

**NEW YORK STATE
DISCRETIONARY TARGETED ASSISTANCE GRANT (TAG) PROGRAM**

**MAKING A CONNECTION (MAC)
PROGRAM**

REQUEST FOR PROPOSALS

2014

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



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

BIDDERS' TELEPHONE CONFERENCE

Participation during the bidders' telephone conference is voluntary. BRIA staff will entertain questions about the RFP and its process during the teleconference. The following information is necessary to participate in the bidders' telephone conference:

Conference Call Date and Time	<ul style="list-style-type: none">• Monday, January 27, 2014• 11:00am to 12:30pm
Conference Call-In Number	1-866-394-2346
Conference Code	6518808230

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PART A - SUMMARY INFORMATION

I. INTRODUCTION

The New York State Office of Temporary and Disability Assistance (OTDA) Bureau of Refugee and Immigrant Assistance (BRIA) issues this Request for Proposals (RFP) to award two 60-month contracts to provide services for refugee youths and young adults ages 16-21 under the NYS Discretionary Targeted Assistance Grant (TAG) Program, *Making A Connection (MAC)*.

OTDA/BRIA anticipates distributing \$1,500,000 in Discretionary TAG funds for a sixty month contract term under this procurement. All program funds are federal funds and are subject to continued availability and State appropriation thereof. Use of these funds must relate to service provision to refugee youth and young adults ages 16-21, not enrolled in or graduated from secondary, technical or post secondary school. Other costs, such as construction and renovation costs, are not allowable under this program.

BRIA intends to award **two** contracts; one in two of the following eligible counties: Bronx, Kings, Queens, New York, Richmond, Erie, Monroe, Onondaga, Oneida, or Albany.

The deadline for receipt of proposals is February 19, 2014 @ 4:00 p.m. in the Albany Offices. See page 3 for additional information.

Eligible applicants must complete and submit all forms, narratives and relevant attachments required by this RFP (see "Application Submission Checklist" on page 80). Please pay particular attention to the Minority and Women-Owned Business Enterprise (M/WBE) participation requirements.

Only proposals submitted by Eligible Grant Applicants, as defined on page 6 of this RFP, will be accepted for review.

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

Prior to submitting an application in response to this RFP all not-for-profits are required to pre-qualify with the New York State Grants Gateway at <http://www.grantsreform.ny.gov/Grantees> .

Prequalification Requirement for Not-for profit Applicants

The State of New York has implemented a new statewide prequalification process designed to facilitate prompt contracting for not-for-profit vendors. Interested vendors are asked to submit commonly requested documents, and answer frequently asked questions once. The application requests organizational information about the vendor's capacity, legal compliance, and integrity. To learn more about prequalification, go to the Grants Reform website (<http://www.grantsreform.ny.gov/Grantees>) where you can preview the questions and required documents.

All not-for-profit vendors are required to prequalify prior to grant application.

Following is a summary of the steps that must be undertaken in order for you to prequalify.

- Go to the Grants Reform website (<http://www.grantsreform.ny.gov/Grantees>) and download a copy of the Registration Form. Please review the instructions for submission of this Form. The form must be signed and notarized by an authorized representative of your organization, and must be sent to the New York State Division of Budget as soon as possible in order to gain access to the Grants Gateway to enable prequalification.
- Upon submission of your Registration Form, you will be provided with a User ID allowing you to gain access to the Gateway. From there, please logon to the Gateway System https://grantsgateway.ny.gov/IntelliGrants_NYSGG/login2.aspx and begin your Prequalification Application.
- Vendors who already submitted registration materials to the Grants reform website and received their user credentials can begin to upload documents into the Document Vault and complete their online Prequalification Questionnaire.
- As you fill out the Prequalification Questionnaire, please refer to the Gateway Training Materials and resource links posted on the "grantees" section of the Grants Reform website to help you navigate the Prequalification Questionnaire. If you still have questions, simply contact your State agency program contact, or post your question to GrantsReform@Budget.ny.gov , and someone will get back to you quickly with a response.

Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this RFP bid competition.

If you have any questions about prequalification, please go to the Grants Reform website or contact your State agency representative.

II. PROCUREMENT SCHEDULE/SUBMISSION GUIDELINES

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

Release Date of the Request for Proposals.....	January 15, 2014
Bidder's Conference in Albany.....	January 27, 2014
Deadline for Written Questions.....	January 31, 2014
Response to Questions.....	February 7, 2014
Due Date and Time for Proposals.....	February 19, 2014 @ 4pm
Anticipated Notification of Award	March 19, 2014
Anticipated Contract Start Date.....	June 1, 2014

QUESTIONS AND ANSWERS REGARDING THIS RFP

Prospective applicants may submit questions via fax, email or written correspondence to the individual and address below. Questions must be submitted no later than 5pm on January 31, 2014.

Matthew Morris
New York State Office of Temporary and Disability Assistance
Bureau of Refugee and Immigrant Assistance
40 North Pearl Street, 10th Floor, Section C
Albany, New York 12243-0001
Phone: (518) 402-3405
Fax: (518) 402-3029
Email: matthew.morris@otda.ny.gov

OTDA/BRIA will respond in writing to questions by February 7, 2014. A written copy of the questions and answers will be either mailed or e-mailed to applicants who request one. Questions and answers also will be posted on the *Contracts and Grants* web page, located at <http://www.otda.ny.gov>.

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

PROPOSAL SUBMITTAL

One original and three copies or one original and three CDs (CDs must be labeled clearly with the agency name) of the entire application submission package (not stapled, bound or paper clipped) must be sent to the Bureau of Contract Management at the address below. All proposals ***must*** be received by mail, hand delivery, courier service, FEDEX or UPS delivery by 4:00 pm on February 19, 2014. Any proposal received after the deadline may be reviewed at the discretion of OTDA/BRIA. OTDA/BRIA will not accept faxed proposals, or proposals sent via electronic mail.

NYS OTDA
Bureau of Contract Management
Attn: Sal Pamadora
40 North Pearl Street 12th Floor, Section D
Albany, New York 12243-0001
Phone: (518) 486-6352 (For Delivery Questions Only)

III. FEDERAL AUTHORITY

The Office of Refugee Resettlement (ORR) is authorized to fund the Discretionary Targeted Assistance Grant (TAG) Program pursuant to §412(c)(2) of the Immigration and Nationality Act (INA), 8 U.S.C. §1522(c)(2).

Specifically, INA §412(c)(2) authorizes ORR to issue supplemental grants to States for services to refugees when States can demonstrate a specific need due to factors such as unusually large refugee populations due to secondary migration, high refugee concentrations, and high use of public assistance by refugees. Under §412(c)(2) of the INA, Discretionary TAG should primarily be used for the purpose of facilitating refugee employment and promoting the achievement of self-sufficiency. Additionally Discretionary TAG should be made available in a manner that does not supplant other refugee program funds and assures that not less than 95 percent of the amount of the grant is made available to the county or the other local entity.

The Discretionary TAG program is found under Catalog of Federal Domestic Assistance (CFDA), No. 93.576, of the Department of Health and Human Services (DHHS) program title, *Refugee and Entrant Assistance - State Administered Programs*.

More information can be found at the following websites:

<https://www.cfda.gov>

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

www.gpoaccess.gov/cfr/index.html

IV. PROGRAM DESCRIPTION

A. Purpose

The New York State (NYS) Office of Temporary & Disability Assistance (OTDA), Bureau of Refugee and Immigrant Assistance (BRIA) is proposing a sixty month employment preparatory academy to address the very difficult situation confronting newly arriving refugees ages 16 through 21. Lack of English skills and interrupted formal education make it difficult for school districts to place refugees in their late teens with age appropriate peers in school. Therefore, many do not enroll or drop out very shortly after enrollment. This compounds their disadvantage when applying for jobs. Uneducated and unemployed, newly arriving young adults often become the target of bullying and may fall prey to gang violence, involvement in the criminal justice system and sometimes suicide.

NOTE: For the purpose of this RFP, eligible persons will hereafter be referred to as “refugees” unless special circumstances apply. In the event of federal regulation changes that affect the type of immigration status eligible for these services, contractors will be notified of the change and required to comply with the new criteria for participant eligibility

The Making a Connection (MAC) program has the following key objectives:

- Providing activities to connect refugee youths and young adults to the world of work;
- Providing refugee youths and young adults with the skills and knowledge to make healthy choices which will result in socially and economically self sufficient refugee adults.

To accomplish these specific objectives, the MAC program:

- Provides outreach to identify refugee youths and young adults as potential participants in the program;
- Addresses the serious and wide-ranging service issues facing refugee youth and young adults given their lack of education, limited English proficiency, native language literacy and limited work history;
- Eases the transition of refugee youth and young adults from school age to working age; and
- Empowers refugee youth and young adults to explore vocational opportunities and learn leadership skills.

B. Background

According to statistics from the Department of Labor released in late June 2012, unemployment rates of 16 to 19 year olds are higher than at any time since 1970. Although there may be available employment programs and vocational services that target youth, few, if any, address the unique barriers presented to refugee youth and young adults during resettlement. These programs are limited by their lack of cultural and linguistic capacity. Therefore, tailored programs are necessary to empower refugee youth and young adults to fulfill their own potential during the transition from high school to working age.

In New York State, 8 NYCRR, Section 100.6, of the State Education Law permits students to remain in school until 21 years of age. As a result, even refugee young adults who are 18 or 19 who want to pursue their high school education are often placed in grades with students who are much younger and do not consider them to be peers. Schools find age appropriate grade level placement challenging for refugee students with significant gaps in their formal schooling. In fact, the New York City Board of Education reports that 131,129 non-English speaking students are much older than their classmates and are at greater risk of dropping out of school. Known as English Language Learners (ELLs), the graduation rate for these students is significantly lower than their U.S. born counterparts. Many refugee children age out of school or quit before they learn enough English to be successful on their own

Seen as different and lacking the social skills of other U.S. born students, newly arriving refugee youth often become the target of hate crimes and bullying. A sense of wanting to belong often leads refugee youth and young adults into gang culture where violence is prevalent. Although schools are active in anti-bullying efforts, hate crime and anti-gang prevention activities, refugee youth and young adults are still vulnerable while away from school or on the internet. Educational programs that encourage healthy behaviors, healthy relationships, and offer alternatives to being idle are critical to obtaining employment.

Lastly, a refugee youth with no connection to the current labor market has much less chance to be self sufficient as an adult. The statistics speak to the urgency of engaging refugee youths and young adults in job readiness programs that provide positive environments where a sense of belonging, accomplishment and self confidence are instilled in the participant.

V. ELIGIBLE GRANT APPLICANTS

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

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

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

In order to be notified of future requests for proposals, agencies must be registered on the Grants Reform website. Complete instructions on how to register can be found at the following website: <http://www.grantsreform.ny.gov/Grantees>.

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

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

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

VI. SERVICE STRATEGY

The Making A Connection (MAC) program consists of the following required elements:

- Individual Connection Planning
- Community Service and/or Volunteer Placement
- The Making A Connection (MAC) Academy

The MAC Academy will consist of a curriculum with outlined course objectives and related activities to prepare refugee youth and young adults for employment. A participant is expected to complete 250 hours of participation in MAC Academy curriculum activities and offerings, including 50 hours spent in a community service or volunteer vocational capacity. The curriculum will be developed and provided to the awardees prior to the beginning of a contract resulting from this funding announcement. A draft excerpt from the curriculum with an activity is included with this funding announcement (see page 25).

