Release Date: November 26, 2014

Request for Proposal

CENTRALIZED SUPPORT COLLECTION AND ENFORCEMENT

Appendices A through Z

Submission Deadline: April 6, 2015

APPENDIX A

STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS

PLEASE RETAIN THIS DOCUMENT
FOR FUTURE REFERENCE.

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STANDARD CLAUSES FOR NYS 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, licenser, licensee, lessor, lessee or any other party):

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.

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 State's previous written consent, and attempts to do so are null and void. Notwithstanding the foregoing, such prior written consent of an assignment of a contract let pursuant to Article XI of the State Finance Law may be waived at the discretion of the contracting agency and with the concurrence of the State Comptroller where the original contract was subject to the State Comptroller's approval, where the assignment is due to a reorganization, merger or consolidation of the Contractor's business entity or enterprise. The State retains its right to approve an assignment and to require that any Contractor demonstrate its responsibility to do business with the State. The Contractor may, however, assign its right to receive payments without the State's prior written consent unless this contract concerns Certificates of Participation pursuant to Article 5-A of the State Finance Law.

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 $50,000 (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 $85,000 (State Finance Law Section 163.6-a). However, such pre-approval shall not be required for any contract established as a centralized contract through the Office of General Services or for a purchase order or other transaction issued under such centralized contract.

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.

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 (including gender identity or expression), national origin, sexual orientation, military status, age, disability, predisposing genetic characteristics, marital status or domestic violence victim 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.

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. Additionally, effective April 28, 2008, if this is a public work contract covered by Article 8 of the Labor Law, the Contractor understands and agrees that the filing of payrolls in a manner consistent with Subdivision 3-a of Section 220 of the Labor Law shall be a condition precedent to payment by the State of

any State approved sums due and owing for work done upon the project.

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 affirms, under penalty of perjury, that its bid was arrived at independently and without collusion aimed at restricting competition. Contractor further affirms 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.

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).

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.

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.

11. IDENTIFYING INFORMATION AND PRIVACY NOTIFICATION. (a) Identification Number(s). Every invoice or New York State Claim for Payment submitted to a New York State agency by a payee, for payment for the sale of goods or services or for transactions (e.g., leases, easements, licenses, etc.) related to real or personal property must include the payee's identification number. The number is any or all of the following: (i) the payee's Federal employer identification number, (ii) the payee's Federal social security number, and/or (iii) the payee's Vendor Identification Number assigned by the Statewide Financial System. Failure to include such number or numbers may delay payment. Where the payee does not have such number or numbers, the payee, on its invoice or Claim for Payment, must give the reason or reasons why the payee does not have such number or numbers.

(b) Privacy Notification. (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. (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 the Statewide Financial System by the Vendor Management Unit within the Bureau of State Expenditures, Office of the State Comptroller, 110 State Street, Albany, New York 12236.

12. EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITIES AND WOMEN. In accordance with Section 312 of the Executive Law and 5 NYCRR 143, 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 the following shall apply and by signing this agreement the Contractor certifies and affirms that it is Contractor's equal employment opportunity policy that:

(a) The Contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on State contracts 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;

(b) 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

(c) 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", "b", and "c" 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. 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 Department of Economic Development's Division of Minority and Women's Business Development pertaining hereto.

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.

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.

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.

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.

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.

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 Section 165 of the State Finance Law, (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.

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.

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
Albany, New York 12245
Telephone: 518-292-5100
Fax: 518-292-5884
email: opa@esd.ny.gov

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
633 Third Avenue
New York, NY 10017
212-803-2414
email: mwbecertification@esd.ny.gov
https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp

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) 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;

(b) The Contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-261), as amended;

(c) 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

(d) 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.

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.

22. COMPLIANCE WITH NEW YORK STATE INFORMATION SECURITY BREACH AND NOTIFICATION ACT. Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208).

23. COMPLIANCE WITH CONSULTANT DISCLOSURE LAW. If this is a contract for consulting services, defined for purposes of this requirement to include analysis, evaluation, research, training, data processing, computer programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal or similar services, then, in accordance with Section 163 (4-g) of the State Finance Law (as amended by Chapter 10 of the Laws of 2006), the Contractor shall timely, accurately and properly comply with the requirement to submit an annual employment report for the contract to the agency that awarded the contract, the Department of Civil Service and the State Comptroller.

24. PROCUREMENT LOBBYING. To the extent this agreement is a "procurement contract" as defined by State Finance Law Sections 139-j and 139-k, by signing this agreement the contractor certifies and affirms that all disclosures made in accordance with State Finance Law Sections 139-j and 139-k are complete, true and accurate. In the event such certification is found to be intentionally false or intentionally incomplete, the State may terminate the agreement by providing written notification to the Contractor in accordance with the terms of the agreement.

25. CERTIFICATION OF REGISTRATION TO COLLECT SALES AND COMPENSATING USE TAX BY CERTAIN STATE CONTRACTORS, AFFILIATES AND SUBCONTRACTORS.
To the extent this agreement is a contract as defined by Tax Law Section 5-a, if the contractor fails to make the certification required by Tax Law Section 5-a or if during the term of the contract, the Department of Taxation and Finance or the covered agency, as defined by Tax Law 5-a, discovers that the certification, made under penalty of perjury, is false, then such failure to file or false certification shall be a material breach of this contract and this contract may be terminated, by providing written notification to the Contractor in accordance with the terms of the agreement, if the covered agency determines that such action is in the best interest of the State.

26. **IRAN DIVESTMENT ACT**. By entering into this Agreement, Contractor certifies in accordance with State Finance Law §165-a that it is not on the "Entities Determined to be Non-Responsive Bidders/Offerers pursuant to the New York State Iran Divestment Act of 2012" ("Prohibited Entities List") posted at:
http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf

Contractor further certifies that it will not utilize on this Contract any subcontractor that is identified on the Prohibited Entities List. Contractor agrees that should it seek to renew or extend this Contract, it must provide the same certification at the time the Contract is renewed or extended. Contractor also agrees that any proposed Assignee of this Contract will be required to certify that it is not on the Prohibited Entities List before the contract assignment will be approved by the State.

During the term of the Contract, should the state agency receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, the state agency will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then the state agency shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the Contractor in default.

The state agency reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

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III.O.3	Facility Cost (use form CS-1M)
III.O.4	Other Cost
III.O.5	Subcontractor
III.O.6	Administration Summary
III.P.1	Non-key personnel Cost
III.P.2	Fixed Asset Cost
III.P.3	Other Cost
III.P.4	Subcontractor

III.P.5	Turnover Summary
III.Q.1	Contract Extensions Summary
III.R.1	Non-key personnel Cost
III.R.2	Fixed Asset Cost
III.R.3	Facility Cost (use form CS-2A)
III.S.3	Other Cost
III.S.4	Subcontractor
III.S.5	Revisions Transition Summary (optional)
III.T.1	Non-key personnel Cost
III.T.2	Fixed Asset Cost
III.T.3	Other Cost
III.T.4	Subcontractor
III.T.5	Payment Processing-Mail Summary (optional)
III.U.1	Non-key personnel Cost
III.U.2	Fixed Asset Cost
III.U.3	Other Cost
III.U.4	Subcontractor
III.U.5	Payment Processing-Electronic Summary (optional)
III.V.1	Non-key personnel Cost
III.V.2	Fixed Asset Cost
III.V.3	Other Cost
III.V.4	Subcontractor
III.V.5	Disbursement Processing-Checks Summary (optional)
III.W.1	Non-key personnel Cost
III.W.2	Fixed Asset Cost
III.W.3	Other Cost
III.W.4	Subcontractor
III.W.5	Disbursement Processing-Electronic Summary (optional)
III.X.1	Non-key personnel Cost
III.X.2	Fixed Asset Cost
III.X.3	Other Cost
III.X.4	Subcontractor
III.X.5	Notice Processing Summary (optional)
III.Y.1	Non-key personnel Cost
III.Y.2	Fixed Asset Cost
III.Y.3	Other Cost
III.Y.4	Subcontractor
III.Y.5	New Hire Notification Processing-Mail Summary (optional)
III.Z.1	Non-key personnel Cost
III.Z.2	Fixed Asset Cost
III.Z.3	Other Cost
III.Z.4	Subcontractor
III.Z.5	New Hire Notification Processing Electronic Summary (optional)
III.AA.1	Data Capture Services Summary (optional)
III.AB.1	Non-key personnel Cost
III.AB.2	Fixed Asset Cost
III.AB.3	Other Cost
III.AB.4	Subcontractor
III.AB.5	Putative Father Registry Summary (optional)
III.AC.1	Non-key personnel Cost
III.AC.2	Fixed Asset Cost
III.AC.3	Other Cost
III.AC.4	Subcontractor
III.AC.5	Interactive Voice Response System Summary (optional)
III.AD.1	Customer Service Summary (optional)
III.AE.1	Key Personnel Cost
III.AE.2	Fixed Asset Cost
III.AE.3	Facility Cost (use form CS-2M)
III.AE.4	Other Cost

III.AE.5	Subcontractor
III.AE.6	Administration Summary (optional)
III.AF.1	Non-key personnel Cost
III.AF.2	Fixed Asset
III.AF.3	Other Cost
III.AF.4	Subcontractor
III.AF.5	Turnover Summary (optional)
III.AG	Capital Financing Plan
III.AH.1	Non-key personnel Cost
III.AH.2	Fixed Asset
III.AH.3	Facility Cost
III.AH.4	Other Cost
III.AH.5	Equipment and Asset Cost (Below $500 Each)
III.AH.6	Subcontractor
III.AH.7	Early Intervention Enhancement Transition Summary
III.AH.8	Early Intervention Enhancement Operations Summary
III.AH.9	Non-key personnel Cost
III.AH.10	Fixed Asset
III.AH.11	Other Cost
III.AH.12	Subcontractor
III.AH.13	Early Intervention Enhancement Turnover Summary
III.AI.1	Non-key personnel Cost
III.AI.2	Fixed Asset
III.AI.3	Facility Cost
III.AI.4	Other Cost
III.AI.5	Equipment and Asset Cost (Below $500 Each)
III.AI.6	Subcontractor
III.AI.7	Location Enhancement Transition Summary
III.AI.8	Location Enhancement Operations Summary
III.AI.9	Non-key personnel Cost
III.AI.10	Fixed Asset
III.AI.11	Other Cost
III.AI.12	Subcontractor
III.AI.13	Location Enhancement Turnover Summary
III.AJ	Corporate Overhead Cost
III.AK	Change Request Pricing

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RESPONSE REQUIREMENTS AND DESCRIPTION

VOLUME: I. ADMINISTRATIVE PROPOSAL

PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
I.A.1	**Letter of Transmittal**	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 Offeror has been conferred. The letter must state that the Bid Proposal shall remain in effect for a minimum of one (1) year from the Bid Submission Date.	Company Letterhead
I.A.2	**Executive Summary**	Provide a summary description of the Offeror's 1) understanding of the requirements, work tasks, obligations, and Services set forth in this RFP and 2) proposed solution to perform the Services.	Format per Offeror's Preference
I.A.3	**Compliance to RFP**	Provide a statement that the Offeror agrees to comply with the requirements, specifications, terms and conditions stated throughout this RFP.	Format per Offeror's Preference
I.A.4	**Compliance with Work Plan**	Provide a statement affirming that the Offeror agrees to work with the OTDA project team to develop, and refine as necessary the Transition Plan, and other work plans set forth in this RFP.	Format per Offeror's Preference
I.A.5	**Facility Lease Binder(s)**	Provide a copy of the signed lease binder for the Operations Center and the Customer Service Center if not located within the primary operating facility.	Copy of facility lease binder

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
I.A.6	**Contract Provisions**	Submit a statement indicating a capability to execute and perform a contract containing the terms and conditions specified in this RFP. Suggested alternative terms and conditions may be proposed. However, the OTDA is under no obligations to incorporate suggested changes into the final contract.	Format per Offeror's preference
I.B.1	**Corporate Description**	Provide a summary description of your total company structure. The description is to include: - Corporate mission including goals strategies. - Service/Product line structure with relative size of each. - Top level organization chart which indicates the reporting relationships with the organizations proposed as part of RFP. - Brief history of corporate involvement with collection, disbursement operations, call center operations and other related processing. - The percentage of gross revenue relative to: Data Center Management Management Child Support Payment Processing Call Center Management Other Payment Processing Other Transaction Processing	Format per Offeror's preference (5 pages maximum)
I.B.2	**Corporate Experience**	Summarize your organization's experience in operating a data and call center management and a large scale transaction	

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		processing operation and the associated manual processes.	
		The Offeror whose qualifications, combined with that of any Subcontractor's, must demonstrate a minimum of three (3) years experience during the past ten (10) years in the following:	Use Operations Experience Forms
		- data center management and payment processing, exceeding 3.0 million transactions annually or	- Form OR-5A
		- data center management and other large scale transaction processing, exceeding 3.0 million transactions annually AND	- Form OR-5B
		- call center management (exceeding 1.0 million telephone calls annually).	- Form OR-5C
		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-14
		Submit two (2) customer references (excluding OTDA) which the OTDA personnel may contact for performance evaluations and 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

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I.C.1.(a)	**Contractor Information and Forms**	Complete and submit the following forms: Confidentially Agreement, Non-Collusive Bidding Certification, MacBride Fair Employment Principles, NYS OSC On-Line Vendor Responsibility 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, Bidder Application Form, and Subcontractor and Supplier Identification Form. A Vendor Responsibility Questionnaire must also be submitted for each Subcontractor rendering services under a subcontract of $100,000 or more over the life of the contract.	Use Forms in Appendix J
I.C.1.(b)	**Tax Law Forms**	Complete and submit the following forms: ST-220-CA and ST-220-TD, if the Selected Offeror.	Use Forms in Appendix J
I.C.1.(c)	**MWBE and EEO Participation Requirements**	Complete and submit the following forms: MWBE/EEO Policy Statement, MWBE Subcontractor Utilization Plan, MWBE Subcontractors or Suppliers Letter of Intent to Participate, MWBE Goal Requirement Certification of Good Faith Effort, MWBE Request for Waiver Form (not required unless applying for waiver,) and an EEO Staffing Plan which reflects the planned total ongoing collection and enforcement staffing.	Use Forms in Appendix J
I.D.1.(a)	**Transition Key Staff Experience**	Summarize the relevant transition experiences of the Key Staff proposed for the positions listed in Appendix K of this RFP. Include the experience summaries of both primary and backup personnel proposed.	Use Transition Experience: Key Staff Form OR-4
I.D.1.(b)	**Transition Corporate**	Summarize your organization's experience in transitioning a	Use Transition Experience

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
	Experience	data and call center management or a large-scale transaction processing operations for existing automated and manual systems in the following categories: - Data Center Management - Child Support Payment Processing - Call Center Management - Other Payment Processing - Other Related Processing	Forms: - Form OR-3A - Form OR-3B
I.D.2	**Key Staff Experience**	Summarize the relevant professional experience(s) of each Key Staff proposed (primary and backup). Job descriptions for each Key Staff are contained in Appendix K in this RFP.	Use Key Staff Resume FORM OR-7
		Summarized the number of years experience for the group of Key Staff proposed. A separate summary is to be completed for primary and backup personnel.	Use Operations Experience Forms (Key Staff) - Form OR-6A - Form OR-6B
I.E	**Turnover Corporate Experience**	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

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
I.F.1	**Subcontract Description**	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
I.F.1(a)	**Subcontract Content**	Provide the OTDA with a copy of each (proposed) subcontract.	Copy of Subcontract
I.F.1(b)	**Subcontractor Experience (if applicable)**	Provide a summary description of the company structure of any Subcontractors. The description is to include: - Cooperate mission including goals and strategies. - Structure with relative size of each division. - Top level organization chart which indicates the reporting relationships with the organizations proposed as part of this RFP. - A description of the Subcontractor's proposed role in the collection and enforcement process and the years experience the subcontractor has in that role. - If applicable, a brief history of the Subcontractor's past involvement with Centralized Operations.	Format per Offeror's preference (5 pages maximum)
I.F.1.(c)	**Subcontractor EEO Requirements**	If a Subcontractor(s) is used, a separate EEO Staffing Plan must be submitted for each subcontractor in addition to the Offeror's Staffing Plan.	EEO Staffing Plan

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
I.G	**Financial Resources**	Provide the most recent Dun and Bradstreet (D & B) Comprehensive Reports (for the Offeror and all Subcontractors).	Format per Offeror's preference
		Summarize all contract obligations in excess of two million dollars ($2,000,000) per year. Include contracts expected to start between August 13, 2015 and October 15, 2016. Identify any other contractual obligations that will affect assignment of Key Staff.	Use Other Contractual Obligations Disclosure Form OR-1
		Provide details of contract disputes as set forth in required form.	Use Contract Disputes Form OR-2
		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 dollar ($4,000,000) fidelity bond are required. The name of the financial institution issuing the Letters of Credit will be drawn upon must be provided in Volume III of the Offeror's proposal.	Format per Offeror's preference
I.H	**Conflict of Interest**	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.	Format per Offeror's preference
		Describe existing corporate policies and procedures for managing conflicts of interest.	

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
II.A.1.(a)	**Reporting Relationships**	Define your project organizational structure; include the titles of the Key Staff and lines reporting. The OTDA requires that the Key Staff be assigned full time to the Transition function.	Organization Chart
II.A.1.(b)	**Division of Responsibility**	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)	**Job Descriptions**	Summarize the job responsibilities for each job title other than Key Staff 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)	**Staffing Level**	Summarize the staff level for each Transition organization unit.	Format per Offeror's preference
II.A.2.(b)	**Equipment**	Indicate in detail, the equipment that will be used to accomplish the following operational requirements: - Transition - Payment Processing Mail - Payment Processing Electronic	Format per Offeror's preference

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		- Disbursement Processing Checks - Disbursement Processing Electronic - Notice Processing - New Hire Notification Processing Mail - New Hire Notification Processing Electronic - Data Capture Services - Putative Father Registry - Interactive Voice Response System - Customer Service - Administration - Turnover	
II.A.2.(c)	**Facilities**	Identify the facilities required to meet the proposed work plan for the Collection and Enforcement functions. This may include: - Work Space - Computer room, if applicable - Storage space	Format per Offeror's preference
II.A.2.(d)	**Other Resources**	Identify any other resources required for performing Centralized Operations, such as:	Format per Offeror's preference

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		- Computer Equipment - Computer software packages - Office equipment - Supplies - Telephones - Training materials	
II.A.3.(a)	**Transition Approach**	Describe your understanding of the OTDA's objectives for Transition and their implications. Indicate your willingness to adhere to all requirements specified in Section 2 of this RFP.	Format per Offeror's preference
		Identify the manner in which the proposed Transition plan deals with the major management issues and challenges associated with a successful Transition. - Division of responsibility - Operating environment - Communication - Schedule requirements - Accuracy requirements	Format per Offeror's preference
		Describe in detail each task required to complete Transition. Include assessment of the relative difficulty of each task. Tasks should include, but need not be limited to the following: - Assemble Management Team	Use Task Description Form OR-11

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		- Develop Transition Plan	
		- Establish Primary Operations Facility	
		- Establish Customer Service Center (if separate)	
		- Design and Development of each Centralized Operation including detailed Procedures	
		- Subcontracting	
		- Error Resolution	
		- Inquiries	
		- Notification to the Department	
		- Operational Reports	
		- Other Reports	
		- Acquire Equipment and Software	
		- Implement Administrative Functions	
		- Banking Arrangements (bank transfers, letter of credit, etc.)	
		- Postal Services	
		- Purchasing (inventories, insurance bonding)	
		- Reporting Requirements	

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		- Accounting Records and Internal Controls - Internal Audit - Provide Space and Access - Develop EEO Plan - Begin Hiring - Train Personnel - Complete Disaster Recovery Plan - Complete Plan for Backup Facility	
		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: - Consistent with the requirements of this RFP - Consistent with the OTDA's objectives - Realistic - Comprehensive	Use Task Description Form OR-11

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		Describe the project schedule and dependencies by documenting the duration and timing of each Transition task. Organize the schedule by the major phases detailed above. Indicate critical path.	Use Work plan Form OR-12
		Minimum milestone/deliverables for Transition are identified in Section 2.9 of this RFP. Identify the milestones/deliverables to be met during Transition and your schedule for meeting them.	Format per Offeror's preference
II.A.3.(b)	**Personnel Acquisition and Training**	Describe in detail the plan for training and phasing-in Key Staff and staff for Centralized Operations. Discuss availability of required training resources to meet personnel phase-in plan.	Format per Offeror's preference
II.A.3.(c)	**Disaster Recovery Plan**	Describe in detail the features of the proposed disaster contingency arrangements. This should include, at a minimum: - 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 Recovery Plan - Definition of off-site storage requirements - Discussion of equipment and operating environment compatibility. - Any business interruption insurance planned.	Format per Offeror's preference

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		This plan should include all phases of the operation. - Transition - Payment Processing Mail - Payment Processing Electronic - Disbursement Processing Checks - Disbursement Processing Electronic - Notice Processing - New Hire Notification Processing Mail - New Hire Notification Processing Electronic - Data Capture Services - Putative Father Registry - Interactive Voice Response System - Customer Service - Administration - Turnover	
II.A.3.(d)	**Division of Responsibility**	Describe your understanding of the division of responsibility between the OTDA and Offeror.	Format per Offeror's preference

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
II.A.3.(e)	**Schedule, Resource and Quality Control**	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 Transition 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.	Format per Offeror's preference
II.B.1.(a)	**Reporting Relationship**	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)	**Division of Responsibility**	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)	**Job Descriptions**	Summarize the job responsibilities for each job title other than Key Staff involved in the Centralized Operations. Describe your understanding of the disciplines and experience required in performing the Centralized Operations.	Use Required Job Description Format Form OR-9
II.B.2.(a)	**Staffing Levels**	Summarize the proposed staffing levels for each major operating task.	Use Proposed Staffing Level Form OR-8

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
II.B.2.(b)	**Equipment**	Summarize the proposed equipment resources.	Format per Offeror's preference
II.B.3.(a)	**Centralized Operations**	Demonstrate your understanding of the approach to performing the Centralized Operations. Refer to Sections 2, 3, 4 and 5 of this RFP.	Format per Offeror's preference
II.B.3.(b)	**Operating Requirements**	Describe your understanding of the operations requirements as set forth in Sections 2, 3, 4 and 5 of this RFP by addressing each of the following: - Operating Procedures for each Centralized Operations task - Postal Services - On-time Operating Report - Security and Confidentiality - Operating Changes - Access - Space and Equipment for State/Federal Employees - Contractor Audit Program - Audit Requirements - Access to Files - Computer Resources	Format per Offeror's preference

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		- Data Retrieval Requirements - Equity and Purchase Rights to Hardware and Facilities - Disaster Recovery Backup Testing - Internal Controls - MWBE/EEO Participation Requirements - Contractor Holiday Schedule - Banking Services - Telephone Services for Interactive Voice Response System - Telephone Services for Customer Service - Equipment and Software - Performance Standards	
II.B.3.(b)(1)	**Major Tasks**	Describe your operating procedures designed to complete the process steps outlined in Sections 4 and 5 of this RFP for each of the following major tasks: - Payment Processing Mail - Payment Processing Electronic	Format per Offeror's preference

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		- Disbursement Processing Checks - Disbursement Processing Electronic - Notice Processing - New Hire Notification Processing Mail - New Hire Notification Processing Electronic - Data Capture Services - Putative Father Registry - Interactive Voice Response System - Customer Service	
II.B.3.(b)(2)	**Performance Standards**	Describe your planned policies and procedures for assuring that the performance standards in Sections 4, 5 and 6 of this RFP are met.	Format per Offeror's preference
II.B.3.(b)(3)	**Banking**	Describe the proposed functions involving banking services which your organization will provide, including: - Electronic funds transfer and electronic data interchange Arrangements - Returned Checks - Acceptance and processing of preauthorized electronic funds transfer	Format per Offeror's preference

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		- Reconciliation Process - Check issuance files and electronic funds transfer (EFT)	
II.B.3.(b)(4)	**Postal Services**	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
II.B.3.(b)(5)	**On-time Operating Reports**	Agree to provide the OTDA with the reports in Sections 4 and 5 of this RFP.	Format per Offeror's preference
II.B.3.(b)(6)	**Security and Confidentiality**	Describe the controls, manual procedures, automated data security tools and other security preference measures designed to provide: - Secured facilities for collection and enforcement processing - Protection of custodial and noncustodial parent information - Protection of new hire notification information - Security of tape and disk libraries, software documentation, and data files - Secured facilities for storing checks and cash prior to making deposit	Format per Offeror's preference
II.B.3.(b)(7)	**Operating Changes**	Indicate your willingness to seek OTDA approval before implementing any major changes to: - - Operating Systems - Procedures - Program	Format per Offeror's preference

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		- Software Packages - Facilities - Equipment	
II.B.3.(b)(8)	**Access**	Indicate your willingness to provide timely access to all aspects of the Centralized Operations. Address the following specific areas: - Personnel - Operating Systems - Procedures - Programs - Documentation - Software Packages - Facilities - Equipment	Format per Offeror's preference
II.B.3.(b)(9)	**Space and Equipment for State/Federal Employees**	Indicate your willingness to provide adequate support for the space and equipment for seven (7) on-site State staff and for two (2) additional individuals for the purpose of performing monitoring or auditing functions.	Format per Offeror's preference
II.B.3.(b)(10)	**Contractor Audit Program**	Describe your planned policies and procedures for the internal audit and quality assurance function. This discussion should include the following areas:	Format per Offeror's preference

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		- Payment processing controls review - General controls review - Disbursement controls review - Data integrity checks - Interactive Voice Response System operations review - New Hire Notification Processing controls review - Notice Processing controls review - Data Capture Services controls review - Putative Father Registry controls review - Customer Service controls review	
II.B.3.(b)(11)	**Audit Requirements**	Describe the proposed support for the various agencies with collection and enforcement audit responsibilities. This description include: - The agencies to be supported - The scope of the support - Resource and access requirements	Format per Offeror's preference
		Indicate your willingness to adhere to and implement audit recommendations or suggestions as a result of State and Federal reviews.	Format per Offeror's preference

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II.B.3.(b)(12)	**Access to Files**	Indicate your understanding that audit staff will be given access to all contractor personnel and facilities and your willingness to provide, read and copy access to all files, including documentation for: - all software and operating manuals - all documentation including rules, regulations, memos and internal reports	Format per Offeror's preference
II.B.3.(b)(13)	**Computer Resources**	Indicate your willingness to provide access to the following computer resources: - All application programs and libraries - The operating system, including job/accounting software - Computer time	Format per Offeror's preference
II.B.3.(b)(14)	**Data Retrieval Requirements**	Describe your understanding to provide personnel and resources for supplying documentation of any and all operations. 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.	Format per Offeror's preference
II.B.3.(b)(15)	**Equity and Purchase Rights to Hardware and Facilities**	Indicate your willingness to ensure that all equipment and facilities used in the Centralized Operations are maintained and not disposed, and that any leases for equipment or facilities	Format per Offeror's preference

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		shall be negotiated or renegotiated to establish and preserve any equity rights and purchase option rights existing in the OTDA or any collection and enforcement fiscal agent of the OTDA.	
II.B.3.(b)(16)	**Disaster Recovery Backup Testing**	Describe your intention to comply with the conditions specified in Section 2.10.2.9 of this RFP.	Format per Offeror's preference
II.B.3.(b)(17)	**Internal Controls**	Describe the internal control procedures that will be implemented to ensure conformance with the minimum requirements detailed in Section 5 of this RFP.	Format per Offeror's preference
II.B.3.(b)(18)	**MWBE and EEO Participation Requirements**	Demonstrate your willingness to attain the MWBE and EEO participation requirements as specified in Appendix A and Z of this RFP.	Format per Offeror's preference
II.B.3.(b)(19)	**Contractor Holiday Schedule**	Agree to obtain prior written approval from the OTDA each year for the Offeror's holiday schedule.	Format per Offeror's preference
II.B.3.(b)(20)	**Banking Services**	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
II.B.3.(b)(21)	**Telephone Services**	Indicate your understanding of the Contractor's responsibility for telephone services other than those services to be provided by OTDA in support of the Interactive Voice Response System and call center.	Format per Offeror's preference

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
II.B.3.(b)(22)	**Equipment and Software**	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)(23)	**Early Intervention Enhancement**	Describe your understanding that the Contractor must implement the Early Intervention Enhancement as noted in Sections 4.10 and 5.14 of this RFP upon acceptance and notification of the OTDA.	Format per Offeror's preference
II.B.3.(b)(24)	**Location Enhancement**	Describe your understanding that the Contractor must implement the Location Enhancement as noted in Sections 4.11 and 5.15 of this RFP upon acceptance and notification of the OTDA.	Format per Offeror's preference
II.B.4.(a)	**Personnel Functions**	Describe the proposed personnel functions for Centralized Operations. Include the following: - Proposed approach - Description of personnel functions - Assumptions and workloads used to plan adequate staffing levels	Format per Offeror's preference

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		- Use of automated computer system support - How State and Federal reporting requirements will be met, including staffing level reports, minority employee statistics, etc. - 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. - Indicate your understanding of OTDA, State and Federal standards for MWBE and EEO participation requirements compliance, as specified in Sections 3.5.7 and 3.5.29, and Appendix A and Appendix Z of this RFP. Also confirm your commitment to sustain or surpass the level and distribution of minority employment which the current fiscal agent maintains.	
II.B.4.(b)	**Accounting Functions**	Describe the proposed accounting functions for each Centralized Operation. Include the following: Proposed approach - Description of accounting functions - Assumptions and workloads used to plan adequate staffing levels - The use of automated computer system support	Format per Offeror's preference

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		- How State reporting requirements in the following areas will be met: Financial reports Monthly billing requirements Cost data Progress reports Progress reports Centralized Operations information reports Interactive Voice Response System usage reports Call Center System usage reports	
II.B.4.(c)	**Purchasing Functions**	Describe the proposed purchasing responsibilities and functions for Centralized Operations. Include the following: - Proposed approach - Description of purchasing practices and responsibilities - Assumptions and workloads used to plan adequate staffing levels - The use of automated computer system support - How State reporting requirements in these areas will be met: Proposed lease/purchase approval or large expenditures Periodic equipment/lessor inventory	Format per Offeror's preference

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		Active supplies lists - Depreciation schedule	
II.B.4.(d)	**Security Functions**	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 - Child Support System Terminal Access Control - Child Support System Information Confidentiality Control - Payment, Disbursement, Notice, New Hire, Data Capture Services, - Putative Father Registry, Interactive Voice Response System, - Customer Service	Format per Offeror's preference
II.B.5.(a)	**Performance Standards**	Describe how you intend to meet each performance standard in Sections 5 and 6 of this RFP.	Format per Offeror's preference
II.B.5.(b)	**Approach**	Describe how you will determine if the performance standards in Sections 5 and 6 of this RFP preference are met.	Format per Offeror's preference
II.B.6.(a)	**Recruitment and Selection**	Describe your recruitment and selection policies in terms of: - Recruitment program - Sources of potential recruitment - Selection guidelines	Format per Offeror's preference

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
II.B.6.(b)	**Training**	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: - Overview of program/workflow - Instruction on equipment (if required) - Familiarization with forms/procedures - Management approach - Training personnel Include background and experience Cite whether operating personnel or training unit Personnel Training manuals Initial training duration	Format per Offeror's preference
II.B.6.(c)	**Retention**	Describe your career development policies for the following: - Management development - Technical development - Career paths - Career counseling Describe any other measures which are taken to minimize employee turnover (e.g. daycare, performance incentives, etc.).	Format per Offeror's preference
II.C.1.(a)	**Reporting Relationships**	Define your project turnover organizational structure, including the titles of the key positions, lines of reporting and number of staff.	Organization Chart

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
II.C.1.(b)	**Division of Responsibility**	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)	**Job Descriptions**	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)	**Staffing Level**	Summarize the person-days of effort for each turnover task by job title.	Format per Offeror's preference
II.C.2.(b)	**Equipment**	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: - Payment Processing - Disbursement Processing - Notice Processing - New Hire Notification Processing - Data Capture Services - Putative Father Registry - Interactive Voice Response System - Customer Service	Proposals are to be organized by the major equipment categories listed in the description column.

