arrived at independently and without collusion aimed at restricting competition. Contractor further warrants that, at the time Contractor submitted its bid, an authorized and responsible person executed and delivered to the State a non-collusive bidding certification on Contractor's behalf.

A.8 **INTERNATIONAL BOYCOTT PROHIBITION** In accordance with Section 220-f of the Labor Law and Section 139-h of the State Finance Law, if this contract exceeds \$5,000, the Contractor agrees, as a material condition of the contract, that neither the Contractor nor any substantially owned or affiliated person, firm, partnership or corporation has participated, is participating, or shall participate in an international boycott in violation of the federal Export Administration Act of 1979 (50 USC App. Sections 2401 et seq.) or regulations thereunder. If such Contractor, or any of the aforesaid affiliates of Contractor, is convicted or is otherwise found to have violated said laws or regulations upon the final determination of the United States Commerce Department or any other appropriate agency of the United States subsequent to the contract's execution, such contract, amendment or modification thereto shall be rendered forfeit and void. The Contractor shall so notify the State Comptroller within five (5) business days of such conviction, determination or disposition of appeal (2NYCRR 105.4).

A.9 **SET-OFF RIGHTS** The State shall have all of its common law, equitable and statutory rights of set-off. These rights shall include, but not be limited to, the State's option to withhold for the purposes of set-off any moneys due to the Contractor under this contract up to any amounts due and owing to the State with regard to this contract, any other contract with any State department or agency, including any contract for a term commencing prior to the term of this

contract, plus any amounts due and owing to the State for any other reason including, without limitation, tax delinquencies, fee delinquencies or monetary penalties relative thereto. The State shall exercise its set-off rights in accordance with normal State practices including, in cases of set-off pursuant to an audit, the finalization of such audit by the State agency, its representatives, or the State Comptroller.

A.10 **RECORDS** The Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance under this contract (hereinafter, collectively, "the Records"). The Records must be kept for the balance of the calendar year in which they were made and for six (6) additional years thereafter. The State Comptroller, the Attorney General and any other person or entity authorized to conduct an examination, as well as the agency or agencies involved in this contract, shall have access to the Records during normal business hours at an office of the Contractor within the State of New York or, if no such office is available, at a mutually agreeable and reasonable venue within the State, for the term specified above for the purposes of inspection, auditing and copying. The State shall take reasonable steps to protect from public disclosure any of the Records which are exempt from disclosure under Section 87 of the Public Officers Law (the "Statute") provided that: (i) the Contractor shall timely inform an appropriate State official, in writing, that said records should not be disclosed; and (ii) said records shall be sufficiently identified; and (iii) designation of said records as exempt under the Statute is reasonable. Nothing contained herein shall diminish, or in any way adversely affect, the State's right to discovery in any pending or future litigation.

A.11 **IDENTIFYING INFORMATION AND PRIVACY NOTIFICATION**

A.11.1 FEDERAL EMPLOYER IDENTIFICATION NUMBER and/or FEDERAL SOCIAL SECURITY NUMBER - All invoices or New York State standard vouchers submitted for payment for the sale of goods or services or the lease of real or personal property to a New York State agency must include the payee's identification number, i.e., the seller's or lessor's identification number. The number is either the payee's Federal employer identification number or Federal social security number, or both such numbers when the payee has both such numbers. Failure to include this number or numbers may delay payment. Where the payee does not have such number or numbers, the payee, on its invoice or New York State standard voucher, must give the reason or reasons why the payee does not have such number or numbers.

A.11.2 PRIVACY NOTIFICATION

A.11.2.1 The authority to request the above personal information from a seller of goods or services or a lessor of real or personal property, and the authority to maintain such information, is found in Section 5 of the State Tax Law. Disclosure of this information by the seller or lessor to the State is mandatory. The principal purpose for which the information is collected is to enable the State to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by law.

A.11.2.2 The personal information is requested by the purchasing unit of the agency contracting to purchase the goods or services or lease the real or personal

property covered by this contract or lease. The information is maintained in New York State's Central Accounting System by the Director of Accounting Operations, Office of the State Comptroller, 110 State Street, Albany, New York 12236

A.12

**EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITIES AND WOMEN**

In accordance with Section 312 of the Executive Law, if this contract is: (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of \$25,000.00, whereby a contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the contracting agency; or (ii) a written agreement in excess of \$100,000.00 whereby a contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess of \$100,000.00 whereby the owner of a State assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then:

A.12.1

The Contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, and will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. Affirmative action shall mean recruitment, employment, job assignment, promotion, upgradings, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation;

A.12.2

at the request of the contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the contractor's obligations herein; and

A.12.3

the Contractor shall state, in all solicitations 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, creed, color, national origin, sex, age, disability or marital status.

Contractor will include the provisions of A.12.1, A.12.2 and A.12.3 above, in every subcontract over \$25,000.00 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor. Section 312 does not apply to: (i) work, goods or services unrelated to this contract; or (ii) employment outside New York State; or (iii) banking services, insurance policies or the sale of securities. The State shall consider compliance by a contractor or subcontractor with the requirements of any federal law concerning equal employment opportunity which effectuates the purpose of this section. The contracting agency shall determine whether the imposition of the requirements of the provisions hereof duplicate or conflict with any such federal law and if such duplication or conflict

exists, the contracting agency shall waive the applicability of Section 312 to the extent of such duplication or conflict. Contractor will comply with all duly promulgated and lawful rules and regulations of the Governor's Office of Minority and Women's Business Development pertaining hereto.

- A.13 **CONFLICTING TERMS** In the event of a conflict between the terms of the contract (including any and all attachments thereto and amendments thereof) and the terms of this Appendix A, the terms of this Appendix A shall control.
- A.14 **GOVERNING LAW** This contract shall be governed by the laws of the State of New York except where the Federal supremacy clause requires otherwise.
- A.15 **LATE PAYMENT** Timeliness of payment and any interest to be paid to Contractor for late payment shall be governed by Article 11-A of the State Finance Law to the extent required by law.
- A.16 **NO ARBITRATION** Disputes involving this contract, including the breach or alleged breach thereof, may not be submitted to binding arbitration (except where statutorily authorized), but must, instead, be heard in a court of competent jurisdiction of the State of New York.
- A.17 **SERVICE OF PROCESS** In addition to the methods of service allowed by the State Civil Practice Law & Rules ("CPLR"), Contractor hereby consents to service of process upon it by registered or certified mail, return receipt requested. Service hereunder shall be complete upon Contractor's actual receipt of process or upon the State's receipt of the return thereof by the United States Postal Service as refused or undeliverable. Contractor must promptly notify the State, in writing, of each and every change of address to which service of process can be made. Service by the State to the last known address shall be sufficient. Contractor will have thirty (30) calendar days after service hereunder is complete in which to respond.
- A.18 **PROHIBITION ON PURCHASE OF TROPICAL HARDWOODS** The Contractor certifies and warrants that all wood products to be used under this contract award will be in accordance with, but not limited to, the specifications and provisions of State Finance Law §165. (Use of Tropical Hardwoods) which prohibits purchase and use of tropical hardwoods, unless specifically exempted, by the State or any governmental agency or political subdivision or public benefit corporation. Qualification for an exemption under this law will be the responsibility of the contractor to establish to meet with the approval of the State.
- In addition, when any portion of this contract involving the use of woods, whether supply or installation, is to be performed by any subcontractor, the prime Contractor will indicate and certify in the submitted bid proposal that the subcontractor has been informed and is in compliance with specifications and provisions regarding use of tropical hardwoods as detailed in §165 State Finance Law. Any such use must meet with the approval of the State; otherwise, the bid may not be considered responsive. Under bidder certifications, proof of qualification for exemption will be the responsibility of the Contractor to meet with the approval of the State.
- A.19 **MACBRIDE FAIR EMPLOYMENT PRINCIPLES** In accordance with the MacBride Fair Employment Principles (Chapter 807 of the Laws of 1992), the Contractor hereby stipulates that the Contractor either (a) has no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to

conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles (as described in Section 165 of the New York State Finance Law), and shall permit independent monitoring of compliance with such principles.

- A.20 **OMNIBUS PROCUREMENT ACT OF 1992** It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority and women-owned business enterprises as bidders, subcontractors and suppliers on its procurement contracts.

Information on the availability of New York State subcontractors and suppliers is available from:

NYS Department of Economic Development  
Division for Small Business  
30 South Pearl St - 7<sup>th</sup> Floor  
Albany, New York 12245  
Telephone: (518) 292-5220  
Fax: (518) 292-5884

A directory of certified minority and women-owned business enterprises is available from:

NYS Department of Economic Development  
Division of Minority and Women's Business Development  
30 South Pearl St - 2nd Floor  
Albany, New York 12245  
Telephone: (518) 292-5250  
Fax: (518) 292-5803  
<http://www.empire.state.ny.us>

The Omnibus Procurement Act of 1992 requires that by signing this bid proposal or contract, as applicable, Contractors certify that whenever the total bid amount is greater than \$1 million:

- A.20.1 The Contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors, including certified minority and women-owned business enterprises, on this project, and has retained the documentation of these efforts to be provided upon request to the State;
- A.20.2 The Contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-261), as amended;
- A.20.3 The Contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Service Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The Contractor agrees to document these efforts and to provide said documentation to the State upon request; and
- A.20.4 The Contractor acknowledges notice that the State may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with the State in these efforts.

A.21 **RECIPROCITY AND SANCTIONS PROVISIONS** Bidders are hereby notified that if their principal place of business is located in a country, nation, province, state or political subdivision that penalizes New York State vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act 1994 and 2000 amendments (Chapter 684 and Chapter 383, respectively) require that they be denied contracts which they would otherwise obtain. NOTE: As of May 15, 2002, the list of discriminatory jurisdictions subject to this provision includes the states of South Carolina, Alaska, West Virginia, Wyoming, Louisiana and Hawaii. Contact NYS Department of Economic Development for a current list of jurisdictions subject to this provision.

A.22 **PURCHASES OF APPAREL** In accordance with State Finance Law 162 (4-a), the State shall not purchase any apparel from any vendor unable or unwilling to certify that: (i) such apparel was manufactured in compliance with all applicable labor and occupational safety laws, including, but not limited to, child labor laws, wage and hours laws and workplace safety laws, and (ii) vendor will supply, with its bid (or, if not a bid situation, prior to or at the time of signing a contract with the State), if known, the names and addresses of each subcontractor and a list of all manufacturing plants to be utilized by the bidder.

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III.AE.5	Subcontractor
III.AE.6	Non-IV/D Payment Processing Summary (optional)
III.AF.1	Personnel Salary Cost

III.AF.2	Equipment Cost
III.AF.3	Facility Cost
III.AF.4	Other Cost
III.AF.5	Subcontractor
III.AF.6	Data Capture Services Summary (optional)
III.AG.1	Personnel Salary Cost
III.AG.2	Equipment Cost
III.AG.3	Facility Cost
III.AG.4	Other Cost
III.AG.5	Subcontractor
III.AG.6	Putative Father Registry Summary (optional)
III.AH.1	Personnel Salary Cost
III.AH.2	Equipment Cost
III.AH.3	Facility Cost
III.AH.4	Other Cost
III.AH.5	Subcontractor
III.AH.6	Voice Response System Summary (optional)
III.AI.1	Personnel Salary Cost
III.AI.2	Equipment Cost
III.AI.3	Facility Cost
III.AI.4	Other Cost
III.AI.5	Subcontractor
III.AI.6	Outreach Summary (optional)
III.AJ.1	Personnel Salary Cost
III.AJ.2	Equipment Cost
III.AJ.3	Facility Cost
III.AJ.4	Other Cost
III.AJ.5	Subcontractor
III.AJ.6	Customer Service Summary (optional)
III.AK.1	Personnel Salary Cost
III.AK.2	Equipment Cost
III.AK.3	Facility Cost
III.AK.4	Other Cost
III.AK.5	Subcontractor
III.AK.6	Administration Summary (optional)
III.AL.1	Personnel Salary Cost
III.AL.2	Equipment Cost
III.AL.3	Facility Cost
III.AL.4	Other Cost
III.AL.5	Subcontractor
III.AL.6	Turnover Summary (optional)
III.AM	Capital Financing Plan
III.AN	Early Intervention Enhancement Summary
III.AO	Location Enhancement Summary
III.AP	Subcontract
III.AQ	Corporate Overhead Cost

## APPENDIX B

### RESPONSE REQUIREMENTS AND DESCRIPTION

**VOLUME: I. QUALIFICATIONS AND EXPERIENCE**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
I.A.1	<b>Letter of Transmittal</b>	Prepare a letter of transmittal. The letter is to be signed by an official of the Offeror authorized to bind the Offeror to the requirements of this RFP and state how that official's authorization to bind the offer has been conferred. The letter must state that the proposal and all provisions of the offer are to remain in effect for a minimum of two hundred and seventy (270) days from the due date of the Proposal.	Company Letterhead
I.A.2	<b>Executive Summary</b>	Provide a summary description of the Offeror's understanding of the requirements presented in the RFP.	Format per Offeror's Preference
I.A.3	<b>Compliance to RFP</b>	Provide a statement that the Offeror agrees to comply with the requirements, specifications, terms and conditions stated throughout the RFP.	Format per Offeror's Preference
I.A.4	<b>Compliance with Work Plan</b>	Provide a statement affirming that the Offeror agrees to work with the OTDA project team to develop, and refine as necessary, mutually agreed upon work plans as mentioned in the RFP.	Format per Offeror's Preference
I.A.5	<b>Facility Lease Binder(s)</b>	Provide a copy of the signed lease binder on the operating facility and the call center if not located within the primary operating facility.	Copy of facility lease binder

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**VOLUME: I. QUALIFICATIONS AND EXPERIENCE**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
I.A.6	<b>Contract Provisions</b>	<p>Submit statement indicating a capability to execute and perform a contract containing the terms and conditions specified in this RFP. For failure to so state, the offer shall be deemed nonresponsive. Suggested alternative terms and conditions may be proposed. However, the OTDA is under no obligations to incorporate suggested changes into the final contract. Indicate the ability to meet all contract requirements. Specifically address each requirement in Chapter 3 (Contractual Provisions) for which alternative terms and conditions are proposed after expressing ability to first meet the requirement.</p>	Format per Offeror's preference
I.B.1	<b>Corporate Description</b>	<p>Provide a summary description of your total company structure. The description is to include:</p> <ul style="list-style-type: none"> <li>- Corporate mission including goals strategies.</li> <li>- Product line structure with relative size of each.</li> <li>- Top level organization chart which indicates the reporting relationships with the organizations proposed as part of RFP.</li> <li>- Brief history of corporate involvement with collection,</li> </ul>	Format per Offeror's preference (5 pages maximum)

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### RESPONSE REQUIREMENTS AND DESCRIPTION

#### VOLUME: I. QUALIFICATIONS AND EXPERIENCE

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		<p>disbursement operations, call center operations and other related processing.</p> <ul style="list-style-type: none"> <li>- The percentage of gross revenue relative to:                             <ul style="list-style-type: none"> <li>Data Center Management</li> <li>Management Child Support Payment Processing</li> <li>Call Center Management</li> <li>Other Payment Processing</li> <li>Other Transaction Processing</li> </ul> </li> </ul>	
<b>I.B.2</b>	<b>Corporate Experience</b>	<p>Summarize your organization's experience in operating a data and call center management and a large scale transaction processing operation and the associated manual processes.</p> <p>The Offeror whose qualifications, combined with that of any subcontractor's, must demonstrate a minimum of three (3) years experience in the following:</p> <ul style="list-style-type: none"> <li>- data center management and payment processing, exceeding 3.0 million transactions annually or</li> <li>- data center management and other large scale transaction processing, exceeding 3.0 million transactions annually and</li> <li>- call center management (exceeding 1.0 million telephone calls annually) and</li> </ul>	<p>Use Operations Experience Forms (Corporate)</p> <p>Use Operations Experience Forms</p> <ul style="list-style-type: none"> <li>- Form OR-5A</li> <li>- Form OR-5B</li> <li>- Form OR-5C</li> </ul>

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#### VOLUME: I. QUALIFICATIONS AND EXPERIENCE

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		- a proven record of compliance in meeting milestones, deliverables and performance standards in a timely manner as required in prior existing contracts.	Format per Offeror's preference
		Summarize your organization's experience for each current or former contract which provided services to a New York State agency, Department or authority.	Use Required New York State Agency/Department/Authority References Form OR-15
		Submit two (2) references which the OTDA personnel may contact for site visits during the evaluation process. Describe the functions or activities that can be reviewed by the OTDA at each site.	Format per Offeror's preference
I.C.1.(a)	<b>Contractor Information</b>	Complete and submit the following forms: Non-Collusive Bidding Certification, MacBride Fair Employment Principles, Bidder ID Form, Contractor/Subcontractor Background Questionnaire, PLA Offeror's Certification and Affirmation of Understanding of and Agreement pursuant to State Finance Law 139 j and k, Offeror Disclosure of Prior Non-Responsibility and Bidder Application Form.	Use Forms in Appendix J
I.C.1.(b)	<b>Tax Law Forms</b>	Complete and submit ST-220-CA and ST-220-TD.	Use Forms in Appendix J
I.C.1.(c)	<b>Affirmative Action</b>	Provide a summary description of Affirmative Action activities and accomplishments of your company. The description must summarize your use of Women-Owned Business Enterprise as	Format per Offeror's Preference

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### RESPONSE REQUIREMENTS AND DESCRIPTION

**VOLUME: I. QUALIFICATIONS AND EXPERIENCE**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		subcontractors in addition to Affirmative Action hiring accomplishments.	
		Complete and submit contractor's Requirement Under Article 15-A, Subcontracting Utilization Form, M/WBE Subcontractors and Suppliers Letter of Intent to Participate and a M/WBE Staffing Plan which reflects the planned total ongoing collection and enforcement staffing. If a subcontractor(s) is used, a separate M/WBE Staffing Plan must be submitted for each in addition to the Offeror's Staffing Plan.	Use Forms in Appendix J
I.D.1.(a)	<b>Transition Personnel Experience</b>	Summarize the relevant transition experiences of the key personnel proposed for the positions listed in Appendix K of this RFP. Include the experience summaries of both primary and backup personnel proposed.	Use Transition Personnel Experience Form OR-4
I.D.1.(b)	<b>Transition Corporate Experience</b>	Summarize your organization's experience in transitioning a data and call center management or a large-scale transaction processing operations for existing automated and manual systems in the following categories: <ul style="list-style-type: none"> <li>- Data Center Management</li> <li>- Child Support Payment Processing</li> <li>- Call Center Management</li> <li>- Other Payment Processing</li> <li>- Other Related Processing</li> </ul>	Use Transition Experience Forms:  - Form OR-3A  - Form OR-3B
I.D.2	<b>Key Personnel Experience</b>	Summarize the relevant professional experience(s) of each key individual proposed (primary and backup). Job descriptions for each key person are contained in Appendix K in this RFP.	Use Key Personnel Resume FORM OR-7

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#### VOLUME: I. QUALIFICATIONS AND EXPERIENCE

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		Summarized the number of years experience for the group of key individuals proposed. A separate summary is to be completed for primary and backup personnel.	Use Operations Experience Forms (Personnel)  - Form OR-6A - Form OR-6B
<b>I.E</b>	<b>Turnover Experience</b>	Summarize your organization's experience in turning over a data and call center management and a large scale transaction processing operation (preferably payment processing - mail) to: - Successor contractors  - Government agencies	Use Turnover Experience Forms OR-10
		For each experience, provide references and the number of employees involved. State size of group served as well.	Format per Offeror's preference
<b>I.F.1</b>	<b>Subcontract Description</b>	Provide the OTDA with a summary of the responsibilities of each proposed subcontractor and that subcontractor's contractual relationship with the Offeror.	Format per Offeror's preference
<b>I.F.1(a)</b>	<b>Subcontract Content</b>	Provide the OTDA with a copy of each (proposed) subcontract.	Copy of Subcontract
<b>I.F.1(b)</b>	<b>Subcontractor Experience (if applicable)</b>	Provide a summary description of the company structure of any subcontractors. The description is to include:  - Cooperate mission including goals and strategies  - Product line structure with relative size of each  - Top level organization chart which indicates the reporting relationships with the organizations proposed as part of	Format per Offeror's preference (5 pages maximum)

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### RESPONSE REQUIREMENTS AND DESCRIPTION

**VOLUME: I. QUALIFICATIONS AND EXPERIENCE**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		<p>this RFP.</p> <ul style="list-style-type: none"> <li>- A description of the subcontractor's proposed role in the collection and enforcement process</li> <li>- If applicable, a brief history of the subcontractor's past involvement with Centralized Operations.</li> </ul>	
I.F.1.(c)	<b>Subcontractor Information</b>	Complete and submit the following forms: Non-Collusive Bidding Certification, MacBride Fair Employment Principles, Bidder ID Form, Contractor/Subcontractor Background Questionnaire, PLA Offeror's Certification and Affirmation of Understanding of and Agreement pursuant to State Finance Law 139 j and k, Offeror Disclosure of Prior Non-Responsibility, and Bidder Application Form for each subcontractor.	Use Forms in Appendix J.
I.F.1.(d)	<b>Subcontractor Tax Law Forms</b>	Complete and submit ST-220-CA and ST-220-TD.	Use Forms in Appendix J
I.F.1.(e)	<b>Subcontractor Affirmative Action</b>	<p>Provide a summary description of the Affirmative Action activities and accomplishments of the subcontractor. The description must summarize the use of Minority and Women-Owned Business Enterprises as vendor and subcontractors in addition to Affirmative Action hiring accomplishments.</p> <p>If the subcontractor is a minority or women-owned business, identify it as such and provide information as to their previous</p>	Format per Offeror's preference

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### RESPONSE REQUIREMENTS AND DESCRIPTION

#### VOLUME: I. QUALIFICATIONS AND EXPERIENCE

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		<p>experience as a vendors or subcontractor and whether they have had any previous experience working with the Offeror.</p> <p>Complete and submit a Contractor's Requirement Under Article 15-A, Subcontracting Utilization Form, M/WBE Subcontractors and Suppliers Letter of Intent to Participate and a M/WBE Staffing Plan which reflects the planned total ongoing collection and enforcement staffing.</p>	
<b>I.G</b>	<b>Financial Resources</b>	<p>Provide the most recent Dun and Bradstreet (D &amp; B) Comprehensive Reports. as noted in the I.B.2 above (for the Offeror and all subcontractors).</p> <p>Summarize all contract obligations in excess of two million dollars (\$2,000,000) per year. Include contracts expected to start between March 1, 2008 and November 30, 2008. Identify any other contractual obligations that will affect assignment of key personnel.</p> <p>Summarize all contingent liabilities in excess of one hundred thousand dollars (\$100,000) per year.</p> <p>Provide a written statement confirming Offeror's understanding that a ten million dollar (\$10,000,000) Letter of Credit for the first year of operations, eight million dollar (\$8,000,000) for the second year and five million dollar (\$5,000,000) each year thereafter for a period extending three (3) months beyond the life of this agreement, including any extensions and maintain it in force and effect for the benefit of the OTDA and a four million</p>	<p>Format per Offeror's preference</p> <p>Use Other Contractual Obligations Disclosure Form OR-1</p> <p>Use Contingent Liabilities Form OR-2</p> <p>Format per Offeror's preference</p>

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#### VOLUME: I. QUALIFICATIONS AND EXPERIENCE

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		dollar (\$4,000,000) fidelity bond are required as deliverables. The name of the financial institution that the Letters of Credit will be drawn upon must be provided in Volume III.A of the Offeror's proposal.	
I.H	<b>Conflict of Interest</b>	<p>Describe current obligations or contractual relationships of the Offeror or any subcontractor which may be interpreted as a conflict of interest with respect to the contract arising out of this RFP.</p> <p>Describe existing corporate policies and procedures for managing conflicts of interest.</p>	Format per Offeror's preference

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**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
II.A.1.(a)	<b>Reporting Relationships</b>	Define your project organizational structure; include the titles of the key position and lines reporting. The OTDA desires that the key individuals be assigned full time to the transition function.	Organization Chart
II.A.1.(b)	<b>Division of Responsibility</b>	For each organizational unit on the project organization chart, describe the major collection and enforcement transition task to be performed. Refer to Task Description Form OR-11.	Format per Offeror's preference
II.A.1.(c)	<b>Job Descriptions</b>	Summarize the job responsibilities for each job title other than key personnel involved in the transition project. Describe your understanding of the disciplines and experience required in the transition of this large scale processing and call center operation.	Use Required Job Description Form OR-9
II.A.2.(a)	<b>Staffing Level</b>	Summarize the staff level for each transition organization unit.	Format per Offeror's preference
II.A.2.(b)	<b>Equipment</b>	Indicate in detail, the equipment that will be used to accomplish the following operational requirements:  - Transition	Format per Offeror's preference

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#### VOLUME: II. TECHNICAL PROPOSAL

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		<ul style="list-style-type: none"><li>- Payment Processing Mail</li><li>- Payment Processing Electronic</li><li>- Disbursement Processing Checks</li><li>- Disbursement Processing Electronic</li><li>- Noncustodial Parent Billing Statement/Employer Reminders</li><li>- Notice Processing</li><li>- New Hire Notification Processing Mail</li><li>- New Hire Notification Processing Electronic</li><li>- Non-IV/D Payment Processing</li><li>- Data Capture Services</li><li>- Putative Father Registry</li><li>- Voice Response System</li><li>- Outreach</li><li>- Customer Service</li><li>- Turnover</li></ul>	

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**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
II.A.2.(c)	<b>Facilities</b>	<p>Identify the facilities required to meet the proposed work plan for the Collection and Enforcement functions. This may include:</p> <ul style="list-style-type: none"> <li>- Work Space</li> <li>- Computer room, if applicable</li> <li>- Storage space</li> </ul>	Format per Offeror's preference
II.A.2.(d)	<b>Other Resources</b>	<p>Identify any other resources required for the completion of the project, such as:</p> <ul style="list-style-type: none"> <li>- Computer Equipment</li> <li>- Computer software packages</li> <li>- Office equipment</li> <li>- Supplies</li> <li>- Telephones</li> <li>- Training materials</li> </ul>	Format per Offeror's preference
II.A.3.(a)	<b>Transition Approach</b>	<p>Describe your understanding of the OTDA's objectives for transition and their implications. Indicate your willingness to adhere to all requirements specified in Chapter 2 of this RFP.</p> <p>Identify the manner in which the proposed plan deals with the major management issues and challenges associated with a successful transition.</p> <ul style="list-style-type: none"> <li>- Division of responsibility</li> <li>- Operating environment</li> </ul>	Format per Offeror's preference

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#### VOLUME: II. TECHNICAL PROPOSAL

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		<ul style="list-style-type: none"><li>- Communication</li><li>- Schedule requirements</li><li>- Accuracy requirements</li></ul> <p>Describe in detail each task required to complete the transition project. Include assessment of the relative difficulty of each task. Tasks should include, but need not be limited to the following:</p> <ul style="list-style-type: none"><li>- Assemble Management Team</li><li>- Develop Transition Plan</li><li>- Establish Primary Operating Facility</li><li>- Design and Development of each operation including detailed Procedures</li><li>- Subcontracting</li><li>- Error Resolution</li><li>- Inquiries</li><li>- Notification to the Department</li><li>- Operational Reports</li><li>- Other Reports</li></ul>	Use Task Description Form OR-11

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#### VOLUME: II. TECHNICAL PROPOSAL

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		<ul style="list-style-type: none"><li>- Acquire Equipment and Software</li><li>- Implement Administrative Functions</li><li>- Banking Arrangements (bank transfers, letter of credit, etc.)</li><li>- Postal Services</li><li>- Purchasing (inventories, insurance bonding)</li><li>- Reporting Requirements</li><li>- Accounting Records and Internal Controls</li><li>- Internal Audit</li><li>- Provide Space and Access</li><li>- Develop Affirmative Action Plan</li><li>- Begin Hiring</li><li>- Train Personnel</li><li>- Develop Disaster Plan</li><li>- Develop Plan for Backup Facility</li></ul>	
		Summarize the assumptions upon which the plan is based and the constraints identified that may affect the successful	Use Task Description Form OR-11

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**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		<p>execution of the plan. All assumptions should be:</p> <ul style="list-style-type: none"> <li>- Consistent with the requirements of this RFP</li> <li>- Consistent with the OTDA's objectives</li> <li>- Realistic</li> <li>- Comprehensive</li> </ul>	
		<p>Describe the project schedule and dependencies by documenting the duration and timing of each transition task. Organize the scheduled by the major phases detailed above. Indicate critical path.</p>	Use Work plan Form OR-12
		<p>Minimum milestone/deliverables for transition are identified in Chapter 2 of this RFP. Identify the milestones/deliverables to be met during the transaction and your schedule for meeting them.</p>	Format per Offeror's preference
<b>II.A.3.(b)</b>	<b>Personnel Acquisition and Training</b>	<p>Describe in detail the plan for training and phasing-in key personnel and staff for Collection and Enforcement Operations. Discuss availability of required training resources to meet personnel phase-in plan.</p>	Format per Offeror's preference

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
II.A.3.(c)	<b>Disaster Plan</b>	<p>Describe in detail the features of the proposed disaster contingency arrangements. This should include, at a minimum:</p> <ul style="list-style-type: none"> <li>- Identification of backup facilities and equipment to be used for disaster backup as required. A detailed description of the prospective backup facilities must be provided to the OTDA as part of the disaster plan.</li>   <li>- Definition of off-site storage requirements</li>   <li>- Discussion of equipment and operating environment compatibility.</li> <li>- Any business interruption insurance planned.</li> </ul> <p>This plan should include all functional areas of the operation.</p> <ul style="list-style-type: none"> <li>- Transition</li> <li>- Payment Processing Mail</li> <li>- Payment Processing Electronic</li> <li>- Disbursement Processing Checks</li> <li>- Disbursement Processing Electronic</li> <li>- Noncustodial Parent Billing Statement/Employer Reminders</li> </ul>	Format per Offeror's preference

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**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		<ul style="list-style-type: none"> <li>- Notice Processing</li> <li>- New Hire Notification Processing Mail</li> <li>- New Hire Notification Processing Electronic</li> <li>- Non-IV/D Payment Processing</li> <li>- Data Capture Services</li> <li>- Putative Father Registry</li> <li>- Voice Response System</li> <li>- Outreach</li> <li>- Customer Service</li> <li>- Turnover</li> </ul>	
II.A.3.(d)	<b>Division of Responsibility</b>	Describe your understanding of the division of responsibility between the OTDA and Offeror.	Format per Offeror's preference
II.A.3.(e)	<b>Schedule, Resource and Quality Control</b>	Describe the content, frequency, level of detail and method of collecting information for progress reports to the OTDA on transition activities. These reports should provide the OTDA with information necessary to monitor the status, effort and quality of the Collection and Enforcement Operations transition	Format per Offeror's preference

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**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		tasks. Include examples of the actual report proposed. The OTDA desires a methodology which is practical and can be easily used by the OTDA and the successful Offeror as well.	
II.B.1.(a)	<b>Reporting Relationship</b>	Define the proposed Centralized Operations organizational structure. Include the titles of the key positions, lines of reporting and number of staff. Confirm that you understand that no major functional changes can be made during the first nine months of operation.	Organization Chart
II.B.1.(b)	<b>Division of Responsibility</b>	For each organizational unit in the Centralized Operations organization chart, describe the major functions to be performed.	Reference Appendix B of this RFP
II.B.1.(c)	<b>Job Descriptions</b>	Summarize the job responsibilities for each job title other than key personnel involved in the Centralized Operations. Describe your understanding of the disciplines and experience required in the operation of a large-scale collection and operation.	Use Required Job Description Format Form OR-9
II.B.2.(a)	<b>Staffing Levels</b>	Summarize the proposed staffing levels for each major operating task.	Use Staffing Level Form OR-8
II.B.2.(b)	<b>Equipment</b>	Summarize the proposed equipment resources.	Format per Offeror's preference

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**VOLUME: II. TECHNICAL PROPOSAL**

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<b>II.B.3.(a)</b>	<b>Centralized Operations</b>	Demonstrate your understanding of the approach to central collection and enforcement functions. Refer to Chapters 2, 3, 4 and 5.	Format per Offeror's preference
<b>II.B.3.(b)</b>	<b>Operating Requirements</b>	<p>Describe your understanding of the operating requirements as set forth in Chapters 2, 3, 4 and 5 of this RFP by addressing each of the following:</p> <ul style="list-style-type: none"> <li>- Operating Procedures for each operational task</li> <li>- Postal Services</li> <li>- On-time Operating Report</li> <li>- Noncustodial Parent/Employer Outreach</li> <li>- Security and Confidentiality</li> <li>- Operating Changes</li> <li>- Access</li> <li>- Space and Equipment for State/Federal Employees</li> <li>- Contractor Audit Program</li> <li>- Audit Requirements</li> <li>- Access to Files</li> </ul>	Format per Offeror's preference

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#### VOLUME: II. TECHNICAL PROPOSAL

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		<ul style="list-style-type: none"><li>- Computer Resources</li><li>- Data Retrieval Requirements</li><li>- Equity and Purchase Rights to Hardware and Facilities</li><li>- Disaster Backup Testing</li><li>- Internal Controls</li><li>- Affirmative Action Objective</li><li>- Contractor Holiday Schedule</li><li>- Banking Services</li><li>- Telephone Services for Voice Response System</li><li>- Telephone Services for Customer Service</li><li>- Equipment and Software</li><li>- Performance Standards</li></ul>	
		Identify the number of ATMs offered in response to the requirements outlined in 4.2, 5.2 and 6.4.1 of this RFP	Use Debit Card ATM Requirement Form OR-13

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#### VOLUME: II. TECHNICAL PROPOSAL

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
II.B.3.(b)(1)	Major Tasks	<p>Describe your operating procedures designed to complete the process steps outlined in Chapter 4 for each of the following major tasks:</p> <ul style="list-style-type: none"><li>- Payment Processing Mail</li><li>- Payment Processing Electronic</li><li>- Disbursement Processing Checks</li><li>- Disbursement Processing Electronic</li><li>- Noncustodial Parent Billing Statement/Employer Reminders</li><li>- Notice Processing</li><li>- New Hire Notification Processing Mail</li><li>- New Hire Notification Processing Electronic</li><li>-Non-IV/D Payment Processing</li><li>- Data Capture Services</li><li>- Putative Father Registry</li><li>- Voice Response System</li><li>- Outreach</li></ul>	Format per Offeror's preference

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		- Customer Service	
<b>II.B.3.(b)(2)</b>	<b>Performance Standards</b>	Describe your planned policies and procedures for assuring that the performance standards in Chapter 5 are met.	Format per Offeror's preference
<b>II.B.3.(b)(3)</b>	<b>Banking</b>	Describe the proposed functions involving banking services which your organization will provide, including: <ul style="list-style-type: none"> <li>- Electronic funds transfer and electronic data interchange Arrangements</li> <li>- Returned Checks</li> <li>- Acceptance and processing of preauthorized electronic funds transfer</li> <li>- Reconciliation Process</li> <li>- Check issuance files and electronic funds transfer (EFT)</li> </ul>	Format per Offeror's preference
<b>II.B.3.(b)(4)</b>	<b>Postal Services</b>	Describe your planned activities to obtain cost effective postal services in conjunction with meeting the performance standards required under the contract.	Format per Offeror's preference

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### RESPONSE REQUIREMENTS AND DESCRIPTION

**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
II.B.3.(b)(5)	<b>On-time Operating Reports</b>	Agree to provide the OTDA with the reports in Chapter 5.	Format per Offeror's preference
II.B.3.(b)(6)	<b>Outreach</b>	<p>Describe the plans and activities to which your organization will commit to increasing the noncustodial parent and employer participation in supplying payment identification information and electronic payment submissions. This should include specifying:</p> <ul style="list-style-type: none"> <li>- Types of activities</li> <li>- Number, type and level of effort of personnel assigned location of staff</li> <li>- Specific activities designed to encourage noncustodial parents and employers with payments for multiple districts to supply payments and supporting information electronically (EFT, web based)</li> <li>- Projected outcomes</li> </ul>	Format per Offeror's preference
II.B.3.(b)(7)	<b>Security and Confidentiality</b>	<p>Describe the controls, manual procedures, automated data security tools and other security preference measures designed to provide:</p> <ul style="list-style-type: none"> <li>- Secured facilities for collection and enforcement processing</li> </ul>	Format per Offeror's preference

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### RESPONSE REQUIREMENTS AND DESCRIPTION

#### VOLUME: II. TECHNICAL PROPOSAL

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		<ul style="list-style-type: none"><li>- Protection of custodial and noncustodial parent information</li><li>- Protection of new hire notification information</li><li>- Security of tape and disk libraries, software documentation, and data files</li><li>- Secured facilities for storing checks and cash prior to making deposit</li></ul>	
II.B.3.(b)(8)	<b>Operating Changes</b>	<p>Indicate your willingness to seek OTDA approval before implementing any major changes to:</p> <ul style="list-style-type: none"><li>- Key Personnel</li><li>- Operating Systems</li><li>- Procedures</li><li>- Program</li><li>- Software Packages</li><li>- Facilities</li></ul>	Format per Offeror's preference

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### RESPONSE REQUIREMENTS AND DESCRIPTION

**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		- Equipment	
<b>II.B.3.(b)(9)</b>	<b>Access</b>	<p>Indicate your willingness to provide timely access to all aspects of the operations. Address the following specific areas:</p> <ul style="list-style-type: none"> <li>- Personnel</li> <li>- Operating Systems</li> <li>- Procedures</li> <li>- Programs</li> <li>- Documentation</li> <li>- Software Packages</li> <li>- Facilities</li> <li>- Equipment</li> </ul>	Format per Offeror's preference
<b>II.B.3.(b)(10)</b>	<b>Space and Equipment for State/Federal Employees</b>	<p>Indicate your willingness to provide adequate support for the space and equipment for six (6) on-site State staff and for two (2) additional individuals for the purpose of performing monitoring or auditing functions.</p>	Format per Offeror's preference

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#### VOLUME: II. TECHNICAL PROPOSAL

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
II.B.3.(b)(11)	<b>Contractor Audit Program</b>	<p>Describe your planned policies and procedures for the internal audit and quality assurance function. This discussion should include the following areas:</p> <ul style="list-style-type: none"><li>- Payment processing controls review</li><li>- General controls review</li><li>- Disbursement controls review</li><li>- Data integrity checks</li><li>- Billing statement and notice production controls review</li><li>- Voice Response System operations review</li><li>- New Hire Notification Processing controls review</li><li>- Notice Processing controls review</li><li>- Non IV/D Processing controls review</li><li>- Data Capture Services controls review</li><li>- Putative Father Registry controls review</li><li>- Outreach controls review</li><li>- Customer Service controls review</li></ul>	Format per Offeror's preference



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**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		and internal reports	
II.B.3.(b)(14)	<b>Computer Resources</b>	<p>Indicate your need to provide access to the following computer resources:</p> <ul style="list-style-type: none"> <li>- All application programs and libraries</li> <li>- The operating system, including job/accounting software</li> <li>- Computer time</li> </ul>	Format per Offeror's preference
II.B.3.(b)(15)	<b>Data Retrieval Requirements</b>	<p>Describe your understanding to provide personnel and resources for supplying documentation of any and all operations.</p> <p>Indicate your understanding that OTDA reserves the right to audit the Contractor's systems and procedures to ensure among other things, stringent adherence to confidentiality provisions.</p>	Format per Offeror's preference
II.B.3.(b)(16)	<b>Equity and Purchase Rights to Hardware and Facilities</b>	Indicate your willingness to ensure that all equipment and facilities used in the collection and enforcement operations are maintained and not disposed, and that any leases for equipment or facilities shall be negotiated or renegotiated to establish and preserve any equity rights and purchase option	Format per Offeror's preference

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### RESPONSE REQUIREMENTS AND DESCRIPTION

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		rights existing in the OTDA or any collection and enforcement fiscal agent of the OTDA.	
<b>II.B.3.(b)(17)</b>	<b>Disaster Backup Testing</b>	Describe your intention to comply with the conditions specified in 2.3.4.16 of this RFP.	Format per Offeror's preference
<b>II.B.3.(b)(18)</b>	<b>Internal Controls</b>	Describe the internal control procedures that will be implemented to ensure conformance with the minimum requirements detailed in Chapter 5 of this RFP.	Format per Offeror's preference
<b>II.B.3.(b)(19)</b>	<b>Affirmative Action Objective</b>	Demonstrate your willingness to attain the Affirmative Action goals as specified in 2.3.4.18 of this RFP.	Format per Offeror's preference
<b>II.B.3.(b)(20)</b>	<b>Contractor Holiday Schedule</b>	Agree to obtain prior written approval from the OTDA each year for the Offeror's holiday schedule.	Format per Offeror's preference
<b>II.B.3.(b)(21)</b>	<b>Banking Services</b>	Describe your understanding for the need to make daily deposits to the OTDA Banking Services Contractor facility using a secured courier.  Indicate your need to comply to the National Automated Clearing House Association connections for any process with a direct interface with the banking industry.	Format per Offeror's preference

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**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
II.B.3.(b)(22)	<b>Telephone Services</b>	Indicate your understanding of the Contractor's responsibility for telephone services other than those services to be provided by OTDA in support of the voice response system and call center.	Format per Offeror's preference
II.B.3.(b)(23)	<b>Equipment and Software</b>	Describe your understanding that the contractor's responsible for conforming to the manufacturer's maintenance schedule to ensure maximum useful life, as well as the need to replace equipment that reaches the end of its useful life.  Indicate your understanding that maintenance and replacement costs for equipment and software are the Contractor's sole responsibility.	Format per Offeror's preference
II.B.3.(b)(24)	<b>Early Intervention Enhancement</b>	Describe your understanding that the Contractor must implement the Early Intervention Enhancement as noted in 4.13 and 5.16 of this RFP upon acceptance and notification of the OTDA.	Format per Offeror's preference
II.B.3.(b)(25)	<b>Location Enhancement</b>	Describe your understanding that the Contractor must implement the Location Enhancement as noted in 4.14 and 5.17 of this RFP upon acceptance and notification of the OTDA.	Format per Offeror's preference
II.B.4.(a)	<b>Personnel Functions</b>	Describe the proposed personnel functions for Collection and Enforcement Operations. Include the following:	Format per Offeror's preference

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#### VOLUME: II. TECHNICAL PROPOSAL

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		<ul style="list-style-type: none"><li>- Proposed approach</li><li>- Description of personnel functions</li><li>- Assumptions and workloads used to plan adequate staffing levels</li><li>- Use of automated computer system support</li><li>- How State and Federal reporting requirements will be met, including staffing level reports, minority employee statistics, etc.</li><li>- Copy of Offeror's corporate personnel policies (including employee severance pay and employee leave). Said are to be applied to all Collection and enforcement Contractor staff.</li><li>- Indicate your understanding of OTDA, State and Federal standards for Affirmative Action compliance, as specified in Sections 2.3.4.18 and 3.5.6. of this RFP. Also confirm your commitment to sustain or surpass the level and distribution of minority employment which the current fiscal agent maintains.</li></ul>	

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#### VOLUME: II. TECHNICAL PROPOSAL

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
II.B.4.(b)	Accounting Functions	<p>Describe the proposed accounting functions for each Centralized Operation. Include the following:</p> <ul style="list-style-type: none"><li>- Proposed approach</li><li>- Description of accounting functions</li><li>- Assumptions and workloads used to plan adequate staffing levels</li><li>- The use of automated computer system support</li><li>- How State reporting requirements in the following areas will be met:<ul style="list-style-type: none"><li>Financial reports</li><li>Monthly billing requirements</li><li>Cost data</li><li>Progress reports</li><li>Progress reports</li></ul></li></ul>	Format per Offeor's preference

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**RESPONSE REQUIREMENTS AND DESCRIPTION**

**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		Centralized Operations information reports Voice Response System usage reports Call Center System usage reports	
<b>II.B.4.(c)</b>	<b>Purchasing Functions</b>	Describe the proposed purchasing responsibilities and functions for Centralized Operations. Include the following: <ul style="list-style-type: none"> <li>- Proposed approach</li> <li>- Description of purchasing practices and responsibilities</li> <li>- Assumptions and workloads used to plan adequate staffing levels</li> <li>- The use of automated computer system support</li> <li>- How State reporting requirements in these areas will be met:</li> </ul> Proposed lease/purchase approval or large expenditures	Format per Offeror's preference

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### RESPONSE REQUIREMENTS AND DESCRIPTION

**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		Periodic equipment/leasor inventory Active supplies lists - Depreciation schedule	
<b>II.B.4.(d)</b>	<b>Security Functions</b>	Describe the proposed physical responsibilities and functions for Centralized Operations. Include the following: - Facility access - Visitor control - Computer room control - Facility and equipment protection - Security staff level - CSMS Terminal Access Control - CSMS Information Confidentiality Control - Payment, Disbursement, Billing Statement/Reminder, - Notice, New Hire, Non-IV/D, Data Capture Services, - Putative Father Registry, Voice Response System,	Format per Offeror's preference

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### RESPONSE REQUIREMENTS AND DESCRIPTION

**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		- Outreach and Customer Service	
<b>II.B.5.(a)</b>	<b>Performance Standards</b>	Describe how you intend to meet each performance standard in Chapter 5 of this RFP.	Format per Offeror's preference
<b>II.B.5.(b)</b>	<b>Approach</b>	Describe how you will determine if the performance standards in Chapter 5 of this RFP preference are met.	Format per Offeror's preference
<b>II.B.6.(a)</b>	<b>Recruitment and Selection</b>	Describe your recruitment and selection policies in terms of: <ul style="list-style-type: none"> <li>- Recruitment program</li> <li>- Sources of potential recruitment</li> <li>- Selection guidelines</li> </ul>	Format per Offeror's preference
<b>II.B.6.(b)</b>	<b>Training</b>	For each of the operational areas listed for the personnel categories on Form OR-8, provide a description of the training program for entry level personnel: <ul style="list-style-type: none"> <li>- Overview of program/workflow</li> <li>- Instruction on equipment (if required)</li> </ul>	Format per Offeror's preference

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**RESPONSE REQUIREMENTS AND DESCRIPTION**

**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		<ul style="list-style-type: none"> <li>- Familiarization with forms/procedures</li> <li>- Management approach</li> <li>- Training personnel</li> </ul> <p>Include background and experience</p> <p>Cite whether operating personnel or training unit Personnel</p> <p>Training manuals</p> <p>Initial training duration</p>	
<b>II.B.6.(c)</b>	<b>Retention</b>	<p>Describe your career development policies for the following:</p> <ul style="list-style-type: none"> <li>- Management development</li> <li>- Technical development</li> <li>- Career paths</li> <li>- Career counseling</li> </ul> <p>Describe any other measures which are taken to minimize employee turnover, e.g. daycare, performance incentives, etc.</p>	Format per Offeror's preference

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### RESPONSE REQUIREMENTS AND DESCRIPTION

**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
II.C.1.(a)	<b>Reporting Relationships</b>	Define your project turnover organizational structure, including the titles of the key positions, lines of reporting and number of staff.	Organization Chart
II.C.1.(b)	<b>Division of Responsibility</b>	For each organization unit on the project organization chart, describe the major Collection and Enforcement Turnover functions to be performed.	Format per Offeror's preference
II.C.1.(c)	<b>Job Descriptions</b>	Summarize the job responsibilities for each job title involved in the project. Describe your understanding of the disciplines and experience required in the turnover of a large-scale collection, disbursement and call center operation.	Use Required Job Description Format Form OR-9
II.C.2.(a)	<b>Staffing Level</b>	Summarize the person-days of effort for each turnover task by job title.	Format per Offeror's preference
II.C.2.(b)	<b>Equipment</b>	<p>Indicate the extent to which equipment will be available to the successor Contractor or the OTDA to meet the proposed work plan. Specify the specific tasks to be accomplished with the equipment. This includes:</p> <ul style="list-style-type: none"> <li>- Payment Processing</li> <li>- Disbursement Processing</li> <li>- Billing Statement/Reminder Processing</li> </ul>	Proposals are to be organized by the major equipment categories listed in the description column.