Required Elements

1. Individual Connection Planning

A. *Outreach and Recruitment* - Outreach and recruitment strategies are critical to attracting participation in the Academy. Besides outreach through word of mouth through community agencies and trusted community leaders, use of social media is strongly encouraged as the primary vehicle for outreach to potential participants. Outreach events will present multilingual program information in casual social gatherings to refugee youth and young adults. Recruitment efforts should include age appropriate events with activities that incorporate several youth development principles such as:

- Feeling connected, safe and welcomed;
- Enjoying multiple caring relationships with adults and peers;
- Having ideas heard without judgment by their peers and adults;
- Participating in their communities;
- Receiving the opportunities and supports to achieve high standards of learning resulting in higher expectations of themselves;
- Developing and enhancing their physical, cognitive, emotional and social skills with experiential learning opportunities; and
- Being exposed to positive social norms that facilitate engagement and reducing risk-taking behaviors.

Potential participants will meet MAC Academy staff who will explain the program's purpose and ask for a commitment to a real and sustained effort on the part of the participant. Participants' commitment should be in the form of a signed contract that reinforces what the program promises to provide, the level of participation necessary and the consequences of not adhering to the contract.

Multilingual program information will be disseminated to the parents of potential participants to positively reinforce the youth or young adult's participation where that is a viable option.

B. *The Individual Connection Plan (ICP)* - Once a refugee youth or young adult has expressed interest in participation, he/she will meet individually with a MAC Coach to develop an Individual Connection Plan (ICP). The plan will include a skills and education assessment, a Native Language Literacy assessment, an English Language assessment, and an assessment of his/her social and family interactions. The most important conversations will be centered on the participant's goals, both short-term and long-term and what it will take to achieve them. An ICP should outline which module curricula would best suit the participant's needs and the amount of hours expected to be completed within each. The ICP should clearly state the ultimate goal for the participant (eg. a part-time 20 hours a week position in the food service industry or GED attainment). The planning process may continue throughout participation in the Academy, and will serve as a guide against which success toward goals will be measured.

The awardees will be expected to obtain a signed a MAC contract from program participants that outlines their agreement to participate in the Academy, what the Academy promises to provide, what is expected of the participant as well as consequences for non-compliance with Academy activities and offerings. The contract should establish the participant's responsibility to the Academy and vice versa.

2. Community Service/Volunteer Placements

This is a required component towards the necessary 250 hours to consider a participant as completing the Academy. The curriculum material will be geared to developing participants' social skills and introducing participants to a particular vocational field based on their interests, skills and education. These placements will often be the first step towards work experience for participants. The placements will also be used in developing a resume of work history. These opportunities will allow participants to utilize many of the concepts introduced in the Employment Preparation and Planning module. Contractors should anticipate that a participant may need several different placements to comprise the required 50 hours participation in this module. This will provide participants with broad exposure to many different types of vocational opportunities.

3. The Making a Connection (MAC) Academy

BRIA expects both contractors to continuously recruit participants into the MAC Academy during the sixty month contract term. OTDA/BRIA expects the MAC Academy to serve up to 500 refugee youth and young adults throughout the sixty month contract term between both contracts.

The MAC Academy is expected to operate four days a week, four hours a day in an informal and hands on setting where a refugee participant can feel free to drop in as necessary. The Academy offerings and activities should be a structured environment that will become the alternative to a U.S. school, but not so similar as to simply replicate a normal school day. The MAC Academy should instill a "team" concept where participants look to coaches for leadership and guidance. Participants that can attend daily may complete their Academy hour requirement in as little as four months. However, the required *minimum 250 hours of participation with 50 of those hours spent in community service or volunteer vocational capacities* can be completed at an appropriately determined pace. As stated previously, refugee youth and young adults will participate in the curriculum module offerings and activities that best suit participants' needs. A participant's time to complete the Academy may be borne out of those needs versus when the appropriate Academy offerings and activities are available.

Incorporating the youth development principles stated above, the MAC Academy is an alternative to disengagement from school and to engagement in gang related activities in refugee youth and young adults. The MAC Academy will offer support in a positive environment that emphasizes the "team" concept providing the same sense of belonging that schools and gangs often provide. As such, curriculum materials will be comprised of a broad range of activities using videos, games, individual and group exercises, field trips, and other approaches tailored to meet the needs of refugee youths and young adults ages 16-21. Overall, the MAC Academy will facilitate self-sufficiency by engaging in skill building, classroom training, exploring vocational opportunities, and eventually unsubsidized employment.

In addition, the MAC Academy will focus heavily on visits to a variety of employers in order to facilitate a youth's exploration of vocational fields. Community businesses and civic leaders can serve as volunteer mentors, facilitators and/or presenters to assist in academy curriculum activities, where applicable.

A. The MAC Academy Curriculum – The curriculum is developed by OTDA/BRIA’s contractor who has the knowledge and experience of developing this material to youth and young adults as well as refugee populations and refugee service providers. The curriculum will be offered in modules utilizing proven techniques for *teen and young adult learners* in a culturally and linguistically appropriate manner, and is built around delivery methods that will keep refugee youth interested and involved. The curriculum will incorporate the use of electronic media, games, sports, art and music that are familiar to youths.

Modules are identified and described as follows:

- *Native Language Literacy* – This module of the curriculum will be presented to each group based on their country of origin. Experienced instructors in the field of literacy training will use flexible lesson plans that are designed to increase a participant’s knowledge and understanding of their native language. A basic comprehension of the native language is a first step toward learning English.
- *Specialized English Language Training (ELT)* – This module’s material will be tailored toward youth and young adults, incorporating language and lingo common to and popular with this age group. The ELT module will also include world of work, particularly as it relates to obtaining and retaining a job, as well as acculturation to the community. These trainings should be conducted in small group educational offerings of five participants or less to ensure that individual attention can be provided when necessary.
- *Leadership Training* – A small number of participants will demonstrate the capacity and motivation to become peer and community leaders. The module material will include instruction on group facilitation, mediation, public speaking, community and civic engagement, etc. Participants for this module may be identified during the ICP period or emerge during participation and growth through the Academy. Leadership members can also be used to provide outreach and to recruit new participants in addition to mentoring other participants. Prospective refugee participants will benefit from having a member of their own refugee community to look up to and emulate.
- *Employment Preparation and Planning* – The module material will include specially tailored job clubs, job search, employment counseling, employment readiness, world of work orientation, interview and employment skills preparation, and resume preparation.
- *Balancing World of Work and Life Skills* – The module will introduce participants to life skills necessary to successfully transition to employment. Material will include an introduction to personal budgeting and finance, internet security, credit card responsibility, confidentiality and prevention of identity theft, email etiquette and responsible social networking.
- *Healthy Living* – The module will be presented to address the physical health and social issues affecting newly arriving refugee youths and young adults. To ensure that program participants become stronger, self-sufficient and responsible adults, this module will promote choosing healthy lifestyles and developing productive relationships. Counseling and support services will be provided to help refugee youths to understand the long term effects of poor health and will provide healthy alternative choices. This module of the curriculum material includes the following topics:

- ✓ *Personal Hygiene* - Rationales and techniques for personal grooming, bathing, using deodorants, colognes, and perfumes, hand washing, avoiding spread of germs and maintaining a healthy diet. Includes a segment on “Dressing for Success”, which focuses on proper attire in the workplace.
- ✓ *Dental Care* - Techniques for proper brushing and flossing of teeth and general oral health.
- ✓ *Anti-Smoking and Cessation* - Education about the dangers of smoking. Overview of “No Smoking” policies in the workplace. Participants that are currently smoking will be introduced to the *New York State Smokers Quitline* information.
- ✓ *Alcohol and Drug Prevention* – Education which focuses on the harmful effects of long term alcohol and drug abuse, avoiding peer pressure and living drug free.
- ✓ *Anti-Bullying and Hate Crimes* - Introduction to anti-bullying messages. Focuses on preventing face-to-face bullying and cyber bullying (use of social media in bullying) and promoting diversity and cultural awareness. Additional education on *Zero Tolerance* policies in the workplace.
- ✓ *Gang Prevention* - Education to provide the skills necessary to avoid involvement in gangs and violence. Focuses on intervention to address the range of personal, family, and community factors that contribute to gang activity.

B. Other Requirements of the MAC Academy Curriculum activities and offerings

1. ***General Educational Development*** – Participants will be strongly encouraged to obtain their general equivalency diploma. The MAC Academy must offer referral to *General Educational Development* (GED) when participants are assessed as good candidates to pursue a general equivalency diploma. Participants will receive assistance in enrollment in an appropriate certified program in which classes and testing are offered. The hours spent towards fulfilling a GED program can be counted towards the participant’s hours of completion in the Academy.
2. ***Incentives*** - The MAC Academy should also provide incentives to encourage and maintain the participants’ interest and desire to attend the various academy offerings. As idle time often leads to youths engaging in inappropriate social behaviors, participants should be encouraged to engage in as many module activities, classes and trainings as can reasonably be accomplished. Providing incentives such as reward items for attending, participating and completing curriculum milestones can encourage participants to take part in as many academy offerings as possible. In order to emphasize the “team” concept, items may include hats, shirts, lanyards, key chains, or pens and pencils that carry appropriate curriculum themes and messages and MAC Academy logos designed by the contractor. Other incentives might be certificates of achievement or completion, passes to popular local social events, or food establishment coupons. Ultimately, incentives should be things that refugee youths will want to achieve to show their membership to the *MAC “Team”* and how proud they are to belong to it.
3. ***MAC Academy Staffing*** – BRIA anticipates that a successful program might include the following staff at a minimum. However, this is not a requirement.
 - MAC Project Manager – acts as program liaison to OTDA/BRIA for contractual issues, curriculum feedback and enhancements, and overall project accountability.

- MAC Coaches – includes the roles of guidance counselor, teacher, case manager and job coach, depending on participants’ needs. Coaches should also be fluent in at least one of the refugee languages of the target populations.
 - MAC Assistant Coach – supervises job placements and community services/volunteer engagements of participants. Provides additional individual support during Academy or at job sites. Assistant coaches should also be fluent in at least one of the refugee languages of the target populations.
4. **MAC Coaching** - Much like a guidance counselor would in a high school setting, MAC Coaches should be accessible to participants to provide support throughout their tenure in the MAC Academy. As the interests of youth change, so may the paths they choose in the Academy. In this way the Academy must be flexible in its offerings and allow for the participants to meet with a Coach individually to fine tune their ICPs.

As participants progress through the Academy there can often be unforeseen impediments along the way. The MAC Coaches may need to periodically meet one-on-one with a participant and in certain instances include the parent, community partner, instructor, leadership team member, and/or employer. Counseling and support services will be provided by MAC Coaches to help refugee youths to understand the long term effects of poor health choices. This can present the opportunity to reinforce certain material presented in the *Balancing World of Work and Life Skills* and *Healthy Living* modules in a one-on-one setting where youths are more likely to be open and honest without fear of being judged by their peers.