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		- Administration - Child Support System Equipment	
II.C.2.(c)	**Facilities**	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: - Work space - Office equipment - Telephones	Format per Offeror's preference
II.C.2.(d)	**Other Resources**	Identify any other resources required for the completion of the project. This includes: - Computer software packages - Supplies - Training materials	Format per Offeror's preference
II.C.3.(a)	**Turnover Approach**	Describe your understanding of the OTDA's objectives for turnover and their implications. Affirm your intention to comply with all requirements specified in Section 2.11 of this RFP.	Format per Offeror's preference
		Identify the manner in which the proposed plan deals with the major management issues and challenges associated with a successful turnover. - Division of responsibilities - Communication - Operating environment	Format per Offeror's preference

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		- Schedule requirements - Accuracy requirements	
		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 2.11.3 of this RFP. - Planning - Training - Resources - Equipment/software - Cooperation - Staffing - Inventory/Supplies - OTDA equipment	Use Task Description Form OR-11
		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. Indicate the critical path.	Use Work plan Form OR-12
		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: - Consistent with the RFP requirements - Consistent with the OTDA's objectives - Realistic	Use Task Description Form OR-11

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		- Comprehensive	
		The minimum milestones/deliverables for turnover are identified in Section 2.11.5 of this RFP. Identify the milestones/deliverables to be met during turnover and your schedule for meeting them.	Format per Offeror's preference
II.C.3.(b)	**Personnel Acquisition and Training**	Describe the plan for training and phasing-in key personnel and staff for Centralized 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 Section 2.11.3.6 of this RFP.	Format per Offeror's preference
II.C.3.(c)	**Hardware/Software Acceptance Plan**	Describe a proposed procedure for turning over the hardware and software to the OTDA or a successor contractor. These 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:	Format per Offeror's preference
		- System and program documentation - Program libraries - Test libraries - Computer operations manuals - Data entry equipment - Interactive Voice Response System equipment - Document Imaging/Retrieval and On-Line Notification process	Format per Offeror's preference

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		Include examples of the proposed checklist forms in the description.	
II.C.4	**Schedule, Resource and Quality Control**	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 contractor.	Format per Offeror's preference
II.D.1	**Description**	The OTDA requests submission of only Transition, Turnover and Centralized Operational Cost Saving Revisions on this form. Those suggested revisions may include cost reductions for reimbursables associated with centralized operations of the RFP. Offerors are reminded that revisions conflicting with or excluding the program requirements detailed in Section 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. Complete the following documentation for each proposed revision. Describe each planned revision to Transition, Turnover and Centralized Operations. The description is to contain the following elements: - Description - Benefits and disadvantages both tangible and intangible	Use Offeror Suggested Revision Form OR-13

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PROPOSAL REFERENCE	RESPONSE REQUIREMENT	DESCRIPTION	FORMAT REQUIREMENT
		- Anticipated change in service levels, including a description of the effect on performance standards - Explanation/justification	
II.D.2	**Work Plan**	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.	Use Work Plan Form OR-12 and Task Description Form OR-11
		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: - Consistent with the RFP requirements - Consistent with the OTDA's objectives - Realistic - Comprehensive	Format per Offeror's preference
II.E.1.(a)	**Enhancements Objective**	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
II.E.1.(b)	**Approach**	Describe the overall approach your organization will take in accomplishing each of the enhancements.	Format per Offeror's preference
II.E.1.(c)	**Resources**	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
II.E.2.(a)	**Planning Phase**	For each Enhancement:	

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		- 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 Sections 4.10, 4.11, 5.14, and 5.15 of this RFP, phase by documenting the duration and timing of each task. Indicate the critical path.	Use Work Plan Form OR-12 and Task Description Form OR-11
		- Identify the key milestones and deliverables and the organizational unit responsible for activities during the planning phase.	
II.E.2.(b)	**Development Phase**	For each Enhancement:	
		- Indicate the resources required to accomplish the 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. Indicate the critical path.	Use Work Plan Form OR-12 and Task Description Form OR-11
		- 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
II.E.2.(c)	**Implementation Phase**	For each Enhancement:	

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		- Indicate 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.	Use Work Plan Form OR-12 and Task Description Form OR-11
		- Identify the key milestones and deliverables and the organizational unit responsible for activities during the implementation phase.	Format per Offeror's preference
		- 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.	Use Task Description Form OR-11

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III.A	**Letter of Transmittal**	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. Include the name of the financial institution upon which the required $10.0 million Letter of Credit will be drawn.	Company Letterhead
III.B	**Fixed Price Summary**	Summarize the fixed price cost for each contract year for: - Transition - Payment Processing - Mail - Payment Processing - Electronic - Disbursements - Checks - Disbursement – Electronic - Notice Processing - New Hire Notification Processing - Mail - New Hire Notification Processing - Electronic - Data Capture Services - Putative Father Registry - Interactive Voice Response System - Customer Service - Administration - Turnover	Use Fixed Price Summary Form CS-1
III.C.1	**Personnel Salary Cost**	Summarize the personnel salary cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
III.C.2	**Fixed Asset Cost**	Summarize any Fixed Asset to be acquired for Transition.	Use Fixed Asset Cost Form CSS-2
III.C.3	**Facility Cost**	Summarize all facility costs associated with Transition.	Use Transition Cost Summary Form CS-1A

III.C.4	**Other Cost**	Summarize any other cost associated with Transition.	Use Supplemental Cost Detail Form CSS-3
III.C.5	**Subcontractor**	Complete a form for each Subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.C.6	**Transition Summary**	Summarize the fixed price offer for Transition. Note: All items on the price/cost schedules are to be referenced by supporting schedules (CSS-1 – CSS-4 noted above).	Use Transition Cost Summary Form CS-1A
III.D.1	**Non-key personnel Cost**	Summarize for Payment Processing-Mail the non-key personnel cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
III.D.2	**Fixed Asset Cost**	Summarize any Fixed Asset used for Payment Processing- Mail.	Use Fixed Asset Cost Form CSS-2
III.D.3	**Other Cost**	Summarize any other cost pertaining to Payment Processing-Mail.	Use Supplemental Cost Detail Form CSS-3
III.D.4	**Subcontractor**	Complete a form for each Subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.D.5	**Payment Processing-Mail Summary**	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 (CSS-1 – CSS-4 noted above).	Use Payment Processing-Mail Cost Summary Form CS-1B
III.E.1	**Non-key personnel Cost**	Summarize for Payment Processing-Electronic the non-key personnel cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1

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III.E.2	**Fixed Asset Cost**	Summarize any Fixed Asset used for Payment Processing-Electronic.	Use Fixed Asset Cost Form CSS-2
III.E.3	**Other Cost**	Summarize any other cost pertaining to Payment Processing-Electronic.	Use Supplemental Cost Detail Form CSS-3
III.E.4	**Subcontractor**	Complete a form for each Subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.E.5	**Payment Processing-Electronic Summary**	Summarize the price offer for the Payment Processing-Electronic operation. Note: All items on the price/cost schedules are to be referenced by supporting schedules. (CSS-1 – CSS-4 noted above).	Use Payment Processing-Electronic Cost Summary Form CS-1C
III.F.1	**Non-key personnel Cost**	Summarize for disbursement processing-checks the non-key personnel cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
III.F.2	**Fixed Asset Cost**	Summarize any Fixed Asset used for the disbursement processing-checks.	Use Fixed Asset Cost Form CSS-2
III.F.3	**Other Cost**	Summarize any other cost pertaining to the disbursement processing-checks.	Use Supplemental Cost Detail Form CSS-3
III.F.4	**Subcontractor**	Complete a form for each Subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.F.5	**Disbursement Processing-Checks Summary**	Summarize the price offer for the Disbursement Processing-Checks.	Use Disbursement Process-Checks Cost Summary Form CS-1D

		Note: All items on the price/cost schedules are to be referenced by supporting schedules. (CSS-1 – CSS-4 noted above).	
III.G.1	**Non-key personnel Cost**	Summarize for Disbursement Processing-Electronic the non-key personnel cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
III.G.2	**Fixed Asset Cost**	Summarize any Fixed Asset used for the Disbursement Processing-Electronic.	Use Fixed Asset Cost Form CSS-2
III.G.3	**Other Cost**	Summarize any other cost pertaining to the Disbursement Processing-Electronic.	Use Supplemental Cost Detail Form CSS-3
III.G.4	**Subcontractor**	Complete a form for each Subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.G.5	**Disbursement Processing-Electronic Summary**	Summarize the price offer for the Disbursement Processing-Electronic. Note: All items on the price/cost schedules are to be referenced by supporting schedules. (CSS-1 – CSS-4 noted above). Summarize the price offer for the debit card transaction services by completing the required pricing matrix.	Use Disbursement Process-Electronic Fixed Cost Summary Form CS-1E(a) Use Disbursement Process-Electronic Debit Card Cost Summary Form CS-1E(b)
III.H.1	**Non-key personnel Cost**	Summarize the Notice Processing non-key personnel cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
III.H.2	**Fixed Asset Cost**	Summarize any Fixed Asset used for the Notice process.	Use Fixed Asset Cost Form CSS-2

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III.H.3	**Other Cost**	Summarize any other costs pertaining to the Notice process.	Use Supplemental Cost Detail Form CSS-3
III.H.4	**Subcontractor**	Complete a form for each Subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.H.5	**Notice Processing Summary**	Summarize the price offer for the Notice process. Note: All items on the price/cost schedules are to be referenced by supporting schedules. (CSS-1 – CSS-4 noted above). Note: All items on the price/cost schedules are to be referenced by supporting schedules.	Use Notice Process Cost Summary Form CS-1F
III.I.1	**Non-key personnel Cost**	Summarize the New Hire Notification Processing-Mail non-key personnel cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
III.I.2	**Fixed Asset Cost**	Summarize any Fixed Asset used for New Hire Notification Processing-Mail.	Use Fixed Asset Cost Form CSS-2
III.I.3	**Other Cost**	Summarize any other costs pertaining to New Hire Notification Processing-Mail.	Use Supplemental Cost Detail Form CSS-3
III.I.4	**Subcontractor**	Complete a form for each Subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.I.5	**New Hire Notification Processing-Mail Summary**	Summarize the price offer for the New Hire Notification Processing-Mail. Note: All items on the price/cost schedules are to be referenced by supporting schedules. (CSS-1 – CSS-4 noted above).	Use New Hire Notification Processing-Mail Cost Summary Form CS-1G

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III.J.1	**Non-key personnel Cost**	Summarize the New Hire Notification Processing-Electronic non-key personnel cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
III.J.2	**Fixed Asset Cost**	Summarize any Fixed Asset used for the New Hire Notification Processing-Electronic.	Use Fixed Asset Cost Form CSS-2
III.J.3	**Other Cost**	Summarize any other costs pertaining to New Hire Notification Processing-Electronic.	Use Supplemental Cost Detail Form CSS-3
III.J.4	**Subcontractor**	Complete a form for each Subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.J.5	**New Hire Notification Processing-Electronic Summary**	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. (CSS-1 – CSS-4 noted above).	New Hire Notification Processing-Electronic Cost Summary Form CS-1H
III.K.5	**Data Capture Services Summary**	Summarize the price offer for the Data Capture Services by completing the required pricing matrix. Note: All items on the price/cost schedules are to be referenced by supporting schedules. (CSS-1 – CSS-4 noted above).	Data Capture Service Summary Form CS-1I

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III.L.1	**Non-key personnel Cost**	Summarize the Putative Father Registry non-key personnel cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
III.L.2	**Fixed Asset Cost**	Summarize any Fixed Asset used for the Putative Father Registry.	Use Fixed Asset Cost Form CSS-2
III.L.3	**Other Cost**	Summarize any other costs pertaining to the Putative Father Registry.	Use Supplemental Cost Detail Form CSS-3
III.L.4	**Subcontractor**	Complete a form for each Subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.L.5	**Putative Father Registry Summary**	Summarize the price offer for the Putative Father Registry. Note: All items on the price/cost schedules are to be referenced by supporting schedules. (CSS-1 – CSS-4 noted above).	Putative Father Registry. Cost Summary Form CS-1J
III.M.1	**Non-key personnel Cost**	Summarize the Interactive Voice Response System non-key personnel cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
III.M.2	**Fixed Asset Cost**	Summarize any Fixed Asset used for the Interactive Voice Response System.	Use Fixed Asset Cost Form CSS-2

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III.M.3	**Other Cost**	Summarize any other costs pertaining to Interactive Voice Response System.	Use Supplemental Cost Detail Form CSS-3
III.M.4	**Subcontractor**	Complete a form for each Subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.M.5	**Voice Response System Summary**	Summarize the price offer for the Interactive Voice Response System. Note: All items on the price/cost schedules are to be referenced by supporting schedules. (CSS-1 – CSS-4 noted above).	Use Voice Response System Cost Summary Form CS-1K
III.N.1	**Customer Service System Summary**	Summarize the price offer for Customer Service. Note: All items on the price/cost schedules are to be referenced by supporting schedules. (CSS-1 – CSS-4 noted above).	Use Customer Service Cost Summary Form CS-1L

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III.O.1	Key **Personnel Cost**	Summarize the Key Personnel cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
III.O.2	**Fixed Asset Cost**	Summarize any Fixed Asset used for Administration.	Use Fixed Asset Cost Form CSS-2
III.O.3	**Facility Cost**	Summarize all facility costs associated with each of the Centralized Operations and Turnover	Administration Cost Summary Form CS-1M
III.O.4	**Other Cost**	Summarize any other costs pertaining to Administration.	Use Supplemental Cost Detail Form CSS-3
III.O.5	**Subcontractor**	Complete a form for each Subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.O.6	**Administration Summary**	Summarize the price offer for the Administration. Note: All items on the price/cost schedules are to be referenced by supporting schedules. (CSS-1 – CSS-4 noted above).	Administration Cost Summary Form CS-1M
III.P.1	**Non-key personnel Cost**	Summarize the turnover non-key personnel cost by personnel category, include daily rate and person-day estimates.	Use Direct Salary Expense Form CSS-1
III.P.2	**Fixed Asset Cost**	Summarize any Fixed Asset to be used for the turnover operations.	Use Fixed Asset Cost Form CSS-2
III.P.3	**Other Cost**	Summarize any other costs pertaining to the Turnover.	Use Supplemental Cost Detail Form CSS-3
III.P.4	**Subcontractor**	Complete a form for each Subcontractor used for this function	Use Utilization of Subcontractor Form CSS-4

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III.P.5	**Turnover Summary**	Summarize the price offer for the Centralized Operations Turnover. Note: All items on the price/cost schedules are to be referenced by supporting schedules. (CSS-1 – CSS-4 noted above).	Use Turnover Cost Summary Form CS-1N
III.Q.1	**Contract Extensions Summary**	Summarize the price offer for each of the Contract Extensions.	Use Contract Extensions Cost Summary Form CS-1O(a) – (c)
III.R Through III.AF.5	**Offeror's Suggested Revision Cost Summary Forms**	Summarize any Offeror suggested revision(s) cost per contract year for each of the major operations. Please note that the series of forms CS-2A – CS-2N, include transition, each of the operational areas and turnover. Note: All items on the price/cost schedules are to be referenced by supporting schedules. (CSS-1 – CSS-4 noted above).	Use Offeror's Suggested Revision Cost Summary Forms CS-2A – CS-2N

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III.AG	**Capital Financing Plan**	Describe the plan to obtain the necessary capital required to perform the contract.	Format per Offeror's preference
III.AH	**Early Intervention Enhancement Price Summary**	Summarize the enhancement fixed price cost for each contract year for:	Use Enhancement Price Summary Forms CS-3A- CS-3C
		- Transition Early Intervention	Use Transition Early Intervention Cost Form CS-3A
		Complete a form for each Subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
		- Operations Early Intervention	Use Operation Early Intervention Cost Form CS-3B
		- Turnover Early Intervention	Use Turnover Early Intervention Cost Form CS-3C
		Complete a form for each Subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.AI	**Location Enhancement Price Summary**	Summarize the enhancement price cost offer for each contract year for:	Use Enhancement Price Summary Forms CS-4A- CS-4C
		-Transition Location Enhancement	

			Use Transition Location Enhancement Cost Form CS-4A
		Complete a form for each Subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
		-Operations Location Enhancement	Summarize the enhancement price cost offer for the location services by completing the required pricing matrix. CS-4B
		-Turnover Location Enhancement	Use Turnover Location Enhancement Cost Form CS-4C
		Complete a form for each Subcontractor used for this function.	Use Utilization of Subcontractor Form CSS-4
III.AJ	**Corporate Overhead Cost**	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
III.AK	**Change Request Pricing**	Complete a form for a change request. (See Section 3.2.6)	Use Change Request Pricing form CS-5

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APPENDIX C

OFFEROR'S RESPONSE FORMS AND INSTRUCTIONS

This Appendix contains a sample of the various forms that are detailed in Appendix B Offeror's Response 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 Number and Name of Forms contained in this Appendix are as follows:

Administrative and Technical Proposals Response Forms

Name of Form

OR-1 Other Contractual Obligations Disclosure
OR-2 Contract Disputes or Terminations
OR-3A Transition Experience – Corporate
OR-3B Transition Experience – Other Related Processing
OR-4 Transition Experience – Key Staff
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 – Key Staff (Primary)
OR-6B Operations Experience – Key Staff (Backup)
OR-7 Key Staff Resume
OR-8 Centralized Operations – Proposed Staffing Levels
OR-9 Job Description – Other Key Staff
OR-10 Turnover Experience-Corporate
OR-11 Task Description
OR-12 Work Plan
OR-13 Offeror Suggestions
OR-14 New York State Agency/Department/Authority References

Financial Proposal Response Forms

Name of Form

CS-1 Financial Proposal – Operations Fixed Price Summary
CS-1A Financial Proposal – Operations Transition
CS-1B Financial Proposal – Operations Payment Processing-Mail
CS-1C Financial Proposal – Operations Payment Processing-Electronic
CS-1D Financial Proposal – Operations Disbursement Processing-Checks
CS-1E (a) & (b) Financial Proposal – Operations Disbursement Processing – Electronic
CS-1F Financial Proposal – Operations Notice Processing
CS-1G Financial Proposal – Operations New Hire Notification Processing-Mail
CS-1H Financial Proposal – Operations New Hire Notification Processing-Electronic
CS-1I Financial Proposal – Operations Data Capture Services
CS-1J Financial Proposal – Operations Putative Father Registry
CS-1K Financial Proposal – Operations Interactive Voice Response System
CS-1L Financial Proposal – Operations Customer Service
CS-1M Financial Proposal – Operations Administration
CS-1N Financial Proposal – Operations Turnover
CS-1O (a) Financial Proposal – Operations Contract Extensions Summary
CS-1O (b) Financial Proposal – Operations Contract Extensions Summary/Data Capture
CS-1O (c) Financial Proposal – Operations Contract Extensions Summary/Customer Service

CS-2 Financial Proposal – Offeror Suggestions Cost Series Forms

CS-2A Financial Proposal – Offeror Suggestions Pricing Operations Transition
CS-2B Financial Proposal – Offeror Suggestions Pricing Operations Payment Processing-Mail
CS-2C Financial Proposal – Offeror Suggestions Pricing Operations Payment Processing-Electronic
CS-2D Financial Proposal – Offeror Suggestions Pricing Operations Disbursement Processing-Checks
CS-2E (a &b) Financial Proposal – Offeror Suggestions Pricing Operations Disbursement Processing – Electronic
CS-2F Financial Proposal – Offeror Suggestions Pricing Operations Notice Processing
CS-2G Financial Proposal – Offeror Suggestions Pricing Operations New Hire Notification Processing-Mail
CS-2H Financial Proposal – Offeror Suggestions Pricing Operations New Hire Notification Processing-Electronic
CS-2I Financial Proposal – Offeror Suggestions Pricing Operations Data Capture Services
CS-2J Financial Proposal – Offeror Suggestions Pricing Operations Putative Father Registry
CS-2K Financial Proposal – Offeror Suggestions Pricing Operations Interactive Voice Response System
CS-2L Financial Proposal – Offeror Suggestions Pricing Operations Customer Service
CS-2M Financial Proposal – Offeror Suggestions Pricing Operations Administration
CS-2N Financial Proposal – Offeror Suggestions Pricing Operations Turnover

CS-3 Financial Proposal – Early Intervention Enhancement Series Forms
CS-3A Financial Proposal – Transition Early Intervention Enhancement
CS-3B Financial Proposal – Operations Early Intervention Enhancement
CS-3C Financial Proposal – Turnover Early Intervention Enhancement

CS-4 Financial Proposal – Location Enhancement Series Forms
CS-4A Financial Proposal – Transition Location Enhancement
CS-4B Financial Proposal – Operations Location Enhancement
CS-4C Financial Proposal – Turnover Location Enhancement
CS-5 Financial Proposal – Change Request Pricing

CSS-1 Financial Proposal – Direct Salary Expense
CSS-2 Financial Proposal – Equipment Cost
CSS-3 Financial Proposal – Supplemental Cost Detail
CSS-4 Financial 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 entered into by the Offeror for the past three (3) years with a value greater than ten million dollars ($10,000,000) per year. In addition, identify any other Contractor obligations, regardless of value, that will affect assignment of Key Staff 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 perform(ed) under contract.

CONTRACT AMOUNT AND DURATION: Annual amount of contract and duration.

KEY STAFF ASSIGNED: Identify Key Staff listed on forms OR-6A or 6B who will continue to also be assigned to other contracts.

OTHER CONTRACTUAL OBLIGATIONS DISCLOSURE

ORGANIZATION	CONTRACT TITLE	CLIENT CONTACT PERSON	MAJOR SERVICES PROVIDED	CONTRACT AMOUNT AND DURATION	KEY STAFF ASSIGNED TO THIS CONTRACT

Form OR-1

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: CONTRACT DISPUTES OR TERMINATIONS
FORM NUMBER: OR-2

INSTRUCTIONS: GENERAL – Complete this form by listing all contracts exceeding ten million dollars ($10,000,000) per year whereby a material dispute, assessment of liquidated damages, or contract termination occurred.

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 or assessment of liquidated damages.

STATUS: Indicate the status of the dispute or assessment of liquidated damages.

CONTRACT DISPUTES OR TERMINATION

RESPONSIBLE COMPANY	COMPLAINT	DATE	DESCRIPTION	POTENTIAL AMOUNT	STATUS

Form OR-2

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: TRANSITION EXPERIENCE – CORPORATE

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

INSTRUCTIONS: GENERAL - Offerors must provide complete and accurate information in order to receive credit during the proposal evaluation process identified in Section 7 of this RFP.

Form OR-3A is to be completed for all transition experience, for the time period of March 2005 through February 2015, 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, for the time period of March 2005 through February 2015, 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.

SUCCESSFUL TRANSITION: Indicate whether the transition experience identified was successful.

TRANSITION EXPERIENCE: COLLECTION AND DISBURSEMENT
FROM MARCH 2005 THROUGH FEBRUARY 2015

STATUS OF OFFEROR	CLIENT	SERVICE DATES		DESCRIPTION OF SERVICE	FACILITY SQUARE FEET	ANNUAL VOLUME	NUMBER OF EMPLOYEES	SUCCESSFUL TRANSITION Y/N
		FROM	TO					

Form OR-3A

TRANSITION EXPERIENCE: OTHER RELATED PROCESSING
FROM MARCH 2005 THROUGH FEBRUARY 2015

STATUS OF OFFEROR	CLIENT	SERVICE DATES		DESCRIPTION OF SERVICE	FACILITY SQUARE FEET	ANNUAL VOLUME	NUMBER OF EMPLOYEES	SUCCESSFUL TRANSITION Y/N
		FROM	TO					

Form OR-3B

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: TRANSITION EXPERIENCE AND TRANSACTION VOLUMES– KEY STAFF

FORM NUMBER: OR-4

INSTRUCTIONS: GENERAL - Describe transition experiences and transaction volumes for the Key Staff identified on Forms OR-6A and OR-6B. All Key Staff transition experience and transaction volumes should be provided for the time period of March 2005 thru February 2015. With regard to transaction volumes, the offeror's should report the annual volume by category for the client that was being transitioned, not the transaction volume during the transition period itself.

KEY STAFF: Enter the name of the individual and the Key Staff position. Identify whether the person is being proposed as primary or backup.

STATUS OF KEY STAFF: Indicate if employee is currently employed by the Offeror (prime contractor) or subcontractor or another party and is fully committed to the position identified.

CLIENT: Identify the client with which the individual has had transition experience in any or all of the following:

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

Include the name, address and telephone number of the client's project manager for each Key Staff who performed transition experience for the client

DATE OF SERVICE: Indicate the dates of transition experience the individual has had with each client in the following format: MM/YY to MM/YY.

TRANSITION EXPERIENCE AND TRANSACTION VOLUMES: Indicate the annual transaction volume per client that was being transitioned and whether the transition was successful for each individual using the following three-digit codes:

DCM – Data Center Management.
CSP – Child Support Payment Processing
CCM – Call Center Management
OPP – Other Payment Processing
OTP – Other Transaction Processing

If one client represents more than one category of experience in the same project, then the client has to be listed more than once to identify transition experience and transaction volume in the respective category. Describe the project(s) where the transition experience was acquired and transaction volumes occurred.

TRANSITION EXPERIENCE AND TRANSACTION VOLUME: KEY STAFF
FROM MARCH 2005 THROUGH FEBRUARY 2015

KEY STAFF	STATUS OF KEY STAFF	TYPE EXPERIENCE	CLIENT	DATE OF SERVICE	DESCRIPTION OF TRANSITION EXPERIENCE	TRANSACTION VOLUME	SUCCESSFUL TRANSITION Y/N

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 Section 1.12 of this RFP. Firms must provide complete and accurate information in order to receive credit during the proposal evaluation process identified in Section 7 of this RFP.

For the time period of March 2005 through February 2015:

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

Data Center Management
Child Support Payment Processing
Other Payment Processing

Form OR-5B is to be completed for <u>all</u> 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 the prime contractor or subcontractor.

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
FROM MARCH 2005 THROUGH FEBRUARY 2015

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
FROM MARCH 2005 THROUGH FEBRUARY 2015

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
FROM MARCH 2005 THROUGH FEBRUARY 2015

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 AND TRANSACTION VOLUMES – KEY STAFF

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 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. Please refer to Section 1.13 of the RFP and Appendix K for Minimum Experience and Qualifications for Key Staff. Key Staff experience should be provided for the time period of March 2005 thru February 2015.

PRIMARY: On Form OR-6A, fill in the name of the primary individual for each Key Staff position. This is the person to be assigned to the position in the event of a successful offer. In the event that a Key Staff person is replaced prior to award notification, the original candidate's qualifications will remain the basis for proposal evaluation purposes.

BACKUP: On Form OR-6B, fill in the name of the backup individual for each Key Staff position. This is the person who would be assigned to this role in the event the primary Key Staff person left your organization. The back-up individual cannot be a primary individual for any other Key Staff position.

STATUS OF EMPLOYEE: Indicate if the individual is currently employed by the Offeror, a subcontractor, or another party and is fully committed to the position identified.

STATES/ ORGANIZATIONS: Designate the states and/or organizations 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 and/or organization in the following format MM/YY to MM/YY.

OPERATIONS EXPERIENCE AND TRANSACTION VOLUMES: Indicate the number of years of experience and transaction volume per state and/or organization for each individual using the following three-digit codes to idicate 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/organization represents more than one (1) category of experience in the same project, then the state/organization has to be listed more than once to identify experience and transaction volume in the respective category, i.e., DCM, CSP, CCM, OPP, or OTP. Describe the project(s) where the experience was acquired and transaction volumes occurred.

OPERATIONS EXPERIENCE – KEY STAFF (PRIMARY)
FROM MARCH 2005 THROUGH FEBRUARY 2015

KEY STAFF CATEGORY (NAMES) PRIMARY	STATUS OF EMPLOYEE	STATE/ ORGANIZATION	PROJECT	DATES OF SERVICE	CATEGORY OF EXPERIENCE	TRANSACTION VOLUME
PROJECT DIRECTOR:						
DEPUTY PROJECT DIRECTOR: (1st position)						
DEPUTY PROJECT DIRECTOR: (2nd position)						
SYSTEMS MANAGER:						
PAYMENT PROCESSING MANAGER:						
DISBURSEMENT PROCESSING MANAGER:						
DATA CAPTURE MANAGER:						
CUSTOMER SERVICE MANAGER:						

Form OR-6A

OPERATIONS EXPERIENCE – KEY STAFF (BACKUP)
FROM MARCH 2005 THROUGH FEBRUARY 2015

KEY STAFF CATEGORY (NAMES) PRIMARY	STATUS OF EMPLOYEE	STATE/ ORGANIZATION	PROJECT	DATES OF SERVICE	CATEGORY OF EXPERIENCE	TRANSACTION VOLUME
PROJECT DIRECTOR:						
DEPUTY PROJECT DIRECTOR: (1st position)						
DEPUTY PROJECT DIRECTOR: (2nd position)						
SYSTEMS MANAGER:						
PAYMENT PROCESSING MANAGER:						
DISBURSEMENT PROCESSING MANAGER:						
DATA CAPTURE MANAGER:						
CUSTOMER SERVICE MANAGER:						

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 Form OR-6A and OR-6B. 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 the Key Staff position for which this individual is proposed.

STATUS OF EMPLOYEE: Indicate if the individual is associated with Offeror or subcontractor or a third party and is fully committed to the Key Staff Position identified.

YEARS: Enter number of years with present firm (Offeror or subcontractor or third party 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.

EXPERIENCE AND RESPONSIBILITIES: List the individual's relevant experience (with the most recent first and identifying part time experience as such). Designate the state and/or organization and 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

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.

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 STAFF RESUME

NAME:_____ TITLE/LEVEL: _____

STATUS OF EMPLOYEE:_____ YEARS:_____ PRIMARY:_____BACKUP: _____

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

Form OR-7 (Page 1 of 3)

KEY STAFF RESUME (CONTINUED)

NAME: _____ **TITLE/LEVEL:** _____

FROM	TO	STATE/ ORGANIZATION	EMPLOYER	RESPONSIBILITIES

EDUCATION AND CERTIFICATION

FROM	TO	SCHOOL	DEGREE/HONORS

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

Form OR-7 (Page 2 of 3)

KEY STAFF RESUME (CONTINUED)

NAME:_____ **TITLE/LEVEL:** _____

OPERATIONS EXPERIENCE SUMMARY	NUMBER OF YEARS
1. COLLECTION AND DISBURSEMENT	1.
2. OTHER TRANSACTION PROCESSING	2.
3. CALL CENTER MANAGEMENT	3.

REFERENCES

NAME/TITLE	RELATIONSHIP	TELEPHONE NUMBER AND ADDRESS	CLIENT

Form OR-7 (Page 3 of 3)

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: CENTRALIZED 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 the performance of Centralized Operations.

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CENTRALIZED OPERATIONS – PROPOSED STAFFING LEVELS

CATEGORY	STAFFING LEVEL
PAYMENT PROCESSING - MAIL	
PAYMENT PROCESSING - ELECTRONIC	
DISBURSEMENT PROCESSING – CHECKS	
DISBURSEMENT PROCESSING – ELECTRONIC	
NOTICE PROCESSING	
NEW HIRE NOTIFICATION PROCESSING – MAIL	
NEW HIRE NOTIFICATION PROCESSING – ELECTRONIC	
DATA CAPTURE SERVICES	
PUTATIVE FATHER REGISTRY	
INTERACTIVE VOICE RESPONSE SYSTEM	
CUSTOMER SERVICE	
ADMINISTRATION	
TOTAL	

Form OR-8

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: JOB DESCRIPTION – OTHER THAN KEY STAFF

FORM NUMBER: OR-9

INSTRUCTIONS: GENERAL – Job descriptions for Key Staff are provided in Appendix K of this RFP. The Offeror is to complete this form for each job title used in performing Centralized Operations which is not a Key Staff position.

TITLE: Proposed job title.

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

JOB DESCRIPTION – OTHER THAN KEY STAFF

TITLE:	REPORTS TO:
PRIMARY OBJECTIVES:	
NATURE OF RESPONSIBILITIES:	
JOB QUALIFICATIONS:	

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 for the time period of March 2005 through February 2015.

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 time period of March 2005 through February 2015. 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) for this same period.

NUMBER OF EMPLOYEES: Indicate the number of employees involved in the turnover process.

SUCCESSFUL TURNOVER: Indicate whether the turnover experience identified was successful.

TURNOVER EXPERIENCE - CORPORATE
FROM MARCH 2005 THROUGH FEBRUARY 2015

STATUS OF OFFEROR	CLIENT	SERVICE DATES		DESCRIPTION OF SERVICE	FACILITY SQUARE FEET	ANNUAL VOLUME	NUMBER OF EMPLOYEES	SUCCESSFUL TURNOVER Y/N
		FROM	TO					

Form OR-10

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: TASK DESCRIPTION

FORM NUMBER: OR-11

INSTRUCTIONS: GENERAL – Complete a form for each task of the following major functions:
-Transition
-Turnover
-Enhancements
-Offeror Suggestions

MAJOR FUNCTION: Indicate if form applies to Transition and Turnover for Centralized Operations, Enhancements (Planning, Development, Implementation, or Operation Phase), and Offerors Suggestion (Work Plan).

TASK: Name of task being described on this form.

TASK NUMBER: Task are to be sequentially numbered within major activities.

TASK DESCRIPTION: An overview of the work to be performed.

ASSUMPTIONS/ CONSTRAINTS: Major assumptions and constraints are to be documented.

RELATIVE DIFFICULTY: Indicate the tasks relative difficulty with respect to other related tasks.

DEPENDENCIES: Other tasks, which influence the Contractor's ability to complete this task, are to be discussed.

TASK DESCRIPTION

MAJOR FUNCTION _____

TASK _____ **TASK NUMBER_____**
TASK DESCRIPTION:
ASSUMPTIONS/CONSTRAINTS:
RELATIVE DIFFICULTY:
DEPENDENCIES:

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.

WORK PLAN

MAJOR FUNCTION _____

TASK DESCRIPTION	EFFORT STAFF-DAYS	DURATION (WEEKS)	TIME (IN WEEKS)														
			01	02	03	04	05	06	07	08	09	10	11	12	13	14	15

Form OR-12

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: OFFEROR SUGGESTIONS (OPTIONAL)

FORM NUMBER: OR-13

INSTRUCTIONS: GENERAL – Complete a form for each Offeror Suggestion (see Section 2.12 of this RFP).

PROCESS STEP: A discrete unit of work performed as part of the Centralized Operations. 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 - Notice Processing
- Operations - New Hire Notification Processing – Mail
- Operations - New Hire Notification Processing – Electronic
- Operations - Data Capture Services
- Operations - Putative Father Registry
- Operations – Interactive Voice Response System
- Operations – Customer Service
- Operations - Administration
- Turnover
- Reimbursables

SUGGESTION NO.: Each Suggestion is to be sequentially numbered.

DESCRIPTION OF SUGGESTION: Outline the Suggestion.

BENEFITS: Identify and quantify the magnitude of benefits to the State (e.g., Staffing, Facilities, Equipment, processing time). Any anticipated cost savings must not be included on this form. Use CS-2 forms for cost savings.

ANTICIPATED CHANGE IN SERVICE LEVEL: Summarize the major changes to the service levels as a result of the Suggestion.

EXPLANATION/ JUSTIFICATION: Summarize the risk of failure or success of each Suggestion, the financial impact (without providing the cost savings) and the justification for the Suggestion. Provide a list of work places where the Suggestion is currently in production (if any) 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 Suggestion implemented) which will assist the OTDA in reviewing the Suggestion.

OFFEROR SUGGESTION

PROCESS STEP (IF APPLICABLE):_____	**SUGGESTION NO.: _____**
MAJOR FUNCTION:_____	
DESCRIPTION OF SUGGESTION:	
BENENFITS:	
ANTICIPATED CHANGE IN SERVICE LEVEL:	
EXPLANATION/JUSTIFICATION:	

Form OR-13

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: NEW YORK STATE AGENCY / DEPARTMENT / AUTHORITY REFERENCES

FORM NUMBER: OR-14

INSTRUCTIONS: Submit the following information for each contract reference, excluding NYS OTDA. Summarize all contracts entered into by the Offeror for the past three (3) years with a value greater than ten million dollars ($10,000,000) per year.

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

New York State Agency / Department /Authority References

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

Form OR-14

OFFEROR'S RESPONSE FORM INSTRUCTIONS

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

FORM NUMBER: CS-1

INSTRUCTIONS: GENERAL - Summarize by function and contract year the fixed price amounts derived from the following forms:

Major Contract Phases	Form
Transition	CS-1A
Centralized Operations	
Payment Processing – Mail	CS-1B
Payment Processing – Electronic	CS-1C
Disbursement Processing - Checks	CS-1D
Disbursement Processing – Electronic	CS-1E a
Notice Processing	CS-1F
New Hire Notification Processing - Mail	CS-1G
New Hire Notification Processing –	CS-1H
Electronic Putative Father Registry	CS-1J
Interactive Voice Response System	CS-1K
Customer Service	CS-1L
Administration	CS-1M
Turnover	CS-1N

For volume based Centralized Operations, 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.