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**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		<ul style="list-style-type: none"> <li>- Notice Processing</li> <li>- New Hire Notification Processing</li> <li>- Non-IV/D Payment Processing</li> <li>- Data Capture Services</li> <li>- Putative Father Registry</li> <li>- Voice Response System</li> <li>- Outreach</li> <li>- Customer Service</li> <li>- Administration</li> <li>- CSMS Equipment</li> </ul>	
<b>II.C.2.(c)</b>	<b>Facilities</b>	<p>Identify the facilities that will be available to the successor contractor or the OTDA to meet the proposed work plan for Centralized Operations turnover. Specify whether the facilities will be provided by the Offeror or is expected to be provided by the OTDA. This includes:</p> <ul style="list-style-type: none"> <li>- Work space</li> <li>- Office equipment</li> </ul>	Format per Offeror's preference

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### RESPONSE REQUIREMENTS AND DESCRIPTION

**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		- Telephones	
<b>II.C.2.(d)</b>	<b>Other Resources</b>	<p>Identify any other resources required for the completion of the project. This includes:</p> <ul style="list-style-type: none"> <li>- Computer software packages</li> <li>- Supplies</li> <li>- Training materials</li> </ul>	Format per Offeror's preference
<b>II.C.3.(a)</b>	<b>Turnover Approach</b>	<p>Describe your understanding of the OTDA's objectives for turnover and their implications. Affirm your intention to comply with all requirements specified in 2.4 of this RFP.</p> <p>Identify the manner in which the proposed plan deals with the major management issues and challenges associated with a successful turnover.</p> <ul style="list-style-type: none"> <li>- Division of responsibilities</li> <li>- Communication</li> <li>- Operating environment</li> </ul>	<p>Format per Offeror's preference</p> <p>Format per Offeror's preference</p>

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### RESPONSE REQUIREMENTS AND DESCRIPTION

**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		<ul style="list-style-type: none"> <li>- Schedule requirements</li> <li>- Accuracy requirements</li> </ul> <p>Describe, in detail, all tasks required to complete the turnover project. Include an assessment of the relative difficulty of each task. Tasks should be grouped into one of the major phases detailed in Section 2.4.3 of this RFP.</p> <ul style="list-style-type: none"> <li>- Planning</li> <li>- Training</li> <li>- Resources</li> <li>- Equipment/software</li> <li>- Cooperation</li> <li>- Staffing</li> <li>- Inventory/Supplies</li> <li>- OTDA equipment</li> </ul>	Use Task Description Form OR-11
		<p>Describe the project schedule and dependencies by documenting the duration and timing of each turnover task. Organize the schedule by the major phases detailed above.</p>	Use Work plan Form OR-12

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### RESPONSE REQUIREMENTS AND DESCRIPTION

**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		Indicate the critical path.	
		<p>Summarize the assumptions upon which the plan is based and the constraints identified that may affect the successful execution of the plan. All assumptions should be:</p> <ul style="list-style-type: none"> <li>- Consistent with the RFP requirements</li> <li>- Consistent with the OTDA's objectives</li> <li>- Realistic</li> <li>- Comprehensive</li> </ul>	Use Task Description Form OR-11
		The minimum milestones/deliverables for turnover are identified in 2.4.6 of this RFP. Identify the milestones/deliverables to be met during turnover and your schedule for meeting them.	Format per Offeror's preference
<b>II.C.3.(b)</b>	<b>Personnel Acquisition and Training</b>	Describe the plan for training and phasing-in key personnel and staff for Collection and Enforcement Operations of the successor contractor. Discuss availability of required training resources to meet the personnel phase-in plan. Indicate your willingness to provide to the OTDA or the successor contractor the resources detailed in 2.4.3 of this RFP.	Format per Offeror's preference
<b>II.C.3.(c)</b>	<b>Hardware/Software Acceptance Plan</b>	Describe a proposed procedure for turning over the hardware and software to the OTDA or a successor contractor. These	Format per Offeror's preference

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**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		<p>procedures should include the use of an approved checklist for ensuring the complete review and acceptance of each program and piece of major equipment. The following areas should be included at a minimum:</p> <ul style="list-style-type: none"> <li>- System and program documentation</li> <li>- Program libraries</li> <li>- Test libraries</li> <li>- Computer operations manuals</li> <li>- Data entry equipment</li> <li>- Voice Response System equipment</li> <li>- Document Imaging/Retrieval and On-Line Notification process</li> </ul> <p>Include examples of the proposed checklist forms in the description.</p>	Format per Offeror's preference
<b>II.C.4</b>	<b>Schedule, Resource and Quality Control</b>	Describe the content, frequency, level of detail and method of collection information for progress reports to the OTDA on turnover activities. These reports should provide the OTDA with information necessary to monitor the status, effort and Operations turnover tasks. Include examples of the actual report formats proposed. The OTDA desires a methodology which is practical and can be easily used by the successor	Format per Offeror's preference

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### RESPONSE REQUIREMENTS AND DESCRIPTION

#### VOLUME: II. TECHNICAL PROPOSAL

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		contractor.	
II.D.1	Description	<p>The OTDA requests submission of only Centralized Operational Cost Saving Revisions. Those suggested revisions may include cost reductions for reimbursables associated with centralized operations of the RFP.</p> <p>Offerors are reminded that revisions outside of the scope detailed in Chapter 2. of this RFP will be rejected. Offerors are encouraged to provide enough supporting detail to allow confirmation of the proposed benefits and changes in service levels.</p> <p>Complete the following documentation for each proposed revision.</p> <p>Describe each planned revision to the Centralized Operations. The description is to contain the following elements:</p> <ul style="list-style-type: none"><li>- Description</li><li>- Benefits and disadvantages both tangible and intangible</li><li>- Anticipated change in service levels, including a description of the effect on the performance standards outlined in Appendix C of this RFP</li></ul>	Use Offeror Suggested Revision Form OR-14

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**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		- Explanation/justification	
<b>II.D.2</b>	<b>Work Plan</b>	<p>Summarize the implementation schedule and dependencies by documenting the duration and timing of each task. Organize the schedule into major phases and indicate the critical path.</p> <p>Describe the assumptions upon which the plan is based and the constraints identified that may affect the successful execution of the plan. All assumptions should be:</p> <ul style="list-style-type: none"> <li>- Consistent with the RFP requirements</li> <li>- Consistent with the OTDA's objectives</li> <li>- Realistic</li> <li>- Comprehensive</li> </ul>	<p>Use Workplan Form OR-12 and Task Description Form OR-11</p> <p>Format per Offeror's preference</p>
<b>II.E.1.(a)</b>	<b>Enhancements Objective</b>	Describe your understanding of the OTDA's objectives for enhancing the child support services that it is beyond the scope of the current contract.	Format per Offeror's preference
<b>II.E.1.(b)</b>	<b>Approach</b>	Describe the overall approach your organization will take in	Format per Offeror's

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### RESPONSE REQUIREMENTS AND DESCRIPTION

**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		accomplishing each of the enhancements.	preference
<b>II.E.1.(c)</b>	<b>Resources</b>	Identify the sources from which you intend to draw resources in accomplishing tasks and the steps which you will take to ensure that on-going operations will not be negatively affected while each of the enhancements are introduced.	Format per Offeror's preference
<b>II.E.2.(a)</b>	<b>Planning Phase</b>	<p>For each Enhancement:</p> <ul style="list-style-type: none"> <li>- Indicate the resources required to accomplish the planning phase including OR-12 and a Task numbers, levels, titles, units from which the staff will be taken. Summarize for each enhancement schedule and dependencies of the planning, listed in 4.13, 4.14 of the RFP and 5.16, 5.17 phase by documenting the duration and timing of each task. Indicate the critical path.</li> <li>- Identify the key milestones and deliverables and the organizational unit responsible for activities during the planning phase.</li> </ul>	Use Work Plan Form OR-12 and a Task Description Form OR-11 for the enhancements listed in 4.13, 4.14, 5.16 and 5.17 of this RFP
<b>II.E.2.(b)</b>	<b>Development Phase</b>	<p>For each Enhancement:</p> <ul style="list-style-type: none"> <li>- Indicate the resources required to accomplish the</li> </ul>	

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### RESPONSE REQUIREMENTS AND DESCRIPTION

**VOLUME: II. TECHNICAL PROPOSAL**

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		development phase including numbers, levels, titles, and units from which the staff will be taken. Summarize the schedule and dependencies of the development phase by documenting the duration and timing of each task. Indicated the critical path.	Use a Work Plan Form OR-12 and a Task Description Form OR-11 for the enhancement listed in 4.13, 4.14, 5.16 and 5.17 of this RFP
		- Identify the key milestones and deliverables and the organizational unit responsible for activities during the development phase.	Format per Offeror's preference
		- Describe in detail the proposed activities to be accomplished by the Enhancement staff.	Format per Offeror's preference
<b>II.E.2.(c)</b>	<b>Implementation Phase</b>	For each Enhancement:  - Indicated the resources required to accomplish the implementation phase including number, levels, titles, and units from which the staff will be taken. Summarize the schedule and dependencies of implementation plan by documenting the duration and timing of each task. Indicate the critical path.  - Identify the key milestones and deliverables and the organizational unit responsible for activities during the implementation phase.	Use a Work Plan Form OR-12 and a Task Description Form OR-11 for each enhancement listed in 4.13, 4.14, 5.16 and 5.17 of this RFP  Format per Offeror's preference

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### RESPONSE REQUIREMENTS AND DESCRIPTION

#### VOLUME: II. TECHNICAL PROPOSAL

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		- Describe in detail the proposed activities (if any) to be accomplished by staff.	Format per Offeror's preference
II.E.2.(d)	Operation Phase	For each Enhancement:  - Indicate the increases or decreases in resources required for each organizational unit affected by the enhancement. Within each resource category, identify all increases/decreases in resources required, and identify the organizational unit(s) to which these are to be attributed.	Format per Offeror's preference

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### RESPONSE REQUIREMENTS AND DESCRIPTION

#### VOLUME: III. COST PROPOSAL

<b>III.A</b>	<b>Letter of Transmittal</b>	Prepare a letter of transmittal. The letter is to be signed by an official of the Offeror authorized to bind the Offeror to the requirements of this RFP.	Company Letterhead
		Include the name of the financial institution upon which the required \$10.0 million Letter of Credit will be drawn.	
<b>III.B</b>	<b>Fixed Price Summary</b>	Summarize the fixed price cost for each contract year for: <ul style="list-style-type: none"><li>- Transition</li><li>- Payment Processing - Mail</li><li>- Payment Processing - Electronic</li><li>- Disbursements - Checks</li><li>- Disbursement – Electronic</li><li>- Noncustodial Parent Billing Statement/Employer Reminder Processing</li><li>- Notice Processing</li><li>- New Hire Notification Processing - Mail</li><li>- New Hire Notification Processing - Electronic</li><li>- Non-IV/D Payment Processing</li><li>- Data Capture Services</li><li>- Putative Father Registry</li><li>- Voice Response System</li><li>- Outreach</li><li>- Customer Service</li><li>- Administration</li><li>- Turnover</li></ul>	Use Fixed Price Summary Form CS-1
<b>III.C.1</b>	<b>Personnel Salary Cost</b>	Summarize the personnel salary cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1

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### RESPONSE REQUIREMENTS AND DESCRIPTION

#### VOLUME: III. COST PROPOSAL

III.C.2	<b>Equipment Cost</b>	Summarize any equipment or software to be acquired for transition.	Use Equipment Cost Form CSS-2
III.C.3	<b>Facility Cost</b>	Summarize any cost associated with acquiring a facility for transition.	Use Transition Cost Summary Form CS-1A
III.C.4	<b>Other Cost</b>	Summarize any other cost associated with transition.	Use Supplemental Cost Detail Form CSS-3
III.C.5	<b>Subcontractor</b>	Complete a form for each subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.C.6	<b>Transition Summary</b>	Summarize the fixed price offer for transition.  Note: All items on the price/cost schedules are to be referenced by supporting schedules	Use Transition Cost Summary Form CS-1A
III.D.1	<b>Personnel Salary Cost</b>	Summarize for payment processing-mail the personnel salary cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
III.D.2	<b>Equipment Cost</b>	Summarize any equipment or software used for payment processing-mail.	Use Equipment Cost Form CSS-2
III.D.3	<b>Facility Cost</b>	Summarize any facility costs associated with payment processing-mail.	Use Payment Processing-Mail Cost Summary Form CS-1B

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### RESPONSE REQUIREMENTS AND DESCRIPTION

#### VOLUME: III. COST PROPOSAL

III.D.4	<b>Other Cost</b>	Summarize any other cost pertaining to payment processing-mail.	Use Supplemental Cost Detail Form CSS-3
III.D.5	<b>Subcontractor</b>	Complete a form for each subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.D.6	<b>Payment Processing-Mail Summary</b>	Summarize the price offer for the payment processing-mail operation.  Note: All items on the price/cost schedules are to be referenced by supporting schedules.	Use Payment Processing-Mail Cost Summary Form CS-1B
III.E.1	<b>Personnel Salary Cost</b>	Summarize for payment processing-electronic the personnel salary cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
III.E.2	<b>Equipment Cost</b>	Summarize any equipment or software used for payment processing-electronic.	Use Equipment Cost Form CSS-2
III.E.3	<b>Facility Cost</b>	Summarize any facility costs associated with payment processing-electronic.	Use Payment Processing-Electronic Cost Summary Form CS-1C
III.E.4	<b>Other Cost</b>	Summarize any other cost pertaining to payment processing-electronic.	Use Supplemental Cost Detail Form CSS-3
III.E.5	<b>Subcontractor</b>	Complete a form for each subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4

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### RESPONSE REQUIREMENTS AND DESCRIPTION

#### VOLUME: III. COST PROPOSAL

III.E.6	<b>Payment Processing-Electronic Summary</b>	<p>Summarize the price offer for the payment processing-electronic operation.</p> <p>Note: All items on the price/cost schedules are to be referenced by supporting schedules.</p>	Use Payment Processing-Electronic Cost Summary Form CS-1C
III.F.1	<b>Personnel Salary Cost</b>	Summarize for disbursement processing-checks the personnel salary cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
III.F.2	<b>Equipment Cost</b>	Summarize any equipment or software used for the disbursement processing-checks.	Use Equipment Cost Form CSS-2
III.F.3	<b>Facility Cost</b>	Summarize any facility costs associated with the disbursement processing-checks.	Use Disbursement Process-Checks Cost Summary Form CS-1D
III.F.4	<b>Other Cost</b>	Summarize any other cost pertaining to the disbursement processing-checks.	Use Supplemental Cost Detail Form CSS-3
III.F.5	<b>Subcontractor</b>	Complete a form for each subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.F.6	<b>Disbursement Processing-Checks Summary</b>	<p>Summarize the price offer for the disbursement processing-checks.</p> <p>Note: All items on the price/cost schedules are to be referenced by supporting schedules.</p>	Use Disbursement Process-Checks Cost Summary Form CS-1D

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### RESPONSE REQUIREMENTS AND DESCRIPTION

#### VOLUME: III. COST PROPOSAL

<b>III.G.1</b>	<b>Personnel Salary Cost</b>	Summarize for disbursement processing-electronic the personnel salary cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
<b>III.G.2</b>	<b>Equipment Cost</b>	Summarize any equipment or software used for the disbursement processing-electronic.	Use Equipment Cost Form CSS-2
<b>III.G.3</b>	<b>Facility Cost</b>	Summarize any facility costs associated with the disbursement processing-electronic.	Use Disbursement Process-Electronic Fixed Cost Summary Form CS-1E(a)
<b>III.G.4</b>	<b>Other Cost</b>	Summarize any other cost pertaining to the disbursement processing-electronic.	Use Supplemental Cost Detail Form CSS-3
<b>III.G.5</b>	<b>Subcontractor</b>	Complete a form for each subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
<b>III.G.6</b>	<b>Disbursement Processing-Electronic Summary</b>	<p>Summarize the price offer for the disbursement processing-electronic.</p> <p>Note: All items on the price/cost schedules are to be referenced by supporting schedules.</p> <p>Summarize the price offer for the debit card transaction services by completing the required pricing matrix.</p>	<p>Use Disbursement Process-Electronic Fixed Cost Summary Form CS-1E(a)</p> <p>Use Disbursement Process-Electronic Debit Card Cost Summary Form CS-1E(b)</p>
<b>III.H.1</b>	<b>Personnel Salary Cost</b>	Summarize the billing statement/reminder processing personnel salary cost by personnel category, include daily rate and person-estimates.	Use Direct Salary Expense Form CSS-1
<b>III.H.2</b>	<b>Equipment Cost</b>	Summarize any equipment or software used for the billing statement/reminder process.	Use Equipment Cost Form CSS-2

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### RESPONSE REQUIREMENTS AND DESCRIPTION

#### VOLUME: III. COST PROPOSAL

III.H.3	<b>Facility Cost</b>	Summarize any cost associated with the billing statement/reminder process.	Use Billing Statement/Reminder Process Cost Summary Form CS-1F
III.H.4	<b>Other Cost</b>	Summarize any other costs pertaining to the billing statement/reminder process.	Use Supplemental Cost Detail Form CSS-3
III.H.5	<b>Subcontractor</b>	Complete a form for each subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.H.6	<b>Billing Statement/Reminder Process Summary</b>	Summarize the price offer for the billing statement/reminder process.  Note: All items on the price/cost schedules are to be referenced by supporting schedules.	Billing Statement/Reminder Process Cost Summary Form CS-1F
III.I.1	<b>Personnel Salary Cost</b>	Summarize the notice processing personnel salary cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
III.I.2	<b>Equipment Cost</b>	Summarize any equipment or software used for the notice process.	Use Equipment Cost Form CSS-2
III.I.3	<b>Facility Cost</b>	Summarize any facility costs associated with the notice process.	Use Notice Process Cost Summary Form CS-1G
III.I.4	<b>Other Cost</b>	Summarize any other costs pertaining to the notice process.	Use Supplemental Cost Detail Form CSS-3

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### RESPONSE REQUIREMENTS AND DESCRIPTION

#### VOLUME: III. COST PROPOSAL

III.I.5	<b>Subcontractor</b>	Complete a form for each subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.I.6	<b>Notice Processing Summary</b>	Summarize the price offer for the notice process.  Note: All items on the price/cost schedules are to be referenced by supporting schedules.	Use Notice Process Cost Summary Form CS-1G
III.J.1	<b>Personnel Salary Cost</b>	Summarize the new hire notification processing-mail personnel salary cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
III.J.2	<b>Equipment Cost</b>	Summarize any equipment or software used for new hire notification processing-mail.	Use Equipment Cost Form CSS-2
III.J.3	<b>Facility Cost</b>	Summarize any facility costs associated with the new hire notification processing-mail.	Use New Hire Notification Processing-Mail Cost Summary Form CS-1H
III.J.4	<b>Other Cost</b>	Summarize any other costs pertaining to new hire notification processing-mail.	Use Supplemental Cost Detail Form CSS-3
III.J.5	<b>Subcontractor</b>	Complete a form for each subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.J.6	<b>New Hire Notification Processing-Mail Summary</b>	Summarize the price offer for the new hire notification processing-mail.  Note: All items on the price/cost schedules are to be	Use New Hire Notification Processing-Mail Cost Summary Form CS-1H

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#### VOLUME: III. COST PROPOSAL

		referenced by supporting schedules.	
<b>III.K.1</b>	<b>Personnel Salary Cost</b>	Summarize the new hire notification processing-electronic personnel salary cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
<b>III.K.2</b>	<b>Equipment Cost</b>	Summarize any equipment or software used for the new hire notification processing-electronic.	Use Equipment Cost Form CSS-2
<b>III.K.3</b>	<b>Facility Cost</b>	Summarize any facility costs associated with the new hire notification processing-electronic.	New Hire Notification Processing-Electronic Cost Summary Form CS-11
<b>III.K.4</b>	<b>Other Cost</b>	Summarize any other costs pertaining to new hire notification processing-electronic.	Use Supplemental Cost Detail Form CSS-3
<b>III.K.5</b>	<b>Subcontractor</b>	Complete a form for each subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
<b>III.K.6</b>	<b>New Hire Notification Processing-Electronic Summary</b>	Summarize the price offer for the new hire notification processing-electronic.  Note: All items on the price/cost schedules are to be referenced by supporting schedules.	New Hire Notification Processing-Electronic Cost Summary Form CS-11
<b>III.L.1</b>	<b>Personnel Salary Cost</b>	Summarize the non-IV/D payment processing personnel salary cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
<b>III.L.2</b>	<b>Equipment Cost</b>	Summarize any equipment or software used for non-IV/D payment processing.	Use Equipment Cost Form CSS-2

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### RESPONSE REQUIREMENTS AND DESCRIPTION

#### VOLUME: III. COST PROPOSAL

III.L.3	<b>Facility Cost</b>	Summarize any facility costs associated with the non-IV/D payment processing.	Use Non-IV/D Payment Processing Cost Summary Form CS-1J
III.L.4	<b>Other Cost</b>	Summarize any other costs pertaining to non-IV/D payment processing.	Use Supplemental Cost Detail Form CSS-3
III.L.5	<b>Subcontractor</b>	Complete a form for each subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.L.6	<b>Non-IV/D Payment Processing Summary</b>	Summarize the price offer for the non-IV/D payment processing.  Note: All items on the price/cost schedules are to be referenced by supporting schedules.	Use Non-IV/D Payment Processing Cost Summary Form CS-1J
III.M.1	<b>Personnel Salary Cost</b>	Summarize the data capture services personnel salary cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
III.M.2	<b>Equipment Cost</b>	Summarize any equipment or software used for the data capture services.	Use Equipment Cost Form CSS-2
III.M.3	<b>Facility Cost</b>	Summarize any facility cost associated with data capture services.	Use Supplemental Cost Detail Form CSS-3
III.M.4	<b>Other Cost</b>	Summarize any other cost pertaining to data capture services	Use Supplemental Cost Detail Form CSS-3
III.M.5	<b>Subcontractor</b>	Complete a form for each subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.M.6	<b>Data Capture Services Summary</b>	Summarize the price offer for the data capture services by completing the required pricing matrix.	Data Capture Service

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### RESPONSE REQUIREMENTS AND DESCRIPTION

**VOLUME: III. COST PROPOSAL**

			Summary Form CS-1K
<b>III.N.1</b>	<b>Personnel Salary Cost</b>	Summarize the putative father registry personnel salary cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
<b>III.N.2</b>	<b>Equipment Cost</b>	Summarize any equipment or software used for the putative father registry.	Use Equipment Cost Form CSS-2
<b>III.N.3</b>	<b>Facility Cost</b>	Summarize any facility costs associated with the putative father registry.	Putative Father Registry. Cost Summary Form CS-1L
<b>III.N.4</b>	<b>Other Cost</b>	Summarize any other costs pertaining to the putative father registry.	Use Supplemental Cost Detail Form CSS-3
<b>III.N.5</b>	<b>Subcontractor</b>	Complete a form for each subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
<b>III.N.6</b>	<b>Putative Father Registry Summary</b>	Summarize the price offer for the putative father registry.  Note: All items on the price/cost schedules are to be referenced by supporting schedules.	Putative Father Registry. Cost Summary Form CS-1L
<b>III.O.1</b>	<b>Personnel Salary Cost</b>	Summarize the voice response system personnel salary cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1

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### RESPONSE REQUIREMENTS AND DESCRIPTION

#### VOLUME: III. COST PROPOSAL

<b>III.O.2</b>	<b>Equipment Cost</b>	Summarize any equipment or software used for the voice response system.	Use Equipment Cost Form CSS-2
<b>III.O.3</b>	<b>Facility Cost</b>	Summarize any facility costs associated with the voice response system.	Use Voice Response System Cost Summary Form CS-1M
<b>III.O.4</b>	<b>Other Cost</b>	Summarize any other costs pertaining to voice response system.	Use Supplemental Cost Detail Form CSS-3
<b>III.O.5</b>	<b>Subcontractor</b>	Complete a form for each subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
<b>III.O.6</b>	<b>Voice Response System Summary</b>	Summarize the price offer for the voice response system.  Note: All items on the price/cost schedules are to be referenced by supporting schedules.	Use Voice Response System Cost Summary Form CS-1M
<b>III.P.1</b>	<b>Personnel Salary Cost</b>	Summarize the outreach personnel salary cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
<b>III.P.2</b>	<b>Equipment Cost</b>	Summarize any equipment or software used for outreach.	Use Equipment Cost Form CSS-2
<b>III.P.3</b>	<b>Facility Cost</b>	Summarize any facility costs associated with the outreach.	Use Outreach Cost Summary Form CS-1N
<b>III.P.4</b>	<b>Other Cost</b>	Summarize any other costs pertaining to outreach.	Use Supplemental Cost

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### RESPONSE REQUIREMENTS AND DESCRIPTION

**VOLUME: III. COST PROPOSAL**

			Detail Form CSS-3
<b>III.P.5</b>	<b>Subcontractor</b>	Complete a form for each subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
<b>III.P.6</b>	<b>Outreach Summary</b>	Summarize the price offer for the outreach.  Note: All items on the price/cost schedules are to be referenced by supporting schedules.	Use Outreach Cost Summary Form CS-1N
<b>III.Q.1</b>	<b>Personnel Salary Cost</b>	Summarize the Customer Service personnel salary cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
<b>III.Q.2</b>	<b>Equipment Cost</b>	Summarize any equipment or software used for customer service.	Use Equipment Cost Form CSS-2
<b>III.Q.3</b>	<b>Facility Cost</b>	Summarize any facility costs associated with customer service.	Use Customer Service Cost Summary Form CS-10
<b>III.Q.4</b>	<b>Other Cost</b>	Summarize any other costs pertaining to customer service.	Use Supplemental Cost Detail Form CSS-3
<b>III.Q.5</b>	<b>Subcontractor</b>	Complete a form for each subcontractor used for this function	Use Utilization of Subcontractor Form CSS-4
<b>III.Q.6</b>	<b>Customer Service System Summary</b>	Summarize the price offer for customer service.  Note: All items on the price/cost schedules are to be	Use Customer Service Cost Summary Form CS-10

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### RESPONSE REQUIREMENTS AND DESCRIPTION

#### VOLUME: III. COST PROPOSAL

		referenced by supporting schedules.	
<b>III.R.1</b>	<b>Personnel Salary Cost</b>	Summarize the administration personnel salary cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
<b>III.R.2</b>	<b>Equipment Cost</b>	Summarize any equipment or software used for administration.	Use Equipment Cost Form CSS-2
<b>III.R.3</b>	<b>Facility Cost</b>	Summarize any facility costs associated with the administration.	Use Administration Cost Summary Form CS-1P
<b>III.R.4</b>	<b>Other Cost</b>	Summarize any other costs pertaining to administration.	Use Supplemental Cost Detail Form CSS-3
<b>III.R.5</b>	<b>Subcontractor</b>	Complete a form for each subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
<b>III.R.6</b>	<b>Administration Summary</b>	Summarize the price offer for the administration.  Note: All items on the price/cost schedules are to be referenced by supporting schedules.	Administration Cost Summary Form CS-1P
<b>III.S.1</b>	<b>Personnel Salary Cost</b>	Summarize the turnover personnel salary cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
<b>III.S.2</b>	<b>Equipment Cost</b>	Summarize any equipment or software to be used for the turnover operations.	Use Equipment Cost Form CSS-2
<b>III.S.3</b>	<b>Facility Cost</b>	Summarize any facility costs associated with the turnover.	Use Turnover Cost Summary Form CS-1Q

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### RESPONSE REQUIREMENTS AND DESCRIPTION

#### VOLUME: III. COST PROPOSAL

<b>III.S.4</b>	<b>Other Cost</b>	Summarize any other costs pertaining to the turnover.	Use Supplemental Cost Detail Form CSS-3
<b>III.S.5</b>	<b>Subcontractor</b>	Complete a form for each subcontractor used for this function	Use Utilization of Subcontractor Form CSS-4
<b>III.S.6</b>	<b>Turnover Summary</b>	Summarize the price offer for the Centralized Operations Turnover.  Note: All items on the price/cost schedules are to be referenced by supporting schedules.	Use Turnover Cost Summary Form CS-1Q
<b>III.T.1</b>	<b>Personnel Salary Cost</b>	Summarize the Contract Extension Year 1, months 1 - 6 personnel salary cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
<b>III.T.2</b>	<b>Equipment Cost</b>	Summarize any equipment or software to be used for Contract Extension Year 1, months 1 - 6.	Use Equipment Cost Form CSS-2
<b>III.T.3</b>	<b>Facility Cost</b>	Summarize any facility cost associated with the Contract Extension Year 1, months 1 – 6.	Use Administrative Cost Summary Form CS-1P
<b>III.T.4</b>	<b>Other Cost</b>	Summarize any other cost pertaining to Contract Extension Year 1, months 1 – 6.	Use Supplemental Cost Detail Form CSS-3
<b>III.T.5</b>	<b>Subcontractor</b>	Complete a form for each subcontractor used for this function	Use Utilization of Subcontractor Form CSS-4
<b>III.T.6</b>	<b>Contract Extensions Summary</b>	Summarize the price offer for each of the Contract Extensions.  Note: All items on the price/cost schedules are to be referenced by supporting schedules.	Use Contract Extensions Cost Summary Form CS-1R (a) – (c)

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### RESPONSE REQUIREMENTS AND DESCRIPTION

**VOLUME: III. COST PROPOSAL**

<b>III.U Through III.AL.6</b>	<b>Offeror's Suggested Revision Cost Summary</b>	Summarize the Offeror suggested revision(s) cost per contract year for each of the major operations.	Use Offeror's Suggested Revision Cost Summary Form CS-2 and Supplemental Forms as required
<b>III.AM</b>	<b>Capital Financing Plan</b>	Describe the plan to obtain the necessary capital required to perform the contract.	Format per Offeror's preference
<b>III.AN</b>	<b>Early Intervention Enhancement Price Summary</b>	<p>Summarize the enhancement fixed price cost for each contract year for:</p> <ul style="list-style-type: none"> <li>- Transition Early Intervention</li> <li>- Operations Early Intervention</li> <li>- Turnover Early Intervention</li> </ul>	<p>Use Enhancement Fixed Price Summary Form CS-4</p> <p>Use Transition Early Intervention Cost Form CS-4A</p> <p>Use Operation Early Intervention Cost Form CS-4B</p> <p>Use Turnover Early Intervention Cost Form CS-4C</p>
<b>III.AO</b>	<b>Location Enhancement Price Summary</b>	Summarize the enhancement price cost offer for the location services by completing the required pricing matrix.	Use Enhancement Fixed Price Summary Form CS-5
<b>III.A.P</b>	<b>Subcontractor</b>	Complete a form for each subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
<b>III.AQ</b>	<b>Corporate Overhead Cost</b>	Summarize the calculation and methodology for allocating corporate overhead. It must support the documentation of the percentage recorded on each of the respective cost forms.	Format per Offeror's preference

## APPENDIX C

### OFFEROR'S RESPONSE FORMS AND INSTRUCTIONS

This Appendix contains a sample of the various forms that are detailed in Appendix B Response Requirements that must be completed and submitted as part of each Offeror's proposal. Each form is preceded by the instructions for completion of that form.

The Forms contained in this Appendix are:

#### **Name of Form**

- OR-1 Other Contractual Obligations Disclosure
- OR-2 Contingent Liabilities
- OR-3A Transition Experience – Corporate
- OR-3B Transition Experience – Other Related Processing
- OR-4 Transition Experience – Personnel
- OR-5A Operations Experience – Collection and Enforcement Processing
- OR-5B Operations Experience – Other Related Processing
- OR-5C Operations Experience – Call Center Management
- OR-6A Operations Experience – Personnel (Primary)
- OR-6B Operations Experience – Personnel (Backup)
- OR-7 Key Personnel Resume
- OR-8 Operations - Proposed Staffing Levels
- OR-9 Job Description-Other Key Personnel
- OR-10 Turnover Experience-Corporate
- OR-11 Task Description
- OR-12 Work Plan
- OR-13 Debit Card ATM Requirement
- OR-14 Offeror Suggested Cost Savings Revision
- OR-15 New York State Agency/Department/Authority References
  
- CS-1 Cost Proposal – Operations Fixed Price Summary
- CS-1A Cost Proposal – Operations Transition
- CS-1B Cost Proposal – Operations Payment Processing-Mail
- CS-1C Cost Proposal – Operations Payment Processing-Electronic
- CS-1D Cost Proposal – Operations Disbursement Processing-Checks
- CS-1E Cost Proposal – Operations Disbursement Processing – Electronic (a) and (b)
- CS-1F Cost Proposal – Operations Billing Statement/Employer Reminder Processing
- CS-1G Cost Proposal – Operations Notice Processing
- CS-1H Cost Proposal – Operations New Hire Notification Processing-Mail
- CS-1I Cost Proposal – Operations New Hire Notification Processing-Electronic
- CS-1J Cost Proposal – Operations Non IV-D Payment Processing
- CS-1K Cost Proposal – Operations Data Capture Services
- CS-1L Cost Proposal – Operations Putative Father Registry
- CS-1M Cost Proposal – Operations Voice Response System
- CS-1N Cost Proposal – Operations Outreach
- CS-1O Cost Proposal - Operations Customer Service
- CS-1P Cost Proposal – Operations Administration
- CS-1Q Cost Proposal – Operations Turnover
- CS-1R (a) Cost Proposal - Operations Contract Extensions Summary
- CS-1R (b) Cost Proposal- Operations Contract Extensions Summary/Data Capture
- CS-1R (c) Cost Proposal- Operations Contract Extensions Summary/Customer Service
  
- CS-2 Cost Proposal – Offeror's Suggested Revisions Cost Summary

- CS-3 Cost Proposal – Intentionally Left Blank- Do Not Submit
- CS-4 Cost Proposal – Early Intervention Enhancement Fixed Price Summary
- CS-4A Cost Proposal – Transition Early Intervention
- CS-4B Cost Proposal – Operations Early Intervention
- CS-4C Cost Proposal – Turnover Early Intervention
- CS-5 Cost Proposal – Location Enhancement
- CSS-1 Cost Proposal – Direct Salary Expense
- CSS-2 Cost Proposal – Equipment Cost
- CSS-3 Cost Proposal – Supplemental Cost Detail
- CSS-4 Cost Proposal – Utilization of Subcontractor(s)

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## OFFEROR'S RESPONSE FORM INSTRUCTIONS

- FORM NAME:** OTHER CONTRACTUAL OBLIGATIONS DISCLOSURE
- FORM NUMBER:** OR-1
- INSTRUCTIONS:** GENERAL – Complete this form by summarizing all contracts expected to start between March 1, 2008 and November 30, 2008 with a value greater than two million dollars (\$2,000,000) per year. In addition, identify any other Contractor obligations, regardless of value, that will affect assignment of key personnel to this contract.
- ORGANIZATION:** Name of client firm or organization to which you are providing services.
- CONTRACT TITLE:** Identifying name of contract.
- CLIENT CONTACT PERSON:** Client manager knowledgeable of contract.
- MAJOR SERVICES PROVIDED:** List most important services you performed under contract.
- CONTRACT AMOUNT AND DURATION:** Annual amount of contract and duration.
- KEY PERSONNEL ASSIGNED:** Identify key personnel listed on forms OR-6A or 6B who will continue to also be assigned to other contracts.

**OTHER CONTRACTUAL OBLIGATIONS DISCLOSURE**

<b>ORGANIZATION</b>	<b>CONTRACT TITLE</b>	<b>CLIENT CONTACT PERSON</b>	<b>MAJOR SERVICES PROVIDED</b>	<b>CONTRACT AMOUNT AND DURATION</b>	<b>KEY PERSONNEL ASSIGNED TO THIS CONTRACT</b>

**Form OR-1**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** CONTINGENT LIABILITIES

**FORM NUMBER:** OR-2

**INSTRUCTIONS:** GENERAL – Complete this form by listing all outstanding contingent liabilities.

**RESPONSIBLE COMPANY:** Indicate if the Offeror or a subcontractor (provide name) is involved.

**COMPLAINT:** The title of the dispute (e.g., "Failure to provide contractual services.")

**DATE:** The date the Offeror was placed on notice.

**DESCRIPTION:** List the allegation and a description of the complaint.

**POTENTIAL AMOUNT:** Indicate the amount in dispute.

**STATUS:** Indicate the status of the liability.

**CONTINGENT LIABILITIES**

<b>RESPONSIBLE COMPANY</b>	<b>COMPLAINT</b>	<b>DATE</b>	<b>DESCRIPTION</b>	<b>POTENTIAL AMOUNT</b>	<b>STATUS</b>

**Form OR-2**

**OFFEROR'S RESPONSE FORM INSTRUCTIONS**

**FORM NAME:** TRANSITION EXPERIENCE – CORPORATE

**FORM NUMBERS:** OR-3A and OR-3B

**INSTRUCTIONS:** GENERAL - Firms must provide complete and accurate information in order to receive credit during the proposal evaluation process identified in Chapter 6 of this RFP.

Form OR-3A is to be completed for all transition experience the firm has related to:

- Data Center Management
- Child Support Payment Processing
- Call Center Management
- Other Payment Processing

Form OR-3B is to be completed for all transition experience the firm has related to:

- Other Transaction Processing

**STATUS OF OFFEROR:**

Indicate if Offeror was prime contractor or subcontractor only.

**CLIENT:**

Identify the client and include the name, address and telephone number of the client's project manager.

For Form OR-3A clients must be grouped together by the categories noted below and each client name must be preceded by its respective three (3)-digit abbreviation as noted below:

- DCM - Data Center Management
- CSP - Child Support Payment Processing
- CCM – Call Center Management
- OPP - Other Payment Processing

For Form OR-3B clients must be grouped together by the category noted below and each client name must be preceded by the three (3)-digit abbreviation as noted below:

- OTP - Other Transaction Processing

If the firm has three (3) clients with Data Center Management experience and six (6) clients with Child Support Payment Processing experience, they must be listed as three (3) DCMs followed by six (6) CSPs on Form OR-3A.

If one (1) client represents more than one (1) category of experience in the same contract, then the client has to be listed more than once and included within the groupings that are representative, i.e., DCM, CSP, CCM, OPP, or OTP.

**SERVICE DATES:**

Indicate date actual work began to the date contractor completed work for the particular category of experience, i.e., DCM, CSP, CCM, OPP, or OTP.

**DESCRIPTION OF SERVICE:**

For each experience, describe the service provided. -

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** TRANSITION EXPERIENCE – CORPORATE (continued from previous page)

**FORM NUMBERS:** OR-3A and OR-3B

Indicate from whom operational responsibility was assumed (e.g., another contractor, a state, etc.).

- Describe the extent to which the transition was of an existing process as opposed to the implementation of a new process.

**FACILITY**

**SQUARE FEET:** Indicate the total area allocated to the services provided.

**ANNUAL VOLUME:** Include the total number of transactions/documents handled. For the categories of experience listed as DCM, OPP, CCM and OTP also list the percentage by individual types of transactions, e.g., insurance premium payments, fines, insurance claims processed, financial institution data match, and other related transactions.

**NUMBER OF  
EMPLOYEES:**

Indicate the number of employees involved in the transition process.

**TRANSITION EXPERIENCE: COLLECTION AND DISBURSEMENT**

STATUS OF OFFEROR	CLIENT	SERVICE DATES		DESCRIPTION OF SERVICE	FACILITY SQUARE FEET	ANNUAL VOLUME	NUMBER OF EMPLOYEES
		FROM	TO				

**Form OR-3A**

**TRANSITION EXPERIENCE: OTHER RELATED PROCESSING**

STATUS OF OFFEROR	CLIENT	SERVICE DATES		DESCRIPTION OF SERVICE	FACILITY SQUARE FEET	ANNUAL VOLUME	NUMBER OF EMPLOYEES
		FROM	TO				

**Form OR-3B**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

- FORM NAME:** TRANSITION EXPERIENCE – PERSONNEL
- FORM NUMBER:** OR-4
- INSTRUCTIONS:** GENERAL - Describe the transition experiences which the key individuals you are assigning to this contract phase must have as defined in Appendix K of this RFP.
- KEY PERSON:** Enter the name of the key individuals. Identify whether the person is being proposed as primary or backup.
- STATUS OF KEY PERSON:** Indicate if employee was employed by a prime contractor or subcontractor.
- TYPE:** Indicate the type of experience:
- Data Center Management
  - Child Support Payment Processing
  - Call Center Management
  - Other Payment Processing
  - Other Transaction Processing
- CLIENT:** Identify the client and include the name, address and telephone number of the client's project manager for each transition experience.
- DESCRIPTION OF EXPERIENCE:** For each person, indicate which function(s) this person was involved in during the transition.

**TRANSITION EXPERIENCE: PERSONNEL**

<b>KEY PERSON</b>	<b>STATUS OF KEY PERSON</b>	<b>TYPE EXPERIENCE</b>	<b>CLIENT</b>	<b>DESCRIPTION OF EXPERIENCE</b>

**Form OR-4**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** OPERATIONS EXPERIENCE – CORPORATE

**FORM NUMBERS:** OR-5A, OR-5B and OR-5C

**INSTRUCTIONS:** GENERAL – The minimum qualifications for corporate experience are detailed in 1.11 and 6.4.1 of this RFP. Firms must provide complete and accurate information in order to receive credit during the proposal evaluation process identified in Chapter 6 of this RFP.

Form OR-5A is to be completed for all experience the firm has related to:

Data Center Management  
Child Support Payment Processing  
Other Payment Processing

Form OR-5B is to be completed for all experience the firm has related to:

Other Transaction Processing

Form OR-5C is to be completed for all experience the firm has related to:

Call Center Management

**STATUS OF OFFEROR:**

Indicate if Offeror was prime contractor or subcontractor only.

**CLIENT:**

Identify the client and include the name, address and telephone number of the client's project manager.

For Form OR-5A clients must be grouped together by the categories noted below and each client name must be preceded by its respective three (3)-digit abbreviation as noted below:

DCM - Data Center Management  
CSP - Child Support Payment Processing  
OPP - Other Payment Processing

For Form OR-5B clients must be grouped together by the category noted below and each client name must be preceded by the three (3)-digit abbreviation as noted below:

OTP - Other Transaction Processing

For Form OR-5C clients must be grouped together by the category noted below and each client name must be preceded by the three (3)-digit abbreviation as noted below:

CCM – Call Center Management

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** OPERATIONS EXPERIENCE – CORPORATE (continued)

**FORM NUMBERS:** OR-5A, 5B and OR-5C

If the firm has three (3) clients with Data Center Management experience and six (6) clients with Child Support Payment Processing experience, they must be listed as three (3) DCMs followed by six (6) CSPs on Form OR-5A.

If one (1) client represents more than one (1) category of experience in the same contract, then the client has to be listed more than once and included within the groupings that are representative, i.e., DCM, CSP, CCM, OPP, or OTP.

**SERVICE DATES:** Indicate date actual work began to the date contractor completed work for the particular category of experience, i.e., DCM, CSP, CCM, OPP, or OTP.

**DESCRIPTION OF SERVICE:** For each experience, describe the service provided.

**FACILITY SQUARE FEET:** Indicate the total area allocated to the services provided.

**ANNUAL VOLUME:** Include the total number of transactions/documents handled. For the categories of experience listed as DCM, CCM, OPP and OTP also list the percentage by individual types of transactions, e.g., insurance premium payments, fines, insurance claims processed, financial institution data match, and other related transactions.

**NUMBER OF EMPLOYEES:** Indicate the number of employees involved in the processing operation.

**OPERATIONS EXPERIENCE: COLLECTION AND ENFORCEMENT PROCESSING**

STATUS OF OFFEROR	CLIENT	SERVICE DATES		DESCRIPTION OF SERVICE	FACILITY SQUARE FEET	ANNUAL VOLUME	NUMBER OF EMPLOYEES
		FROM	TO				

**Form OR-5A**

**OPERATIONS EXPERIENCE: OTHER TRANSACTION PROCESSING**

STATUS OF OFFEROR	CLIENT	SERVICE DATES		DESCRIPTION OF SERVICE	FACILITY SQUARE FEET	ANNUAL VOLUME	NUMBER OF EMPLOYEES
		FROM	TO				

**Form OR-5B**

**OPERATIONS EXPERIENCE: CALL CENTER MANAGEMENT**

STATUS OF OFFEROR	CLIENT	SERVICE DATES		DESCRIPTION OF SERVICE	FACILITY SQUARE FEET	ANNUAL VOLUME	NUMBER OF EMPLOYEES
		FROM	TO				

**Form OR-5C**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

- FORM NAME:** OPERATIONS EXPERIENCE – PERSONNEL
- FORM NUMBER:** OR-6A and OR-6B
- INSTRUCTIONS:** GENERAL - Complete this matrix with the names and the number of years of experience of the key personnel staff that will be assigned to fill each position. No individual may be assigned to fill more than one position. It should be noted that some positions involve the supervision and oversight of more than one operational function (see Appendix K of this RFP).
- PRIMARY:** On Form OR-6A, fill in the name of the primary individual for each position. This is the person to be assigned to the position in the event of a successful offer.
- BACKUP:** On Form OR-6B, fill in the name of the backup individual for each position. This is the person who would be assigned to this role in the event the primary individual left your organization. The back-up individual cannot be a primary individual for any other key personnel position.
- STATUS OF EMPLOYEE:** Indicate if the individual is currently employed by the Offeror or a subcontractor.
- STATES:** List the states, using the Post Office defined abbreviations, in which the individual has had experience in any or all of the following:
- Data Center Management
  - Child Support Payment Processing
  - Call Center Management
  - Other Payment Processing
  - Other Transaction Processing
- DATE OF SERVICE:** Indicate the respective length of experience the individual has had with each state in the following format MM/YY to MM/YY.
- PROCESSING EXPERIENCE:** Indicate the number of years experience per state for each individual using the following three (3)-digit codes to indicate the category of experience:
- DCM - Data Center Management
  - CSP - Child Support Payment Processing
  - CCM - Call Center Management
  - OPP - Other Payment Processing
  - OTP - Other Transaction Processing
- If one (1) state represents more than one (1) category of experience in the same contract, then the state has to be listed more than once to identify experience in the respective category, i.e., DCM, CSP, CCM, OPP, or OTP.

**OPERATIONS EXPERIENCE – PERSONNEL (PRIMARY)**

PERSONNEL CATEGORY (NAMES) PRIMARY	STATUS OF EMPLOYEE	STATES	DATES OF SERVICE	CATEGORY OF EXPERIENCE
PROJECT DIRECTOR:				
DEPUTY PROJECT DIRECTOR: (1 <sup>st</sup> position)				
DEPUTY PROJECT DIRECTOR: (2 <sup>nd</sup> position)				
SYSTEMS MANAGER:				
PAYMENT PROCESSING MANAGER:				
DISBURSEMENT PROCESSING MANAGER:				
DATA CAPTURE MANAGER:				
OUTREACH MANAGER:				
CUSTOMER SERVICE MANAGER:				

**Form OR-6A**

**OPERATIONS EXPERIENCE – PERSONNEL (BACKUP)**

<b>PERSONNEL CATEGORY (NAMES) PRIMARY</b>	<b>STATUS OF EMPLOYEE</b>	<b>STATES</b>	<b>DATES OF SERVICE</b>	<b>CATEGORY OF EXPERIENCE</b>
<b>PROJECT DIRECTOR:</b>				
<b>DEPUTY PROJECT DIRECTOR: (1<sup>st</sup> position)</b>				
<b>DEPUTY PROJECT DIRECTOR: (2<sup>nd</sup> position)</b>				
<b>SYSTEMS MANAGER:</b>				
<b>PAYMENT PROCESSING MANAGER:</b>				
<b>DISBURSEMENT PROCESSING MANAGER:</b>				
<b>DATA CAPTURE MANAGER:</b>				
<b>OUTREACH MANAGER:</b>				
<b>CUSTOMER SERVICE MANAGER:</b>				

**Form OR-6B**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

- FORM NAME:** KEY PERSONNEL RESUME
- FORM NUMBER:** OR-7
- INSTRUCTIONS:** GENERAL - Complete this resume form for each key individual and backup listed in your proposal to cover the positions listed in Appendix K. Additional key individuals may be added if desired. Both pages must be completed.
- NAME:** Fill in the name of the individual.
- TITLE/LEVEL:** Fill in the title and level for which this individual is proposed.
- STATUS OF EMPLOYEE:** Indicate if individual is associated with Offeror or subcontractor.
- YEARS:** Enter number of years with present firm (Offeror or subcontractor as appropriate)
- PRIMARY OR BACKUP:** Indicate if individual is to be considered as primary or as backup. The back-up individual cannot be a primary individual for any of the key personnel positions.
- TOTAL EXPERIENCE:** The total amount of relevant job experience should be indicated in the appropriate space for each of the respective employment experience areas.
- RESPONSIBILITIES:** In each of these respective areas, indicate the Job Title(s) in which the person served, the nature of the responsibilities, the number of staff managed and any other pertinent information.
- EXPERIENCE:** List the individual's experience (with the most recent first and identifying part time experience as such). Use the two digit post office abbreviation to designate the state, use the following three (3)-digit code to identify the category of experience, and provide the number of years experience for each category, e.g. NY, CSP, 3.5yrs:
- DCM - Data Center Management
  - CSP - Child Support Payment Processing
  - CCM - Call Center Management
  - OPP - Other Payment Processing
  - OTP - Other Transaction Processing
- EDUCATION AND CERTIFICATION:** List the individual's education, including schools, dates attended, degrees, honors, and/or certification.
- TECHNICAL EXPERIENCE:** List the individual's technical experience, including:
- Operating system software
  - Software language
  - Data base software
  - Telecommunications software
  - Other

Use additional copies of Form OR-7 if needed.