If participants fail to meet the expectations of the program, MAC Coaches may need to engage participants in guidance or counseling. This can be for the purpose of encouragement to complete a particular module of the academy, discussing placement activities, addressing behaviors or assessing participants’ progress. This can also be an opportunity to present a reward item earned or simply acknowledge participants’ progress.

MAC Coaches may also provide individual classroom support. This may be to provide translation or interpretation when necessary. These one-on-one sessions should be designed to redirect participants’ focus, increase their understanding of module curricula, improve participants’ self esteem, fulfill their sense of belonging and/or instill a strong work ethic.

MAC Coaches will also introduce a time card recording procedure for participants to track the number of hours spent participating in various MAC Academy curriculum offerings. In this manner, participants will be introduced to a common workplace practice of time card recording. Participants will develop the habit of providing a MAC Academy time sheet at the beginning and end of curriculum offerings and activities. The time sheet will also serve as the contractor’s means of documenting number of hours completed.

5. **Job Placements** - The ultimate objective is to prepare participants for future unsubsidized employment. If participants become job-ready, the program will refer them for appropriate part-time job placements. The MAC Coach will meet with participants and/or parents and employer as necessary to ensure proper support and services are provided throughout the placement. In some instances, full-time employment may be attained.

OTDA is required to report the following performance outcome measures to the ORR on a quarterly basis. Therefore, the contractor will be required to submit the following information on a quarterly basis to OTDA/BRIA during the 60-month contract term:

- Number of Job Placements – Job Placements can only be counted when they result from a documented, direct written referral from the contractor to participants for a job placement with an employer which results in unsubsidized employment.
 - 90 Day Job Retentions – A 90 Day Job Retention can only be counted when participants obtain unsubsidized employment and continue employment for 90 consecutive days from the start date.
 - Average Hourly Wage at Placement – The Average Hourly Wage at Placement is calculated by averaging the hourly wages of the job placements reported.
 - Number of Job Placements with Available Health Benefits – Report the number of job placements for which health benefits is available. Participants need not utilize the health benefits offered by the employer.
6. **Evaluation** - During the Academy the contractor is expected to collect and review feedback from community partners, participants and/or parents and use this information to assess the effectiveness of academy module offerings and activities. Participant feedback will be important to developing an academy that meets the needs of the participants and program partners. This can be done in a survey questionnaire format or by engaging participants and/or parents in a group session and get their feedback verbally.

VII. ELIGIBLE CLIENTS

Funds may be used only for services to those in the following immigration statuses:

- A *refugee*, admitted under Section 207 of Immigration Naturalization Act (INA);
- An *asylee*, granted asylum status under Section 208 of INA;
- A Cuban or Haitian *entrant* (as defined in subdivision (e) of Section 501 of the Refugee Education Assistance Act of 1980);
- An alien admitted into the United States as an *Amerasian immigrant* as described in Section 402(a) 2 (A) (I) (V) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (8 USC. 1612 (a) 2 (A));
- Children classified as *Special Immigrant Juveniles* (SIJs) receiving services from ORR-funded Unaccompanied Refugee Minor (URM) program;
- A *Parolee* admitted as a refugee under section 212(d) (5) of the Immigration and Nationality Act (INA);
- A *Certified Trafficking Victim* who has received a certification or eligibility letter from the federal Office of Refugee Resettlement (ORR);
- Certain *family members of a victim of severe form of trafficking* who have been awarded a T-visa are also eligible to the same extent as refugees;
- A citizen or national of Iraq granted *special immigrant status* described in Section 101(a)(27) of the INA for a period of ninety days from the date of entry to the US;

- A citizen or national of Afghanistan granted *special immigrant status* described in Section 101 (a) (27) of the INA for a period of ninety days from the date of entry to the US; and
- *Family members* of Afghan and Iraqi citizens or nationals granted *special immigrant status* described in Section 101(a)(27) of the INA for a period of ninety days from date of entry to the US.

Age

- Participants must be between the ages of sixteen and twenty-one years of age and not enrolled in or graduated from secondary, technical or post secondary school.

VIII. FUNDING LIMITATIONS AND PROVISIONS

AVAILABLE FUNDS

Anticipated allocations and continuations of contracts are subject to continued availability of federal funds and state appropriation of the funds thereof. Only federal funds designated for this Discretionary TAG program are available through this RFP. It is estimated that approximately \$1,500,000 will be available through this procurement for the 60-month contract term.

DISTRIBUTION OF FUNDS

Through this RFP, OTDA/BRIA intends to select two service providers or entities to operate under this program model. It is BRIA’s intent to award no more than one contractor in any one county.

Initial contract awards to successful applicants and the corresponding award for the first budget period are the result of this competitive procurement. During the contract term, however, *subsequent* budget period awards (see budget period explanation below) will be based on available funding, continuing need, and satisfactory contractor performance, as evidenced by voucher claims and program monitoring.

CONTRACT TERM and BUDGET PERIODS

This RFP governs the provision of funds for the anticipated 60-month contract term, June 1, 2014 to May 31, 2019. A Work Plan will be required for the 60-month term. The contract will initially require two payment schedules; one for the contract’s full 60-month term and one for the first twelve-month budget period. A payment schedule includes the number of contract outcomes to be achieved through delivery of allowable services and the rate of payment for each outcome.

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

- Budget Period I: June 1, 2014 to May 31, 2015
- Budget Period II: June 1, 2015 to May 31, 2016
- Budget Period III: June 1, 2016 to May 31, 2017
- Budget Period IV: June 1, 2017 to May 31, 2018
- Budget Period V: June 1, 2018 to May 31, 2019

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

IX. PROGRAM INFORMATION

PERFORMANCE BASED CONTRACTS

The MAC contracts are performance-based, with a focus on results achieved through delivery of allowable services. Compensation is directly tied to the completion of service outcomes or payment points. Documentation of the completion of an allowable service or a number of services allows a contractor to claim an achieved payment point. The contractor is paid for the payment point at the established rate, as defined in the contract.

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

The contractor’s performance data, along with allocation data such as award amount, contract period, program sites, service locations, and spending information may be posted on OTDA’s web site as required.

PAYMENT RATES

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

Payment Points	Rate
Individual Connection Planning	\$207
MAC Academy Initial Phase (125 Hours)	\$458
MAC Academy Final Phase (250 Hours)	\$854
Community Service/Volunteer Placement	\$461

PAYMENT LIMITATIONS

MAC limits the number of payments per participant for **Individual Connection Planning (ICP) for the contract term**. This section will become part of an executed MAC contract.

Payment Limitations per participant per contract term

Individual Connection Planning	1
MAC Academy Initial Phase (125 Hours)	No limit
MAC Academy Final Phase (250 Hours)	No limit
Community Service/Volunteer Placement	No limit

PAYMENT POINTS: Definitions, Allowable Services, and Documentation

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

Payment Point Definitions	Allowable Services	Documentation Required
<p>Individual Connection Planning (ICP)</p> <p>The contractor will meet with individual participants to assess their skills, develop a plan for participation in the MAC Academy and attaining success toward their goals.</p> <p><i>This is a client specific payment point.</i></p>	<p>Completing one Individual Connection Planning session allows the contractor to claim one payment point.</p> <p>Required services:</p> <ul style="list-style-type: none"> • Academy Enrollment • Skills and Education Assessment • Native Language Literacy Assessment • English Language Literacy Assessment • Social and Family Interaction Assessment • MAC Academy Curriculum Module and Service Planning • Participant/Parent Meeting • MAC Contract Development <p><i>There is a payment limit of one ICP claim per Individual, per contract term.</i></p>	<ul style="list-style-type: none"> • Proof of Immigration Status • Application for Services – signed and dated by the participant and agency representative once the application is complete and prior to services being provided. The agency supervisor must sign and date the application within 30 days of the participant and agency representative signatures, or prior to the submission of a voucher, whichever date is earlier. * In the case of a minor participant, the parent/guardian must sign within 30 days of the participant and agency representative. • Detailed case note entry of the session and any other such documentation as required by OTDA. • Copy of the MAC Academy contract signed and dated by the participant and MAC Coach.
<p>MAC Academy Community Service/Volunteer Placement</p> <p>Completion of the MAC Academy Community Service/Volunteer Placement</p> <p><i>This is a client specific payment point</i></p>	<p>At the completion of 50 hours of participation in supervised, structured community service or volunteer placement activities, the contractor is allowed to claim a MAC Academy Community Service/Volunteer Placement payment point.</p> <ul style="list-style-type: none"> • MAC Academy Community Service/Volunteer Placement – minimum of 50 hours 	<ul style="list-style-type: none"> • Participant Time Card recording number of hours worked • Detailed case note indicating how and where the placement was made and the type of work the participant will engage in.

<p>MAC Academy Initial Phase</p> <p>Completion of the MAC Academy Initial Phase</p> <p><i>This is a client specific payment point.</i></p>	<p>At the completion of 125 hours of participation in MAC Academy curriculum activities and offerings, the contractor is allowed to claim one MAC Academy Initial Phase payment point.</p> <ul style="list-style-type: none"> • MAC Academy Initial Phase- minimum of 125 hours 	<ul style="list-style-type: none"> • Participant Time Card recording number of hours completed in specific MAC Academy activities and offerings
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<p>MAC Academy Final Phase</p> <p>Completion of the MAC Academy Final Phase</p> <p><i>This is a client specific payment point.</i></p>	<p>At the completion of a subsequent 125 hours of participation in MAC Academy curriculum activities and offerings, including 50 hours of community service/volunteer placement, the contractor is allowed to claim one MAC Academy Final Phase payment point.</p> <ul style="list-style-type: none"> • MAC Academy Final Phase- minimum of 250 hours 	<ul style="list-style-type: none"> • Participant Time Card recording number of hours completed in specific MAC Academy activities and offerings
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Additional Payment Point Information

1. Participants need only to be enrolled in the MAC Academy once and the minimum required 250 hours of participation may be acquired at any time during the 60 month contract term.
2. Participants are not required to engage in all curriculum offerings and activities in the MAC Academy.

PAYMENT

As previously stated, a contractor may claim an achieved payment point and is paid for the payment point at the established rate, as defined in the contract.

X. SELECTION PROCESS

Proposals should contain **all** required items as listed on the Application Submission Checklist, located in the Application Package (see page 82). Pay particular attention to the Minority and Women-Owned Business Enterprise (M/WBE) requirements. Failure to provide all required items will result in the decrease of the total score.

OTDA/BRIA will select contractors based on several considerations:

- The applicant’s demonstrated understanding of OTDA/BRIA requirements;
- The applicant’s general organizational qualifications as documented in the proposal;
- The content of the applicant’s proposal that demonstrates the applicant’s ability to perform under a contract;
- The applicant’s experience with, and knowledge of, specific cultural and linguistic needs of the eligible population and the quality of the proposal in addressing those needs;
- The applicant’s experience with working with school-age and working-age refugee youth and young adults in their particular region;
- The anticipated participant volume in their region and the applicant’s demonstration of their ability to effectively engage refugee youths and young adults;
- The applicant’s established relationship with critical partners including school districts, employers, civic organizations and leaders, and others;
- Proposed project staff that is sufficient in number and qualifications;
- The applicant’s fiscal viability as reflected in the audited financial statements;
- Appropriateness and reasonableness of costs reflected in payment points;

Any proposal received after the deadline will be reviewed at the discretion of OTDA/BRIA.