The Facility Fixed Costs attributable to the following Centralized Operations forms; CS-1B – CS-1E(a), CS-1F – CS-1K and CS-1M – CS-1N, should only be included in the CS-1M Administration Form.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

FINANCIAL PROPOSAL – FIXED PRICE SUMMARY

PRICE COMPONENT		Transition Phase	YEAR ONE	YEAR TWO	YEAR THREE	YEAR FOUR	YEAR FIVE	TOTAL
Transition (Form CS-1A)	Fixed Price		NA	N/A	N/A	N/A	N/A	$ -
Payment Processing- Mail (Form CS-1B)	Yearly Price Offer							$ -
	Projected Volume	NA	4,603,000	4,649,000	4,696,000	4,743,000	4,790,000	23,481,000
	Price per Transaction	NA	$ -	$ -	$ -	$ -	$ -	$ -
Payment Processing- Electronic (Form CS-1C)	Yearly Price Offer							$ -
Disbursement Processing- Checks (Form CS-1D)	Yearly Price Offer							$ -
	Projected Volume	NA	1,254,000	1,254,000	1,254,000	1,254,000	1,254,000	6,270,000
	Price per Transaction	NA	$ -	$ -	$ -	$ -	$ -	$ -
Disbursement Processing- Electronic (Form CS-1E(a))	Yearly Price Offer							$ -

Form CS-1 (Page 1 of 4)

FINANCIAL PROPOSAL – FIXED PRICE SUMMARY

PRICE COMPONENT		Transition Phase	YEAR ONE	YEAR TWO	YEAR THREE	YEAR FOUR	YEAR FIVE	TOTAL

Form CS-1 (Page 2 of 4)

FINANCIAL PROPOSAL – FIXED PRICE SUMMARY

PRICE COMPONENT		Transition Phase	YEAR ONE	YEAR TWO	YEAR THREE	YEAR FOUR	YEAR FIVE	TOTAL
Notice Processing (Form CS-1F)	**Yearly Price Offer**							$ -
	Projected Volume	NA	8,685,000	8,772,000	8,860,000	8,950,000	9,040,000	44,307,000
	Price per Transaction	NA	$ -	$ -	$ -	$ -	$ -	$ -
New Hire Notification Processing Mail (Form CS-1G)	**Yearly Price Offer**	NA						$ -
	Projected Volume	NA	568,000	574,000	580,000	586,000	592,000	2,900,000
	Price per Transaction	NA	$ -	$ -	$ -	$ -	$ -	$ -
New Hire Notification Processing Electronic (Form CS-1H)	**Yearly Price Offer**	NA						$ -

Form CS-1 (Page 3 of 4)

FINANCIAL PROPOSAL – FIXED PRICE SUMMARY

PRICE COMPONENT		Transition Phase	Form CS-1 YEAR ONE	YEAR TWO	YEAR THREE	YEAR FOUR	YEAR FIVE	TOTAL
Putative Father Registry (Form CS-1J)	Yearly Price Offer	NA						$ -
	Projected Volume	NA	88,000	89,000	90,000	91,000	92,000	450,000
	Price per Transaction	NA	$ -	$ -	$ -	$ -	$ -	$ -
Interactive Voice Response System (Form CS-1K)	Yearly Price Offer	NA						$ -
Administration (Form CS-1M)	Yearly Price Offer	NA						$ -
Turnover (Form CS-1N)	Fixed Price	NA	N/A	N/A	N/A	N/A		$ -
Total Fixed Price Offer		$	$ -	$ -	$ -	$ -	$ -	$ -

Form CS-1 (Page 4 of 4)

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial Proposal – Transition

FORM NUMBER: CS-1A

INSTRUCTIONS: GENERAL– Provide Key Personnel related cost by adding Salary Expenses and fringe benefits plus any other Key Personnel related cost attributable to Transition.

Provided non-key personnel related cost by adding Salary Expenses and fringe benefits plus any other non-key personnel related cost attributable to Transition.

Provide Fixed Asset Costs from CSS-2 attributable to Transition. Provide a fixed price cost for the eleven (11) month or less Transition Period.

Provide equipment & asset costs (below $500 each) If additional categories are required, please add them to the form.

Provide other expenses on Form CSS-3.

Provide Subcontractor costs on Form CSS-4.

Transfer the Transition total price offer to form CS-1 to the Transition Phase column.

Corporate Allocations: Means those costs for activities that benefit more than one program or objective and, therefore, cannot be identified to only a specific contract. Such costs are generally classified under functional categories such as general maintenance and operation expenses, general office and administrative expenses (i.e., accounting, legal, human resources, etc.), general overhead, etc. These costs must not be included anywhere other than the line dedicated to Corporate Allocations. Enter the Corporate Allocation percentage and corresponding amount attributable to the following price/cost summary form where indicated.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).
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Note that the costs contained on this form are solely attributable to the Transition Phase.

FINANCIAL PROPOSAL – TRANSITION

PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL KEY PERSONNEL COSTS		_____
B. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL NON-KEY PERSONNEL COSTS	_____	
C. FIXED ASSET COSTS (FORM CSS-2)		
1. SOFTWARE		_____
2. DEPRECIATION	_____	_____
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL FIXED ASSET COSTS	_____	
D. FACILITY COSTS		
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		
E. OTHER COSTS		
1. TRAVEL		_____
2. LETTER OF CREDIT		_____
3. RECRUITMENT/RE-LOCATION		
4. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
5. TOTAL OTHER COSTS		
F. EQUIPMENT & ASSET COSTS (BELOW $500 EACH)		
1. OFFICE CHAIRS		
2. PHONES		
3. _____		
4. _____		
5. _____		
6. _____		
7. TOTAL EQUIPMENT & ASSET COSTS		

G. SUBCONTRACTS (FORM CSS-4)	
H. CORPORATE ALLOCATIONS @____%	_____
I. MARKUP @ _____%	_____
J. PRICE OFFER FOR TRANSITION	

Form CS-1A

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial Proposal – Operations Payment Processing - Mail

FORM NUMBER: CS-1B

INSTRUCTIONS: GENERAL – Provide non-key personnel related cost by adding Salary Expenses and fringe benefits plus any other non-key personnel related cost attributable to Operations Payment Processing - Mail.

Provide Fixed Asset Costs 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.

Corporate Allocations: Means those costs for activities that benefit more than one program or objective and, therefore, cannot be identified to only a specific contract. Such costs are generally classified under functional categories such as general maintenance and operation expenses, general office and administrative expenses (i.e., accounting, legal, human resources, etc.), general overhead, etc. These costs must not be included anywhere other than the line dedicated to Corporate Allocations. Enter the Corporate Allocation percentage and corresponding amount attributable to the following price/cost summary form where indicated.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

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FINANCIAL PROPOSAL – OPERATIONS PAYMENT PROCESSING – MAIL

PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL NON-KEY PERSONNEL COSTS		
B. FIXED ASSET COSTS (FORM CSS-2)	_____	
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE		_____
6. TOTAL FIXED ASSET COSTS		
C. OTHER COSTS	_____	
1. COURIER SERVICE	_____	
2. SUPPLIES		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL OTHER COSTS		
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @_____%		_____
F. MARKUP @_____%		_____
G. PRICE OFFER FOR OPERATIONS PAYMENT PROCESSING – MAIL: CONTRACT YEAR 1		_____
H. YEAR 2 ADJUSTMENT	_____%	_____
I. YEAR 3 ADJUSTMENT	_____%	_____
J. YEAR 4 ADJUSTMENT	_____%	_____
K. YEAR 5 ADJUSTMENT	_____%	_____

Form CS-1B

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial Proposal – Operations Payment Processing - Electronic

FORM NUMBER: CS-1C

INSTRUCTIONS: GENERAL – Provide non-key personnel related cost by adding Salary Expenses and fringe benefits plus any other non- key personnel related cost attributable to Operations Payment Processing - Electronic.

Provide Fixed Asset Costs 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.

Corporate Allocations: Means those costs for activities that benefit more than one program or objective and, therefore, cannot be identified to only a specific contract. Such costs are generally classified under functional categories such as general maintenance and operation expenses, general office and administrative expenses (i.e., accounting, legal, human resources, etc.), general overhead, etc. These costs must not be included anywhere other than the line dedicated to Corporate Allocations. Enter the Corporate Allocation percentage and corresponding amount attributable to the following price/cost summary form where indicated.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

FINANCIAL PROPOSAL – OPERATIONS PAYMENT PROCESSING – ELECTRONIC

PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL NON-KEY PERSONNEL COSTS		
B. FIXED ASSET COSTS (FORM CSS-2)	_____	
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE		_____
6. TOTAL FIXED ASSET COSTS		
C. OTHER COSTS	_____	
1. COURIER SERVICE	_____	
2. SUPPLIES		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL OTHER COSTS		
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @_____%		_____
F. MARKUP @_____%		_____
G. PRICE OFFER FOR OPERATIONS PAYMENT PROCESSING – ELECTRONIC: CONTRACT YEAR 1		_____
H. YEAR 2 ADJUSTMENT	_____%	_____
I. YEAR 3 ADJUSTMENT	_____%	_____
J. YEAR 4 ADJUSTMENT	_____%	_____
K. YEAR 5 ADJUSTMENT	_____%	_____

Form CS-1C

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial Proposal – Operations Disbursement Processing - Checks

FORM NUMBER: CS-1D

INSTRUCTIONS: GENERAL – Provide non-key personnel related cost by adding Salary Expenses and fringe benefits plus any other non-key personnel related cost attributable to Operations Disbursement Processing Checks.

Provide Fixed Asset Costs 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.

Corporate Allocations: Means those costs for activities that benefit more than one program or objective and, therefore, cannot be identified to only a specific contract. Such costs are generally classified under functional categories such as general maintenance and operation expenses, general office and administrative expenses (i.e., accounting, legal, human resources, etc.), general overhead, etc. These costs must not be included anywhere other than the line dedicated to Corporate Allocations. Enter the Corporate Allocation percentage and corresponding amount attributable to the following price/cost summary form where indicated.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

FINANCIAL PROPOSAL – OPERATIONS DISBURSEMENT PROCESSING - CHECKS

PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL NON-KEY PERSONNEL COSTS		_____
B. FIXED ASSET COSTS (FORM CSS-2)		
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL FIXED ASSET COSTS		_____
C. OTHER COSTS		
1. COURIER SERVICE	_____	
2. SUPPLIES	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL OTHER COSTS		_____
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @_____%		_____
F. MARKUP @_____%		_____
G. PRICE OFFER FOR OPERATIONS DISBURSEMENT PROCESSING – CHECKS: CONTRACT YEAR 1		_____
H. YEAR 2 ADJUSTMENT	_____%	_____
I. YEAR 3 ADJUSTMENT	_____%	_____
J. YEAR 4 ADJUSTMENT	_____%	_____
K. YEAR 5 ADJUSTMENT	_____%	_____

Form CS-1D

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial Proposal – Operations Disbursement Processing – Electronic

FORM NUMBER: CS-1E

INSTRUCTIONS:

GENERAL – The Disbursement Processing Services to be provided by the Contractor are noted in Sections 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 non-key personnel related cost by adding Salary Expenses and fringe benefits plus any other non-key personnel related cost attributable to Operations Disbursement Processing – Electronic.

Provide Fixed Asset Costs 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.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

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 Section 7.5.6 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 or a more favorable pricing is obtained through another solicitation. Cardholder/ Customer fees will not be subject to annual rate adjustment or price escalation.

Corporate Allocations: Means those costs for activities that benefit more than one program or objective and, therefore, cannot be identified to only a specific contract. Such costs are generally classified under functional categories such as general maintenance and operation expenses, general office and administrative expenses (i.e., accounting, legal, human resources, etc.), general overhead, etc. These costs must not be included anywhere other than the line dedicated to Corporate Allocations. Enter the Corporate Allocation percentage and corresponding amount attributable to the following price/cost summary form where indicated.

FINANCIALPROPOSAL – OPERATIONS DISBURSEMENT PROCESS – ELECTRONIC

PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL NON-KEY PERSONNEL COSTS		
B. FIXED ASSET COSTS (FORM CSS-2)	_____	
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE		_____
6. TOTAL FIXED ASSET COSTS		
C. OTHER COSTS	_____	
1. COURIER SERVICE	_____	
2. SUPPLIES		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL OTHER COSTS		
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @_____%		_____
F. MARKUP @_____%		_____
G. PRICE OFFER FOR OPERATIONS DISBURSEMENT PROCESSING – ELECTRONIC: CONTRACT YEAR 1		_____
H. YEAR 2 ADJUSTMENT	_____%	_____
I. YEAR 3 ADJUSTMENT	_____%	_____
J. YEAR 4 ADJUSTMENT	_____%	_____
K. YEAR 5 ADJUSTMENT	_____%	_____

Form CS-1E (a)

FINANCIAL PROPOSAL – DISBURSEMENT PROCESSING – ELECTRONIC DEBIT CARD PRICING

CARDHOLDERS/CUSTOMER FEES

ATM Transactions

Description	Transaction/Cost Detail	Transaction Fee	Surcharge Fee
Balance Inquiry at In-Network ATMs	No Transaction Fee or Surcharge Fee allowable. See Sections 4.2, 5.2, and 7.5.6 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 In-Network ATMs	No transaction or surcharge fee for the first 2 withdrawals per month per cardholder. Provide costs for the 3rd or more withdrawals per month per cardholder. Transaction Fee no greater than $.50 and no Surcharge Fee per withdrawal.		N/A
Cash Withdrawals at other than In-Network ATMs	Transaction Fee no greater than $.50 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 of 4)

FINANCIAL 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 of 4)

FINANCIAL PROPOSAL – DISBURSEMENT PROCESSING – ELECTRONIC DEBIT CARD PRICING

CARDHOLDERS/CUSTOMER FEES

Other Service Fees

Description	Transaction/Cost Detail	Transaction Fee
Account Statement	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.	$0.00
Replacement Card (1 per year)	Fee for 1 replacement card per year per client debit card account. No fees will be permitted.	$ 0.00
Replacement Card (greater than 1 per year)	Fee for each replacement card greater than 1 per year per client debit card account.	
Requested Expedited Card Delivery	Fee for client requested expedited delivery of replacement debit card. Requires a 2 day delivery service.	
Required Expedited Card Delivery	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.	$ 0.00

FORM CS-1E(b) (Page 3 of 4)

FINANCIAL PROPOSAL – DISBURSEMENT PROCESSING – ELECTRONIC DEBIT CARD PRICING

CARDHOLDERS/CUSTOMER FEES

Other Service Fees (Continued)

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

FORM CS-1E(b) (Page 4 of 4)

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial Proposal – Operations Notice Processing

FORM NUMBER: CS-1F

INSTRUCTIONS: GENERAL – Provide non-key personnel related cost by adding Salary Expenses and fringe benefits plus any other non-key personnel related cost attributable to Operations Notice Processing.

Provide Fixed Asset Costs 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.

Corporate Allocations: Means those costs for activities that benefit more than one program or objective and, therefore, cannot be identified to only a specific contract. Such costs are generally classified under functional categories such as general maintenance and operation expenses, general office and administrative expenses (i.e., accounting, legal, human resources, etc.), general overhead, etc. These costs must not be included anywhere other than the line dedicated to Corporate Allocations. Enter the Corporate Allocation percentage and corresponding amount attributable to the following price/cost summary form where indicated.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

FINANCIAL PROPOSAL – OPERATIONS NOTICE PROCESSING

PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL NON-KEY PERSONNEL COSTS		
B. FIXED ASSET COSTS (FORM CSS-2)	_____	
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE		_____
6. TOTAL FIXED ASSET COSTS		
C. OTHER COSTS	_____	
1. COURIER SERVICE	_____	
2. SUPPLIES		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL OTHER COSTS		
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @_____%		_____
F. MARKUP @_____%		_____
G. PRICE OFFER FOR OPERATIONS NOTICE PROCESSING: CONTRACT YEAR 1		_____
H. YEAR 2 ADJUSTMENT	_____%	_____
I. YEAR 3 ADJUSTMENT	_____%	_____
J. YEAR 4 ADJUSTMENT	_____%	_____
K. YEAR 5 ADJUSTMENT	_____%	_____

Form CS-1F

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial Proposal – New Hire Notification Processing - Mail

FORM NUMBER: CS-1G

INSTRUCTIONS: GENERAL– Provide non-key personnel related cost by adding Salary Expenses and fringe benefits plus any other non-key personnel related cost attributable to New Hire Notification Processing - Mail.

Provide Fixed Asset Costs 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.

Corporate Allocations: Means those costs for activities that benefit more than one program or objective and, therefore, cannot be identified to only a specific contract. Such costs are generally classified under functional categories such as general maintenance and operation expenses, general office and administrative expenses (i.e., accounting, legal, human resources, etc.), general overhead, etc. These costs must not be included anywhere other than the line dedicated to Corporate Allocations. Enter the Corporate Allocation percentage and corresponding amount attributable to the following price/cost summary form where indicated.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

FINANCIAL PROPOSAL – NEW HIRE NOTIFICATION PROCESSING – MAIL

PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL NON-KEY PERSONNEL COSTS		
B. FIXED ASSET COSTS (FORM CSS-2)	_____	
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE		_____
6. TOTAL FIXED ASSET COSTS		
C. OTHER COSTS	_____	
1. COURIER SERVICE	_____	
2. SUPPLIES		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL OTHER COSTS		
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @_____%		_____
F. MARKUP @_____%		_____
G. PRICE OFFER FOR OPERATIONS NEW HIRE NOTIFICATION PROCESSING – MAIL: CONTRACT YEAR 1		_____
H. YEAR 2 ADJUSTMENT	_____%	_____
I. YEAR 3 ADJUSTMENT	_____%	_____
J. YEAR 4 ADJUSTMENT	_____%	_____
K. YEAR 5 ADJUSTMENT	_____%	_____

Form CS-1G

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial Proposal – New Hire Notification Processing - Electronic

FORM NUMBER: CS-1H

INSTRUCTIONS: GENERAL– Provide non-key personnel related cost by adding Salary Expenses and fringe benefits plus any other non-key personnel related cost attributable to New Hire Notification Processing - Electronic.

Provide Fixed Asset Costs 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.

Corporate Allocations: Means those costs for activities that benefit more than one program or objective and, therefore, cannot be identified to only a specific contract. Such costs are generally classified under functional categories such as general maintenance and operation expenses, general office and administrative expenses (i.e., accounting, legal, human resources, etc.), general overhead, etc. These costs must not be included anywhere other than the line dedicated to Corporate Allocations. Enter the Corporate Allocation percentage and corresponding amount attributable to the following price/cost summary form where indicated.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

FINANCIAL PROPOSAL – NEW HIRE NOTIFICATION PROCESSING – ELECTRONIC

PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL NON-KEY PERSONNEL COSTS		
B. FIXED ASSET COSTS (FORM CSS-2)	_____	
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE		_____
6. TOTAL FIXED ASSET COSTS		
C. OTHER COSTS	_____	
1. COURIER SERVICE	_____	
2. SUPPLIES		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL OTHER COSTS		
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @_____%		_____
F. MARKUP @_____%		_____
G. PRICE OFFER FOR OPERATIONS NEW HIRE NOTIFICATION PROCESSING – ELECTRONIC: CONTRACT YEAR 1		_____
H. YEAR 2 ADJUSTMENT	_____%	_____
I. YEAR 3 ADJUSTMENT	_____%	_____
J. YEAR 4 ADJUSTMENT	_____%	_____
K. YEAR 5 ADJUSTMENT	_____%	_____

Form CS-1H

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial Proposal – Operations Data Capture Services

FORM NUMBER: CS-1I

INSTRUCTIONS: GENERAL– The Data Capture Services to be provided by the Contractor are noted in Sections 4.5 and 5.5 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 USPS, 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 Financial Proposal.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

For purposes of this form:

"Document" means an OTDA generated notice and/or general correspondence (e.g., an organization provides one (1) report containing ten (10) cases = one (1) document).

"Data Element" means a defined child support systems data field that is updated as the result of receiving a document. Defined data elements are available in Appendix H Training Manuals.

FINANCIAL PROPOSAL – DATA CAPTURE SERVICES

COST SUMMARY

YEAR ONE	NUMBER OF DOCUMENTS (MONTHLY)				
Data Elements Per Document	1-20,000	20,001-40,000	40,001-60,000	60,001-80,000	80,001-100,000
5 or Less	$	$	$	$	$
6 to 30	$	$	$	$	$
31 to 75	$	$	$	$	$
Remailing Documents And Correspondence Mailing	$	$	$	$	$

YEAR TWO	NUMBER OF DOCUMENTS (MONTHLY)				
Data Elements Per Document	1-20,000	20,001-40,000	40,001-60,000	60,001-80,000	80,001-100,000
5 or Less	$	$	$	$	$
6 to 30	$	$	$	$	$
31 to 75	$	$	$	$	$
Remailing Documents And Correspondence Mailing	$	$	$	$	$

YEAR THREE	NUMBER OF DOCUMENTS (MONTHLY)				
Data Elements Per Document	1-20,000	20,001-40,000	40,001-60,000	60,001-80,000	80,001-100,000
5 or Less	$	$	$	$	$
6 to 30	$	$	$	$	$
31 to 75	$	$	$	$	$
Remailing Documents And Correspondence Mailing	$	$	$	$	$

Form CS-1I (page 1 of 2)

FINANCIAL PROPOSAL – DATA CAPTURE SERVICES

COST SUMMARY (CONTINUED)

YEAR FOUR	NUMBER OF DOCUMENTS (MONTHLY)				
Data Elements Per Document	1-20,000	20,001-40,000	40,001-60,000	60,001-80,000	80,001-100,000
5 or Less	$	$	$	$	$
6 to 30	$	$	$	$	$
31 to 75	$	$	$	$	$
Remailing Documents And Correspondence Mailing	$	$	$	$	$

YEAR FIVE	NUMBER OF DOCUMENTS (MONTHLY)				
Data Elements Per Document	1-20,000	20,001-40,000	40,001-60,000	60,001-80,000	80,001-100,000
5 or Less	$	$	$	$	$
6 to 30	$	$	$	$	$
31 to 75	$	$	$	$	$
Remailing Documents And Correspondence Mailing	$	$	$	$	$

Form CS-1I (page 2 of 2)

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial Proposal – Operations Putative Father Registry

FORM NUMBER: CS-1J

INSTRUCTIONS: GENERAL– Provide non-key personnel related cost by adding Salary Expenses and fringe benefits plus any other non-key personnel related cost attributable to Operations Putative Father Registry.

Provide Fixed Asset Costs 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.

Corporate Allocations: Means those costs for activities that benefit more than one program or objective and, therefore, cannot be identified to only a specific contract. Such costs are generally classified under functional categories such as general maintenance and operation expenses, general office and administrative expenses (i.e., accounting, legal, human resources, etc.), general overhead, etc. These costs must not be included anywhere other than the line dedicated to Corporate Allocations. Enter the Corporate Allocation percentage and corresponding amount attributable to the following price/cost summary form where indicated.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

FINANCIAL PROPOSAL – OPERATIONS PUTATIVE FATHER REGISTRY

PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL NON-KEY PERSONNEL COSTS		
B. FIXED ASSET COSTS (FORM CSS-2)	_____	
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE		_____
6. TOTAL FIXED ASSET COSTS		
C. OTHER COSTS	_____	
1. COURIER SERVICE	_____	
2. SUPPLIES		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL OTHER COSTS		
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @_____%		_____
F. MARKUP @_____%		_____
G. PRICE OFFER FOR OPERATIONS PUTATIVE FATHER REGISTRY: CONTRACT YEAR 1		_____
H. YEAR 2 ADJUSTMENT	_____%	_____
I. YEAR 3 ADJUSTMENT	_____%	_____
J. YEAR 4 ADJUSTMENT	_____%	_____
K. YEAR 5 ADJUSTMENT	_____%	_____

Form CS-1J

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial Proposal – Operations Interactive Voice Response System

FORM NUMBER: CS-1K

INSTRUCTIONS: GENERAL– Provide non-key personnel related cost by adding Salary Expenses and fringe benefits plus any other non-key personnel related cost attributable to Operations Interactive Voice Response System.

Provide Fixed Asset Costs 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.

Corporate Allocations: Means those costs for activities that benefit more than one program or objective and, therefore, cannot be identified to only a specific contract. Such costs are generally classified under functional categories such as general maintenance and operation expenses, general office and administrative expenses (i.e., accounting, legal, human resources, etc.), general overhead, etc. These costs must not be included anywhere other than the line dedicated to Corporate Allocations. Enter the Corporate Allocation percentage and corresponding amount attributable to the following price/cost summary form where indicated.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

FINANCIAL PROPOSAL – OPERATIONS INTERACTIVE VOICE RESPONSE SYSTEM

PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL NON-KEY PERSONNEL COSTS		
B. FIXED ASSET COSTS (FORM CSS-2)	_____	
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE		_____
6. TOTAL FIXED ASSET COSTS		
C. OTHER COSTS	_____	
1. COURIER SERVICE	_____	
2. SUPPLIES		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL OTHER COSTS		
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @_____%		_____
F. MARKUP @_____%		_____
G. PRICE OFFER FOR OPERATIONS INTERACTIVE VOICE RESPONSE SYSTEM: CONTRACT YEAR 1		_____
H. YEAR 2 ADJUSTMENT	_____%	_____
I. YEAR 3 ADJUSTMENT	_____%	_____
J. YEAR 4 ADJUSTMENT	_____%	_____
K. YEAR 5 ADJUSTMENT	_____%	_____

Form CS-1K

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial Proposal – Operations Customer Service

FORM NUMBER: CS-1L

INSTRUCTIONS: GENERAL – The Customer Service to be provided by the Contractor are set forth in Sections 4.8 and 5.8 of this RFP.

The services require, at minimum, the recording and data capture of information, and, in some instances, the generation and mailing of documents. 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.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).
Do not include any customer service costs for potential expansion of website functionality.

For purposes of this form:

"Call" means a phone call to the telephone lines provided by the OTDA and received by a Contractor customer service representative.

"E-mail" means an electronic communication directed to the New York State Division of Child Support Enforcement for response by the Contractor that requires the Contractor to review the individual child support case in order to provide a response. E-mail shall only include e-mails forwarded by the OTDA for response by the Contractor that require the Contractor to review the individual case record in order to respond or to provide a reply based on an OTDA approved "frequently asked question" (FAQ). E-mails that do not require a review of the case record or FAQs in order to respond or courtesy responses shall not be a billable transaction.

"Correspondence" means written communication, other than an OTDA Notice, received at one of the Centralized Operations post office boxes.

FINANCIAL PROPOSAL – CUSTOMER SERVICES

COST SUMMARY

	NUMBER OF CALLS/EMAILS/CORRESPONDENCE (MONTHLY)							
YEAR ONE	1 through 25,000	25,001 through 100,000	100,001 through 200,000	200,001 through 300,000	300,001 through 400,000	400,001 through 500,000	500,001 through 600,000	Greater Than 600,000
	NUMBER OF CALLS/EMAILS/CORRESPONDENCE (MONTHLY)							
YEAR TWO	1 through 25,000	25,001 through 100,000	100,001 through 200,000	200,001 through 300,000	300,001 through 400,000	400,001 through 500,000	500,001 through 600,000	Greater Than 600,000
	NUMBER OF CALLS/EMAILS/CORRESPONDENCE (MONTHLY)							
YEAR THREE	1 through 25,000	25,001 through 100,000	100,001 through 200,000	200,001 through 300,000	300,001 through 400,000	400,001 through 500,000	500,001 through 600,000	Greater Than 600,000
	NUMBER OF CALLS/EMAILS/CORRESPONDENCE (MONTHLY)							
YEAR FOUR	1 through 25,000	25,001 through 100,000	100,001 through 200,000	200,001 through 300,000	300,001 through 400,000	400,001 through 500,000	500,001 through 600,000	Greater Than 600,000
	NUMBER OF CALLS/EMAILS/CORRESPONDENCE (MONTHLY)							
YEAR FIVE	1 through 25,000	25,001 through 100,000	100,001 through 200,000	200,001 through 300,000	300,001 through 400,000	400,001 through 500,000	500,001 through 600,000	Greater Than 600,000

Form CS-1L

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial Proposal –Administration

FORM NUMBER: CS-1M

INSTRUCTIONS: GENERAL – Provide only Key Personnel related cost by adding Salary Expenses from CSS-1 and fringe benefits plus any other Key Personnel related cost for Contract year one.

Provide Fixed Asset Costs 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.

Provide Section C Facility Costs attributable to all of the following forms:
CS-1B – CS-1E(a), CS-1F – CS-1K and CS1M – CS-1N

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.

Corporate Allocations: Means those costs for activities that benefit more than one program or objective and, therefore, cannot be identified to only a specific contract. Such costs are generally classified under functional categories such as general maintenance and operation expenses, general office and administrative expenses (i.e., accounting, legal, human resources, etc.), general overhead, etc. These costs must not be included anywhere other than the line dedicated to Corporate Allocations. Enter the Corporate Allocation percentage and corresponding amount attributable to the following price/cost summary form where indicated.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

Include only those costs solely attributable to Administration. Do not include costs associated with Transition, other Centralized Operations, or Turnover.

FINANCIAL PROPOSAL – OPERATIONS ADMINISTRATION

PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL KEY PERSONNEL COSTS		
B. FIXED ASSET COSTS (FORM CSS-2)	_____	
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE		_____
6. TOTAL FIXED ASSET COSTS		
C. FACILITY COSTS	_____	
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	_____	
		_____
D. OTHER COSTS	_____	
1. COURIER SERVICE	_____	
2. SUPPLIES	_____	
3. LETTER OF CREDIT		_____
4. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
5. TOTAL OTHER COSTS		
		_____
E. SUBCONTRACTS (FORM CSS-4)		
		_____
F. CORPORATE ALLOCATIONS @_____%		
		_____
G. MARKUP @_____%		
H. PRICE OFFER FOR OPERATIONS ADMINISTRATION: CONTRACT YEAR 1		_____
I. YEAR 2 ADJUSTMENT	_____%	_____
J. YEAR 3 ADJUSTMENT	_____%	_____
K. YEAR 4 ADJUSTMENT	_____%	_____
L. YEAR 5 ADJUSTMENT	_____%	

Form CS-1M

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial Proposal – Turnover

FORM NUMBER: CS-1N

INSTRUCTIONS: GENERAL - Provide non-key personnel related cost by adding Salary Expenses and fringe benefits plus any other non-key personnel related cost attributable to Turnover.

Provide Fixed Asset Costs 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.

Include only those costs solely attributable to Turnover activities. Do not include costs associated with Transition or other Centralized Operations.

Corporate Allocations: Means those costs for activities that benefit more than one program or objective and, therefore, cannot be identified to only a specific contract. Such costs are generally classified under functional categories such as general maintenance and operation expenses, general office and administrative expenses (i.e., accounting, legal, human resources, etc.), general overhead, etc. These costs must not be included anywhere other than the line dedicated to Corporate Allocations. Enter the Corporate Allocation percentage and corresponding amount attributable to the following price/cost summary form where indicated.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

FINANCIAL PROPOSAL – TURNOVER

PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL NON-KEY PERSONNEL COSTS		_____
B. FIXED ASSET COSTS (FORM CSS-2)		
1. PURCHASE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL FIXED ASSET COSTS		_____
C. OTHER COSTS		
1. TOTAL OTHER COSTS	_____	
		_____
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @ ____%		_____
F. MARKUP @ _____%		_____
G. PRICE OFFER FOR TURNOVER		_____

Form CS-1N

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial Proposal – Contract Extensions Summary

FORM NUMBER: CS-1O (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
Putative Father Registry
Interactive Voice Response System
Administration

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

FORM NUMBER: CS-1O (b)

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

FORM NUMBER: CS-1O (c)

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

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

FINANCIAL PROPOSAL – CONTRACT EXTENSIONS SUMMARY

PRICE COMPONENT		Ext. Yr. 1		Ext. Yr. 2	
Payment Processing- Mail	12 Month Price Offer				
	Projected Volume	4,837,900		4,886,279	
	Price per Transaction	$ -		$ -	
Payment Processing- Electronic	12 Month Price Offer				
Disbursement Processing- Checks	12 Month Price Offer				
	Projected Volume	1,254,000		1,254,000	
	Price per Transaction	$ -		$ -	
Disbursement Processing- Electronic	12 Month Price Offer				
Disbursement Processing- Debit Card	12 Month Price Offer				
Notice Processing	12 Month Price Offer				
	Projected Volume	9,130,400		9,221,704	
	Price per Transaction	$ -		$ -	

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

FINANCIAL PROPOSAL –CONTRACT EXTENSIONS SUMMARY

PRICE COMPONENT		Ext. Yr. 1		Ext. Yr. 2	
New Hire Notification Processing Mail	12 Month Price Offer				
	Projected Volume	597,920		603,899	
	Price per Transaction	$ -		$ -	
New Hire Notification Processing Electronic	12 Month Price Offer				
Putative Father Registry	Yearly Price Offer				
	Projected Volume	93,000		94,000	
	Price per Transaction	$ -		$ -	
Interactive Voice Response System	12 Month Price Offer				
Administration	12 Month Price Offer				

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

FINANCIAL PROPOSAL – DATA CAPTURE SERVICES

EXTENSION COST SUMMARY

EXTENSION YEAR ONE	NUMBER OF DOCUMENTS (MONTHLY)				
Data Elements Per Document	1-20,000	20,001-40,000	40,001-60,000	60,001-80,000	80,001-100,000
5 or Less	$	$	$	$	$
6 to 30	$	$	$	$	$
31 to 75	$	$	$	$	$
Remailing Documents And Correspondence Mailing	$	$	$	$	$

EXTENSION YEAR TWO	NUMBER OF DOCUMENTS (MONTHLY)				
Data Elements Per Document	1-20,000	20,001-40,000	40,001-60,000	60,001-80,000	80,001-100,000
5 or Less	$	$	$	$	$
6 to 30	$	$	$	$	$
31 to 75	$	$	$	$	$
Remailing Documents And Correspondence Mailing	$	$	$	$	$

Form CS-1O (b)

FINANCIAL PROPOSAL – CUSTOMER SERVICES

EXTENSION COST SUMMARY

	NUMBER OF CALLS/EMAILS/CORRESPONDENCE (MONTHLY)							
EXTENSION YEAR ONE	1 through 25,000	25,001 through 100,000	100,001 through 200,000	200,001 through 300,000	300,001 through 400,000	400,001 through 500,000	500,001 through 600,000	Greater Than 600,000
	NUMBER OF CALLS/EMAILS/CORRESPONDENCE (MONTHLY)							
EXTENSION YEAR TWO	1 through 25,000	25,001 through 100,000	100,001 through 200,000	200,001 through 300,000	300,001 through 400,000	400,001 through 500,000	500,001 through 600,000	Greater Than 600,000

FORM CS-1O(c)

OFFEROR'S RESPONSE FORM INSTRUCTIONS
Offeror's Suggestions Cost Summary
CS-2 Series

INSTRUCTIONS: GENERAL – In accordance with RFP Section 2.12, indicate by function and contract year, the fixed price Offeror Suggestion for:

Transition

CS-2A Transition

Operations

CS-2B Payment Processing – Mail
CS-2C Payment Processing – Electronic
CS-2D Disbursement Processing – Checks
CS-2E (a) Disbursement Processing – Electronic
CS-2F Notice Processing
CS-2G New Hire Notification Processing - Mail
CS-2H New Hire Notification Processing – Electronic
CS-2I Data Capture Services
CS-2J Putative Father Registry
CS-2K Interactive Voice Response System
CS-2L Customer Service
CS-2M Administration

Turnover

CS-2N Turnover

Complete one additional set of the CS-2 series cost forms for each Offeror Suggestion. More than one Suggestion may be completed for each function. At each Offeror's discretion, Suggestion pricing may be submitted in addition to required pricing schedules.