**OFFEROR'S RESPONSE FORM INSTRUCTIONS**

**FORM NAME:** KEY PERSONNEL RESUME (Continued from previous page)

**FORM NUMBER:** OR-7

**REFERENCES:** List two (2) business references from client companies. (Intra-company references are not acceptable.)

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**KEY PERSONNEL RESUME**

**NAME:** \_\_\_\_\_ **TITLE/LEVEL:** \_\_\_\_\_

**STATUS OF EMPLOYEE:** \_\_\_\_\_ **YEARS:** \_\_\_\_\_ **PRIMARY:** \_\_\_\_\_ **BACKUP:** \_\_\_\_\_

EXPERIENCE					TOTAL: YEARS _____	MONTHS _____
FROM	TO	STATE	EMPLOYER	CATEGORY/YEARS	RESPONSIBILITIES	
OTHER RELATED PROCESSING EXPERIENCE					TOTAL: YEARS _____	MONTHS _____

**Form OR-7 (Page 1-3)**

**KEY PERSONNEL RESUME (CONTINUED)**

**NAME:** \_\_\_\_\_ **TITLE/LEVEL:** \_\_\_\_\_

FROM	TO	STATE	EMPLOYER	RESPONSIBILITIES

**EDUCATION AND CERTIFICATION**

FROM	TO	SCHOOL	DEGREE/HONORS

**TECHNICAL EXPERIENCE (i.e., Hardware/Software Systems)**

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**Form OR-7 (Page 2 - 3)**

**KEY PERSONNEL RESUME (CONTINUED)**

**NAME:** \_\_\_\_\_

**TITLE/LEVEL:** \_\_\_\_\_

<b>OPERATIONS EXPERIENCE SUMMARY</b>		<b>NUMBER OF YEARS</b>	
1. <b>COLLECTION AND DISBURSEMENT</b>		1.	
2. <b>OTHER TRANSACTION PROCESSING</b>		2.	
3. <b>CALL CENTER MANAGEMENT</b>		3.	
<b>REFERENCES</b>			
<b>NAME/TITLE</b>	<b>RELATIONSHIP</b>	<b>TELEPHONE NUMBER AND ADDRESS</b>	<b>CLIENT</b>

Form OR-7 (3 - 3)

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** OPERATIONS – PROPOSED STAFFING LEVELS

**FORM NUMBER:** OR-8

**INSTRUCTIONS:** GENERAL – This form is to be used for operations tasks. Staffing levels are to be completed in terms of full time equivalent (FTE) personnel. Indicate the proposed staffing level for each function. Provide data for both the test period operations and full statewide operations.

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**OPERATIONS – PROPOSED STAFFING LEVELS**

<b>CATEGORY</b>	<b>STAFFING LEVEL</b>
<b>PAYMENT PROCESSING - MAIL</b>	
<b>PAYMENT PROCESSING - ELECTRONIC</b>	
<b>DISBURSEMENT PROCESSING – CHECKS</b>	
<b>DISBURSEMENT PROCESSING – ELECTRONIC</b>	
<b>BILLING STATEMENT/REMINDER PROCESSING</b>	
<b>NOTICE PROCESSING</b>	
<b>NEW HIRE NOTIFICATION PROCESSING – MAIL</b>	
<b>NEW HIRE NOTIFICATION PROCESSING – ELECTRONIC</b>	
<b>NON-IV/D PAYMENT PROCESSING</b>	
<b>DATA CAPTURE SERVICES</b>	
<b>PUTATIVE FATHER REGISTRY</b>	
<b>VOICE RESPONSE SYSTEM</b>	
<b>OUTREACH</b>	
<b>CUSTOMER SERVICE</b>	
<b>ADMINISTRATION</b>	
<b>TOTAL</b>	

**Form OR-8**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** JOB DESCRIPTION – OTHER THAN KEY PERSONNEL

**FORM NUMBER:** OR-9

**INSTRUCTIONS:** GENERAL – Job descriptions for key personnel are provided in Appendix K. the Offeror is to complete this form for each job being proposed for which a job description is not provided in Appendix K.

**TITLE:** Proposed job title.

**REPORT TO:** Indicate the title of the position to which the individual is to report

2000

**JOB DESCRIPTION – OTHER THAN KEY PERSONNEL**

<b>TITLE:</b>	<b>REPORTS TO:</b>
<b>PRIMARY OBJECTIVES:</b>	
<b>NATURE OF RESPONSIBILITIES:</b>	
<b>JOB QUALIFICATIONS:</b>	

**Form OR-9**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

- FORM NAME:** TURNOVER EXPERIENCE – CORPORATE
- FORM NUMBER:** OR-10
- INSTRUCTIONS:** GENERAL - On form OR-10 summarize the Offeror's experience in turning over operations at the end of a contract for Data Center Management, Child Support Payment Processing, Call Center Management, Other Payment Processing and Other Transaction Processing related functions.
- STATUS OF OFFEROR:** Indicate if Offeror was prime contractor or subcontractor only.
- CLIENT:** Identify the client and include the name, address and telephone number of the client's project officer. Indicate to whom the turnover was made (e.g., another contractor, a state, etc.)
- SERVICE DATES:** Indicate date actual turnover began and either the date the contract ended or the date a successor Contractor assumed full responsibility.
- CLIENT SERVICES:** List the different clients served. Specifically indicate collection and/or disbursement services where applicable.
- FACILITY SQUARE FEET:** Indicate the total area allocated in the facility.
- ANNUAL VOLUME:** Include the total number of transactions/documents handled per client. . For the categories of experience listed as Data Center Management, Child Support Payment Processing, Call Center Management, Other Payment Processing, and Other Transaction Processing also list the percentage by individual types of transactions, e.g., insurance premium payments, fines, insurance claims processed, financial institution data match, and other related transactions
- NUMBER OF EMPLOYEES:** Indicate the number of employees involved in the turnover process.

**TURNOVER EXPERIENCE - CORPORATE**

STATUS OF OFFEROR	CLIENT	SERVICE DATES		DESCRIPTION OF SERVICE	FACILITY SQUARE FEET	ANNUAL VOLUME	NUMBER OF EMPLOYEES
		FROM	TO				

**Form OR-10**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

<b>FORM NAME:</b>	TASK DESCRIPTION
<b>FORM NUMBER:</b>	OR-11
<b>INSTRUCTIONS:</b>	GENERAL – Complete a form for each task of the following major functions: -Transition -Turnover.
<b>MAJOR FUNCTION:</b>	Indicate if form applies to Transition or Turnover.
<b>TASK:</b>	Name of task being described on this form.
<b>TASK NUMBER:</b>	Task are to be sequentially numbered within major activities.
<b>TASK DESCRIPTION:</b>	An overview of the work to be performed.
<b>ASSUMPTIONS/ CONSTRAINTS:</b>	Major assumptions and constraints used in the planning process are to be documented.
<b>RELATIVE DIFFICULTY:</b>	Indicate the tasks relative difficulty with respect to other related tasks.
<b>DEPENDENCIES:</b>	Other tasks, which influence the Contractor's ability to complete this task, are to be discussed.

**TASK DESCRIPTION**

**MAJOR FUNCTION** \_\_\_\_\_

<b>TASK</b> _____ <b>TASK NUMBER</b> _____
<b>TASK DESCRIPTION:</b>
<b>ASSUMPTIONS/CONSTRAINTS:</b>
<b>RELATIVE DIFFICULTY:</b>
<b>DEPENDENCIES:</b>

**Form OR-11**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

- FORM NAME:** WORK PLAN
- FORM NUMBER:** OR-12
- INSTRUCTIONS:** GENERAL – Complete a separate form for each of the following major functions:  
-Transition  
-Turnover.
- MAJOR FUNCTION:** Indicate if form applies to Transition or Turnover.
- TASK DESCRIPTION:** Identify task being performed.
- EFFORT:** Enter the number of staff-days for each task.
- DURATION:** Enter the total time span required to complete the task.
- TIME:** Indicate the week the task is planned to begin through the time the task is to be completed. (week 1 is the first week transition has begun, week 2 is the second week, etc.) Additional pages may be attached if necessary.



## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** DEBIT CARD ATM REQUIREMENT

**FORM NUMBER:** OR-13

**INSTRUCTIONS:** GENERAL - The minimum requirements for debit card ATMs are detailed in 4.2, 5.2 and 6.4.1 of this RFP. Offerors must meet, at a minimum to qualify, the number of ATMs required within each New York County as identified in the Required Minimum ATMs column on Form OR-13, Tables 1 and 2.

ATM Level Offer – Offerors seeking to score additional points for ATM totals in excess of 1310 surcharge free ATM minimum requirement, must replicate Form OR-13 to illustrate the proposed distribution of 2310 or more surcharge free ATMs. Form OR-13 must be submitted for both the 1310 and 2310 ATM levels by Offerors that are seeking to score additional points.

Table 1 – Offerors must complete OR-13 by providing the number of ATMs offered per individual county. Offerors must ensure that the “Number of ATMS Offered” includes the number of required ATMs. Offerors must also provide the total number of ATMs offered for all in Table 1.

Table 2 - Offerors must provide within the boundaries of the individual counties identified on Table 2 the subtotal number of “Required Minimum ATMs.” In addition, Table 2 provides county zips codes that must have the “Required Minimum ATMs” identified in the Table. (i.e., Erie County must have the total of 86 Required Minimum ATMs, and at least one of those 86 ATMS must be located within the zip code of 14006.) The remaining balance of ATMs required for each of the counties identified in Table 2 may be distributed at the Offeror’s discretion. Offerors must complete OR-13 by providing the number of ATMs offered per individual county. Offerors must ensure that the “Number of ATMS Offered” includes the number of required ATMs. Offerors must provide the total number of ATMs offered for all in Table 2.

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**DEBIT CARD ATM REQUIREMENTS**  
**TABLE 1**  
 \_\_\_\_\_ (number) ATM Level Offer

New York County	Required Minimum ATMs	Number of ATMS Offered
Albany	26	
Allegany	5	
Broome	18	
Cattaraugus	5	
Cayuga	9	
Chautauqua	12	
Chemung	11	
Chenango	5	
Clinton	5	
Columbia	5	
Cortland	5	
Delaware	5	
Dutchess	17	
Essex	5	
Franklin	5	
Fulton	8	
Genesee	5	
Greene	5	
Hamilton	1	
Herkimer	11	
Jefferson	7	
Lewis	5	
Livingston	5	
Madison	5	
Montgomery	7	
Niagara	21	
Oneida	11	
Ontario	7	
Orange	21	
Orleans	5	
Oswego	13	
Otsego	5	
Putnam	5	
Rensselaer	16	
Rockland	7	
St. Lawrence	12	
Saratoga	14	
Schenectady	18	
Schoharie	5	
Schuyler	1	
Seneca	5	

**Form OR-13 (Page 1-6)**

**DEBIT CARD ATM REQUIREMENTS  
TABLE 1  
\_\_\_\_\_ (number) ATM Level Offer**

<b>New York County</b>	<b>Required Minimum ATMs</b>	<b>Number of ATMS Offered</b>
Steuben	8	
Sullivan	5	
Tioga	5	
Tompkins	5	
Ulster	11	
Warren	7	
Washington	7	
Wayne	13	
Wyoming	5	
Yates	5	
	Total ATMs	

<b>New York County</b>	<b>Required Minimum ATMs</b>	<b>Number Of ATMs Offered</b>
Kings (Manhattan)	40	
Richmond (Staten Island)	10	
Bronx	80	
Brooklyn	80	
Queens	40	
	Total ATMs	

**Form OR-13 (Page 2-6)**

**DEBIT CARD ATM REQUIREMENTS**  
**TABLE 2**  
 \_\_\_\_\_ (number) ATM Level Offer

New York County	ZIP Code	Required Minimum ATMs	Number of ATMs Offered
Erie	14006	1	
Erie	14072	1	
Erie	14075	1	
Erie	14086	1	
Erie	14127	1	
Erie	14150	1	
Erie	14201	1	
Erie	14204	1	
Erie	14206	1	
Erie	14209	1	
Erie	14210	1	
Erie	14211	1	
Erie	14213	1	
Erie	14214	1	
Erie	14215	1	
Erie	14216	1	
Erie	14217	1	
Erie	14218	1	
Erie	14219	1	
Erie	14220	1	
Erie	14221	1	
Erie	14223	1	
Erie	14224	1	
Erie	14225	1	
Erie	14226	1	
Erie	14227	1	
Erie	14228	1	
<b>Erie</b>	<b>Subtotals</b>	<b>86</b>	
Monroe	14420	1	
Monroe	14420	1	
Monroe	14445	1	
Monroe	14450	1	
Monroe	14468	1	
Monroe	14502	1	
Monroe	14559	1	
Monroe	14580	1	
Monroe	14605	1	
Monroe	14606	1	
Monroe	14608	1	
Monroe	14609	1	

**Form OR-13 (Page 3-6)**

**DEBIT CARD ATM REQUIREMENTS**  
**TABLE 2**  
 \_\_\_\_\_ (number) ATM Level Offer

New York County	ZIP Code	Required Minimum ATMs	Number of ATMs Offered
Monroe	14611	1	
Monroe	14612	1	
Monroe	14613	1	
Monroe	14615	1	
Monroe	14616	1	
Monroe	14620	1	
Monroe	14621	1	
Monroe	14622	1	
Monroe	14623	1	
Monroe	14624	1	
Monroe	14626	1	
<b>Monroe</b>	<b>Subtotals</b>	<b>73</b>	
Nassau	11003	1	
Nassau	11510	1	
Nassau	11520	1	
Nassau	11542	1	
Nassau	11550	1	
Nassau	11552	1	
Nassau	11553	1	
Nassau	11554	1	
Nassau	11561	1	
Nassau	11570	1	
Nassau	11572	1	
Nassau	11575	1	
Nassau	11580	1	
Nassau	11590	1	
Nassau	11710	1	
Nassau	11735	1	
Nassau	11756	1	
Nassau	11758	1	
Nassau	11801	1	
<b>Nassau</b>	<b>Subtotals</b>	<b>40</b>	
Onondaga	13027	1	
Onondaga	13029	1	
Onondaga	13031	1	
Onondaga	13039	1	
Onondaga	13041	1	
Onondaga	13057	1	
Onondaga	13088	1	
Onondaga	13090	1	
Onondaga	13202	1	

**DEBIT CARD ATM REQUIREMENTS**  
**TABLE 2**  
 \_\_\_\_\_ (number) ATM Level Offer

New York County	ZIP Code	Required Minimum ATMs	Number of ATMs Offered
Onondaga	13203	1	
Onondaga	13204	1	
Onondaga	13205	1	
Onondaga	13206	1	
Onondaga	13207	1	
Onondaga	13208	1	
Onondaga	13209	1	
Onondaga	13210	1	
Onondaga	13211	1	
Onondaga	13212	1	
Onondaga	13219	1	
Onondaga	13224	1	
<b>Onondaga</b>	<b>Subtotals</b>	<b>57</b>	
Suffolk	11701	1	
Suffolk	11703	1	
Suffolk	11704	1	
Suffolk	11706	1	
Suffolk	11713	1	
Suffolk	11717	1	
Suffolk	11720	1	
Suffolk	11722	1	
Suffolk	11725	1	
Suffolk	11726	1	
Suffolk	11727	1	
Suffolk	11729	1	
Suffolk	11731	1	
Suffolk	11738	1	
Suffolk	11741	1	
Suffolk	11743	1	
Suffolk	11746	1	
Suffolk	11751	1	
Suffolk	11757	1	
Suffolk	11763	1	
Suffolk	11772	1	
Suffolk	11776	1	
Suffolk	11779	1	
Suffolk	11784	1	
Suffolk	11787	1	
Suffolk	11795	1	
Suffolk	11798	1	

**Form OR-13 (Page 5-6)**

**DEBIT CARD ATM REQUIREMENTS**  
**TABLE 2**  
 \_\_\_\_\_ (number) ATM Level Offer

<b>New York County</b>	<b>ZIP Code</b>	<b>Required Minimum ATMs</b>	<b>Number of ATMs Offered</b>
Suffolk	11901	1	
Suffolk	11950	1	
Suffolk	11951	1	
Suffolk	11953	1	
Suffolk	11961	1	
Suffolk	11967	1	
<b>Suffolk</b>	<b>Subtotals</b>	<b>70</b>	
Westchester	10550	1	
Westchester	10552	1	
Westchester	10553	1	
Westchester	10562	1	
Westchester	10566	1	
Westchester	10573	1	
Westchester	10591	1	
Westchester	10601	1	
Westchester	10603	1	
Westchester	10701	1	
Westchester	10703	1	
Westchester	10704	1	
Westchester	10705	1	
Westchester	10710	1	
Westchester	10801	1	
<b>55</b>	<b>Subtotals</b>	<b>30</b>	
		<b>Table 2 Total</b>	

**Form OR-13 (Page 6-6)**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

- FORM NAME:** OFFEROR SUGGESTED COST SAVINGS REVISION
- FORM NUMBER:** OR-14
- INSTRUCTIONS:** GENERAL – Complete a form for each Offeror suggested cost savings revision.
- PROCESS STEP:** A discrete unit of work performed as part of the Centralized Operations. Collection and Enforcement process steps are presented in Chapters 4 and 5 of this RFP. If a proposed revision does not pertain to a Process Step, enter “N/A”.
- MAJOR FUNCTION:** Enter on of the following major functions:
- Transition
  - Operations - Payment Processing – Mail
  - Operations - Payment Processing – Electronic
  - Operations - Disbursement Processing - Checks
  - Operations - Disbursement Processing – Electronic
  - Operations - Billing Statement/Employer Reminder Processing
  - Operations - Notice Processing
  - Operations - New Hire Notification Processing – Mail
  - Operations - New Hire Notification Processing – Electronic
  - Operations - Non IV-D Payment Processing
  - Operations - Data Capture Services
  - Operations - Putative Father Registry
  - Operations - Voice Response System
  - Operations – Outreach
  - Operations – Customer Service
  - Operations - Administration
  - Turnover
  - Reimbursables
- REVISION NO.:** Each revision is to be sequentially numbered.
- DESCRIPTION OF REVISION:** Outline the change proposed so that it is understandable.
- BENEFITS:** Identify and quantify the magnitude of benefits to the State (e.g., Staffing, facilities, Equipment, Processing time).
- ANTICIPATED CHANGE IN SERVICE LEVEL:** Summarize the major changes to the performance standards.
- EXPLANATION/ JUSTIFICATION:** Summarize the risk of failure or success of each revision, the financial impact of the proposed revision and the justification for the revision. Provide a list of places where the elements of the proposed revision are currently in production and include a contact person at each site with whom the OTDA can speak. If not currently in operation, provide other information (e.g., name of manufacturer's representative, name of customer who is currently having the revision installed) which will assist the OTDA in reviewing this revision.

**OFFEROR SUGGESTED COST SAVINGS REVISION**

<b>PROCESS STEP (IF APPLICABLE):</b> _____	<b>REVISION NO.:</b> _____
<b>MAJOR FUNCTION:</b> _____	
<b>DESCRIPTION OF REVISION:</b>	
<b>BENEFITS:</b>	
<b>ANTICIPATED CHANGE IN SERVICE LEVEL:</b>	
<b>EXPLANATION/JUSTIFICATION:</b>	

**Form OR-14**

2007

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** New York STATE AGENCY / DEPARTMENT / AUTHORITY REFERENCES

**FORM NUMBER:** OR-15

**INSTRUCTIONS:** Submit the following information for each contract (since 1/1/97) for which your organization has provided services.

- Agency/Contract Name/Telephone Number
- Contract Amount
- Contract Term
- Contract Description

**New York State Agency / Department References**

<b>Agency / Contract Name &amp; Telephone Number</b>	<b>Contract Amount</b>	<b>Contract Term</b>	<b>Contract Description</b>

**Form OR-15**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** Cost Proposal – Fixed Price Summary

**FORM NUMBER:** CS-1

**INSTRUCTIONS:** GENERAL - Summarize by function and contract year the fixed price amounts from:

<u>Function</u>	<u>Form</u>
Transition	CS-1A
Operations	
Payment Processing – Mail	CS-1B
Payment Processing – Electronic	CS-1C
Disbursement Processing - Checks	CS-1D
Disbursement Processing – Electronic	CS-1Ea/ b
Billing Statement/Employer Reminder Processing	CS-1F
Notice Processing	CS-1G
New Hire Notification Processing - Mail	CS-1H
New Hire Notification Processing – Electronic	CS-1I
Non IV-D Payment Processing	CS-1J
Putative Father Registry	CS-1L
Voice Response System	CS-1M
Outreach	CS-1N
Administration	CS-1P
Turnover	CS-1Q

For volume sensitive functions, divide the yearly price offer by the corresponding projected volume to derive the price per transaction. Add up the total fixed price for each contract year.

**COST PROPOSAL – FIXED PRICE SUMMARY**

PRICE COMPONENT		YEAR ONE	YEAR TWO	YEAR THREE	YEAR FOUR	YEAR FIVE	TOTAL
<b>Transition (Form CS-1A)</b>	<b>Fixed Price</b>		N/A	N/A	N/A	N/A	\$ -
<b>Payment Processing- Mail (Form CS-1B)</b>	<b>Yearly Price Offer</b>						\$ -
	<b>Projected Volume</b>	7,200,000	7,000,000	6,900,000	7,000,000	7,100,000	35,200,000
	<b>Price per Transaction</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Payment Processing- Electronic (Form CS-1C)</b>	<b>Yearly Price Offer</b>						\$ -
<b>Disbursement Processing- Checks (Form CS-1D)</b>	<b>Yearly Price Offer</b>						\$ -
	<b>Projected Volume</b>	2,200,000	2,200,000	2,300,000	2,300,000	2,400,000	11,400,000
	<b>Price per Transaction</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Disbursement Processing- Electronic (Form CS-1E(a))</b>	<b>Yearly Price Offer</b>						\$ -

**Form CS-1 (Page 1-4)**

**COST PROPOSAL – FIXED PRICE SUMMARY**

<b>Disbursement Processing- Debit Card (Form CS-1E(b))</b>	<b>Yearly Price Offer</b>						\$ -
<b>Billing Statement/ Employer Reminders (Form CS-1F)</b>	<b>Yearly Price Offer</b>						\$ -
	<b>Projected Volume</b>	5,100,000	5,200,000	5,300,000	5,400,000	5,500,000	26,500,000
	<b>Price per Transaction</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**Form CS-1 (Page 2-4)**

**COST PROPOSAL – FIXED PRICE SUMMARY**

PRICE COMPONENT		YEAR ONE	YEAR TWO	YEAR THREE	YEAR FOUR	YEAR FIVE	TOTAL
<b>Putative Father Registry (Form CS-1L)</b>	<b>Yearly Price Offer</b>						\$ -
	<b>Projected Volume</b>	98,000	101,000	104,000	107,000	110,000	520,000
	<b>Price per Transaction</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Voice Response System (Form CS-1M)</b>	<b>Yearly Price Offer</b>						\$ -
<b>Outreach (Form CS-1N)</b>	<b>Yearly Price Offer</b>						\$ -
<b>Administration (Form CS-1P)</b>	<b>Yearly Price Offer</b>						\$ -
<b>Turnover (Form CS-1Q)</b>	<b>Fixed Price</b>	N/A	N/A	N/A	N/A		\$ -
<b>Total Fixed Price Offer</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Form CS-1 (Page 3 -4)

**COST PROPOSAL – FIXED PRICE SUMMARY**

PRICE COMPONENT		YEAR ONE	YEAR TWO	YEAR THREE	YEAR FOUR	YEAR FIVE	TOTAL
<b>Notice Processing (Form CS-1G)</b>	<b>Yearly Price Offer</b>						\$ -
	<b>Projected Volume</b>	6,400,000	6,500,000	6,700,000	6,900,000	7,100,000	33,600,000
	<b>Price per Transaction</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>New Hire Notification Processing Mail (Form CS-1H)</b>	<b>Yearly Price Offer</b>						\$ -
	<b>Projected Volume</b>	1,200,000	1,100,000	1,100,000	1,100,000	1,100,000	5,600,000
	<b>Price per Transaction</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>New Hire Notification Processing Electronic (Form CS-1I)</b>	<b>Yearly Price Offer</b>						\$ -
<b>Non IV-D Payment Processing (Form CS-1J)</b>	<b>Yearly Price Offer</b>						\$ -
	<b>Projected Volume</b>	7,000	6,000	6,000	6,000	6,000	31,000
	<b>Price per Transaction</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**Form CS-1 (Page 4 - 4)**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** Cost Proposal – Transition

**FORM NUMBER:** CS-1A

**INSTRUCTIONS:** GENERAL– Provide personnel related cost by adding Salary Expenses from CSS-1 and fringe benefits plus any other personnel related cost.

Provide equipment cost from CSS-2. Provide a fixed price cost for transition for the five-month transition period.

Provide other expenses on Form CSS-3.

Provide Subcontractor costs on Form CSS-4.

Transfer the Transition total price offer to form CS-1 for contract year 1.

Do not include reimbursable costs.

**COST PROPOSAL – TRANSITION**

**PRICE/COST SUMMARY**

**CONTRACT YEAR ONE**

	<u>AMOUNT</u>	<u>AMOUNT</u>
<b>A. PERSONNEL RELATED COSTS</b>		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL PERSONNEL COSTS		_____
<b>B. EQUIPMENT COSTS (FORM CSS-2)</b>		
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL EQUIPMENT COSTS		_____
<b>C. FACILITY COSTS</b>		
1. RENT	_____	
2. UTILITIES	_____	
3. DISASTER RECOVERY SITE	_____	
4. SECURITY	_____	
5. FURNITURE & FIXTURES (DEPRECIATION)	_____	
6. FURNITURE & FIXTURES (RENTAL)	_____	
7. DEPRECIATION LEASEHOLD IMPROVEMENT	_____	
8. REPAIRS/MAINTENANCE	_____	
9. OTHER (SPECIFY ON FORM CSS-3)	_____	
10. TOTAL FACILITY COSTS		_____
<b>D. OTHER COSTS</b>		
1. TRAVEL	_____	
2. LETTER OF CREDIT	_____	
3. RECRUITMENT/ RE-LOCATION	_____	
4. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
5. TOTAL OTHER COSTS		_____
<b>E. SUBCONTRACTS (FORM CSS-4)</b>		_____
<b>F. CORPORATE ALLOCATIONS @ ____%</b>		_____
<b>G. MARKUP @ ____%</b>		_____
<b>H. PRICE OFFER FOR TRANSITION</b>		_____

**Form CS-1A**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

- FORM NAME:** Cost Proposal – Operations Payment Processing - Mail
- FORM NUMBER:** CS-1B
- INSTRUCTIONS:** GENERAL – Provide personnel related cost by adding Salary Expenses from CSS-1 and fringe benefits plus any other personnel related cost for contract year one.
- Provide equipment cost from CSS-2 for contract year one.
- Provide other expenses from CSS-3 for contract year one.
- Provide subcontractor expenses from CSS-4 for contract year one.
- Enter the percentage adjustment (increase or decrease) to the contract year one price offer applicable for contract years two through five as well as the adjusted annual price offer.
- Transfer the annual price offers for years one through five to Form CS-1.
- Do not include reimbursable costs.

**COST PROPOSAL – OPERATIONS PAYMENT PROCESSING – MAIL  
PRICE/COST SUMMARY**

	<u>AMOUNT</u>	<u>AMOUNT</u>
<b>A. PERSONNEL RELATED COSTS</b>		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL PERSONNEL COSTS		_____
<b>B. EQUIPMENT COSTS (FORM CSS-2)</b>		
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL EQUIPMENT COSTS		_____
<b>C. FACILITY COSTS</b>		
1. RENT	_____	
2. UTILITIES	_____	
3. DISASTER RECOVERY SITE	_____	
4. SECURITY	_____	
5. FURNITURE & FIXTURES (DEPRECIATION)	_____	
6. FURNITURE & FIXTURES (RENTAL)	_____	
7. DEPRECIATION LEASEHOLD IMPROVEMENT	_____	
8. REPAIRS/MAINTENANCE	_____	
9. OTHER (SPECIFY ON FORM CSS-3)	_____	
10. TOTAL FACILITY COSTS		_____
<b>D. OTHER COSTS</b>		
1. COURIER SERVICE	_____	
2. SUPPLIES	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL OTHER COSTS		_____
<b>E. SUBCONTRACTS (FORM CSS-4)</b>		_____
<b>F. CORPORATE ALLOCATIONS @ ____%</b>		_____
<b>G. MARKUP @ ____%</b>		_____
<b>H. PRICE OFFER FOR OPERATIONS PAYMENT PROCESSING – MAIL: CONTRACT YEAR 1</b>		_____
<b>I. YEAR 2 ADJUSTMENT</b>	_____ %	_____
<b>J. YEAR 3 ADJUSTMENT</b>	_____ %	_____
<b>K. YEAR 4 ADJUSTMENT</b>	_____ %	_____
<b>L. YEAR 5 ADJUSTMENT</b>	_____ %	_____

**Form CS-1B**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

- FORM NAME:** Cost Proposal – Operations Payment Processing - Electronic
- FORM NUMBER:** CS-1C
- INSTRUCTIONS:** GENERAL – Provide personnel related cost by adding Salary Expenses from CSS-1 and fringe benefits plus any other personnel related cost for contract year one.
- Provide equipment cost from CSS-2 for contract year one.
- Provide other expenses from CSS-3 for contract year one.
- Provide subcontractor expenses from CSS-4 for contract year one.
- Enter the percentage adjustment (increase or decrease) to the contract year one price offer applicable for contract years two through five as well as the adjusted annual price offer.
- Transfer the annual price offers for years one through five to Form CS-1.
- Do not include reimbursable costs.

**COST PROPOSAL – OPERATIONS PAYMENT PROCESSING – ELECTRONIC  
PRICE/COST SUMMARY**

	<u>AMOUNT</u>	<u>AMOUNT</u>
<b>A. PERSONNEL RELATED COSTS</b>		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL PERSONNEL COSTS		_____
<b>B. EQUIPMENT COSTS (FORM CSS-2)</b>		
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL EQUIPMENT COSTS		_____
<b>C. FACILITY COSTS</b>		
1. RENT	_____	
2. UTILITIES	_____	
3. DISASTER RECOVERY SITE	_____	
4. SECURITY	_____	
5. FURNITURE & FIXTURES (DEPRECIATION)	_____	
6. FURNITURE & FIXTURES (RENTAL)	_____	
7. DEPRECIATION LEASEHOLD IMPROVEMENT	_____	
8. REPAIRS/MAINTENANCE	_____	
9. OTHER (SPECIFY ON FORM CSS-3)	_____	
10. TOTAL FACILITY COSTS		_____
<b>D. OTHER COSTS</b>		
1. COURIER SERVICE	_____	
2. SUPPLIES	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL OTHER COSTS		_____
<b>E. SUBCONTRACTS (FORM CSS-4)</b>		_____
<b>F. CORPORATE ALLOCATIONS @ _____%</b>		_____
<b>G. MARKUP @ _____%</b>		_____
<b>H. PRICE OFFER FOR OPERATIONS PAYMENT PROCESSING – MAIL: CONTRACT YEAR 1</b>		<u>                    </u>
<b>I. YEAR 2 ADJUSTMENT</b>	_____ %	_____
<b>J. YEAR 3 ADJUSTMENT</b>	_____ %	_____
<b>K. YEAR 4 ADJUSTMENT</b>	_____ %	_____
<b>L. YEAR 5 ADJUSTMENT</b>	_____ %	_____

**Form CS-1C**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

- FORM NAME:** Cost Proposal – Operations Disbursement Processing - Checks
- FORM NUMBER:** CS-1D
- INSTRUCTIONS:** GENERAL – Provide personnel related cost by adding Salary Expenses from CSS-1 and fringe benefits plus any other personnel related cost for contract year one.
- Provide equipment cost from CSS-2 for contract year one.
- Provide other expenses from CSS-3 for contract year one.
- Provide subcontractor expenses from CSS-4 for contract year one.
- Enter the percentage adjustment (increase or decrease) to the contract year one price offer applicable for contract years two through five as well as the adjusted annual price offer.
- Transfer the annual price offers for years one through five to Form CS-1.
- Do not include reimbursable costs.

**COST PROPOSAL – OPERATIONS DISBURSEMENT PROCESSING - CHECKS**

**PRICE/COST SUMMARY**

	<u>AMOUNT</u>	<u>AMOUNT</u>
<b>A. PERSONNEL RELATED COSTS</b>		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL PERSONNEL COSTS		_____
<b>B. EQUIPMENT COSTS (FORM CSS-2)</b>		
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL EQUIPMENT COSTS		_____
<b>C. FACILITY COSTS</b>		
1. RENT	_____	
2. UTILITIES	_____	
3. DISASTER RECOVERY SITE	_____	
4. SECURITY	_____	
5. FURNITURE & FIXTURES (DEPRECIATION)	_____	
6. FURNITURE & FIXTURES (RENTAL)	_____	
7. DEPRECIATION LEASEHOLD IMPROVEMENT	_____	
8. REPAIRS/MAINTENANCE	_____	
9. OTHER (SPECIFY ON FORM CSS-3)	_____	
10. TOTAL FACILITY COSTS		_____
<b>D. OTHER COSTS</b>		
1. COURIER SERVICE	_____	
2. SUPPLIES	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL OTHER COSTS		_____
<b>E. SUBCONTRACTS (FORM CSS-4)</b>		_____
<b>F. CORPORATE ALLOCATIONS @ _____%</b>		_____
<b>G. MARKUP @ _____%</b>		_____
<b>H. PRICE OFFER FOR OPERATIONS PAYMENT PROCESSING – MAIL: CONTRACT YEAR 1</b>		<u>                    </u>
<b>I. YEAR 2 ADJUSTMENT</b>	_____ %	_____
<b>J. YEAR 3 ADJUSTMENT</b>	_____ %	_____
<b>K. YEAR 4 ADJUSTMENT</b>	_____ %	_____
<b>L. YEAR 5 ADJUSTMENT</b>	_____ %	_____

**Form CS-1D**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

- FORM NAME:** Cost Proposal – Operations Disbursement Processing –  
Electronic
- FORM NUMBER:** CS-1E
- INSTRUCTIONS:**
- GENERAL –** The Disbursement Processing Services to be provided by the Contractor are noted in 4.2 and 5.2 of this RFP. Forms CS-1E (a) and CS-1E (b) must be completed and provided with the Offeror's cost proposal.
- CS-1E(a)** Provide personnel related cost by adding Salary Expenses from CSS-1 and fringe benefits plus any other personnel related cost for contract year one.
- Provide equipment cost from CSS-2 for contract year one.
- Provide other expenses from CSS-3 for contract year one.
- Provide subcontractor expenses from CSS-4 for contract year one.
- Enter the percentage adjustment (increase or decrease) to the contract year one price offer applicable for contract years two through five as well as the adjusted annual price offer.
- Transfer the annual price offers for years one through five to Form CS-1.
- CS-1E (b)** The matrix provides Transaction and Cost Details for the custodial parent debit card transactions.
- Provide a per item cost for debit card services. The Cardholder/ Customer fees proposed must pass a reasonableness test as noted in 6.5.1.3 of this RFP. OTDA reserves the right to withhold the award of the debit card function to the selected Offeror in the event that the Cardholder/ Customer fees are determined to be unreasonably priced. Cardholder/ Customer fees will not be subject to annual rate adjustment or price escalation.
- The final page of Form CS-1E(b) is to be used to capture costs to be incurred by OTDA that are associated with the 1310 minimum quantity no transaction fee/ non-surcharging ATMs to be provided by the contractor in accordance with Sections 4.2, 5.2 and 6.4.1 of this RFP. Transfer the annual price offers from the final page of Form CS-1E (b) for years one through five to Form CS-1.
- If an Offeror elects to also propose additional no transaction fee/ non-surcharging ATMs, complete the schedule entitled,  
"OTDA INCURRED COSTS  
Minimum 2310 Fee Free ATMs  
Optional to OTDA"
- Do not transfer these optional costs to Form CS-1.

**COST PROPOSAL – OPERATIONS DISBURSEMENT PROCESS – ELECTRONIC**

**FIXED PRICE/COST SUMMARY**

	<u>AMOUNT</u>	<u>AMOUNT</u>
<b>A. PERSONNEL RELATED COSTS</b>		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL PERSONNEL COSTS		_____
<b>B. EQUIPMENT COSTS (FORM CSS-2)</b>		
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL EQUIPMENT COSTS		_____
<b>C. FACILITY COSTS</b>		
1. RENT	_____	
2. UTILITIES	_____	
3. DISASTER RECOVERY SITE	_____	
4. SECURITY	_____	
5. FURNITURE & FIXTURES (DEPRECIATION)	_____	
6. FURNITURE & FIXTURES (RENTAL)	_____	
7. DEPRECIATION LEASEHOLD IMPROVEMENT	_____	
8. REPAIRS/MAINTENANCE	_____	
9. OTHER (SPECIFY ON FORM CSS-3)	_____	
10. TOTAL FACILITY COSTS		_____
<b>D. OTHER COSTS</b>		
1. COURIER SERVICE	_____	
2. SUPPLIES	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL OTHER COSTS		_____
<b>E. SUBCONTRACTS (FORM CSS-4)</b>		_____
<b>F. CORPORATE ALLOCATIONS @ ____%</b>		_____
<b>G. MARKUP @ ____%</b>		_____
<b>H. PRICE OFFER FOR OPERATIONS PAYMENT PROCESSING – MAIL: CONTRACT YEAR 1</b>		<u>          </u>
<b>I. YEAR 2 ADJUSTMENT</b>	_____ %	_____
<b>J. YEAR 3 ADJUSTMENT</b>	_____ %	_____
<b>K. YEAR 4 ADJUSTMENT</b>	_____ %	_____
<b>L. YEAR 5 ADJUSTMENT</b>	_____ %	_____

**Form CS-1E (a)**

**COST PROPOSAL – DISBURSEMENT PROCESSING – ELECTRONIC  
DEBIT CARD PRICING**

**CARDHOLDERS/CUSTOMER FEES**

**ATM Transactions**

Description	Transaction/Cost Detail	Transaction Fee	Surcharge Fee
Balance Inquiry at Required ATMs	No Transaction Fee or Surcharge Fee allowable. See Sections 4.2, 5.2 and 6.4.1 of this RFP	\$ 0.00	N/A
Balance Inquiry at all other ATMs	Transaction Fee may not exceed \$.50 per inquiry.		N/A
Cash Withdrawals at Required ATMs	No transaction or surcharge fee for the first 2 withdrawals per month per child support account. Provide costs for the 3rd or more withdrawals per month per child support account. Transaction Fee no greater than \$.90 and no Surcharge Fee per withdrawal.		N/A
Cash Withdrawals at other than required ATMs	Transaction Fee no greater than \$.90 per withdrawal.		
Declined Funds Transactions	Fee for attempts to withdraw cash from an ATM beyond the current debit card account balance. Transaction Fee no greater than \$.50 per attempt.		N/A

**Form CS-1E (b) (Page 1 – 6)**

**COST PROPOSAL – DISBURSEMENT PROCESSING – ELECTRONIC  
DEBIT CARD PRICING**

**CARDHOLDERS/CUSTOMER FEES**

**Point of Sale Transactions**

Description	Transaction/Cost Detail	Transaction Fee
Debit (PIN) without cash back	PIN based purchase transaction. No Transaction Fee.	\$ 0.00
Debit (PIN) with cash back	PIN based purchase transaction. No Transaction Fee.	\$ 0.00

**Teller Transactions**

Description	Transaction/Cost Detail	Transaction Fee
Withdrawal at Brandmark member financial institution	No Transaction Fee.	\$ 0.00

**Other Service Fees**

Description	Transaction/Cost Detail	Transaction Fee
Customer Service	Toll free 800 call center customer service inquiries. No fees will be permitted.	\$ 0.00
Web Based Customer Service	No fees will be permitted.	\$ 0.00
Account Maintenance Fee	Monthly fee for each card holder account. No fees will be permitted...	\$ 0.00

**FORM CS-1E (b) (Page 2 - 6)**

**COST PROPOSAL – DISBURSEMENT PROCESSING – ELECTRONIC  
DEBIT CARD PRICING**

**CARDHOLDERS/CUSTOMER FEES**

**Other Service Fees**

Description	Transaction/Cost Detail	Transaction Fee
<b>Account Statement</b>	Monthly statement of debit card account. Must be provided upon cardholder request to the customer service call center. The statement must also be available to the cardholder via the debit card customer service web site.	<b>\$0.00</b>
<b>Replacement Card (1 per year)</b>	Fee for 1 replacement card per year per client debit card account. No fees will be permitted.	<b>\$ 0.00</b>
<b>Replacement Card (greater than 1 per year)</b>	Fee for each replacement card greater than 1 per year per client debit card account.	
<b>Requested Expedited Card Delivery</b>	Fee for client requested expedited delivery of replacement debit card. Requires a 2 day delivery service.	
<b>Required Expedited Card Delivery</b>	Expedited delivery of replacement debit card due to non receipt of initial debit card or Offeror error. Requires a 2 day delivery service. No Transaction Fee.	<b>\$ 0.00</b>

**FORM CS-1E(b) (Page 3 - 6)**

**COST PROPOSAL – DISBURSEMENT PROCESSING – ELECTRONIC  
DEBIT CARD PRICING**

**CARDHOLDERS/CUSTOMER FEES**

**Other Service Fees (Continued)**

<b>Description</b>	<b>Transaction/Cost Detail</b>	<b>Transaction Fee</b>
<b>Overdraft Fee</b>	<b>Fee for the overdraft of a debit card account when there are insufficient funds available in the account.</b>	
<b>Maintenance of Inactive Accounts</b>	<b>No fees will be permitted</b>	<b>\$0.00</b>

**OTDA INCURRED COSTS  
Minimum 1310 Fee Free ATMs**

<b>Start-Up Price</b>	<b>One- Time Charge</b>	<b>\$</b>
<b>Recurring</b>	<b>Monthly Fixed Price</b>	<b>\$</b>

<b>Contract Year</b>	<b>Annual Price Offer</b>
<b>Year 1 (Start-Up price plus 12 recurring fixed price months)</b>	
<b>Year 2 (Monthly Fixed Price * 12. Pricing may be adjusted as necessary)</b>	

**Form CS-1E(b) (Page 4 – 6)**

**COST PROPOSAL – DISBURSEMENT PROCESSING – ELECTRONIC  
DEBIT CARD PRICING**

**CARDHOLDERS/CUSTOMER FEES**

<b>Contract Year</b>	<b>Annual Price Offer</b>
<b>Year 3 (Monthly Fixed Price * 12. Pricing may be adjusted as necessary)</b>	
<b>Year 4 (Monthly Fixed Price * 12. Pricing may be adjusted as necessary)</b>	
<b>Year 5 (Monthly Fixed Price * 12. Pricing may be adjusted as necessary)</b>	

**OTDA INCURRED COSTS  
Minimum 2310 Fee Free ATMs  
Optional to OTDA**

<b>Start-Up Price</b>	<b>One- Time Charge</b>	<b>\$</b>
<b>Recurring</b>	<b>Monthly Fixed Price</b>	<b>\$</b>

<b>Contract Year</b>	<b>Annual Price Offer</b>
<b>Year 1 (Start-Up price plus 12 recurring fixed price months)</b>	
<b>Year 2 (Monthly Fixed Price * 12. Pricing may be adjusted as necessary)</b>	

**FORM CS-1E (b) (Page 5-6)**

**COST PROPOSAL – DISBURSEMENT PROCESSING – ELECTRONIC  
DEBIT CARD PRICING**

**CARDHOLDERS/CUSTOMER FEES**

<b>Contract Year</b>	<b>Annual Price Offer</b>
<b>Year 3 (Monthly Fixed Price * 12. Pricing may be adjusted as necessary)</b>	
<b>Year 4 (Monthly Fixed Price * 12. Pricing may be adjusted as necessary)</b>	
<b>Year 5 (Monthly Fixed Price * 12. Pricing may be adjusted as necessary)</b>	

**FORM CS-1E (b) (Page 6-6)**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** Cost Proposal – Operations Billing Statement/Employer Reminder Processing

**FORM NUMBER:** CS-1F

**INSTRUCTIONS:** GENERAL– Provide personnel related cost by adding Salary Expenses from CSS-1 and fringe benefits plus any other personnel related cost for contract year one.

Provide equipment cost from CSS-2 for contract year one.

Provide other expenses from CSS-3 for contract year one.

Provide subcontractor expenses from CSS-4 for contract year one.

Enter the percentage adjustment (increase or decrease) to the contract year one price offer applicable for contract years two through five as well as the adjusted annual price offer.

Transfer the annual price offers for years one through five to Form CS-1.

Do not include reimbursable costs.

**COST PROPOSAL – OPERATIONS BILLING STATEMENT  
EMPLOYER REMINDER PROCESSING**

	<u>AMOUNT</u>	<u>AMOUNT</u>
<b>A. PERSONNEL RELATED COSTS</b>		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL PERSONNEL COSTS		_____
<b>B. EQUIPMENT COSTS (FORM CSS-2)</b>		
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL EQUIPMENT COSTS		_____
<b>C. FACILITY COSTS</b>		
1. RENT	_____	
2. UTILITIES	_____	
3. DISASTER RECOVERY SITE	_____	
4. SECURITY	_____	
5. FURNITURE & FIXTURES (DEPRECIATION)	_____	
6. FURNITURE & FIXTURES (RENTAL)	_____	
7. DEPRECIATION LEASEHOLD IMPROVEMENT	_____	
8. REPAIRS/MAINTENANCE	_____	
9. OTHER (SPECIFY ON FORM CSS-3)	_____	
10. TOTAL FACILITY COSTS		_____
<b>D. OTHER COSTS</b>		
1. COURIER SERVICE	_____	
2. SUPPLIES	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL OTHER COSTS		_____
<b>E. SUBCONTRACTS (FORM CSS-4)</b>		_____
<b>F. CORPORATE ALLOCATIONS @ ____%</b>		_____
<b>G. MARKUP @ ____%</b>		_____
<b>H. PRICE OFFER FOR OPERATIONS PAYMENT PROCESSING – MAIL: CONTRACT YEAR 1</b>		=====
<b>I. YEAR 2 ADJUSTMENT</b>	_____ %	_____
<b>J. YEAR 3 ADJUSTMENT</b>	_____ %	_____
<b>K. YEAR 4 ADJUSTMENT</b>	_____ %	_____
<b>L. YEAR 5 ADJUSTMENT</b>	_____ %	_____

**Form CS-1F**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

- FORM NAME:** Cost Proposal – Operations Notice Processing
- FORM NUMBER:** CS-1G
- INSTRUCTIONS:** GENERAL – Provide personnel related cost by adding Salary Expenses from CSS-1 and fringe benefits plus any other personnel related cost for contract year one.
- Provide equipment cost from CSS-2 for contract year one.
- Provide other expenses from CSS-3 for contract year one.
- Provide subcontractor expenses from CSS-4 for contract year one.
- Enter the percentage adjustment (increase or decrease) to the contract year one price offer applicable for contract years two through five as well as the adjusted annual price offer.
- Transfer the annual price offers for years one through five to Form CS-1.
- Do not include reimbursable costs.

**COST PROPOSAL – OPERATIONS NOTICE PROCESSING**

	<u>AMOUNT</u>	<u>AMOUNT</u>
<b>A. PERSONNEL RELATED COSTS</b>		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL PERSONNEL COSTS		_____
<b>B. EQUIPMENT COSTS (FORM CSS-2)</b>		
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL EQUIPMENT COSTS		_____
<b>C. FACILITY COSTS</b>		
1. RENT	_____	
2. UTILITIES	_____	
3. DISASTER RECOVERY SITE	_____	
4. SECURITY	_____	
5. FURNITURE & FIXTURES (DEPRECIATION)	_____	
6. FURNITURE & FIXTURES (RENTAL)	_____	
7. DEPRECIATION LEASEHOLD IMPROVEMENT	_____	
8. REPAIRS/MAINTENANCE	_____	
9. OTHER (SPECIFY ON FORM CSS-3)	_____	
10. TOTAL FACILITY COSTS		_____
<b>D. OTHER COSTS</b>		
1. COURIER SERVICE	_____	
2. SUPPLIES	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL OTHER COSTS		_____
<b>E. SUBCONTRACTS (FORM CSS-4)</b>		_____
<b>F. CORPORATE ALLOCATIONS @ _____%</b>		_____
<b>G. MARKUP @ _____%</b>		_____
<b>H. PRICE OFFER FOR OPERATIONS PAYMENT PROCESSING – MAIL: CONTRACT YEAR 1</b>		=====
<b>I. YEAR 2 ADJUSTMENT</b>	_____ %	_____
<b>J. YEAR 3 ADJUSTMENT</b>	_____ %	_____
<b>K. YEAR 4 ADJUSTMENT</b>	_____ %	_____
<b>L. YEAR 5 ADJUSTMENT</b>	_____ %	_____

**Form CS-1G**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** Cost Proposal – New Hire Notification Processing - Mail

**FORM NUMBER:** CS-1H

**INSTRUCTIONS:** GENERAL– Provide personnel related cost by adding Salary Expenses from CSS-1 and fringe benefits plus any other personnel related cost for contract year one.

Provide equipment cost from CSS-2 for contract year one.

Provide other expenses from CSS-3 for contract year one.

Provide subcontractor expenses from CSS-4 for contract year one.

Enter the percentage adjustment (increase or decrease) to the contract year one price offer applicable for contract years two through five as well as the adjusted annual price offer.

Transfer the annual price offers for years one through five to Form CS-1.

Do not include reimbursable costs.