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

OTDA/BRIA will select two contractors that will best establish comprehensive services for the achievement of self-sufficiency for eligible refugees within New York State.

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

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

Technical Evaluation	Maximum Points
Application Required Documentation	5
Agency Experience & Capacity	20
Program Description & Implementation	50
Financial Evaluation	
Payment Schedules	25
TOTAL	100

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

XI. AWARD PROCEDURES

CONTRACT DEVELOPMENT PROCESS

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

The contracts will have a term of 60 months and will contain work plans and payment schedules reflecting goals for a 60-month time period and a payment schedule for each 12-month budget period.

PAYMENT

The contractor will not be reimbursed for line item expenses. Under performance-based contracts, the contractor will be paid for achieving specified payment points described herein. Payment will be made only for payment points for which outcomes are documented and for which vouchers are submitted by the required due date.

No payments will be made until the contract is fully executed and signed by the State Comptroller and the State Attorney General. Once the contract has been fully executed by (signed and approved by OTDA/BRIA, the State Attorney General and the Office of the State Comptroller), OTDA/BRIA may, at its discretion, advance up to 25 percent of the first budget period amount, if requested and if deemed appropriate by OTDA/BRIA. There will be no advances for subsequent budget periods. Contractors will work at their own risk if they conduct program activities before the contract is executed

XII. REPORTS AND RECORD KEEPING

RECORD KEEPING

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

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

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

REPORTING AND VOUCHERING REQUIREMENTS

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

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

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

Reports and vouchers must be submitted by the contractor on a quarterly basis during the contract term, unless otherwise specified. Payments will be based on vouchers and any necessary documents that support the payment points in the Payment Schedule. Additional reporting, as may be determined by OTDA/BRIA, may also be required.

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

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

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

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

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

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

CASE RECORDS

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

MONITORING

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

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

AMENDMENTS TO THE CONTRACT

Amendments and modifications of executed contracts are sometimes necessary to accommodate the needs of both the contractor and OTDA/BRIA. These changes, which must be by mutual written agreement, may include modification to reimbursement schedules, time and money amendments, or no-cost extensions as necessary. Contract modifications, including amendments and no-cost time extensions, will be made at the discretion of the OTDA/BRIA with the approval of the Attorney General and the Office of the State Comptroller. Rates cannot be changed, except for possible annual adjustments based on the consumer price index increase at the discretion of OTDA/BRIA.

XIII. GENERAL TERMS AND CONDITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NEW YORK STATE LAW

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

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

Business Participation Opportunities for MWBEs

For purposes of this solicitation, OTDA hereby establishes an overall goal of **20%** for Minority and Woman-Owned Business Enterprises (MWBE) participation, **10%** for Minority-Owned Business Enterprises ("MBE") participation and **10%** for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs). Additionally, an overall goal of **10-20%** is established for Equal Employment Opportunity (EEO) participation. A contractor ("Contractor") on the subject contract ("Contract") must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that OTDA may withhold payment pending receipt of the required MWBE documentation. The directory of New York State Certified MWBEs can be viewed at: <http://www.esd.ny.gov/mwbe.html>.

For guidance on how OTDA will determine a Contractor's "good faith efforts," refer to 5 NYCRR §142.8.

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

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

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

- A. Bidders are required to submit a Certification of Good Faith Efforts on form OTDA - 4976 to achieve the overall prescribed MWBE participation percentage (20%) goals set forth in the procurement.
- B. Bidders are required to submit a MWBE Subcontractor's and/or Suppliers' Letter of Intent to Participate on form OTDA - 4938 which should document the names and signatures of certified MBEs and/or WBEs which have agreed to participate as subcontractors on the Contract.

- C. Bidders are required to submit a MWBE Subcontractor Utilization Plan on form OTDA - 4937 with their bid or proposal. Any modifications or changes to the MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to OTDA.
- D. OTDA will review the submitted MWBE Subcontractor Utilization Plan and advise the Bidder of OTDA's acceptance or issue a notice of deficiency within 30 days of receipt by the OTDA/MWBE Program Management Unit.
- E. If a notice of deficiency is issued, Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt by submitting to NYS Office of Temporary and Disability Assistance M/WBE Program Management Unit at 317 Lenox Avenue, N.Y. N.Y 10027, telephone # 212-961-8214 and fax # 212-961-8275, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OTDA to be inadequate, OTDA shall notify the Bidder and direct the Bidder to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals on OTDA form OTDA – 4969 Minority/Women Business Enterprise (MWBE) Subcontractor Request for Waiver. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal. **ALL REQUEST FOR WAIVERS ARE SUBJECT TO APPROVAL BY THE GOVERNOR'S OFFICE.**
- F. OTDA may disqualify a Bidder as being non-responsive under the following circumstances:
 - a) If a Bidder fails to submit a MWBE Utilization Plan;
 - b) If a Bidder fails to submit a written remedy to a notice of deficiency;
 - c) If a Bidder fails to submit a request for waiver; or
 - d) If OTDA determines that the Bidder has failed to document good faith efforts.

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

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

Equal Employment Opportunity Requirements

By submission of a bid or proposal in response to this solicitation, the Bidder/Contractor agrees with all of the terms and conditions of Appendix A including Clause 12 - Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor, shall undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For

these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

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

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

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.



MODULE 1 - ACTIVITY #3

SETTING GOALS: EMPLOYMENT POSSIBILITIES

In this activity, MAC participants will begin to set goals that are related to future employment.



SUPPLIES AND HANDOUTS

Large bag with the following items:

- calculator
- potted plant or watering can
- law enforcement badge or gavel (see handouts)
- model car
- drill or piece of lumber
- bus token/ticket
- box ready to be shipped
- business report
- advertisement (to represent sales and marketing)
- travel brochure or hotel advertisement
- clipboard
- chalk
- empty prescription medicine container
- makeup
- small paint can or paint brush+

Handouts:

- SOME QUESTIONS TO HELP YOU
- DREAM JOB
- DREAM JOBS (6 pages)
- I WANT TO WORK OUTDOORS!
- I WANT TO HELP PEOPLE
- THE WORLD OF SALES
- FOOD AND HOSPITALITY
- JOBS THAT WORK WITH NUMBERS
- QUALIFICATION CHART
- WHY TAKE THE GED?



Vocabulary Used in this Activity

goal
dream jobs
sales jobs
hospitality jobs
calculator
watering can
gavel
badge
lumber
bus token
ticket
advertisement
clipboard
chalk
medicine
makeup
Qualifications
GED
General Educational Development

diploma
business report
brochure



BACKGROUND INFORMATION

In this goal-setting activity, the MAC participants will begin to think about what they may need to do to prepare for a job. ***They will not be expected to establish a career plan,*** but will become aware of the many different routes to becoming qualified for jobs.

Remind the MAC participants that a goal is something to aim for – a personal or group achievement. In this activity they can set goals related to preparing for a job.

Keep in mind that for many refugees, the concept of setting a goal may seem to be a futile effort. They may be unaccustomed to thinking about where they see themselves in the future.

They may not comprehend that they can be responsible for setting and achieving their personal goals.



Or the MAC participants may have unrealistic goals that are based on misinformation about life in the United States. This activity will provide the opportunity to explore realistic employment options that are tied to interests and personal goals.

Module 1 Activity #1 ***Setting Goals: Daily Living*** and Activity #2 ***Setting Goals: Skill Development*** will also assist MAC participants in the process of setting goals.



ACTIVITY STEPS

1. Ask one MAC participant to reach into the large bag and pull out an item without looking.

The group should discuss:

- the name of the item
- what it is used for
- who might use it on the job
- if anyone in the group has used the item on the job



Describe the many different jobs where the item might be used.

Discuss the requirements for becoming qualified for the jobs, and the routes to becoming qualified. Use the handout QUALIFICATION CHART as a guide.

Examples of routes are:

- education
- training courses
- certification programs
- on-the-job training
- volunteer / job shadowing opportunities



2. Each MAC participant should pull an item from the bag and the group should discuss it.

As they discuss the items, the participants can share information about qualifications they already have or would like to achieve.

Many of the MAC participants will still be absorbing the information about all of the job options and the steps that have to be taken to be able to apply for a job that interests them. It may be overwhelming, especially if they are not remotely qualified – or if jobs in their chosen field are not available. The purpose of the activity is to provide information on all of the different approaches to becoming qualified for employment.

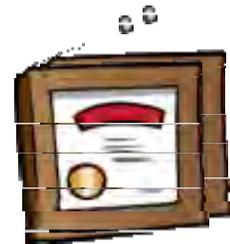
3. Encourage each MAC participant to identify a personal goal that is related to future employment. They do not have to be specific, but should identify one thing that will start them on the path. Sample goals might be:

Find out what is required to become a _____.

Contact the _____ agency to find out if my skills are transferable.

Talk to a _____ Community College about training courses

available. It is important to identify **one step** that is easy to accomplish with assistance from the MAC Coach, the Refugee Resettlement Case Manager, and other adults.



4. Goals related to employment possibilities should be included in the Action Plans.
5. Some MAC participants may benefit from the information provided on the handout WHY TAKE THE GED? (Activity #12 **Why Take the GED** provides more information.)
 6. The handout QUALIFICATION CHART may be helpful to the MAC participants.
7. For MAC participants who are still uncertain about what jobs they would like to pursue, complete the handout SOME QUESTIONS TO HELP YOU individually. This process may assist them in identifying goals.
8. Encourage the MAC participants to share their personal discoveries and goals with the rest of the group.

Some Questions To Help You



Here are some questions to think about, when you are deciding what kind of job would be good for you.

At Home:

- What do you do when you are home?
- What household chores do you like doing?
- What household chores do you not like doing?
- What do you like to do for fun at home?

At School:

- What classes do you like in school?
- What classes do you not like in school?
- What activities and clubs do you participate in at school?
- What school activities do you like?
- What school activities do you not like?
- What do you like about school?
- What do you not like about school?

At Work:

- Where have you worked?
- What jobs have you liked?
- What jobs have you not liked?
- What were the things about the job that you liked?
- What were the things about the job that you didn't like?