Corporate Allocations: Means those costs for activities that benefit more than one program or objective and, therefore, cannot be identified to only a specific contract. Such costs are generally classified under functional categories such as general maintenance and operation expenses, general office and administrative expenses (i.e., accounting, legal, human resources, etc.), general overhead, etc. These costs must not be included anywhere other than the line dedicated to Corporate Allocations. Enter the Corporate Allocation percentage and corresponding amount attributable to the following price/cost summary form where indicated.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

The Facility Fixed Costs attributable to the following Centralized Operations forms; CS-2B – CS-2E(a), CS-2F – CS-2K and CS-2M – CS-2N, should only be included in the CS-1M Administration Form. Include only those costs solely attributable to Administration in the CS-2M form. Do not include costs associated with Transition, other Centralized Operations, or Turnover.

Offeror Suggestion pricing may not be submitted in place of the required pricing schedules.

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

OFFERROR SUGGESTION PRICING

FINANCIAL PROPOSAL – TRANSITION

PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL KEY PERSONNEL COSTS		_____
B. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL NON-KEY PERSONNEL COSTS	_____	
	_____	
C. FIXED ASSET COSTS (FORM CSS-2)		
1. SOFTWARE		_____
2. DEPRECIATION	_____	_____
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL FIXED ASSET COSTS	_____	
	_____	
D. FACILITY COSTS	_____	
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		
E. OTHER COSTS		_____
1. TRAVEL		
2. LETTER OF CREDIT		_____
3. RECRUITMENT/ RE-LOCATION		
4. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
5. TOTAL OTHER COSTS		
F. EQUIPMENT & ASSET COSTS (BELOW $500 EACH)		
1. OFFICE CHAIRS		
2. PHONES		
3. _____		_____

4.	_____	
5.	_____	
6.	_____	
7.	**TOTAL EQUIPMENT & ASSETS**	
G.	**SUBCONTRACTS (FORM CSS-4)**	
H.	**CORPORATE ALLOCATIONS @_____%**	_____
I.	**MARKUP @_____%**	_____
J.	**PRICE OFFER FOR TRANSITION**	

Form CS-2A

OFFERROR SUGGESTION PRICING

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

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL NON-KEY PERSONNEL COSTS		_____
B. FIXED ASSET COSTS (FORM CSS-2)		
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL FIXED ASSET COSTS		_____
C. OTHER COSTS		
1. COURIER SERVICE	_____	
2. SUPPLIES	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL OTHER COSTS		_____
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @____%		_____
F. MARKUP @_____%		_____
G. PRICE OFFER FOR OPERATIONS PAYMENT PROCESSING – MAIL: CONTRACT YEAR 1		_____
H. YEAR 2 ADJUSTMENT	_____%	_____
I. YEAR 3 ADJUSTMENT	_____%	_____
J. YEAR 4 ADJUSTMENT	_____%	_____
K. YEAR 5 ADJUSTMENT	_____%	_____

Form CS-2B

OFFEROR SUGGESTION PRICING

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

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL NON-KEY PERSONNEL COSTS		_____
B. FIXED ASSET COSTS (FORM CSS-2)		
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL FIXED ASSET COSTS		_____
C. OTHER COSTS		
1. COURIER SERVICE	_____	
2. SUPPLIES	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL OTHER COSTS		_____
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @_____%		_____
F. MARKUP @_____%		_____
G. PRICE OFFER FOR OPERATIONS PAYMENT PROCESSING – ELECTRONIC: CONTRACT YEAR 1		_____
H. YEAR 2 ADJUSTMENT	_____%	_____
I. YEAR 3 ADJUSTMENT	_____%	_____
J. YEAR 4 ADJUSTMENT	_____%	_____
K. YEAR 5 ADJUSTMENT	_____%	_____

Form CS-2C

OFFEROR SUGGESTION PRICING

FINANCIAL PROPOSAL – OPERATIONS DISBURSEMENT PROCESSING - CHECKS
PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL NON-KEY PERSONNEL COSTS		_____
B. FIXED ASSET COSTS (FORM CSS-2)		
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL FIXED ASSET COSTS		_____
C. OTHER COSTS		
1. COURIER SERVICE	_____	
2. SUPPLIES	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL OTHER COSTS		_____
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @_____%		_____
F. MARKUP @_____%		_____
G. PRICE OFFER FOR OPERATIONS DISBURSEMENT PROCESSING – CHECKS: CONTRACT YEAR 1		_____
H. YEAR 2 ADJUSTMENT	_____%	_____
I. YEAR 3 ADJUSTMENT	_____%	_____
J. YEAR 4 ADJUSTMENT	_____%	_____
K. YEAR 5 ADJUSTMENT	_____%	_____

Form CS-2D

OFFERROR SUGGESTION PRICING

FINANCIALPROPOSAL – OPERATIONS DISBURSEMENT PROCESS – ELECTRONIC PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL NON-KEY PERSONNEL COSTS		
B. FIXED ASSET COSTS (FORM CSS-2)	_____	
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE		_____
6. TOTAL FIXED ASSET COSTS		
C. OTHER COSTS	_____	
1. COURIER SERVICE	_____	
2. SUPPLIES		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL OTHER COSTS		
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @_____%		_____
F. MARKUP @_____%		_____
G. PRICE OFFER FOR OPERATIONS DISBURSEMENT PAYMENT PROCESSING – ELECTRONIC: CONTRACT YEAR 1		_____
H. YEAR 2 ADJUSTMENT	_____%	_____
I. YEAR 3 ADJUSTMENT	_____%	_____
J. YEAR 4 ADJUSTMENT	_____%	_____
K. YEAR 5 ADJUSTMENT	_____%	_____

Form CS-2E (a)

OFFEROR SUGGESTION PRICING

FINANCIAL PROPOSAL – DISBURSEMENT PROCESSING – ELECTRONIC DEBIT CARD PRICING

CARDHOLDERS/CUSTOMER FEES

ATM Transactions

Description	Transaction/Cost Detail	Transaction Fee	Surcharge Fee
Balance Inquiry at In-Network ATMs	No Transaction Fee or Surcharge Fee allowable. See Sections 4.2, 5.2, and 7.5.6 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 In-Network ATMs	No transaction or surcharge fee for the first 2 withdrawals per month per cardholder. Provide costs for the 3rd or more withdrawals per month per cardholder. Transaction Fee no greater than $.50 and no Surcharge Fee per withdrawal.		N/A
Cash Withdrawals at other than In-Network ATMs	Transaction Fee no greater than $.50 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-2E (b) (Page 1 of 4)

OFFEROR REVISION PRICING

FINANCIAL 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-2E (b) (Page 2 of 4)

OFFEROR SUGGESTION PRICING

FINANCIAL PROPOSAL – DISBURSEMENT PROCESSING – ELECTRONIC DEBIT CARD PRICING

CARDHOLDERS/CUSTOMER FEES

Other Service Fees

Description	Transaction/Cost Detail	Transaction Fee
Account Statement	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.	$0.00
Replacement Card (1 per year)	Fee for 1 replacement card per year per client debit card account. No fees will be permitted.	$ 0.00
Replacement Card (greater than 1 per year)	Fee for each replacement card greater than 1 per year per client debit card account.	
Requested Expedited Card Delivery	Fee for client requested expedited delivery of replacement debit card. Requires a 2 day delivery service.	
Required Expedited Card Delivery	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.	$ 0.00

Form CS-2E(b) (Page 3 of 4)

OFFEROR SUGGESTION PRICING

FINANCIAL PROPOSAL – DISBURSEMENT PROCESSING – ELECTRONIC DEBIT CARD PRICING

CARDHOLDERS/CUSTOMER FEES

Other Service Fees (Continued)

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

Form CS-2E(b) (Page 4 of 4)

OFFEROR SUGGESTION PRICING

FINANCIAL PROPOSAL – OPERATIONS NOTICE PROCESSING
PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL NON-KEY PERSONNEL COSTS		
B. FIXED ASSET COSTS (FORM CSS-2)	_____	
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE		_____
6. TOTAL FIXED ASSET COSTS		
C. OTHER COSTS	_____	
1. COURIER SERVICE	_____	
2. SUPPLIES		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL OTHER COSTS		
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @_____%		_____
F. MARKUP @_____%		_____
G. PRICE OFFER FOR OPERATIONS NOTICE PROCESSING: CONTRACT YEAR 1		_____
H. YEAR 2 ADJUSTMENT	_____%	_____
I. YEAR 3 ADJUSTMENT	_____%	_____
J. YEAR 4 ADJUSTMENT	_____%	_____
K. YEAR 5 ADJUSTMENT	_____%	_____

Form CS-2F

OFFEROR SUGGESTION PRICING

FINANCIAL PROPOSAL – NEW HIRE NOTIFICATION PROCESSING – MAIL
PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL NON-KEY PERSONNEL COSTS		
B. FIXED ASSET COSTS (FORM CSS-2)	_____	
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE		_____
6. TOTAL FIXED ASSET COSTS		
C. OTHER COSTS	_____	
1. COURIER SERVICE	_____	
2. SUPPLIES		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL OTHER COSTS		
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @_____%		_____
F. MARKUP @_____%		_____
G. PRICE OFFER FOR OPERATIONS NEW HIRE NOTIFICATION PROCESSING – MAIL: CONTRACT YEAR 1		_____
H. YEAR 2 ADJUSTMENT	_____%	_____
I. YEAR 3 ADJUSTMENT	_____%	_____
J. YEAR 4 ADJUSTMENT	_____%	_____
K. YEAR 5 ADJUSTMENT	_____%	_____

Form CS-2G

OFFEROR SUGGESTION PRICING

FINANCIAL PROPOSAL – NEW HIRE NOTIFICATION PROCESSING – ELECTRONIC
PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL NON-KEY PERSONNEL COSTS		
B. FIXED ASSET COSTS (FORM CSS-2)	_____	
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE		_____
6. TOTAL FIXED ASSET COSTS		
C. OTHER COSTS	_____	
1. COURIER SERVICE	_____	
2. SUPPLIES		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL OTHER COSTS		
		_____
D. SUBCONTRACTS (FORM CSS-4)		
		_____
E. CORPORATE ALLOCATIONS @_____%		
		_____
F. MARKUP @_____%		
G. PRICE OFFER FOR OPERATIONS NEW HIRE NOTIFCATION – ELECTRONIC: CONTRACT YEAR 1		_____
H. YEAR 2 ADJUSTMENT	_____%	_____
I. YEAR 3 ADJUSTMENT	_____%	_____
J. YEAR 4 ADJUSTMENT	_____%	_____
K. YEAR 5 ADJUSTMENT	_____%	_____

Form CS-2H

OFFEROR SUGGESTION PRICING

FINANCIAL PROPOSAL – DATA CAPTURE SERVICES

COST SUMMARY

YEAR ONE	NUMBER OF DOCUMENTS (MONTHLY)				
Data Elements Per Document	1-20,000	20,001-40,000	40,001-60,000	60,001-80,000	80,001-100,000
5 or Less	$	$	$	$	$
6 to 30	$	$	$	$	$
31 to 75	$	$	$	$	$
Remailing Documents And Correspondence Mailing	$	$	$	$	$

YEAR TWO	NUMBER OF DOCUMENTS (MONTHLY)				
Data Elements Per Document	1-20,000	20,001-40,000	40,001-60,000	60,001-80,000	80,001-100,000
5 or Less	$	$	$	$	$
6 to 30	$	$	$	$	$
31 to 75	$	$	$	$	$
Remailing Documents And Correspondence Mailing	$	$	$	$	$

YEAR THREE	NUMBER OF DOCUMENTS (MONTHLY)				
Data Elements Per Document	1-20,000	20,001-40,000	40,001-60,000	60,001-80,000	80,001-100,000
5 or Less	$	$	$	$	$
6 to 30	$	$	$	$	$
31 to 75	$	$	$	$	$
Remailing Documents And Correspondence Mailing	$	$	$	$	$

Form CS-2I (page 1 of 2)

OFFEROR SUGGESTION PRICING

FINANCIAL PROPOSAL – DATA CAPTURE SERVICES
COST SUMMARY (continued)

YEAR FOUR	NUMBER OF DOCUMENTS (MONTHLY)				
Data Elements Per Document	1-20,000	20,001-40,000	40,001-60,000	60,001-80,000	80,001-100,000
5 or Less	$	$	$	$	$
6 to 30	$	$	$	$	$
31 to 75	$	$	$	$	$
Remailing Documents And Correspondence Mailing	$	$	$	$	$

YEAR FIVE	NUMBER OF DOCUMENTS (MONTHLY)				
Data Elements Per Document	1-20,000	20,001-40,000	40,001-60,000	60,001-80,000	80,001-100,000
5 or Less	$	$	$	$	$
6 to 30	$	$	$	$	$
31 to 75	$	$	$	$	$
Remailing Documents And Correspondence Mailing	$	$	$	$	$

Form CS-2I (page 2 of 2)

OFFEROR SUGGESTION PRICING

FINANCIAL PROPOSAL – OPERATIONS PUTATIVE FATHER REGISTRY
PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL NON-KEY PERSONNEL COSTS		
B. FIXED ASSET COSTS (FORM CSS-2)	_____	
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE		_____
6. TOTAL FIXED ASSET COSTS		
C. OTHER COSTS	_____	
1. COURIER SERVICE	_____	
2. SUPPLIES		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL OTHER COSTS		
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @_____%		_____
F. MARKUP @_____%		_____
G. PRICE OFFER FOR OPERATIONS PUTATIVE FATHER PROCESSING: CONTRACT YEAR 1		_____
H. YEAR 2 ADJUSTMENT	_____%	_____
I. YEAR 3 ADJUSTMENT	_____%	_____
J. YEAR 4 ADJUSTMENT	_____%	_____
K. YEAR 5 ADJUSTMENT	_____%	_____

Form CS-2J

OFFEROR SUGGESTION PRICING

FINANCIAL PROPOSAL – OPERATIONS INTERACTIVE VOICE RESPONSE SYSTEM PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL NON-KEY PERSONNEL COSTS		
B. FIXED ASSET COSTS (FORM CSS-2)	_____	
1. SOFTWARE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE		_____
6. TOTAL FIXED ASSET COSTS		
C. OTHER COSTS	_____	
1. COURIER SERVICE	_____	
2. SUPPLIES		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL OTHER COSTS		
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @_____%		_____
F. MARKUP @_____%		_____
G. PRICE OFFER FOR OPERATIONS INTERACTIVE VOICE RESPONSE SYSTEM: CONTRACT YEAR 1		_____
H. YEAR 2 ADJUSTMENT	_____%	_____
I. YEAR 3 ADJUSTMENT	_____%	_____
J. YEAR 4 ADJUSTMENT	_____%	_____
K. YEAR 5 ADJUSTMENT	_____%	_____

Form CS-2K

OFFEROR SUGGESTION PRICING

FINANCIAL PROPOSAL – CUSTOMER SERVICES
PRICE/COST SUMMARY

	NUMBER OF CALLS/EMAILS/CORRESPONDENCE (MONTHLY)							
YEAR ONE	1 through 25,000	25,001 through 100,000	100,001 through 200,000	200,001 through 300,000	300,001 through 400,000	400,001 through 500,000	500,001 through 600,000	Greater Than 600,000
	NUMBER OF CALLS/EMAILS/CORRESPONDENCE (MONTHLY)							
YEAR TWO	1 through 25,000	25,001 through 100,000	100,001 through 200,000	200,001 through 300,000	300,001 through 400,000	400,001 through 500,000	500,001 through 600,000	Greater Than 600,000
	NUMBER OF CALLS/EMAILS/CORRESPONDENCE (MONTHLY)							
YEAR THREE	1 through 25,000	25,001 through 100,000	100,001 through 200,000	200,001 through 300,000	300,001 through 400,000	400,001 through 500,000	500,001 through 600,000	Greater Than 600,000
	NUMBER OF CALLS/EMAILS/CORRESPONDENCE (MONTHLY)							
YEAR FOUR	1 through 25,000	25,001 through 100,000	100,001 through 200,000	200,001 through 300,000	300,001 through 400,000	400,001 through 500,000	500,001 through 600,000	Greater Than 600,000
	NUMBER OF CALLS/EMAILS/CORRESPONDENCE (MONTHLY)							
YEAR FIVE	1 through 25,000	25,001 through 100,000	100,001 through 200,000	200,001 through 300,000	300,001 through 400,000	400,001 through 500,000	500,001 through 600,000	Greater Than 600,000

Form CS-2L

OFFEROR SUGGESTION PRICING

FINANCIAL PROPOSAL – OPERATIONS ADMINISTRATION
PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
4. TOTAL KEY PERSONNEL COSTS		
B. FIXED ASSET COSTS (FORM CSS-2)	_____	_
1. PURCHASE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE		_____
6. TOTAL FIXED ASSET COSTS		
C. FACILITY COSTS	_____	_
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		_____
D. OTHER COSTS	_____	
1. COURIER SERVICE	_____	
2. SUPPLIES	_____	
3. LETTER OF CREDIT		_____
4. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
5. TOTAL OTHER COSTS		_____
E. SUBCONTRACTS (FORM CSS-4)		_____
F. CORPORATE ALLOCATIONS @_____%		_____
G. MARKUP @_____%		_____
H. PRICE OFFER FOR OPERATIONS ADMINISTRATION: CONTRACT YEAR 1		_____

Form CS-2M (Page 1 of 2)

OFFEROR SUGGESTION PRICING

FINANCIAL PROPOSAL – OPERATIONS ADMINISTRATION
PRICE/COST SUMMARY (CONTINUED)

I. YEAR 2 ADJUSTMENT	_____%	_____
J. YEAR 3 ADJUSTMENT	_____%	_____
K. YEAR 4 ADJUSTMENT	_____%	_____
L. YEAR 5 ADJUSTMENT	_____%	_____

Form CS-2M (Page 2 of 2)

OFFEROR SUGGESTION PRICING

FINANCIAL PROPOSAL – TURNOVER
PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL NON-KEY PERSONNEL COSTS		_____
B. FIXED ASSET COSTS (FORM CSS-2)		
1. PURCHASE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL FIXED ASSET COSTS		_____
C. OTHER COSTS		
1. TOTAL OTHER COSTS	_____	
		_____
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @_____%		_____
F. MARKUP @_____%		_____
G. PRICE OFFER FOR TURNOVER		_____

Form CS-2N

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial Proposal – Early Intervention Enhancement Fixed Price Summary

FORM NUMBER: CS-3 Series

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

Function	Form
Transition – Early Intervention	CS-3A
Operations – Early Intervention	CS-3B
Turnover – Early Intervention	CS-3C

Base all fixed price cost on the components listed in Sections 4.10 and 5.14 of this RFP.

Add up the total fixed price for each contract year.

Ensure that pricing is provided for each of the five contract years as well as turnover and the two optional one year extension periods.
Should Offerors determine that not all applicable costs associated with these services are reflected in these forms, it is requested that Offerors address such items in the question and answer period.

Corporate Allocations: Means those costs for activities that benefit more than one program or objective and, therefore, cannot be identified to only a specific contract. Such costs are generally classified under functional categories such as general maintenance and operation expenses, general office and administrative expenses (i.e., accounting, legal, human resources, etc.), general overhead, etc. These costs must not be included anywhere other than the line dedicated to Corporate Allocations. Enter the Corporate Allocation percentage and corresponding amount attributable to the following price/cost summary form where indicated.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

FINANCIAL PROPOSAL – EARLY INTERVENTION ENHANCEMENT

TRANSITION
PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)		
4. TOTAL NON-KEY PERSONNEL COSTS	_____	
		_____
B. FIXED ASSET COSTS (FORM CSS-2)		
1. SOFTWARE		
2. DEPRECIATION		
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL FIXED ASSET COSTS	_____	
	_____	
		_____
C. FACILITY COSTS		
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	_____	
D. OTHER COSTS		
1. TRAVEL	_____	
2. LETTER OF CREDIT	_____	
3. RECRUITMENT/RE-LOCATION	_____	
4. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	_____
5. TOTAL OTHER COSTS		
E. EQUIPMENT & ASSET COSTS (BELOW $500 EACH)	_____	
1. OFFICE CHAIRS	_____	
2. PHONES	_____	
3. _____		
4. _____		_____
5. _____		
6. _____		_____
7. TOTAL EQUIPMENT & ASSET COSTS (BELOW $500 EACH)		_____
F. SUBCONTRACTS (FORM CSS-4)		_____
G. CORPORATE ALLOCATIONS @_____%		_____
H. MARKUP @_____%		
I. PRICE OFFER FOR TRANSITION		_____

Form CS-3A

FINANCIAL PROPOSAL – OPERATIONS EARLY INTERVENTION ENHANCEMENT

OPERATIONAL 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-3B (Page 1 of 3)

FINANCIAL PROPOSAL - OPERATIONS EARLY INTERVENTION ENHANCEMENT

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-3B (Page 2 of 3)

EARLY INTERVENTION ENHANCEMENT 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-3B (Page 3 of 3)

FINANCIALPROPOSAL – TURNOVER EARLY INTERVENTION ENHANCEMENT
PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL NON-KEY PERSONNEL COSTS		_____
B. FIXED ASSET COSTS (FORM CSS-2)		
1. PURCHASE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL FIXED ASSET COSTS		_____
C. OTHER COSTS		
1. TOTAL OTHER COSTS	_____	
		_____
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @_____%		_____
F. MARKUP @_____%		_____
G. PRICE OFFER FOR TURNOVER		_____

Form CS – 3C

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial Proposal – Location Enhancement

FORM NUMBER: CS-4 Series

INSTRUCTIONS: GENERAL – The Location Services to be provided by the Contractor are noted in Sections 2.13, 4.11 and 5.15 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 Section 7.5.5 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 Financial Proposal.

Ensure that pricing is provided for each of the five contract years as well as turnover and the two optional 1 year extension periods.

Should Offerors determine that not all applicable costs associated with these services are reflected in these forms, it is requested that Offerors address such items in the question and answer period.

Corporate Allocations: Means those costs for activities that benefit more than one program or objective and, therefore, cannot be identified to only a specific contract. Such costs are generally classified under functional categories such as general maintenance and operation expenses, general office and administrative expenses (i.e., accounting, legal, human resources, etc.), general overhead, etc. These costs must not be included anywhere other than the line dedicated to Corporate Allocations. Enter the Corporate Allocation percentage and corresponding amount attributable to the following price/cost summary form where indicated.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

FINANCIAL PROPOSAL – LOCATION ENHANCEMENT

TRANSITION
PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE		
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL NON-KEY PERSONNEL COSTS		
	_____	
B. FIXED ASSET COSTS (FORM CSS-2)		
1. SOFTWARE		_____
2. DEPRECIATION		
3. LEASE		
4. MAINTENANCE		
5. COMPUTER OPERATION EXPENSE		
6. TOTAL FIXED ASSET COSTS		
	_____	
C. FACILITY COSTS	_____	
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		
E. OTHER COSTS		
1. TRAVEL	_____	
2. LETTER OF CREDIT	_____	
3. RECRUITMENT/RE-LOCATION		
4. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
5. TOTAL OTHER COSTS	_____	
F. EQUIPMENT & ASSET COSTS (BELOW $500 EACH)	_____	
1. OFFICE CHAIRS		
2. PHONES		
3. _____	_____	
4. _____		
5. _____		
6. _____	_____	
7. TOTAL EQUIPMENT & ASSET COSTS (BELOW $500 EACH)		_____
	_____	
I. SUBCONTRACTS (FORM CSS-4)	_____	
J. CORPORATE ALLOCATIONS @_____%		_____
K. MARKUP @_____%		

L. PRICE OFFER FOR TRANSITION _____

Form CS-**4**A

FINANCIAL PROPOSAL – LOCATION ENHANCEMENT

COST SUMMARY

YEAR ONE	NUMBER OF VERIFIED LOCATIONS				
	1-40,000	40,001-80,000	80,001-120,000	120,001-160,000	Greater than 160,000
	$	$	$	$	$
YEAR TWO	**NUMBER OF VERIFIED LOCATIONS**				
	1-40,000	40,001-80,000	80,001-120,000	120,001-160,000	Greater than 160,000
	$	$	$	$	$
YEAR THREE	**NUMBER OF VERIFIED LOCATIONS**				
	1-40,000	40,001-80,000	80,001-120,000	120,001-160,000	Greater than 160,000
	$	$	$	$	$
YEAR FOUR	**NUMBER OF VERIFIED LOCATIONS**				
	1-40,000	40,001-80,000	80,001-120,000	120,001-160,000	Greater than 160,000
	$	$	$	$	$
YEAR FIVE	**NUMBER OF VERIFIED LOCATIONS**				
	1-40,000	40,001-80,000	80,001-120,000	120,001-160,000	Greater than 160,000
	$	$	$	$	$

Form CS-4B (Page 1 of 2)

FINANCIAL PROPOSAL – LOCATION ENHANCEMENT

EXTENSION COST SUMMARY

EXTENSION YEAR ONE	NUMBER OF VERIFIED LOCATIONS				
	1-40,000	40,001-80,000	80,001-120,000	120,001-160,000	Greater than 160,000
	$	$	$	$	$
EXTENSION YEAR TWO	**NUMBER OF VERIFIED LOCATIONS**				
	1-40,000	40,001-80,000	80,001-120,000	120,001-160,000	Greater than 160,000
	$	$	$	$	$

Form CS-4B (Page 2 of 2)

FINANCIALPROPOSAL –LOCATION ENHANCEMENT
TURNOVER
PRICE/COST SUMMARY

	AMOUNT	AMOUNT
A. NON-KEY PERSONNEL RELATED COSTS		
1. TOTAL DIRECT SALARY EXPENSE (FORM CSS-1)	_____	
2. BENEFIT EXPENSE	_____	
3. OTHER EXPENSES (SPECIFY ON FORM CSS-3)	_____	
4. TOTAL NON-KEY PERSONNEL COSTS		_____
B. FIXED ASSET COSTS (FORM CSS-2)		
1. PURCHASE	_____	
2. DEPRECIATION	_____	
3. LEASE	_____	
4. MAINTENANCE	_____	
5. COMPUTER OPERATION EXPENSE	_____	
6. TOTAL FIXED ASSET COSTS		_____
C. OTHER COSTS		
1. TOTAL OTHER COSTS	_____	
		_____
D. SUBCONTRACTS (FORM CSS-4)		_____
E. CORPORATE ALLOCATIONS @_____%		_____
F. MARKUP @_____%		_____
G. PRICE OFFER FOR TURNOVER		_____

Form CS – 4C

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial Proposal – Change Request Pricing

FORM NUMBER: CS-5

INSTRUCTIONS: GENERAL – The selected Offeror may be requested to perform Change Request assignments at the discretion of the State.

For personal services, the daily travel status rates are to be inclusive of all travel/ per diem charges. The daily rates for normal status are to be exclusive of all travel/per diem charges. The Contractor and OTDA will mutually agree upon which status, or a combination thereof, is applicable for the specific change request. The daily rate is based upon an eight-hour workday exclusive of lunch breaks. Utilization of personal services in increments of less than eight hours will be prorated accordingly. Mark-up rate is not applicable to personal service charges.

Any applicable non-personal services charges would be billed at cost as evidenced by invoicing to be submitted by the Contractor plus the operations administrative cost mark-up rate bid by the Contractor. Corporate Allocations shall not apply to Change Requests

This form must be completed and provided with the Offeror's Financial Proposal.

FINANCIAL PROPOSAL – CHANGE REQUEST PRICING

Change Request Pricing

Personal Services		
Position Title	**Daily Rate – Normal Status**	**Daily Rate – Travel Status**

Form CS-5

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial 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 each of the following Transition, Centralized Operations, and Turnover 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 - Notice Processing
- Operations - New Hire Notification Processing - Mail
- Operations - New Hire Notification Processing – Electronic
- Operations – Putative Father Registry
- Operations – Interactive Voice Response System
- Operations – Customer Service
- Operations - Administration
- Turnover

SPECIFIC – Personnel Category – For Transition, Turnover, and year one (1) of each Centralized Operation, list the different personnel categories (i.e., Executive, Professional, and Clerical). The personnel category and the number of positions must replicate the information contained on the applicable technical proposal Offeror's response form.

Job Title – List each job title contained within the personnel category.

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

Annual Direct Salary Per Job Title – Show the rates (generally average annual at FTE) used to determine total salary cost. This should include salaries only.

Extension - FTE's * annual direct salary

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

FINANCIAL PROPOSAL - _____
DIRECT SALARY EXPENSE

CS FORM REFERENCE _____

PERSONNEL CATEGORY/JOB TITLE	NUMBER OF POSITIONS	ANNUAL DIRECT SALARY BY JOB TITLE	EXTENSION

Form CSS-1 (Page 1 -2)

TOTAL DIRECT SALARY EXPENSE			

Form CSS-1 (Page 2 -2)

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial Proposal – Fixed Asset Cost

FORM NUMBER: CSS-2

INSTRUCTIONS: GENERAL – This form should contain costs only attributable to Fixed Assets (software, equipment or other devices acquired by the Contractor), with a value of five hundred ($500.00) or more, used to perform services.

Complete Form CSS-2 whenever an amount is entered in the Fixed Asset Costs section of the Price/ Cost Summary forms for each of the following:

- Transition
- Operations - Payment Processing – Mail
- Operations - Payment Processing – Electronic
- Operations - Disbursement Processing - Checks
- Operations - Disbursement Processing – Electronic
- Operations - Notice Processing
- Operations - New Hire Notification Processing - Mail
- Operations - New Hire Notification Processing – Electronic
- Operations – Putative Father Registry
- Operations – Interactive Voice Response System
- Operations – Customer Service
- Operations - Administration
- Turnover

Within each category, list the different Fixed Asset costs (i.e. Leased, Purchased-Depreciation, Maintenance, and Software) for Contract year one. The Fixed Asset and related costs must replicate the information contained on the applicable technical proposal in Offeror's response forms.

<u>Section I (Form CSS-2)</u>
List each category of Fixed Asset. For each category list the quantity.

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

Indicate total annual maintenance by type of Fixed Asset.

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

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial Proposal – Fixed Asset Cost

FORM NUMBER: CSS-2

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

List each software package. For each type of software, indicate the licensee and/or 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.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

FINANCIAL PROPOSAL-FIXED ASSET 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:							
TOTAL							

Form CSS-2 (Page 1 of 2)

FINANCIAL PROPOSAL – FIXED ASSET 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						
TOTAL								

Form CSS-2 (Page 2 of 2)

OFFEROR'S RESPONSE FORM INSTRUCTIONS

FORM NAME: Financial 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 Transition, Contract year one (1) of Centralized Operations, and Turnover.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

FINANCIAL 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.

Do not include reimbursable costs (such as those set forth in Sections 3.1.3.3 and 3.2.7 of this RFP).

FINANCIAL PROPOSAL – _

UTILIZATION OF SUBCONTRACTOR(S)
Please submit separate forms for each subcontractor

Organization:

Primary Contact:

Services Provided:

Cost Breakdown:

Form CSS-4

APPENDIX D

CURRENT PROCESSING VOLUMES

Collection and Enforcement Operations

Appendix D contains three (3) years historical volume data, plus four (4) months (January through April), 2014. The Volumes presented in Appendix D represent actual volumes for calendar years 2011, 2012 and 2013. Also presented are the actual volumes experienced from January through April, 2014.

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.

OTDA is seeking fixed price offers for the projected volumes in Appendix C of this RFP based on the applicable annual volumes presented in this Appendix.