**COST PROPOSAL – NEW HIRE NOTIFICATION PROCESSING – MAIL**

	<u>AMOUNT</u>	<u>AMOUNT</u>
<b>A. PERSONNEL RELATED COSTS</b>		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL PERSONNEL COSTS		_____
<b>B. EQUIPMENT COSTS (FORM CSS-2)</b>		
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL EQUIPMENT COSTS		_____
<b>C. FACILITY COSTS</b>		
1. RENT	_____	
2. UTILITIES	_____	
3. DISASTER RECOVERY SITE	_____	
4. SECURITY	_____	
5. FURNITURE & FIXTURES (DEPRECIATION)	_____	
6. FURNITURE & FIXTURES (RENTAL)	_____	
7. DEPRECIATION LEASEHOLD IMPROVEMENT	_____	
8. REPAIRS/MAINTENANCE	_____	
9. OTHER (SPECIFY ON FORM CSS-3)	_____	
10. TOTAL FACILITY COSTS		_____
<b>D. OTHER COSTS</b>		
1. COURIER SERVICE	_____	
2. SUPPLIES	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL OTHER COSTS		_____
<b>E. SUBCONTRACTS (FORM CSS-4)</b>		_____
<b>F. CORPORATE ALLOCATIONS @ _____%</b>		_____
<b>G. MARKUP @ _____%</b>		_____
<b>H. PRICE OFFER FOR OPERATIONS PAYMENT PROCESSING – MAIL: CONTRACT YEAR 1</b>		<u>                    </u>
<b>I. YEAR 2 ADJUSTMENT</b>	_____ %	_____
<b>J. YEAR 3 ADJUSTMENT</b>	_____ %	_____
<b>K. YEAR 4 ADJUSTMENT</b>	_____ %	_____
<b>L. YEAR 5 ADJUSTMENT</b>	_____ %	_____

Form CS-1H

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

- FORM NAME:** Cost Proposal – New Hire Notification Processing - Electronic
- FORM NUMBER:** CS-11
- INSTRUCTIONS:** GENERAL– Provide personnel related cost by adding Salary Expenses from CSS-1 and fringe benefits plus any other personnel related cost for contract year one.
- Provide equipment cost from CSS-2 for contract year one.
- Provide other expenses from CSS-3 for contract year one.
- Provide subcontractor expenses from CSS-4 for contract year one.
- Enter the percentage adjustment (increase or decrease) to the contract year one price offer applicable for contract years two through five as well as the adjusted annual price offer.
- Transfer the annual price offers for years one through five to Form CS-1.
- Do not include reimbursable costs.

**COST PROPOSAL – NEW HIRE NOTIFICATION PROCESSING – ELECTRONIC**

	<u>AMOUNT</u>	<u>AMOUNT</u>
<b>A. PERSONNEL RELATED COSTS</b>		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL PERSONNEL COSTS		_____
<b>B. EQUIPMENT COSTS (FORM CSS-2)</b>		
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL EQUIPMENT COSTS		_____
<b>C. FACILITY COSTS</b>		
1. RENT	_____	
2. UTILITIES	_____	
3. DISASTER RECOVERY SITE	_____	
4. SECURITY	_____	
5. FURNITURE & FIXTURES (DEPRECIATION)	_____	
6. FURNITURE & FIXTURES (RENTAL)	_____	
7. DEPRECIATION LEASEHOLD IMPROVEMENT	_____	
8. REPAIRS/MAINTENANCE	_____	
9. OTHER (SPECIFY ON FORM CSS-3)	_____	
10. TOTAL FACILITY COSTS		_____
<b>D. OTHER COSTS</b>		
1. COURIER SERVICE	_____	
2. SUPPLIES	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL OTHER COSTS		_____
<b>E. SUBCONTRACTS (FORM CSS-4)</b>		_____
<b>F. CORPORATE ALLOCATIONS @ _____%</b>		_____
<b>G. MARKUP @ _____%</b>		_____
<b>H. PRICE OFFER FOR OPERATIONS PAYMENT PROCESSING – MAIL: CONTRACT YEAR 1</b>		<u>                    </u>
<b>I. YEAR 2 ADJUSTMENT</b>	_____ %	_____
<b>J. YEAR 3 ADJUSTMENT</b>	_____ %	_____
<b>K. YEAR 4 ADJUSTMENT</b>	_____ %	_____
<b>L. YEAR 5 ADJUSTMENT</b>	_____ %	_____

Form CS-11

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** Cost Proposal – Operations Non IV-D Payment Processing

**FORM NUMBER:** CS-1J

**INSTRUCTIONS:** GENERAL – Provide personnel related cost by adding Salary Expenses from CSS-1 and fringe benefits plus any other personnel related cost for contract year one.

Provide equipment cost from CSS-2 for contract year one.

Provide other expenses from CSS-3 for contract year one.

Provide subcontractor expenses from CSS-4 for contract year one.

Enter the percentage adjustment (increase or decrease) to the contract year one price offer applicable for contract years two through five as well as the adjusted annual price offer.

Transfer the annual price offers for years one through five to Form CS-1.

Do not include reimbursable costs.

**COST PROPOSAL – OPERATIONS NON IV-D PAYMENT PROCESSING**

	<u>AMOUNT</u>	<u>AMOUNT</u>
<b>A. PERSONNEL RELATED COSTS</b>		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL PERSONNEL COSTS		_____
<b>B. EQUIPMENT COSTS (FORM CSS-2)</b>		
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL EQUIPMENT COSTS		_____
<b>C. FACILITY COSTS</b>		
1. RENT	_____	
2. UTILITIES	_____	
3. DISASTER RECOVERY SITE	_____	
4. SECURITY	_____	
5. FURNITURE & FIXTURES (DEPRECIATION)	_____	
6. FURNITURE & FIXTURES (RENTAL)	_____	
7. DEPRECIATION LEASEHOLD IMPROVEMENT	_____	
8. REPAIRS/MAINTENANCE	_____	
9. OTHER (SPECIFY ON FORM CSS-3)	_____	
10. TOTAL FACILITY COSTS		_____
<b>D. OTHER COSTS</b>		
1. COURIER SERVICE	_____	
2. SUPPLIES	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL OTHER COSTS		_____
<b>E. SUBCONTRACTS (FORM CSS-4)</b>		_____
<b>F. CORPORATE ALLOCATIONS @ _____%</b>		_____
<b>G. MARKUP @ _____%</b>		_____
<b>H. PRICE OFFER FOR OPERATIONS PAYMENT PROCESSING – MAIL: CONTRACT YEAR 1</b>		<u>                    </u>
<b>I. YEAR 2 ADJUSTMENT</b>	_____ %	_____
<b>J. YEAR 3 ADJUSTMENT</b>	_____ %	_____
<b>K. YEAR 4 ADJUSTMENT</b>	_____ %	_____
<b>L. YEAR 5 ADJUSTMENT</b>	_____ %	_____

Form CS-1J

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** Cost Proposal – Operations Data Capture Services

**FORM NUMBER:** CS-1K

**INSTRUCTIONS:** GENERAL– The Data Capture Services to be provided by the Contractor are noted in 4.7 and 5.7 of this RFP.

The services may require the capture of one or more data elements and in some instances the remailing of documents. The pricing provided herein is not to be transferred to Form CS-1. OTDA will multiply each Offeror's proposed rates for each of the five contract years times the applicable monthly volume projections.

Provide a per item price for the monthly volumes of documents to be processed which includes capturing data from the documents, remailing the documents based on a new address provided by the U.S. Postal Service, or mailing correspondence to local districts.

The matrix will provide the basis of payment to the Contractor on a monthly basis. For billing purposes, all equivalent jobs (for example- all jobs with 6 – 30 data elements) will be aggregated on a monthly basis to determine the applicable volume tier. If 25,000 documents with 6 – 30 data elements are received in a given month, payment will be determined by multiplying 25,000 times the rate bid in the 20,001 – 40,000 volume tier for the applicable contract year.

This form must be completed and provided with the Offeror's cost proposal.

Do not include reimbursable costs.

**COST PROPOSAL – DATA CAPTURE SERVICES  
COST SUMMARY**

<b>YEAR ONE</b>	<b>NUMBER OF DOCUMENTS (MONTHLY)</b>				
<b>Data Elements Per Document</b>	<b>1-20,000</b>	<b>20,001-40,000</b>	<b>40,001-60,000</b>	<b>60,001-80,000</b>	<b>80,001-100,000</b>
5 or Less	\$	\$	\$	\$	\$
6 to 30	\$	\$	\$	\$	\$
31 to 75	\$	\$	\$	\$	\$
<b>Remailing Documents And Correspondence Mailing</b>	<b>NUMBER OF DOCUMENTS (MONTHLY)</b>				
	<b>1-2,500</b>	<b>2,501-5,000</b>	<b>5,001-7,500</b>	<b>7,501-10,000</b>	<b>10,001-12,500</b>
	\$	\$	\$	\$	\$
<b>YEAR TWO</b>	<b>NUMBER OF DOCUMENTS (MONTHLY)</b>				
<b>Data Elements Per Document</b>	<b>1-20,000</b>	<b>20,001-40,000</b>	<b>40,001-60,000</b>	<b>60,001-80,000</b>	<b>80,001-100,000</b>
5 or Less	\$	\$	\$	\$	\$
6 to 30	\$	\$	\$	\$	\$
31 to 75	\$	\$	\$	\$	\$
<b>Remailing Documents And Correspondence Mailing</b>	<b>NUMBER OF DOCUMENTS (MONTHLY)</b>				
	<b>1-2,500</b>	<b>2,501-5,000</b>	<b>5,001-7,500</b>	<b>7,501-10,000</b>	<b>10,001-12,500</b>
	\$	\$	\$	\$	\$
<b>YEAR THREE</b>	<b>NUMBER OF DOCUMENTS (MONTHLY)</b>				
<b>Data Elements Per Document</b>	<b>1-20,000</b>	<b>20,001-40,000</b>	<b>40,001-60,000</b>	<b>60,001-80,000</b>	<b>80,001-100,000</b>
5 or Less	\$	\$	\$	\$	\$
6 to 30	\$	\$	\$	\$	\$
31 to 75	\$	\$	\$	\$	\$
<b>Remailing Documents And Correspondence Mailing</b>	<b>NUMBER OF DOCUMENTS (MONTHLY)</b>				
	<b>1-2,500</b>	<b>2,501-5,000</b>	<b>5,001-7,500</b>	<b>7,501-10,000</b>	<b>10,001-12,500</b>
	\$	\$	\$	\$	\$

Form CS-1K (page 1 of 2)

**COST PROPOSAL – DATA CAPTURE SERVICES  
COST SUMMARY (continued)**

<b>YEAR FOUR</b>		<b>NUMBER OF DOCUMENTS (MONTHLY)</b>				
<b>Data Elements Per Document</b>		<b>1-20,000</b>	<b>20,001-40,000</b>	<b>40,001-60,000</b>	<b>60,001-80,000</b>	<b>80,001-100,000</b>
5 or Less	\$	\$	\$	\$	\$	\$
6 to 30	\$	\$	\$	\$	\$	\$
31 to 75	\$	\$	\$	\$	\$	\$
<b>Remailing Documents And Correspondence Mailing</b>		<b>NUMBER OF DOCUMENTS (MONTHLY)</b>				
		<b>1-2,500</b>	<b>2,501-5,000</b>	<b>5,001-7,500</b>	<b>7,501-10,000</b>	<b>10,001-12,500</b>
	\$	\$	\$	\$	\$	\$

<b>YEAR FIVE</b>		<b>NUMBER OF DOCUMENTS (MONTHLY)</b>				
<b>Data Elements Per Document</b>		<b>1-20,000</b>	<b>20,001-40,000</b>	<b>40,001-60,000</b>	<b>60,001-80,000</b>	<b>80,001-100,000</b>
5 or Less	\$	\$	\$	\$	\$	\$
6 to 30	\$	\$	\$	\$	\$	\$
31 to 75	\$	\$	\$	\$	\$	\$
<b>Remailing Documents And Correspondence Mailing</b>		<b>NUMBER OF DOCUMENTS (MONTHLY)</b>				
		<b>1-2,500</b>	<b>2,501-5,000</b>	<b>5,001-7,500</b>	<b>7,501-10,000</b>	<b>10,001-12,500</b>
	\$	\$	\$	\$	\$	\$

Form CS-1K (page 2 of 2)

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## OFFEROR'S RESPONSE FORM INSTRUCTIONS

- FORM NAME:** Cost Proposal – Operations Putative Father Registry
- FORM NUMBER:** CS-1L
- INSTRUCTIONS:** GENERAL– Provide personnel related cost by adding Salary Expenses from CSS-1 and fringe benefits plus any other personnel related cost for contract year one.
- Provide equipment cost from CSS-2 for contract year one.
- Provide other expenses from CSS-3 for contract year one.
- Provide subcontractor expenses from CSS-4 for contract year one.
- Enter the percentage adjustment (increase or decrease) to the contract year one price offer applicable for contract years two through five as well as the adjusted annual price offer.
- Transfer the annual price offers for years one through five to Form CS-1.

**COST PROPOSAL – OPERATIONS PUTATIVE FATHER REGISTRY**

	<u>AMOUNT</u>	<u>AMOUNT</u>
<b>A. PERSONNEL RELATED COSTS</b>		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL PERSONNEL COSTS		_____
<b>B. EQUIPMENT COSTS (FORM CSS-2)</b>		
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL EQUIPMENT COSTS		_____
<b>C. FACILITY COSTS</b>		
1. RENT	_____	
2. UTILITIES	_____	
3. DISASTER RECOVERY SITE	_____	
4. SECURITY	_____	
5. FURNITURE & FIXTURES (DEPRECIATION)	_____	
6. FURNITURE & FIXTURES (RENTAL)	_____	
7. DEPRECIATION LEASEHOLD IMPROVEMENT	_____	
8. REPAIRS/MAINTENANCE	_____	
9. OTHER (SPECIFY ON FORM CSS-3)	_____	
10. TOTAL FACILITY COSTS		_____
<b>D. OTHER COSTS</b>		
1. COURIER SERVICE	_____	
2. SUPPLIES	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL OTHER COSTS		_____
<b>E. SUBCONTRACTS (FORM CSS-4)</b>		_____
<b>F. CORPORATE ALLOCATIONS @ ____%</b>		_____
<b>G. MARKUP @ ____%</b>		_____
<b>H. PRICE OFFER FOR OPERATIONS PAYMENT PROCESSING – MAIL: CONTRACT YEAR 1</b>		=====
<b>I. YEAR 2 ADJUSTMENT</b>	_____ %	_____
<b>J. YEAR 3 ADJUSTMENT</b>	_____ %	_____
<b>K. YEAR 4 ADJUSTMENT</b>	_____ %	_____
<b>L. YEAR 5 ADJUSTMENT</b>	_____ %	_____

**Form CS-1L**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

- FORM NAME:** Cost Proposal – Operations Voice Response System
- FORM NUMBER:** CS-1M
- INSTRUCTIONS:** GENERAL– Provide personnel related cost by adding Salary Expenses from CSS-1 and fringe benefits plus any other personnel related cost for contract year one.
- Provide equipment cost from CSS-2 for contract year one.
- Provide other expenses from CSS-3 for contract year one.
- Provide subcontractor expenses from CSS-4 for contract year one.
- Enter the percentage adjustment (increase or decrease) to the contract year one price offer applicable for contract years two through five as well as the adjusted annual price offer.
- Transfer the annual price offers for years one through five to Form CS-1.

**COST PROPOSAL – OPERATIONS VOICE RESPONSE SYSTEM**

	<u>AMOUNT</u>	<u>AMOUNT</u>
<b>A. PERSONNEL RELATED COSTS</b>		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL PERSONNEL COSTS		_____
<b>B. EQUIPMENT COSTS (FORM CSS-2)</b>		
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL EQUIPMENT COSTS		_____
<b>C. FACILITY COSTS</b>		
1. RENT	_____	
2. UTILITIES	_____	
3. DISASTER RECOVERY SITE	_____	
4. SECURITY	_____	
5. FURNITURE & FIXTURES (DEPRECIATION)	_____	
6. FURNITURE & FIXTURES (RENTAL)	_____	
7. DEPRECIATION LEASEHOLD IMPROVEMENT	_____	
8. REPAIRS/MAINTENANCE	_____	
9. OTHER (SPECIFY ON FORM CSS-3)	_____	
10. TOTAL FACILITY COSTS		_____
<b>D. OTHER COSTS</b>		
1. COURIER SERVICE	_____	
2. SUPPLIES	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL OTHER COSTS		_____
<b>E. SUBCONTRACTS (FORM CSS-4)</b>		_____
<b>F. CORPORATE ALLOCATIONS @ ____%</b>		_____
<b>G. MARKUP @ ____%</b>		_____
<b>H. PRICE OFFER FOR OPERATIONS PAYMENT PROCESSING – MAIL: CONTRACT YEAR 1</b>		=====
<b>I. YEAR 2 ADJUSTMENT</b>	_____ %	_____
<b>J. YEAR 3 ADJUSTMENT</b>	_____ %	_____
<b>K. YEAR 4 ADJUSTMENT</b>	_____ %	_____
<b>L. YEAR 5 ADJUSTMENT</b>	_____ %	_____

**Form CS-1M**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** Cost Proposal – Operations Outreach

**FORM NUMBER:** CS-1N

**INSTRUCTIONS:** GENERAL – Provide personnel related cost by adding Salary Expenses from CSS-1 and fringe benefits plus any other personnel related cost for contract year one.

Provide equipment cost from CSS-2 for contract year one.

Provide other expenses from CSS-3 for contract year one.

Provide subcontractor expenses from CSS-4 for contract year one.

Enter the percentage adjustment (increase or decrease) to the contract year one price offer applicable for contract years two through five as well as the adjusted annual price offer.

Transfer the annual price offers for years one through five to Form CS-1.

**COST PROPOSAL – OPERATIONS OUTREACH**

	<u>AMOUNT</u>	<u>AMOUNT</u>
<b>A. PERSONNEL RELATED COSTS</b>		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL PERSONNEL COSTS		_____
<b>B. EQUIPMENT COSTS (FORM CSS-2)</b>		
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL EQUIPMENT COSTS		_____
<b>C. FACILITY COSTS</b>		
1. RENT	_____	
2. UTILITIES	_____	
3. DISASTER RECOVERY SITE	_____	
4. SECURITY	_____	
5. FURNITURE & FIXTURES (DEPRECIATION)	_____	
6. FURNITURE & FIXTURES (RENTAL)	_____	
7. DEPRECIATION LEASEHOLD IMPROVEMENT	_____	
8. REPAIRS/MAINTENANCE	_____	
9. OTHER (SPECIFY ON FORM CSS-3)	_____	
10. TOTAL FACILITY COSTS		_____
<b>D. OTHER COSTS</b>		
1. COURIER SERVICE	_____	
2. SUPPLIES	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL OTHER COSTS		_____
<b>E. SUBCONTRACTS (FORM CSS-4)</b>		_____
<b>F. CORPORATE ALLOCATIONS @ ____%</b>		_____
<b>G. MARKUP @ ____%</b>		_____
<b>H. PRICE OFFER FOR OPERATIONS PAYMENT PROCESSING – MAIL: CONTRACT YEAR 1</b>		<u>          </u>
<b>I. YEAR 2 ADJUSTMENT</b>	_____ %	_____
<b>J. YEAR 3 ADJUSTMENT</b>	_____ %	_____
<b>K. YEAR 4 ADJUSTMENT</b>	_____ %	_____
<b>L. YEAR 5 ADJUSTMENT</b>	_____ %	_____

**Form CS-1N**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** Cost Proposal – Operations Customer Service Services

**FORM NUMBER:** CS-10

**INSTRUCTIONS:** GENERAL – The Customer Service Services to be provided by the Contractor are noted in 4.11 and 511 of this RFP.

The services require at minimum the recording, and data capture of information and in some instances the generation and mailing of document. A percentage of calls result in a referral to local districts.

Provide a price per call/email/correspondence for each volume tier for each of the five contract years.

The pricing provided herein is not to be transferred to Form CS-1. For proposal evaluation purposes, OTDA will multiply each Offeror's proposed rates for each of the five contract years times the applicable monthly call volume projections.

The matrix will provide the basis of payment to the Contractor on a monthly basis. Example: if 249,800 calls, 100 emails and 100 correspondence are received in a given month, the contractor will be paid at the rate bid in the 200,001 through 300,000 volume tier for the total 250,000 calls/email/correspondence; not the first 200,000 volume at the 1 through 200,000 tier and then 50,000 in the 200,001 through 300,000 volume tier

This form must be completed and provided with the Offeror's cost proposal.

**COST PROPOSAL – CUSTOMER SERVICES  
COST SUMMARY**

YEAR ONE	NUMBER OF CALLS/EMAILS/CORRESPONDENCE (MONTHLY)							
	1 through 200,000	200,001 through 300,000	300,001 through 400,000	400,001 through 500,000	500,001 through 600,000	600,001 through 700,000	700,001 through 800,000	Greater Than 800,000
YEAR TWO	NUMBER OF CALLS/EMAILS/CORRESPONDENCE (MONTHLY)							
	1 through 200,000	200,001 through 300,000	300,001 through 400,000	400,001 through 500,000	500,001 through 600,000	600,001 through 700,000	700,001 through 800,000	Greater than-800,000
YEAR THREE	NUMBER OF CALLS/EMAILS/CORRESPONDENCE (MONTHLY)							
	1 through 200,000	200,001 through 300,000	300,001 through 400,000	400,001 through 500,000	500,001 through 600,000	600,001 through 700,000	700,001 through 800,000	Greater than-800,000
YEAR FOUR	NUMBER OF CALLS/EMAILS/CORRESPONDENCE (MONTHLY)							
	1 through 200,000	200,001 through 300,000	300,001 through 400,000	400,001 through 500,000	500,001 through 600,000	600,001 through 700,000	700,001 through 800,000	Greater than-800,000
YEAR FIVE	NUMBER OF CALLS/EMAILS/CORRESPONDENCE (MONTHLY)							
	1 through 200,000	200,001 through 300,000	300,001 through 400,000	400,001 through 500,000	500,001 through 600,000	600,001 through 700,000	700,001 through 800,000	Greater than-800,000

Form CS-10

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** Cost Proposal – Operations Administration

**FORM NUMBER:** CS-1P

**INSTRUCTIONS:** GENERAL – Provide personnel related cost by adding Salary Expenses from CSS-1 and fringe benefits plus any other personnel related cost for contract year one.

Provide equipment cost from CSS-2 for contract year one.

Provide other expenses from CSS-3 for contract year one.

Provide subcontractor expenses from CSS-4 for contract year one.

Enter the percentage adjustment (increase or decrease) to the contract year one price offer applicable for contract years two through five as well as the adjusted annual price offer.

Transfer the annual price offers for years one through five to Form CS-1.

**COST PROPOSAL – OPERATIONS ADMINISTRATION**

	<u>AMOUNT</u>	<u>AMOUNT</u>
<b>A. PERSONNEL RELATED COSTS</b>		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL PERSONNEL COSTS		_____
<b>B. EQUIPMENT COSTS (FORM CSS-2)</b>		
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL EQUIPMENT COSTS		_____
<b>C. FACILITY COSTS</b>		
1. RENT	_____	
2. UTILITIES	_____	
3. DISASTER RECOVERY SITE	_____	
4. SECURITY	_____	
5. FURNITURE & FIXTURES (DEPRECIATION)	_____	
6. FURNITURE & FIXTURES (RENTAL)	_____	
7. DEPRECIATION LEASEHOLD IMPROVEMENT	_____	
8. REPAIRS/MAINTENANCE	_____	
9. OTHER (SPECIFY ON FORM CSS-3)	_____	
10. TOTAL FACILITY COSTS		_____
<b>D. OTHER COSTS</b>		
1. COURIER SERVICE	_____	
2. SUPPLIES	_____	
3. LETTER OF CREDIT	_____	
4. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
5. TOTAL OTHER COSTS		_____
<b>E. SUBCONTRACTS (FORM CSS-4)</b>		_____
<b>F. CORPORATE ALLOCATIONS @ ____%</b>		_____
<b>G. MARKUP @ ____%</b>		_____
<b>H. PRICE OFFER FOR OPERATIONS PAYMENT PROCESSING – MAIL: CONTRACT YEAR 1</b>		<u>                    </u>
<b>I. YEAR 2 ADJUSTMENT</b>	_____ %	_____
<b>J. YEAR 3 ADJUSTMENT</b>	_____ %	_____
<b>K. YEAR 4 ADJUSTMENT</b>	_____ %	_____
<b>L. YEAR 5 ADJUSTMENT</b>	_____ %	_____

Form CS-1P

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** Cost Proposal – Turnover

**FORM NUMBER:** CS-1Q

**INSTRUCTIONS:** GENERAL - Provide personnel related cost by adding Salary Expenses from CSS-1 and fringe benefits plus any other personnel related cost.

Provide equipment cost from CSS-2.

Provide other expenses from CSS-3.

Provide subcontractor expenses from CSS-4.

Transfer the turnover price offer to Form CS-1 for contract year 5.

**COST PROPOSAL – TURNOVER**

**PRICE/COST SUMMARY**

	<u>AMOUNT</u>	<u>AMOUNT</u>
<b>A. PERSONNEL RELATED COSTS</b>		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL PERSONNEL COSTS		_____
<b>B. EQUIPMENT COSTS (FORM CSS-2)</b>		
1. PURCHASE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL EQUIPMENT COSTS		_____
<b>C. FACILITY COSTS</b>		
1. RENT	_____	
2. UTILITIES	_____	
3. DEPRECIATION LEASEHOLD IMPROVEMENT	_____	
4. REPAIRS/MAINTENANCE	_____	
5. OTHER (SPECIFY ON FORM CSS-3)	_____	
6. TOTAL FACILITY COSTS		_____
<b>D. OTHER COSTS</b>		
1. TOTAL OTHER COSTS	_____	_____
<b>E. SUBCONTRACTS (FORM CSS-4)</b>		_____
<b>F. CORPORATE ALLOCATIONS @ _____%</b>		_____
<b>G. MARKUP @ _____%</b>		_____
<b>H. PRICE OFFER FOR TURNOVER</b>		<u>_____</u>

Form CS-1Q

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** Cost Proposal – Contract Extensions Summary

**FORM NUMBER:** CS-1R (a)

**INSTRUCTIONS:** GENERAL - Summarize by function and contract extension the fixed price amounts for the following operational tasks:

Payment Processing - Mail  
Payment Processing – Electronic  
Disbursement Processing – Checks  
Disbursement Processing – Electronic  
Billing Statement/Employer Reminder Processing  
Notice Processing  
New Hire Notification Processing – Mail  
New Hire Notification Processing – Electronic  
Non IV/D Payment Processing  
Putative Father Registry  
Voice Response System  
Outreach  
Administration

**Offerors are reminded that all capitalized assets will be fully depreciated at the conclusion of contract year 5.**

**FORM NUMBER:** CS-1R (b)

**INSTRUCTIONS:** GENERAL - Insert Data Capture Service rates for extension years 1 and 2

**FORM NUMBER:** CS-1R(c)

**INSTRUCTIONS:** GENERAL - Insert Customer Service rates for extension years 1 and 2

**COST PROPOSAL – CONTRACT EXTENSIONS SUMMARY**

PRICE COMPONENT		Ext. Yr. 1 Months 1 - 6	Ext. Yr. 1 Months 7 - 12	Ext. Yr. 2 Months 1 - 6	Ext. Yr. 2 Months 7 - 12
<b>Payment Processing-</b>	<b>6 Month Price Offer</b>				
	<b>Projected Volume</b>	<b>3,600,000</b>	<b>3,700,000</b>	<b>3,700,000</b>	<b>3,700,000</b>
	<b>Price per Transaction</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Payment Processing-Electronic</b>	<b>6 Month Price Offer</b>				
<b>Disbursement Processing- Checks</b>	<b>6 Month Price Offer</b>				
	<b>Projected Volume</b>	<b>1,200,000</b>	<b>1,300,000</b>	<b>1,300,000</b>	<b>1,300,000</b>
	<b>Price per Transaction</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Disbursement Processing- Electronic</b>	<b>6 Month Price Offer</b>				
<b>Disbursement Processing- Debit Card</b>	<b>6 Month Price Offer</b>				
<b>Billing Statement/ Employer Reminders</b>	<b>6 Month Price Offer</b>				
	<b>Projected Volume</b>	<b>2,700,000</b>	<b>2,900,000</b>	<b>2,700,000</b>	<b>3,000,000</b>
	<b>Price per Transaction</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Notice Processing</b>	<b>6 Month Price Offer</b>				
	<b>Projected Volume</b>	<b>3,500,000</b>	<b>3,900,000</b>	<b>3,600,000</b>	<b>4,000,000</b>
	<b>Price per Transaction</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Form CS-1R (a) (Page 1 of 2)

**COST PROPOSAL –CONTRACT EXTENSIONS SUMMARY**

<b>PRICE COMPONENT</b>		<b>Ext. Yr. 1 Months 1 - 6</b>	<b>Ext. Yr. 1 Months 7 - 12</b>	<b>Ext. Yr. 2 Months 1 - 6</b>	<b>Ext. Yr. 2 Months 7 - 12</b>
<b>New Hire Notification Processing Mail</b>	<b>6 Month Price Offer</b>				
	<b>Projected Volume</b>	<b>500,000</b>	<b>600,000</b>	<b>500,000</b>	<b>600,000</b>
	<b>Price per Transaction</b>	\$ -	\$ -	\$ -	\$ -
<b>New Hire Notification Processing Electronic</b>	<b>6 Month Price Offer</b>				
<b>Non IV-D Payment Processing</b>	<b>6 Month Price Offer</b>				
	<b>Projected Volume</b>	<b>3,000</b>	<b>3,000</b>	<b>3,000</b>	<b>3,000</b>
	<b>Price per Transaction</b>	\$ -	\$ -	\$ -	\$ -
<b>Putative Father Registry</b>	<b>Yearly Price Offer</b>				
	<b>Projected Volume</b>	<b>60,000</b>	<b>60,000</b>	<b>70,000</b>	<b>70,000</b>
	<b>Price per Transaction</b>	\$ -	\$ -	\$ -	\$ -
<b>Voice Response System</b>	<b>6 Month Price Offer</b>				
<b>Outreach</b>	<b>6 Month Price Offer</b>				
<b>Administration</b>	<b>6 Month Price Offer</b>				

Form CS-1R (a) (Page 2 of 2)

**COST PROPOSAL – DATA CAPTURE SERVICES  
EXTENSION COST SUMMARY**

<b>EXTENSION YEAR ONE</b>	<b>NUMBER OF DOCUMENTS (MONTHLY)</b>				
<b>Data Elements Per Document</b>	<b>1-20,000</b>	<b>20,001-40,000</b>	<b>40,001-60,000</b>	<b>60,001-80,000</b>	<b>80,001-100,000</b>
<b>5 or Less</b>	\$	\$	\$	\$	\$
<b>6 to 30</b>	\$	\$	\$	\$	\$
<b>31 to 75</b>	\$	\$	\$	\$	\$
<b>Remaining Documents And Correspondence Mailing</b>	<b>NUMBER OF DOCUMENTS (MONTHLY)</b>				
	<b>1-2,500</b>	<b>2,501-5,000</b>	<b>5,001-7,500</b>	<b>7,501-10,000</b>	<b>10,001-12,500</b>
	\$	\$	\$	\$	\$
<b>EXTENSION YEAR TWO</b>	<b>NUMBER OF DOCUMENTS (MONTHLY)</b>				
<b>Data Elements Per Document</b>	<b>1-20,000</b>	<b>20,001-40,000</b>	<b>40,001-60,000</b>	<b>60,001-80,000</b>	<b>80,001-100,000</b>
<b>5 or Less</b>	\$	\$	\$	\$	\$
<b>6 to 30</b>	\$	\$	\$	\$	\$
<b>31 to 75</b>	\$	\$	\$	\$	\$
<b>Remaining Documents And Correspondence Mailing</b>	<b>NUMBER OF DOCUMENTS (MONTHLY)</b>				
	<b>1-2,500</b>	<b>2,501-5,000</b>	<b>5,001-7,500</b>	<b>7,501-10,000</b>	<b>10,001-12,500</b>
	\$	\$	\$	\$	\$

Form CS-1R (b)

**COST PROPOSAL – CUSTOMER SERVICES  
EXTENSION COST SUMMARY**

EXTENSION YEAR ONE	NUMBER OF CALLS/EMAILS/CORRESPONDENCE (MONTHLY)							
	1 through 200,000	200,001 through 300,000	300,001 through 400,000	400,001 through 500,000	500,001 through 600,000	600,001 through 700,000	700,001 through 800,000	Greater Than 800,000
EXTENSION YEAR TWO	NUMBER OF CALLS/EMAILS/CORRESPONDENCE (MONTHLY)							
	1 through 200,000	200,001 through 300,000	300,001 through 400,000	400,001 through 500,000	500,001 through 600,000	600,001 through 700,000	700,001 through 800,000	Greater than- 800,000

FORM CS-1R(c)

**OFFEROR'S RESPONSE FORM INSTRUCTIONS**  
**Offeror's Suggested Revisions Cost Summary**  
**CS-2 Series**

**INSTRUCTIONS:** GENERAL - Summarize by function and contract year the fixed price revision amounts from:

**Function**

Transition

Operations

- Payment Processing – Mail
- Payment Processing – Electronic
- Disbursement Processing - Checks
- Disbursement Processing – Electronic
- Billing Statement/Employer Reminder Processing
- Notice Processing
- New Hire Notification Processing - Mail
- New Hire Notification Processing – Electronic
- Non IV-D Payment Processing
- Putative Father Registry
- Voice Response System
- Outreach
- Administration

Turnover

Complete one additional set of the CS-1 series cost forms for each Offeror suggested revision. Clearly label the top of each revision pricing schedule as "Revision Pricing" and change the CS-1 series form label to CS-2. Example: a revision to Notice Processing would require a set of CS-1G forms re-labeled as CS-2G forms. If start-up costs were also applicable, a CS-1A form would also be submitted and re-labeled as CS-2A. More than one revision may be completed for each function. At each Offeror's discretion, revision pricing may be submitted in addition to baseline pricing schedules; revision pricing may not be submitted in place of the baseline pricing schedules.

Add up the total fixed price for each contract year. Cost savings should be represented by negative numbers.

**OFFEROR'S RESPONSE FORM INSTRUCTIONS**

**FORM NAME:** INTENTIONALLY LEFT BLANK- DO NOT SUBMIT

**FORM NUMBER:** CS-3

20007

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** Cost Proposal – Early Intervention Enhancement Fixed Price Summary

**FORM NUMBER:** CS-4

**INSTRUCTIONS:** GENERAL - Summarize by function and contract year the fixed price amounts from:

<u>Function</u>	<u>Form</u>
Transition – Early Intervention	CS-4A
Operations – Early Intervention	CS-4B
Turnover – Early Intervention	CS-4C

Base all fixed price cost on the components listed in 4.13 and 5.16 of this RFP.

Add up the total fixed price for each contract year.

Offerors, at their discretion, will be permitted to re-format the Early Intervention Enhancement pricing schedules in order to capture all costs associated with their proposed solution. Ensure that pricing is provided for each of the five contract years as well as turnover and the four optional six-month extension periods.

**COST PROPOSAL – EARLY INTERVENTION ENHANCEMENT**

**TRANSITION PRICE/COST SUMMARY**

	<u>AMOUNT</u>	<u>AMOUNT</u>
<b>I. PERSONNEL RELATED COSTS</b>		
5. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
6. BENEFIT EXPENSE	_____	
7. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
8. TOTAL PERSONNEL COSTS		_____
<b>J. EQUIPMENT COSTS (FORM CSS-2)</b>		
7. SOFTWARE	_____	
8. DEPRECIATION	_____	
9. LEASE	_____	
10. MAINTENANCE	_____	
11. COMPUTER OPERATION EXPENSE	_____	
12. TOTAL EQUIPMENT COSTS		_____
<b>K. FACILITY COSTS</b>		
11. RENT	_____	
12. UTILITIES	_____	
13. DISASTER RECOVERY SITE	_____	
14. SECURITY	_____	
15. FURNITURE & FIXTURES (DEPRECIATION)	_____	
16. FURNITURE & FIXTURES (RENTAL)	_____	
17. DEPRECIATION LEASEHOLD IMPROVEMENT	_____	
18. REPAIRS/MAINTENANCE	_____	
19. OTHER (SPECIFY ON FORM CSS-3)	_____	
20. TOTAL FACILITY COSTS		_____
<b>L. OTHER COSTS</b>		
6. TRAVEL	_____	
7. LETTER OF CREDIT	_____	
8. RECRUITMENT/ RE-LOCATION	_____	
9. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
10. TOTAL OTHER COSTS		_____
<b>M. SUBCONTRACTS (FORM CSS-4)</b>		_____
<b>N. CORPORATE ALLOCATIONS @ ____%</b>		_____
<b>O. MARKUP @ ____%</b>		_____
<b>P. PRICE OFFER FOR TRANSITION</b>		_____

Form CS-4A

**COST PROPOSAL – OPERATIONS EARLY INTERVENTION  
PERATIONAL COST SUMMARY**

YEAR ONE	NUMBER OF CALLS (MONTHLY)					
	1 through 5,000	5,001 through 10,000	10,001 through 15,000	15,001 through 20,000	20,001 through 25,000	Greater than 25,000
Voice Message						
Voice Call Back						
Email Message						
Text Message						
Inactive/Incorrect						
YEAR TWO	NUMBER OF CALLS (MONTHLY)					
	1 through 5,000	5,001 through 10,000	10,001 through 15,000	15,001 through 20,000	20,001 through 25,000	Greater than 25,000
Voice Message						
Voice Call Back						
Email Message						
Text Message						
Inactive/Incorrect						
YEAR THREE	NUMBER OF CALLS (MONTHLY)					
	1 through 5,000	5,001 through 10,000	10,001 through 15,000	15,001 through 20,000	20,001 through 25,000	Greater than 25,000
Voice Message						
Voice Call Back						
Email Message						
Text Message						
Inactive/Incorrect						

Form CS-4B (Page 1-3)

**COST PROPOSAL - OPERATIONS EARLY INTERVENTION**

YEAR FOUR	NUMBER OF CALLS (MONTHLY)					
	1 through 5,000	5,001 through 10,000	10,001 through 15,000	15,001 through 20,000	20,001 through 25,000	Greater than 25,000
Voice Message						
Voice Call Back						
Email Message						
Text Message						
Inactive/Incorrect						
YEAR FIVE	NUMBER OF CALLS (MONTHLY)					
	1 through 5,000	5,001 through 10,000	10,001 through 15,000	15,001 through 20,000	20,001 through 25,000	Greater than 25,000
Voice Message						
Voice Call Back						
Email Message						
Text Message						
Inactive/Incorrect						

Form CS-4B (Page 2-3)

**EARLY INTERVENTION EXTENSION PRICING**

EXTENSION YEAR ONE	NUMBER OF CALLS (MONTHLY)					
	1 through 5,000	5,001 through 10,000	10,001 through 15,000	15,001 through 20,000	20,001 through 25,000	Greater than 25,000
Voice Message						
Voice Call Back						
Email Message						
Text Message						
Inactive/Incorrect						
EXTENSION YEAR TWO	NUMBER OF CALLS (MONTHLY)					
	1 through 5,000	5,001 through 10,000	10,001 through 15,000	15,001 through 20,000	20,001 through 25,000	Greater than 25,000
Voice Message						
Voice Call Back						
Email Message						
Text Message						
Inactive/Incorrect						

Form CS-4B (Page 3-3)

**COST PROPOSAL – TURNOVER EARLY INTERVENTION  
PRICE/COST SUMMARY**

	<u>AMOUNT</u>	<u>AMOUNT</u>
<b>I. PERSONNEL RELATED COSTS</b>		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL PERSONNEL COSTS		_____
<b>J. EQUIPMENT COSTS (FORM CSS-2)</b>		
1. PURCHASE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL EQUIPMENT COSTS		_____
<b>K. FACILITY COSTS</b>		
1. RENT	_____	
2. UTILITIES	_____	
3. DEPRECIATION LEASEHOLD IMPROVEMENT	_____	
4. REPAIRS/MAINTENANCE	_____	
5. OTHER (SPECIFY ON FORM CSS-3)	_____	
6. TOTAL FACILITY COSTS		_____
<b>L. OTHER COSTS</b>		
1. TOTAL OTHER COSTS	_____	_____
<b>M. SUBCONTRACTS (FORM CSS-4)</b>		_____
<b>N. CORPORATE ALLOCATIONS @ ____%</b>		_____
<b>O. MARKUP @ ____%</b>		_____
<b>P. PRICE OFFER FOR TURNOVER</b>		=====

**Form CS-4C**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** Cost Proposal – Location Enhancement

**FORM NUMBER:** CS-5

**INSTRUCTIONS:** GENERAL – The Location Services to be provided by the Contractor are noted in 2.7, 4.14 and 5.17 of this RFP.

Provide a per item cost for the annual volumes of verified locations. The cost provided herein must pass a reasonableness test as noted in 6.5.1.3 of this RFP.

The matrix will provide the basis of payment to the Contractor on an annual basis.

This form must be completed and provided with the Offeror's cost proposal.

Offerors, at their discretion, will be permitted to re-format the Location Enhancement pricing schedules in order to capture all costs associated with their proposed solution. Ensure that pricing is provided for each of the five contract years as well as turnover and the four optional six-month extension periods.

**COST PROPOSAL – LOCATION ENHANCEMENT**

**COST SUMMARY**

<b>YEAR ONE</b>	<b>NUMBER OF VERIFIED LOCATIONS</b>				
	<b>1-40,000</b>	<b>40,001-80,000</b>	<b>80,001-120,000</b>	<b>120,001-160,000</b>	<b>Greater than 160,000</b>
	\$	\$	\$	\$	\$
<b>YEAR TWO</b>	<b>NUMBER OF VERIFIED LOCATIONS</b>				
	<b>1-40,000</b>	<b>40,001-80,000</b>	<b>80,001-120,000</b>	<b>120,001-160,000</b>	<b>Greater than 160,000</b>
	\$	\$	\$	\$	\$
<b>YEAR THREE</b>	<b>NUMBER OF VERIFIED LOCATIONS</b>				
	<b>1-40,000</b>	<b>40,001-80,000</b>	<b>80,001-120,000</b>	<b>120,001-160,000</b>	<b>Greater than 160,000</b>
	\$	\$	\$	\$	\$
<b>YEAR FOUR</b>	<b>NUMBER OF VERIFIED LOCATIONS</b>				
	<b>1-40,000</b>	<b>40,001-80,000</b>	<b>80,001-120,000</b>	<b>120,001-160,000</b>	<b>Greater than 160,000</b>
	\$	\$	\$	\$	\$
<b>YEAR FIVE</b>	<b>NUMBER OF VERIFIED LOCATIONS</b>				
	<b>1-40,000</b>	<b>40,001-80,000</b>	<b>80,001-120,000</b>	<b>120,001-160,000</b>	<b>Greater than 160,000</b>
	\$	\$	\$	\$	\$

**Form CS-5 (Page 1 – 2)**

**COST PROPOSAL – LOCATION ENHANCEMENT**

**EXTENSION COST SUMMARY**

<b>EXTENSION YEAR ONE</b>	<b>NUMBER OF VERIFIED LOCATIONS</b>				
	<b>1-40,000</b>	<b>40,001-80,000</b>	<b>80,001-120,000</b>	<b>120,001-160,000</b>	<b>Greater than 160,000</b>
	\$	\$	\$	\$	\$
<b>EXTENSION YEAR TWO</b>	<b>NUMBER OF VERIFIED LOCATIONS</b>				
	\$	\$	\$	\$	\$

Form CS-5 (Page 2 - 2)

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** Cost Proposal – Direct Salary Expense

**FORM NUMBER:** CSS-1

**INSTRUCTIONS:** GENERAL – Complete Form CSS-1 whenever an amount is entered in the Total Direct Salary Expense line (A.1.) of a Price/ Cost Summary form. Enter one of the following major function/task title in the heading of the form CSS-1

- Transition
- Operations - Payment Processing – Mail
- Operations - Payment Processing – Electronic
- Operations - Disbursement Processing - Checks
- Operations - Disbursement Processing – Electronic
- Operations - Billing Statement/Employer Reminder Process
- Operations - Notice Processing
- Operations - New Hire Notification Processing - Mail
- Operations - New Hire Notification Processing – Electronic
- Operations – Non IV-D Payment Processing
- Operations – Putative Father Registry
- Operations - Voice Response System
- Operations – Customer Service
- Operations - Administration
- Turnover

**SPECIFIC – Personnel Category** – Within each major function/task category, list the different personnel categories (i.e., Executive, Professional, and Clerical) for contract year one (except for turnover- contract year five). The personnel category and the number of positions must replicate the information contained on the applicable technical proposal Offeror's response form.

Job Category – list each job title contained within the functional category.

Number of Positions – list the number of full time equivalent (FTE) positions. Fractions may be used. FTE's may be allocated among functions.

Annual Direct Salary Per Person – show the rates (generally average annual) used to determine total salary cost. This should include salaries only.

Extension- FTE's \* annual direct salary

**COST PROPOSAL - \_\_\_\_\_  
DIRECT SALARY EXPENSE**

**CS FORM REFERENCE \_\_\_\_\_**

<b>PERSONNEL CATEGORY/JOB TITLE</b>	<b>NUMBER OF POSITIONS</b>	<b>ANNUAL DIRECT SALARY BY PERSON</b>	<b>EXTENSION</b>

**Form CSS-1 (Page 1 -2)**

**TOTAL DIRECT SALARY EXPENSE**

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**Form CSS-1 (Page 2 -2)**

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** Cost Proposal – Equipment Cost

**FORM NUMBER:** CSS-2

**INSTRUCTIONS:** GENERAL – Complete Form CSS-2 whenever an amount is entered in the Equipment Costs section of the Price/ Cost Summary forms (B). Enter one of the following major function/task titles in the heading of the form CSS-2

- Transition
- Operations - Payment Processing – Mail
- Operations - Payment Processing – Electronic
- Operations - Disbursement Processing - Checks
- Operations - Disbursement Processing – Electronic
- Operations - Billing Statement/Employer Reminder Process
- Operations - Notice Processing
- Operations - New Hire Notification Processing - Mail
- Operations - New Hire Notification Processing – Electronic
- Operations – Non IV-D Payment Processing
- Operations – Putative Father Registry
- Operations - Voice Response System
- Operations – Customer Service
- Operations - Administration
- Turnover

Within each major function/task category, list the different equipment costs (i.e. Leased, Purchased-Depreciation, Maintenance, and Software) for contract year one. The equipment and related costs must replicate the information contained on the applicable technical proposal Offeror's response form.

### Section I (Form CSS-2)

List each category of equipment. For each category list the quantity.

Indicate the total annual lease cost by type of equipment. Indicate the total cost, and total annual depreciation by type of equipment.

Indicate total annual maintenance by type of equipment.

Show the totals for lease, depreciated and maintenance as reflected on the Price/Cost Summary.

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

**FORM NAME:** Cost Proposal – Equipment Cost

**FORM NUMBER:** CSS-2

**INSTRUCTIONS:** GENERAL – Section II (Form CSS-2)

List each software package. For each type of software, indicate the annual lease cost.

For each type of software, indicate the cost of development, purchase, licensing, etc., the method of amortization and the annual amount of amortization.

Total the above costs. The total cost must reflect the amount reported on the Price/Cost Summary.

2000

**COST PROPOSAL – EQUIPMENT COST**

**CS REFERENCE FORM**

I. EQUIPMENT DESCRIPTION	TO BE TURNED OVER		NUMBER OF ITEMS	EXTENDED LEASE COST	EXTENDED MAINTENANCE	PURCHASE PRICE	EXTENDED DEPRECIATION
	YES	NO					
COMPUTER EQUIPMENT:							
NON-COMPUTER EQUIPMENT:							
<b>TOTAL</b>							

Form CSS-2 (Page 1 – 2)

**COST PROPOSAL – EQUIPMENT COST (Cont.)**

CS REFERENCE FORM \_\_\_\_\_

CONTRACT YEAR \_\_\_\_\_

II. SOFTWARE LISTING	TO BE TURNED OVER		NUMBER OF ITEMS	EXTENDED ANNUAL LEASE COST	EXTENDED ANNUAL LEASE SOFTWARE SUPPORT	EXTENDED PURCHASE PRICE	AMOUNT AMORTIZED	TOTAL SOFTWARE COST
	YES	NO						
<b>TOTAL</b>								

Form CSS-2 (Page 2 -2)

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

- FORM NAME:** Cost Proposal – Supplemental Cost Detail
- FORM NUMBER:** CSS-3
- INSTRUCTIONS:** GENERAL – Complete CSS-3 to clarify cost components described as “Other” on the cost forms for contract year one.

2007

COST PROPOSAL \_\_\_\_\_

SUPPLEMENTAL COST DETAIL

PROPOSAL REFERENCE	OFFEROR'S RESPONSE FORM NAME	CS FORM NUMBER	LINE NUMBER	ADDITIONAL COST DETAIL

Form CSS-3

## OFFEROR'S RESPONSE FORM INSTRUCTIONS

- FORM NAME:** Utilization of Subcontractor(s)
- FORM NUMBER:** CSS-4
- INSTRUCTIONS:** GENERAL - Complete a form for each subcontractor used for this function.
- ORGANIZATION:** Provide the name of the subcontractor.
- SERVICES:** Identify if the service(s) which will be provided by the subcontractor are essential or ancillary. Describe the primary responsibilities of the subcontractor in relation to the execution of major tasks.
- COST:** Provide a breakdown of all related subcontractor costs for the services being provided. Provide the total cost as listed on the corresponding CS form.

**COST PROPOSAL – \_\_\_\_\_**

**UTILIZATION OF SUBCONTRACTOR(S)**

**Organization:**

**Primary Contact:**

**Services Provided:**

**Cost Breakdown:**

**Form CSS-4**

## APPENDIX D

### CURRENT PROCESSING VOLUMES

#### Collection and Enforcement Operations

The Volumes presented in Appendix D represent actual volumes for calendar years 2004, 2005 and 2006. Also presented are the actual volumes experienced from January through March, 2007.

No assumptions should be made based on this information. The Office of Temporary and Disability Assistance (OTDA) cannot and will not guarantee that these volumes will remain constant or representative of the volumes an Offeror might experience in any of the five (5) contract years covered by this RFP.