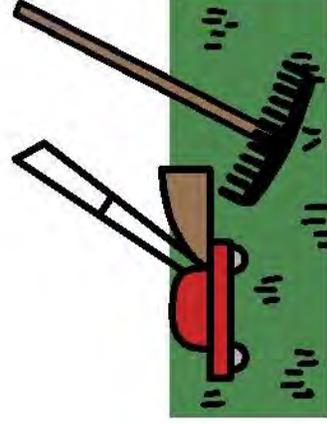
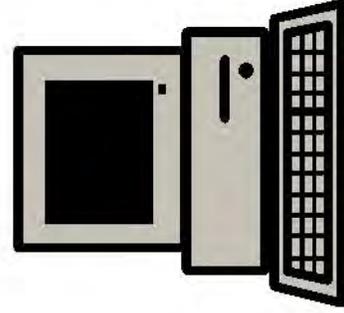
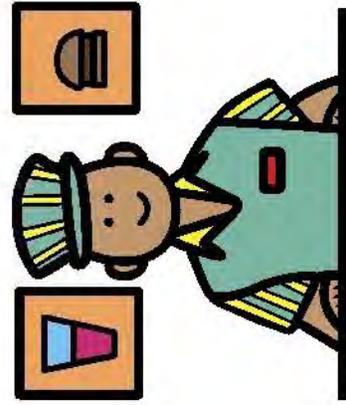
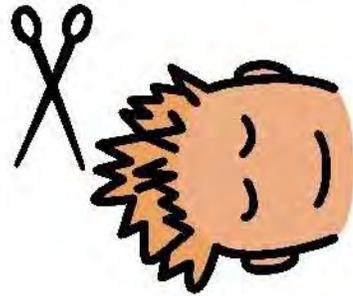
Leisure:

- What do you like to do for fun?
- Are there sports or other recreational activities you enjoy?
- Do you have any hobbies?
- What do you like to do with your friends?
- Do you like to do things by yourself or with other people?

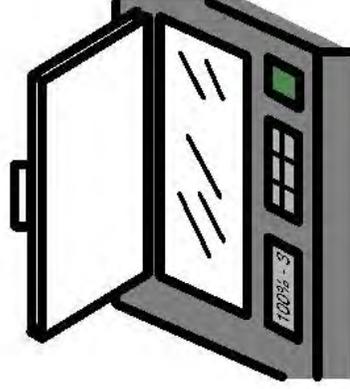
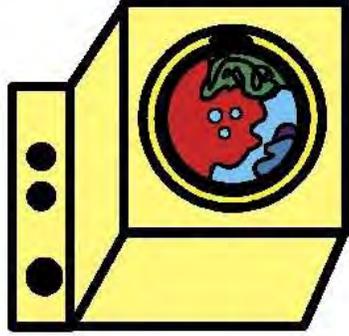
Dream Job



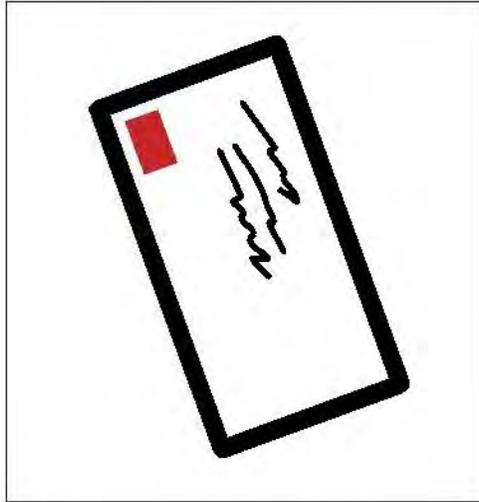
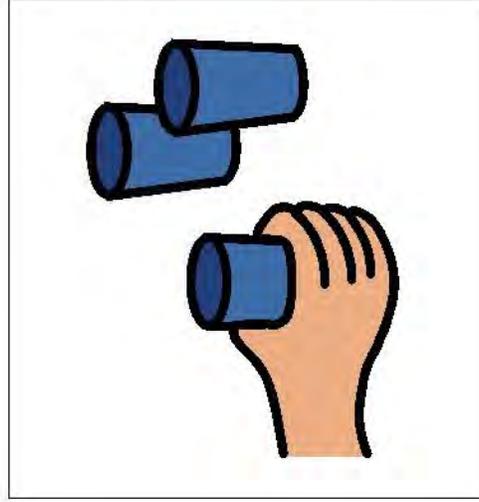
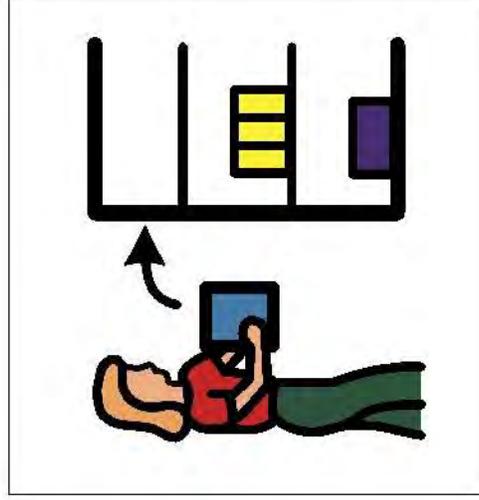
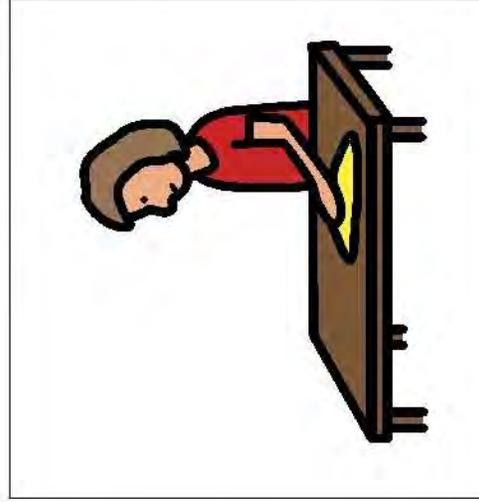
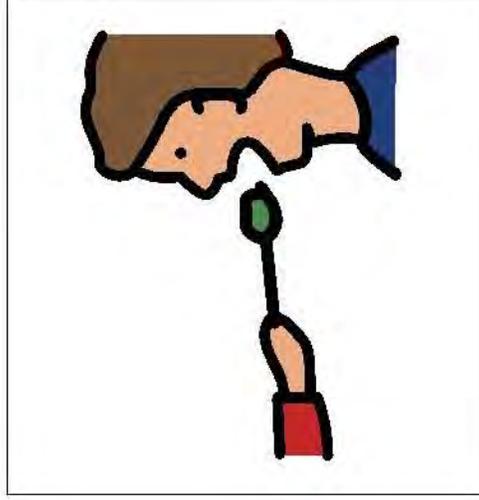
Dream Jobs



Dream Jobs



Dream Jobs



I WANT TO WORK OUTDOORS!

Construction Worker

Environmental Cleanup

Painter

Parks and Recreation Assistant

Forest Ranger

Building Repair

Road Repair

Sanitary Engineer

Traffic Management

Landscaping
Environmental Conservation

Wildlife Preservation

Animal Care

Recycling Centers

Wastewater Treatment Plants

Farming

Outdoor Recreation



THE WORLD OF SALES

There are many responsibilities in the world of sales.
Maybe you can help!



MANUFACTURING

Making the product in a factory

ADVERTISING

Printing and mailing promotional materials



MARKETING

Spreading the word about a product

SALES

Finding customers and selling them the product



RETAIL

Selling in a store directly to the customer

INVENTORY

Storing and keeping track of the product



SHIPPING

Getting the product ready to ship and tracking delivery



CUSTOMER RELATIONS

Keeping customers happy



JOBS THAT WORK WITH NUMBERS?

MAYBE YOU CAN HELP!



Inventory and shipping department

Science labs

Medical research lab

Newspaper Sports department (statistics!)

Engineering firms (build bridges and roads!)

Architect businesses (design buildings!)

Grocery stores

Nursing school

Retail stores

Tax Preparation Centers

Computer data entry department

Computer Software and web design companies

Technology companies (like Apple)

Business office of schools, hospitals, businesses

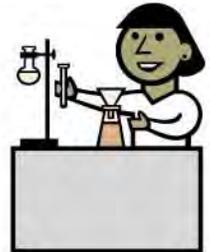


Bookkeeping office

Accounting firm

Surveyor companies

Bank



QUALIFICATIONS CHART



Type of Jobs	Skills I Need to Learn	Where Can I Learn the Skills

Why Take the GED? handout

PART B APPLICATION PACKET

Please read Pages 1-38 of the Request for Proposals carefully before completing this Application Packet

Completing the Application

An application checklist is provided on page 82 of this RFP. Please complete and to verify that all required forms and items are submitted.

The application should contain the following components.

Section A – APPLICANT DOCUMENTATION

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

Section B – PROGRAM NARRATIVE

- **Organization Experience & Capacity** - Describe your agency's experience and capacity and what your agency will bring to the targeted population.
- **Program Description & Implementation** - Provide detailed description of the anticipated operation of the program.

Section C– E-BUDGET, RATES & PAYMENT SCHEDULES

- **For all other bidders:** Using the established payment rates found in this RFP, please complete the 12-month budget period and 60-month contract term payment schedules.

Section D – AGENCY INFORMATION

- **Funding Agency Contact Information Form** - Complete all applicable sections
- **Agency Agreement Form** - Sign, complete and return with the application.
- **Vendor Responsibility Questionnaire**
- **Certification**
- **M/WBE Subcontracting Utilization Plan**
Completed by the applicant and submitted with the application form, for projects proposing to utilize subcontractors/suppliers/vendors.
- **M/WBE Letter of Intent to Participate**
Completed all applicable sections and return with the application.
- **EEO Project Staffing Plan**
Completed all applicable sections and return with the application.
- **Equal Employment Opportunity Workforce Employment Utilization/Compliance Report**
- **M/WBE/EEO Policy Statement** – Complete all applicable sections and return with the application.
- **M/WBE Subcontractor Request for Waiver Form**
- **M/WBE Subcontractor Quarterly Compliance Report**
- **M/WBE Goal Requirements Certification of Good Faith Efforts** – Complete this form and submit it as part of the application packet.

***Failure to provide these items will decrease the total score.**

One original and three copies or one original and 3 CDs (CDs must be labeled clearly with agency name) of the entire application submission package not stapled, bound or paper clipped, must be sent to the Bureau of Contract Management at the address below. All proposals *must* be received by mail, hand delivery, courier service, FEDEX or UPS delivery by 4pm

on February 19, 2014. Any proposal received after the deadline will be reviewed at the discretion of OTDA/BRIA. OTDA/BRIA will not accept faxed proposals, or proposals sent via electronic mail.

NYS OTDA

Bureau of Contract Management

Attn: Sal Pamadora

40 North Pearl Street 12th Floor, Section D

Albany, New York 12243-0001

Phone: (518) 486-6352 (For Delivery Questions Only)

Section A - APPLICANT DOCUMENTATION

Executive Summary

Provide a one-paragraph summary of your organization's MAC program proposal. Include the following information:

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

Suggested format:

ABC, Inc. is requesting **\$dollars** to serve **region(s) that will benefit from proposed project.** Requested funds will assist with **employment preparation and planning services that include tailored individual and group educational curricula.** ABC, Inc. can **immediately** commence the project upon notification of funding. An anticipated benefit of the MAC program project is **to assist as many refugee youth and young adults ages 16-21 to transition from school to unsubsidized, entry-level employment in a culturally and linguistically appropriate manner as possible.**

GENERAL INFORMATION

MAC PROGRAM APPLICANT PROJECT INFORMATION

INDICATE TYPE OF ORGANIZATION CARRYING OUT THE ACTIVITY:

PUBLIC AGENCY FAITH BASED NON-PROFIT OTHER NON-PROFIT

APPLICANT

NAME: _____

EXECUTIVE DIRECTOR: _____

BUSINESS ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

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

EMAIL ADDRESS: _____

PROJECT ADDRESS (if other than business address): _____

PROGRAM CONTACT: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

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

EMAIL ADDRESS: _____

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

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

Please provide the following identifying information regarding the project:

Community District(s) *NYC only*: _____ Federal Congressional District(s): _____

State Assembly District(s): _____ State Senate District(s): _____

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

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

If not, why? _____

COUNTY/ COUNTIES WHERE SERVICES ARE TO BE PROVIDED _____

ACCESSIBILITY DETERMINATION

Is project site: wheelchair accessible? Yes No

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

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

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

No further entries on this page.