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PROCESSING VOLUMES

Payment Processing Transactions	Actual 2011	Actual 2012	Actual 2013	(4 months)1- 4 2014 Actual 2014)
Respondent Payments	1,064,726	1,004,175	967,205	312,512
Employer Payments	4,187,361	3,917,493	3,673,599	1,080,334
Property Execution Payments	14,111	10,481	14,313	7,050
EDI	285,421	232,425	195,457	62,980
EFT	4,500,928	4,947,477	5,163,177	1,664,256
Total Transactions	**10,052,547**	**10,112,051**	**10,013,751**	**3,127,132**
Misapplied Payments	591	524	913	256
Disbursement Processing				
Client Checks	1,860,788	1,671,556	1,645,674	390,411
SCU Payments	2,216	2,331	2,589	801
Total Checks	**1,863,004**	**1,673,887**	**1,648,263**	**391,212**
Direct Deposit	3,329,200	3,109,513	3,217,385	988,654
Debit Card	4,471,538	4,604,434	4,480,960	1,461,686
EFT	887,520	1,112,245	836,743	252,701
Total Electronic	**8,688,258**	**8,826,192**	**8,535,088**	**2,703,041**
Total # of DC in Circulation				**329,165**

Notice Processing

Billing Statements – Weekly	52,935	58,587	46,762	13,870
Billing Statements- Monthly	3,734,673	3,791,231	3,884,554	1,426,307
Monthly Respondent w/Tax Offset	460,679	467,393	451,757	0
Client Monthly	503,558	162,822	39,478	38,843
Case Closure Notices	133,127	134,276	150,482	49,993
NCP Pins	65,066	60,428	57,085	17,690
License Suspension	6,245	5,425	5,298	1,160
Weekly Client PINS	76,244	70,437	67,280	21,060
Property Executions	395,124	136,293	99,700	37,135
Income Executions	1,843,991	1,862,411	1,918,885	468,002
Electronic IWO	23,706	57,262	118,713	38,824
PCLs	354,757	333,476	338,652	117,203
DMV Notices	80,704	81,909	89,832	27,637
WHBR (Confidential Wage Report)	274,065	270,962	276,645	73,671
Continuation of Services	99,233	93,526	86,765	27,569
DTF Notices	45,508	42,177	38,443	12,930
Parent Locator	292	96	0	0
Lien Notices	12,914	13,147	12,698	4,079

Credit Notices	59,732	57,850	56,706	18,218
COLA Notices	296,767	264,463	294,492	46,914
Locate Data Notices	605	544	570	164
MEDEX Notices	455,126	429,036	368,743	108,339
PCLs (Web & IRS)	1,270	709	988	267
Debit Card Pre-Enrollment Notices	2,114	324	28,506	10,458
Total Notices	**8,978,435**	**8,396,796**	**8,435,047**	**2,562,347**
Data Capture				
State Case Registry	13,177	12,862	12,352	4,088
Direct Deposit	30,126	25,147	21,952	7,302
ICR	23,448	9,446	8,481	3,114
Quick Locate	756	892	833	217
MEDX	123,072	125,034	113,342	35,490
COLA	23,137	20,252	22,721	3,398
WHBR	183,897	185,092	186,390	55,601
IWO	129,337	151,437	168,434	42,208

NCMP	48,124	50,123	49,564	17,095
Bankruptcy Notices	11,332	10,352	9,000	2,783
Case Closure	0	156	129	30
SWR	8,566	6,077	4,981	1,608
Correspondence	60,895	66,312	73,694	22,449
Debit Card Accepted Applications	1,127	931	719	238
Debit Card Cancellations	215	105	213	74
Address Verification Letter (NYC AVL)	70	62	0	0
PIN Request Processing	401	424	899	139
Application for CSS	10,631	9,171	3,501	1,076
Direct Deposit Application Form	12,037	11,237	5,835	1,819
Direct Deposit Cancellation Form	4,139	1,951	1,473	287
Account Statements	73,567	73,829	68,991	23,565
Stop Payment Request Form	4,821	4,140	4,154	1,093
DMV Affidavit	17,468	14,703	7,095	2,946
Postal Clearance Letters	297,924	279,712	278,129	104,609
Undeliverable Forward/No Forward	49,693	26,779	26,473	8,569
General Correspondence Processing	52,966	62,929	139,879	33,137
Respondent Address Updates	28,609	26,537	20,324	6,145

New Employer Address Updates	11,084	11,378	10,286	3,875
Correspondence Legal Docs	1,552	1,657	1,810	450
Correspondence PEX	31,625	40,051	27,366	10,785
Reject Retrievals	8,274	4,411	3,799	1,169
Confirmation of Payments	1	0	0	0
Earned Income Tax Credit Results	654	700	637	350
Desk Review Requests	3,090	2,881	1,783	498
Corr – Service Request	50,132	54,854	56,706	18,262
IWO Review Request	14,720	13,131	6,476	2,096
PEX Dispute Request	5,081	3,292	1,244	465
Payment Address Letter	15	90	46	28
Total Remailing of Documents	504,353	434,660	419,402	133,716
Lump Sum – Email/Fax	1,784	2,095	783	277
Void Check Processing	0	0	9,738	3,457
Mistake of Fact Processing	0	0	810	523
Poverty Level Processing	2	2	0	0
Total Data Capture	**1,841,902**	**1,744,894**	**1,770,444**	**555,031**
Putative Father Registry	93,681	90,084	87,144	28,972

New Hire Processing Notifications				
Mail & Fax	585,527	508,609	516,193	148,350
Mail & Fax Duplicates	55,647	60,636	70,908	18,279
Mail & Fax Outsorts	19,451	18,732	18,621	4,503
Electronic Submissions	1,797,391	1,826,137	1,955,841	516,791
Total New Hire Submissions	**2,458,016**	**2,414,114**	**2,561,563**	**687,923**
Voice Response System	4,048,165	3,751,965	3,742,971	1,145,730
Customer Service				
Inbound Calls	1,362,748	1,331,170	1,348,170	448,196
Outbound Calls	68,433	65,546	66,837	20,373
Lump Sum Email/Fax	2,001	3,468	4,916	1,720
Correspondence	7,867	9,728	8,985	1,782
Total C.S. Helpline Incidents	**1,441,049**	**1,409,912**	**1,428,908**	**472,071**

Customer Service Mail Outs

EIC Review Request	1,310	1,344	1,085	746
Service Fee Request	19	123	44	2
PINS Client	38,801	56,731	77,890	33,643
PINS Respondent	37,858	53,047	83,821	42,273
Application for CSS	10,631	9,171	3,501	1,064
Direct Deposit Application Form	12,037	11,237	5,835	1,803
Direct Deposit Cancellation Form	4,139	1,951	1,473	285
Vol. Acknowledgement of Paternity	93	85	21	1
Account Statements	73,346	73,694	68,804	22,819
Stop Payment Request Form	4,821	4,140	4,154	1,068
DMV Affidavit	17,468	14,703	7,095	2,884
Desk Review Request	3,086	2,838	1,767	914
IWO Review Request	14,720	13,131	6,476	2,021
PEX Dispute	5,081	3,292	1,244	459
Check Address Letter	20	90	46	26
Total Customer Services Notices	223,430	245,577	263,257	110,008

Additional Customer Service Information

Spanish Language Calls Per Day	Low 190 – High 760
Average Validation Time	2.10 Minutes
Average Talk Time	5.71 Minutes
Average Call Wrap Up	1.59 Minutes
Average Total Call Time	7.30 Minutes

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APPENDIX E

PAYMENT DATA SPECIFICATIONS

E.1 **Information to be Provided with Every Payment** - This Appendix identifies the information that the Contractor must provide the OTDA with every payment recorded on the data file sent to the OTDA each day. There are four (4) different sources of payments: noncustodial parent, income provider, property execution, and the Department of Tax and Finance (DTF) and the information provided on the data file will vary according to the requirements noted herein.

E.2 All payments must include the following information:

E.2.1 Local District Code
E.2.2 Source of Payment*
E.2.3 New York Case Identifier
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 on the data file 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, income provider, 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 USPS 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 or transfer number.

E.4.4 Remittance Source Identifier

E.4.4.1 Left blank if payment received directly from noncustodial parent.

E.4.4.2 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.

E.4.4.3 For payments received from other states child support agencies, record the letters OOS followed by the USPS two (2) letter abbreviation for the State remitting the payment.

E.4.4.4 For payments received from foreign child support agencies, record the letters OOS followed by the first six (6) letters of the name of the country remitting the payment.

E.4.4.5 For payment information received by local district facsimile, the information supplied in "Field Option 2".

E.5 Income Provider:

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 income provider directly to the Contractor, the date of collection is the date on which the payment was delivered to the post office box at the USPS 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 or transfer number.

E.5.4 Remittance Source Identifier – up to first nine (9) alphanumeric characters that clearly represent the income provider 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 USPS 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) alphanumeric 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.7.2.1 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 USPS facility.

E.7.2.2 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.7.3 Remittance Reference Number – check/money order or transfer number.

E.7.4 Remittance Source Identifier – always DTF.

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APPENDIX F

DATA FILE SPECIFICATIONS

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

- Payment Processing Electronic File Submission
- New Hire Reporting Data File
- Putative Father Registry Data File
- State Case Registry Data File
- Non-IV-D File Update to Support Federal Case Registry Data File
- COLA Return Data File
- Quick Locate Data File
- Medical Support Execution Data Capture Data File
- NCP Address Return File Data File
- Direct Deposit/Debit Card Data Capture Data File
- New York City Client Address Verification Letter Return File
- CP Address Return Data File
  - NYC AVL
  - FORWARDING ADDRESS from USPS
  - LOCATE
- e-IWO Data File

F.2 The Contractor is required to provide at a minimum, to the bank under contract with the OTDA to provide banking services the following electronic Data File(s):

- Image cash Letter File(s)

F.3 The Contractor is required to provide at a minimum, to the Department of Taxation and Finance the following electronic Data File:

- New Hire Reporting Data File

F.4 The Contractor is required to receive, at a minimum, the following electronic data files via TCPIP/FTP in support of the various centralized operations:

- Disbursement - Checks Data File
- Disbursement – Check Issuance Data File
- Disbursement – Electronic Data File
- Billing Statement Data File
- Special Offset Notice Data File
- Client Notice Data File
- COLA Notice Data File
- Income Withholding Order Data File includes:
  - Wage and Health Benefits Report Notice
  - Address Information Request Notice
  - Employer Compliance Notice
  - DMV License Suspension Notice
  - IWO (New)
  - IWO (Amended)
  - IWO (Terminated)
- Case Referral Notice to Tax and Finance Data File
- Property Execution Notice Data File
- Child Support Information Line CP PIN Notice Data File
- Child Support Information Line NCP PIN Notice Data File
- FPLS CP Locate Data Notice Data File
- Voice Response System Data File
- Credit Reporting Notice Data File
- Continuation of Services Notice Data File

- Case Closure Notice Data File
- Insurance Intercept Lien Notice Data File
- License Suspension Process Notice Data File
- Medical Support Execution Notice Data File
- Address Information Request Notice from IRS File Data File
- Address Information Request Notice from Web File Data File
- PLS Search Results Report Data File
- CP/NCP Address Data File

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PAYMENT PROCESSING ELECTRONIC FILE SUBMISSION TO THE OTDA

	DATA ELEMENT	SIZE
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 DATA FILE LAYOUT SUBMITTED TO OTDA

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
RECORD TYPE	PIC X(1)	VALUES= A (ADD), D (DELETE)[1]	1
RESP-SSN	PIC 9(09)		2
RESP-LAST-NAME	PIC X(28)		3
RESP-FIRST-NAME	PIC X(28)		4
RESP-MI	PIC X(1)		5
RESP-ADDR-LINE1	PIC X(28)		6
RESP-ADDR-STREET	PIC X(35)		7
RESP-ADDR-CITY	PIC X(15)		8
RESP-ADDR-STATE	PIC X(2)		9
RESP-ADDR-ZIP	PIC X(9)	[2]	10
RESPEMP-FEIN	PIC 9(9)		11
RESPEMP-NAME	PIC X(28)		12
RESPEMP-ADDR-LINE1	PIC X(28)		13
RESPEMP-ADDR-STREET	PIC X(35)		14
RESPEMP-ADDR-CITY	PIC X(15)		15
RESPEMP-ADDR-STATE	PIC X(2)		16
RESPEMP-ADDR-ZIP	PIC X(9)	[2]	17
DATE-W-4	PIC X(8)	MMDDCCYY	18
HBIND	PIC 9(1)	SEE VALUES BELOW[3]	19
HBELIGDATE	PIC X(8)	MMDDCCYY SEE DEFINITION BELOW[4]	20
FILLER	PIC X(121)	SPACES	21

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

[1]REQUIRED FIELDS FOR "D" (DELETE) RECORD:
-RESP-SSN
-RESPEMP-FEIN
-DATE-W-4

[3]HB-IND VALUES
0 = NO CHECK MARK
1 = YES
2 = NO
3 = BOTH CHECKED
4 = OLD FORM

NEW HIRE REPORTING DATA FILE LAYOUT SUBMITTED TO OTDA (CONT.)

[2] THE ZIP CODE VALUE MUST EQUAL A 5-CHARACTER NUMERIC; ***OR*** MUST EQUAL A 9-CHARACTER NUMERIC; ***OR*** MUST EQUAL A 6-CHARACTER ALPHANUMERIC. IF THE VALUE IS A 6, 7, OR 8-CHARACTER NUMERIC, DATA CAPTURE ***ONLY*** THE FIRST 5 CHARACTERS. IF THE VALUE IS A 7, 8, OR 9-CHARACTER ALPHANUMERIC, DATA CAPTURE ***ONLY*** THE FIRST 6 CHARACTERS. IF THE VALUE IS A 1, 2, 3, OR 4-CHARACTER NUMERIC, OR A 1, 2, 3, 4, OR 5-CHARACTER ALPHANUMERIC, LEAVE THE ZIP CODE FIELD ***BLANK*** ON THE DATA FILE.

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PUTATIVE FATHER REGISTRY DATA FILE LAYOUT SUBMITTED TO OTDA

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
RECORD TYPE	PIC (01)	"D"-ADD "R"–DELETE	1
SOURCE	PIC (01)	"H"–HOSPITAL "C"–COURT "I"–INSTRUMENT "N"–NOTICE	2
LOCATION	PIC (01)	"U"–UPSTATE "D"–DOWNSTATE "S"-STATEWIDE	3
FORM VERSION	PIC (01)	"O"–OLD FORM (1996) "N"–NEW FORM (1998) "U"–UPDATED FORM (2014)	4
LOCAL/RECORDED DISTRICT	PIC (04)		5
REGISTRATION/BIRTH/REGISTER # OR ENTRY DATA	PIC 9(12)		6
CHILD NAME - LAST	PIC (16)		7
- FIRST	PIC (11)		8
- MI	PIC (01)		9
CHILD DATE OF BIRTH–YYMMDD	PIC 9(06)		10
MOTHER-NAME-LAST	PIC (16)		11
-FIRST	PIC (11)		12
-MI	PIC (01)		13
MOTHER-SOCIAL-SECURITY-NUMBER	PIC 9(09)		14
MOTHER-DATE OF BIRTH-YYMMDD	PIC 9(06)		15
MOTHER-C/O-NAME	PIC (40)		16
MOTHER-ADDRESS-STREET	PIC (20)		17
CITY/STATE	PIC (15)		18
ZIP CODE	PIC (05)		19
MOTHER-DATE SIGNED-YYMMDD	PIC 9(06)		20
MOTHER-DIN	PIC (10)		21
FATHER-NAME - LAST	PIC (16)		22
- FIRST	PIC (11)		23
- MI	PIC (01)		24
FATHER-SOCIAL SECURITY NUMBER	PIC 9(09)		25
FATHER-DATE OF BIRTH-YYMMDD	PIC 9(06)		26
FATHER-C/O-NAME	PIC (40)		27
FATHER-ADDRESS-STREET	PIC (20)		28
- CITY/STATE	PIC (15)		29
- ZIP CODE	PIC (05)		30
FATHER-DATE SIGNED-YYMMDD	PIC 9(06)		31
FATHER-DIN	PIC (10)		32
HOSPITAL ID NUMBER	PIC 9(04)		33
PUBLIC ASSISTANCE-MOTHER	PICX(01)	"Y"/"N"	34
REGISTRAR DATE-YYMMDD	PIC 9(06)		35
AGENCY CODE	PIC 9(02)		36
COURT NAME	PICX(20)		37
DOCKET NUMBER	PICX(08)		38
COURT DATE-YYMMDD	PIC 9(06)		39
DELETE CODE	PIC X(01)	"Y"/"N"	40

DATA FILE LAYOUT TO SUPPORT STATE CASE REGISTRY SUBMISSION TO OTDA

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
COURT-LOC	PIC 9(2)		1
COURT-NAME	PIC X(28)		2
RESP-FIRST-NAME	PIC X(16)		3
RESP-MIDDLE-NAME	PIC X(16)		4
RESP-LAST-NAME	PIC X(30)		5
RESP-SSN	PIC 9(9)	BLANK FOR NONE OR NOT ON RECORD	6
RESP-DOB – CC	PIC 9(2)	BLANK IF NOT ON RECORD	7
RESP-DOB – YY	PIC 9(2)	BLANK IF NOT ON RECORD	8
RESP-DOB – MM	PIC 9(2)	BLANK IF NOT ON RECORD	9
RESP-DOB – DD	PIC 9(2)	BLANK IF NOT ON RECORD	10
PET-FIRST-NAME	PIC X(16)		11
PET-MIDDLE-NAME	PIC X(16)		12
PET-LAST-NAME	PIC X(30)		13
PET-SSN	PIC 9(9)	BLANK FOR NONE OR NOT ON RECORD	14
PET-DOB - CC	PIC 9(2)	BLANK IF NOT ON RECORD	15
PET-DOB - YY	PIC 9(2)	BLANK IF NOT ON RECORD	16
PET-DOB - MM	PIC 9(2)	BLANK IF NOT ON RECORD	17
PET-DOB - DD	PIC 9(2)	BLANK IF NOT ON RECORD	18
CRT-DCKT #	PIC X(12)	NO SPECIAL CHARACTERS	19
FAM-VIOL-IND	PIC X	Y FOR YES N FOR BLANK OR NO	20
CHILD-FIRST-NAME	PIC X(16)	UP TO 8 TIMES	21
CHILD-MIDDLE-NAME	PIC X(16)	UP TO 8 TIMES	22
CHILD-LAST-NAME	PIC X(30)	UP TO 8 TIMES	23
CHILD-SSN	PIC 9(9)	UP TO 8 TIMES BLANK FOR NONE OR NOT ON RECORD	24
CHILD-DOB - CC	PIC 9(2)	UP TO 8 TIMES BLANK IF NOT ON RECORD	25
CHILD-DOB - YY	PIC 9(2)	UP TO 8 TIMES BLANK IF NOT ON RECORD	26
CHILD-DOB - MM	PIC 9(2)	UP TO 8 TIMES BLANK IF NOT ON RECORD	27
CHILD-DOB - DD	PIC 9(2)	UP TO 8 TIMES BLANK IF NOT ON RECORD	28
ORD-EXPIRE-DATE	PIC 9(8)	CCYYMMDD IF INFORMATION NOT PROVIDED AND OR NO BOX IS CHECKED, ENTER ZEROS. IF BOX IS CHECKED FOR 21ST BIRTHDAY AND DOB IS PROVIDED, CALCULATE DATE FOR YOUNGEST CHILD. ZEROS IF CHILD-DOB NOT ON RECORD.	29
FILLER	PIC X(192)		

NOTE: RECORD LENGTH WILL ALWAYS BE THE SAME NUMBER OF HARACTERS, WHETHER THERE IS ONE CHILD 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 NAME, AND LAST NAME.

ALL DATA ELEMENTS MUST HAVE INFORMATION LEFT JUSTIFIED.

NON-IV-D FILE UPDATE TO SUPPORT FEDERAL CASE REGISTRY SUBMISSION

DATA ELEMENT	SIZE
01 NON-IV-D-REC	
05 COURT-LOCATION	PIC 9(2)
05 COURT-NAME	PIC X(28)
05 RESP-FIRST-NAME	PIC X(16)
05 RESP-MIDDLE-NAME	PIC X(16)
05 RESP-LAST-NAME	PIC X(30)
05 RESP-SSN	PIC 9(9)
05 RESP-DOB	
10 RESP-DOB-CC	PIC 9(2)
10 RESP-DOB-YY	PIC 9(2)
10 RESP-DOB-MM	PIC 9(2)
10 RESP-DOB-DD	PIC 9(2)
05 PET-FIRST-NAME	PIC X(16)
05 PET-MIDDLE-NAME	PIC X(16)
05 PET-LAST-NAME	PIC X(30)
05 PET-SSN	PIC 9(9)
05 PET-DOB	
10 PET-DOB-CC	PIC 9(2)
10 PET-DOB-YY	PIC 9(2)
10 PET-DOB-MM	PIC 9(2)
10 PET-DOB-DD	PIC 9(2)
05 CRT-DCKT-NUM	PIC X(12)
05 FAM-VIO-IND	PIC X(1)
05 **CHILD DATA OCCURS 8 TIMES**	
10 CHILD-FIRST-NAME	PIC X(16)
10 CHILD-MIDDLE-NAME	PIC X(16)
05 CHILD-LAST-NAME	PIC X(30)
10 CHILD-SSN	PIC 9(9)
10 CHILD-DOB	
15 CHILD-DOB-CC	PIC 9(2)
15 CHILD-DOB-YY	PIC 9(2)
15 CHILD-DOB-MM	PIC 9(2)
15 CHILD-DOB-DD	PIC 9(2)

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RETURN FILE DATA FILE LAYOUT TO SUPPORT COLA

DATA ELEMENT	SIZE	DOCUMENT REFERENCE #
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 DATA FILE LAYOUT SUBMITTED TO THE OTDA

DATA ELEMENT	SIZE
QL-RESP- NAME	PIC X(28)
QL-REQ-NAME	PIC X(28)
QL-REQ-CO-NAME	PIC X(28)
QL-REQ-STREET	PIC X(35)
QL-REQ-CITY	PIC X(15)
QL-REQ-STATE	PIC X(2)
QL-REQ-ZIP	PIC 9(9)
QL-RESP-SSN	PIC 9(9)
QL-RESP-DOB	PIC 9(8)
QL-DATE	PIC 9(6)
QL-INIT-CASE-NO	PIC X(12)

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DATA FILE LAYOUT TO SUPPORT MEDICAL SUPPORT EXECUTION DATA CAPTURE

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
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

DATA ELEMENT	SIZE	DOCUMENT REFERENCE #
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

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
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 FOR THE ACCOUNT-TYPE ARE: 22 = CHECKING ACCOUNT 32 = SAVINGS ACCOUNT 42 = DEBIT CARD	5
STATUS	PIC X(2)	THE CURRENT VALUES FOR THE STATUS ARE: RJ = REJECTED TR = TERMINATED CH = CHANGE NR = NAME CONFLICT	6
FILLER	PIC X(59)		7

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DATA FILE LAYOUT TO SUPPORT NYC CP ADDRESS
ADDRESS VERIFICATION LETTER (AVL)

DATA ELEMENT	SIZE	COMMENTS	DOCUMENT REFERENCE #
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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CP ADDRESS RETURN FILE FROM NYC AVL FILE, USPS FORWARDING ADDRESS FILE, AND LOCATE FILE DATA FILE LAYOUT

DATA ELEMENT	SIZE	SOURCE: NYC AVL	SOURCE: PC FORWARDING	SOURCE: PC LOCATE	DOCUMENT REFERENCE #
LOCAL-DIST-CODE	PIC 9(2)	MUST BE: 66	• ANY	•	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)	*	• (IF 16 = M)	•	5
CLI-MAIL-STREET-ADDR	PIC X(35)	*	• (IF 16 = M)	•	6
CLI-MAIL-CITY-ADDR	PIC X(15)	*	• (IF 16 = M)	•	7
CLI-MAIL-STATE-ADDR	PIC X(2)	*	• (IF 16 = M)	•	8
CLI-MAIL-ZIP-ADDR	PIC X(9)	*	• (IF 16 = M)	•	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)	* AVL	• PCF	• LOC	14
SPEC-IND	PIC X(2)				15
ADDR-IND	PIC X	* M ONLY	• M or N	• R or 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
ADDR-CHG-DATE	PIC X(8)		CCYYMMDD[1]	• CCYYMMDD	21
FILLER	PIC X(288)				

[1] EFFECTIVE DATE OF PARTICULAR RECORD FROM **USPS ADDRESS CHANGE SERVICE** FILE.

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e-IWO FEIN PUSH FILE DATA FILE LAYOUT

FEIN FILE FORMAT

THE FEIN FILE IS GENERATED IN A FIXED LENGTH FORMAT. THE LENGTHS AND LOCATIONS OF EACH DATA ELEMENT WITHIN THE FILE ARE INDICATED IN THE CHART BELOW, "FEIN FILE DATA ELEMENTS". FOR EXAMPLE, THE ORGANIZATION NAME DATA ELEMENT HAS A FIXED LENGTH OF 65. IF AN ORGANIZATION HAS A NAME OF ONLY 20 CHARACTERS, 45 SPACES WILL BE ADDED TO THE END OF THE NAME TO CREATE AN ORGANIZATION NAME WITH A LENGTH OF 65. THIS ORGANIZATION NAME WILL BE LOCATED IN POSITIONS 20 THROUGH 84 WITHIN THE FILE.

THE FOLLOWING LIST IS A SUMMARY OF THE FORMATTING RULES.

- EACH EMPLOYER/WITHHOLDER'S DATA WILL BE ON A SEPARATE LINE;
- EACH DATA ELEMENT HAS A FIXED LENGTH; AND
- DATA ELEMENTS ARE ORDERED AS THEY APPEAR IN THE CHART BELOW.

FEIN DATA ELEMENTS

THE CHART BELOW DESCRIBES THE DATA ELEMENTS THAT ARE INCLUDED WITHIN THE FEIN FILE.

DATA ELEMENT	DESCRIPTION	REQ/OPT	SIZE	TYPE	RULES
FEIN	EMPLOYER/ WITHHOLDER'S FEIN	R	9	N	EXACTLY 9 DIGITS EXAMPLE: 123456789
START DATE	THE DATE THAT THE EMPLOYER/WITHHOLDER WILL BEGIN TO EXCHANGE INCOME WITHHOLDING ORDERS	R	10	A/N	FORMAT: YYYY-MM-DD
ORGANIZATION NAME	NAME OF THE EMPLOYER/ WITHHOLDER	R	65	A/N	
ADDRESS LINE1	LINE 1 OF THE EMPLOYER/ WITHHOLDER'S NATIONAL DIRECTORY OF NEW HIRES ADDRESS	O	40	A/N	
ADDRESS LINE2	LINE 2 OF THE EMPLOYER/ WITHHOLDER'S NATIONAL DIRECTORY OF NEW HIRES ADDRESS	O	40	A/N	
CITY	EMPLOYER/ WITHHOLDER'S NATIONAL DIRECTORY OF NEW HIRES CITY	O	25	A/N	
STATE	EMPLOYER/ WITHHOLDER'S NATIONAL DIRECTORY OF NEW HIRES STATE CODE	O	2	A/N	2 CHARACTER STATE CODE EXAMPLES: AL; AK; AZ

e-IWO FEIN PUSH FILE DATA FILE LAYOUT (CONT.)

DATA ELEMENT	DESCRIPTION	REQ/OPT	SIZE	TYPE	RULES
POSTAL CODE	EMPLOYER/WITHHOLDER'S NATIONAL DIRECTORY OF NEW HIRES POSTAL CODE	O	10	A/N	5 DIGIT ZIP OR 5 DIGIT ZIP - 4 DIGIT EXTENSION EXAMPLE: 12345 OR 12345-1234
CONTACT NAME	BUSINESS CONTACT'S FULL NAME	O	40	A/N	
PHONE NUMBER	BUSINESS CONTACT'S PHONE NUMBER	O	10	N	EXACTLY 10 DIGITS EXAMPLE: 4445551234
EXTENSION	BUSINESS CONTACT'S PHONE EXTENSION	O	5	N	
EMAIL	BUSINESS CONTACT'S EMAIL ADDRESS	O	65	A/N	
ALTERNATE ADDRESS LINE1	LINE 1 OF THE EMPLOYER/ WITHHOLDER'S PRINTED FORM ADDRESS	O	40	A/N	
ALTERNATE ADDRESS LINE2	LINE 2 OF THE EMPLOYER/ WITHHOLDER'S PRINTED FORM ADDRESS	O	40	A/N	
ALTERNATE CITY	EMPLOYER/WITHHOLDER'S PRINTED FORM CITY	O	25	A/N	
ALTERNATE STATE	EMPLOYER/ WITHHOLDER'S PRINTED FORM STATE CODE	O	2	A/N	2 CHARACTER STATE CODE EXAMPLES: AL; AK; AZ
ALTERNATE POSTAL CODE	EMPLOYER/WITHHOLDER'S PRINTED FORM POSTAL CODE	O	10	A/N	5 DIGIT ZIP OR 5 DIGIT ZIP - 4 DIGIT EXTENSION EXAMPLE: 12345 OR 12345-1234
ACTIVE /INACTIVE INDICATOR	INDICATES WHETHER THE FEIN IS ACTIVE OR INACTIVE	R	1	A	'A' OR 'I'
INACTIVE DATE	THE DATE THE FEIN BECAME INACTIVE IN THE E-IWO PORTAL	O	10	A/N	FORMAT: YYYY-MM-DD
ORGANIZATION KNOWN AS NAME	THE NAME AN ORGANIZATION MAY BE KNOWN AS IN ADDITION TO THEIR LEGAL BUSINESS NAME	R	65	A/N	
FILLER		O	86	A/N	

Image Cash Letter Record Layout

File Header Record (Type 01)

The File Header Record is mandatory and contains 14 fields. It is the first record of the file.

FIELD	FIELD NAME	USAGE	SIZE	POSITION	TYPE	VALUE
1	Record Type	Mandatory	2	01-02	N	Field value must be “01”
2	Standard Level	Mandatory	2	03-04	N	Field value must be“03” – Meaning use of the standard DSTU X9.37-2003
3	File Indicator	Mandatory	1	05-05	A	Field value must be “P” – Meaning a production financial exchange file.
4	Immediate Destination Routing Number	Mandatory	9	06-14	N	
5	Immediate Origin Routing Number	Mandatory	9	15-23	N	
6	File Creation Date	Mandatory	8	24-31	N	YYYYMMDD Date the file was created
7	File Creation Time	Mandatory	4	32-35	N	The time the immediate origin institution creates the file: *(UTC)* HHMM HH: “00” thru “23” MM: “00” thru “59”
8	Resend Indicator	Mandatory	1	36-36	A	“N” Original File or “Y” Resend File - Meaning a file that contains the same data as a previously sent file.
9	Immediate Destination Name	Conditional	18	37-54	A	
10	Immediate Origin Name	Conditional	18	55-72	A	Short name that identifies your company
11	File ID Modifier	Conditional	1	73-73	AN	Value that differentiates this file from other files sent the same day
12	Country Code	Conditional	2	74-75	AB	Blanks
13	User Field	Conditional	4	76-79	AB	Blanks
14	Reserved	Mandatory	1	80-80	AB	Blanks

Note: All fields that are conditional and are not used shall be filled with blanks.

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Cash Letter Header Record (Type 10)

The Cash Letter Header Record is mandatory and contains 15 fields. It always follows a File Header Record (Type 01) unless a file contains multiple cash letters; then the Cash Letter Header Record shall follow a Cash Letter Control Record (Type 90).

FIELD	FIELD NAME	USAGE	SIZE	POSITION	TYPE	VALUE
1	Record Type	Mandatory	2	01-02	N	Field value must be “10”
2	Collection Type Indicator	Mandatory	2	03-04	N	Field value must be “12” or “90” – Meaning a deposit; the transaction carries value; data are treated as final. Note: Field 2 in Record 10 and 20 must be identical.
3	Destination Routing Number	Mandatory	9	05-13	N	
4	Immediate Origin Routing Number	Mandatory	9	14-22	N	
5	Cash Letter Business Date	Mandatory	8	23-30	N	YYYYMMDD Indicates the business date of the cash letter
6	Cash Letter Creation Date	Mandatory	8	31-38	N	YYYYMMDD Indicates the date the cash letter was created
7	Cash Letter Creation Time	Mandatory	4	39-42	N	The time the cash letter is created: *(UTC)* HHMM HH: “00” thru “23” MM: “00” thru “59”
8	Cash Letter Record Type Indicator	Mandatory	1	43-43	A	Field value must be “I” – Meaning the cash letter contains electronic check records and image records
9	Cash Letter Documentation Type Indicator	Conditional	1	44-44	A	Field value must be “G” – Meaning images are included.
10	Cash Letter ID	Mandatory	8	45-52	AN	Code that identifies each cash letter in the file uniquely.
11	Originator Contact Name	Conditional	14	53-66	ANS	Company name assigned to the depository account
12	Originator Contact Phone Number	Conditional	10	67-76	NB	Phone number of the contact at the company that creates the cash letter
13	Fed Work Type	Conditional	1	77-77	AB	Blanks
14	User Field	Conditional	2	78-79	AB	Blanks
15	Reserved	Mandatory	1	80-80	AB	Blanks

Note: All fields that are conditional and are not used shall be filled with blanks

Bundle Header Record (Type 20)

The Bundle Header Record is mandatory and contains 10 fields. It always follows a Cash Letter Header Record (Type 10) unless a cash letter contains multiple bundles; then the Bundle Header Record follows a Bundle Control Record (Type 70).

FIELD	FIELD NAME	USAGE	SIZE	POSITION	TYPE	VALUE
1	Record Type	Mandatory	2	01-02	N	Field value must be “20”
2	Collection Type Indicator	Mandatory	2	03-04	N	Field value must be “12” or “90” – Meaning a deposit; the transaction carries value; data are treated as final. Note: Field 2 in Record 10 and 20 must be identical.
3	Destination Routing Number	Mandatory	9	05-13	N	
4	Immediate Origin Routing Number	Mandatory	9	14-22	N	
5	Bundle Business Date	Mandatory	8	23-30	N	YYYYMMDD Indicates the business date of the bundle
6	Bundle Creation Date	Mandatory	8	31-38	N	YYYYMMDD Indicates the date the bundle was created
7	Bundle ID	Mandatory	10	39-48	AN	A number that uniquely identifies the bundle within the cash letter
8	Bundle Sequence Number	Conditional	4	49-52	NB	A number assigned by the creator and usually denotes the relative position of the bundle in the cash letter
9	Cycle Number	Conditional	2	53-54	AN	A code assigned by the creator. May denote the day of the week or other internal reference
10	Return Location Routing Number	Conditional	9	55-63	AB	Blanks
11	User Field	Conditional	5	64-68	AB	Blanks
12	Reserved	Mandatory	12	69-80	AB	Blanks

Note: All fields that are conditional and are not used shall be filled with blanks.

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Check Detail Record (Type 25)

The Check Detail Record is mandatory, contains 15 fields, and must exactly represent the MICR data, to include check number. One Check Detail Record must be sent for each check. The data in fields 2 through 7 represent the check MICR line; the order of these fields is the order in which they physically appear on the check. The complete MICR line of the check must be sent in the appropriate fields in the 25 Record. No numbers on the check MICR line may be omitted.

FIELD	FIELD NAME	USAGE	SIZE	POSITION	TYPE	VALUE
1	Record Type	Mandatory	2	01-02	N	Field value must be “25”.
2	Auxiliary On-Us	Conditional	15	03-17	NBSM Dash	Up to 15 characters. Spaces, “-“(indicating a dash), and numbers are acceptable characters.
3	External Processing Code	Conditional	1	18-18	ANS	1 numeric character (position 44 of the MICR line).
4	Payor Bank Routing Number	Mandatory	8	19-26	N	Payor Bank Routing Number (no dashes)
5	Payor Bank Routing Number Check Digit	Mandatory	1	27-27	N	A digit used with a modular check digit routine to validate the Routing Number.
6	On-Us	Conditional	20	28-47	NBSM OS	Data specified by the payor bank. On-Us data usually consists of the payor’s account number, a serial number or transaction code, or both. Acceptable characters: spaces, “-“ (indicating a dash), “/” (indicating On-Us symbol), and numbers. Note: Use blanks for any unused
7	Item Amount	Mandatory	10	48-57	N	The US dollar value of the check. Must be right justified, zero filled, and be a non-zero positive amount.
8	Item Sequence Number	Mandatory	15	58-72	NB	A number assigned by creator that uniquely identifies the item in the cash letter.
9	Document Type Indicator	Conditional	1	73-73	AN	Field value must be “G” - Meaning there are 2 images present.
10	Return Acceptance Indicator	Conditional	1	74-74	AB	Blanks
11	MICR Valid Indicator	Conditional	1	75-75	AB	Blanks
12	BOFD Indicator	Mandatory	1	76-76	A	Field value preferred to be “U”. If a value of “N” or “Y” is sent, the indicator will be ignored and passed as received. BAC will use the 26 Record to determine BOFD.
13	Check Detail Record Addendum Count	Mandatory	2	77-78	N	The number of addendum records associated with this check detail record.
14	Correction Indicator	Conditional	1	79-79	AB	Blanks
15	Archive Type Indicator	Conditional	1	80-80	AB	Blanks

Note: All fields that are conditional and are not used shall be filled with blanks.

Image View Detail Record (Type 50)

The Image View Detail Record is mandatory and contains 17 fields. This record follows its immediately preceding Check Detail Record (Type 25). The Image View Detail Record is one of two records (Type 50 and Type 52) that are used together to convey an image view associated with the related Check Detail Record (Type 25). Both an Image View Detail Record and an Image View Data Record (Type 52) must be present for each related Check Detail Record in the file.

FIELD	FIELD NAME	USAGE	SIZE	POSITION	TYPE	VALUE
1	Record Type	Mandatory	2	01-02	N	Field value must be “50”
2	Image Indicator	Mandatory	1	03-03	N	“1” Indicates image view present, actual check “2” if image of IRD (based on position 44 of the MICR line)
3	Image Creator Routing Number	Mandatory	9	04-12	N	
4	Image Creator Date	Mandatory	8	13-20	N	YYYYMMDD Indicates date the image was created.
5	Image View Format Indicator	Mandatory	2	21-22	NB	Field value must be “0” – Meaning TIFF 6; Extension: TIF.
6	Image View Compression Algorithm Identifier	Mandatory	2	23-24	NB	Field value must be “0” – Meaning Group 4 facsimile compression.
7	Image View Data Size	Conditional	7	25-31	N	Total number of bytes in the related Image View Data Record (Type 52) Image Data (field 19)
8	View Side Indicator	Mandatory	1	32-32	N	Indicate either: “0” front image view “1” back image view
9	View Descriptor	Mandatory	2	33-34	N	Field value must be “00” – Meaning full view.
10	Digital Signature Indicator	Mandatory	1	35-35	NB	Field value must be “0” - Meaning digital signature is not present.
11	Digital Signature Method	Conditional	2	36-37	AB	Blanks
12	Security Key Size	Conditional	5	38-42	AB	Blanks
13	Start of Protected Data	Conditional	7	43-49	AB	Blanks
14	Length of Protected Data	Conditional	7	50-56	AB	Blanks
15	Image Recreate Indicator	Conditional	1	57-57	AB	Blanks
16	User Field	Conditional	8	56-65	AB	Blanks
17	Reserved	Mandatory	15	66-80	AB	Blanks

Note: All fields that are conditional and are not used shall be filled with blanks.