The OTDA is seeking fixed price costs based on the annual volumes presented ONLY on the Offeror's Response Form CS-1, CS-2, CS-1K, and CS-2K in Appendix C of this RFP.

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**PROCESSING VOLUMES**

<b><u>Payment Processing Transactions</u></b>	<b><u>Actual 2004</u></b>	<b><u>Actual 2005</u></b>	<b><u>Actual 2006</u></b>	<b><u>(3 months)1- 3 20071 Actual 2007)</u></b>
Respondent Payments	1,648,898	1,534,400	1,380,868	331,650
Employer Payments	6,220,027	6,264,921	6,125,260	1,437,119
Property Execution Payments	8,596	9,859	9,314	2,431
EDI	665,486	555,598	473,468	107,952
EFT	1,639,241	1,978,347	2,532,509	752,024
<b>Total Transactions</b>	<b>10,182,248</b>	<b>10,343,125</b>	<b>10,521,419</b>	<b>2,631,176</b>
 <b><u>Misapplied Payments</u></b>	 588	 482	 676	 217
 <b><u>Disbursement Processing</u></b>				
Client Checks	8,175,953	7,699,620	6,943,137	1,262,435
SCU Payments	53,558	3,221	4,122	1,010
<b>Total Checks</b>	<b>8,229,511</b>	<b>7,702,841</b>	<b>6,947,259</b>	<b>1,263,445</b>
 Direct Deposit	 1,111,549	 1,673,534	 2,171,286	 623,998
Debit Card	n/a	42,232	289,017	464,110
EFT	41,387	208,987	464,238	152,413

Total Electronic	1,152,936	1,924,753	2,924,541	1,240,521
Total # of DC in Circulation				188,899

**Billing Statements/Reminders**

Weekly Respondent	45,239	52,181	54,390	12,665
Monthly Respondent	3,398,088	3,167,609	3,211,175	998,865
Large Employer	58,437	58,189	55,179	12,886
Small Employer	1,066,226	1,071,554	1,068,834	255,589
Monthly Respondent with Tax Offset	409,473	414,814	422,470	n/a
Total Statements/Reminders	4,977,463	4,764,347	4,812,048	1,280,005

**Notice Processing**

Client Monthly	631,069	597,032	574,931	133,162
Case Closure Notices	n/a	1,273	46,919	8,333
License Suspension	388	363	9,222	2,479
Weekly Client PINS	71,221	80,358	81,081	18,416
Property Executions	301,008	329,921	341,778	99,137
Income Executions	2,246,777	2,185,955	2,427,975	650,652
PCLs	311,865	350,441	415,054	108,903

DMV Notices	89,092	85,462	92,009	23,160
WHBR (Confidential Wage Report)	371,564	377,447	366,370	75,249
Continuation of Services	105,786	85,680	182,248	37,038
DTF Notices	37,287	36,828	42,245	9,429
Parent Locator	2,771	2,113	1,665	390
Lien Notices	11,442	13,284	11,525	2,963
Credit Notices	60,462	63,641	67,056	15,655
Cola Notices	349,920	141,037	484,056	83,108
Locate Data Notices	1,054	1,041	859	211
MEDEX Notices	734,984	588,285	549,852	112,199
Direct Deposit Acceptance Letters	69,735	28,624	21,198	18,763
Direct Deposit Rejection Letters	44,503	24,854	21,681	12,004
Total Notices	5,440,928	4,993,639	5,737,724	1,411,251
<b><u>Data Capture</u></b>				
State Case Registry	17,248	15,498	14,711	3,748
Direct Deposit	63,542	33,543	25,003	22,498
ICR	11,791	11,071	11,125	2,716
Quick Locate	2,934	2,336	1,988	564

MEDX	179,847	143,194	142,206	30,242
COLA	47,076	16,667	65,370	12,789
WHBR	n/a	6,378	152,317	51,552
IEX	n/a	1,488	82,293	40,164
NCMP	n/a	4,646	47,863	10,832
Employer Help Line	n/a	n/a	14,188	4,938
Bankruptcy Notices	n/a	n/a	1,964	1,258
Case Closure	n/a	n/a	1,967	336
SWR	n/a	n/a	5,653	3,264
Correspondence	n/a	n/a	31,254	14,582
Address Verification Letter (NYC AVL)	n/a	n/a	177	60
PIN Request Processing	n/a	n/a	n/a	834
Total Data Capture	322,438	234,821	598,079	200,377
<b><u>Putative Father Registry</u></b>	87,738	84,851	89,063	22,748
<b><u>New Hire Processing Notifications</u></b>				
Mail & Fax	1,078,038	1,085,864	992,603	198,220
Mail & Fax Duplicates	72,227	81,761	95,791	20,019

Mail & Fax Outsorts	31,227	49,345	57,419	15,705
Electronic Submissions	1,849,770	2,476,105	2,737,181	537,520
Total New Hire Submissions	3,031,262	3,693,075	3,882,994	771,464
<b><u>Voice Response System</u></b>	6,258,105	6,226,080	5,652,100	1,319,706
<b><u>Non IV-D Payments</u></b>	8,220	7,454	7,023	1,647
<b><u>Outreach</u></b>				
Payments Referred to Outreach	86,553	80,136	61,574	15,839
Inbound Calls	115,196	243,416	229,563	55,297
Outbound Calls	236,013	310,384	180,750	39,621
Total Outreach Calls	351,209	553,800	410,313	94,918
<b><u>Customer Service</u></b>				
Clients Calls	24,078	300,361	556,653	193,124

Respondents Calls	11,283	181,024	411,077	145,959
Other Calls	1,106	30,939	69,574	14,134
Total Customer Service Calls	36,467	512,324	1,037,304	353,217
Website Emails				625
Correspondence			100,368	33,456
<b><u>Customer Service Mail Outs</u></b>				
PINS Client	n/a	n/a	3,316	14,450
Pins Respondent	n/a	n/a	1,871	9,187
Application for CSS	n/a	n/a	10,541	2,801
Direct Deposit Application Form	n/a	n/a	n/a	6,792
Direct Deposit Cancellation Form	n/a	n/a	n/a	850
Vol. Acknowledgement of Paternity	n/a	n/a	276	44
Account Statements	n/a	n/a	46,396	15,472
Stop Payment Request Form	n/a	n/a	12,448	2,890
DMV Affidavit	n/a	n/a	8,866	4,575
Desk Review Request	n/a	n/a	493	296
Total Customer Services Notices	n/a	n/a	84,207	57,357

**Additional Customer Service Information**

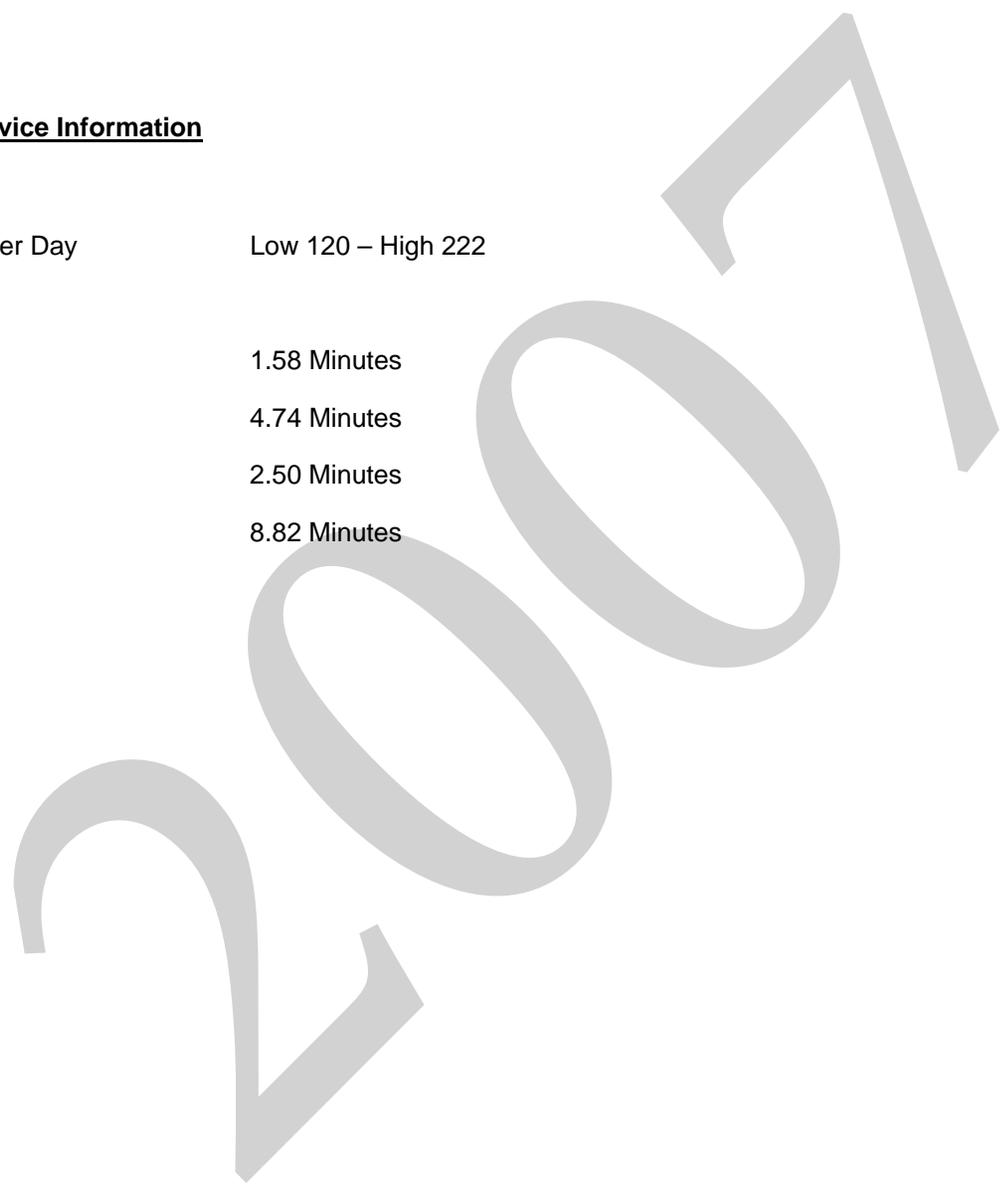
Spanish Language Calls Per Day                      Low 120 – High 222

Average Validation Time                                1.58 Minutes

Average Talk Time                                        4.74 Minutes

Average Call Wrap Up                                  2.50 Minutes

Average Total Call Time                                8.82 Minutes



## APPENDIX E

### PAYMENT DATA ELEMENTS

- E.1 **Information to be Provided with Every Payment** - This appendix identifies the data elements the Contractor must provide the OTDA with every payment recorded on the file sent to the OTDA each day. There are four (4) different sources of payments: noncustodial parent, employer, property execution and the Department of Tax and Finance (DTF) and the information provided for some of the data elements will vary according to the requirements noted herein.
- E.2 All payments must include the following elements of information:
- E.2.1 Local District Code
  - E.2.2 Source of Payment\*
  - E.2.3 CSMS Account Number
  - E.2.4 Date of Collection\*
  - E.2.5 Payment Amount
  - E.2.6 Remittance Reference Number\*
  - E.2.7 Remittance Source Identifier\*
- E.3 The information to be provided for the data elements in E.2 of this RFP marked with an \* will vary depending upon whether the payment is from a noncustodial parent, other Child Support Agency, employer, property execution or DTF. The differences are set forth below:
- E.4 Noncustodial Parent/Other Child Support Agency:
- E.4.1 Source of Payment - always code 50
  - E.4.2 Date of Collection
    - E.4.2.1 For cases in which a payment is delivered to a post office box, the date of collection is the date on which the payment was delivered to the post office box at the postal facility
    - E.4.2.2 For cases in which a payment is received electronically at the OTDA's bank under contract, the date of collection is the date on which the payment was made available to the contractor
  - E.4.3 Remittance Reference Number - check/money order number or transfer number
  - E.4.4 Remittance Source Identifier - left blank if payment received directly from noncustodial. For payments received from other New York State Support Collection Units, record letter "SCU" followed by first four (4) letters representative of SCU remitting the payment. For payments received from other states child support agencies, record the letters OOS followed by the U.S. Postal Service two letter abbreviation for the State remitting the payment. For payment information received by local district facsimile, the information supplied in "Field Option 2".
- E.5 Employer:
- E.5.1 Source of Payment - always code 57

- E.5.2 Date of Collection
  - E.5.2.1 For cases in which payment is made by a noncustodial parent's employer or income payor directly to the Contractor, the date of collection is the date on which the payment was delivered to the post office box at the postal facility
  - E.5.2.2 For cases in which a payment is received electronically at the OTDA's bank under contract, the date of collection is the date on which the payment is made available to the Contractor.
- E.5.3 Remittance Reference Number - check/money order number or transfer number
- E.5.4 Remittance Source Identifier – up to first nine (9) alpha characters that clearly represent the employer or income payor remittor name.
  
- E.6 Property Execution:
  - E.6.1 Source of Collection - always code 53
  - E.6.2 Date of Collection
    - E.6.2.1 For cases in which payment is made directly to the Contractor, the date of collection is the date on which the payment was delivered to the post office box at the postal facility
    - E.6.2.2 For cases in which a payment is received electronically at the OTDA's bank under contract, the date of collection is the date on which the payment is made available to the Contractor
  - E.6.3 Remittance Reference Number
    - E.6.3.1 The first four (4) characters are always 9999
    - E.6.3.2 Characters seven (7) through fifteen (15) must contain the check/money order or transfer number
  - E.6.4 Remittance Source Identifier
    - E.6.4.1 The first two (2) characters must contain "00" (zero, zero).
    - E.6.4.2 Characters three (3) through nine (9) must contain seven (7) alpha characters that clearly represent the financial institution
  
- E.7 Department of Tax and Finance
  - E.7.1 Source of Collection – always code 50
  - E.7.2 Date of Collection
    - E.7.3 For cases in which payment is made directly to the Contractor, the date of collection is the date on which the payment was delivered to the post office box at the postal facility
    - E.7.4 For cases in which a payment is received electronically at the OTDA's bank under contract, the date of collection is the date on which the payment is made available to the Contractor
  - E.7.5 Remittance Reference Number – check/money order number or transfer number
  - E.7.6 Remittance Source Identifier – always DTF

## APPENDIX F

### DATAFILE SPECIFICATIONS

F.1 The Contractor is required to provide at a minimum, to the Office of Temporary and Disability Assistance (OTDA) the following electronic datafiles, sent via TCPIP/FTP. They are:

- Payment Processing Electronic File Submission
- New Hire Reporting Datafile
- Putative Father Registry Datafile
- State Case Registry Datafile
- Non-IV/D File Update to Support Federal Case Registry Datafile
- COLA Return Datafile
- Quick Locate Datafile
- Non-Disclosure Return File
- Medical Support Execution Data Capture Datafile
- NCP Address Return File Datafile
- Direct Deposit/Debit Card Data Capture Datafile
- New York City Client Address Verification Letter Return File

F.2 The Contractor is required to provide at a minimum, to the Department of Taxation and Finance the following electronic datafile:

- New Hire Reporting Datafile

F.3 The Contractor is required to receive at a minimum, the following electronic datafiles via TCPIP/FTP in support of the various centralized operations. They are:

- Disbursement - Checks Datafile
- Disbursement – Electronic Datafile
- Billing Statement Datafile
- Employer Reminder Datafile
- Special Offset Notice Datafile
- Client Notice Datafile
- COLA Notice Datafile
- Income Execution Notice Datafile includes:
  - Wage and Health Benefits Report Notice
  - Address Information Request Notice
  - Employer Compliance Notice
  - DMV License Suspension Notice
  - Income Execution (New)
  - Income Execution (Amended)
  - Income Execution (Terminated)
- Case Referral Notice to Tax and Finance Datafile
- Property Execution Notice Datafile
- Child Support Information Line PIN Notice Datafile
- Locate Data Notice Datafile
- Voice Response System Datafile
- Credit Reporting Notice Datafile
- Non-Disclosure Notice Datafile
- Continuation of Services Notice Datafile
- Case Closure Notice Datafile
- Insurance Intercept Lien Notice Datafile
- License Suspension Process Notice Datafile
- Medical Support Execution Notice Datafile
- Address Information Request Notice from IRS File Datafile
- Address Information Request Notice from Web File Datafile

**PAYMENT PROCESSING ELECTRONIC FILE SUBMISSION TO THE OTDA**

<u>ELEMENT</u>	<u>SIZE</u>
01 SEQUENCE-REC	
05 SEQUENCE NO	PIC 9(6)
05 SEQUENCE FILE DATE	PIC 9(6)
05 SEQUENCE FILLER	PIC X(68)
01 PAYMENT-REC	
05 RECORD TYPE	PIC X(1)
05 LOCAL DISTRICT CODE	PIC 9(2)
05 BATCH TYPE	PIC 9(2)
05 CSMS ACCOUNT NUMBER	PIC X(9)
05 DATE OF COLLECTION	PIC 9(6)
05 PAYMENT AMOUNT	PIC 9(4)V99
05 PAYMENT OPTIONAL FIELD1	PIC X(15)
05 PAYMENT OPTIONAL FIELD2	PIC X(9)
05 FEES AMOUNT	PIC 9(7)V99
05 PAYMENT FILLER	PIC X(21)
01 TOTAL-REC	
05 RECORD TYPE	PIC X(1)
05 LOCAL DISTRICT CODE	PIC 9(2)
05 TOTAL SOURCE RECORDS	PIC 9(6)
05 TOTAL SOURCE AMOUNT	PIC 9(7)V99
05 FILLER	PIC X(62)
01 RECONCILIATION-REC	
05 RECORD TYPE	PIC X(1)
05 LOCAL DISTRICT CODE	PIC 9(2)
05 PROCESSING DATE	PIC 9(6)
05 TOTAL DEPOSITS	PIC S9(7)V99
05 TOTAL WIRE TRANSFER AMOUNT	PIC S9(7)V99
05 TOTAL NUMBER OF CHECKS	PIC 9(6)
05 TOTAL AMOUNT DISBURSED	PIC S9(7)V99
05 FILLER	PIC 9(38)

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**NEW HIRE REPORTING DATAFILE LAYOUT SUBMITTED TO THE OTDA**

	<u>ELEMENT</u>	<u>SIZE</u>
01	NEW-EMPLOYEE-REC	
05	RECORD TYPE	PIC X
05	RSP SSN	PIC 9(09)
05	RSP NAME	PIC X(28)
	10 RSP-LAST-NAME	
	10 RSP-FIRST-NAME	
	10 RSP-MIDDLE-INITIAL	
05	RSP-ADDRESS	
	10 RSP-STREET	PIC X(35)
	10 RSP-CITY	PIC X(15)
	10 RSP-STATE	PIC X(02)
	10 RSP-ZIP	PIC X(09)
05	RSPEMP-NAME	PIC X(28)
05	RSPEMP-ADDRESS	
	10 RSPEMP-CARE-OF	PIC X(28)
	10 RSPEMP-STREET	PIC X(35)
	10 RSPEMP-CITY	PIC X(15)
	10 RSPEMP-STATE	PIC X(02)
	10 RSPEMP-ZIP	PIC X(09)
05	RSPEMP-ID	PIC 9(09)
05	DATE	PIC X(08)
05	BTCH-NO	PIC 9(05)
05	SEQ-NO	PIC 9(06)
05	DATE-RECD	PIC 9(08)

NOTE: PIC X = ALPHA/NUMERIC CHARACTERS  
 PIC 9 = NUMERIC ONLY CHARACTERS

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**PUTATIVE FATHER REGISTRY DATAFILE LAYOUT SUBMITTED TO THE OTDA**

<u>ELEMENT</u>	<u>SIZE</u>
RECORD TYPE	PIC X(01)
SOURCE ( )	PIC X(01)
LOCATION	PIC X(01)
FORM VERSION	PIC X(01)
LOCAL DISTRICT	PIC X(04)
REGISTRATION # /BIRTH #	PIC (9(12)
CHILD NAME - LAST	PIC X(16)
- FIRST	PIC X(11)
- MI	PIC X(01)
CHILD DATE OF BIRTH – YYMMDD	PIC (9(06)
MOTHER-NAME-LAST	PIC X(16)
-FIRST	PIC X(11)
-MI	PIC X(01)
MOTHER-SOCIAL-SECURITY-NUMBER	PIC (9(09)
MOTHER-DATE OF BIRTH	PIC (9(06)
MOTHER-ADDRESS-STREET	PIC X(20)
CITY/STATE	PIC X(15)
ZIP CODE	PIC X(05)
MOTHER-DATE SIGNED-YYMMDD	PIC (9(06)
FATHER-NAME - LAST	PIC X(16)
- FIRST	PIC X(11)
- MI	PIC X(01)
FATHER-SOCIAL SECURITY NUMBER	PIC (9(09)
FATHER-DATE OF BIRTH-YYMMDD	PIC (9(06)
FATHER-ADDRESS-STREET	PIC X(20)
- CITY/STATE	PIC X(15)
- ZIP CODE	PIC X(05)
FATHER-DATE SIGNED-YYMMDD	PIC (9(06)
HOSPITAL ID NUMBER	PIC (9(04)
PUBLIC ASSISTANCE-MOTHER	PIC X(01)
REGISTRAR DATE-YYMMDD	PIC (9(06)
AGENCY CODE	PIC (9(02)
COURT NAME	PIC X(20)
DOCKET NUMBER	PIC X(08)
COURT DATE-YYMMDD	PIC (9(06)
DELETE CODE	PIC X(01)
RECORD TYPE	PIC X(01)
FILE CREATION DATE-YYMMDD	PIC (9(06)
TOTAL RECORDS	PIC (9(06)
SUBTOTAL-UPSTATE-OLD	PIC (9(06)
-NEW	PIC (9(06)
SUBTOTAL-DOWNSTATE-OLD	PIC (9(06)
-NEW	PIC (9(06)
FILLER	

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**DATAFILE LAYOUT TO SUPPORT  
STATE CASE REGISTRY SUBMISSION TO THE OTDA**

THE FOLLOWING DATA ELEMENTS MUST BE PROVIDED FOR EACH NON-IV/D RECORD IN THIS SEQUENCE:

<b><u>ELEMENT</u></b>	<b><u>SIZE</u></b>	<b><u>COMMENT</u></b>
COURT-NAME	PIC X(28)	
RESP-FIRST-NAME	PIC X(16)	
RESP-MIDDLE-NAME	PIC X(16)	
RESP-LAST-NAME	PIC X(30)	
RESP-SSN	PIC 9(9)	
RESP-DOB – CC	PIC 9(2)	
RESP-DOB – YY	PIC 9(2)	
RESP-DOB – MM	PIC 9(2)	
RESP-DOB – DD	PIC 9(2)	
PET-FIRST-NAME	PIC X(16)	
PET-MIDDLE-NAME	PIC X(16)	
PET-LAST-NAME	PIC X(30)	
PET-SSN	PIC 9(9)	
PET-DOB – CC	PIC 9(2)	
PET-DOB – YY	PIC 9(2)	
PET-DOB – MM	PIC 9(2)	
PET-DOB – DD	PIC 9(2)	
CRT-DCKT #	PIC X(12)	NO SPECIAL CHARACTERS
FAM-VIOL-IND	PIC X	Y FOR YES N OR BLANK FOR NO
CHILD-FIRST-NAME	PIC X(16)	UP TO 8 TIMES
CHILD-MIDDLE-NAME	PIC X(16)	UP TO 8 TIMES
CHILD-LAST-NAME	PIC X(30)	UP TO 8 TIMES
CHILD-SSN	PIC 9(9)	UP TO 8 TIMES
CHILD-DOB – CC	PIC 9(2)	UP TO 8 TIMES
CHILD-DOB – YY	PIC 9(2)	UP TO 8 TIMES
CHILD-DOB – MM	PIC 9(2)	UP TO 8 TIMES
CHILD-DOB – DD	PIC 9(2)	UP TO 8 TIMES

NOTE: RECORD LENGTH WILL ALWAYS BE THE SAME NUMBER OF CHARACTERS, WHETHER OR NOT THERE IS ONE OR EIGHT CHILDREN. THE REMAINING CHILD DATA ELEMENTS MUST BE FILLED WITH SPACES TO COMPLETE THE REQUIRED RECORD LENGTH.

ALSO, THE RESPONDENT, PETITIONER, AND CHILDREN NAMES MUST BE PRESENTED AS SEPARATE DATA ELEMENTS FOR FIRST NAME, MIDDLE INITIAL AND LAST NAME.

ALL DATA ELEMENTS MUST HAVE INFORMATION LEFT JUSTIFIED.

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**DATAFILE LAYOUT NON-IV/D FILE UPDATE  
TO SUPPORT FEDERAL CASE REGISTRY SUBMISSION**

THE FOLLOWING DATA ELEMENTS MUST BE PROVIDED FOR EACH NON-IV/D RECORD IN THIS SEQUENCE:

<u>ELEMENT</u>	<u>SIZE</u>	<u>COMMENT</u>
ACTION TYPE CODE	PIC X(1)	MUST ENTER "A"
CASE ID	PIC X(15)	MUST ENTER CASE NUMBER ASSIGNED BY LOCKHEED FOLLOWED BY TWO DIGIT COUNTY CODE " ". MUST BE LEFT FILLED WITH SPACES, IF NOT FULL FIFTEEN DIGITS.
ORDER INDICATOR	PIC X(1)	MUST ENTER "Y"
FIPS COUNTY CODE	PIC X(3)	FILL WITH SPACES
FILLER	PIC X(2)	FILL WITH SPACES
USER FIELD	PIC X(15)	FILL WITH SPACES
PREVIOUS CASE ID	PIC X(15)	FILL WITH SPACES
FILLER	PIC X(585)	FILL WITH SPACES
RECORD IDENTIFIER	PIC X(2)	MUST ENTER "FP"
ACTION TYPE CODE	PIC X(1)	MUST ENTER "A"
CASE ID	PIC X(15)	MUST ENTER CASE NUMBER ASSIGNED BY LOCKHEED FOLLOWED BY TWO DIGIT COUNTY CODE " ". MUST BE LEFT FILLED WITH SPACES, IF NOT FULL FIFTEEN DIGITS.
FCR PROCESSING	PIC X(2)	FILL WITH SPACES
USER FIELD	PIC X(15)	FILL WITH SPACES
FIPS COUNTY CODE	PIC X(3)	FILL WITH SPACES
FILLER	PIC X(2)	FILL WITH SPACES
LOCATE REQUEST	PIC X(2)	FILL WITH SPACES
TYPE		
BUNDLE FPLS	PIC X(1)	FILL WITH SPACES
PARTICIPANT TYPE	PIC X(2)	ENTER "CP" FOR CLIENT
FAMILY VIOLENCE	PIC X(2)	FILL WITH SPACES
MEMBER ID	PIC X(15)	FILL WITH SPACES
SEX CODE	PIC X(1)	FILL WITH SPACES
DATE OF BIRTH	PIC X(8)	FILL WITH SPACES
SSN	PIC X(9)	ENTER CLIENT SSN, IF KNOWN. IF LESS THAN NINE DIGITS FILL LEFT WITH SPACES.
PREVIOUS SSN	PIC X(9)	FILL WITH SPACES
FIRST NAME	PIC X(16)	ENTER CLIENT NAME. NO SPECIAL CHARACTERS OR EMBEDDED SPACES. FILL WITH LEFT SPACES.
MIDDLE NAME	PIC X(16)	ENTER CLIENT NAME. NO SPECIAL CHARACTERS OR EMBEDDED SPACES. FILL WITH LEFT SPACES.
LAST NAME	PIC X(30)	ENTER CLIENT NAME. NO SPECIAL CHARACTERS OR EMBEDDED SPACES. FILL WITH LEFT SPACES.
RECORD IDENTIFIER	PIC X(2)	MUST ENTER "FP"
ACTION TYPE CODE	PIC X(1)	MUST ENTER "A"
CASE ID	PIC X(15)	MUST ENTER CASE NUMBER ASSIGNED BY LOCKHEED FOLLOWED BY TWO DIGIT COUNTY CODE " ". MUST BE LEFT FILLED WITH SPACES, IF NOT FULL FIFTEEN DIGITS.
FCR PROCESSING	PIC X(2)	FILL WITH SPACES
USER FIELD	PIC X(15)	FILL WITH SPACES
FIPS COUNTY CODE	PIC X(3)	FILL WITH SPACES
FILLER	PIC X(2)	FILL WITH SPACES
LOCATE REQUEST	PIC X(2)	FILL WITH SPACES
TYPE		
BUNDLE FPLS	PIC X(1)	FILL WITH SPACES
PARTICIPANT TYPE	PIC X(2)	ENTER "CP" FOR CLIENT
FAMILY VIOLENCE	PIC X(2)	FILL WITH SPACES

**DATAFILE LAYOUT NON-IV/D FILE UPDATE  
TO SUPPORT FEDERAL CASE REGISTRY SUBMISSION  
(CONT'D)**

MEMBER ID	PIC X(15)	FILL WITH SPACES
SEX CODE	PIC X(1)	FILL WITH SPACES
DATE OF BIRTH	PIC X(8)	FILL WITH SPACES
SSN	PIC X(9)	ENTER CLIENT SSN, IF KNOWN. IF LESS THAN NINE DIGITS FILL LEFT WITH SPACES.
PREVIOUS SSN	PIC X(9)	FILL WITH SPACES.
FIRST NAME	PIC X(16)	ENTER CLIENT NAME. NO SPECIAL CHARACTERS OR EMBEDDED SPACES. FILL WITH LEFT SPACES.
MIDDLE NAME	PIC X(16)	ENTER CLIENT NAME. NO SPECIAL CHARACTERS OR EMBEDDED SPACES. FILL WITH LEFT SPACES.
LAST NAME	PIC X(30)	ENTER CLIENT NAME. NO SPECIAL CHARACTERS OR EMBEDDED SPACES. FILL WITH LEFT SPACES.

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**RETURN FILE DATAFILE LAYOUT TO SUPPORT COLA**

<u>ELEMENT</u>	<u>SIZE</u>	<u>DOCUMENT REFERENCE #</u>
COUNTY CODE	PIC 9(2)	1
CASE-ID	PIC X(9)	2
COLA-REQUEST-IND	PIC 9(1)	3
RESP-RET-MAIL-IND	PIC X(1)	4
RESPADR-C/O-NAME	PIC X(28)	5
RESPADR-STREET-ADDR	PIC X(35)	6
RESPADR-CITY-ADDR	PIC X(15)	7
RESPADR-STATE-ADDR	PIC X(2)	8
RESPADR-ZIP-ADDR	PIC X(9)	9

NOTE: COLA-REQUEST-IND MUST BE FILLED WITH EITHER A VALUE OF "2, 3, 5, 6, 8 OR 9" AS FOLLOWS:

- 2 = CLIENT ONE BOX DOCUMENT COLA NPA
- 3 = RESPONDENT ONE BOX DOCUMENT COLA NPA
- 5 = CLIENT TWO BOX DOCUMENT TOP BOX CHECKED COLA NPA
- 6 = RESPONDENT TWO BOX DOCUMENT TOP BOX CHECKED COLA NPA
- 8 = CLIENT TWO BOX DOCUMENT SECOND BOX CHECKED ONE-TIME NPA
- 9 = RESPONDENT TWO BOX DOCUMENT SECOND BOX CHECKED ONE-TIME NPA

RESP-RETURNED-MAIL-IND MUST BE FILLED IN AS FOLLOWS:  
X= RETURNED (WITH OR WITHOUT A NEW ADDRESS)  
LEFT BLANK OTHERWISE

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QUICK LOCATE DATAFILE LAYOUT SUBMITTED TO THE OTDA

<u>ELEMENT</u>		<u>SIZE</u>
01	QL-REC	
05	QL-RESP- NAME	PIC X(28)
05	QL-REQ-NAME	PIC X(28)
05	QL-REQ-CO-NAME	PIC X(28)
05	QL-REQ-STREET	PIC X(35)
05	QL-REQ-CITY	PIC X(15)
05	QL-REQ-STATE	PIX X(2)
05	QL-REQ-ZIP	PIC 9(9)
05	QL-RESP-SSN	PIC 9(9)
05	QL-RESP-DOB	PIC 9(8)
05	QL-DATE	PIC 9(6)
05	QL-INIT-CASE-NO	PIC X(12)

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**DATAFILE LAYOUT TO SUPPORT NON-DISCLOSURE RETURN FILE**

<u>ELEMENT</u>	<u>SIZE</u>	<u>DOCUMENT REFERENCE #</u>
COUNTY CODE	PIC 9(2)	1
CSMS-ACCT-NO	PIC X(9)	2
CLI-ID	PIC X(8)	3

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**DATAFILE LAYOUT TO SUPPORT MEDICAL SUPPORT EXECUTION DATA CAPTURE**

<u>ELEMENT</u>	<u>SIZE</u>	<u>COMMENT</u>	<u>DOCUMENT REFERENCE #</u>
LETTER-TYPE	PIC X(2)	VALUE 01 EMRF	1
COUNTY-CODE	PIC 9(2)		2
CSE-ID	PIC X(9)		3
EMP-NO	PIC 9(3)		4
EMP-ID-NO	PIC X(10)		5
NOTE: DE 6 – 16 OCCUR IN SETS			
MED-INS-CARRIER	PIC X(28)	5X	6
CLAIMS-ADDR-C/O-	PIC X (28)	5X	7
CLAIMS-ADDR-STREET	PIC X(35)	5X	8
CLAIMS-ADDR-CITY	PIC X(15)	5X	9
CLAIMS-ADDR-STATE	PIC X(2)	5X	10
CLAIMS-ADDR-ZIP	PIC 9(9)	5X	11
EFF-DT-COVERAGE	PIC X(8)	5X (DATE OR 99999999)	12
MED-POLICY-ID	PIC X(15)	5X	13
MED-INS-GRP-NO	PIC X(10)	5X	14
TYPE OF COVERAGE	PIC X(2)	20X/5X	15
NYS-MED-INS-CODE	PIC X(2)	5X	16
NOTE: DE 17 – 21 OCCUR IN SETS			
CHILD-NAME	PIC X(28)	8X	17
CHILD-DOB	PIC X(8)	8X	18
CHILD-SSN	PIC 9(9)	8X	19
COVERAGE STATUS	PIC X	8X (Y OR N)	20
CHILD RECORD NO.	PIC X(2)	8X	21
EM-IND	PIC X(2)		22
WAITING PERIOD IND	PIC X	W	23
FILLER	PIC X(27)		24

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**NCP ADDRESS RETURN FILE DATA FILE LAYOUT**

<b><u>ELEMENT</u></b>	<b><u>SIZE</u></b>	<b><u>DOCUMENT REFERENCE #</u></b>
COUNTY CODE	PIC 9(2)	1
CSMS-CASE-ID	PIC X(9)	2
JCA- WRKER-CD	PIC X(4)	3
JRA-REC-NO	PIC 9(3)	4
(RIGHT JUSTIFIED, "0" ["ZERO"] FILLED)		
RESP-NAME	PIC X(28)	5
RESP- SSN	PIC 9(9)	6
RESP- C/O-ADDR1	PIC X(28)	7
RESP-MAIL-STREET1	PIC X(35)	8
RESP-CITY1	PIC X(15)	9
RESP-STATE1	PIC X(2)	10
RESP-ZIP1	PIC X(9)	11
VER-IND-CODE1	PIC X	12
SRCE-CODE1	PIC X(4)	13
RESP- C/O-ADDR2	PIC X(28)	14
RESP-MAIL-STREET2	PIC X(35)	15
RESP-CITY2	PIC X(15)	16
RESP-STATE2	PIC X(2)	17
RESP-ZIP2	PIC X(9)	18
VER-IND-CODE2	PIC X	19
SRCE-CODE2	PIC X(4)	20
FILLER	PIC X (157)	21

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**RETURN DATA FILE LAYOUT TO SUPPORT CP ELECTRONIC PAYMENTS  
(DIRECT DEPOSIT AND DEBIT CARD) DATA CAPTURE SERVICES**

<u>ELEMENT</u>	<u>SIZE</u>	<u>COMMENT</u>	<u>DOCUMENT REFERENCE #</u>
COUNTY CODE	PIC 9 (2)		1
CSMS-CASE-ID	PIC X (9)		2
EFT-BANK-ACCT-NO	PIC X (17)		3
ABA-ROUTING-NO	PIC X (9)		4
ACCOUNT-TYPE	PIC X (2)	THE CURRENT VALUES	5
		FOR THE ACCOUNT-TYPE ARE:	
		22 = CHECKING ACCOUNT	
		32 = SAVINGS ACCOUNT	
		42 = DEBIT CARD	
STATUS	PIC X (2)	THE CURRENT VALUES	6
		FOR THE STATUS ARE:	
		RJ = REJECTED	
		TR = TERMINATED	
		CH = CHANGE	
		NR = NAME CONFLICT	
FILLER	PIC X (59)		7

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**DATAFILE LAYOUT TO SUPPORT NYC CP ADDRESS VERIFICATION LETTER (AVL)**

<u>ELEMENT REFERENCE #</u>	<u>SIZE</u>	<u>COMMENTS</u>	<u>DOCUMENT</u>
LOCAL-DIST-CODE	PIC 9(2)	*MUST BE: 66	1
CSMS-ACCT-ID	PIC X(9)		2
CLI-ID	PIC X(9)		3
CLI-NAME	PIC X(28)	*	4
CLI-C/O-MAIL-ADDR	PIC X(35)	*	5
CLI-MAIL-STREET-ADDR	PIC X(35)	*	6
CLI-MAIL-CITY-ADDR	PIC X(15)	*	7
CLI-MAIL-STATE-ADDR	PIC X(2)	*	8
CLI-MAIL-ZIP-ADDR	PIC X(9)	*	9
CLI-SSN	PIC 9(9)	*	10
CLI-DATE-OF-BIRTH	PIC X(8)		11
JCA-WORKER-CODE	PIC X(4)		12
TANF-IND	PIC X (1)		13
ADDR-SRC-CD	PIC X(3)	* MUST BE: AVL	14
SPEC-IND	PIC X(2)		15
ADDR-IND	PIC X	* MUST BE: M	16
CLI-TEL-NO	PIC 9(10)		17
UDC-AMT (AMT CALC'D IN #3 ABOVE)	PIC 9(8)V99		18
PA CAN #	PIC X(10)	*	19
PA SUFFIX	PIC X(2)	*	20
FILLER	PIC X(296)		21

\*NOTE: DATA ELEMENTS NOTED WITH AN ASTERISK IN THE "COMMENTS" COLUMN WILL APPEAR ON THE DATA RETURN FILE.

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**DATAFILE LAYOUT TO SUPPORT NEW HIRE DATAFILE TO TAXATION AND FINANCE**

FIRST 3 RECORDS ARE ECL RECORDS

S RECORD WITH THE FORMAT:

ELEMENT	SIZE
RECORD TYPE	PIC X
SEQUENCE NUMBER	PIC 9(9)
FILLER	PIC X(73)

3 DETAIL RECORDS WITH THE FORMAT:

RECORD 1:

ELEMENT	SIZE
RECORD TYPE	PIC X
EMPLOYEE SSN	PIC 9(9)
EMPLOYEE NAME	PIC X(28)
EMPLOYEE STREET	PIC X(35)
EMPLOYEE CITY1	PIC X(7)

RECORD 2:

ELEMENT	SIZE
RECORD TYPE	PIC X
EMPLOYEE CITY2	PIC X(8)
EMPLOYEE STATE	PIC X(2)
EMPLOYEE ZIP	PIC X(9)
EMPLOYER NAME	PIC X(28)
EMPLOYER CARE OF	PIC X(28)
EMPLOYER STREET1	PIC X(4)

RECORD 3:

ELEMENT	SIZE
RECORD TYPE	PIC X
EMPLOYER STREET2	PIC X(31)
EMPLOYER CITY	PIC X(15)
EMPLOYER STATE	PIC X(2)
EMPLOYER ZIP	PIC 9(9)
EMPLOYER ID	PIC 9(9)
DATE	
MONTH	PIC 9(2)
DAY	PIC 9(2)
CENTURY	PIC 9(2)
YEAR	PIC 9(2)
FILLER	PIC X(5)

T RECORD FORMAT:

ELEMENT	SIZE
RECORD TYPE	PIC X
RECORD COUNT	PIC 9(6)

LAST 3 RECORDS IN THE FILE ARE TRAILER RECORDS

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**DATAFILE LAYOUT TO SUPPORT DISBURSEMENT OF CHECKS**

<u>ELEMENT</u>	<u>SIZE</u>
01 CHK-INFO-REC	
03 CHK-REC-1	
05 SCU-ACCT-NO	PIC X (9)
05 SCU-FIPS	PIC X(6)
05 SCU-AMT-OF-CHK	PIC 9(8)V99
05 SCU-DATE-OF-DISTRIB	
10 SCU-DISB-YY	PIC 9(2)
10 SCU-DISB-MM	PIC 9(2)
10 SCU-DISB-DD	PIC 9(2)
05 SCU-RESP-NAME	PIC X(28)
05 SCU-CLI-NAME-BEG	PIC X(21)
03 CHK-REC-2	
05 SCU-CLI-NAME-END	PIC X(7)
05 SCU-CLI-STREET	PIC X(35)
05 SCU-CLI-CITY	PIC X(15)
05 SCU-CLI-STATE	PIC X(2)
05 FILLER	PIC X(5)
05 SCU-CHK-NO	PIC 9(9)
05 SCU-USDL-NO-BEG	PIC X(7)
03 CHK-REC-3	
05 SCU-USDL-NO-END	PIC X(5)
05 SCU-CO-NAME	PIC X(28)
05 SCU-CLI-ZIP	
10 SCU-CHECK-5ZIP	PIC 9(5)
10 SCU-CHECK-4ZIP	PIC 9(4)
05 FILLER	PIC X(4)
05 REF-MONY	
10 REF1	
15 REF1-DATE	
20 REF1-YY	PIC 9(2)
20 REF1-MM	PIC 9(2)
20 REF1-DD	PIC 9(2)
15 REF1-AMT	PIC 9(8)V99
10 REF2	
15 REF2-DATE	
20 REF2-YY	PIC 9(2)
20 REF2-MM	PIC 9(2)
20 REF2-DD	PIC 9(2)
15 REF2-AMT	PIC 9(8)V99
10 REF3	
15 REF3-DATE	
20 REF3-YY	PIC 9(2)
03 CHK-REC-4	
20 REF3-MM	PIC 9(2)
20 REF3-DD	PIC 9(2)
15 REF3-AMT	PIC 9(8)V99
10 REF4	
15 REF4-DATE	
20 REF4-YY	PIC 9(2)
20 REF4-MM	PIC 9(2)
20 REF4-DD	PIC 9(2)
15 REF4-AMT	PIC 9(8)V99
05 SCU-CNTY-CC	PIC 99
05 RESP-SSN	PIC 9(9)
05 FILLER	PIC X(39)

**DATAFILE LAYOUT TO SUPPORT DISBURSEMENT ELECTRONIC FILE NOTICE**

<u>ELEMENT</u>	<u>SIZE</u>	<u>DOCUMENT REFERENCE #</u>
01 CHK-INFO-REC		
05 SCU-ACCT-NO	PIC X (9)	(12) & (18)
05 SCU-FIPS	PIC X(6)	(21)
05 SCU-AMT-OF-CHK	PIC 9(8)V99	(11) & (20)
05 SCU-DATE-OF-DISTRIB		(02) & (17)
10 SCU-DISB-YY	PIC 9(2)	
10 SCU-DISB-MM	PIC 9(2)	
10 SCU-DISB-DD	PIC 9(2)	
05 SCU-RESP-NAME	PIC X(28)	(15)
05 SCU-CLI-NAME	PIC X(28)	(04) & (16)
05 SCU-CLI-STREET	PIC X(35)	(06)
05 SCU-CLI-CITY	PIC X(15)	(07)
05 SCU-CLI-STATE	PIC X(2)	(08)
05 FILLER	PIC X(5)	
05 SCU-CHK-NO		PIC 9(8) (01) & (14)
05 SCU-USDL-NO	PIC X(12)	(13) & (19)
05 SCU-CO-NAME	PIC X(28)	(05)
05 SCU-CLI-ZIP		
10 SCU-CHECK-5ZIP	PIC 9(5)	(09)
10 SCU-CHECK-4ZIP	PIC 9(4)	(10)
05 FILLER	PIC X(4)	
05 REF-MONY		
10 REF1		
15 REF1-DATE		(22)
20 REF1-YY	PIC 9(2)	
20 REF1-MM	PIC 9(2)	
20 REF1-DD	PIC 9(2)	
15 REF1-AMT	PIC 9(8)V99	(23)
10 REF2		
15 REF2-DATE		(24)
20 REF2-YY	PIC 9(2)	
20 REF2-MM	PIC 9(2)	
20 REF2-DD	PIC 9(2)	
15 REF2-AMT	PIC 9(8)V99	(25)
10 REF3		
15 REF3-DATE		(26)
20 REF3-YY	PIC 9(2)	
20 REF3-MM	PIC 9(2)	
20 REF3-DD	PIC 9(2)	
15 REF3-AMT	PIC 9(8)V99	(27)
10 REF4		
15 REF4-DATE		(28)
20 REF4-YY	PIC 9(2)	
20 REF4-MM	PIC 9(2)	
20 REF4-DD	PIC 9(2)	
15 REF4-AMT	PIC 9(8)V99	(29)
05 SCU-CNTY-CC	PIC 99	
05 FILLER	PIC X(65)	

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**DATAFILE LAYOUT TO SUPPORT BILLING STATEMENT**

<u>ELEMENT</u>	<u>SIZE</u>	<u>DOCUMENT REFERENCE #</u>
01 BS-REC		
05 BS-CNTY		PIC 9(2) (05)
05 BS-ZIP9		
10 BS-ZIP	PIC 9(5)	(10)
10 BS-ZIP4	PIC 9(4)	(11)
05 BS-ACCT		(02) (41) (43) (45) (47) (49)
10 BS-ACCT7	PIC X (7)	
10 BS-ACCT8	PIC X	
10 BS-ACCT9	PIC X	
05 BS-RESP-NAME	PIC X(28)	(01) (06) (51 THRU 55)
05 BS-RESP-CO-NAME	PIC X(28)	
05 BS-RESP-STREET	PIC X(35)	(07)
05 BS-RESP-CITY	PIC X(15)	(08)
05 BS-RESP-STATE	PIC X(2)	(09)
05 BS-CLNT-NAME	PIC X(28)	(03) (56 THRU 60)
05 BS-PAST-LST-MO	PIC \$ 9(8)V99	(13)
05 BS-DUE-LST-MO	PIC \$ 9(8)V99	(14)
05 BS-PD-LST-MO	PIC \$ 9(8)V99	(15)
05 BS-PAST-DUE	PIC \$ 9(8)V99	(16)
05 BS-CUR-OBL-AMT	PIC \$ 9(8)V99	(17)
05 BS-CUR-OBL-FQY	PIC X(3)	(18)
05 BS-ARR-OBL-AMT	PIC \$ 9(8)V99	(19)
05 BS-ARR-OBL-FQY	PIC X(3)	(20)
05 BS-TOT-ARR	PIC \$ 9(8)V99	(39)
05 BS-DLO-MSG-IND	PIC X	
05 BS-OPT-MSG-IND	PIC X	
05 BS-PMNTS		
10 BS-PMNT1		
15 BS-PMNT1-ADJ	PIC 9	
15 BS-PMNT1-DATE		(21)
20 BS-PMNT1-MM	PIC 9(2)	
20 BS-PMNT1-DD	PIC 9(2)	
20 BS-PMNT1-YY	PIC 9(2)	
15 BS-PMNT1-AMT	PIC \$ 9(4)V99	(30)
10 BS-PMNT2		
15 BS-PMNT2-ADJ	PIC 9	
15 BS-PMNT2-DATE		(22)
20 BS-PMNT2-MM	PIC 9(2)	
20 BS-PMNT2-DD	PIC 9(2)	
20 BS-PMNT2-YY	PIC 9(2)	
15 BS-PMNT2-AMT	PIC \$ 9(4)V99	(31)
10 BS-PMNT3		
15 BS-PMNT3-ADJ	PIC 9	
15 BS-PMNT3-DATE		(23)
20 BS-PMNT3-MM	PIC 9(2)	
20 BS-PMNT3-DD	PIC 9(2)	
20 BS-PMNT3-YY	PIC 9(2)	
15 BS-PMNT3-AMT	PIC \$ 9(4)V99	(32)