Section B – PROGRAM NARRATIVE (20 PAGE LIMIT EXCLUDING CHARTS)

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

ORGANIZATIONAL EXPERIENCE & CAPACITY

Describe your agency's experience, capacity and what your agency will bring to the targeted population. Your description **must** address the following whether applicable or not. If not applicable, please state that the information is not applicable:

- Please attach a detailed agency organizational chart that reflects where your proposed program will be housed.
- Describe the role of your organizations Board of Directors and the operation of this program
- Please describe your agency's experience in providing services to newly arriving refugees.
- Please describe your agency's experience working with youth or young adults.
 - ✓ Please describe any training your agency has participated in this regard.
 - ✓ Please detail any specific qualifications your agency possesses in this regard.
- Please describe other programs or services that your agency operates that will enhance the effectiveness of your proposed program.
- Please describe your agency's working relationships with other local agencies and community partners, including school districts. What specific resources will your participants gain through these relationships?
- Please describe the operation and management within your agency. Specifically address how management will accomplish the following:
 - ✓ assure that there is no duplication of services;
 - ✓ monitor progress towards goals;
 - ✓ maintain agency and staff accountability;
 - ✓ assure program information is communicated to program staff;
 - ✓ supervise cash flow;
 - ✓ assure timely submission of reports and vouchers; and
 - ✓ maintain appropriate case records.
- Please detail how your agency:
 - ✓ addresses the serious short and long-term service issues facing newly arriving refugee youth and young adults in New York State;
 - ✓ empowers refugee youth and young adults to become effective partners in their education, employment, lifestyles and relationships; and
 - ✓ supports local systems that can help educate and employ refugee youth and young adults.

PROGRAM DESCRIPTION & IMPLEMENTATION

INDIVIDUAL CONNECTION PLANNING (ICP)

- Please describe the proposed program's process for enrolling participants into the academy.
- Please describe how your program staff will assess the skills, education, and social and family interactions of participants.
- Please describe how your program staff will assess a participant's native and English language literacy.

- Please provide an example of any ICP tool(s) used to assess the skills, education, and social and family interactions of participants.
- Please describe how program staff will determine which curriculum module activities and offerings are appropriate for individual participants.
- Please describe the elements of a proposed MAC Academy participant contract.
- Please describe how and when a parent will participate in the assessment and planning of their child's MAC Academy participation.

COMMUNITY SERVICE/VOLUNTEER PLACEMENT

- Please describe how program staff will coordinate and establish community service and volunteer placements.
- Please include examples of entities or organizations where these will take place and the type of work activities participants will engage in.
- Please also include how MAC Coaches and Assistant Coaches will monitor the community service or volunteer placement of participants.
- Please detail how program staff will document participants' time spent in a community service or volunteer placement.

MAKING A CONNECTION (MAC) ACADEMY

- Please detail the days and times that your agency's MAC program will operate, thus ensuring that participants can accomplish 250 hours of academy participation.
- Please describe the types of community, business, and civic leaders your agency will recruit to serve as mentors, facilitators and/or presenters to assist in academy activities.
- Please describe your agency's plan for field trips to explore vocational opportunities. Provide examples of the type of employers or entities you will visit. How will participants be transported? What will be the frequency of field trips? How will MAC Coaches and Assistant Coaches supervise this activity?
- Please detail how program staff will determine if participants are ready to be enrolled in the *Leadership Training Module* of the Academy.
- Please describe your agency's relationship with a certified *General Educational Development* program. If your agency is a certified program please provide the necessary documentation to support this. If your agency is not a certified program, nor has a current relationship with a certified program, please describe how your agency will develop this ability or relationship.
- Please detail how your agency will incorporate incentives for participation into the MAC Academy. Please include description of items to be rewarded to participants with method of distribution or dissemination.
- Please describe the roles and responsibilities of MAC Program Project Manager, Academy Coaches and Assistant Coaches. Specifically, how will MAC Coaches and Assistant Coaches engage participants on a daily basis in both, group and one-on-one settings?
- Please detail your agency's proposed method of recordkeeping to track participants' number of hours completed in MAC Academy offerings and activities.

For the program components above, include the number of staff and each staff person's role and responsibilities in providing required and/or allowable services, how the staff will provide the services in a linguistically and culturally appropriate manner, and how documentation requirements will be obtained and maintained. Include the languages spoken by the assigned staff. If partnering with another organization to provide certain services, please indicate this information for their agency and how you will monitor this activity.

Additionally:

- Please describe the physical location(s) of the project.
- If applicable, please include a list of proposed subcontractors, including agency name, contact person, address, phone number and the specific payment points that you propose each subcontractor to provide.
- Please describe in detail your process for monitoring your subcontractors, if any.
- Please describe in detail the special needs or unique circumstances of the target population that you may encounter (i.e., literacy rates within a population).
- Please describe any barriers and issues that may affect the refugee youth or young adult participant's successful integration into the mainstream services system and how they will be addressed.
- Please describe the specific methods of outreach and recruitment to prospective participants of the MAC Program.
- Please include a client flow chart that depicts your program's service delivery sequence from enrollment to completion of the MAC Academy.
- Please describe how your program staff will obtain and incorporate input from the participants and partners in the development/implementation of the MAC Academy offerings and activities.
- You may require a start-up period to hire personnel, recruit participants, purchase supplies, or train personnel. If a start-up period is required, please describe these tasks, as well as time frames for accomplishing them. Identify staff that will oversee these activities.
- Please identify and describe any potential barriers that may affect service delivery and how they will be addressed.
- Please describe the agency's language accessibility procedures when assisting members of the target population for whom the agency has insufficient language capacity.
- Please describe how staff will receive regular training and updates on the latest issues related to refugee youth and young adults.
- KEY PERSONNEL PROFILE:** The purpose of this section is to demonstrate the staffing levels for the project as well as the amount of time the organization's key personnel will spend on the project. Attach a chart that depicts the staff involved with the project. For each staff member listed, please include the person's name and position or job title, the qualifications of the staff member, the responsibilities of the position or job title, the languages spoken by the staff member, the percent of time staff member will spend on the proposed project, and the name and title of the supervisor.

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

Suggested format:

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

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

Section C – RATES & PAYMENT SCHEDULES

Rates

Payment Points	Rate
Individual Connection Planning	\$207
MAC Academy Initial Phase (125 Hours)	\$458
MAC Academy Final Phase (250 Hours)	\$854
Community Service/Volunteer Placement	\$461

Payment Schedules

For all bidders, please use the Payment Rates chart provided and complete both the 12-month budget period and 60-month contract term payment schedules below. The payment schedules summarize the rates of payment for each payment point and the number of contract payment points achieved through delivery of allowable services that you plan to provide for both the contract's term and first budget period. **The 12-month budget period total cannot exceed \$300,000, as that is the maximum available for that period. The 60-month contract term cannot exceed \$1,500,000, as that is the maximum available for the contract term.**

PLEASE NOTE:

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

MAKING A CONNECTION (MAC) PROGRAM

PAYMENT SCHEDULE

12-Month Budget Period

PAYMENT POINTS	TOTAL DOLLARS	% OF TOTAL AWARD AMOUNT	NUMBER OF UNITS	RATE PER UNIT
Individual Connection Planning	\$0	#DIV/0!		
MAC Academy Initial Phase (125 Hours)	\$0	#DIV/0!		
MAC Academy Final Phase (250 Hours)	\$0	#DIV/0!		
Community Service/Volunteer Placement	\$0	#DIV/0!		
Total Award Amount	\$0			
Total Program Plan Amount				

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

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

DEFINITIONS/INSTRUCTIONS

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

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

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

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

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

MAKING A CONNECTION (MAC) PROGRAM

PAYMENT SCHEDULE

60-Month Contract Term

PAYMENT POINTS	TOTAL DOLLARS	% OF TOTAL AWARD AMOUNT	NUMBER OF UNITS	RATE PER UNIT
Individual Connection Planning	\$0	#DIV/0!		
MAC Academy Initial Phase (125 Hours)	\$0	#DIV/0!		
MAC Academy Final Phase (250 Hours)	\$0	#DIV/0!		
Community Service/Volunteer Placement	\$0	#DIV/0!		
Total Award Amount	\$0			

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

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

DEFINITIONS/INSTRUCTIONS

TOTAL DOLLARS The total dollars allocated to each payment point for the 24-month Contract Term, the sum of which is the TOTAL AWARD AMOUNT. This amount will be calculated automatically once the RATE PER UNIT and NUMBER OF UNITS are entered.

% OF TOTAL AWARD The percentage of the 24-month AWARD AMOUNT allocated to each payment point. This percentage will also be calculated automatically once the RATE PER UNIT and NUMBER OF UNITS are entered.

NUMBER OF UNITS The number of outcome units to be achieved for each payment point. Enter the NUMBER OF UNITS for each payment point for the 24-month Contract Term.

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

NOTE (Only for those without Microsoft Office): If you do not have access to Microsoft Office, please replicate the above chart and include the replication in your application. Follow the same instructions for the NUMBER OF UNITS and RATE PER UNIT. You must calculate TOTAL DOLLARS by multiplying the NUMBER OF UNITS by the RATE PER UNIT for each payment point. The 24-month AWARD AMOUNT is the sum of the TOTAL AWARD. You must also calculate the % TOTAL BUDGET AMOUNT by dividing the TOTAL DOLLARS for each payment point by the 24-month AWARD AMOUNT.

SECTION D – AGENCY INFORMATION

BOARD OF DIRECTORS PROFILE

List the names, addresses, phone numbers, places of employment and number of years as a board member of each member of your agency's Board of Directors. Also indicate if any Board of Directors member is on your agency's payroll. It is the contractor's responsibility to ensure there are no conflicts of interest.

FUNDING AGENCY CONTACT INFORMATION FORM

List all sources of agency funding received during the last three-year period from Federal, State, county or other local government. Please include the applicable contract manager(s) as a reference(s).

Name of Funding Source	Funding Source Representative (Individual Name and Phone Number)	Purpose of Funding	Time Period of Funding	Funding Amount

AGENCY AGREEMENT

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

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

OTDA anticipates making an award to administer projects for sixty (60) months. Projects may be renewed for additional periods depending on continued need for the services, achievement of anticipated outcomes, continued availability of funding and at the sole discretion of OTDA. For those applicants selected as a result of this Request for Proposals (RFP), subsequent year's funding may be at a decreased level.