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Image View Data Record (Type 52)

The Image View Data Record is mandatory and contains 19 fields. This record follows its immediately preceding Image View Detail Record (Type 50). 16 of the 19 fields are fixed length and three are variable length. The Image View Data Record is one of two records (Type 50 and Type 52) that are used together to convey an image view associated with the related Check Detail Record (Type 25). Both an Image View Detail Record (Type 50) and an Image View Data Record must be present for each related Check Detail Record.

FIELD	FIELD NAME	USAGE	SIZE	POSITION	TYPE	VALUE
1	Record Type	Mandatory	2	01-02	N	Field value must be “52”.
2	Client ID	Mandatory	9	03-11	N	Client identification number assigned and provided during implementation.
3	Bundle Business Date	Mandatory	8	12-19	N	YYYYMMDD Indicates the business date of the bundle.
4	Cycle Number	Conditional	2	20-21	AN	A code assigned by creator. May denote the day of the week or other internal reference number.
5	Item Sequence Number	Mandatory	15	22-36	NB	A number assigned by creator that uniquely identifies each Check Detail Record (Type 25) in the cash letter.
6	Security Originator Name	Conditional	16	37-52	AB	Blanks
7	Security Authenticator Name	Conditional	16	53-68	AB	Blanks
8	Security Key Name	Conditional	16	69-84	AB	Blanks
9	Clipping Origin	Mandatory	1	85-85	NB	Field value must be“0” – Meaning clipping information is not present.
10	Clipping Coordinate h1	Conditional	4	86-89	AB	Blanks
11	Clipping Coordinate h2	Conditional	4	90-93	AB	Blanks
12	Clipping Coordinate v1	Conditional	4	94-97	AB	Blanks
13	Clipping Coordinate v2	Conditional	4	98-101	AB	Blanks
14	Length of Image Reference Key	Mandatory	4	102-105	NB	Field value must be “0” – Meaning image reference key is not present.
15	Image Reference Key	Conditional	Var (X)	106-(105+X)	ANS	Field Omitted
16	Length of Digital Signature		5	(106+X)-(110+X)	NB	Field value must be "0” – Meaning digital signature is not present.
17	Digital Signature	Mandatory	Var (Y)	(111+X)-(110+X+Y)	Binary	Field Omitted
18	Length of Image Data	Mandatory	7	(111+X+Y)-(117+X+Y)	NB	Total number of bytes in the Image Data (field 19) in this Image View Data Record.
19	Image Data	Mandatory	Var (Z)	(118+X+Y)-(117+X+Y+Z)	Binary	The Image Data field contains the image view.

Bundle Control Record (Type 70)

The Bundle Control Record is mandatory and contains seven fields. It is present to complete a bundle that began with a Bundle Header Record (Type 20). There must be one Bundle Control Record corresponding to each Bundle Header Record (Type 20). This record always follows the Image View Data Record (Type 52). It is the last record of the bundle.

FIELD	FIELD NAME	USAGE	SIZE	POSITION	TYPE	VALUE
1	Record Type	Mandatory	2	01-02	N	Field value must be "70"
2	Items within Bundle Count	Mandatory	4	03-06	N	Total number items sent within a bundle
3	Bundle Total Amount	Mandatory	12	07-18	N	Total US dollar value of the items within the bundle *NOTE: Maximum cash letter amount is $99,999,999.99*
4	MICR Valid Total Amount	Conditional	12	19-30	N	Total US dollar value of the items within the bundle. *NOTE: Maximum cash letter amount is $99,999,999.99*
5	Images within Bundle Count	Conditional	5	31-35	N	Total number of image views within a bundle. It is expected that there is a front and back image for each item (therefore, should be 2X the number of items in the bundle)
6	User Field	Conditional	20	36-55	AB	Blanks
7	Reserved	Mandatory	25	56-80	AB	Blanks

Note: All fields that are conditional and are not used shall be filled with blanks.

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Cash Letter Control Record (Type 90)

The Cash Letter Control Record is mandatory and contains eight fields. There must be one Cash Letter Control Record corresponding to each Cash Letter Header Record (Type 10) and is the last record in the cash letter. It always follows a Bundle Header Record (Type 70).

FIELD	FIELD NAME	USAGE	SIZE	POSITION	TYPE	VALUE
1	Record Type	Mandatory	2	01-02	N	Field value must be "90"
2	Bundle Count	Mandatory	6	03-08	N	Total number of bundles within the cash letter
3	Items within Cash Letter Count	Mandatory	8	09-16	N	Total number of items sent within the cash letter (all Check Detail Records – Type 25)
4	Cash Letter Total Amount	Mandatory	14	17-30	N	Total US dollar value of the cash letter. *NOTE: Maximum cash letter amount is $99,999,999.99*
5	Images within Cash Letter Count	Conditional	9	31-39	N	Total number of image views within a cash letter. It is expected that there is a front and back image for each item (therefore, should be 2X the number of items in the bundle)
6	Originator Contact Name	Conditional	18	40-57	A	Must match the field 11 of the Cash Letter Header Record (Type 10).
7	Settlement Date	Conditional	8	56-65	AB	Blanks
8	Reserved	Mandatory	15	66-80	AB	Blanks

Note: All fields that are conditional and are not used shall be filled with blanks.

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File Control Record (Type 99)

The File Control Record is mandatory and contains eight fields. It is the final record of the image cash letter file. It always follows a Cash Letter Control Record (Type 90).

FIELD	FIELD NAME	USAGE	SIZE	POSITION	TYPE	VALUE
1	Record Type	Mandatory	2	01-02	N	Field value must be “99”
2	Cash Letter Count	Mandatory	6	03-08	N	Total number of cash letters within the file
3	Total Record Count	Mandatory	8	09-16	N	Total number of records of all types sent in the file, including the File Control Record
4	Total Item Count	Mandatory	8	17-24	N	Total number of items sent within the file (all Check Detail Records – Type 25)
5	File Total Amount	Mandatory	16	25-40	N	Total US dollar value of the complete file (all Check Detail Records – Type 25)
6	Immediate Origin Contact Name	Conditional	14	41-54	AB	Blanks
7	Immediate Origin Contact Phone Number	Conditional	10	55-64	AB	Blanks
8	Reserved	Mandatory	16	65-80	AB	Blanks

Note: All fields that are conditional and are not used shall be filled with blanks.

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NEW HIRE REPORTING DATA FILE LAYOUT SUBMITTED TO DTF

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
RECORD 1			
RECORD TYPE	PIC X		1
EMPLOYEE SSN	PIC 9(9)		2
EMPLOYEE NAME	PIC X(28)		3
EMPLOYEE STREET	PIC X(35)		4
EMPLOYEE CITY1	PIC X(7)		5
RECORD 2			
RECORD TYPE	PIC X		6
EMPLOYEE CITY2	PIC X(8)		7
EMPLOYEE STATE	PIC X(2)		8
EMPLOYEE ZIP	PIC X(9)	[1]	9
EMPLOYER NAME	PIC X(28)		10
EMPLOYER CARE OF	PIC X(28)		11
EMPLOYER STREET1	PIC X(4)		12
RECORD 3			
RECORD TYPE	PIC X		13
EMPLOYER STREET2	PIC X(31)		14
EMPLOYER CITY	PIC X(15)		15
EMPLOYER STATE	PIC X(2)		16
EMPLOYER ZIP	PIC X(9)	[1]	17
EMPLOYER ID	PIC 9(9)		18
DATE			
MONTH	PIC 9(2)		19
DAY	PIC 9(2)		20
CENTURY	PIC 9(2)		21
YEAR	PIC 9(2)		22
FILLER	PIC X(5)		

[1] THE ZIP CODE VALUE MUST EQUAL A 5-CHARACTER NUMERIC; ***OR*** MUST EQUAL A 9-CHARACTER NUMERIC; ***OR*** MUST EQUAL A 6-CHARACTER ALPHANUMERIC.
IF THE VALUE IS A 6, 7, OR 8-CHARACTER NUMERIC, DATA CAPTURE ***ONLY*** THE FIRST 5 CHARACTERS. IF THE VALUE IS A 7, 8, OR 9-CHARACTER ALPHANUMERIC, DATA CAPTURE ***ONLY*** THE FIRST 6 CHARACTERS. IF THE VALUE IS A 1, 2, 3, OR 4-CHARACTER NUMERIC, OR A 1, 2, 3, 4, OR 5-CHARACTER ALPHANUMERIC, LEAVE THE ZIP CODE FIELD ***BLANK*** ON THE DATA FILE.

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DATA FILE LAYOUT TO SUPPORT DISBURSEMENT OF CHECKS

DATA ELEMENT	SIZE
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(8)V99
10 SCU-DISB-MM	PIC 9(8)V99
10 SCU-DISB-DD	PIC 9(8)V99
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	
20 REF4-MM	PIC 9(2)
20 REF4-DD	PIC 9(2)

DATA FILE LAYOUT TO SUPPORT DISBURSEMENT OF CHECKS (CONT.)

DATA ELEMENT	SIZE
15 REF4-AMT	PIC 9(8)V99
05 SCU-CNTY-CC	PIC 99
05 RESP-SSN	PIC 9(9)
05 FILLER	PIC X(39)

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DISBURSEMENT – CHECK ISSUE FILE TO BANK DATA FILE

DATA ELEMENT	SIZE	DOCUMENT REFERENCE #
DSS-CTY-CDE	PIC 99	1
DSS-CTY-BK-ACCT	PIC 9(12)	2
DSS-CHK-NUM	PIC 9(9)	3
DSS-CHK-DTE (YYMMDD)	PIC X(6)	4
DSS-CHK-SIGN	PIC X	5
DSS-CHK-AMT	PIC 9(8)V99	6
DSS-TRAN-CDE	PIC X	7
DSS-ACCT-NUM	PIC X(9)	8
FILLER	PIC X(30)	9

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DATA FILE LAYOUT TO SUPPORT DISBURSEMENT ELECTRONIC FILE NOTICE

DATA ELEMENT	SIZE	DOCUMENT REFERENCE #
05 CHK-INFO-REC		
05 SCU-ACCT-NO	PIC X (9)	12 & 18
05 SCU-FIPS	PIC X (6)	21
05 CU-AMT-OF-CHK	PIC 9(8)V99	11 & 20
05 CU-DATE-OF-DISTRIB		02 & 17
05 SCU-DISB-YY	PIC 9(2)	
05 SCU-DISB-MM	PIC 9(2)	
05 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(2)	
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)	

DATA FILE LAYOUT TO SUPPORT RESPONDENT BILL PRODUCTION

DATA ELEMENT	SIZE	DOCUMENT REFERENCE #
COUNTY-CODE	PIC 9(2)	1
RESP-ADDR-ZIP	PIC X(9)	2
CSMS-ACCT-NO	PIC X(9)	3
RESP-NAME	PIC X(28)	4
RESP-C/O-NAME	PIC X(28)	5
RESP-ADDR-STREET	PIC X(35)	6
RESP-ADDR-CITY	PIC X(15)	7
RESP-ADDR-STATE	PIC X(2)	8
CLIENT-NAME	PIC X(28)	9
PAST-LAST-MONTH	PIC S9(8)V99	10
DUE-LAST-MONTH	PIC S9(8)V99	11
PAID-LAST-MONTH	PIC S9(8)V99	12
PAST-DUE	PIC S9(8)V99	13
CURRENT-OBLIG-AMOUNT	PIC S9(8)V99	14
CURRENT-OBLIG-FREQUENCY	PIC X(3)	15
ARREARS-OBLIG-AMOUNT	PIC S9(8)V99	16
ARREARS-OBLIG-FREQUENCY	PIC X(3)	17
TOTAL-ARREARS-AMOUNT	PIC S9(8)V99	18
DLQ-MSG-IND	PIC X	19
OPT-MSG-IND	PIC X	20
	PAYMENT 1	
PAYMENT1-ADJ	PIC 9	21
PAYMENT1-STAR	PIC X	22
PAYMENT1-DATE-MMDDYY	PIC 9(6)	23
PAYMENT1-AMOUNT	PIC S9(8)V99	24
	PAYMENT 2	
PAYMENT2-ADJ	PIC 9	25
PAYMENT2-STAR	PIC X	26
PAYMENT2-DATE-MMDDYY	PIC 9(6)	27
PAYMENT2-AMOUNT	PIC S9(8)V99	28
	PAYMENT 3	
PAYMENT3-ADJ	PIC 9	29
PAYMENT3-STAR	PIC X	30
PAYMENT3-DATE-MMDDYY	PIC 9(6)	31
PAYMENT3-AMOUNT	PIC S9(8)V99	32
	PAYMENT 4	
PAYMENT4-ADJ	PIC 9	33
PAYMENT4-STAR	PIC X	34
PAYMENT4-DATE-MMDDYY	PIC 9(6)	35
PAYMENT4-AMOUNT	PIC S9(8)V99	36
	PAYMENT 5	
PAYMENT5-ADJ	PIC 9	37
PAYMENT5-STAR	PIC X	38
PAYMENT5-DATE-MMDDYY	PIC 9(6)	39
PAYMENT5-AMOUNT	PIC S9(8)V99	40
	PAYMENT 6	
PAYMENT6-ADJ	PIC 9	41
PAYMENT6-STAR	PIC X	42
PAYMENT6-DATE-MMDDYY	PIC 9(6)	43
PAYMENT6-AMOUNT	PIC S9(8)V99	44

DATA FILE LAYOUT TO SUPPORT RESPONDENT BILL PRODUCTION (CONT.)

DATA ELEMENT	SIZE	DOCUMENT REFERENCE #
	PAYMENT 7	
PAYMENT7-ADJ	PIC 9	45
PAYMENT7-STAR	PIC X	46
PAYMENT7-DATE-MMDDYY	PIC 9(6)	47
PAYMENT7-AMOUNT	PIC S9(8)V99	48
	PAYMENT 8	
PAYMENT8-ADJ	PIC 9	49
PAYMENT8-STAR	PIC X	50
PAYMENT8-DATE-MMDDYY	PIC 9(6)	51
PAYMENT8-AMOUNT	PIC S9(8)V99	52
ACCESSION-DATE-YYMMDD	PIC 9(6)	53
YEAR-END-TOTAL	PIC S9(8)V99	54
YEAR-END-IND	PIC X	55
SEQ-NO	PIC X(6)	56
TAX-IND	PIC X	57
OFFSET-TOTAL	PIC S9(8)V99	58
WORKER-CODE	PIC X(4)	59
COUNTY-TITLE	PIC X(37)	60
COUNTY-NAME	PIC X(43)	61
COUNTY-C/O	PIC X(42)	62
COUNTY-ADDR-STREET	PIC X(42)	63
COUNTY-ADDR-CITY/STATE	PIC X(20)	64
COUNTY-ADDR-ZIP	PIC X(10)	65
COUNTY-PHONE1	PIC X(26)	66
COUNTY-PHONE2	PIC X(26)	67
FILLER	PIC X(3)	
NEXT-PAYMENT1-DATE-MMDD	PIC X(4)	68
NEXT-PAYMENT2-DATE-MMDD	PIC X(4)	69
NEXT-PAYMENT3-DATE-MMDD	PIC X(4)	70
NEXT-PAYMENT4-DATE-MMDD	PIC X(4)	71
NEXT-PAYMENT5-DATE-MMDD	PIC X(4)	72
NEXT-PAYMENT6-DATE-MMDD	PIC X(4)	73
SCU-RET-ADDR-LINE1	PIC X(28)	74
SCU-RET-ADDR-LINE2	PIC X(28)	75
SCU-RET-ADDR-STREET	PIC X(35)	76
SCU-RET-ADDR-CITY/STATE	PIC X(20)	77
SCU-RET-ADDR-ZIP	PIC X(9)	78
TAG-AMOUNT	PIC S9(8)V99	79
TAG-ASTER	PIC X	80
MULTIPLE-ACCOUNT-IND	PIC X	81
YEAR-END-TOTAL-ARREARS	PIC S9(8)V99	82
JUDGMENT-INTEREST	PIC S9(8)V99	83
RA-REC-NO	PIC 9(3)	84[1]
VER-IND	PIC X	85
IEX-ADD-AMT	PIC S9(8)V99	86
IEX-FREQ	PIC X(3)	87
FILLER	PIC X(5)	

[1] DATA ELEMENT NO. 84 ONLY APPEARS IN THE PRINT PRODUCTION HEADER OF NCP NOTICES TO FACILITATE UPDATING OF RA RECORDS.

DATA FILE LAYOUT TO SUPPORT PROPERTY EXECUTION DOCUMENT PRODUCTION

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
LETTER-TYPE	PIC X(2)	SEE VALUE TABLE DOCUMENT TYPE VALUE 01 – RESTRAINING NOTICE (WITH AND WITHOUT INFORMATION SUBPOENA) AND NOTICE TO RESPONDENT WITH RESTRAINING NOTICE VALUE 02 – EXECUTION WITH NOTICE TO GARNISHEE VALUE 03 – NOTICE TO TERMINATE RESTRAINING NOTICE AND EXECUTION VALUE 04 – (NOT CURRENTLY IN PRODUCTION)	
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
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
JUDGMENT-AMT	PIC 9(8)V99		32
ASSET-NAME	PIC X(40)		33
ASSET-CO-NAME	PIC X(40)		34

DATA FILE LAYOUT TO SUPPORT PROPERTY EXECUTION DOCUMENT PRODUCTION (CONT.)

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
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[1]
TSP-IND	PIC X	M OR [BLANK]	50
FILLER	PIC X(02)		51

[1] DATA ELEMENT NO. 49 ONLY APPEARS IN THE PRINT PRODUCTION HEADER OF NCP NOTICES TO FACILITATE UPDATING OF RA RECORDS.

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

DATA ELEMENT	SIZE	DOCUMENT REFERENCE #
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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DATA FILE LAYOUT TO SUPPORT NCP CHILD SUPPORT INFORMATION LINE (PIN) NOTICE PRODUCTION

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
COUNTY CODE	PIC 99(2)		1
RESP-PIN	PIC 9(5)		2
CASE-ID	PIC X(9)		3
PIN-RA-NUMBER	PIC 99	PRINT IN PRODUCTION HEADER ONLY	4
RESP-NAME	PIC X(28)		5
RESP-C/O-NAME	PIC X(28)		6
RESP-STREET-ADDR	PIC X(35)		7
RESP-CITY-ADDR	PIC X(15)		8
RESP-STATE-ADDR	PIC X(2)		9
RESP-ZIP-ADDR	PIC X(9)		10
PIN-CLIENT-NAME	PIC X(28)		11
COUNTY NAME	PIC X(28)		12
COUNTY-C/O-NAME	PIC X(28)		13
COUNTY-STREET	PIC X(35)		14
COUNTY-CITY	PIC X(15)		15
COUNTY-STATE	PIC X(2)		16
COUNTY-ZIP	PIC X(9)		17

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DATA FILE LAYOUT TO SUPPORT FEDERAL PARENT LOCATOR SEARCH
CUSTODIAL PARENT RETURN NOTICE

DATA ELEMENT	SIZE	DOCUMENT REFERENCE #
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

THE VRU DATA FILE WILL BE USED BY THE VRU TO PROVIDE CASE RELATED INFORMATION TO CPS AND NCPS. THE SAME FILE FORMAT IS USED FOR DAILY UPDATES AND MONTHLY RELOADS; THE MONTHLY FILE CONTAINS ALL ACTIVE AND INACTIVE CASES, THE DAILY FILE CONTAINS ONLY NEW OR UPDATED CASES.

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
INTERSTATE INDICATOR	PIC 9		1
FIPS CODE	PIC 9(5)		2
FILE TYPE	PIC X		3
LOCAL DISTRICT CODE	PIC 9(2)		4
CLIENT SSN	PIC 9(9)		5
RESPONDENT SSN	PIC 9(9)		6
CSMS ACCOUNT NUMBER	PIC X(9)		7
DATE OF LAST PAYMENT	PIC X(6)		8
AMOUNT OF LAST PAYMENT	PIC S9(6)V99		9
DATE OF LAST DISBURSEMENT	PIC X(6)		10
AMOUNT OF LAST DISBURSEMENT	PIC S9(10)V99		11
DISBURSEMENT TYPE	PIC 9		12
NET-DUE CURRENT	PIC S9(10)V99		13
ASAB TOTAL	PIC S9(10)V99	13 – 86 = TOTAL ARREARS	14
TOTAL NET-DUE CLIENT	PIC S9(10)V99		15
TOTAL NET-DUE DSS	PIC S9(10)V99		16
TOTAL NET-DUE 3RD & 4TH PARTIES	PIC S9(10)V99	15 + 16 + 17 – 86 = TOTAL PAST DUE	17
MONTH-TO-DATE COLLECTIONS	PIC S9(10)V99		18
MONTH-TO-DATE DISBURSEMENTS	PIC S9(10)V99		19
MONTH-TO-DATE DISBURSEMENTS TO 3RD & 4TH PARTIES	PIC S9(10)V99		20
PRIOR MONTH COLLECTIONS	PIC S9(10)V99		21
PRIOR MONTH APPLIED TO CURRENT LEDGERS	PIC S9(10)V99		22
PRIOR MONTH APPLIED TO ARREARS LEDGERS	PIC S9(10)V99		23
PRIOR MONTH DISBURSED TO CLIENT	PIC S9(10)V99		24
PRIOR MONTH DISBURSED TO DSS	PIC S9(10)V99		25
PRIOR MONTH DISBURSED TO 3RD & 4TH PARTIES	PIC S9(10)V99		26
PRIOR MONTH TOTAL DISBURSED	PIC S9(10)V99		27
CLIENT PIN NUMBER	PIC X(5)		28
RESPONDENT NAME	PIC X(28)		29
CLIENT NAME	PIC X(28)		30
PAYMENT DATE 1	PIC 9(6)		31
PAYMENT AMOUNT 1	PIC S9(6)V99		32
PAYMENT DATE 2	PIC 9(6)		33
PAYMENT AMOUNT 2	PIC S9(6)V99		34

DATA FILE LAYOUT TO SUPPORT VOICE RESPONSE SYSTEM (CONT.)

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
PAYMENT DATE 3	PIC 9(6)		35
PAYMENT AMOUNT 3	PIC S9(6)V99		36
PAYMENT DATE 4	PIC 9(6)		37
PAYMENT AMOUNT 4	PIC S9(6)V99		38
PAYMENT DATE 5	PIC 9(6)		39
PAYMENT AMOUNT 5	PIC S9(6)V99		40
PAYMENT DATE 6	PIC 9(6)		41
PAYMENT AMOUNT 6	PIC S9(6)V99		42
PAYMENT DATE 7	PIC 9(6)		43
PAYMENT AMOUNT 7	PIC S9(6)V99		44
PAYMENT DATE 8	PIC 9(6)		45
PAYMENT AMOUNT 8	PIC S9(6)V99		46
PAYMENT DATE 9	PIC 9(6)		47
PAYMENT AMOUNT 9	PIC S9(6)V99		48
PAYMENT DATE 10	PIC 9(6)	OCCURS 10 TIMES	49
PAYMENT AMOUNT 10	PIC S9(6)V99		50
DISBURSEMENT DATE 1	PIC 9(6)		51
DISBURSEMENT AMOUNT 1	PIC S9(6)V99		52
DISBURSEMENT TYPE 1	PIC 9		53
DISBURSEMENT DATE 2	PIC 9(6)		54
DISBURSEMENT AMOUNT 2	PIC S9(6)V99		55
DISBURSEMENT TYPE 2	PIC 9		56
DISBURSEMENT DATE 3	PIC 9(6)		57
DISBURSEMENT AMOUNT 3	PIC S9(6)V99		58
DISBURSEMENT TYPE 3	PIC 9		59
DISBURSEMENT DATE 4	PIC 9(6)		60
DISBURSEMENT AMOUNT 4	PIC S9(6)V99		61
DISBURSEMENT TYPE 4	PIC 9		62
DISBURSEMENT DATE 5	PIC 9(6)		63
DISBURSEMENT AMOUNT 5	PIC S9(6)V99		64
DISBURSEMENT TYPE 5	PIC 9		65
DISBURSEMENT DATE 6	PIC 9(6)		66
DISBURSEMENT AMOUNT 6	PIC S9(6)V99		67
DISBURSEMENT TYPE 6	PIC 9		68
DISBURSEMENT DATE 7	PIC 9(6)		69
DISBURSEMENT AMOUNT 7	PIC S9(6)V99		70
DISBURSEMENT TYPE 7	PIC 9		71
DISBURSEMENT DATE 8	PIC 9(6)		72
DISBURSEMENT AMOUNT 8	PIC S9(6)V99		73
DISBURSEMENT TYPE 8	PIC 9		74
DISBURSEMENT DATE 9	PIC 9(6)		75
DISBURSEMENT AMOUNT 9	PIC S9(6)V99		76

DATA FILE LAYOUT TO SUPPORT VOICE RESPONSE SYSTEM (CONT.)

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
DISBURSEMENT TYPE 9	PIC 9		77
DISBURSEMENT DATE 10	PIC 9(6)		78
DISBURSEMENT AMOUNT 10	PIC S9(6)V99		79
DISBURSEMENT TYPE 10	PIC 9		80
PREVIOUS END-OF-MONTH DATE	PIC 9(6)		81
RESPONDENT PIN	PIC X(5)		82
PA CASE STATUS	PIC X	THIS WILL AUTOMATE A PROCESS IN THE VRU WHICH IS CURRENTLY A MANUAL SELECTION FOR THE CALLER. ON PA = 1,7, OR 8	83
IEX OBLIGATION AMOUNT	PIC S9(10)V99	IEX OBLIGATION CURRENT NCP IEX OBLIGATION AMOUNT. TWO DECIMALS IMPLIED AND SIGNED	84
IEX OBLIGATION FREQUENCY	PIC X(3)	IEX FREQUENCY CURRENT NCP IEX OBLIGATION FREQUENCY	85
TOTAL UNAPP	PIC S9(10)V99		86

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CREDIT REPORTING DATA FILE LAYOUT

DATA ELEMENT	SIZE	DOCUMENT REFERENCE #
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[1]
FILLER	PIC X	28

[1] DATA ELEMENT NO. 27 ONLY APPEARS IN THE PRINT PRODUCTION HEADER OF NCP NOTICES TO FACILITATE UPDATING OF RA RECORDS.

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DATA FILE LAYOUT TO SUPPORT CONTINUATION OF SERVICES NOTICE

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
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)	PRINT IN PRODUCTION HEADER ONLY	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
EPP-ACCT-TYPE	PIC 9(2)		30
FILLER	PIC X(6)		

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DATA FILE LAYOUT TO SUPPORT CASE CLOSURE NOTICES

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
NOTICE - TYPE	PIC X(2)	SEE ATTACHED 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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DATA FILE LAYOUT TO SUPPORT DAILY PRODUCTION
INSURANCE INTERCEPT LIEN DOCUMENTS

DATA ELEMENT	SIZE	COMMENT	NOT USED	DOCUMENT REFERENCE #
LETTER-TYPE	PIC X(2)	SEE ATTACH VALUE TABLE DOC TYPE VALUE 01 INTENT-TO-LIEN VALUE 02 NOTICE-OF-LIEN VALUE 03 RELEASE-OF-LIEN VALUE 04 NOTICE-OF-LIEN-RESP		1
COUNTY-CODE	PIC 9(2)			2[1]
COUNTY-NAME	PIC X(19)	(e.g., ALBANY COUNTY)		3
CASE-ID	PIC X(9)			4
RETURN-LINE1	PIC X(28)	COUNTY SCU NAME		5
RETURN-LINE2 C/O	PIC X(28)			6
RETURN-STREET	PIC X(35)			7
RETURN-CITY	PIC X(15)			8
RETURN-STATE	PIC X(2)			9
RETURN-ZIP	PIC X(9)			10
RESP-SSN	PIC 9(9)			11
RESP-NAME	PIC X(28)			12
RETURN-TEL-AREA-CODE	PIC X(3)	COUNTY SCU TELEPHONE NUMBER	X	13
RETURN-TEL-EXCH	PIC X(3)		X	14
RETURN-TEL-NO	PIC X(4)		X	15
RETURN-TEL-EXT	PIC X(4)		X	16
RESP-LINE1	PIC X(28)	RESPONDENT NAME	X	17
RESP-LINE2	PIC X(28)		X	18
RESP-LINE3	PIC X(28)			19
RESP-STREET	PIC X(35)			20
RESP-CITY	PIC X(15)			21
RESP-STATE	PIC X(2)			22
RESP-ZIP	PIC X(9)			23
WRKR-CODE	PIC X(4)			24
CLI-NAME	PIC X(28)			25
PAYMENTS-ORDERED TABLE		TABLE OCCURS 18 TIMES		
LEDGER-TYPE	PIC X(6)	OCCURS 18 TIMES	X	26
COURT-ORDER-DATE	PIC X(8)	OCCURS 18 TIMES CCYYMMDD		27
OBLIG-AMT	PIC S9(8)V99	OCCURS 18 TIMES		28
FREQ	PIC X(3)	OCCURS 18 TIMES		29
DOCKET-NO	PIC X(9)	OCCURS 18 TIMES		30
COURT-LOC	PIC X(2)	OCCURS 18 TIMES		31
RUN-DATE-CYMD	PIC X(8)	CCYYMMDD		32
ISSUE-DATE-CYMD	PIC X(8)	CCYYMMDD		33
PROP-SRC-DOC-CODE	PIC X(2)		X	34
ARREARS-AMT	PIC S9(8)V99		X	35
PAST-DUE-AMT	PIC S9(8)V99			36

[1] DATA ELEMENT NO. 2 ONLY APPEARS IN THE PRINT PRODUCTION HEADER OF NCP NOTICES.

DATA FILE LAYOUT TO SUPPORT DAILY PRODUCTION
INSURANCE INTERCEPT LIEN DOCUMENTS (CONT.)

DATA ELEMENT	SIZE	COMMENT	NOT USED	DOCUMENT REFERENCE #
RECOVERED-AMT	PIC S9(8)V99			
JUDGMENT-AMT	PIC S9(8)V99			
ASSET-NAME	PIC X(40)	INSURANCE COMPANY NAME		39
ASSET-C/O-NAME	PIC X(40)			40
ASSET-STREET	PIC X(40)			41
ASSET-CITYSTZIP	PIC X(40)			42
COURT-NAME	PIC X(35)	IF #43 CONTAINS BLANKS, DEFAULTS TO **FAMILY COURT**. OTHERWISE, DOCUMENT DISPLAYS DATA CONTAINED IN #43		43
ACCT-TYPE-CLAIM-NO	PIC X(25)			44
COURT-LINE1	PIC X(28)			
COURT-LINE2	PIC X(28)			
COURT-STREET	PIC X(35)			
COURT-CITY	PIC X(15)			
COURT-STATE	PIC X(2)			
COURT-ZIP9	PIC X(9)			
RESP-DOB	PIC X(8)	CCYYMMDD		51
PIC-RECORD-NO	PIC X(2)			
RA-REC-NO	PIC 9(3)			53[2]
FILLER	PIC X(43)			

[2] DATA ELEMENT NO. 53 ONLY APPEARS IN THE PRINT PRODUCTION HEADER OF NCP NOTICES TO FACILITATE RA RECORD UPDATING.

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DATA FILE LAYOUT COURT LICENSE SUSPENSION PROCESS WARNING NOTICE

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
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: DATA 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: DATA 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[1]
FILLER	PIC X(198)		41

[1] DATA ELEMENT NO. 40 ONLY APPEARS IN THE PRINT PRODUCTION HEADER OF NCP NOTICES TO FACILITATE UPDATING OF RA RECORDS.

DATA FILE LAYOUT TO SUPPORT MEDICAL SUPPORT EXECUTION MULTIPLE DOCUMENT PRODUCTION

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
LETTER-TYPE	PIC X(2)		1
		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	
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	27
		B= AVAILABLE, NOT ELIGIBLE	
		A = AMOUNT EXCEEDS LIMITS	
		4 = NCP NO LONGER EMPLOYED	
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

DATA FILE LAYOUT TO SUPPORT MEDICAL SUPPORT EXECUTION MULTIPLE DOCUMENT PRODUCTION (CONT.)

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
SD-DATE-CYMD	PIC X(8)		38
RUN-DATE-CYMD	PIC X(8)		39
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)	1ST 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

ADDRESS INFORMATION REQUEST NOTICE FROM DAILY IRS FILE DATA FILE

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
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

ADDRESS INFORMATION REQUEST NOTICE FROM IRS FILE DATA FILE (CONT.)