**DATAFILE LAYOUT TO SUPPORT BILLING STATEMENT (CONT.)**

<u>ELEMENT</u>	<u>SIZE</u>	<u>DOCUMENT REFERENCE #</u>
10 BS-PMNT4		
15 BS-PMNT4-ADJ	PIC 9	
15 BS-PMNT4-DATE		(24)
20 BS-PMNT4-MM	PIC 9(2)	
20 BS-PMNT4-DD	PIC 9(2)	
20 BS-PMNT4-YY	PIC 9(2)	
15 BS-PMNT4-AMT	PIC \$ 9(4)V99	(33)
10 BS-PMNT5		
15 BS-PMNT5-ADJ	PIC 9	
15 BS-PMNT5-DATE		(25)
20 BS-PMNT5-MM	PIC 9(2)	
20 BS-PMNT5-DD	PIC 9(2)	
20 BS-PMNT5-YY	PIC 9(2)	
15 BS-PMNT5-AMT	PIC \$ 9(4)V99	(34)
10 BS-PMNT6		
15 BS-PMNT6-ADJ	PIC 9	
15 BS-PMNT6-DATE		(26)
20 BS-PMNT6-MM	PIC 9(2)	
20 BS-PMNT6-DD	PIC 9(2)	
20 BS-PMNT6-YY	PIC 9(2)	
15 BS-PMNT6-AMT	PIC \$ 9(4)V99	(35)
10 BS-PMNT7		
15 BS-PMNT7-ADJ	PIC 9	
15 BS-PMNT7-DATE		(27)
20 BS-PMNT7-MM	PIC 9(2)	
20 BS-PMNT7-DD	PIC 9(2)	
20 BS-PMNT7-YY	PIC 9(2)	
15 BS-PMNT7-AMT	PIC \$ 9(4)V99	(36)
10 BS-PMNT8		
15 BS-PMNT8-ADJ	PIC 9	
15 BS-PMNT8-DATE		(28)
20 BS-PMNT8-MM	PIC 9(2)	
20 BS-PMNT8-DD	PIC 9(2)	
20 BS-PMNT8-YY	PIC 9(2)	
15 BS-PMNT81-AMT	PIC \$ 9(4)V99	(37)
05 BS-LAST-PAY-DUE		
10 BS-PAY-DUE-MM	PIC 9(2)	
10 BS-PAY-DUE-DD	PIC 9(2)	
10 BS-PAY-DUE-YY	PIC 9(2)	
05 BS-FIPS- REDEFINES		
BS-LAST-PAY-DUE	PIC 9(6)	
05 BS-MULTY-FQY		
10 BS-CURR-FLG	PIC 9	
10 BS-ARR-FLG	PIC 9	
05 BS-SW	PIC X	
05 BD-ROST-BILL-RESP	PIC X	
05 BS-ROST-SEND-CLI	PIC X	

**DATAFILE LAYOUT TO SUPPORT BILLING STATEMENT (CONT.)**

<u>ELEMENT</u>	<u>SIZE</u>	<u>DOCUMENT REFERENCE #</u>
05 BS-LST-PMT		
10 BS-LST-PY1	PIC 9(2)	
10 BS-LST-PM1	PIC 9(2)	
10 BS-LST-PD1	PIC 9(2)	
05 BS-ACCESSION-DT		
10 BS-ACSS-DT-Y3	PIC 9(2)	
10 BS-ACCS-DT-M3	PIC 9(2)	
10 BS-ACCS-DT-D3	PIC 9(2)	
05 BS-NO-BILL	PIC X	
05 BS-CRT-LOC	PIC X(2)	
05 BS-YREND-TOT	PIC \$ 9(8)V99	(40) EOY ONLY
05 BS-TEMP-IND	PIC X	
05 BS-EXTRA-IND	PIC X	
05 BS-FOR-CNTY-USE	PIC X(2)	
05 BS-ZIP-KEY	PIC X	
05 BS-SEG-IND	PIC X(6)	
05 BS-TAX-IND	PIC X	
05 BS-OFFSET-TOT	PIC \$ 9(8)V99	(12) AUG ONLY
05 BS-WK-CD	PIC X(4)	
05 BS-CNTY-NAME	PIC X(43)	(61)
05 BS-CNTY-CARE	PIC X(42)	(62)
05 BS-CNTY-STRT	PIC X(42)	(63)
05 BS-CNTY-CYST	PIC X(20)	(64)
05 BS-CNTY-ZIPS	PIC X(10)	(65)
05 BS-CNTY-PHN1	PIC X(26)	(66)
05 BS-CNTY-PHN2	PIC X(26)	(67)
05 BS-FILLER	PIC X(3)	
05 BS-NEXT-PMNTS		
10 BS-NP1		(68)
15 BS-NP1-MM	PIC 99	
15 BS-NP1-DD	PIC 99	
10 BS-NP2		(69)
15 BS-NP2-MM	PIC 99	
15 BS-NP2-DD	PIC 99	
10 BS-NP3		(70)
15 BS-NP3-MM	PIC 99	
15 BS-NP3-DD	PIC 99	
10 BS-NP4		(71)
15 BS-NP4-MM	PIC 99	
15 BS-NP4-DD	PIC 99	
BS-NP5		(72)
15 BS-NP5-MM	PIC 99	
15 BS-NP5-DD	PIC 99	
10 BS-NP6		(73)
15 BS-NP6-MM	PIC 99	
15 BS-NP6-DD	PIC 99	
05 BS-MULT-ACCT-IND	PIC 9	(42) (44) (46) (48) (50)

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**DATAFILE LAYOUT TO SUPPORT EMPLOYER REMINDERS**

<u>ELEMENT</u>	<u>SIZE</u>
01 REMIND-EIN-RECORD	
05 ER-CNTY	PIC 99
05 ER-737-SCU-CSE-ID	PIC X(9)
05 ER-150-RSPEMP-EMP-ID	
10 ER-150-CHAR1-9	PIC 9(9)
10 FILLER	PIC X
05 ER-459-RSPEMP-NAME	PIC X(28)
05 ER-863-RSPEMP-CO-NAME	PIC X(28)
05 ER-460-RSPEMP-STR	PIC X(35)
05 ER-461-RSPEMP-CITY	PIC X(15)
05 ER-462-RSPEMP-STATE	PIC XX
05 ER-463-RSPEMP-ZIP	PIC 9(9)
05 ER-055-RSP-NAME	PIC X(28)
05 ER-172-RSP-SSN	PIC 9(9)
05 ER-636-CLI-NAME	PIC X(28)
05 SCU-RETURN-ADDRESS	
10 RTN-SCU-LINE1	PIC X(28)
10 RTN-SCU-LINE2	PIC X(28)
10 RTN-SCU-STREET	PIC X(35)
10 RTN-SCU-CITY	PIC X(15)
10 RTN-SCU-STATE	PIC XX
10 RTN-SCU-ZIP	PIC X(9)
05 SCU-PAYMENT-ADDRESS	
10 PAY-SCU-LINE1	PIC X(28)
10 PAY-SCU-LINE2	PIC X(28)
10 PAY-SCU-STREET	PIC X(35)
10 PAY-SCU-CITY	PIC X(15)
10 PAY-SCU-STATE	PIC XX
10 PAY-SCU-ZIP	PIC X(9)
05 ER-DATE	
10 ER-DT-MM	PIC 99
10 ER-DT-DD	PIC 99
10 ER-DT-YY	PIC 99

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**DATAFILE LAYOUT TO SUPPORT SPECIAL OFFSET NOTICE**

<u>ELEMENT</u>	<u>SIZE</u>	<u>DOCUMENT REFERENCE #</u>
CNTY	PIC 9(2)	1
ACCT	PIC X(9)	2
RESP-NAME	PIC X(28)	3
RESP-CO-NAME	PIC X(28)	4
RESP-ADDR-STREET	PIC X(35)	5
RESP-ADDR-CITY	PIC X(15)	6
RESP-ADDR-STATE	PIC X(2)	7
RESP-ADDR-ZIP	PIC X(9)	8
AMT-OWED	PIC \$ 9(8)V99	9
CLNT-NAME	PIC X(28)	10
SCU-CORR-NAME	PIC X(28)	11
SCU-CORR-CO-NAME	PIC X(28)	12
SCU-CORR-ADDR-STREET	PIC X(35)	13
SCU-CORR-ADDR-CITY	PIC X(15)	14
SCU-CORR-ADDR-STATE	PIC X(2)	15
SCU-CORR-ADDR-ZIP	PIC X(9)	16
SCU-PHN1	PIC X(26)	17
SCU-PHN2	PIC X(26)	18
SCU-PAY-NAME	PIC X(28)	19
SCU-PAY-ADDR-STREET	PIC X(35)	20
SCU-PAY-ADDR-CITY	PIC X(15)	21
SCU-PAY-ADDR-STATE	PIC X(2)	22
SCU-PAY-ADDR-ZIP	PIC X(9)	23
ADR-NO	PIC 9(3)	24
VER-IND	PIC X(1)	25
SEQ-NO	PIC X(6)	26

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**Data File Layout to Support Production of Client Monthly Notice**

<u>Field Name</u>	<u>Length</u>	<u>Data Element No.</u>
CLI-ZIP-KEY	PIC X	1
CLI-CNTY	PIC 99	2
CLI-CLI-NAM	PIC X(28)	3
CLI-CLI-C/O	PIC X(28)	4
CLI-CLI-STR	PIC X(35)	5
CLI-CLI-CITY	PIC X(15)	6
CLI-CLI-ST	PIC XX	7
CLI-ZIP9	PIC X(09)	8
CLI-AMT-COLL	PIC S9(08)V99	9
CLI-APPL-CURR	PIC S9(08)V99	10
CLI-APPL-ARR	PIC S9(08)V99	11
CLI-DISB-CLI	PIC S9(08)V99	12
CLI-DISB-DSS	PIC S9(08)V99	13
CLI-DISB-3-4	PIC S9(08)V99	14
CLI-DISB-TOT	PIC S9(08)V99	15
CLI-RSP-NAM	PIC X(28)	16
CLI-RSP-SSN	PIC X(09)	17
CLI-ACCT-NO	PIC X(09)	18
CLI-WORKER-CODE	PIC X(04)	19
CLI-COUNTY-NAME	PIC X(19)	20
CLI-REPORT-DATE	PIC X(15)	21
CLI-BEGIN-QTR-DATE	PIC X(15)	22
CLI-END-QTR-DATE	PIC X(15)	23
CLI-RET-COUNTY-NAME	PIC X(28)	24
CLI-RET-BUILD-NAME	PIC X(28)	25
CLI-RET-STREET	PIC X(35)	26
CLI-RET-CITY	PIC X(15)	27
CLI-RET-STATE	PIC XX	28
CLI-RET-ZIP-CODE	PIC X(09)	29
CLI-RET-AREA-CODE-1	PIC X(03)	30
CLI-RET-EXT-1	PIC X(03)	31
CLI-RET-TEL-NO-1	PIC X(04)	32
CLI-RET-EXTENSION-1	PIC X(04)	33
CLI-RET-AREA-CODE-2	PIC X(03)	34
CLI-RET-EXT-2	PIC X(03)	35
CLI-RET-TEL-NO-2	PIC X(04)	36
CLI-RET-EXTENSION-2	PIC X(04)	37
CLI-CONTROL-NUMBER	PIC 9(07)	38
CLI-PIN-NUMBER	PIC 9(05)	39
FILLER	PIC X(17)	

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**DATAFILE LAYOUT TO SUPPORT COLA NOTICE**

<b><u>ELEMENT</u></b>	<b><u>SIZE</u></b>	<b><u>DOCUMENT REFERENCE#</u></b>
COUNTY CODE	PIC 9(2)	1
CASE-ID	PIC X(9)	2
DOCUMENT TYPE	PIC 9(2)	3
RESP-NAME	PIC X(28)	4
RESP-SSN	PIC 9(9)	5
RESP-EMPL-NAME	PIC X(28)	6
RESP-C/O-NAME	PIC X(28)	7
RESP-STREET-ADDR	PIC X(35)	8
RESP-CITY-ADDR	PIC X(15)	9
RESP-STATE-ADDR	PIC X(2)	10
RESP-ZIP-ADDR	PIC X(9)	11
RA/RE-RECORD-NUMBER	PIC X(4)	12
RA/RE-VER-IND	PIC X	13
CLI-NAME	PIC X(28)	14
CLI-SSN	PIC 9(9)	15
CLI-AGENCY-NAME	PIC X(28)	15a
CLI-C/O-ADDR	PIC X(28)	16
CLI-STREET-ADDR	PIC X(35)	17
CLI-CITY-ADDR	PIC X(15)	18
CLI-STATE-ADDR	PIC X(2)	19
CLI-ZIP-ADDR	PIC X(9)	20
COURT-NAME	PIC X(28)	21
COURT-C/O-ADDR	PIC X(28)	22
COURT-STREET-ADDR	PIC X(35)	23
COURT-CITY-ADDR	PIC X(15)	24
COURT-STATE-ADDR	PIC X(2)	25
COURT-ZIP-ADDR	PIC X(9)	26
CSEU-NAME	PIC X(28)	27
CSEU-C/O-ADDR	PIC X(28)	28
CSEU-STREET-ADDR	PIC X(35)	29
CSEU-CITY-ADDR	PIC X(15)	30
CSEU-STATE-ADDR	PIC X(2)	31
CSEU-ZIP-ADDR	PIC X(9)	32
CSEU-PHONE	PIC 9(14)	33
COLA-NOTICE-DT	PIC 9(8)	34
CURR-ORD-AMT	PIC S9(5)V99	35
CURR-ORD-FREQ	PIC X(3)	36
COLA-%	PIC 99V99	37
COLA-AMOUNT	PIC S9(5)V99	38
ADJ-OBLIG-AMT	PIC S9(5)V99	39
ADJ-ORD-FREQ	PIC X(3)	40
ADJ-ORDER-DT	PIC 9(8)	41
OBJECTION DATE	PIC 9(8)	42
ORD-EFF-DT	PIC 9(8)	43
DOCKET-NO	PIC X(9)	44
EFF-DT-CRT-ORD	PIC 9(8)	45
SCU NAME	PIC X(28)	46
SCU-C/O-ADDR	PIC X(28)	47

**DATAFILE LAYOUT TO SUPPORT COLA NOTICE (CONT'D)**

<b><u>Element</u></b>	<b><u>Size</u></b>	<b><u>Document Reference#</u></b>
SCU STREET	PIC X(35)	48
SCU CITY	PIC X(15)	49
SCU STATE	PIC X(2)	50
SCU ZIP	PIC X(9)	51
RA-Request-DT	PIC 9(8)	52
CHILD-NAME	PIC X(28)	53
CHILD-DATE-OF-BIRTH	PIC 9(8)	54
CHILD-SSN	PIC 9(9)	55

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**DATAFILE LAYOUT TO SUPPORT DAILY INCOME EXECUTION MULTIPLE DOCUMENT PRODUCTION**

<u>ELEMENT</u>	<u>SIZE</u>	<u>COMMENT</u>	<u>DOCUMENT REFERENCE #</u>
LETTER-TYPE	PIC X(2)	SEE VALUE TABLE DOCUMENT TYPE 1 VALUE 01 RIEX VALUE 02 EIEX VALUE 03 CIEX VALUE 04 RIMD VALUE 05 EIMD VALUE 06 CIMD VALUE 07 CWR VALUE 08 CER VALUE 09 PCL VALUE 10 RCMP1 VALUE 11 RCMP2 VALUE 12 ECMP1 VALUE 13 TERM VALUE 14 DPEND VALUE 15 DRSLT VALUE 16 DCMP1 VALUE 17 DCMP2	1
COUNTY CODE	PIC 9(2)		2
SCU-CSE-ID	PIC X(9)		3
MAILING-ADDR-LINE1	PIC X(28)		4
MAILING-ADDR-LINE2	PIC X(28)		5
MAILING-ADDR-STREET	PIC X(35)		6
MAILING-ADDR-CITY	PIC X(15)		7
MAILING-ADDR-STATE	PIC X(2)		8
MAILING-ADDR-ZIP	PIC X (9)		9
MAILING-ADDR-NO	PIC X (2)		10
ZIP-KEY	PIC X		11
NYC-IEX-SW	PIC X		12
RSP-NAME	PIC X(28)		13
RSP-SSN	PIC X(9)		14
RSP-DOB-CYMD	PIC X(8)		15
RSP-ADDR-NO	PIC X(2)		16
CO-EMPL-ADDR_NO	PIC X(2)		17
ADDR-VER-IND	PIC X		18
DMV-RESULTS-IND	PIC X	SEE BELOW VALUE 1 VALID VALUE 2 INVALID	19
RESP-ADDR-LINE1	PIC X(28)		20
RESP-ADDR-LINE2	PIC X(28)		21
RESP-ADDR-STREET	PIC X(35)		22
RESP-ADDR-CITY	PIC X(15)		23
RESP-ADDR-STATE	PIC X(2)		24
RESPADDR-ZIP	PIC X (9)		25
EMP-ADDR-LINE1	PIC X(28)		26
EMP-ADDR-LINE2	PIC X(28)		27
EMP-ADDR-STREET	PIC X(35)		28
EMP-ADDR-CITY	PIC X(15)		29
EMP-ADDR-STATE	PIC X(2)		30
EMP-ADDR-ZIP	PIC X (9)		31

**DATAFILE LAYOUT TO SUPPORT DAILY INCOME EXECUTION MULTIPLE DOCUMENT PRODUCTION  
(CONT'D)**

EMP-NO	PIC X(2)		32
EMP-ID	PIC X(10)		33
JCA-WRKR	PIC X(4)		34
CSE-WRKR-CODE	PIC X(4)		35
TRANS-IEX-DATE-CYMD	PIC X(8)		36
TERM-IEX-DATE-CYMD	PIC X(8)		37
IEX-OBLIG-AMT	PIC 9(8)V99		38
IEX-FREQ	PIC X(3)		39
DOCKET-NO	PIC X(9)	OCCURS 18 TIMES	40
CLIENT-NAME	PIC X(28)		41
PAY-ORD-LGR-DATE-CYMD	PIC X(8)	OCCURS 18 TIMES	42
PAY-ORD-LGR-AMT	PIC 9(8)V99	OCCURS 18 TIMES	43
PAY-ORD-LGR-FREQ	PIC X(3)	OCCURS 18 TIMES	44
PAY-ORD-LGR-DUE-AMT	PIC 9(8)V99	OCCURS 18 TIMES	45
PAY-ORD-LGR-SUPPORT-TYPE	PIC X	OCCURS 18 TIMES SEE BELOW	46
		VALUE 1 CURRENT SUPP	
		VALUE 2 PAST DUE SUPP	
		VALUE 3 MEDICAL SUPP	
		VALUE 4 PAST DUE MED SUPP	
		VALUE 5 SPOUSAL SUPP	
		VALUE 6 PAST DUE SPOUSAL SUPP	
		VALUE 7 THIRD PARTY	
		VALUE 8 FOURTH PARTY	
PAY-ORD-LGR	PIC X(2)		47
SCU-COUNTY-ACCT-NO	PIC X(12)		48
SD-DATE-CYMD	PIC X(8)		49
RUN-DATE-CYMD	PIC X(8)		50
ARREARS-OWED-AMT	PIC S9(8)V99		51
ARREARS-PAST-DUE-AMT	PIC S9(8)V99		52
ARREARS-12-WEEKS-IND	PIC X	SEE BELOW	53
		VALUE 0 NO	
		VALUE 1 YES	
TOTALED-FACTRD-OBLIG-AMT	PIC 9(8)V99		54
CURRENT-FACTRD-OBLIG-AMT	PIC 9(8)V99		55
ADMIN-OBLIG-AMT	PIC9(8)V99		56
COMMON-ADMIN-FREQ	PIC X(3)		57
LAST-PAY-DATE-CYMD	PIC X(8)		58
FIPS-CODE	PIC X(6)		59
CLIENT-CIN-CWR	PIC X(8)	OCCURS 8 TIMES	60
PCL-ADDR-TYPE	PIC 9		61
PCL-ADDR-INDEX	PIC 9(2)		62
PCL-TRANS-CODE	PIC X(6)		63
COURT-NAME	PIC X(28)		64
WORKER-NAME	PIC X(28)		65
WORKER-TELE-AREA-CODE	PIC X(3)		66
WORKER-TELE-PREFIX	PIC X(3)		67
WORKER-TELE-NO	PIC X(4)		68
COURT-ADDR-LINE1	PIC X(28)		69
COURT-ADDR-LINE2	PIC X(28)		70
COURT-ADDR-STREET	PIC X(35)		71
COURT-ADDR-CITY	PIC X(15)		72
COURT-ADDR-STATE	PIC X(2)		73
COURT-ADDR-ZIP	PIC X (9)		74

**DATAFILE LAYOUT TO SUPPORT DAILY INCOME EXECUTION MULTIPLE DOCUMENT PRODUCTION  
(CONT'D)**

RETURN-ADDR-LINE1	PIC X(28)		75
RETURN-ADDR-LINE2	PIC X(28)		76
RETURN-ADDR-STREET	PIC X(35)		77
RETURN-ADDR-CITY	PIC X(15)		78
RETURN-ADDR-STATE	PIC X(2)		79
RETURN-ADDR-ZIP	PIC X (9)		80
EMPL-SOURCE-CODE	PIC X(4)		81
EMPL-CHGD-DATE-CYMD	PIC 9(8)		82
WAGE-REPRT-QTR-DATE-CYQ	PIC 9(5)		83
MISC-LINE1	PIC X(28)		84
MISC-LINE2	PIC X(28)		85
DMV-NET-DUE-AMT	PIC S9(8)V99		86
DMV-DEFAULT-AGRMT-AMT	PIC S9(8)V99		87
DMV-DEFAULT-DT CYMD	PIC X(8)		88
DMV-AGRMT-DLNQ-AMT	PIC S9(8)V99		89
DMV-ADD-AMT	PIC S9(8)V99		90
DMV-PAY-AGRMT-DT	PIC X(8)		91
DMV-50%-DLNQ-AMT	PIC S9(8)V99		92
DMV-FREQ	PIC X(3)		93
COLL-ADDR-LINE 1	PIC X(28)		94
COLL-ADDR-LINE 2	PIC X(28)		95
COLL-ADDR-STREET	PIC X(35)		96
COLL-ADDR-CITY	PIC X(15)		97
COLL-ADDR-STATE	PIC X(2)		98
COLL-ADDR-ZIP	PIC X(9)		99
DOCUMENT ACTION CODE	PIC X(3)	Value ORG Original Value AMD Amended Value TRM Terminated	100
CHILD LAST NAME	PIC X(20)	OCCURS 8 TIMES	101
CHILD FIRST NAME	PIC X(15)	OCCURS 8 TIMES	102
CHILD MIDDLE NAME	PIC X (15)	OCCURS 8 TIMES	103
CHILD DOB CCYYMMDD	PIC X (8)	OCCURS 8 TIMES	104
FILLER	PIC X(69)		105

DATA ELEMENTS 101-104 OCCUR IN SETS, REPEATING 8 TIMES.

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**DATAFILE LAYOUT TO SUPPORT CASE REFERRAL TO TAX AND FINANCE**

<u>ELEMENT</u> <u>REFERENCE #</u>	<u>SIZE</u>	<u>DOCUMENT</u>
05 20-487-CSE-ID-DOC	PIC X(9)	13
05 CNTY-CODE-DOC	PIC 99	14
05 20-785-CRT-LOC-DOC	PIC XX	15
05 20-055-RSP-NM-DOC	PIC X(28)	16
05 RESP-ADDR		17
10 20-865-CO-NAME	PIC X(35)	18
10 20-472-STR-DOC	PIC X(35)	19
10 20-473-CITY-DOC	PIC X(15)	20
10 20-474-STATE-DOC	PIC X(2)	21
10 20-475-ZIP-DOC	PIC X(9)	22
05 20-480-NO-DOC	PIC 1(09)	23
05 20-476-VER-IND-DOC	PIC X(01)	24
05 20-636-CLI-NM-DOC	PIC X(28)	25
05 PET-DOC-NOS OCCURS 6 TIMES INDEXED BY DOC-IDX		26
10 20-786-PET-DC-NO-DOC	PIC X(9)	27
05 20-495-WRK-CD-DOC	PIC X(4)	28
05 20-841-INVST-CD-DOC	PIC X(4)	29
05 LEDGER-INFO-TAB OCCURS 18 TIMES		30
10 20-797-CRT-ORD-DOC	PIC 9(6)	31
10 20-791-OBLIG-AMT-DOC	PIC SH9(08)V99	32
10 20-792-FREQ-DOC	PIC X(3)	33
05 TAX-AMT-DOC	PIC SH9(12)V99	34
05 SCU-ADDRESS		35
10 SCU-LINE1	PIC X(28)	36
10 SCU-LINE2	PIC X(28)	37
10 SCU-STREET	PIC X(35)	38
10 SCU-CITY	PIC X(15)	39
10 SCU-STATE	PIC XX	40
10 SCU-ZIP	PIC X(9)	41
05 CSEU-ADDRESS		42
10 CSEU-LINE1	PIC X(28)	43
10 CSEU-LINE2	PIC X(28)	44
10 CSEU-STREET	PIC X(35)	45
10 CSEU-CITY	PIC X(15)	46
10 CSEU-STATE	PIC XX	47
10 CSEU-ZIP	PIC X(9)	48
10 CSEU-AREA-CD	PIC X(3)	49
10 CSEU-TEL-EXT	PIC X(3)	50
10 CSEU-TEL-NO	PIC X(4)	51
10 CSEU-EXTENSION	PIC X(4)	52
05 20-172-RSP-SSN-DOC	PIC 9(9)	53
05 DC-955-TAX-LETTER-DATE.		54
10 DC-956-TAX-LETTER-CC	PIC 99	55
10 DC-957-TAX-LETTER-YY	PIC 99	56
10 DC-958-TAX-LETTER-MM	PIC 99	57
10 DC-959-TAX-LETTER-DD	PIC 99	58

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**DATA FILE LAYOUT TO SUPPORT PROPERTY EXECUTION DOCUMENT PRODUCTION**

<u>ELEMENT DOCUMENT</u>	<u>SIZE</u>	<u>COMMENT</u>	
<u>REFERENCE#</u>			
LETTER-TYPE	PIC X(2)	SEE VALUE TABLE DOCUMENT TYPE VALUE 01 – RESTRAINING NOTICE WITH INFORMATION SUBPOENA AND NOTICE TO RESPONDENT WITH RESTRAINING NOTICE VALUE 02 – EXECUTION WITH NOTICE TO GARNISHEE VALUE 03 – NOTICE TO VACATE RESTRAINING NOTICE VALUE 04 – TERMINATE EXECUTION	
COUNTY CODE	PIC 9(2)		1
CSMS-ACCT-NO	PIC X(9)		2
SCU-RET-ADDR-LINE1	PIC X(28)		3
SCU-RET-ADDR-LINE2	PIC X(28)		4
SCU-RET-ADDR-STREET	PIC X(35)		5
SCU-RET-ADDR-CITY	PIC X(15)		6
SCU-RET-ADDR-STATE	PIC X(2)		7
SCU-RET-ADDR-ZIP	PIC X(9)		8
SCU-TELEPHONE-NO	PIC X(10)		9
SCU-TELEPHONE-EXT	PIC X(4)		
	10		
RESP-ADDR-LINE1	PIC X(28)		
	11		
RESP-ADDR-LINE2	PIC X(28)		
	12		
RESP-ADDR-LINE3	PIC X(28)		
	13		
RESP-ADDR-STREET	PIC X(35)		
	14		
RESP-ADDR-CITY	PIC X(15)		
	15		
RESP-ADDR-STATE	PIC X(2)		
	16		
RESP-ADDR-ZIP	PIC X(9)		
	17		
RESP-NAME	PIC X(28)		
	18		
CSE-WRKR-CODE	PIC X(4)		
	19		
RUN-DATE-MDCY	PIC 9(8)		
	20		
CLIENT-NAME	PIC X(28)		
	21		
PROPERTY-CODE	PIC X(2)		
	22		
ISSUE-DATE-CYMD	PIC 9(8)		
	23		

**DATA FILE LAYOUT TO SUPPORT PROPERTY EXECUTION DOCUMENT PRODUCTION  
(CONT'D)**

ISSUE-TIME-HM	PIC X(4)	
	24	
RESTRAIN-DATE-CYMD	PIC 9(8)	
	25	
TAX-YR	PIC X(2)	
	26	
TAX-PAYERS-SSN	PIC X(9)	
	27	
DATE-ADDED-CYMD	PIC 9(8)	
	28	
EMP-ID-NO	PIC X(9)	
	29	
ARREARS-AMT	PIC 9(8)V99	
	30	
PAST-DUE-AMT	PIC 9(8)V99	
	31	
JUDGEMENT-AMT	PIC 9(8)V99	
	32	
ASSET-NAME	PIC X(40)	
	33	
ASSET-CO-NAME	PIC X(40)	
	34	
ASSET-STREET	PIC X(40)	
	35	
ASSET-CITYSTZIP	PIC X(40)	
	36	
COURT-NAME	PIC X(35)	
	37	
RETURN-DATE-CYMD	PIC 9(8)	
	38	
DATE-CHANGED-CYMD	PIC 9(8)	
	39	
RECORD-NO	PIC X(2)	
	40	
LEDGER-TYPE	PIC X(6)	OCCURS 18 TIMES
	41	
COURT-ORDER-DATE-CYMD	PIC 9(8)	OCCURS 18 TIMES
	42	
OBLIGATION-AMT	PIC S9(8)V99	OCCURS 18 TIMES
	43	
FREQ	PIC X(3)	OCCURS 18 TIMES
	44	
DOCKET-NO	PIC X(9)	OCCURS 18 TIMES
	45	
COURT-LOC	PIC X(2)	OCCURS 18 TIMES
	46	
RSP-ASSET-BALANCE	PIC X	
	47	
DLQ-SW	PIC 9(3)	
	48	
RA-REC-NO	PIC 9(3)	
	49	

**DATA FILE LAYOUT TO SUPPORT PROPERTY EXECUTION DOCUMENT PRODUCTION  
(CONT'D)**

FILLER

PIC X(03)  
50

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**DATA FILE LAYOUT TO SUPPORT CHILD SUPPORT INFORMATION LINE (PIN) NOTICE**

<b><u>ELEMENT</u></b>	<b><u>SIZE</u></b>	<b><u>DOCUMENT REFERENCE #</u></b>
PIN-CLI-COUNTY	PIC 9(2)	1
PIN-CLI-ALPHA	PIC 9(2)	2
PIN-CLI-NUMERIC	PIC 9	3
PIN-CASE-RSP-ID	PIC X(7)	4
PIN-CASE-ALPHA	PIC X	5
PIN-CASE-NUMERIC	PIC 9	6
PIN-CLIENT-NAME	PIC X(28)	7
PIN-CLIENT-CO-NAME	PIC X(28)	8
PIN-CLIENT-STREET	PIC X(35)	9
PIN-CLIENT-CITY	PIC X(15)	10
PIN-CLIENT-STATE	PIC X(2)	11
PIN-CLIENT-ZIP	PIC X(9)	12
PIN-RESPONDENT-NAME	PIC X(28)	13
PIN-COUNTY-NAME	PIC X(28)	14
PIN-COUNTY-CO-NAME	PIC X(28)	15
PIN-COUNTY-STREET	PIC X(35)	16
PIN-COUNTY-CITY	PIC X(15)	17
PIN-COUNTY-STATE	PIC X(2)	18
PIN-COUNTY-ZIP	PIC X(9)	19
PIN-COUNTY-TELE-1	PIC X(10)	20
PIN-COUNTY-EXT-1	PIC X(4)	21
PIN-COUNTY-TELE-2	PIC X(10)	22
PIN-COUNTY-EXT-2	PIC X(4)	23
PIN-CLIENT-SSN	PIC 9(9)	24
PIN-CLIENT-DOB	PIC 9(8)	25
FILLER	PIC X(3)	

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**DATAFILE LAYOUT TO SUPPORT FEDERAL PARENT LOCATOR SEARCH  
CUSTODIAL PARENT RETURN NOTICE**

**HEADER RECORD**

<u>ELEMENT</u>	<u>SIZE</u>
FILLER	PIC X(16)
STATE ABBREVIATION	PIC X(2)
STATION NUMBER	PIC 9(2)
FILLER	PIC X(13)
HEADER INDICATOR	PIC X(13)
TOTAL RESPONSES – GROUP	PIC 9(9)
SORT CODE	PIC X(1)*
DATE GENERATED	PIC X(6)
TOTAL RESPONSES – CURRENT	PIC X(9)
FILLER	PIC X(391)

\*HAS SUBPARTS OR FORMAT RULES.

**DETAIL RECORD**

<u>ELEMENT</u>	<u>SIZE</u>	<u>DOCUMENT REFERENCE #</u>
FILLER	PIC X(16)	1
STATE ABBREVIATION	PIC X(2)	2
STATION NUMBER	PIC 9(2)	3
FILLER	PIC X(10)	4
AGENCY CODE	PIC X(3)*	5
NAME SENT INDICATOR	PIC X(1)*	6
AP FIRST NAME	PIC X(16)	7
AP MIDDLE NAME	PIC X(16)	8
AP FIRST LAST NAME	PIC X(20)	9
AP SECOND LAST NAME	PIC X(20)	10
AP THIRD LAST NAME	PIC X(20)	11
AP NAME RETURNED	PIC X(50)*	12
FILLER	PIC X(1)	13
SOCIAL SECURITY NUMBER	PIC X(9)	14
CASE ID (CSMS)	PIC X(15)	15
USER'S FIELD	PIC X(7)	16
LOCAL CODE	PIC X(3)	17
TYPE OF CASE	PIC X(1)*	18
DATE OF ADDRESS INDICATOR	PIC X(1)*	19
DATE OF ADDRESS	PIC 9(4)	20
RESPONSE CODE	PIC X(2)*	21
CORRECT OR MULTIPLE SSN	PIC X(9)	22
FILLER	PIC X(1)	23
ADDRESS FORMAT INDICATOR	PIC X(1)*	24
RETURN ADDRESS	PIC X(192)*	25
AGENCY SPECIFIC INFORMATION	PIC X(25)	26
FILLER	PIC X(15)	27

\*HAS SUBPARTS OR FORMAT RULES.

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**DATA FILE LAYOUT TO SUPPORT VOICE RESPONSE SYSTEM**

<u>Element</u>	<u>Size</u>	<u>Comment</u>
New VRU:		
01 OUT-REC		
05 OUT-FIPS	PIC 9(6)	
05 OUT-IND	PIC X	
05 OUT-CNTY	PIC XX	
05 OUT-CLI-SSN	PIC 9(9)	
05 OUT-RSP-SSN	PIC 9(9)	
05 OUT-ACCT	PIC X(9)	
05 OUT-LST-PAY-DT	PIC 9(6)	
05 OUT-LST-PAY-AMT	PIC S9999V99	
05 OUT-LST-DSB-DT		
10 OUT-LST-DSB-YR	PIC 99	
10 OUT-LST-DSB-MO	PIC 99	
10 OUT-LST-DSB-DY	PIC 99	
05 OUT-LST-DSB-AMT	PIC S9999V99	
05 OUT-DSB-TYPE	PIC 9	
05 OUT-NET-DUE	PIC S9(8)V99	
05 OUT-ASAB	PIC S9(8)V99	
05 OUT-DUE-CLIENT	PIC S9(8)V99	
05 OUT-DUE-DSS	PIC S9(8)V99	
05 OUT-DUE-3-4	PIC S9(8)V99	
05 OUT-PAY-MO	PIC S9(8)V99	
05 OUT-DSB-CLI-MO	PIC S9(8)V99	
05 OUT-DSB-3-4-MO	PIC S9(8)V99	
05 OUT-PRIOR-PAY	PIC S9(8)V99	
05 OUT-PRIOR-APP-CUR	PIC S9(8)V99	
05 OUT-PRIOR-APP-ARS	PIC S9(8)V99	
05 OUT-PRIOR-DSB-CLI	PIC S9(8)V99	
05 OUT-PRIOR-DSB-DSS	PIC S9(8)V99	
05 OUT-PRIOR-DSB-3-4	PIC S9(8)V99	
05 OUT-PRIOR-DSB-TOT	PIC S9(8)V99	
05 OUT-PIN	PIC X(5)	
05 OUT-RSP-NAME	PIC X(28)	
05 OUT-CLI-NAME	PIC X(28)	
05 OUT-PAY-		TABLE OCCURS 10 TIMES
10 OUT-PAY-DT	PIC 9(6)	
10 OUT-PAY-AMT	PIC S9999V99	
05 OUT-DISB-		TABLE OCCURS 10 TIMES
10 OUT-DISB-DT	PIC 9(6)	
10 OUT-DISB-AMT	PIC S9999V99	
10 OUT-DISB-TYPE	PIC 9	
05 OUT-PREV-EOM-DTE	PIC 9(6)	
05 OUT-RSP-PIN	PIC X(5)	

**CREDIT REPORTING DATA FILE LAYOUT**

<u>ELEMENT</u>	<u>SIZE</u>	<u>DOCUMENT REFERENCE #</u>
COUNTY-NAME	PIC X(28)	1
COUNTY-C/O-ADDRESS	PIC X(28)	2
COUNTY-STREET	PIC X(35)	3
COUNTY-CITY	PIC X 15)	4
COUNTY-STATE	PIC X(2)	5
COUNTY-ZIPCODE	PIC X(9)	6
RESP-NAME	PIC X(28)	7
RESP-C/O-ADDRESS	PIC X(28)	8
RESP-STREET	PIC X(35)	9
RESP-CITY	PIC X(15)	10
RESP-STATE	PIC X(2)	11
RESP-ZIP CODE	PIC X(9)	12
WORKER-CODE	PIC X(4)	13
INV-CODE	PIC X(4)	14
CSMS-ACCT-NO	PIC X(9)	15
CLIENT-NAME	PIC X(28)	16
SCU-NAME	PIC X(28)	17
SCU-PAY-C/O-ADDRESS	PIC X(28)	18
SCU-PAY-P.O. BOX	PIC X(35)	19
SCU-PAY-CITY	PIC X(15)	20
SCU-PAY-STATE	PIC X(2)	21
SCU-PAY-ZIP CODE	PIC X(9)	22
SCU-PHONE-NO	PIC X(10)	23
ARREARS-AS OF-DATE	PIC 9(6)	24
ARREARS-AMOUNT	PIC 9(8)V99	25
NOTICE-DATE	PIC 9(6)	26
RA-REC-NO	PIC 9(3)	27
FILLER PIC X	28	

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**DATAFILE LAYOUT TO SUPPORT NON-DISCLOSURE NOTICE**

<b><u>ELEMENT</u></b>	<b><u>SIZE</u></b>	<b><u>DOCUMENT REFERENCE #</u></b>
COUNTY CODE	PIC 9(2)	1
CSMS-ACCT-NO	PIC X(9)	2
RESP-NAME	PIC X(28)	3
CLI-ID	PIC X(8)	4
CLI-NAME	PIC X(28)	5
CLI-C/O-ADDR	PIC X(28)	6
CLI-STREET-ADDR	PIC X(35)	7
CLI-CITY-ADDR	PIC X(15)	8
CLI-STATE-ADDR	PIC X(2)	9
CLI-ZIP-ADDR	PIC X(9)	10

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**DATA FILE LAYOUT TO SUPPORT CONTINUATION OF SERVICES NOTICE**

<b><u>ELEMENT</u></b>	<b><u>SIZE</u></b>	<b><u>DOCUMENT REFERENCE #</u></b>
CNTY-NAME	PIC X(28)	1
CNTY-BLDG	PIC X(28)	2
CNTY-STREET	PIC X(35)	3
CNTY-CITY	PIC X(15)	4
CNTY-STATE	PIC X(2)	5
CNTY-ZIP	PIC X(9)	6
CNTY-PHONE-NO	PIC X(14)	7
ACTG-OR-CSE-CODE	PIC X	8 (A OR C)
CASE-NO	PIC X(9)	9
CASE-WRKR-CD	PIC X(4)	10
RESP-WRKR-CD	PIC X(4)	11
INVEST-CD	PIC X(2)	12
LTR-DATE-MM	PIC X(2)	13
LTR-DATE-DD	PIC X(2)	14
LTR-DATE-YY	PIC X(2)	15
CLI-NM	PIC X(28)	16
CLI-CARE-OF-NM	PIC X(28)	17
CLI-STREET	PIC X(35)	18
CLI-CITY	PIC X(15)	19
CLI-STATE	PIC X(2)	20
CLI-ZIP9	PIC X(9)	21
CLI-NAME	PIC X(28)	22
ZIP-KEY	PIC X	23
CNTY-CODE	PIC 9(2)	24
EACH-CHILD-NAME	PIC X(28)	25 (OCCURS SIX TIMES)
EACH-CHILD-SSN	PIC 9(9)	26 (OCCURS SIX TIMES)
EACH-CHILD-DOB-MM/DD/YY	PIC X(8)	27 (OCCURS SIX TIMES)
CLI-SSN	PIC 9(9)	28
CLI-DOB	PIC 9(8)	29
FILLER	PIC X(8)	

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**DATAFILE LAYOUT TO SUPPORT CASE CLOSURE NOTICES**

<u>ELEMENT</u> <u>REFERENCE #</u>	<u>SIZE</u>	<u>COMMENT</u>	<u>DOCUMENT</u>
NOTICE - TYPE	PIC X(2)	SEE ATTACH VALUE TABLE DOCUMENT TYPE VALUE 01- CONTACT LETTER VALUE 02 – RETAINED CASE CLOSURE VALUE 03 – REFERRED CASE CLOSURE	1
COUNTY CODE	PIC 9 (2)		2
CASE-ID	PIC X (9)		3
RESPONDENT NAME	PIC X (28)		4
CLIENT NAME	PIC X (28)		5
CLIENT C/O LINE	PIC X (28)		6
CLIENT STREET	PIC X (35)		7
CLIENT CITY	PIC X (15)		8
CLIENT STATE	PIC X (2)		9
CLIENT ZIP	PIC X (9)		10
JCA WORKER CD	PIC X (4)		11
CSE CLOSURE REASON CD	PIC X (30)	UP TO 10 OCCURRENCES OF PIC X(3)*	12
NOTICE DATE	PIC 9 (8)		13
RETURN ADDRESS LINE 1	PIC X (28)		14
RETURN ADDRESS LINE 2	PIC X (28)		15
RETURN ADDRESS STREET	PIC X (35)		16
RETURN ADDRESS CITY	PIC X (15)		17
RETURN ADDRESS STATE	PIC X (2)		18
RETURN ADDRESS ZIP CODE	PIC X (9)		19
AGENCY TEL: AREA CODE	PIC 9 (3)		20
PREFIX	PIC 9 (3)		21
NUMBER	PIC 9 (4)		22
EXTENSION	PIC 9 (4)		23
RESP SSN	PIC 9 (9)	NOTICE VALUE 3	24
CLIENT SSN	PIC 9 (9)	NOTICE VALUE 3	25
FILLER	PIC X (251)		

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**DATAFILE LAYOUT TO SUPPORT DAILY PRODUCTION INSURANCE  
INTERCEPT LIEN DOCUMENTS**

<u>ELEMENT REFERENCE#</u>	<u>SIZE</u>	<u>COMMENT</u>	<u>DOCUMENT</u>
INSR-LETTER-TYPE 1	PIC X(2)	SEE ATTACH VALUE TABLE	
		DOC TYPE	
		VALUE 01 INTEND-TO-LIEN	
		VALUE 02 NOTICE-OF-LIEN	
		VALUE 03 RELEASE-OF-LIEN	
		VALUE 04 NOTICE-OF- LIEN-RESP	
INSR-COUNTY-CODE	PIC 9(2)		2
INSR-COUNTY-NAME	PIC X(19)	(EX ALBANY COUNTY)	3
INSR-20487-CSE-ID	PIC X(9)		4
INSR-RETURN-LINE1	PIC X(28)	COUNTY SCU ADDRESS	5
INSR-RETURN-LINE2	PIC X(28)		6
INSR-RETURN-STREET	PIC X(35)		7
INSR-RETURN-CITY	PIC X(15)		8
INSR-RETURN-STATE	PIC X(2)		9
INSR-RETURN-ZIP	PIC X (9)		10
INSR-20172-RESP-SSN	PIC 9(9)		11
INSR-20055-RESP-NAME	PIC X(28)		12
INSR-RETURN-TEL-AREA-CD	PIC X(3)	COUNTY SCU TELEPHONE NO	13
INSR-RETURN-TEL-EXCH	PIC X(3)		14
INSR-RETURN-TEL-NO	PIC X(4)		15
INSR-RETURN-TEL-EXT	PIC X(4)		16
INSR-RESP-LINE1	PIC X(28)	RESPONDENT ADDRESS	17
INSR-RESP-LINE2	PIC X(28)		18
INSR-RESP-LINE3	PIC X(28)		19
INSR-RESP-STREET	PIC X(35)		20
INSR-RESP-CITY	PIC X(15)		21
INSR-RESP-STATE	PIC X(2)		22
INSR-RESP-ZIP	PIC X (9)		23
INSR-20495-CSE-WRKR	PIC X (4)		24
INSR-20841-WRKR-CODE	PIC X(4)		25
INSR-20636-CLI-NAME	PIC X(28)		26
INSR-PAYMENTS-ORDERED TABLE		TABLE OCCURS 18 TIMES	
INSR-20784-LEDGER-TYPE	PIC X(6)	OCCURS 18 TIMES	27
INSR-43166-COURT-ORDER-DT	PIC X(8)	OCCURS 18 TIMES CCYYMMDD	28
INSR-20791-OBLIG-AMT	PIC S9(8)V99	OCCURS 18 TIMES	29
INSR-20792-FREQ	PIC X(3)	OCCURS 18 TIME	30
INSR-20786-DOCKET-NO	PIC X(9)	OCCURS 18 TIMES	31
INSR-20785-COURT-LOC	PIC X(2)	OCCURS 18 TIMES	32

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**DATAFILE LAYOUT TO SUPPORT DAILY PRODUCTION INSURANCE  
INTERCEPT LIEN DOCUMENTS (CONT'D)**

<u>ELEMENT</u>	<u>SIZE</u>	<u>COMMENT</u>	
<u>DOCUMENT REFERENCE#</u>			
INSR-20914-SCU-CNTY-ACCT-NO	PIC X (12)		33
INSR-RUN-DATE-CYMD	PIC X(8)	CCYYMMDD	34
INSR-42529-RECORD-NO	PIC X (2)		35
INSR-20694-PROPERTY-CODE	PIC X (2)		36
INSR-20715-ISSUE-DATE-CYMD	PIC X(8)	CCYYMMDD	37
INSR-20726-ISSUE-TIME-HHMM	PIC 9(4)		38
INSR-20823-PROP-SRC-DOC-CD	PIC X(2)		39
INSR-20842-RESTRAIN-DT-CYMD	PIC 9(8)		40
INSR-20850-TAX-YR	PIC X(2)		41
INSR-20859-TAX-PAYERS-SSN	PIC X(9)		42
INSR-20877-DT-ADDED-CYMD	PIC 9(8)		43
INSR-20878-EMPL-ID-NO	PIC X(9)		44
INSR-20883-ARREARS-AMT	PIC S9(8)V99		45
INSR-20954-PAST-DUE-AMT	PIC S9(8)V99		46
INSR-20956-RECOVERED-AMT	PIC S9(8)V99		47
INSR-42506-JUDGEMENT-AMT	PIC S9(8)V99		48
INSR-42508-ASSET-NAME	PIC X(40)	INS CO NAME AND ADDRESS	49
INSR-42512-ASSET-CO-NAME	PIC X(40)		50
INSR-42513-ASSET-STREET	PIC X(40)		51
INSR-42514-ASSET-CITYSTZIP	PIC X(40)		52
INSR-42517-COURT-NAME	PIC X(35)		53
INSR-42518-RETURN-DT-CYMD	PIC 9(8)		54
INSR-42524-DT-CHANGED-CYMD	PIC 9(8)		55
INSR-42530-PROP-SOURCE-NAME	PIC X (4)		56
INSR-43355-ACCT-TYPE-CLAIM-NO	PIC X(25)		57
INSR-43357-JOINT-ACCOUNT-IND	PIC X(2)		58
INSR-FIPS-CODE	PIC X(6)		59
INSR-WORKER-NAME	PIC X(28)		60
INSR-WORKER-TELE	PIC X(10)		61
INSR-COURT-LINE1	PIC X(28)	COURT NAME AND ADDRESS	62
INSR-COURT-LINE2	PIC X(28)		63
INSR-COURT-STREET	PIC X(35)		64
INSR-COURT-CITY	PIC X(15)		65
INSR-COURT-STATE	PIC X(2)		66
INSR-COURT-ZIP9	PIC X(9)		67
INSR-EMPL-SOURCE-CD	PIC X(4)		68
INSR-20065-RESP-DOB	PIC X(8)	CCYYMMDD	69
RA-REC-NO	PIC 9(3)		70
FILLER	PIC X(43)		71

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**DATA FILE LAYOUT COURT LICENSE SUSPENSION PROCESS WARNING NOTICE**