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

(Signature of official authorized to sign for applicant)

(Date)

(Type name and title)

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
NOT-FOR-PROFIT BUSINESS ENTITY**

BUSINESS ENTITY INFORMATION					
Legal Business Name			EIN (Enter 9 digits, without hyphen)		
Address of the Principal Place of Business/Executive Office			New York State Vendor Identification Number		
			Telephone ext.	Fax	
Email		Website			
Authorized Contact for this Questionnaire					
Name:			ext.		Fax
Title			Email		
Type	Name	Type	EIN	State or County where filed	Status

I. BUSINESS CHARACTERISTICS	
1.0 Business Entity Type – Please check appropriate box and provide additional information:	
a) <input type="checkbox"/> Corporation (including PC)	Date of Incorporation
b) <input type="checkbox"/> Limited Liability Co. (LLC or PLLC)	Date Organized
c) <input type="checkbox"/> Limited Liability Partnership	Date of Registration
d) <input type="checkbox"/> Limited Partnership	Date Established
e) <input type="checkbox"/> General Partnership	Date Established County (if formed in NYS)
f) <input type="checkbox"/> Sole Proprietor	How many years in business?
g) <input type="checkbox"/> Other	Date Established
If Other, explain:	
1.1 Was the Business Entity formed in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If “No,” indicate jurisdiction where Business Entity was formed: <input type="checkbox"/> United States State _____ <input type="checkbox"/> Other Country _____	
1.2 Is the Business Entity currently registered to do business in New York State with the Department of State? <i>Note: Select ‘not required’ if the Business Entity is a General Partnership.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required	
If “No,” explain why the Business Entity is not required to be registered in New York State.	
1.3 Is the Business Entity registered as a Sales Tax vendor with the New York State Department of Tax and Finance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain and provide detail, such as ‘not required,’ ‘application in process,’ or other reasons for not being registered.	

I. BUSINESS CHARACTERISTICS

1.4 Is the Business Entity a Joint Venture? <i>Note: If the submitting Business Entity is a Joint Venture, also submit a separate questionnaire for the Business Entity comprising the Joint Venture.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.5 Does the Business Entity have an active Charities Registration Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter Number: _____ If exempt, explain: _____ If an application is pending, enter date of application: _____ Attach a copy of the application	
1.6 Does the Business Entity have a DUNS Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter DUNS Number _____	
1.7 Is the Business Entity's principal place of business/Executive Office in New York State? If "No," does the Business Entity maintain an office in New York State?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Provide the address and telephone number for one New York Office.	
1.8 Is the Business Entity's principal place of business/executive office:	
<input type="checkbox"/> Owned <input type="checkbox"/> Rented Landlord Name (if 'rented') _____ <input type="checkbox"/> Other Provide explanation (if 'other') _____	
Is space shared with another Business Entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of other Business Entity _____ Address _____ City _____ State _____ Zip Code _____ Country _____	
1.9 Is the Business Entity a Minority Community Based Organization (MCBO)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.10 Identify current Key Employees of the Business Entity. Attach additional pages if necessary.	
Name	Title
1.11 Identify current Trustees/Board Members of the Business Entity. Attach additional pages if necessary.	
Name	Title

II. AFFILIATES AND JOINT VENTURE RELATIONSHIPS

2.0 Does the Business Entity have any Affiliates? Attach additional pages if necessary (If no, proceed to Section III)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Affiliate's Primary Business Activity
Are there any Business Entity Officials or Principal Owners that the Business Entity has in common with this Affiliate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual's Name	Position/Title with Affiliate	

III. CONTRACT HISTORY

3.0 Has the Business Entity held any contracts with New York State government entities in the last three (3) years? If "Yes," attach a list including the Contract Number, Agency Name, Contract Amount, Contract Start Date, Contract End Date, and the Contract Description.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

IV. INTEGRITY – CONTRACT BIDDING

Within the past five (5) years, has the Business Entity or any Affiliate

4.0 Been suspended or debarred from any government contracting process or been disqualified on any government procurement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1 Been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Been denied a contract or had a bid rejected based upon a finding of non-responsibility by a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 Agreed to a voluntary exclusion from bidding/contracting with a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4 Initiated a request to withdraw a bid submitted to a government entity or made any claim of an error on a bid submitted to a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes" answer, provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

V. INTEGRITY – CONTRACT AWARD

Within the past five (5) years, has the Business Entity or any Affiliate

5.0 Been suspended, cancelled or terminated for cause on any government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.1 Been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2 Entered into a formal monitoring agreement as a condition of a contract award from a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes" answer, provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

VI. CERTIFICATIONS/LICENSES

6.0 Within the past five (5) years, has the Business Entity or any Affiliate had a revocation, suspension or disbarment of any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

VII. LEGAL PROCEEDINGS

Within the past five (5) years, has the Business Entity or any Affiliate

7.0 Been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1 Been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2 Received any OSHA citation and Notification of Penalty containing a violation classified as serious or willful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3 Had any New York State Labor Law violation deemed willful?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VII. LEGAL PROCEEDINGS

Within the past five (5) years, has the Business Entity or any Affiliate

7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of federal, state or local environmental laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5 Other than the previously disclosed: (i) Been subject to the imposition of a fine or penalty in excess of \$1,000, imposed by any government entity as a result of the issuance of citation, summons or notice of violation, or pursuant to any administrative, regulatory, or judicial determination; or (ii) Been charged or convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes" answer, provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

VIII. LEADERSHIP INTEGRITY

Note: If the Business Entity is a Joint Venture, answer 'N/A- Not Applicable' to questions 8.0 through 8.4.

Within the past five (5) years, has any individual previously identified, any other Key Employees not previously identified or any individual having the authority to sign execute or approve bids, proposals, contracts or supporting documentation with New York State been subject to

8.0 A sanction imposed relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.1 An investigation, whether open or closed, by any government entity for a civil or criminal violation for any business related conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.2 An indictment, grant of immunity, judgment, or conviction of any business related conduct constituting a crime including, but not limited to, fraud, extortion, bribery, racketeering, price fixing, bid collusion or any crime related to truthfulness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.3 Misdemeanor or felony charge, indictment or conviction for: (i) any business-related activity including but not limited to fraud, coercion, extortion, bribe or bribe-receiving, giving or accepting unlawful gratuities, immigration or tax fraud, racketeering, mail fraud, wire fraud, price fixing or collusive bidding; or (ii) any crime, whether or not business related, the underlying conduct of which related to truthfulness, including but not limited to the filing of false documents or false sworn statements, perjury or larceny?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.4 A debarment from any government contracting process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
For each "Yes" answer, provide an explanation of the issue(s), the individual involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

IX. FINANCIAL AND ORGANIZATIONAL CAPACITY	
9.0 Within the past five (5) years, has the Business Entity or any Affiliates received any formal unsatisfactory performance assessment(s) from any government entity on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.1 Within the past five (5) years, has the Business Entity or any Affiliates had any liquidated damages assessed over \$25,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.2 Within the past five (5) years, has the Business Entity or any Affiliates had any liens, claims or judgments over \$15,000 filed against the Business Entity which remain undischarged or were unsatisfied for more than 120 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, relevant dates, the lien holder or claimant's name(s), the amount of the lien(s), claim(s), or judgments(s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.3 Within the last seven (7) years, has the Business Entity or any Affiliate initiated or been the subject of any bankruptcy proceedings, whether or not closed, regardless of the date of filing, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the Business Entity involved, the relationship to the submitting Business Entity, the Bankruptcy Chapter Number, the Court name, the Docket Number. Indicate the current status of the proceedings as "Initiated," "Pending" or "Closed." Provide answer below or attach additional sheets with numbered responses.	
9.4 During the past three (3) years, has the Business Entity and any Affiliates failed to file or pay any tax returns required by federal, state or local tax laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the Business Entity involved, the relationship to the submitting Business Entity, the taxing jurisdiction (federal, state or other), the type of tax, the liability year(s), the Tax Liability amount the Business Entity failed to file/pay, and the current status of the Tax Liability. Provide answer below or attach additional sheets with numbered responses.	
9.5 During the past three (3) years, has the Business Entity and any Affiliates failed to file or pay any New York State unemployment insurance returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the Business Entity involved, the relationship to the submitting Business Entity, the year(s) the Business Entity failed to file/pay the insurance, explain the situation, and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.6 During the past three (3) years, has the Business Entity or any Affiliates had any government audits? If "Yes," did any audit reveal material weaknesses in the Business Entity's system of internal controls If "Yes," did any audit reveal non-compliance with contractual agreements or any material disallowance (if not previously disclosed in 9.6)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes" answer, provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

X. FREEDOM OF INFORMATION LAW (FOIL)

10.0 Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL). Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.

Yes No

Certification

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State contracting entities in making responsibility determinations regarding an award of a contract or approval of a subcontract; (2) recognizes that the Office of the State Comptroller (OSC) will rely on information disclosed in the questionnaire in making responsibility determinations and in approving a contract or subcontract; (3) acknowledges that the New York State contracting entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (4) acknowledges that intentional submission of false or misleading information may constitute a misdemeanor or felony under New York State Penal Law, may be punishable by a fine and/or imprisonment under Federal Law, and may result in a finding of non-responsibility, contract suspension or contract termination.

The undersigned certifies that he/she:

- is knowledgeable about the submitting Business Entity’s business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity’s responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under obligation to update the information provided herein to include any material changes to the Business Entity’s responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State contracting entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature of Owner/Officer _____

Printed Name of Signatory _____

Title _____

Name of Business _____

Address _____

City, State, Zip _____

Sworn to before me this _____ day of _____, 20____;

_____ Notary Public

M/WBE SUBCONTRACTOR UTILIZATION EXAMPLES

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

M/WBE SUBCONTRACTOR UTILIZATION PLAN

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

Offeror's Name:

Federal Identification Number:

Address:

Solicitation Number:

City, State, Zip Code:

Telephone Number:

Region/Location of Work:

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

1. Certified M/WBE Subcontractors/Suppliers 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 <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
B.	Primary Sub Contractor Owner's Name	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			

<p>PREPARED and APPROVED BY: NAME AND TITLE OF PREPARER (Print or Type):</p> <p>Signature: _____</p> <p>Authorized Signature</p> <p>DATE:</p> <p>TELEPHONE NO:</p> <p>EMAIL ADDRESS:</p> <p>SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION.</p>	FOR AGENCY USE ONLY	
	<p>REVIEWED BY:</p>	<p>DATE:</p>
<p style="text-align: center;"><u>ETHNICITY MINORITY GROUP DEFINITION</u></p> <p>Black Persons having origins from any of the Black African racial groups.</p> <p>Hispanic Persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of Either Indian or Hispanic origin, regardless of race.</p> <p>Asian-Pacific Persons having origins from the Far East, Southeast Asia or the Pacific Islands.</p> <p>Asian-Indian Subcontinent Persons having origins from the Indian subcontinent.</p> <p>Native American Persons having origins in any of the original peoples of North America</p>	<p>UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date:</p> <p>Contract No:</p> <p>Contract Award Date:</p> <p>Estimated Date of Completion:</p> <p>Amount Obligated Under the Contract:</p> <p>NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p> <p>NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p>	