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
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 OSI-WAGES; OCCURS 4 TIMES	50
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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ADDRESS INFORMATION REQUEST NOTICE FROM WEEKLY WEB FILE DATA FILE

DATA ELEMENT	SIZE	DOCUMENT REFERENCE #
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 9(20)	40
EMP-ID	PIC 9(15)	41
FILLER	PIC X(98)	

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PARENT LOCATOR SERVICE SEARCH RESULTS REPORT DATA FILE

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
COUNTY-CODE	PIC X(2)		1
PLS-CASE-NO	PIC X(12)		2
ABS-PARENT-NAME	PIC X(28)		3
ABS-PARENT-SSN	PIC 9(9)		4
ABS-PARENT-DOB	PIC X(8)		5
CLIENT-NAME	PIC X(28)		6
CLIENT-ADDR-C/O-LINE	PIC X(28)		7
CLIENT-ADDR-STREET	PIC X(35)		8
CLIENT-ADDR-CITY	PIC X(15)		9
CLIENT-ADDR-STATE	PIC X(2)		10
CLIENT-ADDR-ZIP	PIC X(9)		11
NOTE: DATA ELEMENT NOS. 11–17 OCCUR IN SETS			
ABS-PARENT-C/O-LINE	PIC X(28)	OCCURS 10 TIMES	12
ABS-PARENT-ADDR-STREET	PIC X(35)	OCCURS 10 TIMES	13
ABS-PARENT-ADDR-CITY	PIC X(15)	OCCURS 10 TIMES	14
ABS-PARENT-ADDR-STATE	PIC X(2)	OCCURS 10 TIMES	15
ABS-PARENT-ADDR-ZIP	PIC X(9)	OCCURS 10 TIMES	16
ABS-PARENT-SOURCE	PIC X(4)	OCCURS 10 TIMES	17
FILLER	PIC X(0)		
NOTE: DATA ELEMENT NOS. 18–24 OCCUR IN SETS			
EMPLOYER-NAME	PIC X(28)	OCCURS 10 TIMES	18
EMPLOYER-ADDR-C/O-LINE	PIC X(28)	OCCURS 10 TIMES	19
EMPLOYER-ADDR-STREET	PIC X(35)	OCCURS 10 TIMES	20
EMPLOYER-ADDR-CITY	PIC X(15)	OCCURS 10 TIMES	21
EMPLOYER-ADDR-STATE	PIC X(2)	OCCURS 10 TIMES	22
EMPLOYER-ADDR-ZIP	PIC X(9)	OCCURS 10 TIMES	23
EMPLOYER-SOURCE	PIC X(4)	OCCURS 10 TIMES	24
FILLER	PIC X(4)		

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CP/NCP ADDRESS UPDATE DATA FILE LAYOUT

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
COUNTY CODE	PIC 9(2)		1
CSMS ACCOUNT NUMBER	PIC X(9)		2
FIPS CODE	PIC 9(6)		3
CLIENT NAME	PIC X(28)		4
CLIENT SSN	PIC 9(9)		5
CLIENT DOB	PIC 9(8)	YYYYMMDD	6
CLIENT PHONE 1	PIC 9(10)		7
CLIENT PHONE 2	PIC 9(10)		8
CLIENT PHONE 3	PIC 9(10)		9
CLIENT EMAIL	PIC X(50)	CP EMAIL ADDRESS	10
CLIENT VIOLENCE INDICATOR	PIC 9(1)		11
CLIENT CARE OF NAME (M)	PIC X(28)		12
CLIENT STREET (M)	PIC X(35)		13
CLIENT CITY (M)	PIC X(15)		14
CLIENT STATE (M)	PIC X(2)		15
CLIENT ZIP (M)	PIC 9(5)		16
CLIENT ZIP 4 (M)	PIC 9(4)		17
CLIENT CARE OF NAME (R)	PIC X(28)		18
CLIENT STREET (R)	PIC X(35)		19
CLIENT CITY (R)	PIC X(15)		20
CLIENT STATE (R)	PIC X(2)		21
CLIENT ZIP (R)	PIC 9(5)		22
CLIENT ZIP 4 (R)	PIC 9(4)		23
RESPONDENT NAME	PIC X(28)		24
RESPONDENT SSN	PIC 9(9)		25
RESPONDENT DOB	PIC 9(8)	YYYYMMDD	26
RESPONDENT PHONE 1	PIC 9(10)		27
RESPONDENT PHONE 2	PIC 9(10)		28
RESPONDENT PHONE 3	PIC 9(10)		29
RESPONDENT EMAIL	PIC X(50)	NCP EMAIL ADDRESS	30
RESPONDENT VIOLENCE INDICATOR	PIC 9(1)		31
RESPONDENT DMV ID	PIC X(12)	NCP DRIVER LICENSE NUMBER	32
RESPONDENT CARE OF NAME (V)	PIC X(28)		33

CP/NCP ADDRESS UPDATE DATA FILE LAYOUT (CONT.)

DATA ELEMENT	SIZE	COMMENT	DOCUMENT REFERENCE #
RESPONDENT STREET (V)	PIC X(35)		34
RESPONDENT CITY (V)	PIC X(15)		35
RESPONDENT STATE (V)	PIC X(2)		36
RESPONDENT ZIP (V)	PIC 9(5)		37
RESPONDENT ZIP 4 (V)	PIC 9(4)		38
RESPONDENT CARE OF NAME (M)	PIC X(28)		39
RESPONDENT STREET (M)	PIC X(35)		40
RESPONDENT CITY (M)	PIC X(15)		41
RESPONDENT STATE (M)	PIC X(2)		42
RESPONDENT ZIP (M)	PIC 9(5)		43
RESPONDENT ZIP 4 (M)	PIC 9(4)		44
RESPONDENT CARE OF NAME (R)	PIC X(28)		45
RESPONDENT STREET (R)	PIC X(35)		46
RESPONDENT CITY (R)	PIC X(15)		47
RESPONDENT STATE (R)	PIC X(2)		48
RESPONDENT ZIP (R)	PIC 9(5)		49
RESPONDENT ZIP 4 (R)	PIC 9(4)		50
PA CASE STATUS	PIC X(1)	PUBLIC ASSISTANCE STATUS ON PA = 1,7 OR 8	51
FILLER	PIC X(1)		52

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APPENDIX G Glossary of Child Support Enforcement Terms	
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–the child support system of support obligations established and accruing pursuant to a Court order or voluntary agreement, and any payments made toward those obligations and disbursements to the beneficiary.
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.
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.
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 child support system 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 3rd and 4th party designees such as attorneys or hospitals. (Also see Client.)
BICS	"Benefits Issuance Control System". A public assistance issuance control system that the child support system 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.
Cash Concentration or Disbursement Entries (CCD/CCD+)	Standardized format used for electronic funds transmission (EFT) of child support withholdings from employees' wages or other child support jurisdictions. 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	"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: ▪ Without arrearage

	50% with a second family 60% Single ▪ With Arrearage 55% with a second family and 12+ weeks in arrears 65% Single 12+ weeks in arrears
Child Support	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: ▪ 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. ▪ 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. ▪ 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 case is also automatically referred to the CSE to recoup or defray the costs of foster care. ▪ Non-IV-D Services 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. The support can come in different forms, including: ▪ 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. ▪ 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.

	There are many tools available to enforce an NCP's obligation.
Child Support Enforcement Agency	Agency that exists in every State that locates noncustodial 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 System	An automated case management system and software application developed to meet the need of the New York State Child Support Enforcement program. The system processes and tracks child support cases and integrates both accounting and enforcement functions. The system contains cases, with no fiscal and enforcement components, and cases with accounts, which contain fiscal and enforcement components.
Child Support System 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.
Client	Individual for who support payment is collected; usually the custodial party.
Client ID #	A computer-assigned identification code derived from the New York Case Identifier 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 the child support system.
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 child support system reports that stores cumulatively and replaces the use of microfiche.
Corporate Trade Exchange (CTX)	Standardized format used for electronic funds

	transmission (EFT) of child support withholdings from employees' wages or other child support jurisdictions. 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", a service provided by a toll free number which CP, NCP or third parties 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.
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 Recovery 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.
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 include 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 Service 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 child support system account is assigned a FIPS code.
Fiscal Agent	A contractor as defined in Section 1 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.
IAT	International ACH transactions, NACHA approved format for sending International Electronic Fund Transfers to Child Support Units in other countries.
Image Cash Letter	A banking service used by companies to create electronic deposits and present check data and images for payment via Image exchange and Image Replacement Documents (IRDs). Image Cash Letter Service allows the SDU to submit check payments in electronic files of data and images instead of making paper cash letter deposits.
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 the child support system. This process consists of online entries or data file transmission (e.g., Wage Health Benefit Report, Income Withholding for Support, and Postal Clearance).
Medical Support Order	A court order which requires the noncustodial parent to provide medical and/or dental insurance coverage.
Medicare Wages and Tips	The total wages and tips subject to the Medicare component of social security taxes, which reflects the NCP's true income for child support purposes.
Minority Business Enterprise	A business enterprise, including a sole proprietorship, partnership or corporation that is: ▪ 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; ▪ 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 an enterprise authorized to do business in this state and is independently owned and operated.
Minority Group Member	Black: (Not of Hispanic origin) – a person having origins in any of the black racial groups of the original peoples of Africa.

	Hispanic: a person of Mexican, Puerto Rican, Dominican, Cuban, Central or South American or either Indian or Hispanic origin, regardless of race. 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. 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. 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. ▪ Vietnam Era Veteran: any person who has inactive military service between January 1, 1963 and May 7, 1975.
MSFIDM	"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.
Multistate Employer	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.
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 does not have primary care, custody or control of the child(ren), and is legally responsible for providing financial support for a child or children. Also referred to as the obligor.
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.

New York Case Identifier	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 child support system cases (e.g., AB12345C1). It is the primary key to identification on the child support system. Client ID # and Respondent ID # are delivered from the New York Case Identifier.
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 Services Case	A case in which a court has determined that income withholding for support is required and neither the employee/obligor nor the custodial party/obligee has applied for, or is receiving, Title IV-D child support services through their local SCU.
Non-IV-D Services Orders	A child support order handled by a private attorney as opposed to the State/Local child support enforcement (IV-D) agency. (Non-IV-D Services orders that pre-date January 1, 1994 may be subject to different disbursement requirements.) A Non-IV-D Services order is one where the State: ▪ Is not currently providing service under the State's Title IV-A, Title IV-D, Title IV-E, or Title XIX programs. ▪ Has not previously provided State services under any of these programs. ▪ Has no current application or applicable fee for services paid by either parent. A IV-D case may become a Non-IV-D Services order when:
	▪ All child support arrearages previously assigned to the State have been paid, and/or ▪ The parent(s) originally making application for a State's IV-D services request(s) termination of those IV-D services. Non-IV-D Services 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). A Non-IV-D Services 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).
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 data file containing payment information, which is provided by the fiscal agent to the OTDA on a daily basis for the purpose of updating child support system 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 the child support system. 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 that 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 New York Case Identifier that is assigned to the respondent. The seven-character codes consist of the first seven characters of the New York Case Identifier (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 Services 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) and 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.
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 service provided by 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". 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 needy families, based on Title IV-A of the Social Security Act. 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	▪ 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. 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.
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 child support system 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	"WBE". A business enterprise, including a sole proprietorship, or corporation that is: ▪ 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; ▪ 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 An enterprise authorized to do business in this state and is independently owned and operated.

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APPENDIX H

REFERENCE LIBRARY

H.1 Copy of NACHA CCD+, CTX, PPD, and IAT Formats

H.2 Copy of Federal Laws and Regulations, Executive Orders, State Social Services Laws and other State Laws and Regulations pertaining to Centralized Operations

H.3 Child Support Helpline

– User Manual

– Frequently Asked Questions and Answers

H.4 Data Capture Documents

H.5 Document Storage and Retrieval Formats

H.6 Electronic Payment Media Format and Specifications

H.7 OTDA Manuals:

– Address Update

- Noncustodial Parent
- Custodial Parent
- Refund Checks

– Bankruptcy Notice Processing

– Child Support Helpline Noncustodial Parent Address Update

– Child Support System Instructions for Use

– Domestic Financial Instruments Deposit Preparation Procedures

– Foreign Currency Deposit Preparation Procedures

– Interstate Case Registry Automation

– Interstate Case Registry Mail Sorting and Processing

– Lump Sum Inquiry Processing

– Medical Support Execution Data Capture

– Multiple Document Data Capture

- Wage and Health Benefits Report
- Income Withholding for Support/Notice to Withhold Income
- Employer Compliance Notice
- Support Withholding Reminder
- Website Data File

– New York City Custodial Parent Address Update and Data Capture

– Non-IV-D Case and Account Building and Maintenance

– Noncustodial Parent State Earned Income Credit Requests

– Payment Identification

– Payment Images Instruction Manual

– Personal Identification Number Notice Generation

– Property Execution Data Capture

– Proration of Payments

– Putative Father Registry Data Capture

– Putative Father Registry Record Deletion Data Capture

H.8 Sample Checks/Debit Card

– Custodial Parent Check

– Support Disbursement Unit Check

– Debit Card Image

– Debit Card Enrollment

H.9 Sample of Notices

– OTDA Notices

– SDU Letters

H.10 Voice Response System

– Script (English and Spanish)

– Telecommunications Specifications

H.11 Turnover

– Current Vendor Plan

– Fixed Assets Listing

– Software Inventory

H.12 Monthly Production Report 2012 & 2013

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APPENDIX I

DATA FILE/FREQUENCY

DATA FILE TYPE						FREQUENCY	PRINTED AND MAILED	RECEIVED AND MAILED
Disbursements:								
Check Production						Daily	X	
Check Issuance						Daily		
Check Register						Daily		
Cost of Living Adjustment Process (COLA):								
	Doc 1	File 1	Family Court Notice	1 pg.	Form 3b	Monthly	X	
				6 pgs.	Form 4	Monthly	X	
		File 2	SCU	1 pg.	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 2	File 1	Supreme Court Notice	1 pg	Form 3b	Monthly	X	
				6 pgs.	Form 5	Monthly	X	
		File 2	SCU	1 pg.	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	
DATA FILE 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	1 pg.	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	1 pg.	Form 3b	Monthly	X	
				6 pgs.	Form 5	Monthly	X	
		File 3	Client	2 pgs.	Form 3a	Monthly	X	

DATA FILE TYPE						FREQUENCY	PRINTED AND MAILED	RECEIVED AND MAILED
				6 pgs.	Form 5	Monthly	X	
		File 4	Respondent	2 pgs.	Form 3a	Monthly	X	
				6 pgs.	Form 5	Monthly	X	
	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	
	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	

DATA FILE TYPE			FREQUENCY	PRINTED AND MAILED	RECEIVED AND MAILED
Income Withholding Order:					
Respondent Income Withholding Order – Immediate RIMD	5 pgs.		Daily	X	
Respondent Income Withholding Order – Default RDEF	5 pgs.		Daily	X	
Employer Income Withholding Order – Immediate EIMD	4 pgs.		Daily	X	
Employer Income Withholding Order – Default EDEF	4 pgs.		Daily	X	
New York City Employer Income Withholding Order – Immediate CIMD	4 pgs.		Daily	X	
New York City Employer Income Withholding Order – Default CDEF	4 pgs.		Daily	X	
Termination of Income Withholding Order for Support Enforcement	4 pgs.		Daily	X	
Wage and Health Benefits Report WHBR	3 pgs.		Daily	X	
Address Information Request PCL	1 pg.		Daily	X	

DATA FILE TYPE			FREQUENCY	PRINTED AND MAILED	RECEIVED AND MAILED
Notice Regarding Referral of Your Case to the New York State Department of Taxation and Finance For Your Failure to Pay Child Support	3 pgs.		Monthly	X	
Employer Compliance Notice EMPCL	1 pg.		Daily	X	
DMV:					
Notice Regarding Your Driving Privileges and Your Failure to Pay Child Support DMV	4 pgs.		Weekly		X
Notice of First Failure to Comply with Payment Plan DMV	2 pgs.		Daily		X
Second Notice of Failure to Comply with Payment Plan DMV	2 pgs.		Daily		X
Parent Locator Search Results:	1 pg.		Weekly		X
Credit Reporting:					
Report to Consumer Reporting Agencies-NYC	2 pgs.		Monthly	X	
Report to Consumer Reporting Agencies-ROS	1 pg.		Monthly	X	
Respondent Bill-Weekly on New Accounts, then Monthly:					
Summary of Support Account – NYC	4 pgs.		Weekly/Monthly	X	
Summary of Support Account – ROS	2 pgs.		Weekly/Monthly	X	
Client Monthly Notice:					
Monthly Notice of Support Payments – NYC	4 pgs.		Monthly	X	
Monthly Notice of Support Payments – ROS	2 pgs.		Monthly	X	
Client Annual Notice:					
Annual Notice of Support Payments – NYC	4 pgs.		Annually	X	
Annual Notice of Support Payments – ROS	2 pgs.		Annually	X	
Locate Data Sheet	1 pg.		Weekly	X	

DATA FILE TYPE				FREQUENCY	PRINTED AND MAILED	RECEIVED AND MAILED
Client PIN Notice:						
	Child Support Information Line (CSIL) Important Notice – NYC	5 pgs.		Weekly	X	
	Child Support Information Line (CSIL) Important Notice – ROS	1 pg.		Weekly	X	
Respondent PIN Notice		1 pg.		Weekly	X	
Debit Card Pre-Enrollment Notice		4 pgs.		Weekly	X	
Tax Offset:						
	Tax Offset Special Notice – NYC	10 pgs.		Annually	X	
	Tax Offset Special Notice – ROS	6 pgs.		Annually	X	
Property Execution:						
	Restraining Notice	3 pgs.		Daily	X	
	Restraining Notice to Respondent - ROS	7 pgs.		Daily	X	
	Restraining Notice to Respondent - NYC	9 pgs.		Daily	X	
	Execution and Notice	4 pgs.		Daily	X	
	Execution and Notice – Respondent	4 pgs.		Daily	X	
	Notice to Vacate Restraining Notice or Execution	1 pg.		Daily	X	
	Notice to Vacate Restraining Notice or Execution – Respondent	2 pgs.		Daily	X	
Lien:						
	Notice of Intent to File Lien – Respondent – ROS	4 pgs.		Daily	X	
	Notice of Intent to File Lien – Respondent – NYC	6 pgs.		Daily	X	
	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	

DATA FILE TYPE				FREQUENCY	PRINTED AND MAILED	RECEIVED AND MAILED
Medical Execution:						
	National Medical Support Notice – MEDX – Employer	12 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	1 pg.		Daily	X	
	Termination of MEDX – Employer	1 pg.		Daily	X	
License Suspension Notice – Respondent		4 pgs.		Monthly	X	
Case Closure:						
	Contact Letter – Client	1 pg.		Monthly	X	
	Case Closure Notice – Client	1 pg.		Monthly	X	
	Case Closure Notice – Other State Agency	1 pg.		Monthly	X	
Continuation of IV-D Services when Public Assistances Closes:						
	Continuation of Child Support Services – Client – NYC	3 pgs.		Weekly	X	
	Continuation of Child Support Services – Client – ROS	1 pg.		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

J.2 Non-Collusive Bidding Certification

J.3 MacBride Fair Employment Principles

J.4 Procurement Lobbying Act Offerer's Certification and Affirmation of Understanding of and Agreement pursuant to State Finance Law §139-j and k PLA

J.5 Non-Construction For-Profit Vendor Responsibility Questionnaire

J.6 Disclosure of Prior Non-Responsibility Determinations

J.7 Contractor Certification to Covered Agency ST-220-CA

J.8 Contractor Certification ST-220-TD

J.9 MWBE/EEO Policy Statement

J.10 MWBE Subcontractor Utilization Plan

J.11 MWBE Subcontractors or Suppliers Letter of Intent to Participate

J.12 EEO Staffing Plan

J.13 MWBE Goal Requirement Certification of Good Faith Efforts

J.14 MWBE Request for Waiver Form (Not Required Unless Applying for Waiver)

J.15 Bidder Application Form

J.16 Subcontractor and Supplier Identification Form

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 System 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_____**, 20**___

_____

_ NOTARY PUBLIC

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

SECTION 1 39-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:

[l] 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_____, 20____as the act and deed of said corporation or partnership.

Exhibit 1: Non-Collusive Bidding Certification-3

Identifying Data

Potential Contractor:_____

Address:_____
Street

_____
City, Town, etc.

Telephone:_____ Title:_____

If applicable, Responsible Corporate Officer

Name:_____ Title:_____

Signature:_____

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

_____ _____
Legal name of person, firm or corporation Legal name of person, firm or corporation

By_____ Name_____
Name

_____ _____
Title Title

Address_____ Street_____
Street

_____ _____
City State City State

Form 3.a.: Non Discrimination in Employment in Northern Ireland

NONDISCRIMINATION IN EMPLOYMENT IN NORTHERN IRELAND: MACBRIDE FAIR EMPLOYMENT PRINCIPLES

In accordance with section l65 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

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

Offerer 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:

Offerer Certification:

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

_____

Authorized Signature

Non-Construction For-Profit Vendor Responsibility Questionnaire

The main webpage to access all of the information on OSC's website regarding the NYS Vendor Responsibility Questionnaires and the online system is available at: http://www.osc.state.ny.us/vendrep/index.htm. To complete the form manually, go to the link, select Vendor Responsibility Questionnaires then Non-Construction For-Profit Vendor Responsibility Questionnaire.

If you would like to complete the form using the NYS Office of the State Comptroller (OSC) online Vendor Responsibility system and have not previously used the online system, the checklist located at: http://www.osc.state.ny.us/vendrep/documents/system/checklist.pdf will provide you with all of the information needed to register and enter your online Non-Construction For-Profit Vendor Responsibility Questionnaire.

Disclosure of Prior Non-Responsibility Determinations

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?

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

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?

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: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(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.

Governmental Entity: _____

Date of Termination or Withholding of Contract: _____

Basis of Termination or Withholding: _____

_____

_____

_____

_____

_____

_____

_____

(Add additional pages as necessary)

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

By:_____ Date:

_____Signature

Name:_____

Title: _____

New York State Department of Taxation and Finance

Contractor Certification to Covered Agency

ST-220-CA

(12/11)

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

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

Contractor name				*For covered agency use only* *Contract number or description*
Contractor's principal place of business	City	State	ZIP code	
Contractor's mailing address *(if different than above)*				*Estimated contract value over the full term of contract (but not including renewals)* $
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			
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. 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.

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 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

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.
_____

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 Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

Need help?

Visit our Web site at ***www.tax.ny.gov***
- get information and manage your taxes online
- check for new online services and features

Telephone assistance

Sales Tax Information Center: (518) 485-2889

To order forms and publications: (518) 457-5431

Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): (518) 485-5082

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, call the information center.

New York State Department of Taxation and Finance

Contractor Certification

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

ST-220-TD

(12/11)

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 or state agency	Contract number or description	Estimated contract value over the full term of contract (but not including renewals) $	
Covered agency address		Covered agency telephone number	

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.

All sections must be completed including all fields on the top of this page, all sections on page 2, Schedule A on page 3, if applicable, and Individual, Corporation, Partnership, or LLC Acknowledgement on page 4. If you do not complete these areas, the form will be returned to you for completion.

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)*. See *Need help?* for more information on how to obtain this publication.

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
ALBANY NY 12227

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 Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

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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, call the information center.

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.

Complete Sections 1, 2, and 3 below. Make **only one** entry in each section.

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)*

Schedule A — Listing of each entity (contractor, affiliate, or subcontractor) exceeding $300,000 cumulative sales threshold

List the contractor, or affiliate, or subcontractor in Schedule A only if such entity exceeded the $300,000 cumulative sales threshold during the specified sales tax quarters. See directions below. For more information, see Publication 223.

A Relationship to Contractor	B Name	C Address	D Federal ID Number	E Sales Tax ID Number	F Registration in progress

Column A – Enter ***C*** in column A if the contractor; ***A*** if an affiliate of the contractor; or ***S*** if a subcontractor.

Column B – Name - If the entity is a corporation or limited liability company, enter the exact legal name as registered with the NY Department of State, if applicable. If the entity is a partnership or sole proprietor, enter the name of the partnership and each partner's given name, or the given name(s) of the owner(s), as applicable. If the entity has a different DBA (doing business as) name, enter that name as well.

Column C – Address - Enter the street address of the entity's principal place of business. Do not enter a PO box.

Column D – ID number - Enter the federal employer identification number (EIN) assigned to the entity. If the entity is an individual, enter the social security number of that person.

Column E – Sales tax ID number - Enter only if different from federal EIN in column D.

Column F – If applicable, enter an X if the entity has submitted Form DTF-17 to the Tax Department but has not received its certificate of authority as of the date of this certification.

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. _____

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

M/WBE AND EEO POLICY STATEMENT

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

_____

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

M/WBE

(1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.

(2) Request a list of State-certified M/WBEs from NYS-OTDA and solicit bids from them directly.

(3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.

(4) Where feasible, divide the work into smaller portions to increase participation by M/WBEs and encourage the formation of joint ventures and other partnerships among M/WBE contractors to encourage their participation.

(5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. The Contractor will also maintain, or, where appropriate, require its subcontractors to maintain and submit, as required by OTDA, records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.

(6) Ensure that project payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and/or other credit requirements may, in the sole discretion of OTDA, be waived and/or appropriate alternatives are developed to encourage M/WBE participation.

(7) This organization will include the provisions of sections (1) through (6) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

EEO

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

(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status,

(c) At the request of the contracting agency, this organization shall request that each employment agency, labor union, or authorized representative will not discriminate on the basis of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status, and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.

(d) This organization will include the provisions of sections (a) through (c) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

Agreed to this_____ day of_____, 2_____

By _____

Print:_____Title: _____

Minority/ Women Business Enterprise Liaison

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

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

_____
(Authorized Representative)

Title: _____

Date: _____

Contact:

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

OTDA - 4937 ELW (Rev. 7/13)

M/WBE SUBCONTRACTOR UTILIZATION PLAN

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

Offeror's Name:

Address:

City, State, Zip Code:

Region/Location of Work:

Federal Identification Number:

Solicitation Number:

Telephone Number:

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

1. Certified M/WBE Subcontractors/Suppliers Business Name, Address, Email Address, Telephone No.		2. Classification	3. Federal ID No.	4. Ethnicity Group. (See Below)	5. Dollar Value of Subcontracts /Supplies/Services and intended performance dates of each component of the contract.
A.	Primary Sub Contractor Owner's Name	NYS ESD CERTIFIED ☐ MBE ☐ WBE			
B.	Primary Sub Contractor Owner's Name	NYS ESD CERTIFIED ☐ MBE ☐ WBE			

PREPARED and APPROVED BY:
NAME AND TITLE OF PREPARER (Print or Type):

Signature: _____
Authorized Signature

DATE:

TELEPHONE NO:

EMAIL ADDRESS:

SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION.

FOR AGENCY USE ONLY

REVIEWED BY:	DATE:

UTILIZATION PLAN APPROVED: ☐ YES ☐ NO Date:

Contract No:

Contract Award Date:

Estimated Date of Completion:

Amount Obligated Under the Contract:

NOTICE OF DEFICIENCY ISSUED: ☐ YES ☐ NO
Date:_____

NOTICE OF ACCEPTANCE ISSUED: ☐ YES ☐ NO
Date:_____

ETHNICITY MINORITY GROUP DEFINITION

Black
Persons having origins from any of the Black African racial groups.

Hispanic
Persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of Either Indian or Hispanic origin, regardless of race.

Asian-Pacific
Persons having origins from the Far East, Southeast Asia or the Pacific Islands.

Asian-Indian Subcontinent
Persons having origins from the Indian subcontinent.

Native American
Persons having origins in any of the original peoples of North America

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

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

Proposal / Contract number: _____

Contract Scope of Work: _____

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

_____

_____

At the following price: $ _____

Name of MWBE: _____

Address: _____

Federal ID Number: _____

Telephone Number: _____

Ethnicity (see page 2 for definition) _____

Gender (Male or Female): _____

Designation:

☐ MBE - Subcontractor	Joint venture with:
☐ WBE – Subcontractor	Name:
	Address
☐ MBE – Supplier	Fed ID Number: _____
☐ WBE - Supplier	MBE ☐
	WBE ☐

Are you a New York State Certified M/WBE?	☐ Yes	☐ No

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

Date Proposal/ Contract to be started: _____

Date Proposal/ Contract to be completed: _____

Date Supplies ordered: _____

Delivery date: _____

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

Date: _____

Signature of M/WBE Contractor: _____

Printed/Typed Name of M/WBE Contractor: _____

INSTRUCTIONS FOR M/WBE SUBCONTRACTORS AND SUPPLIERS' LETTER

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

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

ETHNICITY MINORITY GROUP DEFINITION

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

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

OTDA – 4934.1 ELW (Rev. 7/13)

EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

Submit with Bid or Proposal – Instructions on page 2

Solicitation/Program Name:	**Report includes:** □ Work force to be utilized on this contract □ Contractor/Subcontractor's total work force
Offeror's Name:	**Reporting Entity:** □ Contractor □ Subcontractor **Subcontractor's name**_____
Offeror's Address:	

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

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

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

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

Instructions for completing:

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

RACE/ETHNIC IDENTIFICATION

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

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

OTHER CATEGORIES

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

M/WBE GOAL REQUIREMENTS
CERTIFICATION OF GOOD FAITH EFFORTS

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

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

(a) The Contractor attended any pre-bid, pre-award, or other meetings scheduled by the contracting agency or the NYS Department of Economic Development or its designee to inform certified minority- or women-owned business enterprises of contracting and subcontracting opportunities available on the project, for purposes of complying with contract participation goal requirements;

(b) The Contractor identified economically feasible units of the project that could be contracted or subcontracted to certified minority- and women-owned business enterprises in order to increase the likelihood of participation by such enterprises on the contract;

(c) The Contractor undertook efforts to reasonably structure the contract scope of work for purposes of subcontracting with certified minority- and- women-owned business enterprises;

(d) The Contractor advertised in a timely fashion and in appropriate general circulation, trade and minority- and women-oriented publications, if any, concerning the contracting or subcontracting opportunity;

(e) The Contractor made written solicitations in a timely fashion to a reasonable number of certified minority- and women- owned business enterprises identified from current certified lists of such business enterprises provided or maintained by the NYS Empire State Development's Division of Minority and Women Owned Business Development, or its designee, of the contracting or subcontracting opportunity. The directory of certified businesses can be viewed at: http://esd.ny.gov/index.html

(f) The Contractor can document if any timely responses to any such advertisements and solicitations were provided by certified minority- and women-owned business enterprises;

(g) The Contractor followed-up initial solicitations by contacting the enterprises to determine whether the enterprises were interested in such contracting or subcontracting opportunity;

(h) The Contractor provided interested certified minority- and women-owned business enterprises in a timely fashion with adequate information about the plans, specifications or terms and conditions of the State contract and requirements for the contracting or subcontracting opportunity so as to prepare an informed response to a contractor solicitation;

(i) The Contractor submitted a completed, acceptable utilization plan in accordance with applicable requirements to meet goals for participation of certified minority-and women-owned business enterprises established in the State contract;

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

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

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

_____
Signature Date

_____
Print Name

_____
Title

_____
Company

_____
Contract Number

_____
Program/Solicitation Name

OTDA - 4969 ELW (Rev. 7/13)

MWBE SUBCONTRACTOR REQUEST FOR WAIVER FORM

INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.

Offeror/Contractor Name:	**Federal Identification No.:**
Address:	**Solicitation/Contract N o.:**
City, State, Zip Code:	**M/WBE Goals: MBE % WBE %**

By submitting this form and the required information, the offeror/contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract.

Contractor is requesting a:

1. ☐ **MBE Waiver – A waiver of the MBE Goal for this procurement is requested.** ☐ **Total** ☐ **Partial**
2. ☐ **WBE Waiver – A waiver of the WBE Goal for this procurement is requested.** ☐ **Total** ☐ **Partial**
3. ☐ **Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.) Date of such filing with Empire State Development:_____**

PREPARED BY (Signature): **SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.**	**Date:**	
Name and Title of Preparer (Printed or Typed):	**Telephone Number:**	**Email Address:**

Submit with the bid or proposal or if submitting after award, form must be submitted to the OTDA program manager. For questions regarding the form.

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

********** **FOR AGENCY USE ONLY** **********

REVIEWED BY:	**DATE:**

Waiver Granted: ☐ **YES** **MBE:** ☐ **WBE:** ☐

☐ **Total Waiver** ☐ **Partial Waiver**
☐ **ESD Certification Waiver** ☐ ***Conditional**
☐ **Notice of Deficiency Issued** _____

***Comments:**

REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

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

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

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

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, the New York State Contract Reporter at www.nyscr.com or the NYS Department of State, the State Register at 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, r**ead 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. Empire State Development Corporation, Division of Minority and Woman's Business Development. Certification information is available by contacting the Empire State Development Corporation, 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 Empire State Development Corporation as meeting the criteria for a Minority or Women Owned Business. Contact the Empire State Development Corporation, 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
One Commerce Plaza, 99 Washington Ave.
Albany, NY 12231
www.dos.state.ny.us

RETURN THE COMPLETED FORM TO:
NYS Office of Temporary and Disability Assistance Attention:
Ms. Masillay Kamara
40 North Pearl Street, Section 12D Albany, NY 12243
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

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

☐ EDPT Electronic Data Processing-Training Services

☐ EDPW Electronic Data Processing-Software Support & Services

Other Services (Legal, Public Information, Specialized Administrative, Employment, etc.)

☐ ADVL Advocacy – Legal

☐ FP Finger Imaging Technology

☐ PEDC Public Education Campaign Services

☐ PRIS Private Investigator Services

☐ WPS Stenographic/Transcription/Word Processing Services

☐ ADVD Disability Advocacy

☐ LEG Legal Counsel and Representative Services

☐ PROM Advertising Services

☐ TRAN Translation Services

☐ EMPS Employment Services

SUBCONTRACTOR AND SUPPLIER IDENTIFICATION FORM

INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract . This identification form must contain a detailed description of the supplies and/or services to be provided by each subcontractor or supplier under the contract. Offerors must indicate by checking the box(es) below which business designation(s) each listed Subcontractor/Supplier meets. Attach additional sheets if necessary.

Offeror's Name:

Address:

City, State, Zip Code:

Region/Location of Work:

Federal Identification Number:

Telephone Number:

Email:

Will New York State businesses be used in the performance of this contract? ☐ YES ☐ NO

1. Subcontractors/Suppliers Business Name, Address, Email Address, Telephone No.	2. Service/Product Provided	3. Federal ID No.	4. BusinessDesignation Check all that apply	5. Dollar Value of Subcontracts/Supplies/Services over the term of the contract.
A.			☐ MBE ☐ WBE ☐ NYS Business** ☐ NYS Small Business**	
B.			☐ MBE ☐ WBE ☐ NYS Business** ☐ NYS Small Business**	
C.			☐ MBE ☐ WBE ☐ NYS Business** ☐ NYS Small Business**	
D.			☐ MBE ☐ WBE ☐ NYS Business** ☐ NYS Small Business**	
E.			☐ MBE ☐ WBE ☐ NYS Business** ☐ NYS Small Business**	

Please Identify **ALL** subcontracting and supplier purchasing opportunities.
NOTE: Any Subcontractor or Supplier purchases in excess of $100,000 must comply with NYS Vendor Responsibility Requirements.

**New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the state and the nation. In recognition of their economic activity and leadership in doing business in New York State, bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles.

Bidders/proposers need to be aware that all authorized users of this contract will be strongly encouraged, to the maximum extent practical and consistent with legal requirements, to use responsible and responsive New York State businesses in purchasing commodities that are of equal quality and functionality and in utilizing services and technology. Furthermore, bidders/proposers are reminded that they must continue to utilize small, minority and women-owned businesses, consistent with current State law.

Utilizing New York State businesses in State contracts will help create more private sector jobs, rebuild New York's infrastructure, and maximize economic activity to the mutual benefit of the contractor and its New York State business partners. New York State businesses will promote the contractor's optimal performance under the contract, thereby fully benefiting the public sector programs that are supported by associated procurements.

Public Procurements can drive and improve the State's economic engine through promotion of the use of New York businesses by its contractors. The State therefore expects bidders/proposers to provide maximum assistance to New York businesses in their use of the contract. The Potential participation by all kinds of New York businesses will deliver great value to the State and its taxpayers.

NAME AND TITLE OF PREPARER (Print or Type):

Signature:
Authorized Signature
-

Date:

Telephone Number:

EMAIL Address:

APPENDIX K

KEY STAFF DESCRIPTION

Below is a summary of eight (8) key staff 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
- 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 as a Project Director supporting:

K.1.3.1 Data Center Management;
K.1.3.2 Child Support Payment Processing;
K.1.3.3 Call Center Management;
K.1.3.4 Other Payment Processing; and/or
K.1.3.5 Other Transaction Processing.

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 as a Deputy Project Director (or Project Director) supporting:

K.2.3.1 Data Center Management;
K.2.3.2 Child Support Payment Processing;
K.2.3.3 Call Center Management;
K.2.3.4 Other Payment Processing; and/or
K.2.3.5 Other Transaction Processing.