<u>ELEMENT</u>	<u>SIZE</u>	<u>COMMENT</u>	
	<u>DOCUMENT REFERENCE #</u>		
COUNTY-CODE	PIC 9(2)		1
CSE-ID	PIC X(9)		2
SCU COUNTY NAME	PIC X(28)		3
SCU ADDR-LINE1	PIC X(28)		4
SCU ADDR-STREET	PIC X(35)		5
SCU ADDR-CITY	PIC X(15)		6
SCU ADDR-STATE	PIC X(2)		7
SCU ADDR-ZIP	PIC X(9)		8
SCU PHONE-NMBR	PIC 9(10)		9
RESP-NAME	PIC X(28)		10
RESP-ADDR-LINE1	PIC X(28)		11
RESP-ADDR-STREET	PIC X(35)		12
RESP-ADDR-CITY	PIC X(15)		13
RESP-ADDR-STATE	PIC X(2)		14
RESP-ADDR-ZIP	PIC X(9)		15
TOTAL AMOUNT DUE	PIC 9(8)V99		16
CLIENT NAME	PIC X(28)		17
DOCKET-NO	PIC X(9)		18
JCA WORKER CODE	PIC X(4)		19
NOTE: ELEMENTS 20-22 OCCUR IN SETS			
LIC-TYPE	PIC X(27)	OCCURS 10 TIMES	20
LIC-NUMBER	PIC X(20)	OCCURS 10 TIMES	21
AGENCY-CD	PIC X(2)	OCCURS 10 TIMES	22
PYMT-ADDR-NAME	PIC X(28)		23
PYMT-ADDR-LINE1	PIC X(28)		24
PYMT-ADDR-STREET	PIC X(35)		25
PYMT-ADDR-CITY	PIC X(15)		26
PYMT-ADDR-STATE	PIC X(2)		27
PYMT-ADDR-ZIP	PIC X(9)		28
NOTE: ELEMENTS 29-35 OCCUR IN SETS			
LEDGER-TYPE	PIC X(6)	OCCURS 18 TIMES	29
COLL-IND	PIC X(1)	OCCURS 18 TIMES	30
OBLIG-AMT	PIC 9(8)V99	OCCURS 18 TIMES	31
LEDGER-ASAB	PIC 9(8)V99	OCCURS 18 TIMES	32
OBLIG-FREQ	PIC X(3)	OCCURS 18 TIMES	33
CRT-ORD-DT (CCYYMMDD)	PIC 9(8)	OCCURS 18 TIMES	34
LEDGER-NET-DUE	PIC 9(8)V99	OCCURS 18 TIMES	35
DMV-CURR-AMT	PIC 9(8)V99		36
TOTL-AMT-NO-COLLR	PIC 9(8)V99		37
DATE (CCYYMMDD)	PIC 9(8)		38
CRT LOC	PIC X(2)		39
RA-REC-NO	PIC 9(3)		40
FILLER	PIC X(198)		41

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**DATAFILE LAYOUT TO SUPPORT MEDICAL SUPPORT EXECUTION MULTIPLE DOCUMENT PRODUCTION**

<u>ELEMENT</u>	<u>SIZE</u>	<u>COMMENT</u>	
	<u>DOCUMENT REFERENCE #</u>		
LETTER-TYPE	PIC X(2)	VALUE 01 EMEX VALUE 02 RMEX VALUE 03 ADD VALUE 04 RMND VALUE 05 TERM VALUE 06 MCVR VALUE 07 CPLTR-A VALUE 08 CPLTR-N	1
COUNTY-CODE	PIC X(2)		2
CSE-ID	PIC X(9)		3
ACS-MAILING-ADDR-LINE1	PIC X(28)		4
ACS-MAILING-ADDR-LINE2	PIC X(28)		5
ACS-MAILING-ADDR-STREET	PIC X(35)		6
ACS-MAILING-ADDR-CITY	PIC X(15)		7
ACS-MAILING-ADDR-STATE	PIC X(2)		8
ACS-MAILING-ADDR-ZIP	PIC X(9)		9
DATE OF NOTICE	PIC X(8)		10
ZIP-KEY	PIC X		11
RSP-NAME	PIC X(28)		12
RSP-SSN	PIC X(9)		13
RESP-ADDR-LINE1	PIC X(28)		14
RESP-ADDR-STREET	PIC X(35)		15
RESP-ADDR-CITY	PIC X(15)		16
RESP-ADDR-STATE	PIC X(2)		17
RESPADDR-ZIP	PIC X(9)		18
EMP-NAME	PIC X(28)		19
EMP-ADDR-LINE1	PIC X(28)		20
EMP-ADDR-STREET	PIC X(35)		21
EMP-ADDR-CITY	PIC X(15)		22
EMP-ADDR-STATE	PIC X(2)		23
EMP-ADDR-ZIP	PIC X(9)		24
EMP-NO	PIC X(3)		25
EMP-ID	PIC X(10)		26
EM-IND	PIC X(2)	N= NOT AVAILABLE B= AVAILABLE, NOT ELIGIBLE A = AMOUNT EXCEEDS LIMITS 4 = NCP NO LONGER EMPLOYED	27
EM-DATE	PIC X(8)		28
WRKR-CODE	PIC X(4)		29
DOCKET-NO	PIC X(9)		30
CLIENT-NAME	PIC X(28)		31
CLIENT-ADDR LN 01	PIC X(28)		32
CLIENT-ADDR-STREET	PIC X(35)		33
CLIENT-ADDR-CITY	PIC X(15)		34
CLIENT-ADDR-STATE	PIC X(2)		35
CLIENT-ADDR-ZIP	PIC X(9)		36
SCU-COUNTY-ACCT-NO	PIC X(12)		37
SD-DATE-CYMD	PIC X(8)		38
RUN-DATE-CYMD	PIC X(8)		39

**DATAFILE LAYOUT TO SUPPORT MEDICAL SUPPORT EXECUTION MULTIPLE DOCUMENT**

		<b>PRODUCTION (CONT'D)</b>	
COURT-NAME	PIC X(28)		40
COURT-ADDR-LINE1	PIC X(28)		41
COURT-ADDR-STREET	PIC X(35)		42
COURT-ADDR-CITY	PIC X(15)		43
COURT-ADDR-STATE	PIC X(2)		44
COURT-ADDR-ZIP	PIC X(9)		45
SCU-COUNTY-NAME	PIC X(28)		46
SCU RETURN-ADDR-LINE1	PIC X(28)		47
SCU RETURN-ADDR-STREET	PIC X(35)		48
SCU RETURN-ADDR-CITY	PIC X(15)		49
SCU RETURN-ADDR-STATE	PIC X(2)		50
SCU RETURN-ADDR-ZIP	PIC X(9)		51
SCU TEL-AREA-CODE	PIC X(3)		52
SCU-TEL-EXCHANGE	PIC X(3)		53
SCU-TEL-NO	PIC X(4)		54
SCU-TEL-EXT	PIC X(6)		55
SCU-FAX-AREA-CODE	PIC X(3)		56
SCU-FAX-EXCHANGE	PIC X(3)		57
SCU-FAX-NO	PIC X(4)		58
SCU-FAX-EXT	PIC X(6)		59
CRT-ORD-DT	PIC X(8)	1 <sup>ST</sup> OCCURRENCE	60
CHILD-NAME	PIC X(28)	OCCURS 8 TIMES	61
CHILD-DOB	PIC X(8)	OCCURS 8 TIMES	62
CHILD-SSN	PIC X(9)	OCCURS 8 TIMES	63
CHILD RECORD NO.	PIC X(2)	OCCURS 8 TIMES	64
SUB-OFFICIAL-ADDR-NAME	PIC X(28)		65
SUB-OFFICIAL-ADDR-LN 01	PIC X(28)		66
SUB-OFFICIAL-ADDR-STREET	PIC X(35)		67
SUB-OFFICIAL-ADDR-CITY	PIC X(15)		68
SUB-OFFICIAL-ADDR-STATE	PIC X(2)		69
SUB-OFFICIAL-ADDR-ZIP	PIC X(9)		70
FVI	PIC X(1)		71
RESP ADDRESS NO	PIC X(2)		72
MED-INS-CARRIER	PIC X (28)	5 OCCURRENCES	73
CLAIMS-ADDR-C/O	PIC X (28)	5 OCCURRENCES	74
CLAIMS-ADDR-STREET	PIC X (35)	5 OCCURRENCES	75
CLAIMS-ADDR-CITY	PIC X (15)	5 OCCURRENCES	76
CLAIMS-ADDR-STATE	PIC X (2)	5 OCCURRENCES	77
CLAIMS-ADDR-ZIP	PIC X (9)	5 OCCURRENCES	78
EFF-DT-COVERAGE	PIC X (8)	5 OCCURRENCES	79
MED-POLICY-ID	PIC X (15)	5 OCCURRENCES	80
MED-INS-GRP-NO	PIC X (10)	5 OCCURRENCES	81
FILLER	PIC X(277)		82

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**DATA FILE LAYOUT TO SUPPORT PRODUCTION OF PCLS FROM DAILY IRS FILE**

<u>ELEMENT</u>	<u>SIZE</u>	<u>COMMENT</u>	<u>DOCUMENT</u>
<u>REFERENCE #</u>			
FILLER	PIC X(04)		
OSI-CNTY-CD	PIC X(02)		1
OSI-ID	PIC X(07)		2
OSI-SOURCE-CD	PIC X(05)		3
OSI-APRRS-RESP-CD	PIC X(01)		4
OSI-WPR-NO	PIC X(05)		5
OSI-FPLS-RET-CD	PIC X(02)		6
OSI-RETURN-NAME	PIC X(50)		7
OSI-LAST-NAME	PIC X(14)		8
OSI-FRST-NAME	PIC X(10)		9
OSI-MID-INIT	PIC X(01)		10
OSI-SSN	PIC X(09)		11
OSI-CJS-TRAN-TYPE	PIC X(01)		12
CJS-TRAN-TYP-ERR	PIC X		13
CJS-OCA-ERR	PIC X		14
CJS-NAME-ERR	PIC X		15
CJS-SEX-ERR	PIC X		16
CJS-DOB-ERR	PIC X		17
CJS-RACE-ERR	PIC X		18
CJS-HGT-ERR	PIC X		19
CJS-SSN-ERR	PIC X		20
CJS-ALIAS-ERR	PIC X		21
CJS-CANCEL-RSN-ERR	PIC X		22
CJS-DUP-OCA	PIC X		23
CJS-NO-RE	PIC X		24
CJS-DISP-CODE	PIC X		25
OSI-ADDR-STR1	PIC X(18)		26
OSI-ADDR-STR2	PIC X(17)		27
OSI-ADDR-CITY	PIC X(15)		28
OSI-ADDR-STATE	PIC X	OCCURS 2 TIMES	29
OSI-ADDR-ZIP	PIC X(09)		30
OSI-ADDR-SOURCE-CC	PIC X(02)		31
OSI-ADDR-SOURCE-YY	PIC X(02)		32
OSI-ADDR-SOURCE-MM	PIC X(02)		33
OSI-ADDR-SOURCE-DD	PIC X(02)		34
OSI-EMPEE-NAME	PIC X(20)		35
OSI-EMP-ID	PIC X(09)		36
OSI-EMP-NAME	PIC X(28)		37
OSI-EMP-STR	PIC X(18)		38
OSI-EMP-STR2	PIC X(17)		39
OSI-EMP-CITY	PIC X(15)		40
OSI-EMP-STATE	PIC X(02)		41
OSI-EMP-ZIP	PIC X(09)		42
OSI-EMP-SOURCE-CC	PIC X(02)		43
OSI-EMP-SOURCE-YY	PIC X(02)		44
OSI-EMP-SOURCE-MM	PIC X(02)		45
OSI-EMP-SOURCE-DD	PIC X(02)		46
OSI-ANNUAL-WAGE-YR	PIC 9(04)		47
FILLER	PIC X(04)		
OSI-QTR	PIC 9(03)	OCCURS 4 TIMES	48
OSI-WAGES	PIC 9(10)V99	OCCURS 4 TIMES	49
OSI-WAG-X	PIC X(12)	REDEFINES	50

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**DATA FILE LAYOUT TO SUPPORT PRODUCTION OF PCLS FROM DAILY IRS FILE  
(CONT'D)**

OSI-WAGES

OCCURS 4 TIMES

OSI-CO-NAME	PIC X(28)	51
OSI-CO-EMP-NAME	PIC X(28)	52
OSI-ADDR-RET-CD	PIC XX	53
FILLER	PIC X	
OSI-CORR-SSN	PIC X(09)	54
OSI-MULT-SSN	PIC X(09)	55
FILLER	PIC X(63)	
OSI-DOB-CC	PIC 9(02)	56
OSI-DOB-YY	PIC 9(02)	57
OSI-DOB-MM	PIC 9(02)	58
OSI-DOB-DD	PIC 9(02)	59

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**Data File Layout to Support Production of PCLs from Weekly Web Site File**

<b>Element</b>	<b>Size</b>	<b>Document Reference #</b>
CASE-ID	PIC X(9)	1
CNTY-CD	PIC XX	2
RESP-NM	PIC X(28)	3
RSP-BIRTH-DT	PIC 9(8)	4
RSP-ADDRESS-TYPE-CD	PIC X	5
RSP-UPDATE-SSN-ID	PIC X(9)	6
RSP-SSN-ID	PIC X(9)	7
RSP-C/O	PIC X(30)	8
RSP-STREET-ADDR	PIC X(35)	9
RSP-CITY-ADDR	PIC X(15)	10
RSP-STATE-ADDR	PIC XX	11
RSP-ZIP-ADDR	PIC X(5)	12
RSP-ZIP4-ADDR	PIC X(4)	13
RSP-PHONE-NBR-ID	PIC X(10)	14
EMP-NM	PIC X(28)	15
EMP-C/O	PIC X(30)	16
EMP-STREET-ADDR	PIC X(35)	17
EMP-CITY-ADDR	PIC X(15)	18
EMP-STATE-ADDR	PIC XX	19
EMP-ZIP-ADDR	PIC X(5)	20
EMP-ZIP4-ADDR	PIC X(4)	21
EMP-PHONE-NBR-ID	PIC X(10)	22
MED-INS-CO-NM	PIC X(28)	23
MED-INS-C/O	PIC X(30)	24
MED-INS-STREET-ADDR	PIC X(35)	25
MED-INS-CITY-ADDR	PIC X(15)	26
MED-INS-STATE-ADDR	PIC XX	27
MED-INS-ZIP-ADDR	PIC X(5)	28
MED-INS-ZIP4-ADDR	PIC X(4)	29
MED-INS-PHONE-NBR-ID	PIC X(10)	30
PARENT-INSURANCE-ID	PIC X(11)	31
MED-INS-GROUP-CD	PIC X(9)	32
FAMILY-COVERAGE-IND	PIC X	33
CHILD-FIRST-NM	PIC X(28)	34
CHILD-MI-NM	PIC X	35
CHILD-LAST-NM	PIC X(28)	36
CHILD-BIRTH-DT	PIC 9(8)	37
CREATE-DT	PIC 9(8)	38
MODIFY-DT	PIC 9(8)	39
MED-INS-ID	PIC X(20)	40
EMP-ID	PIC 9(15)	41
FILLER	PIC X(98)	

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**APPENDIX G****GLOSSARY**

Absent Parent	The parent who is absent from the home and is legally responsible for providing financial support for a dependent child; the noncustodial parent. (Also see Respondent.)
Account	A record maintained on CSMS of support obligations established and accruing pursuant to a Court order or voluntary agreement, and any payments made toward those obligations.
ADC	“Aid to Dependent Children”. A category of Public Assistance paid on behalf of children who are deprived of the financial support of one or both of their parents by reason of death, disability or continued absence (including desertion) from the home. After 1996 called the Temporary Assistance for Needy Families program.
Administrative Procedure	Method by which support orders are enforced by an executive agency rather than by courts and judges.
AEI	“Automated Administrative Enforcement of Interstate Cases”. Provision in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) giving states the ability to locate, place a lien on, and seize financial assets of delinquent obligors across State lines.
AFDC	“Aid to Families with Dependent Children”. Former entitlement program that made public assistance payments on behalf of children who did not have the financial support of one of their parents by reason of death, disability, or continued absence from the home; known in many States as ADC (Aid to Dependent Children). Replaced with Temporary Aid to Needy Families (TANF) under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA).
Affirmative Action Utilization Plan	A plan to reflect the Contractor’s efforts to include Minority or Women Owned Businesses as sub-contractors, vendors or suppliers of services.
Applied	That portion of money paid that has been used to satisfy all or a portion of the respondent’s obligation for the account.
Arrearage	Past due, unpaid child support owed by the noncustodial parent. If the parent has arrearages, s/he is said to be “in arrears”.
Arrears	Total of all unpaid support. Sum of all ASABs plus any

	delinquencies on current support obligations. (Also see ASA, ASAB.)
ASA	An amount of arrears set by a court.
ASAB	"Arrears Set At Balance" amount. The net amount of ASA still due. (ASA minus any applied payments)
ASSETS	"Automated State Support Enforcement & Tracking System". A Microsoft Windows based interface to the Agency's legacy Child Support Management System (CSMS).
ATM	Automatic Teller Machine
Audit Trail	A permanent retrievable legible record or documentation of individual transactions or operations maintained in such a manner so as to provide an explanation of all actions taken with regard to each collection and disbursement activity.
Automated Enforcement	Enforcement of support obligations through issuance of computer initiated documents.
AVR	"Automated Voice Response" system. A telephone system that makes frequently requested information available to clients over touch-tone telephones.
Background Operating Facility	A facility capable of functioning within forty-eight hours of a disaster at the primary operating facility.
Bankruptcy	A notice of Bankruptcy may be submitted to the Child Support Unit by an attorney on behalf of the NCP or by an NCP. Based on the notice of Bankruptcy the Child Support Unit will take appropriate action.
Batch Type	Two character CSMS code which identifies a monetary transaction as a payment, disbursement, amount due, or amount applied.
Beneficiary	The person or agency/institution to whom support payments are payable. Usually the client, the local Social Services agency or 3 <sup>rd</sup> and 4 <sup>th</sup> party designees such as attorneys or hospitals. (Also see Client.)
BICS	"Benefits Issuance Control System". A public assistance issuance control system that CSMS utilized to deliver paper reporting to users.
Billing Statement	A monthly notice sent to a respondent, indicating previous months' payments, future payment dates and amount due, balance on the account, and delinquency or tax refund offset notification if necessary. The notice may also provide special messaging.

Case ID #	A computer-assigned identification code unique to a specific client/respondent relationship. This code has nine characters and is sequentially (throughout the state) assigned to all CSMS cases (e.g., AB12345C1). It is the primary key to identification on CSMS. Client ID # and Respondent ID # are delivered from the case ID #.
Cash Concentration or Disbursement Entries (CCD/CCD+)	Standardized format used for electronic funds transmission (EFT) of child support withholdings from employees' wages. This method is preferable when processing large volumes of transactions and PRWORA requires state automated child support enforcement systems to be capable of using this format as well as the Corporate trade exchange entries (CTX) format.
CCPA	<p>"Consumer Credit Protection Act". Federal law that limits the amount that may be withheld from earnings to satisfy child support obligations. States are allowed to set their own limits provided they do not exceed the federal limits. Regardless of the number or withholding orders that have been served, the maximum that may be withheld for child support is:</p> <ul style="list-style-type: none"> <li>▪ Without arrearage <ul style="list-style-type: none"> <li>50% with a second family</li> <li>60% Single</li> </ul> </li> <li>▪ With Arrearage <ul style="list-style-type: none"> <li>55% with a second family and 12+ weeks in arrears</li> <li>65% Single 12+ weeks in arrears</li> </ul> </li> </ul>
Child Support	<p>Financial support paid by a parent to help support a child or children under the age of majority of whom they do not have custody. Child support can be entered into voluntarily, ordered by a court or a properly empowered administrative agency, depending on each State's laws. Child support can involve cases where:</p> <ul style="list-style-type: none"> <li>▪ IV-D cases, where the custodial party (CP) is receiving child support services offered by State and local agencies; (such services include locating a noncustodial parent (NCP) or putative father (PF); establishing paternity; establishing, modifying, and enforcing child support orders; collecting and distributing child support payments.</li> <li>▪ IV-A cases, where the custodial party (CP) is receiving financial assistance offered by the State and local agencies through the TANF program. The case is automatically referred to CSE to establish, modify or enforce an order.</li> <li>▪ IV-E cases, where the child (ren) is being raised not by one of their own parents but in the foster care system by a person, family, or institution and the</li> </ul>

	<p>case is also automatically referred to the CSE to recoup or defray the costs of foster care.</p> <ul style="list-style-type: none"> <li>Non IV-D orders, where the case or legal order is privately entered into and the CSE is not providing locate, enforcement, or collection services (called); often entered into during divorce proceedings.</li> </ul> <p>The support can come in different forms, including:</p> <ul style="list-style-type: none"> <li>Medical support, where the child(ren) are provided with health coverage, through private insurance from the noncustodial parent (NCP), Public Assistance or Medicaid (MA) that is reimbursed whole or in part by the NCP, or a combination thereof.</li> <li>Monetary payments, in the form of a one-time payment, installments, or regular automatic withholdings from the NCP's income, or the offset of State and/or Federal tax refunds and/or administrative payments made to the NCP. Such as Federal retirement benefits.</li> </ul> <p>There are many tools available to enforce an NCP's obligation.</p>
Child Support Enforcement Agency	Agency that exists in every State that locates non-custodial parents (NCPs) or putative fathers (PF), establishes, enforces, and modifies child support, and collects and distributes child support money. Operated by State or local government according to the Child Support Enforcement Program guidelines as set forth in Title IV-D of the Social Security Act. Also known as a "IV-D Agency".
Child Support Enforcement Program	A program which provides paternity establishment, location, support establishment, collection and enforcement services to eligible individuals; administered either by the local districts with oversight by the State or totally by a State.
Child Support Enforcement Unit	A unit within the local district Department of Social Services responsible for administering the Child Support Enforcement Program.
Child Support Management System	See: CSMS
Client	Individual for who support payment is collected; usually the custodial party.
Client ID #	A computer-assigned identification code derived from the CSMS Case ID # that is assigned to the client in a child support case. This code has 8 characters, and

	functions as an alternate key for identification in CSMS.
COLA	“Cost Of Living Adjustment”. An administrative process by which a court order that meets certain criteria is increased by a percentage equal to the Consumer Price Index Urban (CPIU).
COLD	“Computer Output Laser Disk”. An electronic storage facility for CSMS reports that stores cumulatively and replaces the use of microfiche.
Contractor	Successful offeror. (Also see Fiscal Agent.)
Corporate Trade Exchange (CTX)	Standardized format used for electronic funds transmission (EFT) of child support withholdings from employees’ wages. This method is preferable when processing large volumes of transactions and PRWORA requires state automated child support enforcement systems to be capable of using this format as well as the Cash concentration or disbursement entries (CCD and CCD+) format.
CP	“Custodial Party”. The person who has primary care, custody, and control of the child(ren).
CSE	“Child Support Enforcement”. (See Enforcement.)
CSH	“Customer Service Helpline”, is a service provided by a toll free number which CP, NCP or third party’s may call to obtain information regarding the Child Support Program. Information provided to CP, NCP or identified third parties with existing cases may be case specific. Information to a caller without an existing case or non-identified third parties would be general information regarding the child support program.
CSMS	“Child Support Management System”, the statewide computer system operated by New York State for the purposes of child support case tracking, management, fiscal accountability and reporting.
CSMS Month	The last Friday of each month is used as the cut-off for each month unless otherwise identified by the OTDA. The first day of each month is the first business day after the cut-off day of the prior month.
Custodial Parent	A parent to whom legal and primary physical custody of a child is granted by a valid agreement between the parties or by a court order or decree.
Date of Collection	The date the payment is received at the SDU.
Debit Card	A value source card, it is restricted for child support disbursements that are wired to CP debit card accounts.

Direct Deposit	A child support disbursement wired directly to a CP's personal bank account.
Direct Income Withholding	A procedure, whereby an income withholding order can be sent directly to the noncustodial parent's (NCP's) employer in another State, without the need to use the IV-D Agency or court system in the NCP's State. This triggers withholding unless the NCP contests, and no pleadings or registration are required. The Act does not restrict who may send an income withholding notice across State lines. Although the sender will ordinarily be a child support Agency or the obligee, the obligor or any other person may supply an employer with an income withholding order.
Disaster	Any occurrence, natural disaster, dereliction of duty of staff or otherwise, which results in the inability of contractor to deliver services as provided for in the contract.
Disaster Plan	A fully functional and documented arrangement to provide backup capability in the event of any failure at the primary operating facility.
Disbursement	Payments to beneficiaries of support monies collected on their behalf.
Disposable Income	The portion of an employee's earnings that remains after deductions required by law (e.g., taxes) and that is used to determine the amount of an employee's pay subject to a garnishment, attachment, or child support withholding order.
Distribution	The application of child support collected to the various types of debt within a child support case, as specified in 45 CFR 302.51, (e.g., monthly support obligations, arrears, ordered arrears, etc.).
Division of Child Support Enforcement	"DCSE". The New York State IV-D agency, a division of the Office of Temporary and Disability Assistance, which has the responsibility to administer the Child Support Enforcement Program.
EDI	"Electronic Data Interchange". Process by which information regarding an Electronic Funds Transfer (EFT) transaction is transmitted electronically along with the EFT funds transfer.
EFT	"Electronic Funds Transfer". Process by which money is transmitted electronically from one bank account to another.
EIC	"Earned Income Credit". NYS credit for NCPs that have paid all current support during the tax year. The NYS

	DCSE provides NYS DTF with NCPs current support payment information for the tax year. Under certain circumstances if the NCP has been denied the EIC by NYS DTF a request for a review of the account may be submitted.
Employer Reminder	A notice mailed to employers to be returned with child support payments to facilitate expedited processing.
Enforcement	The application of remedies to obtain payment of a child or medical support obligation contained in a child and/or spousal support order. Examples of remedies includes garnishment of wages, seizure of assets, liens placed on assets, revocation of license (e.g., drivers, business, medical, etc.), denial of U.S. passports, etc.
Enumeration and Verification System (EVS)	System used to verify and correct Social Security numbers (SSNs), and identify multiple SSNs, of participants in child support cases. Operated by the Social Security Administration (SSA).
Establishment	The process of proving paternity and/or obtaining a court order for child support.
FCR	"Federal Case Registry", of child support orders. A national database of information on individuals in all IV-D cases, and all non IV-D orders entered or modified on or after October 1, 1998. The FCR receives this case information on a daily basis from the State Case Registry (SCR) located in every State, proactively matches it with previous submissions to the FCR and with employment information contained in the National Directory of New Hires (NDNH). Any successful matches are returned to the appropriate State(s) for processing. The FCR and the NDNH are both part of the expanded FPLS, which is maintained by OCSE.
Federal Financial Participation	"FFP." Federal government reimbursement for the administrative costs of operating the Child Support Enforcement Program.
Federal Tax Refund Offset Program	A program that collects past due child support amounts from noncustodial parents through the intercept of their federal income tax refund, or an administrative payment, such as federal retirement benefits. This program has expanded to include the revocation and/or restriction of already issued passports. The cooperation of States in the submittal of cases for tax intercept is mandatory, while submittal of cases for administrative intercept is optional. The Federal Tax Refund Offset Program is operated in cooperation with the Internal Revenue Service, the U.S. Department of Treasury's Financial Management Service (FMS), the U.S. Department of State, and State Child Support Enforcement (CSE) Agencies.

FEIN	“Federal Employer Identification Number”. Unique nine-digit number assigned to all employers by the Internal Revenue Service (IRS), which must be used in numerous transactions, including submitting data and responding to requests relevant to child support.
FIPS Code	“Federal Information Processing Standard” code which is used to identify the location from which collections are received or referred to another jurisdiction (i.e., States, counties, central state registries). Each CSMS account is assigned a FIPS code.
Fiscal Agent	A contractor who processes payments, disburses funds and performs certain other related functions, as required, which the OTDA in providing child support would otherwise perform services to eligible individuals.
FPLS	“Federal Parent Locator Service”. A computerized national location network operated by the Federal Office of Child Support (OCSE) of the Administration for Children and Families (ACF), within the Department of Health and Human Services (DHHS). FPLS obtains address and employer information, as well as data on child support cases in every State, compares them and returns matches to the appropriate States. The expanded FPLS includes the Federal Case Registry (FCR) and the National Directory of New Hires (NDNH).
FVI	“Family Violence Indicator”. A designation that resides in the Federal Case Registry (FCR) placed on a participant in a case or order by a State that indicates a person is associated with child abuse or domestic violence. It is used to prevent disclosure of the location of a custodial party and/or a child believed by the State to be at risk of family violence.
Garnishment	A legal proceeding under which part of a person’s wages and/or assets is withheld for payment of a debt. This term is usually used to specify that an income or wage withholding is involuntary.
HHS/OCSE	The United States Department of Health and Human Services, Office of Child Support Enforcement.
Immediate Wage Withholding	An automatic deduction from income that starts as soon as the order for support is established.
Imputed Income	The amount of income a noncustodial parent is capable of earning as determined by a court order or fringe benefits provided to employees that may be taxable but which cannot be counted as additional disposable income that is subject to child support obligations.
Income	As defined by the Personal Responsibility and Work

	Opportunity Reconciliation Act of 1996 (PRWORA), income is any periodic form of payment to an individual, regardless of source, including wages, salaries, commissions, bonuses, worker's compensation, disability, pension, or retirement program payments and interest.
Income Payor	Source of respondent's income from an entity other than an employer.
Income Withholding	Procedure by which deductions are made from wages or income, as defined in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), to pay a debt such as child support. Income withholding often is incorporated into the child support order and may be voluntary or involuntary. Sometimes referred to as wage withholding.
Intercept	A method of securing child support by taking a portion of non-wage payments made to a noncustodial parent. Non-wage payments subject to intercept include Federal tax refunds, State tax refunds, unemployment benefits, and disability benefits.
IV-A	"Title IV-A of the Social Security Act". Reference to Title IV-A ("Four-A") of the Social Security Act covering the Federal-State Public Assistance Program.
IV-A Case	A child support case in which a custodial parent and/or child(ren) is receiving public assistance benefits under the State's IV-A program, which is funded under Title IV-A of the Social Security Act. Applicants for assistance from IV-A programs are automatically referred to their State IV-D agency in order to identify and locate the noncustodial parent, establish paternity and/or a child support order, and/or obtain child support payments. This allows the State to recoup or defray some of its public assistance expenditures with funds from the noncustodial parent.
IV-D	"Title IV-D of the Social Security Act". Reference to Title IV-D of the Social Security Act, which required that each State create a program to locate noncustodial parents, establish paternity, establish and enforce child support obligations, and collect and distribute support payments. States must accept applications and assist families who do not receive public assistance, if requested, to assist in establishment, modification or enforcement of child support. Title IV-D also established the Federal Office of Child Support Enforcement.
IV-D Agency	A single and separate organizational unit in the state that has the responsibility for administration of the Child Support Enforcement Program.

IV-D Case	A child support case where at least one of the parties, either the custodial party (CP) or the noncustodial parent (NCP), has requested or received IV-D services from the State IV-D agency. A IV-D case is composed of a custodial party, noncustodial parent, or putative father, and dependent(s).
IV-E	"Title IV-E of the Social Security Act". Reference to Title IV-E of the Social Security Act, which established a Federal-State program known as Foster Care that provides financial support to a person, family, or institution that is raising a child or children that is not their own.
IV-E Case	A child support case in which the State is providing benefits under Title IV-E of the Social Security Act to a person, family, or institution that is raising a child or children that are not their own. As with other public assistance cases, recipients are referred to their State IV-D agency in order to identify and locate the noncustodial parent, establish paternity and/or a child support order, and/or obtain child support payments.
Local District	One of the 58 Social Services Districts which consists of New York City and the 57 remaining counties in the State.
MAO	"Medical Assistance Only". A form of public assistance administered by a State's IV-A program, which provides benefits to recipients only in the form of medical, rather than financial assistance.
MDDC	"Multiple Document Data Capture". Process of data entering information received in paper form from various sources to CSMS. This process consists of online entries or datafile transmission (eg: Wage Health Benefit Report, Income Execution, Postal Clearance, and Support Withholding reminder).
Medical Support Order	A court order which requires the noncustodial parent to provide medical and/or dental insurance coverage.
Minority Business Enterprise	A business enterprise, including a sole proprietorship, partnership or corporation that is: <ul style="list-style-type: none"> <li>▪ at least fifty –one percent owned by one or more minority group members; an enterprise in which such minority ownership is real substantial and continuing;</li> <li>▪ an enterprise in which such minority ownership has and exercises the authority to control and operate, independently, the day-to-day business decisions of the enterprise; and</li> </ul>

	<ul style="list-style-type: none"> <li>an enterprise authorized to do business in this state and is independently owned and operated.</li> </ul>
Minority Group Member	<p>Black: (Not of Hispanic origin) – a person having origins in any of the black racial groups of the original peoples of Africa.</p> <p>Hispanic: a person of Mexican, Puerto Rican, Dominican, Cuban, Central or South American or either Indian or Hispanic origin, regardless of race.</p> <p>Asian and/or 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. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.</p> <p>Native American or Alaskan Native: a person having origins in any of the original peoples of North America and who maintains cultural identification through affiliating or community recognition.</p> <p>Disabled Person: any person (a) has a physical or mental impairment that substantially limits one or more major life activities; (b) has a record of such impairments or (c) is regarded as having such impairment.</p> <p>Vietnam Era Veteran: any person who has inactive military service between January 1, 1963 and May 7, 1975.</p>
MSFIDM	<p>“Multistate Financial Institution Data Match”. Process created by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) by which delinquent child support obligors are matched with accounts held in financial institutions (FI) doing business in more than one State. States submit data to the Office of Child Support Enforcement (OCSE) on a noncustodial parent (NCP) and their arrearage, and indicate whether the NCP should be submitted for MSFIDM. OCSE ensures the accuracy of the data and transmits the file to participating multistate financial institutions, who match the information against their open accounts and returns matches to the appropriate States, who can then undertake action to place a lien on and seize all or part of the account.</p>
Multistate Employer	<p>An organization that hires and employs people in two or more States. The multistate employer conducts business within each State and the employees are required to pay taxes in the State where they work. They have the option to report all of their new hires to the SDNH of only one State in which they do business rather than to all states they do business in.</p>

NACHA	“National Automated Clearing House Association”. The Association that establishes the standards, rules, and procedures that enable financial institutions to exchange payments on a national basis.
National Personnel Records Center	A part of the National Archives and Records Administration’s system of record storage facilities. The National Personnel Records Center (NPRC) receives and stores both Federal Military and Civilian personnel records.
NCP	“Noncustodial Parent”. A parent who is absent from the home and is legally responsible for providing financial support for a child or children.
NDNH	“National Directory of New Hires”. A national database containing New Hire (NH) and Quarterly Wage (QW) data from every State and Federal agency and Unemployment Insurance (UI) data from State Employment Security Agencies (SESAs). Data contained is first reported to each State’s State Directory of New Hires (SDNH) and then transmitted to the NDNH. OCSE maintains the NDNH as part of the expanded FPLS.
New Hire Data	Data on a new employee that employers must submit within 20 days of hire to the State Directory of New Hires (SDNH) in the State in which they do business. Minimum information must include the employee’s name, address, and Social Security number (SSN), as well as the employer’s name, address, and Federal Employer Identification Number (FEIN). Some States may require or request additional data. Multistate employers have the option of reporting all of their newly hired employees to only one State in which they do business. This data is then submitted to the National Directory of New Hires (NDNH) where it is compared against child support order information contained in the Federal Case Registry (FCR) for possible enforcement of child support obligations by wage garnishment. New hire data may also be used at the State level to find new hires that have been receiving unemployment insurance or other public benefits for which they may no longer be eligible, helping States to reduce waste and fraud. Federal Agencies report this data directly to the NDNH. Also known as (W4) data, after the form used to report employees.
New Hire Reporting	Program that requires that all employers report newly hired employees to the State Directory of New Hires (SDNH) in their State. This data is then submitted to the National Directory of New Hires (NDNH), where it is compared against child support order information contained in the Federal Case Registry (FCR) for

	possible enforcement of child support obligations by wage garnishment. Some data is also made available to States to find new hires that have been receiving unemployment insurance or other public benefits for which they may no longer be eligible, helping States to reduce waste and fraud.
Non-ADC – Non-TANF	Describes those child support cases in which the custodial parent does not receive Aid for Dependent Children (ADC). After 1996 not receiving Temporary Assistance for Needy Families (TANF).
Non IV-A Case	A support case in which the custodial parent has requested IV-D services but is not receiving Temporary Assistance to Needy Families (TANF). Also known as a Non-TANF case (TANF).
Non IV-D	Cases in which payments are not being processed through the IV-D program.
Non IV-D Orders	<p>A child support order handled by a private attorney as opposed to the State/Local child support enforcement (IV-D) agency. (Non IV-D orders that pre-date January 1, 1994 may be subject to different disbursement requirements.) A non IV-D order is one where the State:</p> <ul style="list-style-type: none"> <li>▪ Is not currently providing service under the State's Title IV-A, Title IV-D, Title IV-E, or Title XIX programs.</li> <li>▪ Has not previously provided State services under any of these programs.</li> <li>▪ Has no current application or applicable fee for services paid by either parent.</li> </ul> <p>A IV-D case may become a non IV-D order when:</p>
	<ul style="list-style-type: none"> <li>▪ All child support arrearages previously assigned to the State have been paid, and/or</li> <li>▪ The parent(s) originally making application for a State's IV-D services request(s) termination of those IV-D services.</li> </ul> <p>Non IV-D orders established or modified in the State on or after October 1, 1998 must be included in the State Case Registry (SCR) for transmission to the Federal Case Registry (FCR).</p> <p>A non IV-D order can be converted into a IV-D case when the appropriate application and fees for IV-D services are paid by a parent, or when the custodial parent begins receiving Title IV-A services for benefit of the child(ren).</p>

Obligee	The person, State agency, or other institution to which a child support is owed (also referred to as custodial party when the money is owed to the person with primary custody of the child).
Obligor	The person who is obliged to pay child support (also referred to as the noncustodial parent, respondent or NCP).
Offeror	Any corporation, company or organization that responds to this RFP with a complete proposal.
Office of the State Comptroller	"OSC". Also known as the Department of Audit and Control. Has the responsibility to review all expenditures made by the State of New York.
Offset	Amount of money intercepted from a parent's State or Federal income tax refund, or from an administrative payment such as federal retirement benefits, in order to satisfy a child support debt.
Order	Direction of a magistrate, judge, or properly empowered administrative office.
Order/Notice to Withhold Child Support	The form to be used by all States that standardizes the information used to request income withholding for child support. According to the Uniform Interstate Family support Act (UIFSA), this form may be sent directly from the initiating State to a noncustodial parent's employer in another State.
OTDA/DCSE	New York State Office of Temporary and Disability Assistance/Division of Child Support Enforcement.
Payee	Person or organization in whose name child support money is paid.
Payment Date	See: Date of Collection
Payment File	Electronic datafile containing payment information, which is provided by the fiscal agent to the OTDA on a daily basis for the purpose of updating CSMS accounts.
Payor	Person who makes a payment, usually noncustodial parents or someone acting on their behalf, or a custodial party who is repaying a receivable.
Performance Standards	Standards of performance prescribed by the OTDA.
PEX	"Property Execution". An administrative enforcement action in which a NCP's asset is restrained and possibly seized for delinquent child support, most commonly a bank account.

PIN	“Personal Identification Number “. Assigned to each CP when a case is opened in CSMS. A PIN Notice is provided either upon request or automatically to the CP when an account is opened. A CP in receipt of payments via Debit Card will have a separate PIN for their Debit Card.
Primary Operating Facility	A single site, within a thirty-five mile radius of Albany, New York for the sole purpose of performing the collection and enforcement functions in accordance with the contract provisions.
Program	The New York State Child Support Enforcement Program.
Quarterly Wage Data	Data on all employees that must be submitted by employers on a quarterly basis to the State Employment Security Agency (SESA) in the State in which they operate. This data is then submitted to the National Directory of New Hires (NDNH). Minimum information must include the employee’s name, address, Social Security number (SSN), wage amount, and the reporting period as well as the employer’s name, address, and Federal Employer Identification Number (FEIN). The data is then compared against child support order information contained in the Federal Case Registry (FCR) for possible enforcement of child support obligations by wage garnishment. Federal agencies report this data directly to the NDNH.
Regulation	A principle, rule or law designed to govern behavior. A government order having the force of law. Examples include the Code of Federal Regulations (CFR) and New York Code, Rules & Regulations (NYCRR).
Remittance Tags	A coupon, form, stub, tag or other similar type item to be included by a respondent with each payment for purpose of identifying respondent and respondent’s account number. Currently, respondents receive five tags with each monthly billing statement.
Respondent	The noncustodial (absent) parent in a child support case who is required to pay support, or the party answering a petition or motion.
Respondent ID#	A seven-character computer–assigned identification code derived from the Case ID# that is assigned to the respondent. The seven-character codes consist of the first seven characters of the case ID# (e.g., AB12345).
SCR	“State Case Registry”. A database maintained by each State that contains information on individuals in all IV-D cases and all non IV-D orders established or modified after October 1, 1998. Among the data included in the SCR is the State’s numerical FIPS code, the State’s

	identification number (which must be unique to the case), the case type (IV-D vs. non IV-D), locate information on persons listed in the case, in addition to other information. Information submitted to the SCR is transmitted to the Federal Case Registry, where it is compared to cases submitted by other States, as well as the employment data in the National Directory of New Hires (NDNH). Any matches found are returned to the appropriate States for processing.
SCU	See: Support Collection Unit
SDNH	“State Directory of New Hires”. A database maintained by each State, which contains information regarding newly hired employees for the respective State. The data is then transmitted to the NDNH, where it is compared to the employment data from other States as well as child support data in the Federal Case Registry (FCR). Any matches found are returned to the appropriate States for processing. Employers are required to submit new hire data to the SDNH within 20 days of the hire date. Multistate employers (those that do business and hire workers in more than one State) have additional options on where to report new hire information. In most States, the SDNH is contained in the State Parent Locator Service (SPLS) that is part of each State IV-D agency, in others it is operated by the State Employment Security Agency (SESA).
SDU	“State Disbursement Unit”. The single site in each State where all child support payments are processed. Upon implementation of centralized collections, each state will designate its State Disbursement Unit, or SDU, to which all child support payments should be sent...
SESA	“State Employment Security Agency”. Agency in each State that processes unemployment insurance claims. They are also repositories of quarterly wage data, information on all employees submitted by employers, which they submit to the National Directory of New Hires (NDNH) along with the unemployment insurance claim data. In some States, the SESA also operates the State Directory of New Hires (SDNH).
Single State Financial Institution Data Match	Process by which delinquent child support obligors are matched with accounts held in financial institutions (FI) doing business in only one State.
SPLS	“State Parent Locator Services”. A unit within the state Child Support Enforcement Agency. The purpose of the unit is to locate noncustodial parents in order to establish and enforce child support obligations, visitation, and custody orders or to establish paternity. This unit operates the State Case Registry (SCR), and

	in most States, the State Directory of New Hires (SDNH). In some States the State Employment Security Agency or SESA operates the SDNH.
SSN	“Social Security number”.
State	The State of New York
State Fiscal Year	April 1 – March 31
Subcontractor	Party contracting with the Contractor for performance of functions described in the RFP.
Support Collection Unit	“SCU”. Usually a subdivision of the local district child support office responsible for collecting, accounting, and disbursing payments and enforcing Court ordered support obligations.
Support Enforcement	The process by which delinquent child support accounts are identified and appropriate actions are taken to collect past due support and to ensure future payments.
Support Establishment	The process by which noncustodial parent’s financial obligation to his or her child is assessed and adjudicated.
Support Order	A judgment, decree, or order, whether temporary, final, or subject to modification, issued by a court or an administrative agency of a competent jurisdiction, for the support and maintenance of a child. This includes a child who has attained the age of majority under the law of the issuing State, or of the parent with whom the child is living. Support orders can incorporate the provision of monetary support, health care, payment of arrearages, or reimbursement of costs and fees, interest and penalties, and other forms of relief.
Support Payment	A payment made pursuant to a court order or voluntary support obligation.
TANF	“Temporary Assistance for Needy Families”. Time-limited public assistance payments made to poor families, based on Title IV-A of the Social Security Act. TANF replaced Aid to Families with Dependent Children (“AFDC”-otherwise known as welfare) when the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) was signed into law in 1996. The program provides parents with job preparation, work, and support services to help them become self-sufficient. Applicants for TANF benefits are automatically referred to their State IV-D agency in order to establish paternity and child support for their children from the noncustodial parent. This allows the State to recoup or defray some of its public assistance expenditures with funds from the noncustodial parent.

Tax Refund Offset	The process by which a respondent's Federal or State tax refunds are diverted to OCSE and applied to past due child support payments.
Title IV-A	Refers to Title IV-A of the Social Security Act, which is the section of federal law covering the Federal – State Public Assistance Program.
Title IV-D	Refers to Title IV-D of the Social Security Act, which is the section of federal law covering the Child Support Program.
Title IV-E	Refers to Title IV-E of the Social Security Act, which is the section of federal law covering the Foster Care Program.
Transaction Number	A sequentially assigned number recorded on each original payment document to allow retrieval and review subsequent to processing.
Transition	<ul style="list-style-type: none"> <li>▪ For Test of Operating Procedures – Those tasks the Contractor will be required to complete prior to performing the collection and enforcement functions for the test districts.</li> <li>▪ For Statewide Implementation – Those tasks the Contractor will be required to complete prior to performing the collection and enforcement functions for the remaining local districts.</li> </ul>
Turnover	The process of changing control of the central collection and enforcement operation to a succeeding Contractor or to the OTDA.
Unclaimed Funds	Support payment that cannot be disbursed because the identity of the payor is unknown, or the address of the payee is unknown.
Undistributed Collections	Collections either applied or unapplied to a CSMS account but have not been distributed to a beneficiary.
Unemployment Insurance Claim Data	Data on unemployment insurance and applicants claimants submitted by State Employment Security Agencies (SESAs) on a quarterly basis to the National Directory of New Hires (NDNH). Minimum information must include the employee's name, address, Social Security number (SSN), the benefit amount, and reporting period. This data is then compared against child support order information contained in the Federal Case Registry (FCR) for possible enforcement of child support obligations by garnishment.
Wage Assignment	A voluntary agreement by an employee to transfer (or assign) portions of future wage payments (e.g.,

	insurance premium deductions, credit union deductions) to pay certain debts, such as child support.
Wage Attachment	An involuntary transfer of a portion of an employee's wage payment to satisfy a debt. In some States this term is used interchangeably with Wage or Income Withholding, in other States there are distinctions between an attachment and withholding. The most common term used is Wage or Income Withholding.
Wage Withholding	A procedure by which scheduled deductions are automatically made from wages or income to pay debt, such as child support. Wage withholding often is incorporated into the child support order and may be voluntary or involuntary. The provision dictates that an employer must withhold support from a noncustodial parent's wages and transfer that withholding to the appropriate agency (the Centralized Collection Unit or State Disbursement Unit). Also known as Income Withholding.
Women-Owned Business Enterprise	<p>"WBE". A business enterprise, including a sole proprietorship, or corporation that is:</p> <ul style="list-style-type: none"> <li>▪ At least fifty-one percent owned by one or more citizens or permanent alien residents who are women; an enterprise in which the ownership interest of such women is real, substantial and continuing;</li> <li>▪ An enterprise in which such women ownership has and exercises the authority to control and operate, independently, the day-to-day business decisions of the enterprise; and</li> <li>▪ An enterprise authorized to do business in this state and is independently owned and operated.</li> </ul>

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## APPENDIX H

### REFERENCE LIBRARY

- H.1 Copy of NACHA CCD+, CTX and PPD Formats
- H.2 Copy of Social Services Laws and Regulations pertaining to Centralized Operations
- H.3 Customer Service Helpline
  - User Manual
  - Frequently Asked Questions and Answers
- H.4 Data Capture Documents
- H.5 Document Storage and Retrieval Formats and Specifications
- H.6 Electronic Payment Media Format and Specifications
- H.7 OTDA Manuals:
  - Bankruptcy Notice Processing
  - Case Closure Data Capture
  - Child Support Management System Instructions for Use
  - Customer Service Helpline Non-Custodial Parent Address Update Procedures
  - Domestic Financial Instruments Deposit Preparation Procedures
  - Foreign Currency Deposit Preparation Procedures
  - Interstate Case Registry Mail Sorting and Processing
  - Medical Support Execution Data Capture
  - Multiple Document Data Capture
    - Wage and Health Benefits Report
    - Notice to Withhold Income
    - Employer Compliance Notice
    - Support Withholding Reminder
    - Website Datafile
  - New York City Custodial Parent Address Verification Letter Data Capture
  - Non-Custodial Parent Address Update and Data Capture
  - Payment Identification
  - Payment Images Instruction Manual
  - Personal Identification Number (PIN) Notice Generation Procedures
  - Proration of Payments Procedures
  - Putative Father Registry Record Deletion Data Capture
- H.8 Sample of Billing Statements/Employer Reminders
- H.9 Sample Checks/Debit Card
  - Custodial Parent check
  - SCU check
  - Debit Card Image
- H.10 Sample of Notices
- H.11 Voice Response System
  - Script
  - Telecommunications Specifications
- H.12 Turnover Plan

- Fixed Assets

H.13 Monthly Production Report 2006 & 2007

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**APPENDIX I**  
**DATAFILE/FREQUENCY**

<b>DATAFILE TYPE</b>						<b>FREQUENCY</b>	<b>PRINTED AND MAILED</b>	<b>RECEIVED AND MAILED</b>
<b>Disbursements</b>								
						Daily	X	
						Daily		
						Daily		
<b>Cost of Living Adjustment Process (COLA):</b>								
Doc 1	File 1	Family Court Notice	1pg.	Form 3b		Monthly	X	
			6 pgs.	Form 4		Monthly	X	
	File 2	SCU	1pg.	Form 3b		Monthly	X	
			6 pgs.	Form 4		Monthly	X	
	File 3	Client	2pgs.	Form 3a		Monthly	X	
			6 pgs.	Form 4		Monthly	X	
	File 4	Respondent	2pgs.	Form 3a		Monthly	X	
			6 pgs.	Form 4		Monthly	X	
Doc 2	File 1	Supreme Court Notice	1pg	Form 3b		Monthly	X	
			6 pgs.	Form 5		Monthly	X	
	File 2	SCU	1pg.	Form 3b		Monthly	X	
			6 pgs.	Form 5		Monthly	X	
	File 3	Client	2pgs.	Form 3a		Monthly	X	
			6 pgs.	Form 5		Monthly	X	

File 4    Respondent

2 pgs.