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

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

Proposal / Contract number: _____

Contract Scope of Work: _____

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

At the following price: \$ _____

Name of MWBE: _____

Address: _____

Federal ID Number: _____

Telephone Number: _____

Ethnicity (see page 2 for definition) _____

Gender (Male or Female): _____

Designation:

<input type="checkbox"/> MBE - Subcontractor <input type="checkbox"/> WBE – Subcontractor <input type="checkbox"/> MBE – Supplier <input type="checkbox"/> WBE - Supplier	Joint venture with:	
	Address	
	Fed ID Number: _____	
	MBE <input type="checkbox"/>	WBE <input type="checkbox"/>
Are you a New York State Certified M/WBE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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**

EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

Submit with Bid or Proposal – Instructions on page 2

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

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

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

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

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

Instructions for completing:

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

RACE/ETHNIC IDENTIFICATION

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

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

OTHER CATEGORIES

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

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

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

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

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

PREPARED BY (Signature):	TELEPHONE NO.: EMAIL ADDRESS:	DATE:
NAME AND TITLE OF PREPARER (Print or Type):	Submit completed form to M/WBE Program Unit: NYS OTDA M/WBE Program Management Unit Harlem Center, 9 th Floor 317 Lenox Avenue New York, NY 10027	

General Instructions: The work force utilization/compliance report (**EEO Workforce Utilization report04-10**) is to be submitted on a quarterly basis during the life of the contract to report the actual work force utilized in the performance of the contract broken down by the specified categories. When the work force utilized in the performance of the contract can be separated out from the contractor's or subcontractor's total work force, the contractor or subcontractor shall submit a Utilization Report of the work force utilized on the contract. When the work force to be utilized on the contract cannot be separated out from the contractor's or subcontractor's total work force, information on the contractor's total work force shall be included in the Utilization Report. Utilization reports are to be completed each quarter and submitted to OTDA within 10 days of the end of each quarter. If there are no changes to the work force utilized on the contract during the reporting period, the contractor can submit a written statement of no change or submit a copy of the previously submitted report with the date and reporting period updated.

Instructions for completing:

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

RACE/ETHNIC IDENTIFICATION

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

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

OTHER CATEGORIES

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

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**

MWBE SUBCONTRACTOR REQUEST FOR WAIVER FORM

INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.	
Offeror/Contractor Name:	Federal Identification No.:
Address:	Solicitation/Contract No.:
City, State, Zip Code:	M/WBE Goals: MBE % WBE %
By submitting this form and the required information, the offeror/contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract.	
Contractor is requesting a:	
1. <input type="checkbox"/> MBE Waiver – A waiver of the MBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial 2. <input type="checkbox"/> WBE Waiver – A waiver of the WBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial 3. <input type="checkbox"/> Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.) Date of such filing with Empire State Development: _____	
PREPARED BY (Signature):	Date:
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.	
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: <input type="checkbox"/> YES MBE: <input type="checkbox"/> WBE: <input type="checkbox"/> <input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver <input type="checkbox"/> ESD Certification Waiver <input type="checkbox"/> *Conditional <input type="checkbox"/> Notice of Deficiency Issued _____ *Comments:

REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

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

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

Note:

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

CONTRACTOR QUARTERLY COMPLIANCE REPORT

INSTRUCTIONS: BEGINNING TEN DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER (March 31st, June 30th, September 30th, and December 31st) AFTER A CONTRACT IS AWARDED; QUARTERLY COMPLIANCE REPORTS WILL BE DUE FOR THE PROCEEDING QUARTER'S ACTIVITY.

Expenditure Code: C – Commodities, SC – Services/Consultants, CC –Construction Consultants, CN – Construction

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

CERTIFIED M/WBE VENDOR(S) INFORMATION: ALL AREAS MUST BE FILLED IN, NOTHING SHOULD BE LEFT BLANK

Payee ID	Primary Owner's Name, Address, City, Zip	Ethnicity and Gender (Male or Female)	Service Location	MBE, WBE or Dual MWBE	Expenditure Code	Product Code	Amount	Date Paid

NAME AND TITLE OF PREPARER (Print or Type):	TELEPHONE NO.:	EMAIL ADDRESS:
QUARTERLY REPORTS SHOULD BE SUBMITTED TO THE OTDA PROGRAM/CONTRACT MANAGER	FOR AGENCY USE ONLY	
	REVIEWED BY:	DATE:

CREDIT WILL NOT BE GIVEN WITHOUT COMPLETE INFORMATION

INSTRUCTIONS:

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

TOTALS FOR REPORT PERIOD

- Column A** Total Amount of Actual Expenditures in Report Period: Enter the amount (\$) for each Expenditure Code made during report period under this contract.
- Column B** MBE Subcontracting Expenditures: Enter the amount for each Expenditure Code with registered Minority Owned Business Enterprises made during the report period under this contract.
- Column C** WBE Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Women Owned Business Enterprises made during the report period under this contract.
- Column D** MWBE Dual Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Minority and Women Owned Business Enterprises made during the report period under this contract.

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

PRODUCT CODE KEY:

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

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.

Expenditure: An expenditure is an actual payment which has been made by an agency, either through the Office of the State Comptroller or by the agency's finance office directly, including subcontractor/supplier payments made by a prime contractor and verified by the agency.

Grants: For the purposes of this report, grants are monies dispensed by a contracting governmental agency to a person or institution to accomplish a public purpose authorized by law. According to Article 15-A, grants are considered to be State contracts. For the purpose of compliance reporting, the recipient of the grant is considered to be the "contractor". These contracts are subject to MWBE goals and reported in the same fashion as any other contract. Grant dollars expended should be reported on the form most appropriate for the majority of the grant (e.g. if the grant dollars are generally spent for construction, the monies should be reported on the construction form; if for training, the monies should be reported on the services/consultant form).

Not-for-Profit: An entity organized as a not-for-profit corporation pursuant to State Law. According to Article 15-A, not-for-profit entities are considered to be "contractors". These contractors are subject to MWBE goals and should be treated and reported in the same fashion as any other contractor. The expenditure of dollars by a not-for-profit entity should be reported on the form most appropriate to the majority of the funding (e.g. if the dollars are generally spent to provide training and/or rehabilitation services, then the monies should be reported on the services/consultant form; if the expenditures are made on a contract for low-income housing, the dollars should be reported on the construction form).

Subcontract: a) For construction, a subcontract is any portion of the contract or any service performed or supplies provided relative to that contract by any party other than the prime contractor;

b) For commodities and consultant/services, a subcontract is that portion of the total value of a contract portioned out to another consultant/individual or vendor. This is also known as second tier spending;

c) For grants/not-for-profits contracts, a subcontract is that portion of funding expended for supplies, equipment, printing, consultants, trainers, services, etc.

d) It is important to provide all information as requested or credit may not be allowed.

e) It is critical that you provide the detailed information requested on the CONTRACTOR QUARTERLY COMPLIANCE REPORT. List each MWBE firm you have included in the MBE and WBE totals (for prime and subcontract expenditures) in each expenditure category. Missing information may result in the firm/dollars not counting toward agency MWBE participation goals.

CREDIT WILL NOT BE GIVEN WITHOUT COMPLETE INFORMATION

INSTRUCTIONS:

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

TOTALS FOR REPORT PERIOD

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

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

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

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

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

PRODUCT CODE KEY:

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

M/WBE GOAL REQUIREMENTS CERTIFICATION OF GOOD FAITH EFFORTS

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

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

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

**ENCOURAGING USE OF NEW YORK STATE BUSINESSES
IN CONTRACT PERFORMANCE**

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.

Bidders/proposers can demonstrate their commitment to the use of New York State businesses by responding to the question below:

Will New York State businesses be used in the performance of this contract? _____ _____
Yes No

If yes, identify New York State businesses that will be used and provide the following identifying information. Add additional sheets if necessary.

Name:	Click here to enter text.	
Taxpayer ID/EIN#:	Click here to enter text.	Business Type: Small <input type="checkbox"/> / MBE <input type="checkbox"/> / WBE <input type="checkbox"/> / Unknown <input type="checkbox"/>
Address:		
Contract Type:	Click here to enter text.	
Award Amount:	Click here to enter text.	

Name:	Click here to enter text.	
Taxpayer ID/EIN#:	Click here to enter text.	Business Type: Small <input type="checkbox"/> / MBE <input type="checkbox"/> / WBE <input type="checkbox"/> / Unknown <input type="checkbox"/>
Address:		
Contract Type:	Click here to enter text.	

Award Amount:	Click here to enter text.	
Name:	Click here to enter text.	
Taxpayer ID/EIN#:	Click here to enter text.	Business Type: Small <input type="checkbox"/> / MBE <input type="checkbox"/> / WBE <input type="checkbox"/> / Unknown <input type="checkbox"/>
Address:		
Contract Type:	Click here to enter text.	
Award Amount:	Click here to enter text.	

Name:	Click here to enter text.	
Taxpayer ID/EIN#:	Click here to enter text.	Business Type: Small <input type="checkbox"/> / MBE <input type="checkbox"/> / WBE <input type="checkbox"/> / Unknown <input type="checkbox"/>
Address:		
Contract Type:	Click here to enter text.	
Award Amount:	Click here to enter text.	

Name:	Click here to enter text.	
Taxpayer ID/EIN#:	Click here to enter text.	Business Type: Small <input type="checkbox"/> / MBE <input type="checkbox"/> / WBE <input type="checkbox"/> / Unknown <input type="checkbox"/>
Address:		
Contract Type:	Click here to enter text.	
Award Amount:	Click here to enter text.	

Name:	Click here to enter text.	
Taxpayer ID/EIN#:	Click here to enter text.	Business Type: Small <input type="checkbox"/> / MBE <input type="checkbox"/> / WBE <input type="checkbox"/> / Unknown <input type="checkbox"/>
Address:		
Contract Type:	Click here to enter text.	
Award Amount:	Click here to enter text.	

Name (Typed): _____

Date: _____

Signature: _____

Title: _____

Company (Typed): _____

Solicitation Name: _____

Applicant: _____

APPLICATION CHECKLIST of Required Documentation	INCLUDED?
Executive Proposal Narrative	
General Information	
Accessibility Determination Form	
Funding Agency Contact Information Form	
Agency Agreement	
Vendor Responsibility Questionnaire (Please complete the form at: http://www.osc.state.ny.us/vendrep/forms_vendor.htm).	
M/WBE Subcontractor Utilization Plan	
M/WBE Letter of Intent to Participate	
EEO Staffing Plan	
M/WBE/EEO Policy Statement	
M/WBE Subcontractor Request For Waiver Form	
M/WBE Goal Requirements Certification of Good Faith Efforts	
ENCOURAGING USE OF NEW YORK STATE BUSINESSES IN CONTRACT PERFORMANCE	
PROGRAM NARRATIVE (INCLUDES) <ul style="list-style-type: none"> • Organizational Experience & Capacity • Target Population • Program Description & Implementation • Payment Point Summaries 	
12 and 60 Month Payment Schedules	
Attach Copy of: Proof of New York State Disability Insurance or Exemption	
Attach Copy of: Proof of Workers' Compensation Insurance	

END OF APPLICATION