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 as a Systems Manager supporting:

K.3.3.1 Data Center Management;
K.3.3.2 Child Support Payment Processing;
K.3.3.3 Call Center Management;
K.3.3.4 Other Payment Processing; and/or
K.3.3.5 Other Transaction Processing.

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, to conversion of payments to electronic submission, 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 as a Payment Processing Manager supporting:

K.4.3.1 Child Support Payment Processing;
K.4.3.2 Other Payment Processing;

K.5 **Disbursement Processing Manager**

K.5.1 Primary Objective: Responsible for the Disbursements operation, both checks and electronic, and for the following other operation:

- Notice Processing

This entails responsibility from receipt of data files 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 as a Disbursement Processing Manager supporting:

K.5.3.1 Data Center Management;
K.5.3.2 Child Support Payment Processing;
K.5.3.3 Call Center Management;
K.5.3.4 Other Payment Processing; and/or
K.5.3.5 Other Transaction Processing.

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 as a Data Capture Manager supporting:

K.6.3.1 Data Center Management;
K.6.3.2 Child Support Payment Processing;
K.6.3.3 Call Center Management;
K.6.3.4 Other Payment Processing; and/or
K.6.3.5 Other Transaction Processing.

K.7 **Customer Service Manager**

K.7.1 Primary Objective: Responsible for the Customer Service Operations.

K.7.2 Nature of Responsibilities: Supervises the day-to-day customer service functions to ensure that the milestones, deliverables, and performance standards are met.

K.7.3 Job Qualifications: Three (3) years' experience as a Customer Service Manager supporting:

K.7.3.1 Call Center Management.

INTENTIONALLY LEFT BLANK

APPENDIX L

Information Technology Details

L.1 Programmatic Access to OTDA Child Support Systems - Real-time access to functionality within OTDA Child Support systems which support tasks identified in Sections 4 and 5 of this RFP will be achieved using "SOAP over HTTPS" Web Service interfaces with system of record data stores. These web service interfaces will provide trusted external vendor systems with access to internal NYS OTDA business applications as well as providing real-time update capability.

L.1.1 The web services can be called from a variety of "off-the-shelf" and custom applications such as Siebel CRM, IDC, web applications built on Java, .NET, C etc.

L.1.2 Service Consumers, such as the Child Support Processing Center, are considered federated (trusted) external systems and are required to consume these services as per the following NYS ITS-OTDA B2B security policies:

L.1.2.1 Transport Protocol: HTTPS (Round trip)

L.1.2.2 Message Protocol: SOAP 1.1

L.1.2.3 Multi-Level Security Model: Requires service level authentication and authorization in addition to other service specific security measures.

L.1.2.4 Identity Management: SAML

L.1.2.5 Audit Requirement: Audit all security events at both Service Consumer and Service Provider's endpoints.

L.2 NYS ITS-OTDA Application Deployment Mode - The following environments support the ITS-OTDA Systems development Lifecycle (SDLC). The web services are promoted to and remain in each environment correlating to their status within the SDLC:

L.2.1 System Integration (SIT) - This environment is used by ITS-OTDA application development teams to perform construction and initial testing of the web service. This environment will have a high churn.

L.2.2 User Acceptance Test (UAT) - A wide range of audiences (Business analysts, Program executives) can use this environment to exercise all the functional use cases. This environment is used for functional testing and sign-off. Web services that exist in this environment are considered stable candidate release artifacts pending the outcome of functional testing.

L.2.3 Pseudo - This environment is primarily used by NYS-ITS for performance benchmarking and capacity planning.

L.2.4 Training - This environment is primarily used for training end users on existing and new application features.

L.2.5 Production - This is the production environment.

L.3 Technologies for Communicating with the Child Support System - The State's Child Support System is essentially comprised of 2 components; the Child Support Management System (CSMS), and the Automated State Support Enforcement Tracking System (ASSETS).

L.3.1 CSMS is a COBOL-85 real-time and batch system on a Unisys mainframe.

L.3.1.1 Systems interface with CSMS for batch information update/processing will be accomplished using secure file transfer (SFTP/FTPS).

L.3.2 ASSETS is an intranet web-based open-source Java application which utilizes Oracle as a back-end database.

L.3.2.1 Systems interface with ASSETS for real-time data retrieval and updates will be accomplished via web services. ASSETS Web Services and correlating data elements anticipated as of this time are described in L4 and L5.

L.3.3 As process improvements or new functionality is developed where batch processes are replaced with real-time processing (update and/or retrieval), NYS will provide the application programming interface (API) that will be used.

L.3.4 **Any non-programmatic interface (e.g. "screen-scraping" or "report scraping") with any system cannot be used**

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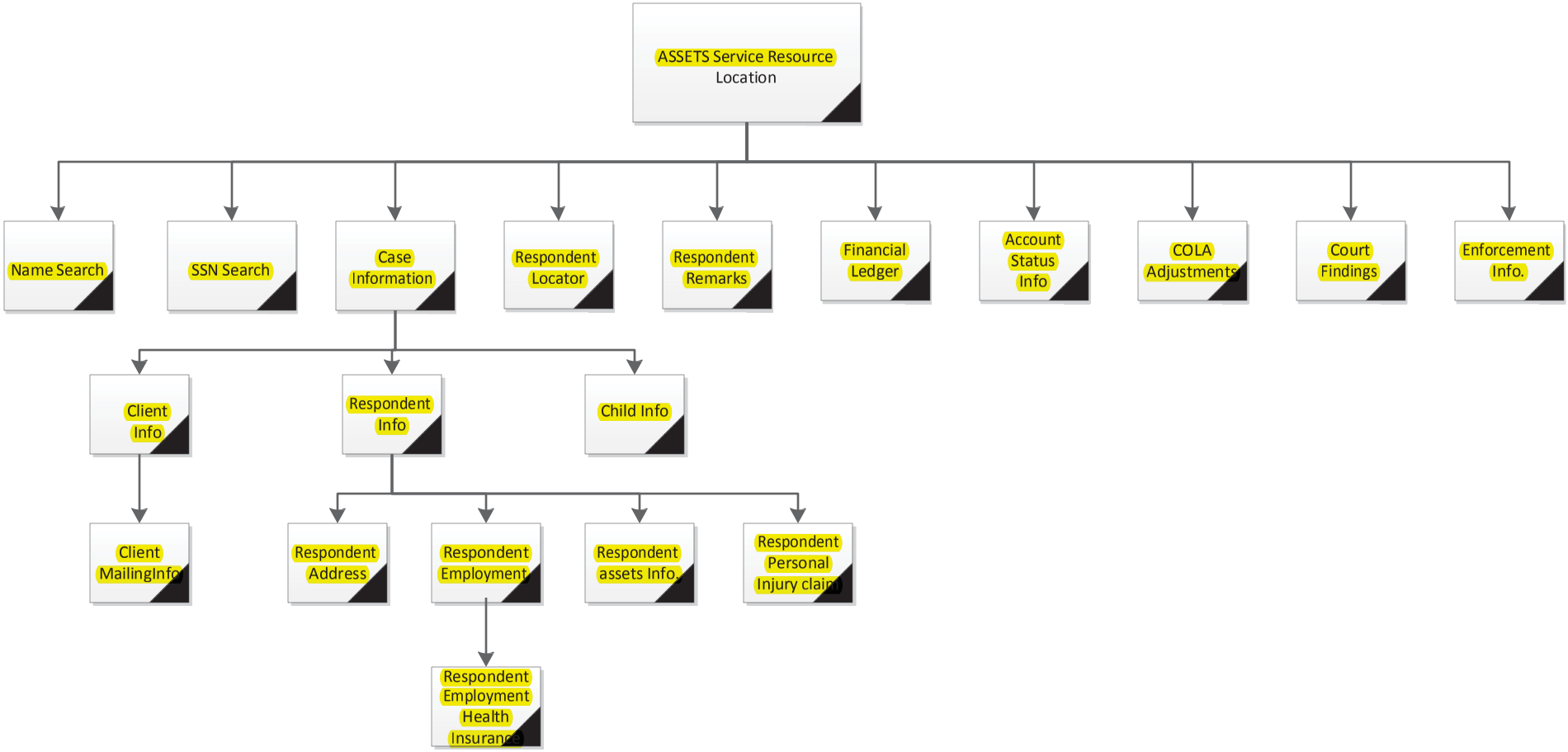
L.4 ASSETS Web Services - As of this time, the following ASSETS Web Services are anticipated:



L.5 ASSETS Web Services Data Elements - As of this time, the following data elements correlating to ASSETS Web Services are anticipated:

Web Service Name	Data Elements - Draft
Name Search	Statewide Search Indicator Case ID District/County Code County Case ID Case Indicator Respondent SSN Respondent Name Respondent Date of Birth Client SSN Client Name Client Date of Birth
SSN Search	Statewide Search Indicator Client/Resp Identifier Case ID District/County Code County Case ID Case Indicator Respondent SSN Respondent Alternate SSN Respondent Name Respondent Date of Birth Client SSN Client Alternate SSN Client Name Client Date of Birth
Respondent Info	Respondent ID Respondent Name Respondent SSN Respondent Date of Birth Respondent Sex Respondent Ethnicity Respondent Phone
Respondent Address	Respondent Care of Name Respondent Street Respondent City Respondent State Respondent Zip

Web Service Name	Data Elements - Draft
Respondent Address (continued)	Respondent Address Verification Indicator Respondent Address Source Code
Respondent Employment Health Insurance	Case ID District/County Code User ID Employer No. Employer Carrier Claims Address Claims City Claims State Claims Zip Federal Employer ID No. NYS Insurance Code Policy ID Group No. Employer Medical Indicator Employer Medical Indicator date Employer Medical date changed Insurance Coverage effective date Insurance Coverage wait expiration date Coverage type (Multiple Occurrence) Coverage Description (Multiple Occurrence) Contact Name Contact Phone Contact Phone extension Employer Premium Amount Employer Premium Amount Frequency Individual Premium Amount Individual Premium Amount Frequency Individual Annual Deductible Amount Family Premium Amount Family Premium Amount Frequency Family Annual Deductible Amount Single Plus 1 Premium Amount Single Plus 1 Premium Amount Frequency Single Plus 1 Annual Deductible Amount
Respondent Employment	Employer No Self Employed Ind. Employer Name Care of Street

Web Service Name	Data Elements - Draft
Respondent Employment (continued)	City State Zip Respondent known to this employer as Federal Employer ID No. Phone No. Phone No. Ext. E-mail Employer Code Date Added Date Changed Occupation Worker Comp Claim No. Verification Indicator Indicator Date Source Code FPLS Exception Code Income Withholding order Indicator Income Withholding order date Employer medical indicator Employer medical indicator date Wage Info - Date (Multiple Occurrence) Wage Info - Amount (Multiple Occurrence) Health Insurance Carriers (Multiple Occurrence)
Client Info	Client Name Client Birth Date Client Gender Client Ethnicity Client SSN Client Alt SSN/ITIN Client Home Phone Client Cell Phone Client Work Phone Ext. Client E-mail CIN Application Date Authorized From Authorized To Status Effective Date Net - PA - Payments From Net - PA - Payments To Net - PA - Payments Amount Total Repaid By IV-D

Web Service Name	Data Elements - Draft
Client Info (continued)	Total IVD-Unreimbursed Assistance IVD Indicator Code PA/MA/FC Federal/State Charge Individual Categorical Code Juvenile Delinquency/PINS Client Fee Ind IVA Worker PA/MA/FC IVA Resp Unit PA/MA/FC Health Exchange CIN Public Assistance - CAN Public Assistance - Suffix Public Assistance - Status Public Assistance - Type Public Assistance - Type description Medical Assistance - CAN Medical Assistance- Suffix Medical Assistance - Status Medical Assistance - Type Medical Assistance- Type description Foster Care - CAN Foster Care - Suffix Foster Care - Status Foster Care - Type Foster Care - Type description
Client Mailing info.	Mailing/Residential Indicator Care of Name Street City State Zip
Child Info	Child No. Child Name Child SSN Child Ethnicity Child Gender Domestic Violence Indicator Multiple Respondent Indicator Birth Date Child Age Birth City Birth State Birth County

Web Service Name	Data Elements - Draft
Child Info (continued)	Case ID Date Added Date Changed Paternity Est. Date Wedlock Ind. Federal Case Registry Disability Ind. State of Residence Health Exchange CIN Medical Insurance Ind. Third Party Health Insurance Third Party Insurance Change Date CIN Relationship to Client Juvenile Delinquency/PINS Federal/State Charge Individual Categorical Code Service Category Code Public Assistance - CAN Public Assistance - Suffix Public Assistance - Status Public Assistance - Type Public Assistance - Type description Medical Assistance - CAN Medical Assistance- Suffix Medical Assistance - Status Medical Assistance - Type Medical Assistance- Type description Foster Care - CAN Foster Care - Suffix Foster Care - Status Foster Care - Type Foster Care - Type description
Respondent assets information	Asset Record Number Asset Name Care Of Street City State Zip Asset TIN Source Code Match Date

Web Service Name	Data Elements - Draft
Respondent assets information (continued)	Date Added Date Modified Asset Type Code (Multiple Occurrence) Asset Type Desc (Multiple Occurrence) Account Balance (Multiple Occurrence)
Respondent Personal injury claim	Claim No. Asset Holder Name Care Of Street City State Zip PIC Case ID PIC Claim No. Judgment Due PIC Past Due Arrears Due PIC Form Recovered Amount PIC Court SSN Reported Date Added Claim Type PIC Code PIC Code Date Date Changed Notice Date Lien Date
Respondent Remarks	User ID Remark Date Respondent Remark (multiple Occurrence)
COLA Adjustments	Review & Adjustment Indicator Review & Adjustment Date COLA Request Indicator COLA Request Date COLA Percent COLA Notice Date COLA Amount Adj Order Date Adj Order Amount Adj Order Effective Date

Web Service Name	Data Elements - Draft
COLA Adjustments (continued)	Adj Order Frequency Adj Order Objection Date Supreme Court Indicator Court County Number CEJ State
Account Status	Transaction Code Transaction Type Ledger Transaction Date From Changed To Ref1 Ref2 Purged Data
Court Findings	**TBD**
Respondent Locator	**TBD**
Financial Ledger	**TBD**
Enforcement Information	**TBD**

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APPENDIX M

ACCEPTABLE PAYEE LIST

The Contractor must verify that all payments are made payable to one of the following acceptable payees:

- **New York State Child Support Processing Center**
- **NYS Child Support Processing Center**
- **NYS Processing Center**
- **NYS Child Support**
- **State of NY Child Support**
- **NYSCSPC**
- **NYS SDU**
- **NYS SCU**
- **NYS Child Support case number (e.g., NN00111B1)**
- **(local district name) SDU (e.g., Dutchess SDU)**
- **(local district name) SCU (e.g., Dutchess SDU)**
- **(local district name) Support Collection Unit, e.g., Dutchess County Support Collection Unit**
- **Support Collection Unit**
- **SCU**
- **SDU**
- **(local district name) Child Support Enforcement Unit (e.g., Dutchess County Child Support Enforcement Unit)**
- **(local district name) CSEU (e.g., Dutchess CSEU)**
- **Child Support Enforcement Unit**
- **CSEU**
- **Client name/SCU**
- **Client name/CSEU**
- **Client name/Department of Social Services**
- **Client name/DSS**
- **Client name/(local district name) Department of Social Services or DSS**
- **(one of the five boroughs for New York City) Family Court (e.g., Bronx Family Court)**

The following **ACCEPTABLE PAYEES** will be accepted with either a NYS Child Support case number or wording such as "child support payment" on the payment instrument itself or on other documentation received with the payment.

- **Court docket number (e.g., F00434-13)**
- **Child Support or Support**
- **Child's name**
- **Client name**
- **CCED (Collections and Civil Enforcement Division)**
- **Commissioner of Tax and Finance**
- **Department of Taxation and Finance**
- **DSS**
- **Department of Social Services**
- **(Local district name) Department of Social Services or DSS**
- **NYS Tax Commissioner**

- **Family Court**
- **Human Resources Administration**
- **HRA**
- **Local District name (e.g., Dutchess or Dutchess Co. or Dutchess County)**
- **NYC Corporation Counsel**
- **NY County Law Department**
- **NYC Law Department**
- **NYC Law Dept.**
- **NYC Law Dept. Child Support**
- **New York Co. Law Department**
- **OTDA**

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Appendix N

Federally Required Statutory References for State Contracts Funded Under Title IV-D of the SSA

All contracts awarded by a recipient, including small purchases, shall contain the following provisions as applicable where the cost of the contract is treated as a direct cost of an award:

1. *Equal Employment Opportunity*— All contracts shall contain a provision requiring compliance with E.O. 11246, "Equal Employment Opportunity," as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

2. *Copeland "Anti-Kickback" Act (18 U.S.C. 874 and 40 U.S.C. 276c)*— All contracts and subgrants in excess of $2,000 for construction or repair awarded by recipients and subrecipients shall include a provision for compliance with the Copeland "Anti-Kickback" Act, 18 U.S.C. 874, as supplemented by Department of Labor regulations, 29 CFR part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States." The Act provides that each contractor or subrecipient shall be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he is otherwise entitled. The recipient shall report all suspected or reported violations to the Federal awarding agency.

3. *Davis-Bacon Act, as amended (40 U.S.C. 276a to a-7)*— When required by Federal program legislation, all construction contracts awarded by the recipients and subrecipients of more than $2000 shall include a provision for compliance with the Davis-Bacon Act, 40 U.S.C. 276a to a-7, and as supplemented by Department of Labor regulations, 29 CFR part 5, "Labor Standards Provisions Applicable to Contracts Governing Federally Financed and Assisted Construction." Under this Act, contractors shall be required to pay wages to laborers and mechanics at a rate not less than the minimum wages specified in a wage determination made by the Secretary of Labor. In addition, contractors shall be required to pay wages not less than once a week. The recipient shall place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation and the award of a contract shall be conditioned upon the acceptance of the wage determination. The recipient shall report all suspected or reported violations to the HHS awarding agency.

4. *Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333)*— Where applicable, all contracts awarded by recipients in excess of $100,000 for construction contracts and for other contracts that involve the employment of mechanics or laborers shall include a provision for compliance with sections 102 and 107 of the Contract Work Hours and Safety Standards Act, 40 U.S.C. 327-333, as supplemented by Department of Labor regulations, 29 CFR part 5. Under section 102 of the Act, each contractor shall be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than 1½ times the basic rate of pay for all hours worked in excess of 40 hours in the work week. Section 107 of the Act is applicable to construction work and provides that no laborer or mechanic shall be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

5. *Rights to Inventions Made Under a Contract or Agreement*— Contracts or agreements for the performance of experimental, developmental, or research work shall provide for the rights of the Federal Government and the recipient in any resulting invention in accordance with 37 CFR part 401, "Rights to

Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any further implementing regulations issued by HHS.

6. *Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.)*— Contracts and subgrants of amounts in excess of $100,000 shall contain a provision that requires the recipient to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, 42 U.S.C. 7401 *et seq.,* and the Federal Water Pollution Control Act, as amended 33 U.S.C. 1251 *et seq.* Violations shall be reported to the HHS and the appropriate Regional Office of the Environmental Protection Agency.

7. *Byrd Anti-Lobbying Amendment (31 U.S.C. 1352)*— Contractors who apply or bid for an award of more than $100,000 shall file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any Federal agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the recipient. (See also 45 CFR part 93).

8. *Debarment and Suspension (E.O.s 12549 and 12689)*— Certain contracts shall not be made to parties listed on the nonprocurement portion of the General Services Administration's "Lists of Parties Excluded from Federal Procurement or Nonprocurement Programs" in accordance with E.O.s 12549 and 12689, "Debarment and Suspension." (See 45 CFR part 76.) This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory authority other than E.O. 12549. Contractors with awards that exceed the simplified acquisition threshold shall provide the required certification regarding their exclusion status and that of their principals prior to award.

[59 FR 43760, Aug. 25, 1994, as amended at 61 FR 11747, Mar. 22, 1996; 62 FR 41878, Aug. 4, 1997]

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APPENDIX Z

Minority and Women-Owned Business Enterprise (MWBE) and Equal Employment Opportunity (EEO) Participation Requirements For All NYS Office of Temporary and Disability Assistance Contracts and Grants

Authority: Article 15-A of the Executive Law, 5 NYCRR parts 140-144, Appendix A: Standard Clauses for All New York State Contracts and requirements of any federal law concerning opportunities for minority and women-owned business enterprises which effectuate the purposes of Article 15-A.

I. General Provisions

A. New York State Executive Law § 310–318, (Article 15-A: Participation by Minority Group Members and Women with Respect To State Contracts -- hereinafter "the Statute"), was enacted to promote equality of employment and economic opportunities for minority group members and women in State contracting activities. In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority and women-owned business enterprises in state procurement contracting versus the number of minority and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority and women-owned business enterprise program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that the New York State Office of Temporary and Disability Assistance (OTDA) establish goals for maximum feasible participation of New York State Certified minority and women – owned business enterprises ("MWBE") and the employment of minority group members and women in the performance of New York State contracts. OTDA fully supports the efforts of the State of New York to promote Equal Employment Opportunity (EEO) for all persons, and to promote equality of economic opportunity for minority group members and women who own business enterprises.

B. OTDA is required to implement the provisions of New York State Executive Law Article 15-A and 5 NYCRR Parts 142-144 ("MWBE Regulations") for all State contracts as defined therein, with a value (1) in excess of $25,000 for labor, services, equipment, materials, or any combination of the foregoing or (2) in excess of $100,000 for real property renovations and construction. Where deemed appropriate, OTDA will implement the provisions of New York State

Executive Law Article 15-A and the MWBE Regulations for all other OTDA contracts. These requirements include equal employment opportunities for minority group members and women ("EEO") and contracting opportunities for certified minority and women-owned business enterprises ("MWBEs"). Contractor's demonstration of "good faith efforts" pursuant to 5 NYCRR § 142.8 shall be a part of these requirements. These provisions shall be deemed supplementary to, and not in lieu of, the nondiscrimination provisions required by New York State Executive Law Article 15 (the "Human Rights Law") or other applicable federal, state or local laws. Contractors participating in and/or selected for procurement opportunities with OTDA shall fulfill their obligations to comply with applicable Federal, State and Local requirements concerning Equal Employment Opportunity and opportunities for MWBEs, including but not limited to the Statute and its implementing regulations as promulgated by New York State's Empire State Development (ESD) Division of Minority and Women's Business Development (DMWBD) and set forth at 5 NYCRR Parts 140-144).

C. Copies of the required OTDA Forms are identified in this Appendix and available on OTDA's Internet site at http://www.otda.ny.gov. The Contractor agrees to complete and submit these forms without change in response to goals specified in the RFP or contract. An electronic link to the current list of certified minority- and women-owned business enterprises also is available on OTDA's Internet site.

D. Failure to comply with all of the requirements herein may result in a finding of non-responsiveness, non-responsibility and/or breach of contract, leading to the withholding of funds or such other actions, liquidated damages pursuant to Section VII of this Appendix or enforcement proceedings allowed by the Contract.

E. Further information regarding Article 15-A of the New York State Executive Law and the New York State Minority and Women's Business Enterprise Program is available on the DMWBD Internet site at http://www.esd.ny.gov/ContactUs.asp

II. Contract Goals

A. For purposes of this procurement, the OTDA hereby establishes an overall goal of 30% for Minority and Women-Owned Business Enterprises ("MWBE") participation, [15]% for Minority-Owned Business Enterprises ("MBE") participation and [15]% for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs). Additionally, an overall goal of 10-20% is established for Equal Employment Opportunity ("EEO") participation.

B. For purposes of providing meaningful participation by MWBEs on the Contract and achieving the Contract Goals established in Section II-A hereof, Contractor

should reference the directory of New York State Certified MBWEs found at the following internet address: http://www.esd.ny.gov/ContactUs.asp

Additionally, Contractor is encouraged to contact the Division of Minority and Woman Business Development ((518) 292-5250; (212) 803-2414; or (716) 846-8200) to discuss additional methods of maximizing participation by MWBEs on the Contract.

C. Where MWBE goals have been established herein, pursuant to 5 NYCRR §142.8, Contractor must document "good faith efforts" to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract. In accordance with Executive Law Section 316-a of Article 15-A and 5 NYCRR §142.13, the Contractor acknowledges that if Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such a finding constitutes a breach of contract and the Contractor shall be liable to the OTDA for liquidated or other appropriate damages, as set forth herein.

D. As a condition of the Contract, the Contractor and OTDA agree to be bound by the provisions of §316 of Article 15-A of the New York State Executive Law regarding enforcement.

E. OTDA reserves the right to establish separate and different goals on any State Contract, as identified in the specified procurement. For guidance on what factors OTDA will consider in determining what goals are appropriate in relation to a specific State Contract, refer to 5 NYCRR § 142.2.

III. EEO Requirements

A. Contractor agrees to be bound by the provisions of Article 15-A and the MWBE Regulations promulgated by the DMWBD. If any of these terms or provisions conflict with applicable law or regulations, such laws and regulations shall supersede these requirements.

B. Contractor shall comply with the following provisions of Article 15-A:

1. Contractor and Subcontractors shall undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, EEO shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation.

2. The Contractor shall submit an EEO policy statement to the OTDA within seventy two (72) hours after the date of the notice by OTDA to award the Contract to the Contractor.

3. If Contractor or Subcontractor does not have an existing EEO policy statement, the OTDA may provide the Contractor or Subcontractor a model statement (see OTDA 4970 – Minority/Women Business Enterprise (MWBE)/Equal Employment Opportunity (EEO) Policy Statement).

4. The Contractor's EEO policy statement shall include the following language:

   a. The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force.

   b. The Contractor shall state in all solicitations or advertisements for employees that, in the performance of the 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.

   c. 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.

   d. The Contractor will include the provisions of Subdivisions (a) through (c) of this Subsection 4 which provides for relevant provisions of the Human Rights Law, in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the Contract.

C. OTDA Form 4934.1 Equal Employment Opportunity (EEO) Staffing Plan

To ensure compliance with this Section, the Contractor shall submit a staffing plan to document the composition of the proposed workforce to be utilized in the performance of the Contract by the specified categories listed, including ethnic background, gender, and Federal occupational categories. Contractors shall

complete the Staffing plan form and submit it as part of their bid or proposal or within a reasonable time, but no later than the time of award of the contract.

D. OTDA Form 4971 Equal Employment Opportunity (EEO) Workforce Employment Utilization/Compliance Report ("Workforce Report")

1. Once a contract has been awarded and during the term of the Contract, Contractor is responsible for updating and providing notice to the OTDA of any changes to the previously submitted Staffing Plan. This information is to be submitted on a quarterly basis during the term of the contract to report the actual workforce utilized in the performance of the contract by the specified categories listed including ethnic background, gender, and Federal occupational categories. The Workforce Report must be submitted to report this information.

2. Separate forms shall be completed by Contractor and any subcontractor performing work on the Contract.

3. In limited instances, Contractor may not be able to separate out the workforce utilized in the performance of the Contract from Contractor's and/or subcontractor's total workforce. When a separation can be made, Contractor shall submit the Workforce Report and indicate that the information provided related to the actual workforce utilized on the Contract. When the workforce to be utilized on the contract cannot be separated out from Contractor's and/or subcontractor's total workforce, Contractor shall submit the Workforce Report and indicate that the information provided is Contractor's total workforce during the subject time frame, not limited to work specifically under the contract.

4. In the case where the Contractor's and/or subcontractor's work force does not change within the quarterly period, the Contractor shall so notify OTDA in writing.

5. All forms and reports will be submitted to the OTDA program manager for this contract and forwarded to NYS OTDA, MWBE Program Management Unit, Harlem Center, 317 Lenox Avenue, NYC, NY 10027; (212) 961-8214; e-mail to: otda.sm.co.quarterly.compliance.eeo.staffing.reports@otda.ny.gov.

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

IV. MWBE Requirements

The Contractor acknowledges that it is the policy of the State of New York and of OTDA that MWBEs shall be given the opportunity for meaningful participation in the performance of State Contracts. Therefore, Contractors agree to make good faith efforts to solicit active participation to meet established goals under this procurement by MWBEs identified in the ESD directory of certified businesses[1], which can be viewed at: https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=4687

1. For the purposes of this Appendix Z, the question of whether a Contractor has engaged in and documented "Good Faith Efforts" to solicit active participation to meet established goals under this procurement by MWBEs in the performance of State Contracts shall be determined by the OTDA Commissioner or his/her designee, after a thorough consideration of the factors listed in 5 NYCRR § 142.8.

2. The separate MBE and WBE participation goals established by OTDA for this procurement are based on the overall availability of MWBEs that have been certified to perform the specific scope of work identified under this procurement. For compliance purposes, these goals should not be construed as rigid and inflexible quotas which must be met, but must be targets reasonably attainable by means of applying every good faith effort to make all aspects of the entire Minority and Women-owned Business Program work.

A. The Contractor represents and warrants that Contractor has submitted the following OTDA forms either prior to, or at the time of, the execution of the contract:

1. MWBE Utilization Plan (OTDA Form 4937)

a. Contractor agrees to use such MWBE Utilization Plan for the performance of MWBEs on the Contract pursuant to the prescribed MWBE goals set forth in Section II-A of this Appendix.

[1] All MWBE firms are required to be certified by Empire State Development (ESD) or must be in the process of obtaining certification from ESD. Should the Contractor identify a minority-owned or woman-owned firm that is not currently certified as an MWBE, the Contractor should request that the firm submit a certification application to ESD for an eligibility determination, with a copy to the OTDA MWBE Program Management Unit. OTDA's MWBE Program Management Unit will work with ESD to expedite the application; however, it is the responsibility of the Contractor to ensure that a sufficient number of certified MWBE firms have been identified in response to this procurement, in order to facilitate full MWBE participation.

b. If a Contractor seeks modification to its previously approved MWBE Subcontractor Utilization Plan, the Contractor shall first notify OTDA in writing of such change and obtain approval from OTDA.

c. Contractor further agrees that a failure to submit and/or use such MWBE Utilization Plan shall constitute a material breach of the terms of the Contract. Upon the occurrence of such a material breach, the OTDA shall be entitled to any remedy provided herein, including but not limited to, a finding of Contractor non-responsiveness.

2. Certification of Good Faith Efforts (OTDA Form 4976) to achieve the overall prescribed MWBE participation percentage (30%) goals set forth in the procurement.

3. A MWBE Subcontractor's and/or Suppliers' Letter of Intent to Participate (OTDA Form 4938), which should document the names and signatures of certified MBEs and/or WBEs which have agreed to participate as subcontractors on the Contract.

V. Waivers

A. For Waiver Requests Contractor should use OTDA Form 4969 Minority/Women Business Enterprise (MWBE) Subcontractor Request for Waiver Form.

B. If the Contractor, after making good faith efforts, is unable to comply with MWBE goals, the Contractor may submit a request for waiver form documenting good faith efforts by the Contractor to meet such goals. If the documentation included with the waiver request is complete, the OTDA shall evaluate the request and issue a written notice of acceptance or denial within twenty (20) days of receipt.

C. If the OTDA, upon review of the MWBE Utilization Plan and updated Quarterly MWBE Contractor Compliance Reports, determines that Contractor is failing or refusing to comply with the Contract goals and no waiver has been issued in regards to such non-compliance, the OTDA may issue a notice of deficiency to the Contractor. The Contractor must respond to the notice of deficiency within seven (7) business days of receipt. Such response may include a request for partial or total waiver of MWBE Contract Goals.

VI. Quarterly MWBE Contractor Compliance Reports

A. Contractor is required to submit the Minority/Women Business Enterprise (MWBE) Subcontractor Quarterly Compliance Report (OTDA Form 4968) to the OTDA by the 10th day following each end of quarter over the term of the

Contract documenting the progress made towards achievement of the MWBE goals of the Contract.

B. All reports will be submitted to the OTDA program manager for this contract and forwarded to NYS OTDA, MWBE Program Management Unit, Harlem Center, 317 Lenox Avenue, New York, NY 10027; (212) 961-8214; e-mail to: otda.sm.co.quarterly.compliance.eeo.staffing.reports@otda.ny.gov

C. Failure to timely submit a Contractor's MWBE Subcontractor Quarterly Compliance Report and/or other reports or information as requested by OTDA may result in payments under the contract being delayed until such reports or other information have been received by OTDA.[2] OTDA may also deem other noncompliance with requirements under the Statute as a breach of contract and commence any other means of enforcement permitted under the contract and/or by law.

VII. Liquidated Damages – MWBE Participation

A. Where OTDA determines that Contractor is not in compliance with the requirements of the Contract and Contractor refuses to comply with such requirements, or if Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals, Contractor shall be obligated to pay to the OTDA liquidated damages.

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

C. Determinations of compliance or non-compliance with the Contract's MWBE participation requirements shall be based upon the Contractor's Utilization Plan, MWBE Sub-Contractor Quarterly Reports, and any relevant documentation related thereto. The determination of what constitutes the willful and intentional failure to comply with the MWBE participation requirements will be based upon the evaluation of the same criteria considered in evaluating an MWBE subcontractor waiver request.

D. Upon a determination that a willful and intentional failure to comply with the MWBE participation requirements has occurred, the OTDA shall withhold the amount established in paragraph B from any future payments otherwise required by this Contract. All funds being withheld pursuant to this provision shall be offset as liquidated damages upon the expiration or termination of the contract, unless the Contractor comes into compliance with the MWBE

[2] Contractors may be requested to provide additional Compliance Reports and information (i) to verify payments made to MWBEs, (ii) to verify MWBE utilization and/or, (iii) as needed to evaluate any other aspect of Contractor compliance with the requirements set forth herein.

requirements at any time during the term of the Contract but prior to the submission of a request for final payment on the contract. All payments withheld pursuant to this provision shall be released upon OTDA's determination that the Contractor has come into compliance.

E. In the event a determination has been made which requires the payment of liquidated damages and such identified sums have not been withheld by the OTDA, Contractor shall pay such liquidated damages to the OTDA within sixty (60) days after they are assessed by the OTDA unless prior to the expiration of such sixtieth day, the Contractor has filed a complaint with the Director of the Division of Minority and Woman Business Development pursuant to Subdivision 8 of Section 313 of the Executive Law in which event the liquidated damages shall be payable if Director renders a decision in favor of the OTDA.

VIII. Sanctions

OTDA reserves the right to impose sanctions following a determination of non-compliance by a Contractor. Sanctions may be imposed upon the Contractor whenever EEO and/or MWBE program requirements have not been met in a timely and effective manner. Any/all of the following sanctions may be imposed:

- Disallowance of costs associated with such noncompliance;
- Initiation of procedures to suspend or terminate the grant or contract;
- Withholding of progress payments until such time as corrective actions have been undertaken by the Contractor to the satisfaction of OTDA;
- Deleting Contractor's name from bid lists for a specified period of time to be determined in the sole discretion of OTDA;
- Report Contractor as non-responsible to NYS OSC Vendor Responsibility System; and
- Other sanctions of which a Contractor has notice in writing prior to or during the performance of a contract.

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