Form 3a

Monthly

X

6 pgs.

Form 5

Monthly

X

2007

**DATAFILE/FREQUENCY**

DATAFILE TYPE					FREQUENCY	PRINTED AND MAILED	RECEIVED AND MAILED
	File 4	Respondent	2 pgs.	Form 3a	Monthly	X	
			6 pgs.	Form 5	Monthly	X	
Doc 3	File 1	Respondent (Green)	3 pgs.	Form 1	Monthly	X	
			1 pg.	Form 2	Monthly	X	
	File 2	Client (Yellow)	3 pgs.	Form 1	Monthly	X	
			1 pg.	Form 2	Monthly	X	
Doc 6	File 1	Family Court	1 pg.	Form 3b	Monthly	X	
			6 pgs.	Form 4	Monthly	X	
	File 2	SCU	1ps.	Form 3b	Monthly	X	
			6 pgs.	Form 4	Monthly	X	
	File 3	Client	2 pgs.	Form 3a	Monthly	X	
			6 pgs.	Form 4	Monthly	X	
	File 4	Respondent	2 pgs.	Form 3a	Monthly	X	
			6 pgs.	Form 4	Monthly	X	
Doc 7	File 1	Supreme Court	1 pg.	Form 3b	Monthly	X	
			6 pgs.	Form 5	Monthly	X	
	File 2	SCU	1pg.	Form 3b	Monthly	X	
			6 pgs.	Form 5	Monthly	X	
	File 3	Client	2 pgs.	Form 3a	Monthly	X	

			6 pgs.	Form 5	Monthly	X	
	File 4	Respondent	2 pgs.	Form 3a	Monthly	X	
			6 pgs.	Form 5	Monthly	X	

2007

**DATAFILE/FREQUENCY**

<b>DATAFILE TYPE</b>						<b>FREQUENCY</b>	<b>PRINTED AND MAILED</b>	<b>RECEIVED AND MAILED</b>
Doc 8	File 1	Client		1 pg.	Form 12	Daily	X	
	File 2	Respondent		1 pg.	Form 12	Daily	X	
Doc 9	File 1	Respondent		1 pg.	Form 13	Daily	X	
	File 2	Client		1 pg.	Form 13	Daily	X	
	File 3	Court		1 pg.	Form 13	Daily	X	
	File 4	SCU		1 pg.	Form 13	Daily	X	
Cost of Living Adjustment Process-Family PA Cases				4 pgs.		Monthly	X	
Cost of Living Adjustment Process-Supreme PA Cases				4 pgs.		Monthly	X	
Important Notice Regarding Right to Request Review and Adjustment of Your Support Order				1 pg.		Daily	X	
Notice to Withdraw Adjusted Order of Support				1 pg.		Daily	X	
<b>Income Execution:</b>								
Respondent Income Execution – Immediate RIMD				6 pgs.		Daily	X	
Respondent Income Execution – Default RIEX				6 pgs.		Daily	X	
Employer Income Execution – Immediate EIMD				8 pgs.		Daily	X	
Employer Income Execution – Default EIEX				8 pgs.		Daily	X	
New York City Employer Income Execution – Immediate CIMD				8 pgs.		Daily	X	
New York City Employer Income Execution – Default CIEX				8 pgs.		Daily	X	
Termination of Income Execution for Support Enforcement				1 pg.		Daily	X	
<b>Wage and Health Benefits Report WHBR</b>				3 pgs.		Daily	X	
<b>Address Information Request PCL</b>				1 pg.		Daily	X	

DATAFILE/FREQUENCY					
DATAFILE TYPE			FREQUENCY	PRINTED AND MAILED	RECEIVED AND MAILED
<b>Notice Regarding Referral of Your Case to the New York State Department of Taxation and Finance For Your Failure to Pay Child Support</b>	2 pgs.		Monthly	X	
<b>Employer Compliance Notice EMPCL</b>	1 pg.		Daily	X	
<b>DMV:</b>					
Notice Regarding Your Driving Privileges and Your Failure to Pay Child Support DMV - NYC	3 pgs.		Weekly		X
Notice of First Failure to Comply with Payment Plan - NYC	3 pgs.		Daily		X
Second Notice of Failure to Comply with Payment Plan - NYC	3 pgs.		Daily		X
Notice Regarding Your Driving Privileges and Your Failure to Pay Child Support DMV - ROS	2 pgs.		Weekly		X
Notice of First Failure to Comply with Payment Plan – ROS	2 pgs.		Daily		X
Second Notice of Failure to Comply with Payment Plan – ROS	2 pgs.		Daily		X
<b>Parent Locator Search Results:</b>	1 pg.		Weekly		X
<b>Credit Reporting:</b>					
Report to Consumer Reporting Agencies-NYC	2 pgs.		Monthly	X	
Report to Consumer Reporting Agencies-ROS	1 pg.		Monthly	X	
<b>Employer Reminders:</b>					
Large Employer Bill –NYC	3 pgs.		Monthly	X	
Large Employer Bill – ROS	2pgs.		Monthly	X	
Small Employer Bill – NYC	11pgs.		Monthly	X	
Small Employer Bill – ROS	10 pgs.		Monthly	X	

<b>Respondent Billing-Weekly on New Accounts, then Monthly:</b>					
Summary of Support Account – NYC	2 pgs.		Weekly/Monthly	X	
<b>DATAFILE TYPE</b>			<b>FREQUENCY</b>	<b>PRINTED AND MAILED</b>	<b>RECEIVED AND MAILED</b>
Summary of Support Account – ROS	2 pgs.		Weekly/Monthly	X	
<b>Client Monthly Notice:</b>					
Monthly Notice of Support Payments – NYC	2 pgs.		Monthly	X	
Monthly Notice of Support Payments – ROS	2 pgs.		Monthly	X	
<b>Locate Data Sheet:</b>			Weekly	X	
<b>Client PIN Notice:</b>					
Child Support Information Line (CSIL) Important Notice – NYC	11 pgs.		Weekly	X	
Child Support Information Line (CSIL) Important Notice – ROS	8 pgs.		Weekly	X	
<b>Tax Offset:</b>					
Tax Offset Special Notice – NYC	10 pgs.		Annually	X	
Tax Offset Special Notice – ROS	6 pgs.		Annually	X	
<b>Property Execution:</b>					
Restraining Notice	2 pgs.		Daily	X	
Restraining Notice to Respondent - ROS	4 pgs.		Daily	X	
Restraining Notice to Respondent - NYC	8 pgs.		Daily	X	
Restraining Notice with Information Subpoena	10 pgs.		Daily	X	
Restraining Notice with Information Subpoena - Respondent - ROS	7 pgs.		Daily	X	
Restraining Notice with Information Subpoena – Respondent - NYC	11 pgs.		Daily	X	
Execution and Notice	3 pgs.		Daily	X	

	Notice to Vacate Restraining Notice or Execution	1 pg.		Daily	X	
	Notice to Vacate Restraining Notice or Execution – Respondent	1 pg.		Daily	X	
<b>Lien:</b>						
	Notice of Intent to File Lien – Respondent – ROS	3 pgs.		Daily	X	
	Notice of Intent to File Lien – Respondent _ NYC	5 pgs.		Daily	X	
<b>DATAFILE TYPE</b>				<b>FREQUENCY</b>	<b>PRINTED AND MAILED</b>	<b>RECEIVED AND MAILED</b>
	Notice of Lien	4 pgs.		Daily	X	
	Notice of Lien – Respondent	4 pgs.		Daily	X	
	Release of Lien	2 pgs.		Daily	X	
	Release of Lien – Respondent	2 pgs.		Daily	X	
<b>Medical Execution</b>						
	National Medical Support Notice – MEDX – Employer	14 pgs.		Daily	X	
	National Medical Support Notice – MEDX – Respondent	10 pgs.		Daily	X	
	Notice of Health Insurance Coverage for Children Available – Client	2 pgs.		Daily	X	
	Notice of Health Insurance Coverage for Children Unavailable – Client	1 pg.		Daily	X	
	Reminder to Employer to Respond to MEDX Notice	1pg.		Daily	X	
	Termination of MEDX – Employer	1 pg.		Daily	X	
<b>License Suspension:</b>						
	License Suspension Notice – Respondent	3 pgs.		Monthly	X	
<b>Case Closure:</b>						
	Contact Letter – Client	1 pg.		Monthly	X	

	Case Closure Notice – Client	2 pgs.		Monthly	X	
	Case Closure Notice – Other State Agency	2 pgs.		Monthly	X	
<b>Continuation of IV-D Services when Public Assistances Closes:</b>						
	Continuation of Child Support Services – Client – NYC	7 pgs.		Weekly	X	
	Continuation of Child Support Service – Client – ROS	6 pgs.		Weekly	X	

**NOTE:** for COLA Doc 1, 2, 6 and 7; NYC only includes a Query  
The Offeror is required to use the price and cost schedules noted in Appendix B and C of this RFP to submit a separate offer price for fixed costs and Offeror suggested revisions.

## **APPENDIX J**

### **REQUIRED FORMS**

- J.1 Confidentiality Agreement ( 1 page )**
- J.2 Non-Collusive Bidding Certification ( 2 pages )**
- J.3 MacBride Fair Employment Principles ( 1 page )**
- J.4 Bidder's ID Form ( 2 pages )**
- J.5 Contractor's Requirement Under Article 15-A ( 2 pages )**
- J.6 Contractor/Subcontractor Background Questionnaire ( 4 pages )**
- J.7 PLA Offeror's Certification and Affirmation of Understanding of and Agreement pursuant to State Finance Law §139-j and k (1 page)**
- J.8 Offeror Disclosure of Prior Non-Responsibility Determinations (Procurement Lobbying Act) ( 2 pages )**
- J.9 Contractor Certification to Covered Agency ST-220-CA ( 2 pages )**
- J.10 Contractor Certification ST-220-TD ( 6 pages )**
- J.11 Subcontracting Utilization Form (1 page)**
- J.12 M/WBE Subcontractors and Suppliers Letter of Intent to Participate (2 pages)**
- J.13 Bidder Application Form (6 pages, includes instruction page)**
- J.14 M/WBE Staffing Plan (1 Page)**

**CONFIDENTIALITY AGREEMENT  
AND  
CERTIFICATE OF NON-DISCLOSURE**

**Procurement of a Contractor for New York State  
Centralized Support Collection and Enforcement**

**State of** \_\_\_\_\_

**ss. :** \_\_\_\_\_

**County of** \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says that he/she is  
(Print or type full name)

\_\_\_\_\_, of \_\_\_\_\_,  
(Title or Capacity) (Name of Firm)

The firm which executed this instrument, that he/she is authorized by said firm to execute this instrument, and that on behalf of said firm he/she acknowledges that the firm hereby agrees that any information pertaining to: any child support custodial or non-custodial parent, any new hire notification received from employers, or to the New York State Child Support Management System (CSMS) and its documentation, supplied to or obtained by the firm, its officers, agents and employees in relation to the procurement of a Contractor for Centralized Support Collection and Enforcement, is confidential in nature and may not be used for any purpose other than the formulation of a good faith offer for said procurement, and that any other use, or release to any party, of any such information, without prior written consent of the New York State Office of Temporary and Disability Assistance (OTDA), shall constitute a breach of confidentiality and may result in disqualification of the firm from the procurement, or the imposition of other sanctions as provided under New York State law, including recovery of damages or criminal prosecution.

\_\_\_\_\_  
(Name of Firm)

**By:** \_\_\_\_\_ **(Signature)**

**Sworn to before me this day of** \_\_\_\_\_, **2007**

\_\_\_\_\_  
**NOTARY PUBLIC**

## Non-Collusive Bidding

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

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

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

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

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

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

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

[AFFIX ADDENDUM TO THIS PAGE IF SPACE IS REQUIRED FOR STATEMENT.]

Subscribed to under penalty of perjury under the laws of the State of New York, this \_\_\_\_ day of \_\_\_\_\_, 200\_ as the act and deed of said corporation or partnership.

Non-Collusive Bidding Certification - continued

Identifying Data

Potential Contractor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City, Town, etc.

Telephone: \_\_\_\_\_

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

If applicable, Responsible Corporate Officer

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

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

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

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

\_\_\_\_\_  
Legal name of person, firm or corporation

\_\_\_\_\_  
Legal name of person, firm or corporation

By \_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

Address \_\_\_\_\_  
Street

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State

\_\_\_\_\_  
City State

## MACBRIDE FAIR EMPLOYMENT PRINCIPLES

### NONDISCRIMINATION IN EMPLOYMENT IN NORTHERN IRELAND:

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

(1) has business operations in Northern Ireland;

Yes \_\_\_\_\_ or No \_\_\_\_\_

if yes:

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

Yes \_\_\_\_\_ or No \_\_\_\_\_

---

Signature

## : Bidder's ID Form

### COMPANY PROFILE INFORMATION

<b>COMPANY NAME/ HEADQUARTERS ADDRESS RESPONSIBLE FOR SUBMITTING INVOICES AND RECEIVING PAYMENTS:</b>  _____  _____  _____	<b>FEDERAL IDENTIFICATION NUMBER:</b>  _____  <b>TELEPHONE:</b> ( ) _____  <b>FAX NUMBER:</b> ( ) _____  <b>E-MAIL ADDRESS:</b>  _____	<b>PRIMARY CONTACT NAME RESPONSIBLE FOR RECEIVING BID REQUESTS</b>  _____  <b>TITLE:</b>  _____  <b>ADDRESS:</b> _____  _____  _____
--	--	--

**TYPE OF FIRM (Check one only)**

CORPORATION     PARTNERSHIP     PROPRIETORSHIP     JOINT VENTURE

**PREFERRED METHOD OF MINI-BID TRANSMISSION FROM THE STATE: (Check one only)**

FAX     E-MAIL

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

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

(see following page for definitions)

For-Profit:  Not-For-Profit Provider

Meets definition of "Small Business Concern" Yes  No

MBE or MCBO \*  Women-Owned Business \*  Neither

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

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

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

**Bidders are hereby notified that if their principal place of business is located in a state that penalizes New York vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act of 1994 (Chapter 684, Laws of 1994) requires that they be denied placement on bidders mailing lists.**

**Instructions:**

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

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

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

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

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

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

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

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

## **CONTRACTOR'S REQUIREMENT UNDER ARTICLE 15-A**

Article 15-A of the Executive Law has been in existence since July 1988. This legislation, in conjunction with Executive Order 21, which was promulgated in August of 1983, provides specific rules, regulations and procedures for minority and women business participation in certain State contracts.

NYS agencies are required to implement the provisions of Article 15-A for all of its contracts (1) in excess of \$25,000 for labor, services, supplies, equipment, materials, or any combination of the foregoing and (2) for contracts in excess of \$100,000 for real property renovation and construction. For purposes of this contract, the agency hereby establishes a goal of 5% - 10% for minority business enterprises (MBE) participation and 5% - 10% for women owned business enterprises (WBE) participation.

In order to be awarded a contract with NYS, every bidder must comply with the requirements, rules and regulations outlined in Article 15-A.

### **POLICY AND PROVISIONS**

It is the policy of the State of New York to promote equality of economic opportunity for minority and women-owned business enterprises (M/MBE's) in State contracting. In order to comply with the State's objectives, the Contractors shall use "good faith efforts" to provide meaningful participation by M/WBE subcontractors or suppliers in the performance of this contract.

For the purpose of determining a contractor's good faith effort to comply with the requirements of Article 15-A or to be entitled to a waiver therefrom, the contracting agency shall consider:

- (a) Whether the contractor has advertised in general circulation media, trade association publications, minority-focus and women-focus media. In such event,
  - (i) whether or not certified minority or women-owned businesses which have been solicited by the contractor exhibited interest in submitting proposals for a particular project by attending a pre-bid conference; and
  - (ii) whether certified businesses which have been solicited by the contractor have responded in a timely fashion to the contractor's solicitations for timely competitive bid quotations prior to the contracting agency's bid date; and
- (b) Whether there has been written notification to appropriate certified businesses that appear in the directory of certified businesses prepared pursuant to paragraph (f) of subdivision three of section three hundred eleven of this article; and
- (c) Whether the contractor can reasonably structure the amount of work to be performed under subcontracts in order to increase the likelihood of participation by certified businesses.

All questions regarding compliance to Article 15-A requirements or copies of the forms should be addressed to the contracting agency.

The telephone numbers and addresses for New York State Department of Economic Development are as follows:

New York State Department of Economic Development  
633 3rd Avenue  
New York, New York 10017  
Telephone: 1-800-STATE-NY (1-800-782-8369)  
E-mail: [esd@empire.state.ny.us](mailto:esd@empire.state.ny.us)

New York State Department of Economic Development  
Division of Minority & Women's Business Development  
30 South Pearl Street  
Albany, NY 12245  
Telephone: 1-800-STATE-NY (1-800-782-8369)  
E-mail: [esd@empire.state.ny.us](mailto:esd@empire.state.ny.us)

**Bidder Acknowledgement:** \_\_\_\_\_

**Authorized Signature**

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

**CONTRACTOR/SUBCONTRACTOR BACKGROUND QUESTIONNAIRE**

**General Information**

**Federal Identification Number:**

\_\_\_\_\_

**Name of Firm:**

\_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_

**Actual Location:**

\_\_\_\_\_

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

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

**Background Questionnaire**

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

1a. Are you a New York State resident business?	_____ NO _____ YES
1b. Are you registered with the New York State Department of State (DOS) to do business in New York State?	_____ NO _____ YES
If no, you will be required to comply with the New York State Department of State guidelines for doing business in New York State before you will be eligible for a Contract award. Do you agree to these conditions?	_____ NO _____ YES
2. How many years has your firm been in business?	_____ Years
3a. Are you a certified minority owned business enterprise, certified by the NYS Department of Economic Development? (Your company is eligible to be certified if it is at least 51% owned and controlled by minority group members (i.e. Black Hispanic, Asian, Pacific Islander American Indian, Alaskan Native)?)	_____ NO _____ YES
3b. Are you a woman owned business enterprise, certified by the NYS Department of Economic Development? (Your company is eligible to be certified if it is at least 51% owned and controlled by women)	_____ NO _____ YES
4. How many people are employed by your firm?	_____ Employees

<p>5. Total number of people employed by your firm :</p> <ul style="list-style-type: none"> <li>* Within New York State?</li> <li>* Outside of New York State?</li> <li>* Outside of United States?</li> </ul>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>6. Is your company independently owned and operated?</p>	<p>_____ NO _____ YES (If no, provide details)</p>
<p>7. List and describe any liquidated damages assessed, and/or liens or claims over \$25,000 filed against the firm and remaining undischarged or unsatisfied for more than 90 days, on any contracts within the past five years.</p>	
<p>8. Within the past five years has the firm, any affiliate, any predecessor company or entity, owner of 5.0% or more of the firm's shares, director, officer, partner or proprietor been the subject of:</p> <ul style="list-style-type: none"> <li>a) a judgment of conviction for any business-related conduct constituting a crime under state or federal law?</li> <li>b) a currently pending indictment for any business-related conduct constituting a crime under state or federal law?</li> <li>c) a grant of immunity for any business-related conduct constituting a crime under a state or federal law?</li> <li>d) a federal suspension or debarment, New York rejection of any bid or disapproval of any proposed subcontract for lack of responsibility, denial or revocation of pre-qualification in any state, or a voluntary exclusion agreement?</li> <li>e) a civil or criminal investigation of the New York State Ethics Commission involving a violation(s) of Section 73 and Section 74 of the Public Office Law?</li> <li>f) Any bankruptcy proceeding?</li> <li>g) Any suspension or revocation of any business or professional license?</li> </ul>	<p>Check any that apply. If "yes", describe using additional pages if necessary)</p> <p>_____ NO _____ YES</p>

<p>h) Any citations, Notices, violation orders, pending administrative hearings or proceedings or determinations for violations of:</p> <ul style="list-style-type: none"> <li>* federal, state or local health laws, rules or regulations</li> <li>* unemployment insurance or workers compensation coverage or claim requirements</li> <li>* ERISA (Employee Retirement Income Security ACT)</li> <li>* federal, state or local human rights laws</li> <li>* federal, state security laws?</li> </ul>	<p>_____ NO _____ YES</p>
<p>i) a grant of immunity for any business-related conduct constituting a crime under a state or federal law?</p>	<p>_____ NO _____ YES</p>
<p>j) a federal suspension or debarment, New York rejection of any bid or disapproval of any proposed subcontract for lack of responsibility, denial or revocation of pre-qualification in any state, or a voluntary exclusion agreement?</p>	<p>_____ NO _____ YES</p>
<p>k) any federal determination of a violation of any labor law or regulation, or any OSHA "serious violation"?</p> <p>Was violation deemed willful?</p>	<p>_____ NO _____ YES</p> <p>_____ NO _____ YES</p>
<p>l) any state determination of a violation of any labor law or regulation?</p>	<p>_____ NO _____ YES</p>
<p>m) any state determination of a Public work violation?</p> <p>Was violation deemed willful?</p>	<p>_____ NO _____ YES</p> <p>_____ NO _____ YES</p>
<p>n) Has there been a revocation of MBE or WBE certification?</p>	<p>_____ NO _____ YES</p>
<p>o) Was there a rejection of a low bid on a state contract for failure to meet statutory affirmative action or MWBE requirements?</p>	<p>_____ NO _____ YES</p>
<p>p) Has there been a consent order with the NYS Department of Environmental Conservation, or a federal or state enforcement determination involving a construction-related violation of federal or state environmental laws?</p>	<p>_____ NO _____ YES</p>
<p>9. List by agency or department all current contracts your firm holds with the State of New York, its departments or political subdivisions, valued in excess of \$100,000.</p>	<p>_____ NO _____ YES (Please list on a separate page.)</p>
<p>10. Your firm is responsible for providing worker's compensation insurance pursuant to state law. The State has the option to require proof of current worker's compensation insurance or proof of exemption if applicable. Do you understand this requirement?</p>	<p>_____ NO _____ YES</p>
<p>11. Your firm is responsible for providing disability insurance pursuant to state law. The State has the option to require proof of current worker's compensation insurance or proof of exemption if applicable. Do you understand this requirement?</p>	<p>_____ NO _____ YES</p>
<p>12. Does your firm employ any non-U.S. citizens or resident legal aliens?</p>	<p>_____ NO _____ YES</p>
<p>13. If yes, are the forms on file and available for inspection?</p>	<p>_____ NO _____ YES</p>

<p>14. Has any New York State agency, authority, board or other State entity made a finding of non-responsibility regarding the Contractor in the last five years?</p> <p>15. If yes, was the basis for the finding of the Contractor's non-responsibility due to the intentional provision of false or incomplete information required by New York State Finance Law §139-j (Procurement Lobbying Act)?</p>	<p>_____ NO      _____ YES</p> <p>_____ NO      _____ YES</p> <p>(If yes, provide details including NYS agency or authority name, year of finding and the basis of the non-responsibility finding.)</p>
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**CERTIFICATION**

The undersigned 1) recognizes that this questionnaire is submitted for the express purpose of inducing the New York State Office of Temporary of Disability Assistance to award a contract or approve a subcontract; 2) acknowledges that the Office may in its discretion, by means which it may choose, determine the truth and accuracy of all statements made herein; 3) acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law 210.40 or a misdemeanor under Penal Law 210.35 or 210.45, and may also be punishable by a fine of up to \$10,000 or imprisonment of up to five years under 18 U.S.C. 1001; 4) states that the information submitted in this questionnaire and any attached pages is true, accurate and complete and 5) acknowledges that submission of false or misleading information will constitute grounds for the Office to terminate its contract (or revoke its approval of a subcontract) with the undersigned or the organization of which s/he is an officer. 6) has not altered the content of the questions in the questionnaire in any manner. 7) has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor. 8) has supplied full and complete responses to each item therein to the best of his/her knowledge, information and belief. 9) is knowledgeable about the submitting vendor's business and operations. 10) understands that New York State will rely on the information supplied in this questionnaire when entering into a contract with the vendor; and 11) is under duty to notify the OTDA of any material changes to the vendor's responses herein prior to the State Comptroller's approval of the contract.

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

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

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

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

Revised July 2006

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

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

By:                      Date:

Name:

Title:

Contractor Name:

Contractor Address:

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**Offeror Certification:**

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

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Authorized Signature

# Offeror Disclosure of Prior Non-Responsibility Determinations (Procurement Lobbying Act)

Name of Individual or Entity Seeking to Enter into the Procurement Contract: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title of Person Submitting this Form: \_\_\_\_\_  
\_\_\_\_\_

Contract Procurement Number: \_\_\_\_\_

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

1. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years? (Please circle):

No Yes

If yes, please answer the next questions:

2. Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please circle):

No Yes

3. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? (Please circle):

No Yes

4. If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

Governmental Entity: \_\_\_\_\_

Date of Finding of Non-responsibility: \_\_\_\_\_

Basis of Finding of Non-Responsibility: \_\_\_\_\_

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(Add additional pages as necessary)

5. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please circle):

No Yes

6. If yes, please provide details below.

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Governmental Entity: \_\_\_\_\_

Date of Termination or Withholding of Contract: \_\_\_\_\_

Basis of Termination or Withholding: \_\_\_\_\_

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(Add additional pages as necessary)

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

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

Signature

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

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



# Contractor Certification to Covered Agency

# ST-220-CA

(Pursuant to Section 5-a of the Tax Law, as amended, effective April 26, 2006)

(6/06)

For information, consult Publication 223, *Questions and Answers Concerning Tax Law Section 5-a* (see *Need Help? on back*).

Contractor name					
Contractor's principal place of business	City	State	ZIP code	For covered agency use only Contract number or description	
Contractor's mailing address (if different than above)					
Contractor's federal employer identification number (EIN)		Contractor's sales tax ID number (if different from contractor's EIN)		Estimated contract value over the full term of contract (but not including renewals)	
Contractor's telephone number	Covered agency name			\$	
Covered agency address					
				Covered agency telephone number	

I, \_\_\_\_\_, hereby affirm, under penalty of perjury, that I am \_\_\_\_\_

(name)

(title)

of the above-named contractor, that I am authorized to make this certification on behalf of such contractor, and I further certify that:

(Mark an X in only one box)

The contractor has filed Form ST-220-TD with the Department of Taxation and Finance in connection with this contract and, to the best of contractor's knowledge, the information provided on the Form ST-220-TD, is correct and complete.

The contractor has previously filed Form ST-220-TD with the Tax Department in connection with \_\_\_\_\_

(insert contract number or description)

and, to the best of the contractor's knowledge, the information provided on that previously filed Form ST-220-TD, is correct and complete as of the current date, and thus the contractor is not required to file a new Form ST-220-TD at this time.

Sworn to this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

(sign before a notary public)

(title)

## Instructions

### General information

Tax Law section 5-a was amended, effective April 26, 2006. On or after that date, in all cases where a contract is subject to Tax Law section 5-a, a contractor must file (1) Form ST-220-CA, *Contractor Certification to Covered Agency*, with a covered agency, and (2) Form ST-220-TD with the Tax Department before a contract may take effect. The circumstances when a contract is subject to section 5-a are listed in Publication 223, Q&A 3. This publication is available on our Web site, by fax, or by mail. (See *Need help?* for more information on how to obtain this publication.) In addition, a contractor must file a new Form ST-220-CA with a covered agency before an existing contract with such agency may be renewed.

If you have questions, please call our information center at 1 800 698-2931.

**Note:** Form ST-220-CA must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement

on page 2 of this form must be completed before a notary public.

### When to complete this form

As set forth in Publication 223, a contract is subject to section 5-a, and you must make the required certification(s), if:

- i. The procuring entity is a *covered agency* within the meaning of the statute (see Publication 223, Q&A 5);
- ii. The contractor is a *contractor* within the meaning of the statute (see

Page 2 of 2 ST-220-CA (6/06)

STATE OF \_\_\_\_\_ }

Publication 223, Q&A 6); and

- iii. The contract is a *contract* within the meaning of the statute. This is the case when it (a) has a value in excess of \$100,000 and (b) is a contract for *commodities* or *services*, as such terms are defined for purposes of the statute (see Publication 223, Q&A 8 and 9).

Furthermore, the procuring entity must have begun the solicitation to purchase on or after January 1, 2005, and the resulting contract must have been awarded, amended, extended, renewed, or assigned *on or after April 26, 2006* (the effective date of the section 5-a amendments).

### Individual, Corporation, Partnership, or LLC Acknowledgment

\_\_\_\_\_ : \_\_\_\_\_ SS.:  
COUNTY OF \_\_\_\_\_ }

On the \_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_, before me personally appeared \_\_\_\_\_, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that \_\_\_\_\_ he resides at \_\_\_\_\_, Town of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_; and further that:

[Mark an **X** in the appropriate box and complete the accompanying statement.]

(If an individual): \_he executed the foregoing instrument in his/her name and on his/her own behalf.

(If a corporation): \_he is the \_\_\_\_\_ of \_\_\_\_\_, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, \_he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

(If a partnership): \_he is a \_\_\_\_\_ of \_\_\_\_\_, the partnership described in said instrument; that, by the terms of said partnership, \_he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.

(If a limited liability company): \_he is a duly authorized member of \_\_\_\_\_, LLC, the limited liability company described in said instrument; that \_he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

Notary Public \_\_\_\_\_  
Registration No. \_\_\_\_\_

## Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call

(518) 485-6800

## Need help?

Internet access: [www.nystax.gov](http://www.nystax.gov)  
(for information, forms, and publications)

Fax-on-demand forms:

1 800 748-3676

Telephone assistance is available from  
8:00 A.M. to 5:00 P.M. (eastern time),  
Monday through Friday.

1 800 698-2931

To order forms and publications:

1 800 462-8100

From areas outside the U.S. and outside Canada:

(518) 485-6800

Hearing and speech impaired (telecommunications  
device for the deaf (TDD) callers only):

1 800 634-2110

Persons with disabilities: In compliance with the

Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 972-1233.



# Contractor Certification

(Pursuant to Section 5-a of the Tax Law, as amended, effective April 26, 2006)

# ST-220-TD

(6/06)

**For information, consult Publication 223, Questions and Answers Concerning Tax Law Section 5-a (see Need help? below).**

Contractor name				
Contractor's principal place of business		City	State	ZIP code
Contractor's mailing address (if different than above)				
Contractor's federal employer identification number (EIN)		Contractor's sales tax ID number (if different from contractor's EIN)		Contractor's telephone number ( )
Covered agency name	Contract number or description		Estimated contract value over the full term of contract (but not including renewals) \$	
Covered agency address number			Covered agency telephone	
<b>ALBANY NY 12227</b>				

## General information

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain contractors awarded certain state contracts valued at more than \$100,000 to certify to the Tax Department that they are registered to collect New York State and local sales and compensating use taxes, if they made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000, measured over a specified period. In addition, contractors must certify to the Tax Department that each affiliate and subcontractor exceeding such sales threshold during a specified period is registered to collect New York State and local sales and compensating use taxes. Contractors must also file a Form ST-220-CA, certifying to the procuring state entity that they filed Form ST-220-TD with the Tax Department and that the information contained on Form ST-220-TD is correct and complete as of the date they file Form ST-220-CA.

For more detailed information regarding this form and section 5-a of the Tax Law, see Publication 223, *Questions and Answers Concerning Tax Law Section 5-a, (as amended, effective April 26, 2006)*, available at [www.nystax.gov](http://www.nystax.gov). Information is also available by calling the Tax Department's Contractor Information Center at 1 800 698-2931.

**Note:** Form ST-220-TD must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 4 of this form must be completed before a notary public.

Mail completed form to:

**NYS TAX DEPARTMENT  
DATA ENTRY SECTION  
W A HARRIMAN CAMPUS**

## Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law. This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.

## Need help?



**Internet access:** [www.nystax.gov](http://www.nystax.gov)  
(for information, forms, and publications)

**Fax-on-demand forms:** 1 800 748-3676



**Telephone assistance** is available from 8:00 A.M. to 5:00 P.M.  
(eastern time), Monday through Friday.

To order forms and publications: 1 800 462-8100

**Sales Tax** Information Center: 1 800 698-2909

From areas outside the U.S. and outside Canada: 518 485-6800

**Hearing and speech impaired** (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110



**Persons with disabilities:** In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 972-1233.

I, \_\_\_\_\_, hereby affirm, under penalty of perjury, that I am \_\_\_\_\_  
(name) (title)

of the above-named contractor, and that I am authorized to make this certification on behalf of such contractor.

Make only one entry in each section below.

### Section 1 — Contractor registration status

- The contractor has made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made. The contractor is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law, and is listed on Schedule A of this certification.
- The contractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

### Section 2 — Affiliate registration status

- The contractor does not have any affiliates.
- To the best of the contractor's knowledge, the contractor has one or more affiliates having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law. The contractor has listed each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.
- To the best of the contractor's knowledge, the contractor has one or more affiliates, and each affiliate has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

### Section 3 — Subcontractor registration status

- The contractor does not have any subcontractors.
- To the best of the contractor's knowledge, the contractor has one or more subcontractors having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law. The contractor has listed each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.
- To the best of the contractor's knowledge, the contractor has one or more subcontractors, and each subcontractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Sworn to this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
(sign before a notary public)

\_\_\_\_\_  
(title)



**Individual, Corporation, Partnership, or LLC Acknowledgment**

STATE OF \_\_\_\_\_ }

SS.:

COUNTY OF \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_, before me personally appeared \_\_\_\_\_ known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that

\_\_\_\_ he resides at \_\_\_\_\_, Town of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_ ; and further that:

[Mark an X in the appropriate box and complete the accompanying statement.]

- (If an individual): \_he executed the foregoing instrument in his/her name and on his/her own behalf.
- (If a corporation): \_he is the \_\_\_\_\_ of \_\_\_\_\_, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, \_he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.
- (If a partnership): \_he is a \_\_\_\_\_ of \_\_\_\_\_, the partnership described in said instrument; that, by the terms of said partnership, \_he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.
- (If a limited liability company): \_he is a duly authorized member of \_\_\_\_\_ LLC, the limited liability company described in said instrument; that \_he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

\_\_\_\_\_  
Notary Public

Registration No. \_\_\_\_\_

**New York State Office of Temporary & Disability Assistance  
SUBCONTRACTING UTILIZATION FORM**

Agency Contract: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contract Number: \_\_\_\_\_ Dollar Value: \_\_\_\_\_  
 Date Bid: \_\_\_\_\_ Date Let: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Contract Awardee/Recipient: \_\_\_\_\_  
 Name

Address  
 Telephone

Description of Contract/Project Location: \_\_\_\_\_

Subcontractors Purchase with Majority Vendors:

Participation Goals Anticipated: \_\_\_\_\_ % MBE \_\_\_\_\_ % WBE  
 Participation Goals Achieved: \_\_\_\_\_ % MBE \_\_\_\_\_ % WBE

Subcontractors/Suppliers:

Firm Name and City	Description of Work	Dollar Value	Date of Subcontract	Identify if MBE or WBE or NYS Certified

**contractor's Agreement: My firm proposes to use the MBEs listed on this form**

Prepared By: (Signature of Contractor)	Print Contractor's Name:	Telephone #:	Date:
Grant Recipient Affirmative Action Officer Signature (If applicable):			

**FOR OFFICE USE ONLY**

Reviewed: By:	Date:
M/WBE Firms Certified: _____	Not Certified: _____

CBO: \_\_\_\_\_

MCBO: \_\_\_\_\_

**New York State Office of Temporary & Disability Assistance**

MWBE ONLY

**MWBE SUBCONTRACTORS AND 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: \_\_\_\_\_

Name of MWBE: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Designation:

MBE - Subcontractor

WBE - Subcontractor

MBE - Supplier

WBE - Supplier

Joint venture with:

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

Address: \_\_\_\_\_

Fed ID Number: \_\_\_\_\_

MBE

WBE

Are you New York State Certified MWBE? \_\_\_\_\_ Yes \_\_\_\_\_ No

The undersigned is prepared to perform the following work or services or supply the following materials, supplies or equipment in connection with the above proposal/contract. (Specify in detail the particular items of work or services to be performed or the materials to be supplied): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

at the following price: \$ \_\_\_\_\_

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 further subcontracted without the express written permission of the contractor and notification of the OTDA. 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 OTDA.

\_\_\_\_\_  
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.

## New York State

### Office of Temporary and Disability Assistance

#### BIDDER APPLICATION FORM INSTRUCTIONS

**GENERAL PURPOSE:** To identify those qualified, potential offerors of services and goods who may be interested in responding to related, competitively bid, Request for Proposals (RFP's), as issued by the Office.

By completing and submitting this form, you become eligible to receive notice of funding opportunities provided by the OTDA. You are responsible for the accuracy of the information provided. For information about statewide funding opportunities, you may contact the NYS Office of General Services at [www.ogs.state.ny.us](http://www.ogs.state.ny.us), the New York State Contract Reporter at [www.nyscr.com](http://www.nyscr.com) or the NYS Department of State, the State Register at [www.dos.state.ny.us](http://www.dos.state.ny.us).

**FEDERAL TAX ID / Employer Identification Number (EIN):** Federal Tax ID number or Social Security number used for Federal income tax reporting.

**MUNICIPAL CODE:** This code is to be used by Municipalities/Governments **only**.

**CONTACTS:** please provide the names and the requested information for both the primary and a secondary organization/business contact.

**ORGANIZATION TYPE:** please check either **PROFIT** or **NOT-FOR-PROFIT\***, if selecting **NOT-FOR-PROFIT**, please enter your organizations **CHARITIES REGISTRATION NUMBER** in the space provided. If your organization is a government, an educational institution or an exempt religious organization, please check **NOT-FOR-PROFIT** and leave the **CHARITIES REGISTRATION NUMBER** *blank*.

\***CONTRACTOR TYPES** are payment categories established by the New York State Comptroller. A **NOT-FOR-PROFIT** Corporation is defined as an incorporated organization chartered for other than profit-making activities. Most such organizations are engaged in charitable, educational, civic or other humanitarian activities, although they are not restricted to such activities.

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

**NEW YORK STATE BUSINESS TYPE, read the description below to determine which category applies to your business. Please note that more than one category may apply.**

For businesses located in New York State:

1. To be considered a **Small Business**, a business must meet all the following four criteria:
  - The company is resident in New York State. It may have its home office or a branch office located in the State;
  - The business is independently owned and operated;
  - The business does not dominate in its field;
  - The business employs one hundred or less persons; or,
  - A Not-for-Profit organization may be considered a Small Business Concern if it meets the preceding criteria.
  
2. Department of Economic Development, Division of Minority and Woman's Business Development. Certification information is available by contacting the Department of Economic Development, Division of Minority and Women Business Development at (212) 803-2414 or (518) 292-5250.

A **Minority Business Enterprise (MBE)** is defined as any business which is at least fifty-one percentum owned by, or in the case of a publicly owned business, at least fifty-one percentum of the stock of which is owned by, United States (U.S.) citizens or permanent residents aliens who are member of the following groups and who's ownership interest is real, substantial and continuing. The minority ownership must have and exercise the authority to independently control the business decisions of the entity.

- a) Black persons having origins in any of the black African racial groups; and/or,
- b) Persons of Mexican, Puerto Rican, Dominican, Cuban, other Caribbean Island, Central or South American origin and/or national or community identification, whether of indigenous, Hispanic, Portuguese, French, Dutch, or other descent, and regardless of race; and/or,
- c) Asian and Pacific Islander persons having origins in any of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands; and/or,
- d) American Indian or Alaskan Native persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification;

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

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

**NEW YORK STATE CERTIFIED MINORITY or WOMEN OWNED BUSINESS** – Organizations which have been certified by the New York State Department of Economic Development as meeting the criteria for a Minority or Women Owned Business. Contact the Department of Economic Development, Division of Minority and Women Business Development at (212) 803-2414 or (518) 292-5250 for certification assistance.

**OUT OF STATE BUSINESS** – An out of State Business is a business which does not have its corporate headquarters located within New York State. These businesses are required to register with the New York State, Secretary of State. For further information, please contact the New York State, Department of State at (518) 473-2492 or (900) 835-2677, or write to:

NYS Department of State  
Division of Corporations  
41 State Street  
Albany, NY 12231  
[www.dos.state.ny.us](http://www.dos.state.ny.us)

**RETURN THE COMPLETED FORM TO:**

NYS Office of Temporary and Disability Assistance  
Attention: Ms. Dawn Neddo  
40 North Pearl Street, Section 13B  
Albany, NY 12243  
[tdabcm@dfa.state.ny.us](mailto:tdabcm@dfa.state.ny.us)

**OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
BIDDER APPLICATION FORM**

**Firm Information (\* Required entry)**

\*Federal Tax ID # (EIN): \_\_\_\_\_ Municipal Code: \_\_\_\_\_

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

\*Street Address: \_\_\_\_\_  
\_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zipcode: \_\_\_\_\_ - \_\_\_\_\_

County: \_\_\_\_\_  
(If New York State)

Organization's Web Site (URL): \_\_\_\_\_

**Person(s) to Contact on Matters Concerning Bids or Contracts (\* Required entry)**

\*Contact Person: \_\_\_\_\_  
(Salutation) (First Name) (Last Name)

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

\*Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_  
(Salutation) (First Name) (Last Name)

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

\*Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Organization Type (Check One)**

- For Profit
- Not for Profit - If checked, enter your Charities Registration Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**New York State Business (Check all that apply)**

- Small Business
- Minority Owned and registered with the New York State Empire State Development Corporation
- Woman Owned and registered with the New York State Empire State Development Corporation

**Minority Business Enterprise (MBE) or Minority Community Based Organization (MCBO):**

If MBE or MCBO, please check one of the following:

- Black       Hispanic       Asian/Pacific       American/Alaskan Indian

This information is requested for reporting purposes and to assure equal opportunity to bid.

**Areas of Interest (Check all that apply)**

**Community, Families and Children's Services**

- A&V      Access and Visitation  
 DV      Services to Victims of Domestic Violence  
 DPP      Delinquency Prevention Programs  
 PARE      Parent Education and Support Services  
 PCOU      Professional Counseling Services  
 RAP      Refugee & Immigration Services  
 INCM      Temporary Assistance Services

**Housing Assistance and Related Services**

- ADS      Adult Services  
 CODE      Code Enforcement Services  
 COS      Construction Services  
 HOUS      Housing Improvement & Rehabilitation Services  
 HSS      Homelessness/Homeless Support Services  
 RPSA      Residential Placement Services  
 ARC      Architectural Services

**Financial Management and Consultant Services**

- CON      Consultant Services  
 CONA      Academic & Research Consultants  
 CONC      Communication Consultant Services  
 CONF      Financial Consultant Services  
 CONM      Management Consultant Services  
 EVAL      Program Evaluation & Assessment Services  
 TA      Technical Assistance Services  
 ACC      Accounting/Auditing Services  
 COLL      Collection Services  
 FSAG      Fiscal Agent Services

**Facilities & Operations and Support Services**

- COU      Courier & Transportation Services  
 ELEC      Code Electrical Supplies and Service  
 FML      Facility Management & Leasing  
 INTC      Internet Communications / Providers  
 JAN      Janitorial Services  
 MOVE      Movers  
 PARK      Parking Services  
 MAIL      Mail Equipment Sale & Maintenance  
 COPM      Copier Equipment Sale & Maintenance  
 TRCK      Trucking Services

**EDP Services, Office Automation, Telecommunications Technology and Related Equipment Lease Services**

- EDPD      Electronic Data Processing-System Designers & Consultants  
 EDPH      Electronic Data Processing-Hardware  
 EDPM      Electronic Data Processing-Maintenance & Support  
 EDPS      Electronic Data Processing-Services  
 EDPT      Electronic Data Processing-Training Services

**Medical Assistance, Long Term Health, Disabilities Assessments and Related Services**

- CEXS      Consultative Examination Services  
 HOSP      Hospitals  
 MEDT      Medical Transcription – Secretarial Services  
 PREV      Peer Review Services Medical

- EDPW Electronic Data Processing-  
Software Support & Services

**Other Services (Legal, Public Information, Specialized Administrative, Employment, etc.)**

- |                               |  |                               |  |
|-------------------------------|--|-------------------------------|--|
| <input type="checkbox"/> ADVL | Advocacy – Legal                                       | <input type="checkbox"/> ADVD | Disability Advocacy                          |
| <input type="checkbox"/> FP   | Finger Imaging Technology                              | <input type="checkbox"/> LEG  | Legal Counsel and Representative<br>Services |
| <input type="checkbox"/> PEDC | Public Education Campaign<br>Services                  | <input type="checkbox"/> PROM | Advertising Services                         |
| <input type="checkbox"/> PRIS | Private Investigator Services                          | <input type="checkbox"/> TRAN | Translation Services                         |
| <input type="checkbox"/> WPS  | Stenographic/Transcription/Word<br>Processing Services | <input type="checkbox"/> EMPS | Employment Services                          |

2007

**New York State Office of Temporary and Disability Assistance  
M/WBE STAFFING PLAN**

Check applicable categories:     Project Staff    Consultants    Subcontractors

Project/RFP Title \_\_\_\_\_

Contractor/Offeror \_\_\_\_\_

Address \_\_\_\_\_

	Total	Male	Female	Black	Hispanic	Asian/ Pacific Islander	Alaskan Alaskan American	White (not Of Hispanic Origin)	Disabled	Vietnam Era Veteran
<b>STAFF</b>										
<b>Administrators</b>										
<b>Managers/Supervisors</b>										
<b>Professionals</b>										
<b>Technicians</b>										
<b>Clerical</b>										
<b>Craft/Maintenance</b>										
<b>Operatives</b>										
<b>Laborers</b>										
<b>Public Assistance Recipients</b>										
<b>TOTAL</b>										

Prepared By \_\_\_\_\_  
(Name and Title)

\_\_\_\_\_ Date

## APPENDIX K

### KEY PERSONNEL DESCRIPTION

Below is a summary of nine (9) key personnel positions that must be staffed by the contractor on a full time basis at the New York State Child Support Processing Center. The position description details are included for the key operations positions. Some of the managers are responsible for two or more of the centralized operations. The required key positions are:

- Project Director
- Deputy Project Director (2)
- Systems Manager
- Payment Processing Manager
- Disbursement Processing Manager
- Data Capture Manager
- Outreach Manager
- Customer Service Manager

#### K.1 **Project Director**

K.1.1 Primary Objective: Overall responsibility for all Centralized Operations.

K.1.2 Nature of Responsibilities: Coordinate all Centralized Operations major functions.

K.1.3 Job Qualifications: Five (5) years experience in a comparable position in an operation of comparable size.

#### K.2 **Deputy Project Director (2)**

K.2.1 Primary Objective: Act as contractor liaison to the OTDA for the Centralized Operations. In the absence of the Project Director, has overall responsibility for the Centralized Operations.

K.2.2 Nature of Responsibilities: Day-to-day interface with the OTDA to identify and expedite issues affecting the Centralized Operations.

K.2.3 Job Qualifications: Three (3) years experience in a comparable position in an operation of comparable size.

#### K.3 **Systems Manager**

K.3.1 Primary Objective: Responsible for all system functions in support of each operation and has overall responsibility for the entire voice response system operation. Responsibilities include development through ongoing maintenance.

K.3.2 Nature of Responsibilities: Supervises the system operations to ensure that the milestones, deliverables and performance standards are met.

K.3.3 Job Qualifications: Five (5) years experience in a comparable position in an operation of comparable size and functionality.

#### **K.4 Payment Processing Manager**

K.4.1 Primary Objective: Responsible for the entire Payment Processing Operation both mail and electronic, from receipt of payments through report generation and record keeping.

K.4.2 Nature of Responsibilities: Supervises the day-to-day payment process and ensures that the milestones, deliverables and performance standards are met.

K.4.3 Job Qualifications: Three (3) years experience in a comparable position in an operation of comparable size.

#### **K.5 Disbursement Processing Manager**

K.5.1 Primary Objective: Responsible for the disbursement operation, both checks and electronic, and for the following other operations:

- Noncustodial Parent Billing Statement/Employer Reminder Processing
- Notice Processing

This entails responsibility from receipt of datafiles through maintenance of control and records.

K.5.2 Nature of Responsibilities: Supervises day-to-day operations and ensures that the milestones, deliverables and performance standards are met.

K.5.3 Job Qualifications: Three (3) years experience in a comparable position in an operation of comparable size.

#### **K.6 Data Capture Manager**

K.6.1 Primary Objective: Responsible for the New Hire Notification Processing, both mail and electronic, and for the following other operations:

- Putative Father Registry
- Data Capture Services

This entails responsibility from receipt of documents or files through generating management reports.

K.6.2 Nature of Responsibilities: Supervises the day-to-day operations and ensures that the milestones, deliverables, and performance standards are met.

K.6.3 Job Qualifications: Three (3) years experience in a comparable position in an operation of comparable size.

#### **K.7 Outreach Manager**

K.7.1 Primary Objective: Responsible for the Outreach Operations and the conversion of child support payments to electronic submission.

K.7.2 Nature of Responsibilities: Supervises the day-to-day outreach functions to ensure that the milestones, deliverables and performance standards are met.

K.7.3 Job Qualifications: Three (3) years experience in a comparable position in an operation of comparable size.

K.8 **Customer Service Manager**

K.8.1 Primary Objective: Responsible for the Customer Service Operations.

K.8.2 Nature of Responsibilities: Supervises the day-to-day customer service functions to ensure that the milestones, deliverables and performance standards are met.

K.8.3 Job Qualifications: Three (3) years experience in a comparable position in an operation of comparable size.

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